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It has been my honor to fulfill my term as the 2016-2017 ABPP President. I appreciate the efforts of Central Office personnel and elected leaders who dedicate their time to make ABPP the respected group for which it is recognized. Many times, I have said that each minute a person works on the behalf of ABPP is time taken away from family, friendships, other work, and rest. For your service, I thank you.

My overarching presidential goal has been to leave ABPP in better shape than when I assumed the reins. During my tenure, we advanced ABPP board certification, improved our organizational functioning and refined our mission and vision. Much of my attention was given to improving ABPP’s governance; striving to refresh and modernize ABPP functioning; and, more fully engaging ABPP leaders in shaping the organization’s future. I supported improvements in ABPP’s online experience; resourced and recognized Central Office personnel for their boundless effort; improved the Central Office evaluation and compensation activities; and, promoted full engagement of Trustees. The latter was accomplished by facilitating reviews of all governing documents; providing timely, complete, and meaningful financial reports; and, supporting our committee structure. I also endeavored to maintain the exceptional relationship between ABPP leadership and Central Office personnel; and, promoted ABPP’s relevance within psychology and society at large by promoting strong inter-organizational partnerships.

Decision making has been a guiding concern within ABPP. Within any organization, work must be done and decisions must be made. ABPP’s governing body is the Board of Trustees (BOT). Its work is organized through committees that offer the BOT informed counsel and recommendations. If these committees fail to deliberate and to advise the BOT, decisions that should be made by the Trustees fall to the Executive Committee, the President or Executive Officer. For ABPP’s leaders to govern responsibly, it is imperative that its Trustees determine ABPP’s policy and direction. It is challenging for Trustees to work throughout their four to eight-year ABPP appointments. Often, Trustees are spread thin as they wear several professional hats that compete with their ABPP commitments. Despite these competing demands, ABPP Trustees must volunteer considerable time throughout the year for ABPP to function properly. Paradoxically, while inclusive, shared decision-making is required of a healthy organization, the leadership must be nimble, addressing important initiatives within ABPP and broader professional psychology as they emerge in real time. ABPP’s leaders should be applauded for how effectively they face the challenge of inclusive yet nimble decision making. We continue to progress in this imperative and will continue a positive trajectory. I depart my presidency knowing that the Trustees did an exceptional job balancing these demands.

In an effort to improve ABPP functioning, more attention is now being given to orienting new Trustees to their roles. Upon being elected to the BOT, each new Trustee is provided with a copy of all governing documents. In addition, each is assigned a mentor. Feedback from new Trustees has been quite favorable. Also, at the beginning of each year, every BOT committee chair meets with his or her committee to orient members to the committee’s functions and to establish goals. Central Office personnel now serve on every committee, ensuring that ABPP employees and elected volunteers will partner in each endeavor. These efforts have resulted in more meaningful engagement of our elected volunteers, as well as, increased Central Office-Trustee coordination.

Executive Committee, Board of Trustees, Specialty Boards, and Academy Officers
Much of ABPP’s work is accomplished through the efforts of a dedicated group of volunteers who donate many,
many hours of their time, energy and talent to our organization. Currently, the ABPP Executive Committee is comprised of John Piacentini, PhD, ABPP, President-Elect, Randy Otto, PhD, ABPP, Past-President, Christina Pietz, PhD, ABPP, Secretary, Dan Rohe, PhD, ABPP, Treasurer and myself. Each specialty has a representative on the ABPP Board of Trustees and a specialty board comprised of several members. Most specialties also have an associated academy. It is impossible to estimate the number of hours each of us volunteers to ABPP. I am deeply gratified by the caliber, passion, and professionalism of our leadership. I appreciate, respect and am indebted to all of you for your service. Thank you.

Central Office
I deeply appreciate ABPP’s Central Office personnel. For many years, David Cox, PhD, ABPP, Executive Officer; Nancy McDonald, Associate Executive Officer; Lanette Melville, Information Systems, Event Planner, & Marketing Assistant; Diane Butcher, Information Content Manager; and, Kathy Holland have organized and executed innumerable tasks on ABPP’s behalf. Routinely, they administer mountains of responsibilities without missing a beat. Central Office personnel are ABPP’s backbone. Please take a moment to thank them, as I did throughout my term.

ABPP @ the APA Annual Convention
As in past years, ABPP hosted a booth at the August 3-6, 2017 APA annual convention. Many of you assisted Central Office personnel by talking to streams of non-board-certified psychologists and doctoral students who stopped by to ask about ABPP board certification. It is impossible to overstate the value you offer by sharing your personal board certification experience and imparting upon them how meaningful board certification has been for you. Thank you.

ABPP hosted its 70th ABPP Convocation and Social Hour Saturday, August 5th. As in past years, many specialists joined the ABPP leadership in celebrating and recognizing newly board-certified specialists and ABPP award recipients. I offer my utmost thanks to Lanette Melville for her help organizing this event. While many newly board-certified specialists were in attendance, most were not. Please encourage newly board-certified specialists to attend convocation to celebrate their highly esteemed accomplishment.

The 2017 ABPP Governance Meeting, an open session where all specialists are invited, was well attended by members of Central Office staff, executive officers, specialty board and academy presidents, trustees, and specialists. This year there was a great discussion on a variety of topics important to ABPP. I appreciate the time each attendee took from their busy APA schedule to attend, and I look forward to seeing many of you next year.

ABPP Conference and Workshops
The ABPP Conference and Workshops, an important ABPP function for the past decade, has been hosted in several cities, including Portland, Boston, Philadelphia, San Diego and Chicago. It was anticipated that the conference and workshops would become a centerpiece of our efforts to reach prospective psychologists and encourage them to consider becoming board certified.

For several years, the ABPP Trustees have tracked the benefit of hosting the conference and workshops relative to the cost, including personnel time and actual expense to the organization. The Trustees anticipated that the conference and workshops may not be profitable for the first several years. It was expected, however, that, once established, the conference and workshops would not be a financial loss and, perhaps, prove to be profitable. Unfortunately, this has not been the case, despite the best efforts of all those involved. After considerable deliberation, the ABPP Trustees decided to cancel the 2018 ABPP Conference and Workshop scheduled for Chicago in May 2018.
In assessing the future of the conference and workshops, consideration will be given to how they might proceed without incurring significant financial loss. Toward this end, in 2017 the BOT created a Marketing/Outreach Task Force, and agreed to hire a consulting firm to guide our marketing efforts, including the conference and workshops. If the BOT determines that hosting the conference and workshops is a worthwhile endeavor, they will resume.

**Diversity**
As expressed in our diversity statement, ABPP “works to ensure that it appropriately affiliates with individuals and institutions that provide equal treatment and access to resources and decisions for all community members representing all aspects of individual and cultural diversity. These aspects include, but are not limited to race, ethnicity, gender, age, sexual orientation, disability status, and special populations.” The ABPP Diversity Committee, under the leadership of Joel Frost, EdD, ABPP, has awarded two scholarships - the Arthur Nezu Dissertation Award and the Early Career Psychologist Diversity Award. Specialists who are interested in partnering with the Diversity Committee to further its initiatives are encouraged to contact Joel Frost, Diversity Committee Chairperson (<drjoelc@comcast.net>).

**Early Career Psychologist**
Since January 1, 2015, Veronica Bordes Edgar, PhD, ABPP, has served as the ABPP Board of Trustees Early Career Psychologist (ECP) Trustee and ABPP ECP Committee chairperson. Dr. Bordes Edgar has engaged in several activities to promote increased early career psychology board certification and involvement, including organizing an ECP focus group, awarding an ECP Service Award and hosting ECP social events at the ABPP Conference and Workshops in May 2017 and at APA in August 2017. Dr. Bordes Edgar actively seeks specialists to energize ABPP ECP initiatives. Specialists interested in learning more about the ECP Task Force are encouraged to contact Dr. Bordes Edgar (<veronica.bordesedgar@utsouthwestern.edu>).

**Early Entry Option Applicants**
The ABPP Early Entry Option (EEO) program allows students and graduates who are not yet licensed to begin the process of becoming board certified by allowing these individuals the opportunity to apply for ABPP board certification at a significantly reduced cost. The EEO program promotes ABPP board certification to psychologists early in their career, consistent with the mission of ABPP. I encourage all graduate students and pre-licensed graduates to investigate this benefit at abpp.org.

**CPPSA**
In 1994, the Council of Presidents of Psychology Specialty Academies (CPPSA) was formed to coordinate the efforts of the various specialty academies and speak with a unified voice on matters of mutual interest. Since then, the chair of this council has been a voting member of the ABPP Board of Trustees. Under the leadership of Jared Skilling, PhD, ABPP, CPPSA continues to prosper. Specialists who are interested in increasing their involvement with their academy’s activities are encouraged to contact their academy leadership or Dr. Skillings (<jlskillings6017@gmail.com>).

**ABPP Foundation**
In 2010, the American Board of Professional Psychology Foundation (ABPP-F) was established to promote competent specialty practice and specialty board certification; to provide educational opportunities in the form of scholarships; and, to provide continuing professional development. The Foundation raises funds to support educational programs that promote the importance of board certification in psychology to the public and to those in related professions. Currently, the Foundation funds the examination costs of directors of clinical, counseling
and school psychology doctoral training programs. Individuals interested in the ABPP Foundation may contact the ABPP Foundation chairperson, Kevin Arnold (kda1757@gmail.com).

…And Finally
As I mentioned before, ABPP is primarily a volunteer organization that is and continues to be open, transparent, and healthy. It has been a pleasure and an honor to serve as the ABPP President for the past two years. I appreciate the support I received from so many colleagues and the amount of personal growth the experience offered me. I hope you join me in my effort to maintain ABPP as the gold standard of psychology board certification. January 1, 2018, I turn the reins over to my esteemed colleague, John Piacentini. Please offer him the kindness and support you offered me. Should you need to do so, reach out to him at jpiacentini@mednet.ucla.edu.

Michael Tansy, PhD, ABPP
President, ABPP Board of Trustees
It is amazing that it is already nearing the end of 2017! It has been a very busy year, with many important activities and decision points. I am looking forward to the upcoming Board of Trustees meeting and seeing our BOT Representatives in person!

**Applications** - ABPP applications are continuing to come in at a decent rate, albeit down from our record year, two years ago in which applications exceeded 1,000. We are on a trajectory to have approximately 700 applicants in 2017. More than half -54%- of the applications are through the ABPP Early Entry Option (EEO). During the past year, several summits in professional psychology convened, and produced recommendations that potentially impact our applications. Specialty designation and board certification were recognized as valued in the professional development of psychologists. Although we may not be on a record pace this year, it is apparent that the profession is moving in the direction of increased importance of specialty and board certification.

**ABPP/ASPPB Collaborative Project** - ABPP has begun an exciting collaborative project with the Association of State and Provincial Psychology Boards (ASPPB), directly relating to the ABPP Early Entry Option. Upon applying through the ABPP web portal, EEO applicants where are, subsequently, directed to the ASPPB PsyPro web page. PsyPro is the portal through which applicants (and others) can provide documentation of education, training, and experience for the purpose of storage in the ASPPB Credentials Bank. ASPPB compiles and primary source verifies the credentials of EEO applicants, then provides ABPP with the “file” for our review. This program benefits all. ABPP receives the verified credentials from ASPPB on completion, rather than compiling and verifying them ourselves - a time-saver. ASPPB can facilitate applications for licensing and obtain workforce data. And, the applicant has credentials stored in a secure credentials bank. This is a program that was several years in the making and we are glad to see it come to fruition.

**ABPP Workshops & Conferences** – The 2017 conference, held last May at the Omni San Diego, had ABPP’s usual offering of four days of workshops, with four to five workshops (half day or full day) each day, and was, again, met with terrific reviews by those in attendance. Presenters and attendees enjoyed the level of education and interaction. As in previous years, the APA Commission on Accreditation joined us and provided three site-visitor training workshops.

In the spirit of ongoing inter-organizational collaboration, one workshop included the executive officers of ABPP, the Trust (insurance), American Psychological Association Practice Organization (APAPO), and ASPPB. During this workshop, each organization gave its perspective on the impact of the current status of professional psychology on psychology practice and on individual practitioners. It was a pleasure to work alongside my colleagues and friends in that presentation.

You may have already read in ABPP President Michael Tansy’s “Message from the President”, ABPP has decided to take a break from the workshops in 2018. During the break, we will review and consider how best to utilize the human and financial resources that are involved in sponsoring the conference. Many factors were involved in conceiving the conference workshop series, just as many were considered in placing it on hold. Some of these factors include marketing, member benefit, opportunity for cross-board interaction, and, of course, financial and human
resources. I am confident that ABPP will thoughtfully consider all of these factors, and more, in determining the future of the conference and workshops.

**Liaison Activities** - ABPP continues to participate as liaison to many organizations, boards and committees in the psychology profession. Most of these are ongoing, and longstanding, relationships that include ASPPB, the APA Committee for the Advancement of Professional Practice (CAPP), the APAPA, various boards and committees that meet as part of the APA Consolidated Meetings (e.g., Board of Educational Affairs, Board of Professional Affairs), CCTC, CUDCP, APPIC, NCSPP, and others. It is pleasant to experience the increased cohesion that has taken place among organizations in recent years. In most of these meetings, increased attention has been given to specialty as an important aspect of the sequence of education and training in our profession.

**Summits, Summits, and more Summits**

ABPP recently participated in three major summits. The Interorganizational Summit on Specialty, Specialization & Board Certification convened once again in June for “Summit 3.0”. During the meeting, participating organizations agreed on verbiage for the term “specialty.” While it seems that such a relatively simple term would already be well articulated, such has not been the case; at least, not consistently across the major organizations in the field. The definition that was drafted during the summit will be reviewed, discussed and voted on during the December BOT meeting.

Last year, APPIC sponsored a *Summit on Postdoctoral Training*. As with the Specialty Summit, a number of major organizations were represented. As I have previously reported, it was nice to hear an increased consensus about the importance of specialization in psychology. An outcome of that summit was an agreement to publish a special edition of *Training and Education in Professional Psychology* (TEPP), in which articles about the specifics from the summit are detailed. I coauthored an article, “Postdoctoral Training in Health Service Psychology: Current Perspectives and Considerations for Educators and Trainees in an Evolving Profession,” for that special edition that is currently in press.

In August of this year, the APA Office of Continuing Education and ASPPB co-sponsored a *Summit on Promoting Best Practices in Continuing Education and Continuing Professional Development*. I was asked to participate, as were representatives of many organizations. The agreed upon objectives were as follows:

1. Create a culture change – e.g., inculcation of engagement with CE/CPD and openness to CE/CPD as a lifelong learning process (including the expectation that ongoing professional development is normative, embraced by psychologists, intrinsically motivating, fosters engagement in a community of professional peers, and includes self-reflection and self-assessment)

2. Allow for flexibility with commitment to accountability and providing ongoing evidence of relevant outcomes, e.g., be inclusive with inter-professional practice and provide flexibility in type and methods of offerings.

3. Capture and evaluate outcomes re: efficacy of CE/CPD – e.g., include self-assessment in combination with third-party evaluation, and ensure multimodal, triangulated data.”

Several steps are being formalized for action in this regard. Again, one outcome is the publication of details of the discussions of the participants. A special edition of Professional Psychology: Research and Practice (PPRP) is in the works, and will include my article entitled “From Continuing Education to Continuing Competence,” in which the importance of lifelong learning, continuing professional development and maintenance of competence/certification
will be discussed. The special edition editor is Dr. Greg Neimeyer of the APA Office of CE. As a result of the summit, ASPPB and APA have embarked on a project to develop a “push” CE/CPD product that would provide CE/CPD to psychologists in an ongoing, intermittent fashion. I would not be surprised if ABPP specialists were asked to participate by providing material or input.

**ABPP Convocation at APA Convention** - The 70th Annual ABPP Convocation was held in Washington, D.C. during the APA Convention, with newly board certified specialists being recognized along with others who have made significant contributions to their specialty board or academy. Dr. Jeffrey Barnett was recognized as recipient of the Distinguished Service to the Profession Award and delivered a presentation entitled “New Directions in Ethical Practice: It Really Does Take a Village.” Dr. Arthur Nezu, recipient of the 2017 Distinguished Service to the Profession Award, was unable to be in attendance and will hopefully address us next year.

**Technology Updates** – ABPP has been working with CodeASite (CAS), a local technology vendor, to update our website and database, and to program the “behind the scenes” automation that will, facilitate the processing of applications, practice samples and other materials. As I have previously reported, this is the same firm that helped us to develop the current Maintenance of Certification (MOC) technology. Working with CAS has involved using various software platforms determined to best meet our needs - SharePoint, AgilePoint and Kentico. The development of “workflows” that automate the “movement” of files and actions based on decisions in the process has been detailed, challenging, and at times, frustrating. However, there is a commitment to seeing our way through this project, recognizing that the result will be a significantly enhanced method of managing materials required in the ABPP board certification process. At this point, the ABPP and CAS staff are working on finalizing content for the new web pages, as well as, the final steps of getting the new system ready to accept applications and attestations. The decision was made to briefly put on hold the portion of the project aimed at uploading practice samples. By doing so, full attention may be given to the “early phase” of the board certification process. CAS is expected to resume work on the practice sample portion relatively soon. Our processes include several “chunks” of work activities including, but not limited to, applications, attestations, credential uploads and reviews, practice sample uploads and reviews, MOC uploads and reviews, registrations for exams (written and oral) and many other issues that each require a focus, as well as, “behind the scenes” workflow programming. ABPP does need to continue to improve the technology experience for all users of our services, recognizing technology as one of our most significant “products,” alongside quality examinations. We have a proposed budget for continuing this project, and will need to plan for continued improvements, additions and changes on an annual basis. I continue to believe that the outcome of this project will be a greatly enhanced process for applicants, reviewers and others involved.

**Liability and Risk Management** – This year, discussions have been held regarding liability and risk management when volunteers (and employees) are engaged in ABPP-related activities. I have authored a brief article addressing these issues. The article may be found on the ABPP web site (https://abpp.org/i4a/pages/index.cfm?pageid=4002), and in this edition of The Specialist. It is also included in the BOT agenda book. Please take the time to read that article and consider your circumstances, given the provided information.

**Central Office** – As always, I am proud of the incredible amount of quality work that our Central Office team provides for ABPP. Nancy McDonald, Lanette Melville, Diane Butcher, and Kathy Holland are dedicated, loyal and, very importantly, a pleasure to work with. This is a team that has worked together (most of us) for 9 years through a variety ups and downs. It is a rare workplace in which a team works so cooperatively and I appreciate each one of our CO staff. Please find the time to express your gratitude to them!
I’m writing this column after attending the ABPP Board of Trustees end-of-year meeting in Chapel Hill, North Carolina. Because my four-year term as Editor has come to an end, it was my last BOT meeting, and this is the last issue of The Specialist that I will edit. There are few words to describe the sense of fulfillment I have experienced while serving ABPP in this capacity. Learning about ABPP governance, and interacting with the esteemed colleagues who comprise the BOT, have greatly increased my appreciation for the organization, its mission, and the people who keep it running. It is my hope that I have provided you with a publication that you can be proud of. It is also my hope that you will welcome my successor – Dr. Kristine Kingsley – with the same spirit of graciousness that was given me when I assumed the position. Dr. Kingsley has served as Associate Editor, and possesses a wealth of experience and a fresh perspective that will surely move The Specialist forward.

As always, this issue of The Specialist brings you timely articles addressing professional practice, board certification, and activities of the Board of Trustees and specialty boards. BOT President, Dr. Michael Tansy, shares his insights as his term of office ends. And, in addition to his usual update as Executive Officer, Dr. David Cox provides us with some insights into liability coverage as it applies to specialists volunteering with ABPP. This edition’s continuing education article comes from Dr. Jeffrey Barnett, and explores clinical competence throughout one’s professional life. Also found in this edition is an introduction to the task force that has been created to advance ABPP certification among psychologists in the Veterans Administration; as well as, updates from the Ethics Committee and the Early Career Psychology trustee.

Thank you all for four wonderful years as Editor of The Specialist. It has been my pleasure to serve you.

Submission Guidelines

- The theme and content of submitted articles should be consistent with ABPP interests and issues: specialization, credentialing, board certification, and the functional and foundational competencies. 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.

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

- Unsolicited submissions will also be considered for publication, subject to the approval of the BOT, Editor, or Communications Committee.

- The length requirements for submissions are as follows:
  - Board and Academy News – maximum of 800 words
  - Feature articles – maximum of 1000 words
  - Continuing education articles may be of any length

- Submissions may be edited for length and clarity.

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

- All submissions are subject to being linked to ABPP’s social media platforms.

- 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).

- All submissions will be subject to review and acceptance or rejection by the BOT, Editor, or Communications Committee. Authors may be asked for revisions based on the review.
Early Career Psychologists

Veronica Bordes Edgar, PhD, ABPP

The Early Career Psychologist (ECP) Task Force of the ABPP Board of Trustees has had another successful year. Highlights include examination of pass rates for ECPs, ongoing networking and promotion of ABPP to trainees/ECPs, as well as ongoing consultation to specialty boards and interest groups.

With an increasing proportion of ABPP specialists, being ECP specialists (14 percent) there is growing interest in the unique characteristics of this group. One of the issues raised is the hesitation for many ECPs in pursuing board certification. Many ECPs express concern over their readiness and qualifications to begin the process of certification. However, when comparing the oral exam pass rate across ABPP candidates, ECP candidates do not vary significantly over non-early career professionals. More specifically, from 2013 to 2016, the oral exam pass rate for ECPs was 87 percent compared to 83 percent for non-ECPs; Further analyses of various board certification processes revealed similar findings, with the exception of one; in Clinical Neuropsychology, results suggested an increased likelihood of passing rate for ECPs over non-ECPs (86 percent versus 69 percent). The reasons for this trend are unclear. As other specialties continue to grow, we will continue to monitor pass rates, in order to analyze trends over time, and to see whether those specialties demonstrate similar outcomes in the future.

A second large initiative of the ECP task force this year, concentrates on ongoing efforts to increase networking. In addition to our second annual ECP networking event at the ABPP Workshops in San Diego, we held a larger symposium and networking hour during the APA Conference in Washington, DC.

Approximately 90 people attended the symposium and social networking event, held in partnership with Division 42 and APA’s Committee on Early Career Psychologists (CECP), during the APA’s 2017 Annual Convention. Feedback from those in attendance, was overwhelmingly positive. Potential applicants felt welcomed and encouraged to pursue ABPP; and many were able to have individual questions answered by the specialty boards of their interest. The event also allowed for networking among early career professionals across subspecialties. Additionally, ABPP specialists who attended in order to represent their boards/specialty were enthusiastic about the opportunity to provide mentoring and attract potential candidates. The response from them was that this was a worthwhile event that should be held on a regular basis. Overall, this initial APA event was a success and we will return again next year. A special thank you to our sponsors: Division 42, ABPP Foundation, CPPSA, and ASPPB.

Our task force’s Ambassador Program, continues to promote board certification through local, state, and national presentations. We recently appointed four new Ambassadors, bringing the total number of delegates to 18, representing 12 specialties. Finally, we continue to provide consultation with Specialty Boards and Academies on how to increase recruitment of ECP applicants.

For any questions, consultation, or interest in participating in the Ambassador Program or networking events, contact Dr. Bordes Edgar at veronica.bordesedgar@utsouthwestern.edu

2017 ECP Task Force Members:
Veronica Bordes Edgar, PhD, ABPP (Chair)
Alina Suris, PhD, ABPP
Anne C. Dobmeyer, PhD, ABPP
Brenda Spiegler, PhD, ABPP
Jared Skillings, PhD, ABPP
Kathy Holland

Visit us on Facebook ABPP - American Board of Professional Psychology or follow us on Twitter at @getABPP

* Of note, data prior to this year is not reliable as graduation dates were not routinely collected.
An Update on the ABPP Ethics Committee

By James N. Bow, PhD, ABPP

The role of the ABPP Ethics Committee has changed over the years. Since it has discontinued adjudicating cases, the Ethics Committee has struggled in redefining its role. A variety of motions have been proposed to the ABPP Board of Trustees (BOT) regarding the committee’s mission and responsibilities. At their December, 2016 meeting, the ABPP Board of Trustees decided to appoint an Ethics Committee Development Task Force to determine the need for an ethics committee and the mission and role if the need was, indeed, established. The Task Force consisted of the following individuals: Christina Pietz (Chair), Jeanne Galvin (Vice-Chair), James Bow, Douglas Johnson-Greene, Linda Knauss, Dan Neller, Shelley Pelletier, and Nancy McDonald. During the winter of 2017, many conference calls occurred. The Task Force proposed three motions for the BOT to consider.

In May of 2017, the ABPP Board of Trustees supported the Task Force’s motion that ABPP maintain an ethics committee external to ABPP. The BOT further accepted the Task Force’s motion that the role of the Ethics Committee was one of education and consultation. This educative role may include, but is not limited to, developing and presenting continuing education programs, authoring articles for The Specialist, and serving ABPP constituents by responding to inquiries related to ethical standards, principles and guidelines governing the practice of psychology. In addition, the Ethics Committee may provide consultation to ABPP board certified specialists, the ABPP Board of Trustees, ABPP Specialty Boards and Academies, and the Council of Presidents of Psychology Specialty Academies (CPPSA).

The Task Force refined a procedure for consultation services previously proposed by the Ethics Committee. This procedure is outlined on the ABPP website (www.abpp.org). Those requesting consultation services should complete the Ethics Committee Consultation Request Form. This form will provide the committee with basic information about the ethical issue or dilemma. The completed form should be sent via e-mail to ABPP’s Central Office, which will forward the form to the Chair of the Ethics Committee. Upon receipt of the completed form, the Chair will determine the format for the consultation (i.e., individual consultation with Ethics Chair, consultation with multiple members of the committee, or consultation with the full committee). Within four (4) weeks of the requested consultation, written feedback will be provided to the requesting psychologist or organization. Central Office will receive a copy of the written feedback for documentation purposes as well. It is important to note that the consultation process is confidential. In addition, the guidance provided does not constitute legal advice or opinion.

The BOT also accepted the Task Force’s motion regarding the composition and length of terms for the Ethics Committee. It shall be comprised of five ABPP certified specialists appointed by the ABPP President, four of whom vote and may not be members of the ABPP Board of Trustees. The fifth member is a non-voting member who serves on the BOT and is a liaison between the BOT and the Ethics Committee. In addition, voting members of the Ethics Committee shall serve a term of three years, with no committee member serving more than two consecutive terms.

The Task Force and Ethic Committee would like to thank the BOT for unanimously accepting each motion. It is hoped that this new mission and role for the ABPP Ethics Committee will provide a valuable service for the members and the organization.
Risk Management: Information You Should Know

By David R. Cox, PhD, ABPP

At various times, ABPP specialists have asked about insurance coverage for the activities they engage in while serving ABPP. To my knowledge, in its 70-year history, no legal action has ever been taken against ABPP or any volunteer serving in an ABPP-related activity. It may be useful, however, to clarify certain details which will allow specialists to make informed decisions about how to manage liability risk, when involved with ABPP. In the process, I would like to name some insurance carriers, as examples that either I am familiar with, or that trusted colleagues have shared with me over the course of time. The list is not exhaustive, by all means. The information provided in this column is consistent with what was the case in the early to mid-1990’s, when I helped found the American Board of Rehabilitation Psychology (ABRP). Our insurance coverage and risk today, is no different than it was 20 years ago, bearing testimony to the stability of ABPP’s practice in this area.

ABPP maintains a Directors’ & Officers’ Liability Policy through The Trust (formerly The American Psychological Association Insurance Trust or APAIT). We have carried this insurance for as long as I can recall. This policy covers ABPP employees, members of the ABPP Board of Trustees, as well as, officers of each specialty board, and internal/merged specialty academy board members. The ABPP policy covers the management of the board, those individuals operating their boards, but does not include “professional services,” such as credentialing reviews and examinations. This distinction may appear to be confusing. One may ask, “how does credentialing and examination vary? The response lies within the objectives of ABPP’s insurance policy: to cover management, policies, decision-making, and implementation with respect to the rules and regulations of the board, not the examination of individual psychologists.

Hence, within the framework of most ABPP related activities volunteers provide (e.g., credentials reviews, practice sample reviews, oral examinations), specialists should determine if and how they would like to be insured. There are several options: 1) Carry an individual professional liability insurance policy. Such a policy would, according to The Trust and the American Professional Agency, provide liability coverage for professional activities that include services as a member of a formal accreditation, credentialing or standards review, or a similar professional board or committee. Thus, for many of us, our current professional liability (malpractice) policies provide the necessary coverage. It should be noted, however, that with The Trust and American Professional Agency professional liability policies, the psychologist must be the named insured. If your practice’s corporation is the named insured, would be well advised to speak with your carrier about adding your name as an additional named insured. 2) For those who do not carry a professional liability policy, another option is to carry a separate research/academician (RA) policy. Such a policy is available through The Trust, and may be offered by other carriers, as well. I have been advised that the activities described above (credentials reviews, examinations, etc.) are included in RA policies. These policies are written on a “claims made” basis. That is, the insurance covers claims made in the year the policy is owned. For continuous coverage, one must renew the policy each year. It is important that you understand the difference between “claims made” and “occurrence” policies. It is recommended that you check with your carrier to determine the coverage you have. Additionally, the RA policy is available to unlicensed individuals and, therefore, includes those ABPP psychologists who may have retired and relinquished their licenses, but desire to remain active with ABPP. Lastly, other carriers may provide policies, that cover such activities as serving as an ABPP volunteer.
In case you do not carry your own insurance policy, believing that your employer's insurance (e.g., hospital, university, government agency) covers your activities, my advice is that you verify the nature of your insurance coverage. This can be done via your employer or, your employer's insurance carrier. Ask specifically what professional activities are covered. Overall, I advise that you carry your own policy, whether you volunteer for ABPP or not. Why do I advise this? Although your employer's insurance policy may cover you, you are not likely to be the named insured. Therefore, in the event of a legal action, the insurance company’s lawyers would be defending the interests of the named insured, which may or may not coincide with your interests. By carrying your own policy, you are assured that your interests are covered.

Finally, commercial insurance carriers, such as State Farm, Allstate, GEICO and others, sell what are called “umbrella policies”. An umbrella policy can cover many kinds of liability – slip and fall, accidental property damage, slander, libel and other activities. I have been informed by some ABPP psychologists that their umbrella policies provide coverage for volunteer activities such as those you may engage in with ABPP or other organizations.

So, one may wonder why doesn't ABPP provide a policy for every volunteer? Well, for several reasons, providing malpractice coverage to all ABPP volunteers would be costly and impractical. In addition to such coverage costing thousands of dollars, this type of coverage would have limited liability caps. It is difficult to know, at any given time, the specific names of every ABPP specialist volunteering in various capacities. To provide an accurate list of volunteers to an insurance carrier, each specialty board would have to first inform ABPP Central Office, which in turn, would have to update the carrier. Maintaining timely lists of ever-changing volunteers for 15 specialty boards would be an immense and daunting task for specialists, specialty boards, and Central Office. The ABPP Executive Committee recently discussed this option and agreed that procuring such a policy would not be feasible.

“Anyone can be sued for anything at any time,” is an adage in the legal arena. Keep in mind that in 70 years, no ABPP volunteer has been sued in relationship to their service to ABPP. We do not anticipate a lawsuit. However, we want all specialists to be well informed. Each of us should consider risk management in the context of our individual needs. Having your own professional liability policy, even when employed by universities or medical centers, may be the wise way to go. If you already carry a policy, I suggest you still ask any questions you may have with your insurance carrier. Different carriers provide different coverage. There are many options and approaches to risk management. In the end, you may want to identify and select those with which you are most comfortable.

Thank you for all that you do with, and for ABPP and the profession of psychology. Your work is invaluable.
ABPP and the Veterans Administration

By Samuel R. James, EdD, ABPP

Last fall, the presidents of several specialty boards formed a task force with the goal of creating a mutually beneficial partnership with the Veterans Administration (VA). Our task was to further ABPP’s mission to “increase consumer protection through the examination and certification of psychologists, who demonstrate competence in approved specialty areas in professional psychology (ABPP Mission Statement).” As the field of psychology moves in the direction of board certification, a partnership with the VA became our priority.

The goal of the task force is as follows:

- Determine a mutually beneficial way to promote board certification of VA psychologists
- Provide an opportunity for VA psychologists to advance their careers
- Provide a forum for continuing advanced training for interns, fellows, and Early Career Psychologists
- Join the VA in advancing the field’s expectation that professional psychologists will be board certified

The VA is an invaluable partner for several reasons. Historically, the VA has been at the forefront in the development of professional psychology. It is committed to psychology training and maintains strict hiring requirements. Those psychologists who are hired, are deemed to reflect the VA’s commitment to provide veterans with the most competent of providers. Since the VA, like ABPP, promotes rigorous, competent practices in the delivery of professional psychology, we asked them to become partners to further our mutual goals as leaders in the field.

The VA’s leadership strongly endorsed our invitation and since then, a combined task force comprised of ABPP and VA leaders, has been working on creating essential assignments that will help us determine the best way forward. Our approach as a combined task force is ensuring that we address the basics: clearly defined and presented message as to how to become an ABPP specialist; VA guidelines that support ABPP membership; and accessibility to the directors of training and fellowships to aid in our efforts. Our combined effort is a work in progress. Once our approach is defined and approved by ABPP and the VA, we will begin to engage VA psychologists in a dialogue about the benefits of becoming board certified. We will keep you updated about our progress.

Members of the Task Force:
- Samuel James, EdD, ABPP
- Ken Adams, PhD, ABPP
- Bryan Batien, PhD, ABPP
- Natalie J. Dong, PhD, ABPP
- Lianna Evans, PsyD
- Lisa Kearney, PhD, ABPP
- Miguel Lewis, PsyD, ABPP
- Victor Molinari, PhD, ABPP
- Erin L. Patel, PsyD
- Monica Roy, PhD
- Anthony Stringer, PhD, ABPP
- Alina Suris, PhD, ABPP
All psychologists dedicate themselves to providing professional services competently. This is especially true for ABPP board certified psychologists in that we each have made a significant commitment to demonstrating our clinical competence by completing the board certification process, as well as, maintaining high standards of professionalism. Our general obligation to be of help to those we serve and not to harm them is clearly articulated in the aspirational General Principle A, Beneficence and Non-Maleficence, of the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (Ethics Code, APA, 2017). The issue of competence is also addressed in the enforceable Ethics Standard 2, Competence, of the Ethics Code, which addresses how to establish, maintain and expand competence, into new areas of practice. Additionally, it provides guidelines in the process of appropriately delegating tasks to subordinates, and provide services in emergency situations, when trained professionals are not readily available to do so,

As is indicated above, in the APA Ethics Code (APA, 2017) competence is both an aspirational principle and an enforceable standard. Thus, while there is an enforceable floor that one must never fall below, we are never fully competent and must strive throughout our careers to improve our competence. Such improvement may occur through activities such as completing additional coursework; attending continuing education workshops; remaining current with the literature and recent developments in the field; and, engaging in consultation with colleagues, whether it be on an as needed basis (peer consultation) or ongoing (support group) (Handelsman, Knapp, & Gottlieb, 2009).

What is Competence?

Epstein and Hundert (2002) define competence as “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 community being served” (p. 226). Haas and Malouf (2005) add that it is a combination of the necessary knowledge, skills, attitudes, and values to provide needed services, along with the ability to effectively implement them. While much of our competence comes from our formal education and supervised clinical experience, these definitions highlight that competence goes beyond just knowledge and skills. It also involves thinking, reasoning, decision-making, and judgment, qualities not learned in a text book and that must be developed and honed over time to ensure we are able to apply our competencies ethically and effectively. Clinical competence is not a unitary concept. One can be competent in some areas of practice and not in others. In other words, it is not an “all or nothing concept”. Competence falls along a continuum and where we are on this continuum can vary over time, both overall and for each aspect of our practice. It is up to each of us to take the actions needed to ensure we achieve the highest possible standards of competence in the areas in which we practice throughout our careers.

One might question if licensure or board certification guarantees competence. While licensure assesses certain aspects of our competence, it overlooks others. Board certification does a better job of assessing one’s competence through the examination process and certainly seeks to set a higher standard for competence than initial licensure. Together, licensure and board certification can convey that we have demonstrated a certain level of knowledge, the presence of certain skills, and with board certification, the demonstration of attitudes, values, and judgment. However, these are mere snapshots of our functioning at a specific point in time. There is nothing which may actually guarantee competence, and no way to anticipate how one might be functioning at any given time in the future.
Factors that May Impact our Competence
There are a number of factors that can impact our competence over time: a) not keeping up with the professional literature b) not updating our clinical skills. c) not prioritizing wellness and self-care practices; and, the prevention of burnout and vicarious traumatization (Wise & Barnett, 2016). Failure to adequately take care of ourselves can adversely impact our ability to implement each aspect of our competence as we attempt to care for others (Standard 2.06, Personal Problems and Conflicts). Simply put, our competence will degrade over time unless we actively work to maintain and enhance it (Taylor & Neimeyer, 2016). It takes “ongoing efforts” to fulfill our ethical obligation to maintain our competence as is stated in Standard 2.03, Maintaining Competence (APA, 2017, p. 5).

Ensuring our competence should not be a solitary activity. Relying on the input, support, and assistance of colleagues is essential (Johnson, Barnett, Elman, Forrest, & Kaslow, 2013). While psychologists are guided to be self-aware and to engage in self-reflection, it is important that we not limit ourselves to these practices as the only form of monitoring our competence and clinical effectiveness. It has repeatedly been documented that health professionals are typically quite poor at self-monitoring competence. Furthermore, the more impaired competence is, the less effective we are at accurately monitoring it (Dunning, Heath, & Suls, 2004; Dunning, Johnson, Ehrlinger, & Kruger, 2003; Kruger & Dunning, 1999).

As Johnson and colleagues (2013) recommend, we providers should establish and actively utilize competence constellations, i.e., groups of colleagues who we can mutually rely on. These supportive relationships can be of great assistance in discussing and working through ongoing challenges in our professional and personal lives. Caring colleagues can provide each other honest feedback, in a thoughtful and supportive manner, along with suggestions and emotional support. By establishing a safe environment, we may better manage the many challenges and stressors that regularly impact our ongoing professional competence. Otherwise, by minimizing ongoing difficulties, avoiding the input of others, or engaging in maladaptive coping strategies, we fail to take needed corrective actions, resulting in harm to ourselves and to our clients.

Understanding the Role of Multicultural Competence in Overall Clinical Competence
One cannot be considered clinically competent without working toward a cultural competency. Just as maintaining one's knowledge and wellness are essential mechanisms in order to remain clinically astute, so is cultural competence. The attitudes and values all psychologists should embrace, as articulated in Principle E, Respect for People's Rights and Dignity, of the APA Ethics Code, include the need to be:

“aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.” (APA, 2017, p. 4)

This aspirational guidance is codified into enforceable standards in Standard 2.01. Cultural competence requires psychologists to be knowledgeable of, and utilize available scientific and professional information to understand the role of each of these diversity factors, and to effectively deliver relevant clinical services to members of these diverse groups. This translation of knowledge helps us appreciate individual differences and modify accordingly how we engage our clients in the informed consent process, conceptualize treatment, select and apply appropriate strategies and techniques, set client-centered goals, and communicate with individuals of diverse background.
Let us summarize some of the key points and recommendations in remaining competent:

**Key Points and Recommendations**

- Take active steps to establish, maintain, and expand your competence. Merely attending continuing education workshops may not be sufficient for skill development. Clinical supervised experience may be necessary. When unsure what additional education or training may be needed, consult available practice guidelines and colleagues who are recognized experts in the area of practice in question.

- Practice self-care on an ongoing basis to promote your emotional, physical, relational, and spiritual wellness. There is no one-size-fits-all approach to self-care. Find what works for you and use it. Remember that this is an ethical obligation and failure to take adequate care of yourself may result over time in a decreased ability to effectively care for others.

- Be on the lookout for signs and symptoms of burnout and vicarious traumatization. But, remember that we each have blind spots and it is best to seek input from colleagues rather than relying on our own self-assessment. Seek personal psychotherapy when needed. –When unsure, think about what you would recommend to a colleague in a similar circumstance.

- Participate in a peer consultation group or some other competence constellation, and use it actively. Be open and honest about your own challenges and struggles, and be a caring and supportive colleague for others in your constellation.

- Broaden your view of diversity and consider all individual differences, both visible and hidden, with all clients you assess and treat. Be mindful of personal biases, both conscious and unconscious, seek ongoing diversity training, and ensure your competence to work effectively with individuals of diverse backgrounds. As our society continues to rapidly diversify, this will increasingly be a requirement for competently working as a psychologist.

**References**


Author’s brief bio:

Jeffrey E. Barnett, PsyD, ABPP is Associate Dean for the Social Sciences and Graduate Programs, and a Professor of Psychology at Loyola University Maryland. He is also a licensed psychologist in private practice and a Distinguished Practitioner of the National Academies of Practice. He is ABPP board certified in Clinical Psychology and in Clinical Child and Adolescent Psychology. He is a past chair of the ABPP Ethics Committee, as well as, of the APA Ethics Committee and previously served on the Maryland Board of Examiners of Psychologists. He can be contacted at jbarnett@loyola.edu.
The Clinical Health Psychology (CHP) board is well into our Periodic Comprehensive Review (PCR) process. The board members are doing great work updating the Candidate and Oral Examiner manuals and working on modifications to the oral examination modules to ensure coverage of ABPP required foundational and functional competencies. Dr. Nicole Najar, Practice Sample Coordinator, has been doing amazing work improving the practice sample review process. These efforts include improving practice sample reviewer training and developing an effective reviewer manual.

Speaking of practice sample reviews, we are in need of more board certified clinical health psychologists to pay it forward by serving as practice sample reviewers. If you are willing to serve the CHP candidates by reviewing their practice samples, please contact Dr. Nicole Najar at abchp2013@gmail.com.

Furthermore, the ABCHP board members and I, are enjoying a close working relationship with the American Academy of Clinical Health Psychology. Dr. Elizabeth Klonoff, Academy President, and Dr. Lisa Kearney, President-Elect/Secretary have been especially helpful in finding mentors for our candidates and fulfilling the mission of the Academy.

We are on pace to set a record number of oral exams administered with a total of 24 exams scheduled this year alone. Our next oral exams (fall) is scheduled to take place in Denver, Colorado. This is a new site for us, and it is part of our commitment to increase the variety of geographic locations where the exam is being offered. A big thank you to Dr. Andrea Maikovich-Fong for making the arrangements. Dr. Maikovich-Fong is our first designated Early Career Member-at-Large Board Member, and she has made a great addition to the CHP board.

For many years the American Board of Clinical Psychology (ABCP) and the American Academy of Clinical Psychology (AACP) have worked closely to establish a solid relationship between the two organizations. This was attempted via employing strategies, such as, co-locating board meetings, scheduling regular Presidents’ calls, sharing minutes, sending representatives to each other’s meetings, and the ABCP President training of the AACP board in the new ABPP competencies at their board meeting. Nevertheless, the path has been difficult and recent changes in both boards may have left specialists with various questions. It is my hope to address some of those questions.

The Past:
For many years the ABCP and the AACP worked closely to establish a better relationship by engaging a number of strategies. There was even discussion, many years ago, to merge the two boards. Despite the commitment and multiple
efforts to collaborate, a positive resolution remained elusive. Members of the ABCP executive board believed that our candidates and specialists were not receiving the best training and services because of the absence of congruence in mission and vision between the boards. ABCP deliberated various scenarios to address the negative effects of the ongoing disagreement, and in the end supported the option of a merge, as the optimal outcome.

In an effort to promote a shared vision and approach, and to create a collegial, trusting, and collaborative union, the ABCP sent the AACP President a proposal to have the two boards unite. The offer unfortunately, was declined. As per the ABPP-AACP Article of Affiliations, a contract that defines the relationship between ABPP (of which the ABCP is a part) and the AACP, an externally affiliated academy, mediation was the required next step to address our merger request. ABCP officially requested mediation in January of 2015 from the President of the ABPP BOT.

The two boards participated in mediation, first via telephone meetings and later at a face-to-face meeting during which each board sent representatives who were authorized by their respective boards to make decisions on their boards’ behalf. Mediation was successful with ABCP and AACP signing a Merger Agreement. Per the signed agreement, to create the new merged board and outline its new governance structure, a task force was formed, the Clinical Specialty Merger Work Group (CSMWG), with equal representation (three members each) selected by each board. Each board could invite two consultants; AACP agreed to those proposed by ABCP and chose not to invite additional consultants. The ABCP sent two Past Presidents and the current President as representatives (two of whom were current board members). The AACP sent two current board members and a Clinical Specialist with leadership experience in other ABPP specialties and in his professional life. The CSMWG was tasked with completing the merger by May 2017. The CSMWG met telephonically during the summer and face-to-face fall 2016. The rules of process for conducting the CSMWG meetings were unanimously agreed upon by AACP and ABCP representatives. The CSMWG decided that it would work towards consensus on decisions, but when that was not possible, a vote would be taken with the majority ruling. During the September 2016 face-to-face meeting, the CSMWG agreed upon a new governance structure for the new merged board by examining the functions, duties, and goals of each board, per the signed Merger Agreement. The proposed governance structure was presented to the BOT on December 3, 2016 where it was approved. On December 11, 2016 the ABPP President informed both board Presidents of ABPP Board of Trustees’ decision to approve the merged model of the Clinical Specialty governance.

Approved Clinical Specialty Merged Governance

- President
- Past President
- VP / President Elect (Regional Coordinator)
- Secretary (Regional Coordinator)
- Treasurer (Regional Coordinator)
- *Membership - Lead
- *CE - Lead
- *Marketing - Lead
- At Large Members (3 Regional Coordinators)
- 2 Affiliate (Ex Officio): Mentorship Coordinator, National Exam Coordinator

*New academy-positions
Note: Regional Coordinators manage exams in specific areas of the US and Canada
On January 11, 2017, the AACP President informed the ABPP President that the Academy intended to disaffiliate from ABPP. In response to the AACP’s decision, a panel was convened to review the AACP’s decision. The disaffiliation panel recommended the ABPP Board of Trustees honor the AACP’s decision to disaffiliate, and the Board of Trustees voted to support the recommendation. ABPP President notified the AACP of the Board of Trustees decision, then sent an email to all Clinical Specialists informing them of the history, steps taken, and decisions made regarding ABCP and AACP. It is important to note that as an externally affiliated Academy, AACP could have asked to disaffiliate at any time during this two-year process, but instead waited until after the mediation, the merger workgroup, the creation of the new merged governance, and its approval by the BOT.

**Moving Forward:**

The ABCP Board of Directors is committed to providing excellent services and products to our candidates and specialists. We continue to move forward. Our governance structure was approved by the ABPP Board of Trustees and we were mandated to merge the examining board and academy board functions by May 2017. We added an extra day to our regularly scheduled board meeting in March 2017, during which our bylaws were edited to include the new board structure and duties. On March 5, 2017, on the behalf of the ABCP, I sent a letter to all Clinical Specialists informing them that AACP was disaffiliated and no longer affiliated with ABPP, however, that this change did not affect their status as Clinical Specialists, and that ABPP-specified academy functions would be incorporated into the ABCP officially with amended bylaws.

The ABPP BOT Standards Committee and then the entire ABPP BOT reviewed and approved the updated ABCP bylaws. The ABCP then sent the new, approved bylaws to all Clinical Specialists in May of 2017. On June 15th, we called for nominations for three new Academy Board positions. The ABCP Nominations Committee reviewed all applicants and made recommendations to the Clinical Board. We voted on the three new members this past October in Philadelphia during our biannual board meeting, selecting the following: Kim Penberthy, Director of Marketing; Ed Neuhaus, Director of Education; and, Leo Carabello, Director of Membership.

**The Future:**

We are excited for the future, as we develop new initiatives for candidates and constituents alike. In addition to our role as an examining board, we will be providing continuing education, marketing, membership services. All in all, we aim to promote the growth and recognition of the Clinical Specialty, by providing robust, effective, and excellent services to candidates and Clinical Specialists. Please see our recently created logo that indicates our new merged functions: Certification, Service and Excellence. Look forward to future articles in The Specialist, which will feature dynamic initiatives.
The American Board of Couple & Family Psychology
The Inaugural International Couple & Family Psychology Conference
Terence Patterson, EdD, ABPP

The American Board of Couple & Family Psychology (ABCFP) was a proud co-sponsor of the first International Conference in Couple and Family Psychology, held at the Family Institute at Northwestern University, June 22-24, 2017. The conference was chaired by Anthony Chambers, PhD, ABPP, and was co-sponsored with the International Academy of Family Psychology; the American Academy of Couple and Family Psychology; the APA Society of Couple and Family Psychology; the Family Institute at Northwestern University, and the Family Process Institute.

Although conferences in family therapy and family psychology have preceded it, this comprehensive congress encompassed research and clinical practice across the spectrum of multicultural and cross-cultural couple, extended family, and parent-child policies and interventions. Diversity was a hallmark, with an opening ceremony of native drumming and over 150 professionals and students from Japan, Austria, Canada, Germany, and the Netherlands. Planning was coordinated among the constituent organizations by Anthony Chambers, PhD, ABPP; John Thoburn, PhD, ABPP; and Terence Patterson, EdD, ABPP.

Plenary sessions were presented by the following: former APA President, Susan McDaniel, PhD, ABPP—Systemic Foundation for Psychology as a Health Profession; Shalonda Kelly, PhD—The Future of Couple and Family Psychology in Understanding and Addressing the Needs of African American and Other Diverse Couples and Families; former APA President Nadine Kaslow, ABPP, PhD—Moving from Competency to Mastery in Couple and Family Psychology; and Florence Kaslow, PhD, ABPP—A Brief History of International Family Psychology and How It Intersects with Behavioral Health.

Susan McDaniel offered a broad view of how a systemic perspective intersects naturally with a biopsychosocial approach to behavioral health and facilitates collaboration with allied professionals. She also expressed that the current emphasis on behavioral health in psychology provides increased opportunities for early career psychologists and for innovation across modalities.

Nadine Kaslow drew upon her extensive work in professional training and competency standards and her work in inner city Atlanta, to illustrate how CFP can be implemented at the highest levels to address health disparities across disorders, populations, and settings.

Shalonda Kelly spoke of the perception of many African Americans and other persons of-color that CFP may not be applicable to them. She further stated that cultural humility, flexibility, and an understanding of diverse family forms are key to applying models that are compatible with diverse cultures.

Florence Kaslow described her involvement with virtually every national and international CFP organization. She also explored ways in which systemic and behavioral health models may be adapted to be cross-culturally relevant.
Major presentations and symposia were presented by the following:

- Sue Johnson— The Future of Couple and Family Therapy: Attachment Science in Action
- Scott Stanley— Sliding vs. Deciding: How the New Ways Commitment Forms Change Everything
- Mona Fishbane—From Reactivity to Empowerment in Couple Therapy: Insights from Interpersonal Neurobiology
- David Schnarch— Future Applications of Brain-Based Couple and Family Therapies.
- Don Baucom— Current CBT Couple Research and Practice
- Andrew Christensen— Integrative Behavioral Couple Therapy (IBCT): Research Findings and Clinical Implications
- Caroline Clauss-Ehlers— State of Multicultural Counseling
- Robert Jay Green— Same-Sex Couples in Therapy: Coping with Minority Stress
- Howard Markman and Doug Snyder-- Prevention and Treatment of Couple Distress: Current Status and Future Directions
- Sabine Walper— Joint Parenting After Parental Separation: Current Trends and Challenges for Practice
- John Thoburn--International Family Psychology and Social Justice
- Barbara Fiese— Advancing Couple and Family Psychology through a Collaborative and Constructive Editing Process

Breakout sessions on the plenary themes were presented by Jay Lebow, Mark Stanton, Susan Regas, Ruth Morehouse, Kristina Koop Gordon, Scott Browning and Patricia Papernow, Andy Benjamin and Terry Patterson, Erika Lawrence, Galena Rhoades, Brian Doss, Keizo Hausegawa and Michiko Ikuta, Koubun Wakashima, Astrid van Dam, Harald Wernick, and Tom Sexton. Jay Lebow, Tom Sexton, and Barbara Fiese also presented an editors’ panel on publishing in CFP journals.

In a significant development for the future of the ABCFP, a presentation was made on the 2016 initiative of the Society, the Academy and the CFP Board for all leaders in the field to become board-certified. It was reported that outreach efforts have yielded a group of participants who have agreed to be mentored through the process of ABCFP board certification.

Another promising development was a proposal (subsequently approved by the ABCFP) by Scott Browning, PhD, ABPP. Dr. Browning proposed the establishment of local chapters of CFP professionals, for the dual purpose of providing informational workshops on acquiring the competencies to achieve ABPP status; and, to provide continuing education and networking to the professional community.

The constituent CFP organizations hailed the conference as successful, and a milestone for the specialty. Plans are underway to consistently reconvene.
By the year 2050, a full 60% of the American population will be “un-testable” with the current toolkit of largely monolingual, mono-cultural neuropsychological assessment strategies. To help address this pressing issue, in 2016, the American Academy of Clinical Neuropsychology (AACN) developed the Relevance 2050 Initiative. The goals of the Relevance 2050 Initiative are to support new assessment methods, training models, mid-career supervision models, and clinical strategies in order to begin to substantially increase the percentage of patients who can be competently served and provided with neuropsychological services. In order to meet these goals, the initiative includes aggressive recruitment of students and neuropsychologists from diverse linguistic, cultural, socioeconomic, religious and other backgrounds into the field, and towards eventual ABPP board certification. Accordingly, the Relevance 2050 committee has worked closely with the American Board of Clinical Neuropsychology (ABCN) and the AACN Board Certification Promotion Committee (BCPC) in order to attract and support under-represented individuals for ABPP board certification in Clinical Neuropsychology.

This year’s highlights include:
Chaired by Dr. Cheryl Weinstein, and with the assistance of Dr. Franklin Brown, the BCPC successfully obtained two separate $1000 CPPSA grants. The first grant, which was used to advertise and attract Canadian applicants to ABCN, included a short article published in Psynopsis (CPA’s version of The Specialist) entitled “ABCN Board Certification for Canadians: Fact or Fiction?” The second grant, a joint AACN/ABCN effort, was used to help defray the cost of board certification for ten ethnic minority applicants ($100 each). As ten applications had already been received by the end of the recent 2017 AACN Annual Meeting, efforts are currently being made to seek additional funds to extend the program.

Furthermore in 2017, AACN and the Hispanic Neuropsychological Society (HNS) held a joint conference to synergize efforts and help support the field's readiness to competently provide neuropsychological services to our rapidly diversifying population.

Additionally, Dr. Adriana Strutt joined forces with the Relevance Committee, ABCN, and HNS to develop a handout entitled, “Top 7 Myths about ABCN Board Certification for Hispanic Neuropsychologists”; the handout was distributed to attendees at the joint meeting.

The AACN Relevance 2050 Student Pipeline Subcommittee (SPS) has been active in promoting mentorship and recruitment of under-represented trainees, while providing early education on board certification via intra-/inter-organizational initiatives. The SPS is a particularly unique subcommittee, given that it is co-chaired by postdoctoral fellows and is composed entirely of student and trainee members. The efforts constitute one important way in which AACN has consciously sought to integrate students, especially students from under-represented groups, into its governance structure. SPS successfully sponsored a free and highly popular webinar entitled “Board Certification via ABPP/ABCN 101”, which has reached over 1100+ views on YouTube. The SPS additionally gave a workshop at the 2017 AACN Annual Meeting entitled, “Diversifying Neuropsychology from Undergraduates to Board Certification.” In June, the first SPS “Spotlight” was disseminated, which featured an
early career neuropsychologist with an under-represented background. Future Spotlights will continue to showcase students, trainees, and early career psychologists from diverse backgrounds sharing their training and professional experiences in neuropsychology. Lastly, in collaboration with ABCN, the SPS is currently working on developing a free webinar series consisting of 30-minute presentations covering a range of topics on steps to ABPP board certification, using references such as “A Guide to Becoming ABPP/ABCN Without Sacrificing Your Sanity” and expanding on how to navigate potentially challenging situations while going through the process (e.g., working towards tenure, planning a family, etc.).

In September, the Relevance 2050 Committee formally announced a request for applications for a $10,000 grant award to help support the development of an interactive platform for multi-cultural/multi-linguistic norms for open access cognitive tests. New for the upcoming 2018 AACN Annual Meeting, the Relevance 2050 Committee is excited to support an award for the best poster on a diversity-related topic. AACN has continued to support a yearly scholarship for 12 students. Six of these are designated as “Diversity Scholarships” to support individuals from diverse and under-represented backgrounds to attend the AACN annual meeting each year. To help fund additional students and recruit more diverse individuals, the Relevance 2050 Committee put forth a submission to the APA Commission on Ethnic Minority Recruitment, Retention and Training in Psychology II (CEMRRAT2)’s request for proposals. Further demonstrating AACN’s commitment to moving neuropsychology forward, the AACN Board of Directors unanimously approved a matching outlay of funds should the APA submission be successful.

The ABCN has continued to make concerted efforts to assess cultural competency across the written and oral examinations. The ABCN Diversity Committee has traditionally reviewed oral exam Ethics Vignettes, and in 2017 the ABCN has undertaken analyzing and implementing additional cultural competency assessment within the written and oral exams. Additionally, ABCN with the Hispanic Neuropsychological Association (HNS) developed a collaborative survey for Puerto Rico neuropsychologists to identify potential barriers towards board certification, such as language barriers, training issues, and availability of training opportunities.
Not all those who practice forensic psychology have demonstrated the level of skill and determination necessary to complete the board certification process. I recognized this journey would take time and I persisted in my aspirations, even when life threw me curve balls.

I decided to pursue board certification because I wanted to achieve a higher level of commitment to education, research, and law in my areas of specialty. While the written exam expanded the breadth of my knowledge in all the areas of forensic psychology, the writing samples allowed me to pursue the depth necessary to study my approach and conceptualization of a case.

For my writing samples I chose two distinct forensic cases: an insanity defense and a conservatorship/guardianship case. In order to complete my writing samples, I reviewed statutory and case law, ethical considerations, as well as assessment tools. Authoring these two writing samples led to an increased level of confidence when I am referred a case in either area. Moreover, the oral examination offered an opportunity for me to further hone my testimony skills. Overall, board certification has allowed me to feel a sense of accomplishment, and has exemplified my commitment for professional development and excellence in serving my clients.

At the time I pursued board certification, there was not yet a formal mentorship program. However, knowing that I learn best through mentorship, I pursued working with two ABFP mentors. Each mentor provided me invaluable input, guided me through the process, and provided moral support and encouragement along the challenging path. I have always struggled to balance family life and career aspirations. Being a wife, and mother to two young children, often requires tremendous focus and energy. It was along this pursuit, I recognized the value of self-compassion, and the realization that no one is perfect. My commitment to my professional development meant that I had to integrate studying and preparation into my life in a manageable way. Sometimes this meant snagging the few minutes I could while my daughter was in dance class or my son was in tee ball, or it meant putting the study materials aside and devoting complete attention to my family for game night. Additionally, I learned the importance of knowing my own limits within the context of my career development. Perhaps a good example of this was when I agonized over meeting the deadline for my writing samples while caring for my young son with health issues. I pushed myself relentlessly to juggle the two priorities, only to quickly recognize this was an impossible feat. Given these circumstances I reached out to the board for an extension. The board was sympathetic and supportive of my plight, which I appreciated. Admittedly, there have been times where I have held myself to impossible standards. The realization I cannot always be “Wonder Woman” was pivotal in my own personal development, and has made this process even more worthwhile. It took me longer than expected, but with perseverance and dedication it eventually became a reality.

Another important benefit of being board certified is the opportunity to become part of a large network with other like-minded professionals: the ability to directly consult with other board certified psychologists dedicated to excellence as researchers and practitioners. While the process itself was an instrumental learning experience, the ABFP listserv has been another treasured resource. Being able to ask members of the listserv questions about difficult cases and listening to the discussion on various forensic topics among top forensics experts, has provided an unanticipated, and most invaluable learning tool. What makes these discussions so intriguing is that there is usually not a “correct” answer to the questions posed. Observing the commentary between listserv members has afforded me with the opportunity to recognize I am not alone when I have found myself questioning these very same factors in my own forensic work.

Every time I sign my name at the end of a report, along with those four letters “ABPP” I remember, while it was a long and arduous road traveled, it was all worth it.

**Datapoint**

**NEWS FROM APA’S CENTER FOR WORKFORCE STUDIES**

**A LOOK AT PSYCHOLOGISTS’ SPECIALTY AREAS**

- The American Board of Professional Psychology provides certification for doctoral-level licensed psychologists in 15 specialty areas. In 2017, approximately 3,900, or 4 percent, of licensed psychologists in the United States were board certified. About one-third of those were certified in clinical psychology, and 26 percent were certified in clinical neuropsychology.

- As for all licensed psychologists, 55 percent reported a primary or secondary area of specialty in clinical psychology, and 23 percent reported an area of specialty in clinical child and adolescent psychology.

- The distribution of board-certified psychologists across states is similar to the distribution of all licensed psychologists. California (422), New York (297), Florida (277), Texas (226), and Massachussets (176) had the most board-certified psychologists.

### Licensed Psychologists and Board-Certified Psychologists by Area of Specialty

<table>
<thead>
<tr>
<th>Area of Specialty</th>
<th>Percent of licensed psychologists by reported primary and secondary area of specialty</th>
<th>Percent of board-certified psychologists by area of specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and adolescent</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Clinical health</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Clinical neuropsychology</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Clinical</td>
<td>55%</td>
<td>26%</td>
</tr>
<tr>
<td>Cognitive behavioral</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Counseling</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Couple and family</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Forensic</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Group</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Organizational, business consulting</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Police and public safety</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>School</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Number of Board-Certified Psychologists by State**

- < 17
- 17-32
- 33-110
- > 110

*By Luona Lin, MIPP, Peggy Christidis, PhD, and Karen Stamm, PhD*  
For more information, contact APA’s Center for Workforce Studies at cws@apa.org.

1. A specialty is a defined area in the practice of psychology that centers special competency acquired through an organized sequence of formal education, training, and experience. Board certification (awarding a certificate in a specialty) issues the public that specialists designated by the ABPP have successfully completed the educational, training, and experience requirements of the specialty, including an examination designed to assess the competencies required to provide quality services in that specialty.
3. ABPP recognizes specialties via the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPP), which includes sleep psychology and excludes group psychology. CRSPP specialties may have different names from ABPP specialties.
6. States were based on addresses listed as residence/or office in the ABPP Directory.
Since July of this year, the American Board of Geropsychology (ABGERO) has evaluated six candidates at conferences in San Francisco (World Congress of Gerontology) and Washington DC (APA). We celebrate this accomplishment which signifies the transition of our group into a full-fledged specialty, and marks the ending of a lull in oral examinations.

We are currently “priming the pipeline”, by asking mentors to actively urge mentees to meet their mutually-agreed upon deadlines, and submit their application materials and work samples in a timely manner. According to the more recent data, there are now 63 ABGERO specialists.

ABGERO typically examines candidates thrice a year: a) at the annual spring ABPP workshop series; b) during the annual APA conference in August; c) at the annual meeting of the Gerontological Society of America (GSA), which is scheduled in November. However, given the decision for ABPP to suspend the workshop series in 2018, and due to GSA meeting earlier this year, the next oral examination date will not take place until August of 2018. By then, three specialists who previously monitored oral exams in 2017 will be qualified to serve as examiners. This development has allowed ABGERO to attain a critical mass number of examiners, which in turn allows specialists to begin offering regional examinations in the near future.

Finally, the members of ABGERO are pleased to announce Dr. Shane Bush, as the winner of the second annual ABPP specialty-specific award for geropsychology. Shane has done a yeoman’s job for ABGERO, serving not only as the specialty’s secretary, but also as member of the gero-specific credentials committee, in addition to volunteering to chair the ABGERO marketing committee. His work for ABGERO is very much appreciated, and there is no one more deserving of this award.

This accomplishment marked the end of the lull in oral examinations that resulted after meeting the quota required to become a full-fledged specialty. We are, therefore, gratified that the lull has come to an end. We have “primed the pipeline” by encouraging mentors to aggressively urge their mentees to honor mutually-agreed upon deadlines, and to submit their application materials and work samples in a timely manner. The official number of ABGERO specialists is now 63.
Deceased Specialists
July 1, 2017 through December 31, 2017

George D. Goldman, PhD, ABPP - Clinical Psychology

Thomas Wellington Lucik, PhD, ABPP - Clinical Psychology

Samuel R. Rest, PhD, ABPP - Rehabilitation Psychology
Newly Certified Specialists  (Jan 2017 – Dec 2017)

**Behavioral & Cognitive Psychology**
Carolyn B. Becker, PhD
Julia Craner, PhD
Robert D. Dvorak, PhD
Nicholas R. Forand, PhD
Andrea M. Macari, PhD
Jamie A. Micco, PhD
Phillip A. Raab, PhD
Christopher J. Udell, PhD
Nicholas Wignall, PhD
John M. Worrall, PhD

**Clinical Child & Adolescent Psychology**
Kathryn D. Boger, PhD
Tanisha E. Drummond, PsyD
Paul J. Frick, PhD
Laura L. Fuller, PhD
Emily B. Gale, PhD
Katherine F. Gibson, PsyD
Anna Hickey, PhD
Alexis Johns, PhD
Ann M. Lagges, PhD
David A. Langer, PhD
Bonnie Y. Ohye, PhD
Valentina Marie Pacheco-Cornejo, PsyD
Jonathan G. Perle, PhD
Kimberlee M. Roy, PhD
Lisa R. Shah, PhD
David G. Stewart, PhD
Lawrence A. Vitulano, PhD
Susan W. White, PhD
Amy E. Williams, PhD

**Clinical Health Psychology**
Erica Faye Adams, PhD
Jamile A. Ashmore, PhD
Melissa Doreen Baker, PhD
Laura Keys Campbell, PhD
Tabitha A. Carlson, PsyD
David Cosio, PhD
Stacy Dodd, PhD
Jennifer Lynn Ferrand, PsyD
Nicole M. Fleming, PsyD
Shawn Hondorp, PhD
Sarah C. Jenkins, PhD
Alison Kaylen-Reynard Newman, PhD
Nataliya Pilipenko, PhD
Indira Abraham-Pratt, PhD
Amy B. Sullivan, PsyD
Jennifer D. Vandergriff, PhD

**Clinical Psychology**
Sara Aboul-Hosn, PsyD
Carolyn B. Allard, PhD
Glena Lynne Andrews, PhD
Daniel P. Barron, PsyD
Adam Buffington, PhD
Melinda C. Capaldi, PsyD
Leonardo J. Caraballo, PsyD
Marc L. Copersino, PhD
Amy E. Daley, PhD
Kirsten DeLambo, PhD
Adam D. Dell, PsyD
Christopher R. Erbes, PhD
Brian Farran, PhD
Lisa Fitzgibbons, PhD
Michael A. Foster, PhD
Nathan R. Frise, PsyD
Scott F. Grover, PhD
Steven M. Herman, PhD
Alex Jadidian, PhD
Robin B. Jarrett, PhD
Cynthia Kokoris, PsyD
Katharine Lacefield, PhD
Lauren Lane-Herman, PsyD
Szu-Hui Lee, PhD
Eder L. Lemus, PhD
Sean P. McGowan, PsyD
Jennifer J. McLaughlin, PsyD
Jessica B. Misner, PsyD
Heather L. Morris, PsyD
Celine M. Paillot, PhD
Joseph Guerrino Pascetta, PsyD
Chris L. Poulson, PsyD
Reed Robinson, PhD
David B. Sacks, PsyD
Kathleen M. Saul, PsyD
Karen L. Stanley-Kime, PhD
Amanda E. Stewart, PhD
Terrance L. Walker, PhD
Lorraine Wong, PhD
Craig Woodworth, PsyD
Brian Zinnbauer, PhD

**Clinical Neuropsychology**
Lynette M. Abrams-Silva, PhD
Carolyne Anderson, PhD
Gabriel C. Araujo, PhD
Lee Ashendorf, PhD
Megan Baldassarre, PsyD
Danielle Bello, PhD
Edwin Bercaw, PhD
Laura Boxley, PhD
Mary L. Bushnell, PsyD
Melissa Buttaro , PhD
Alissa Butts, PhD
Jonathan Dodd, PsyD
Paul D. Dukarm, PhD
Mercedes Fernandez Ajhar, PhD
Scott Fish, PhD
Melissa Gerstle, PhD
Mary Meredith Gillis, PhD
David Hargrave, PsyD
Marietta M. Hoogs, PhD
Michelle C. Hudson, PsyD
Robyn Howarth Spottwood, PhD
Bradley J. Hufford, PhD
Colleen Jackson, PhD
Connie M. Jacocks, PhD
Justin R. Jaramillo, PsyD
Marcia E Johnson, PsyD
Erica Kalkut, PhD
Christine H. Koterba, PhD
Saule Kulubekova, PhD
Jin Lee Kim, PhD
Elizabeth Leritz, PhD
Erin Logue, PhD
Jeffery S. Long, PhD
Gilbert Martinez, PhD
Yuka Matsuzawa, PsyD
Kyle R. Noll, PhD
Anthony P. Odland, PhD
Anya I. Potter, PhD
Claudia V. Resendiz, PhD
Jordan S. Robinson, PhD
Robert M. Roth, PhD
Phillip Ruppert, PhD
Kelly A. Ryan, PhD
Bonnie C. Sachs, PhD
Robert J. Sawyer, II, PhD
Nicole Sestito, PhD
Anne L. Shander-Ochsner, PhD
Emily Sharp, PhD
Lynn W. Shaughnessy, PsyD
Tanya E. Sherman, PhD
Robert D. Shura, PsyD
Megan M. Smith, PhD
Jeff Sordahl, PsyD
Christopher C. Stewart, PhD
Jessica Temple, PsyD
Stephanie J. Towns, PsyD
Kristin Venables, PhD
John W. Waggoner, PsyD
Carrington R. Wendell, PhD
Ashley M. Whitaker, PhD
Kim C. Willment, PhD
Jonathan Woodhouse, PsyD
Trevor C. Wu, PhD
Tyler Zink, PhD
Virginia Zuverza-Chavarria, PhD
Counseling Psychology
Jennifer E. Carter, PhD
Nancy B. DeLaaney, PhD
Kathleen C. Gibney, PhD
Stephen Graef, PhD
Dominick Scalise, PhD
Tomina J. Schwenke, PhD
Jeffrey S. Sonnega, PhD
Counseling Psychology
Jennifer E. Carter, PhD
Nancy B. DeLaaney, PhD
Kathleen C. Gibney, PhD
Stephen Graef, PhD
Dominick Scalise, PhD
Tomina J. Schwenke, PhD
Jeffrey S. Sonnega, PhD

Couple & Family Psychology
Ralph J. Fretz, PhD
Samuel B. Korobkin, PhD
Couple & Family Psychology
Ralph J. Fretz, PhD
Samuel B. Korobkin, PhD

Forensic Psychology
Ashley K. Christiansen, PhD
Robert Edward Connell, PsyD
Rachyld Dempsey, PsyD
Christina MH Engen, PhD
Teo Ernst, PsyD
Jemour Maddux, PsyD
Shannon Maney, PsyD
Pius O. Ojevwe, PsyD
Preston Sims, PhD
Krissie Fernandez Smith, PhD
Rachael E. Springman, PhD
Elizaabeth Tyner, PhD
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Pius O. Ojevwe, PsyD
Preston Sims, PhD
Krissie Fernandez Smith, PhD
Rachael E. Springman, PhD
Elizaabeth Tyner, PhD

Geropsychology
Lisa Bloom-Charette, PhD
Suzanne Norman, PhD
Kyle S. Page, PhD
Caryanne Pope, PhD
Tabitha A. Sierra, PsyD
Karen P. White, PsyD
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Suzanne Norman, PhD
Kyle S. Page, PhD
Caryanne Pope, PhD
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Karen P. White, PsyD

Group Psychology
Adeyinka M. Akinsulure-Smith, PhD
Mikhail Bogomaz, PsyD
Brendan J. Eberenz, PsyD
Barbara Finn, PhD
Rosemary A. Segalla, PhD
Tzachi Slonim, PhD
Group Psychology
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Mikhail Bogomaz, PsyD
Brendan J. Eberenz, PsyD
Barbara Finn, PhD
Rosemary A. Segalla, PhD
Tzachi Slonim, PhD

Organizational and Business Consulting Psychology
Jessica Parker, PsyD
Organizational and Business Consulting Psychology
Jessica Parker, PsyD

Police & Public Safety Psychology
Lewiz Z. Schlosser, PhD
Police & Public Safety Psychology
Lewiz Z. Schlosser, PhD

Psychoanalysis
Theodore Ellenhorn, PhD
Robert Grossmark, PhD
Bruce Lochner, PhD
Richard R. Raubolt, PhD
Psychoanalysis
Theodore Ellenhorn, PhD
Robert Grossmark, PhD
Bruce Lochner, PhD
Richard R. Raubolt, PhD

Rehabilitation Psychology
Asma Ali, PsyD
Trevor Davis, PsyD
Sara E. Heinz, PsyD
Jason W. Krellman, PhD
Fernanda Martinez, PhD
Svetlana A. Serova, PhD
Kathryn Pamela Wilder Schaaf, PhD
Rehabilitation Psychology
Asma Ali, PsyD
Trevor Davis, PsyD
Sara E. Heinz, PsyD
Jason W. Krellman, PhD
Fernanda Martinez, PhD
Svetlana A. Serova, PhD
Kathryn Pamela Wilder Schaaf, PhD

School Psychology
Syreitta R. James, PhD
Neil Stafford, PsyD
School Psychology
Syreitta R. James, PhD
Neil Stafford, PsyD

Pediatric Clinical Neuropsychology Subspecialty
Christopher H. Bassin, PsyD
Lisa G. Hahn, PhD
Jennifer S. Haut, PhD
Elizabeth Heideman, PhD
Aaron S. Hervey, PhD
Roger K. Light, PhD
June Y. Paltzer, PhD
Morgan K. Panora, PsyD
Cori A. Scalzo, PhD
Mona Stepansky, PhD
Seth Ubogy, PsyD
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