

GUIDELINES FOR SUBSPECIALTY PRACTICE SAMPLE SUBMISSION IN PEDIATRIC CLINICAL NEUROPSYCHOLOGY

A. FORMAT

A subspecialty Practice Sample (PS) submission consists of one neuropsychological evaluation report of a patient age 16 years or under, and accompanying data. It is acceptable for technicians or students to administer the test battery under the supervision of the candidate. The clinical report, however, must be the complete and original work of the candidate, not an edited version of a trainee's report and not the candidate's work completed under someone else's supervision.

For their subspecialty PS submission, candidates may choose to either submit one of the two cases submitted to the ABCN parent PS review process or they may choose to submit a totally different case. When choosing a subspecialty case, candidates should keep in mind that decision-making rules for the ABCN parent PS and the subspecialty PS differ in important ways. Whereas the parent PS review is intended to determine whether the candidate's practice of clinical neuropsychology would be defensible upon oral examination, the subspecialty review process is intended to determine if the PS itself demonstrates competent practice in the subspecialty. As such, candidates are encouraged to carefully attend to the following guidelines.

ABCN uses the ScholarOne portal for submission of practice samples and accompanying information (<http://mc04.manuscriptcentral.com/practicesamples>).

For each case, the following materials must be uploaded:

1. A copy of the original report (with appropriate confidential and identifying information obscured). The report may be modified only to the extent that information identifying the patient and other individuals is removed (identifying information includes patient and/or parent name and address including city and state, names of referral sources). Practice Samples must also be blinded, i.e. with information deleted which can identify the candidate by name or institution (e.g., signature line, letterhead, etc).
2. A test score summary table that contains test name, raw score, transformed normative score and normative source. If abbreviations are used, there must be one place in which a key is provided relating all abbreviations to the full test titles. The type of score must be identified (e.g., raw scores, percentile ranks, standard scores, T-scores, or other type scores). It is acceptable (and sometimes preferred) to present certain test results in a profile format, especially if they are commonly presented in a profiled format (e.g., BRIEF, CBCL, MMPI-A).
3. Scanned copies of the raw data (e.g., test protocols, drawings, writing samples) **MUST** be provided as well. Please make sure identifying information is removed.
4. A supplemental document (maximum of 3 pages, double spaced, 12 pt type with at least 1" margins) that summarizes issues not addressed in the report and allows an evaluation of the candidates' practice and neuropsychological thinking (e.g., description of practice

setting, additional pertinent history of the present illness, rationale for test selection, neuropsychological basis of conceptualization, ethical/cultural considerations, diagnostic formulation with differential, neuroimaging, prognosis and any additional comments on management/disposition not included in the original report).

5. Candidates who choose to submit one of their two ABCN parent PS cases as their subspecialty PS must upload these materials separately into the subspecialty portal, even if they were already uploaded as part of the ABCN parent PS submission.

B. CASE SELECTION

1. Candidates are strongly encouraged to choose a case from the preceding two years in order to highlight their *current* practice and skills. If for some reason this is not possible (e.g., has supervised trainees on all cases over the past two years), please provide an explanation in the supplemental document.
2. Since only one PS is required for pediatric subspecialty credentialing and there is no subspecialty oral examination, it is important that the PS demonstrates expertise in pediatric clinical neuropsychology. The value of a neuropsychological approach should be evident.
3. A case may have an intervention/treatment emphasis, but it must include the neuropsychological evaluation and report how the findings help form the conceptual basis for the interventions employed. Such cases should also provide evaluation of the efficacy of the interventions.
4. Research cases should be avoided as they usually do not permit a basis for the reviewers to evaluate the candidate's clinical approach to assessment and diagnosis. Forensic cases are acceptable if they meet all other criteria.
5. Evaluations of children with severe cognitive limitations or very young children are not considered appropriate if evaluation of multiple neuropsychological domains is precluded because it would not adequately reflect pediatric neuropsychological competence.
6. While we recognize that there is no clear cut-off for pediatric assessments we have elected to set an arbitrary cut-off of 16.11 to ensure that the candidate demonstrates pediatric proficiency
7. Reports should include practical recommendations that are based on the neuropsychological findings.

C. CONTENT

In the report or supplemental document, the Candidate should identify the relevant characteristics of the patient, the background information provided by other professionals (or in the medical records reviewed), salient collateral (i.e., parent, teacher) information, and brief summaries of pertinent medical, social service agency, and school, records that may have been reviewed.

The Candidate should submit a typical report for his or her practice – it is not expected to be a review of the literature. Most clinical reports do not include citation references or a detailed exploration/discussion of potential differential diagnoses. If the candidate's work setting

requires short reports, that is fine. The candidate has the opportunity to provide relevant additional information in the supplemental materials (maximum of 3 pages double spaced).

A supplemental document (maximum of three (3) pages double spaced, 12 pt type with at least 1” margins) is required. The purpose is to *summarize case specific information not addressed* in the report in order to allow the reviewers to evaluate the candidates’ neuropsychological conceptualization. It is not meant to be an academic review of the literature and references are not expected. The supplement is meant to provide the opportunity for the candidate to ensure that the reviewer has all the information he/she needs to fairly review the PS, since there is no opportunity for clarification at an oral exam. Therefore, candidates should review the ‘criteria to be used by reviewers’ (Section F below) and ensure that each criterion is either present in the report or is addressed in the supplement (or explain why it does not apply to this case). Questions a reviewer may have about the PS or that might otherwise be asked at the orals should be addressed in the supplement (differential diagnostic thinking, for example). Candidates may be asked to revise any supplement that does not follow the requirements outlined above.

D. QUALITY OF PRACTICE SAMPLES SUBMITTED

The subspecialty Practice Sample should demonstrate that the Candidate is practicing Pediatric Clinical Neuropsychology at the subspecialist level of competence. Pediatric Clinical Neuropsychology is not merely the administration, scoring, and reporting of neuropsychological evaluation techniques for children in a clinical setting; rather, it is a subspecialty practiced by a neuropsychologist who can demonstrate to ABCN the integrated application of the broad range of neuropsychological, neurological, and allied clinical and research literature and concepts required of the subspecialty practitioner in this field. The Practice Sample should reflect this ability and should also reflect a high level of professional skill and maturity. The Practice Sample should demonstrate that the Candidate possesses a coherent rationale for the work he/she is doing. The Practice Sample must be in compliance with APA ethical and professional standards.

Developmental considerations should be evident in the pediatric practice sample. Consideration of developmental issues should be apparent as they apply to choice of instruments and evaluative methods, normal and abnormal brain development (prenatal through young adulthood), timing of insult (if there is one), appropriate recommendations for age, and age-related considerations for follow up. If desired, these considerations can be briefly highlighted in the supplemental document.

E. EVALUATION OF PRACTICE SAMPLE

The Practice Sample will be reviewed by two ABCN Specialists with the pediatric subspecialty designation. Both reviewers must accept the Practice Sample. In cases of a split decision between the two initial PS reviewers (1 unacceptable, 1 acceptable), a 3rd review is conducted to provide the final determination of whether the candidate will be awarded the subspecialty designation. If the first Practice Sample is not accepted, candidates may submit a new case for review. After achieving the parent credential, a maximum of three cases over a period of 3 years will be permitted in an attempt to achieve the pediatric subspecialty credential.

Practice Sample Reviewers who rate a Practice Sample as unacceptable are requested to provide suggestions designed to help the Candidate with subsequent Practice Sample submissions.

F. CRITERIA TO BE USED BY REVIEWERS FOR JUDGING THE ADEQUACY OF EACH CASE

A case submitted for pediatric subspecialty review may also be used for parent board practice sample review and subsequently for defense at the orals. As such, parent board guidelines must be met for the subspecialty PS. These include:

1. Although technicians or students may have administered the test battery under the supervision of the candidate, the clinical report must be the original, independent, unsupervised work of the candidate. It must also not be an edited version of a trainee's report.
2. The referral source is specified.
3. There is a reasonable presentation of the history of the present condition; the report captures the context of the symptoms, illness, or dysfunction; there is coverage of relevant past history and background as appropriate.
4. The assessment reflects a reasonably comprehensive approach sufficient to address the diagnostic and management issues inherent in the case. Important neuropsychological domains are adequately assessed (e.g., language, sensory/motor, visuospatial, academic, attention/concentration, learning/memory, executive, cognitive, and psychological/behavioral functioning)
5. Tests were correctly administered and scored, and test data are accurately reported and clearly presented.
6. There was a proper selection of a normative reference group with a reasonable match between the patient and the normative reference sample.
7. Interpretation demonstrates knowledge and integration of brain-behavior relationships, addresses the clinical question and meets the needs of the identified consumer.
8. Conclusions are supported by the data and reflect current standards of evidence-based neuropsychological practice. Relevant historical and medical risk factors are identified and inform the diagnostic formulation and recommendations.
9. Treatment recommendations include suggestions for further diagnostic work-up where appropriate and reasonable suggestions for therapeutic interventions, psychosocial adaptations, and other follow-up given in sufficient detail to foster their implementation.
10. Emotional, behavioral and psychopathological factors are appropriately assessed and incorporated into the report.

11. Individual and cultural diversity issues are taken into account in test selection, normative references group used, and case formulation.
12. Any legal/ethical issues raised in the evaluation are identified and managed appropriately.
13. Any consultations with other professionals were appropriate and documented accordingly. Appropriate referrals for other consults are recommended.
14. The clinical report is written in a clear, professional style tailored to the background and needs of the identified primary consumer of the report.

Further criteria SPECIFIC to review of Pediatric subspecialty practice samples include:

1. Report illustrates that the candidate is knowledgeable about developmentally appropriate instruments and evaluative methods
2. Recommendations illustrate the candidate's ability to communicate, collaborate, and advocate on developmental aspects of brain function and behavior with families, care providers, educators and other professionals working with children
3. Report demonstrates knowledge of evidenced based recommendations for children, adolescents, and their families that address neuropsychological dysfunction and take into consideration developmental factors and the possible need for follow up.
4. The neuropsychological conceptualization demonstrates scientific knowledge of brain development and integrates developmental psychology, psychopathology, family systems, and genetics, when appropriate. The candidate has considered issues such as timing of insult (if there is one), likely trajectory of development given current status, medical history and age at insult/injury.
5. If appropriate, the report should include recognition of the impact of cultural, linguistic, socio-environmental, and other areas of diversity in childhood and adolescence as they pertain to cognitive development and brain dysfunction

CANDIDATE CHECKLIST FOR THE SUBMISSION OF PRACTICE SAMPLES
General:

_____ The clinical report is of a patient age 16 years or under and is the original, independent, unsupervised work of the candidate, not an edited version of a trainee's report

_____ Case #1: original report with identifiable material redacted, test score summary table that contains test name, raw score, transformed normative score and normative source, copies of all test protocols (i.e., all raw data).

_____ Supplementary material (not to exceed 3 pages of double-spaced in 12 point font) *as described above.*

I have:

_____ Sent the required fees with the Practice Review Forms to the Central Office.