

# American Board of Rehabilitation Psychology

## Frequently Asked Questions (FAQs)

### General Information

**1. What benefits do successful candidates identify after having achieved board certification in Rehabilitation Psychology?**

The benefits identified by those who are board certified in Rehabilitation Psychology reflect the diversity of the field. Some cite the advantages of specialty certification in an increasingly complex and competitive marketplace. Board certification is a clear and responsible way to demonstrate specialty training and expertise. Others emphasize the satisfaction associated with the attainment of an independent, rigorous certification of practice expertise by one's peers.

There is increasing recognition of board certification by universities, hospitals, health service systems, agencies, and the public. Board certification is becoming an expectation in an increasing number of health care systems and will be the standard in the future. ABPP directories are available online to the public, third party payers, and colleagues to inform them of psychologists who have achieved board certification. Board certification is recognized in the APA Membership directory and the National Register of Health Service Providers in Psychology. Further, over 40 licensing jurisdictions recognize board certification as an endorsement for reciprocity of licensure. The ABPP reports increasing recognition by the US Public Health Service, the US Department of Defense, and the US Department of Veterans Affairs for salary bonus benefits.

Finally, the ABRP board certification demonstrates commitment to one's profession and specialty. See the applicant section of the American Board of Professional Psychology website (<http://www.abpp.org>) which lists additional benefits of obtaining this credential. Also, the "Meet A Board Certified Psychologist" section of the ABRP webpage provides an insightful interview with a recently boarded psychologist.

**2. How many people have obtained the ABRP to date?**

As of March, 2012 over 147 psychologists have received the ABRP located in 28 states and Canada.

**3. What is the typical cost of the entire ABRP process?**

The total cost is \$825; \$125 application fee; \$250 practice sample fee; and \$450 oral exam fee. If a psychologist is already board certified in another ABPP specialty, the application fee is waived for additional certifications. A \$100 reciprocal discount is offered for applicants who are Certificate of Professional Qualification (CPQ) holders, and the Association of State and Provincial Psychology Boards (ASPPB) offers a \$100 discount for ABPP specialists applying for the CPQ. Also, there is the early entry option for anyone who is pre-licensure. This is known as the Early Entry Application. This application fee is only \$25 (thus the total certification fee would be \$725).

**4. What are the ongoing costs of maintaining board certification after it is awarded?**

Currently, there is no specific cost for the ABRP continuation; however ABPP requires an annual payment (\$185.00 -- active status; \$50.00 -- retired status). There is an expectation that a successful board certification candidate will continue to be licensed and meet all of the requirements of the state licensing authority, including continuing education, if applicable.

**5. How long does the entire process typically take?**

This varies by individual, but the average is 18-24 months.

**6. Can the board certification exam count as CE credit and how much?**

Once you complete the board certification process you will receive 10 CE credits from the American Board of Professional Psychology. In certain states, the ABPP may fulfill additional CE requirements for licensure during the period in which the ABPP was awarded. Please refer to your state laws and regulations for guidance.

## **Qualifications**

**1. Am I eligible for ABRP if I graduated from a program that was not APA accredited at the time I received my Ph.D.?**

Your program does not need to have been APA accredited at any point in time. Your doctoral degree must have been granted from a regionally accredited institution (e.g., Western Association of Schools and Colleges (WASC), etc.). If your program was APA accredited, however, it will be easier for the Credentials Committee to ascertain that you have completed the required coursework and internship. Please consult the

materials available on the ABPP website in order to determine the general training content that is required before the application can be sent to the Specialty Board office. In some cases, the ABPP Executive Officer will conduct a credentials review on candidates from a non-APA approved program prior to Specialty Board review.

**2. If I am sub-specialized in one area of practice (e.g. stroke), can I still be considered an ABRP candidate?**

Yes, you can. You will be expected to demonstrate competence in the five functional and four foundational core areas specified by ABRP. You will also need to demonstrate familiarity with more than one diagnostic category.

**3. Must I belong to Division 22 (Division of Rehabilitation Psychology) to apply?**

Although you need to be a member of the American Psychological Association, you do not need to be a member of Division 22 or any other specific Division or organization. However, part of the expectation is that you demonstrate a commitment to Rehabilitation Psychology through participation in organization(s) that are rehabilitation-oriented. That might include Division 22, the Brain Injury Association, American Congress of Rehabilitation Medicine, Association of Spinal Cord Injury Professionals or other such organizations.

**4. What if I can no longer contact my past supervisors?** The Specialty Board recognizes that key supervisors may be unreachable for reasons such as retirement, relocation, and death. In such instances, the Specialty Board will work with the candidate to determine if supervisors other than those initially identified might be appropriate, or if there may be alternative means of documenting the supervision (e.g., through supervisory endorsements that are already on file with state licensing boards). In all circumstances, however, the ultimate responsibility for documenting supervision will rest with the applicant.

**5. What if my internship was not in Rehabilitation Psychology?**

Clinical training is evaluated across graduate, internship, and postdoctoral settings. There is no requirement that one's internship be specifically or exclusively focused on Rehabilitation Psychology.

**6. Can physicians and other disciplines be used as references for my Rehabilitation Psychology work?**

Yes, other disciplines may be used as references, although at least *one* should be a psychologist. You may solicit supporting documentation from any professional who can

attest to your Rehabilitation Psychology skills, expertise and experience.

**7. What if I had no formal training in Rehabilitation Psychology, but have worked on a Rehabilitation unit for the past four years?**

Consideration is given in the credentials review process for individuals who have had extensive experience in rehabilitation but lack formal supervised experience. Applications are reviewed on a *case-by-case basis* to determine eligibility for the ABRP.

**8. Does all of my practice have to be rehabilitation?**

No, but a substantial portion of your practice should be related to the specialty of Rehabilitation Psychology.

**9. I don't see patients directly anymore. Can I still apply?**

Yes, you may apply, as long as you are licensed to practice psychology. It is preferred that one of your practice samples be a clinical case that you have seen within the past five years. However, all candidates must still display competencies in clinical skills relevant to rehabilitation psychology in the Oral Examination. If you serve in a clinical teaching role, it is possible to use case material from clients whose care you have supervised. Careful discussion with your mentor (see below) about using such a clinical case is recommended.

## **Mentorship Process**

**1. What is an ABRP mentor? When will I be assigned a mentor?**

Mentorship is strongly recommended, but not required. The role of the mentor is to provide general guidance in the ABRP process and to specifically assist the candidate with practice sample selection and preparation. The ABRP Vice-President, who also serves as the Mentor Chair, contacts applicants after the Specialty Board has approved their credentials. Mentors are chosen from individuals who are currently serving as members of the board. These individuals have a contemporary working knowledge of the credentialing process. The Vice-President asks candidates if the candidate has a particular board member in mind for mentorship. The importance of actively working with your mentor cannot be understated. There is a strong, positive correlation between having a mentor and completing the process.

## **2. What should I expect from the assigned mentor?**

Your mentor will guide you through the entire credentialing process. Typically, mentors provide guidance about a range of topics, including selection and preparation of the practice samples and preparation for the Oral Examination process. Discussions with your mentor provide an opportunity to explore your concerns and questions. Establishing good communication with your mentor by e-mail, telephone, and personal meetings is recommended. One-to-one meetings in connection with the ABRP preparation workshops are particularly useful to candidates. The mentor's input is solely advisory; it does not guarantee success, but as noted above, increases the likelihood of success.

## **Examination Process**

### **1. Is there a written exam?**

There is no written examination.

### **2. Will I get a written exam in an oral exam form?**

No - the Oral Examination is administered in the format described in the ABRP application materials; it is not created from a written exam. The format of each part of the oral exam is more conversational than question and answer.

### **3. How can I be fairly evaluated if someone from my area of specialization is not on the Oral Exam committee?**

Whenever possible, the specialization of the candidate is considered in the selection of Examiners prior to the examination. Every attempt is made to provide examiners who can fairly evaluate an individual's competencies in Rehabilitation Psychology, regardless of specialty area of the candidate.

### **4. I didn't pass the Oral Examination. What recourse do I have?**

If you believe there are grounds for appeal of the decision, you may choose to pursue the Appeals process and have an independent panel evaluate your complaint. If your appeal is upheld, you may be able to retake the examination at no cost. If you choose

not to appeal, you can take another Oral Examination within one year and usual charges will apply.

## **Practice Samples**

### **1. Do both practice samples need to address the same competency areas?**

No, but all competencies must be satisfactorily addressed at some point in the evaluation process. For example, if you adequately demonstrate competency in cognitive assessment in the first part of your practice sample, it is *not mandatory* that you include it in the second part. In fact, it might be counter-productive to do so, as it would consume space that could be used to demonstrate your competence in other areas such as personality, mood assessment, sexuality and/or substance use. It should be noted however that the greater number of competency areas addressed in the written Practice Sample, the more efficient the oral examination will be for the candidate and the examining committee. Therefore, it is beneficial for the candidate to address as many of the required competencies in the Practice Sample presentation as appropriate.

### **2. How many competencies need to be covered in the practice sample?**

Approximately two-thirds of the competencies should be addressed in the practice sample. Addressing this number of the competencies in the practice sample decreases the demands on the candidate and the examiner during the oral examination. In order to be advanced to the Oral Examination, you must demonstrate clear breadth and depth in your practice samples. Therefore, you should select cases that, when considered together, demonstrate some aspects of each of the major required competency areas (e.g., assessment, intervention, consultation, consumer protection and professional development).

### **3. My practice is heavily focused on assessment. Do I need to demonstrate intervention competencies (i.e., psychotherapy)?**

The Board requires that each candidate demonstrate intervention competencies in individual psychotherapy related to adjustment to disability, family/couples psychotherapy related to adjustment to disability, behavioral management and sexual counseling. Intervention competencies must be demonstrated during the application and examination process. The candidate may, but is not required to, submit a work sample demonstrating intervention competencies. If your practice is heavily focused on

assessment, the work sample could partially address the intervention competency by speaking to the intervention plan that would flow from the assessment either in the formal report or in supplemental materials provided by the candidate. In addition, intervention competencies may be demonstrated through the practice sample, the candidate's experience as documented in their curriculum vitae, and in the oral examination.

**4. What constitutes good supplementary material?**

The purposes of supplementary material are to elaborate on aspects of the material presented in the Practice Sample cases, provide other information helpful in understanding the nature of the candidate's professional work, and to establish that the work presented in the practice sample was actually conducted by you. Supplementary material may include, but is not be limited to, original works by the candidate (or others involved in the work) including evaluations, reports, data sheets, therapy notes, letters, discharge summaries and other documents. This material may be useful to corroborate the candidate's impressions about patient presentation and may include specialist medical reports or treatment plans. Letters to community agencies including legal system and governmental agencies may serve to document the candidate's intervention competency.

**5. Is the supplementary material considered as contributing to the page limits?**

Yes, you have a maximum of 50 pages, which includes all components of both parts of the practice samples. The 50 pages include the introduction, main narrative, and all supplementary material of both parts combined.

**6. Do the two parts of the Practice Sample need to be the same length?**

The two parts of the Practice Sample do not have to be the same length. As long as each part of the sample independently meets the criteria for acceptability, the length is not considered.

**7. I am in private practice. How can I show the interdisciplinary aspect of my practice that is so much more easily shown by my colleagues in hospital settings? Will this count against me?**

Being in private practice does not "count against" a candidate. Many board certified Rehabilitation Psychologists are in private practice. It is incumbent on any candidate to evidence interdisciplinary activity as part of their rehabilitation psychology practice. That may include (for example) interaction with physicians, social workers, physical/occupational therapists, speech-language pathologists, case managers, and vocational counselors. This interdisciplinary activity can be documented in the narrative

or by supplementary materials such as progress notes or correspondence.

**8. My reports tend to be written in a more diagnostic/problem defining approach due to my setting. How do I best inform reviewers of the rehabilitative dimensions of my work?**

Some candidates choose to submit one work sample that is assessment focused, with the other focusing on intervention competencies. Even in work samples that primarily address assessment competencies, it is important that the candidate identify the particular rehabilitation issues that prompted the assessment, and describe in detail how the assessment findings and related recommendations factor into the subsequent treatment of the rehabilitation client. Essentially, even if the candidate is not providing intervention in the given assessment case, the candidate should describe how that assessment information was conceptualized and communicated to team members so that a more effective intervention was fostered. Reports do not need to be submitted strictly as written; they can form the basis of a practice sample, but include elaboration on the actual case material.

**9. Do I need to get permission from a client to use their case materials in my work sample?**

No, as long as the client is kept anonymous in the work sample, there is no need to obtain permission.

**10. What is the best way to ensure confidentiality of supplemental materials...white out names and key identifiers or create new client names and identities?**

Confidentiality of supplemental materials is best obtained by "whiting out" identifying information. Remember, it is best to keep the supplemental materials in their original form, if possible.

**11. How important is it that I have psychometric testing in my work sample?**

The development, administration, and interpretation of psychometric tests are distinguishing characteristics of the doctoral psychologist--and by extension the specialist rehabilitation psychologist. As such, psychometric assessment is a core competency that must be demonstrated to successfully achieve ABRP board certification. It is strongly advised that at least one work sample present the candidate's abilities in formal psychometric assessment of a domain such as intelligence, cognition, personality, mood status, social functioning, and/or outcome. Your mentor will be able to provide additional guidance on this issue. Given the special populations served by the rehabilitation psychologist, the candidate is urged to discuss issues such as test

selection, administration issues, interpretation issues, and threats to test validity that may exist in the given case. Familiarity with APA Guidelines in the measurement of individuals with disabilities is recommended.

**12. How long should the patient be followed in my work sample?**

There is no set length of time. The more competencies that are demonstrated by a work sample, the better. This is often not related to how long the patient had been followed, although sometimes there is a greater opportunity to address more competencies when the patient is seen for a longer period of time.

**13. How can I demonstrate all of the clinical competencies in my practice sample if one of my samples is research based?**

It is not essential to demonstrate all of the clinical competencies in the Practice Sample. However, if one part of the sample is focused on research, it is a good idea to have a number of assessment and intervention competencies addressed in the other part of the practice sample.

**14. Can both practice samples be on the same patient population?**

Yes, while demonstrating a breadth of practice by including cases from different diagnostic groups is desirable, the ABRP Board recognizes the diversity of candidates' experience and the challenges candidates may face in selecting cases. If possible, we recommend that the candidate select cases from two different diagnostic groups for their practice sample. However, we recognize that it is not uncommon for rehabilitation psychologists to be assigned to cover a particular area or unit of an inpatient or outpatient setting representing a specific diagnostic group or to choose to work with one particular patient population. If the rehabilitation psychologist specializes, both parts of the practice sample can be on the same patient population. In such instances, candidates should select cases that emphasize different aspects of practice so that depth and breadth of rehabilitation psychology are demonstrated when the two cases are combined. Carefully discussing this issue with your mentor is recommended.

**15. What if my primary role is to conduct neuropsychological evaluations and consultation but not treatment? How can I demonstrate enough clinical competencies?**

Traditional neuropsychological assessment and neuropsychological evaluation conducted by rehabilitation psychologists typically differ in the range and depth of recommendations regarding treatment and follow up and the recognition of factors in

rehabilitation that can impact neuropsychological recovery. Even though a candidate may not provide treatment, the candidate does have an opportunity to demonstrate an understanding of the implications of the neuropsychological data on treatment planning. For example, the practice sample could include detailed treatment recommendations based upon the neuropsychological data, recommendations for consultation with other appropriate disciplines regarding treatment planning, and a discussion of what the candidate considers challenges to treatment as designed/recommended based on the neuropsychological results. In addition, the original neuropsychological report can be elaborated upon in the practice sample narrative allowing the candidate to indicate what type of interventions would be desirable and how they may be applied to this particular case if the opportunity arose.

The Oral Exam provides a forum in which the candidate can demonstrate his/her understanding of the depth and breadth of clinical issues even if not engaged in treatment. Overall, the candidate can demonstrate intervention competencies in their treatment planning and discuss factors impacting that plan, components that should be included in a treatment plan, potential challenges to treatment, types of consultation indicated and the steps the psychologist would engage in if they served as the primary therapist.

#### **16. Are there special considerations given for Senior Rehabilitation Psychologists?**

Yes, some modifications of the process are available for Senior applicants. Senior applicants are defined as a specialist applicant/candidate with 15 or more years of experience following licensure. The essential rationale is to encourage experienced, often distinguished, practitioners to take the examination, while recognizing longevity of experience and a more developed portfolio of practice in the specialty. There is one level of certification resulting from one examination, not a certified “distinguished” or “senior” descriptor. The criteria for a pass are the same for all candidates, allowing individual differences expected of all candidates. Applicants must meet the ABPP requirements for any specialty (e.g., doctoral degree in psychology; license to practice psychology independently). Supervisor verification of training may be waived due to length of time since training and increased likelihood that supervisors may not be available (see also FAQ on contacting supervisions above). Because Senior Exam candidates may have difficulty obtaining clinical practice samples, other evidence of competency in the specialty may be used (e.g., documentation of program development, articles, chapter, books, syllabi, supervising or consulting). The oral examination is required for the senior process, and is identical to – and thus as rigorous as – the oral examination for any ABRP candidate. There is no “senior examination” as such, but an option to flexibly apply past educational requirements and to modify practice sample submissions and some oral examination procedures.