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the Specialist Editor: Katherine S. Jones, PhD, ABPP
Associate Editor: Frederick S. Wechsler, PsyD, ABPP
President’s Column

Michael Tansy, PhD, ABPP

It is an honor and privilege to serve as the 2016-2017 ABPP President. As President, I hope to further ABPP’s efforts to fulfill its mission to increase consumer protection through the examination and certification of psychologists who demonstrate competence in approved specialty areas in professional psychology. Since 2005 I have served in ABPP leadership at the specialty board, academy, and Board of Trustees levels. I have benefitted from the guidance of several remarkable ABPP presidents, including Christine Nezu, Nadine Kaslow, Gregory Lee and Randy Otto. I am truly indebted to them as, through them, I learned about the complexities of ABPP board governance. I anticipate working closely with our Executive Committee, Board of Trustees, specialty board and academy leaders, and specialists to maintain continuity in our effort to fulfill our mission.

ABPP is an open, professional, and inclusive organization comprised of five dedicated Central Office employees and nearly 4000 specialists, many of whom volunteer their time and talent to achieve our mission. I encourage each and every one of you to be more involved in every level of ABPP leadership. Through my involvement, I have had the opportunity to know and learn from many of today’s elite scholars and practitioners. Were you to do the same, you would find ABPP encourages specialists’ participation in its daily operations. I hope you catch the ‘bug’ and take an interest in how you may get more involved. One starting point would be to open our website (www.abpp.org) and navigate through it. Here you will find information about ABPP, including past issues of The Specialist, messages from the President and the Executive Officer, information about each specialty board and academy, and information about the ABPP Foundation.

Were you to get involved, you would find ABPP is a dynamic, growing organization comprised of fifteen distinct specialties. As an indication of the status it maintains among board certifying groups, ABPP is the only multi-board organization recognized by the APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). Further, ABPP maintains close professional relationships with a number of important psychology organizations, including the Association of State and Provincial Psychology Boards (ASPPB), the Council of Specialties (CoS), and the American Psychological Association (APA). I would like to take this opportunity to familiarize you with some of ABPP’s important groups, topics and initiatives.

Central Office

No discussion of ABPP can occur without a statement of appreciation of our hard-working Central Office staff, comprised of David Cox, Executive Officer (drcox@abpp.org), Nancy McDonald, Assistant Executive Officer (nmcdonald@abpp.org), Lanette Melville, Meeting Planning and Marketing Assistant (lanette@abpp.org), Diane Butcher, Information Content Manager (diane@abpp.org), and Kathy Holland, Administrative Assistant (kathy@abpp.org). In recent history, the Central Office has undergone significant changes, including decreasing costs by relocating to a smaller office; telecommuting to increase flexibility and allow for a smaller office; updating the ABPP human resource manual; updating the ABPP policy and procedure manual; and, beginning an update of the ABPP website and data management system (with the assistance of Code-A-Site, a North Carolina-based web development company). For many years, we have all appreciated the hard work these dedicated employees do and, should you be inclined, pass them a kind word via email (see above). I routinely send them thanks for their hard work and would hope you will do the same.
Board of Trustees, Specialty Boards, and Academy Officers
ABPP is comprised of nearly 4000 members and a very small staff. Yet, ABPP is a very productive group. All of us in leadership have worked with many boards. I continue to be impressed by the effort of our organization, which is primarily volunteer. It would be very difficult to estimate the number of hours each trustee, specialty board officer, and academy officer volunteers to ABPP. Were one to calculate the value of this service based on your hourly office rate, I’m sure the annual value would be extraordinary. I am further gratified by the caliber of our leadership and their ability to maintain harmony, particularly when you consider the passion with which professionals should and do hold their interests. If you step back and take perspective, no doubt you are equally pleased. I appreciate, respect and am indebted to all of you for your service.

7th Annual ABPP Conference & Workshops
May 11-14, 2016, ABPP will host its 7th Annual ABPP Conference and Workshops at the Gwen Hotel in Chicago, IL. The ABPP Conference and Workshop series is an opportunity to obtain top-tier continuing education credits provided by board certified specialists recognized by their respective specialties. In the past decade, the ABPP Conference and Workshop Series has provided exceptional training on topics that are timely, relevant, and well presented. Lanette Melville, ABPP Meeting Planning and Marketing Assistant, has worked with others to create a program that receives very complementary feedback. I strongly encourage all specialists, psychologists, students, and other professionals to attend our workshops, and all specialty boards to hold their meetings and examinations at the conference. The ABPP Conference and Workshops is a cost-effective means of obtaining valuable continuing education, while affording the opportunity to make valued ABPP friendships. Learn more about and register for the 7th Annual ABPP Conference & Workshops at www.abpp.org.

Maintenance of Certification
When ABPP was first established, psychologists who passed their examinations were awarded lifetime diplomas and the members were titled “diplomate”. Several years ago, ABPP began awarding successful candidates certificates and their titles became “specialist”. About a decade ago, ABPP recognized that to fulfill its mission to increase consumer protection, it is reasonable to expect that board certification must be maintained. That is, certification should be periodically renewed by demonstrating ongoing competence. Toward that end, ABPP’s Board of Trustees created a Maintenance of Certification (MOC) Task Force. The MOC Task Force developed a MOC model that asks each specialist to complete a self-assessment of their competence by completing a specialty-specific continuing professional development grid and narrative. Once notified by Central Office to complete their MOC, the specialist submits their material to their specialty board reviewer. The MOC Task Force partnered with each specialty board to develop a specialty-specific MOC grid and narrative. These MOC materials were approved by the ABPP Standards Committee in 2014. All specialists are encouraged to participate in MOC; however, specialists who are board certified before January 1, 2015 may utilize a waiver. Specialists receiving board certification after January 1, 2015 must complete MOC before December 31, 2024.

Since finalizing the MOC materials in 2014, the MOC Task Force turned MOC implementation over to David Cox, ABPP Executive Officer, and Diane Butcher, ABPP Information Content Manager. In Fall 2014 and Spring 2015, David and Diane worked with Nat Nelson and the American Board of Clinical Neuropsychology leadership to pilot the MOC 1.0, which utilized fillable pdf forms for the MOC materials. Finding this format problematic, the EC approved funding for Code-A-Site to work with David and Diane to build a web-based means by which specialists
and specialty boards complete their MOC. We anticipate further pilot efforts and implementation soon. Specialists who have questions about MOC may contact our Executive Officer at drcox@abpp.org.

Diversity
In the past several years the ABPP Diversity Committee, under the leadership of Dolores Morris and Joel Frost, has developed and awarded two diversity-related scholarships - the Arthur Nezu Dissertation Award and the Early Career Psychologist Diversity Award. Additionally, the committee developed a position statement on diversity that can be read in its entirety at abpp.org. In part, the position statement affirms that 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.” I am very proud and hold ABPP in high esteem for its dedication to diversity, and anticipate it will continue to be mindful of this important foundational competence. Specialists who are interested in promoting diversity within ABPP are encouraged to contact Joel Frost, Diversity Committee Chairperson (drjoelc@comcast.net).

Early Career Psychologist
In May 2014, through the efforts of the Early Career Psychologist (ECP) Task Force, chaired by Alina Suris, the ABPP Board of Trustees agreed to expand itself to include an ECP Trustee. The Trustees agreed to pilot this position for four years (January 2015 until December 2018, unless re-authorized by the Trustees). In December 2014, the Trustees selected the inaugural ECP Trustee, Veronica Bordes Edgar from a pool of very talented early career psychologists. Since her selection, Dr. Bordes Edgar has presented to the Trustees and the ABPP Foundation regarding the ECP Task Force efforts to reach out to ECPs, encouraging them to become board certified and to become involved in ABPP leadership, once certified. Also, the Trustees have strongly encouraged each specialty board and academy to consider formally recognizing an ECP on their respective board. 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
Several years ago, in large part through the initiative of ABPP’s Executive Officer, ABPP developed a means by which students and graduates who are not yet licensed may begin the process of becoming board certified. This program, the Early Entry Option (EEO), affords these individuals the opportunity to begin banking their materials with ABPP. Also, it provides a meaningful discount for their additional application. I encourage all graduate students and pre-licensed graduates to investigate this benefit. Information about the EEO program is available at www.abpp.org.

CPPSA
The Council of Presidents of Psychology Specialty Academies was formed in 1994 as a means of coordinating the efforts of the various specialty academies and as a vehicle for the ABPP academies to speak with a unified voice on matters of mutual interest. Since the council’s formation, the relationships between specialty boards and academies have undergone considerable change. Currently, there are six academies that are organized external to ABPP (Clinical, Clinical Neuropsychology, Couple and Family, Counseling, Forensic, and Rehabilitation); two academies that are organized internal to ABPP (Clinical Health and School); three specialties with merged boards
and academies (Group, Police and Public Safety, and Psychoanalysis); and, four specialties with no associated academies (Behavioral and Cognitive, Clinical Child and Adolescent, Geropsychology, and Organization and Business Consulting). Under the recent leadership of Jack O’Regan, CPPSA has partnered with the ABPP Foundation and offered grants to specialty boards to help promote ABPP board certification. Specialists who are interested in increasing their involvement with their academy’s activities are encouraged to contact their academy leadership or Jack O’Regan (oregan05@comcast.net)

**ABPP Foundation**

The American Board of Professional Psychology Foundation was established in 2010 to promote competent specialty practice and specialty board certification; to protect the public through providing educational opportunities in the form of scholarships and assistance to training programs; and, to provide continuing professional development. Under the leadership of chairperson Florence Kaslow, the Foundation raises funds in order to support educational programs that interpret and promote the importance of board certification in psychology to the general public and to those in related professions. I hope you learn more about the Foundation and contribute donations to your ability. Specialists who are interested in learning more about the ABPP Foundation may contact Florence Kaslow (drfkaslow@bellsouth.net)

**Finance**

ABPP continues to be on very solid footing thanks to the leadership of our Executive Officer and the BOT’s Finance Committee. Though he recently retired from the BOT, we are indebted to the service of Jerry Sweet, who served as the ABPP Treasurer for several years, as well as Randy Otto, who preceded Jerry. I am looking forward to working with our new Treasurer, Deborah Attix toward continuing the tremendous financial stability ABPP has achieved.

…**And Finally**

As I mentioned before, ABPP is primarily a volunteer organization that is and continues to be open, transparent, and healthy. As President, I hope to continue to build on the efforts of my predecessors. Of course, I am only one person. I operate among 4000 ABPP colleagues, all of whom I need in order to achieve my goal…to transfer ABPP in better shape than I found it when my term expires. Please lend me you support and guidance. Never hesitate to contact me, should you find the interest or need (drtansy@michaeltansy.com).

Michael Tansy, PhD, ABPP
President, ABPP Board of Trustees
Executive Officer Update
By David R. Cox, PhD, ABPP

The following are highlights of ABPP’s 2015 and current activities:
ABPP Central Office Staff continues to work hard to provide the centralized support for ABPP, specialists, and specialty boards. We moved (did you notice?) down the hall into slightly smaller (about 80%) space than we had previously, thereby reducing our rent significantly (by nearly 50%)! I believe the move went seamlessly and was probably hardly noticed, if at all.

My personal thanks go to each and every one of our staff members. There is never a dull moment around Central Office activities. Something is always going on. Nancy, Lanette, Diane and Kathy have a dedication to our organization. Their work is essential to ABPP and is much appreciated!

Applications - ABPP continues to receive applications at a significantly increased rate over past years, although not on the 1000 application pace that we experienced in 2014. 2015 is more likely to reach 750 or 800 applications. Roughly 50% of the applications are now through the ABPP Early Entry Program. This occurrence suggests that the proverbial “ship is turning,” and the profession is increasingly integrating board certification into the expected professional pathway! I suspect that in coming years, the number of Early Entry applications will exceed those applying through the “regular” method.

Human Resource and Policy & Procedure Manual Review and Preparation – This year, Nancy McDonald and I worked to develop a Human Resource Manual. The manual was developed using material already on hand, as well as, additional materials provided by other organizations. By doing so, we were able to ensure that we “covered the bases”. Many thanks to those organizations that provided their manuals, templates and input. Nancy and I also undertook the job of reviewing each existing policy in the ABPP P&P, and also provided drafts of some new ones. The job of linking those policies to the bylaws, as well as, reviewing and updating other items that are inter-related (e.g., Standards Manual, etc.) will be undertaken with the assistance of a 2016 committee assignment.

2016 ABPP Conference – As you know, the 2015 ABPP Conference and Workshops in San Diego set yet another record for attendance, as well as, revenue. The 2016 conference will be held May 11-14 at The Gwen Hotel (formerly the Conrad Hilton) on Michigan Avenue. We are currently developing the program, and plan on our usual offering of four days of workshops, with 4-8 workshops (half day or full day) each day. Another very special aspect of the conference is the “pre-Conference” APA CoA Site Visitor Training, to be held on May 10th. Offered free of charge, this is always a well-attended portion of the conference. Stay tuned for email announcements of the presenters and topics!

Interorganizational Specialty Summit – The Council of Specialties in Professional Psychology (CoS) is convening an Interorganizational Specialty Summit immediately following the 2016 ABPP Conference and Workshops. From the Summit description provided by CoS: “The Summit will identify issues/problems faced, and to be faced in the future, regarding the place of specialties, specialization, and specialty credentialing in professional psychology. It is likely that the Summit will identify key policy considerations that can solve, or lead to the resolution of some or all of the problems that the Summit identifies. Those policy considerations may take the
form of conceptual refinement steps, or recommendations for policy action. These considerations will likely generate additional work for the Summit organizations individually and, in the future, collectively in a Summit 2.0.” CoS, as the lead organization, has asked for (non-financial) sponsorship from ABPP (as the only credentialing organization recognized by CoS) and ASPPB (as representative of jurisdictional licensing) in the form of having me co-facilitate the Summit along with ASPPB Executive Director, Dr. Stephen Demers and CoS President, Dr. Kevin Arnold. Among the entities expected to participate in the Summit along with CoS, ABPP, and ASPPB are APPIC, CRSPPP, CoA, APAGS, CCTC, APAGO, APA Board of Professional Affairs, APA Board of Educational Affairs, and more.

**Maintenance of Certification/Database/Web** - The biggest recent change with ABPP, of course, is that ABPP specialists that are board certified in 2015 or later will need to document maintenance of certification (MOC) once every 10 years. The updated process for administering MOC is in the works with Code A Site, a company that is working with us on developing easy-to-use web-based forms for submission of materials, as the initial pass at doing this with fillable pdf file proved to be less than ideal, despite the hard work of many on the project. We want MOC to roll out well, and are taking the time necessary to get the programming and interface built to facilitate the process. Code A Site will also be working with Central Office to enhance SharePoint utilization, migrate our database and develop a new public-facing web presence. We have asked that they work on the MOC first, as well as, the migration of database elements that are related to processing the MOC in order have the roll out in early 2016. The work with MOC and Code A Site has added to the usual tasks of Central Office, but we are hopeful that the time invested will advance our electronic processing of materials, database and web presence.

**Liaison Activities** - ABPP continues to participate as liaison to a number of entities in the profession. This includes the ASPPB board meeting, the APA Committee for the Advancement of Professional Practice (CAPP) the APA Consolidated Meetings, CCTC, CUDCUP, APPIC, NCSPP, and others.
Editor’s Column and Specialist Submission Guidelines
Specialist Editor, Katherine S. Jones, PhD, ABPP

This edition of The Specialist finds us in the midst of our country’s presidential campaign. In my efforts to identify the key issues and where each candidate stands on them, I am also reminded of my role and responsibilities as a citizen. Not only am I charged with casting my vote, I am also responsible for being an instrument for change. If I identify an issue or problem that impacts my community, I believe that it is my duty to take action – pick up the trash, send an e-mail, attend and speak out at a city council meeting – whatever action is appropriate given the situation. The same is true if there is an innovation that will enhance the community. What can I do to make things better?

The issue of personal responsibility also applies to our professional affiliations. ABPP has a long, distinguished history of ensuring competent psychological services to the public. But there is always room for growth and change. And, there is always a need for labor – individuals who will commit their time, energy, skills and gifts to building on the strong foundation that has been set. This edition of The Specialist begins with the inaugural column of Michael Tansy, ABPP President. In this column, Dr. Tansy, who assumed office in January of this year, shares light on his leadership path, as well as, acknowledges the hard work of those who have served, and continue to serve ABPP. The Historian’s Column, by Bob Goldberg gives an account of Noble Kelley, one of ABPP’s founding fathers. Dr. Goldberg’s article highlights the changes in ABPP, spearheaded by Dr. Kelley in the early years, that today’s specialists continue to benefit from. The current issue also includes a memorial to Ruth Ochroch – a reprint of an article originally published in 2007. Again, we have an account of dedicated service to ABPP and the profession of psychology. A new feature in this edition is a column by Veronica Bordes Edgar – ABPP’s Early Career Psychologist (ECP) representative on the Board of Trustees. Dr. Bordes Edgar’s column highlights the work of the ABPP Early Career Task force and other initiatives dedicated to the concerns of ECPs. As you read these and other articles in this edition of The Specialist, you are encouraged to consider the ways in which you might contribute to ABPP in the coming year. While you may not currently hold an official position with the Board of Trustees or, with your specialty board or academy, I can assure you that there is always work to be done, and that those in leadership will be appreciative of your service.

Specialist submission guidelines are as follows:

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

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

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

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

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

• Submissions should be made by e-mail attachment in Word to the Editor’s attention at thespecialist@abpp.org. The submission attachment document itself should clearly identify the author(s).

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

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

Authors: Michael Tansy (Chair), Christine Nezu, Charme Davidson, John Northman, Deborah Attix, Kathryn Korslund, Jeanne Galvin, and David Cox

On January 1, 2015, ABPP Maintenance of Certification (MOC) was fully adopted. Specialists certified before January 1, 2015 may maintain their certificate by successfully completing their specialty board-approved MOC grid and narrative, or they may waive this requirement and maintain their certificate. Specialists certified after January 1, 2015 must successfully complete their specialty board-approved MOC grid and narrative every ten years to maintain their board certification.

Throughout 2013 and 2014 the MOC Task Force assisted specialty boards and ABPP Central Office to prepare MOC implementation, including assisting specialty boards in crafting their specific grid and narrative materials. Each specialty board MOC coordinator forwarded their MOC materials to the ABPP Standards Committee for approval. Once approved by the Standards Committee, the materials were forwarded to Central Office personnel, David Cox and Diane Butcher, who developed the means by which MOC notification and submissions could be accomplished electronically. Assisted by Deborah Attix and Nathaniel Nelson, the American Board of Clinical Neuropsychology piloted their MOC with approximately 20 of their specialty leaders using fillable pdf files that were completed and scored by the ABCN MOC reviewers using fillable pdf files developed by Central Office. Unfortunately, in their June 16, 2015 meeting, the ABCN concluded that the fillable pdf file format was unworkable and recommended ABPP develop a web-based MOC format. On July 10, 2015, the ABPP Executive Committee approved contracting with Code-A-Site (CAS), a technology firm already contracted with ABPP to develop their website and other technology services, to develop a web-based MOC rollout.

Currently, Central Office personnel and CAS personnel are collaborating in the development of the ABPP web-based MOC. When they have completed each specialty board’s MOC material (grid, narrative, and rating form), Central Office will notify the specialty board. Each specialty board’s leadership will pilot their respective MOC implementation utilizing key members of their specialty. Once each specialty board pilots MOC and finds it acceptable, MOC will be fully implemented specialty board-by-specialty board.

Once implemented, specialty boards and their respective specialists will be notified and those specialists who have been certified for eight years may choose to participate in MOC at that time. Unless the specialist asks to waive their MOC requirement or the specialist asks to participate in MOC sooner, Central Office personnel will notify specialists within ten years of MOC implementation (or within ten years after a new specialist’s initial board or subspecialty certification) that their MOC will be due soon. All documents relating to MOC will be available through the ABPP website.
The ABPP Foundation
Florence Kaslow, PhD, ABPP

What a busy and productive year this has been for the ABPP Foundation! We convened an Executive Committee at the beginning of the year and it has functioned effectively ever since.

The current Board composition is:

**Executive Committee**
Chair: Florence Kaslow  
Vice Chair: Morgan Sammons  
Secretary: Meghna Patel  
Liaison to ABPP – BOT: Kirk Heilbrun  
At Large: G. Andrew Benjamin

**Board Members**
Stephanie Felgoise  
Jennifer Kelly  
Jarrod Leffler  
Ex-Officio  
David Cox  
Michael Tansy, Liaison  
Liaison from CPPSA  
Jack O’Regan

**Administrator**
Alessandra Kostolitz

Our new Board is culturally diverse and more specialties are represented. Kevin Arnold, PhD, ABPP has been elected to the Board commencing January 1, 2016 and has assumed the role of Treasurer. Welcome, Kevin!

Following the resignation of Charme Davidson, PhD, ABPP, who had been serving as Foundation Administrator for almost two years (and as a Board member prior to that), Alessandra Kostolitz, PsyD was appointed to that position. Alessandra is an enthusiastic and energetic ECP (School Psychology) who is very pleased to be in this part-time position. She is also in an independent practice in South Florida and may be reached at alessandrakostolitz.abppf@gmail.com. We thank Charme for all she has contributed to the Foundation and wish her all the best as she returns full time to her practice and other roles in ABPP.

**Great Success: ABPP Foundation reception/CE Event held September 2015 for ABPP’s licensed in Idaho, Oregon, and Washington**

The first ABPP Foundation Pacific Northwest Continuing Education Event was a great success! Everyone found the talks informative, the conversation collegial, and the food delectable. We already are planning the next event for 2016, and hope to encourage other regions/states to create similar gatherings. Such events will increase the opportunities for ABPP’s from different specialties to meet each other, provide high-level trainings, and allow us to celebrate you, the ABPPs of our nation.

After the reception, Andy Benjamin, JD, PhD, ABPP, discussed current high risk contexts for ethics complaints and malpractice liability. State-specific laws regarding electronic health care records were discussed. Templates of the required forms were provided for each jurisdiction. After Benjamin’s talk, Morgan Sammons, PhD, ABPP, reviewed new developments in psychopharmacology for common mental disorders. The evolving role of psychopharmacological management in comprehensive treatment of mental disorders was addressed. Both of the presentations carried CE credits, which were provided under the auspices of ABPP.

We are also pleased that generous donations to the American Board of Professional Psychology Foundation raised almost $2,000 at the event. We hope to raise much more by providing some of the CE materials and a request for donations from those Northwest ABPPs that were invited but could not attend the Event. The donations benefit the Foundation’s efforts to offer conference grants and support recruitment efforts for Early Career Psychologists and other Psychologists.
Noble H. Kelley, PhD, ABPP (1901-1997), obtained his PhD from the University of Iowa in 1936 under Dr. Carl Seashore. Dr. Kelley was the administrative arm and clear voice of the American Board of Examiners in Professional Psychology (ABEPP from 1952 through 1970, serving first as Secretary-Treasurer of the Board of Trustees and in the newly created Executive Officer position to which he was subsequently appointed. He assumed ABEPP administrative functions upon expiration of the term of Dr. John G. Darley (prior Secretary-Treasurer and an original Board Member) and “the executive offices of the Board, which [were]…located at the University of Minnesota, [were] moved to Southern Illinois University” (The Egyptian, 1951). From his office in the Department of Psychology Dr. Kelley devised policies and procedures for BOT consideration, handled correspondence, notified candidates of examination results, prepared reports, wrestled with the budget, interacted with applicants and Diplomates, and maintained contacts with other psychological organizations (The Daily Egyptian, 1964). When APA established its Distinguished Professional Contribution Award, Dr. Kelley was only its third recipient (1974). His contributions as a psychology executive, administrator, and educator were regarded of the same magnitude as the clinical practice contributions of the two legendary prior awardees - Carl Rogers and David Wechsler (also Diplomates). Dr. Kelley’s award citation states that “he gave his selfless devotion to the cause of identifying and enhancing competence in the professional application of psychology to human problems.” (APA, 1975, p.69). His 1969 Division 12 award for Distinguished Contributions to Clinical Psychology cites his “overwhelming contribution” through ABPP activities and attributes the organization’s “high standards….and strong impact on training and practice…[as] due in large part to Dr. Kelley’s devoted, unsparing, ceaseless efforts” (APA, 1975, p.70).

From ABPP BOT minutes, I conclude that Dr. Kelley generally held the Board together in an era when psychologists’ activities were expanding but ABPP’s initial rush of candidates had leveled off and the organization was beginning to experience its difficulties with numbers. Prescient recognition of the rapid 1960’s expansion of clinical psychology functions, competencies, and services is found in Kelley, Sanford, & Clark (1967), who wrote that

ABEPP examiners are making judgments about the professional competence of…their younger colleagues. And while they have sufficient confidence of their standards…their confidence is by no means absolute. They continually try to check their standards against the reality that our science and our profession are truly and rapidly evolving.

The Board continued to promulgate a standard of excellence while also seeking greater applicant numbers, communicating this in grass roots outlets such as the Society of Industrial and Organizational Psychology’s newsletter. For example, Dr. Kelley’s (1970) letter to the editor encourages an “expectation” that many I/O psychologists will “qualify as outstanding candidates in their specialty.” He then announces changes in the examination procedure, including the elimination of the written part of the examination, and notes that “the Board has redesigned the examining procedure to conform to the frame of reference of the examinee.” These steps could only have been meant to encourage a greater number of potential applicants. However, lest readers misconstrue this trimming of the examination as diluting certification criteria, Kelley immediately cautions that “In doing so the Board has no intention of changing its standards. It is still concerned with the pursuit of excellence in professional practice.”

It must be said that, heretofore, the examination process had been an extensive and grueling one, at different
times carried out on multiple days and encompassing a multiple choice test, a series of essays, and a half-day field clinical specialty examination in which the candidate was directly observed performing a test battery by an ABPP evaluator who submitted a report. All this occurred prior to the oral examination which consisted of an in vivo diagnostic interview with a new patient and an additional half-day of questioning by the examination team! In my opinion, the quest for “excellence,” with its implications of elitism, paradoxically deterred applicants rather than motivating them. I personally recall a 1970s informational brochure which stated that Diplomates are in “the top 15%” of practitioners, a rather strict benchmark to meet. The brochure conveyed this as an expected accomplishment rather than an aspirational standard. Rather than energizing me, the brochure deterred my own application by several years! In the 1990s, the BOT and Executive Officer Dr. Russell Bent revised the concept of board certification as an indication of “advanced competence,” a characterization more akin to what attainment of board certification actually represented. Bent (in Bent, Packard, & Goldberg, 2009) has stated that “it is not the exceptional specialist who should be board certified, but the specialist who is not board certified who should be the exception.” The evaluation of competencies set forth by specialty boards thus replaced attainment of an undefined and elusive ideal of excellence This reconceptualization reinvigorated the organization and helps account for the substantial increase in interest and applications, particularly among the most recent generation of trainees who have completed postdoctoral specialty residencies.

Dr. Kelley’s contributions were not limited to his ABPP involvement. On the campus academic level, Dr. Kelley helped establish two Departments of Psychology, first at the University of Louisville (1937) and later at Southern Illinois University (1951). In both departments, he was at first the only faculty member and taught all the courses. Dr. Kelley then served as Chairman of each, founding and directing their campus clinics, and holding full Professorial rank. The psychological services center at the University of Louisville is named in his honor. On the state level, he was twice (1939-1940, 1947-1948) elected President of the Kentucky Psychological Association and served on the Executive Committee of the Kentucky Board of Examiners in Psychology. On the ‘interstate’ level, he was a former Chairman of the Conference of State Psychological Associations and headed the Association of Midwestern College Psychiatrists and Clinical Psychologists in 1949 (Louisville Courier-Journal, 1997). And, on the national level, in addition to his ABPP offices, Dr. Kelley was a Fellow (Division 12, Clinical) of APA, a former President of the APA Division (14) of Consulting Psychology, and served on the APA Council of Representatives and Education and Training Board. Above and beyond his professional attainments, he is recalled by SIU former Chair Dr. James McHose as a supportive mentor of junior faculty, and by former colleague Dr. Thomas Schill as a gracious host at social events (Dollinger, 2015). Although retiring from SIU in 1969, he continued to manage ABPP affairs from campus facilities (The Daily Egyptian, 1969).

Reference


Egyptian Staff (1951). *The Egyptian*, 33(7), Sept. 25.


- The author gratefully acknowledges the scholarly research undertaken, interviews conducted, and additional documentation provided by Dr. Stephen J. Dollinger, Professor Emeritus of Psychology at Southern Illinois University. Thanks also to Drs. Reza Habib (SIU Psychology Department Chair) and Mary Louise Cashel (SIU Clinical DOT) for facilitating that process.

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Some of you may not know that we now have an Early Career Psychologist (ECP) position on the Board of Trustees of ABPP. An ECP is a psychologist who is within ten years of graduation. It is an honor for me to serve as your first ECP representative. First off, I would like to welcome all of the newly boarded specialists. As of December 2015, there are 516 boarded ECPs; approximately half whom were boarded in the last two years. The total number of ECPs represents approximately 10% of all boarded specialists.

In this edition of the ECP column, I will highlight the initiatives for the coming year that I have developed in conjunction with the Early Career Psychologist Task Force. Future issues in The Specialist will highlight Frequently Asked Questions for ECPs obtaining board certification, as well as, addressing concerns most relevant to current ECP specialists. One of the overarching goals for my position and associated task force is to increase the number of early career boarded psychologists. With that in mind, here is a brief summary of the initiatives we have set forth for the coming year:

- The ABPP Board of Trustees Communication Committee is working to update materials to disseminate to presenters regarding board certification. As part of this initiative, we are working to develop content specific to ECPs that will be distributed along with the final PowerPoint.

- We are also collaborating with members of the APA Committee on Early Career Psychologists, APAGS, and ASPPB. Once the ABPP informational material is developed, we will disseminate it to these groups to increase our visibility and encourage applications.

- To develop the ECP-specific material, we will be holding focus groups to gather pertinent information from ECPs. If you would like to participate in a focus group, please contact either your specialty board president or myself. This information will also be used to inform future initiatives.

- We are also starting an Ambassador Program. Our goal is to recruit 1-2 representatives from each specialty by mid-2016. Ambassadors will help to represent ABPP at meetings/conferences, webinars, and in the ECP column of The Specialist. If you are interested in becoming an ambassador, please contact me.

As ECPs we have a voice. I welcome your input and feedback and would love to hear from you regarding any issues or concerns that need to be addressed as part of this mission or can be answered in future issues of The Specialist. If you would like to contribute to the ECP column, please contact me. Finally, be thinking about attending the ABPP summer workshops in Chicago this May. I would love to use that as an opportunity to get to know our ECP specialists. Contact Dr. Bordes Edgar at veronica.bordesedgar@utsouthwestern.edu

2015 ECP Task Force Members:

- Alina Suris, PhD, ABPP
- Veronica Bordes Edgar, PhD, ABPP
- Christine Dacey, PhD, ABPP
- John Piacentini, PhD, ABPP
- Jack O’Regan, PhD, ABPP
- David Corey, PhD, ABPP
- Jared Skillings, PhD, ABPP

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Parents and attorneys representing families often request a letter to the court from the psychologist working in a therapeutic role with their children. They justify this request by noting the psychotherapist’s knowledge of the family and situation, although the psychotherapist has often met only one of the parents. While the psychotherapist often feels an obligation to provide input to the court, writing such a letter has many pitfalls and ethical implications. Taking this step becomes particularly problematic when psychotherapists make custody and parenting time recommendations. Such interventions by the psychotherapist can result in ethics and licensing board complaints by a parent.

As highlighted by scholars (e.g., Greenberg & Shuman, 1997, 2007; Greenberg, Gould, Gould-Saltman, & Stahl, 2003; Shuman, Greenberg, Heilbrun, & Foote, 1998; Strasburger, Gutheil, & Brodsky, 1997), therapeutic and forensic roles are clearly distinct from one another. A psychotherapist serves the client and provides treatment according to the standard of care, whereas a forensic evaluator is serving the court and addressing the psycho-legal issue. A psychotherapist has competency in clinical assessment, diagnosis, and treatment, while a forensic evaluator has expertise in forensic methodology and assessment techniques. A psychotherapist provides an accepting and supportive role, while a forensic evaluator maintains an objective and neutral role. A psychotherapist gathers self-report information and assumes such information is reliable. However, many times the self-report information is gathered from only one parent, which raises questions about its veracity. Because of the lack of collateral information from other sources, the psychotherapist might be receiving a biased view of the case, a circumstance that is not uncommon in contested divorce and other adversarial situations. An important role for a forensic evaluator is to gather information from multiple sources and scrutinize the data closely. Additionally, hypothesis testing is utilized as a means of considering rival alternatives. Moreover, the court is an adversarial process, with competing and contentious parties. Consequently, involvement in the legal process requires knowledge of the legal process and rules of evidence.

In a therapeutic setting, informed consent is provided by the child’s parent(s). Therefore, the parent owns the privilege and a release of information must be signed by the parent for therapeutic information to be disclosed. In contrast, a forensic evaluator is appointed by the court or retained by an attorney, and the privilege resides with the court or attorney, respectively.

At the beginning of psychotherapy, confidentiality issues are reviewed with the child and parents to provide a clear understanding of the parameters of disclosure. In general, it is hoped that psychotherapy will be a safe haven for children to freely disclose their thoughts and feelings, without undue fear of their privacy being violated. When a psychotherapist becomes drawn into the parents’ custody battle, it will likely seriously impact the child’s relationship with the psychotherapist. The child will no longer view therapy as a safe place for self-revelation. Additionally, writing a letter increases the likelihood that a psychotherapist is assuming a forensic role, which can include being called to testify in court. When a psychotherapist is subpoenaed, the legal rules apply. The psychotherapist may find direct examination by the requesting attorney straightforward and relatively easy. However, when the opposing attorney conducts the cross-examination, it is likely that sensitive and potentially harmful information will surface, which will impact the future client-therapist relationship.

The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (2010a, hereinafter referred to as the Ethics Code) establishes mandatory standards for practice, while the Specialty Guidelines for Forensic Psychology (APA, 2011) and APA Guidelines for Child Custody Evaluations in Family Court Proceedings (2010b) provide guidance rather than standards. Regarding the Ethics Code, pertinent standards include the Boundaries of Competence (2.01), Bases for Scientific and Professional Judgments (2.04), Multiple Relationships (3.05a), Conflict
of Interests (3.06), and Bases for Assessment (9.01). Psychotherapists need to be aware of their areas of expertise and limits of their work domain. Venturing into the forensic area requires specialized knowledge, experience, and skills. In addition, when assuming forensic roles, psychologists need to become reasonably familiar with judicial rules governing their roles (2.01f). Furthermore, psychotherapists need to be aware of problems with potentially inappropriate multiple relationships and conflict of interest situations (i.e., psychotherapist and forensic evaluator), which may impair objectivity and cause harm to the client. Psychologists should give opinions only about those individuals whom they have examined; furthermore, sufficient techniques and information must be used and gathered, respectively, to substantiate their findings and opinions. As previously noted, forensic evaluators utilize multiple sources of information, closely scrutinize data, and utilize hypothesis testing, which is beyond the typical psychotherapeutic role.

The APA Guidelines for Child Custody Evaluations in Family Court Proceedings (2010b) were developed to provide guidance to psychologists conducting custody evaluations. The document highlights a clear distinction between the forensic/custody evaluator and the psychologist serving in a therapeutic role. The most pertinent guideline for psychotherapists is #7, “Psychologists strive to avoid conflicts of interests and multiple relationships in conducting evaluations” (p. 865). In addition, when conducting child custody evaluations psychologists need to obtain specialized competence in the area, obtain appropriate informed consent for the evaluation, employ multiple methods of data collection, and interpret assessment data within the context of the forensic setting; all of these are beyond the psychotherapeutic role.

The Specialty Guidelines for Forensic Psychology (APA, 2013) provide direction in defining the two roles. In guideline 4.02.01: Therapeutic-Forensic Role Conflicts, it states that providing forensic and therapeutic services to the same individual (or closely related individual) involves a multiple relationship, which could impair objectivity and cause exploitation. Although not all multiple relationships are unethical or inappropriate, the potential for them to significantly impair objectivity and judgment, and risk exploitation or harm to the client, should create cautions. It is a subjective determination and the psychotherapist’s view of the situation might be considerably different than the client’s, or how a licensing board or ethics committee would perceive the situation. Guideline 4.02.02, Expert Testimony by Practitioners Providing Therapeutic Services, further addresses this issue. Providing expert testimony about a patient in a legal matter is not forensic practice as long as it is limited to the client’s status, diagnosis, progress, prognosis, and treatment. However, rendering an opinion about psycho-legal issues (i.e., custody and parenting time) would be considered forensic practice. Nevertheless, psychotherapists often find themselves providing such information because they want to assist a parent and/or family in difficult and stressful times.

The Ethics Code and other guidelines clearly establish limits on psychotherapists’ involvement in forensic matters, such as family court proceedings. Although parents and attorneys often request such involvement, psychotherapists need to consider such requests extremely carefully. It is also important to note that preventive efforts could have been utilized during the informed consent process to possibly avoid such situations. Clearly explaining the differences between therapeutic and forensic roles, and possible negative ramifications of a psychotherapist testifying in court may alleviate this issue. Nevertheless, when drawn into such situations, psychotherapists should provide only basic facts (i.e., number and frequency of sessions, presenting problems, goals, and progress) and avoid any statements or opinions about the quality of parenting, best interests of the child, or custody/parenting time. When psychotherapists testify, attorneys will often press psychotherapists to go beyond the basic facts. It is imperative that psychotherapists refrain from being persuaded or intimidated by attorneys. They need to cite the Ethics Code and applicable guidelines, and maintain a firm stance. Distinguishing carefully between therapeutic and forensic roles protects psychotherapists and allows them to better serve their clients’ interests.
References


The American Academy of Clinical Psychology is pleased to announce that one of its newest Fellows has been appointed to the Board of Directors of the Academy. During the past year, Dr. Yossef Ben-Porath, PhD, ABPP, completed requirements for specialty board certification in clinical psychology. Subsequently, he joined the Academy as a Fellow. More recently, he was appointed to a vacancy on the Board of Directors of the American Academy of Clinical Psychology. What follows is a brief interview with Dr. Ben-Porath to introduce him to our Academy members and other specialists, and to learn a little bit more about him and his thoughts regarding the board certification process.

First of all, Yossi, welcome to the American Academy of Clinical Psychology as a Fellow and now as an Academy Board Member. Please provide our colleagues with a summary of your current professional activities and, in particular, those activities surrounding the MMPI-2-RF which would be of great import to our readers.

Thanks for the welcome! I’m a Professor of Psychological Sciences at Kent State University. I’ve been involved extensively in MMPI research for the past 30 years and a co-developer of the MMPI-2-RF, the most up-to-date adult version of the MMPI instruments. I’m also co-developer of the MMPI-A-RF, the up-to-date adolescent version slated for release in early 2016. My current work with the MMPI involves further validation of its use in a range of settings and provision of continuing education training. Our validation studies focus on use of the MMPI in traditional mental health, medical, forensic, and police and public safety settings. I am also the Editor-in-Chief of the APA journal Psychological Assessment, and a member of APA's Committee on Psychological Tests and Assessment. I serve as co-Director of the MMPI Workshops and Symposium series, which focuses on continuing education training on use of the MMPI tests. My clinical practice involves supervision of assessments at Kent State's Psychological Clinic, consultation to agencies that screen candidates for public safety positions, and provision of consultation and expert witness services in forensic cases.

Given your long and successful professional history, why did you now decide to become board certified?

I’ve interacted with, and provided continuing education training on the MMPI instruments for a number of ABPP-affiliated academies over the years (Forensic, Clinical Neuropsychological, and Police and Public Safety) and was encouraged by members of the Forensic and Police and Public Safety Academies to seek board certification in their specialty, both of which are relevant to my work. I hesitated to pursue board certification for a number of reasons, including the sense that none of the ones just mentioned captured the range of my expertise. In response, Randy Otto, PhD, ABPP President, and David Cox, PhD, the organization’s Executive Officer told me about the Clinical specialty, which struck me as my natural home. The specialty’s “senior” certification option was particularly appealing in light of my 30-year history of professional activity.

Having obtained Board Certification and understanding the process, what were some of the misconceptions that you might have had regarding the Board Certification process?

My biggest misconception had to do with the amount of time it would take to go through the process. With the long list of time-consuming activities mentioned earlier, I was concerned that I would not be able to devote the time needed to complete it. Otto’s assurances that this was not an unwieldy time commitment eventually persuaded me to initiate the Clinical Psychology certification option.
With knowledge of your extensive work, it is hard to believe that the ABPP examination process could at all be intimidating to you, but I understand that the most learned among us often describe some apprehension and anxiety regarding the examination process. How were you able to manage apprehension or anxiety, if any, about demonstrating your clinical competencies to the examination panel?

I relied primarily on my Professional Statement when preparing for the ABPP oral examination. Writing this statement led me through a process of introspection and retrospection that was both rewarding and illuminating. My responses to these questions as well as the sample questions that were provided as part of the preparation material were both very helpful in feeling prepared for the examination.

How does having obtained Board Certification in Clinical Psychology impact your professional standing?

I don’t know that it affects my standing per se, but it does provide a sense of accomplishment, and as an academic, it’s helpful in illustrating that my particular area of expertise has an important applied component.

Have you done anything differently as a result of your insights gained through the exam process and, if so, what?

Nothing yet, other than adding it to my signature line, which I do not say facetiously. As supervisor of the adult assessments conducted in our training clinic I sign all the reports, and I do believe that having the Clinical Psychology ABPP board certification adds a measure of expertise and credibility to these reports. It also represents good modeling for our clinical trainees.

Why do you feel that membership organizations are important in a profession?

Membership organizations, and in particular those that require more than just licensure, provide evidence of qualification and expertise. This, I believe, is important in demonstrating to the public that professional psychology has levels of expertise comparable to board certification in medical specialties and it can also be helpful to those of us who interface with the legal system as forensic psychologists.

What are your goals as a Board Member of the Clinical Academy?

I’ve been honored to be invited to serve on the Academy’s Board. I look forward to learning about the various activities in which Board members participate and in particular, given my decades-long involvement in continuing education, to finding ways I can contribute to the all-important goal of aiding clinical psychologists in remaining current in scientific and professional developments in our field.

How do you like to spend your time outside the University and professional practice?

I spend as much time as I can with my three teen-age children. My wife and I are big Cleveland Cavaliers basketball fans and enjoy attending their games.

Dr. Ben-Porath fills the vacancy left by Dr. Lois Condi, PhD, ABPP, following her early departure from the board due to other commitments. Dr. Condi’s tenure with the Academy board was relatively short, but one of import. She brought to the board many ideas for improving our membership services. She was recently acknowledged by the Board for her assistance. The Academy is fortunate to have among its current board make up, in addition to Dr. Ben-Porath, Dr. David Kazar, Vice-President, Dr. Avie Rainwater, Secretary, Dr. Mary Ann Norfleet, Treasurer, and Dr. Jill Breitbach, Director. The American Academy of Clinical Psychology, the largest Academy among all ABPP specialties, was established in 1993 as the membership organization for board-certified clinical psychologists. For more information about the Academy and its activities, please visit our website at www.aacpsy.org or contact me (fred@dralberts.com).

Again, we wish to welcome Dr. Ben-Porath to the Academy and as a valued member of the Board of Directors. It is an honor to have him on board and we look forward to an exciting year ahead of us as we continue to work for our membership.
In 2006, the American Board of Clinical Psychology was the first specialty board to complete its Periodic Comprehensive Review (PCR). In 2014, the Clinical Board was the first specialty board to complete its second PCR, which was approved by the ABPP Board of Trustees at its May 2015 meeting. The PCR serves as a quality assurance process, with oversight by the ABPP Standards Committee. Each specialty board is subject to this review process every eight years. For those not familiar with the process, the PCR requires a written self-study document; and, on-site observation of an examination session and specialty board governance meeting. The review is conducted by an ABPP Executive Committee-appointed Site Visitor Team. According to the 2015 ABPP Standards Manual, “The overarching purpose of the PCR is to enhance specialty board goals and functioning with some depth of analysis, and to present a comprehensive, informative description of the specialty board to the ABPP governance (Board of Trustees)” (p.19). The Site Visitor Team provides a written report that is sent to the specialty board for its response and addressing of substantive issues. The materials are then reviewed by the ABPP Standards Committee, which makes a recommendation to the ABPP Board of Trustees. Upon review of the materials, the Board of Trustees votes on the acceptance of the PCR.

Although the preparation of the written document was an arduous and intense process, it provided an opportunity for the Clinical Board to step back from the most immediate demands of board certification to reflect on the “bigger picture” and to assess the strengths and areas for improvement of our board certification process. ABCP undertook this major task while experiencing a dramatic increase in practice sample reviews and oral exams, as well as, managing other Board responsibilities. At the time of our PCR preparation, the specialty boards were incorporating the ABPP revised foundational and functional competencies into exam manuals, training examiners to effectively integrate these competencies into the exam process. It was also during this period that we were developing Maintenance of Certification for the specialty. In retrospect, despite the demands, the process was meaningful and provided greater clarity, and the opportunity for visioning and forward-thinking. The fact that we had already completed a PCR in 2006 enabled us to compare our two sets of data to study trends, progression, and changes, a process we found to be both meaningful and instructive.

ABCP would like to share some highlights of the outcome of our PCR to perhaps inspire those who are just beginning their second PCR journey, and to let our Clinical Specialists know more about what the Clinical Board has been involved in during the past 1½ years.

**The Clinical Board has established a culture of self- improvement.**

- Each June, the ABCP Examination Manual is updated on the ABPP website to reflect Board-approved changes/clarifications to the examination process.
- Attention is given to inclusion, to support and maintain board certification of all qualified clinical psychologists. For example, a plan was developed to accommodate individuals with disabilities, and efforts were
undertaken to promote diversity with regard to Board of Director appointments, applicant/candidate pools, and accommodations for unique needs of candidates.

- Quality assurance measures are routinely addressed. For example, the Clinical Board routinely reviews candidates’ feedback of the exam process and exam appeals at our biannual Board meetings.
- ABCP recently approved an updated and improved set of ethics vignettes, thus completing one of the initiatives from our PCR.

The Clinical specialty has experienced a dramatic increase in the quantity of examinations.

- From 2006-2013, there was a 235% increase in clinical applicants and 108% increase in oral exams.
- The Practice Sample Review process was strengthened to decrease the number of candidates who failed the Oral Examination after marginally meeting criteria for the Practice Sample Review. This change has impacted the pass/fail rates of the Oral Exam.
- ABCP continues to review alternate exam models to provide a more time-efficient system for examinations.
- ABCP has added centralized exams at the annual ABPP Conference and the APA Convention to accommodate the increased number of examinations.

The Clinical specialty has maintained high standards and exam integrity with the increased volume of exams.

- Feedback from the Site Visitor Team indicated our exam process was “thorough, professional and well-focused on the criteria established by the ABCP” (excerpt from Site Visitor letter dated November 10, 2014).
- Candidates’ evaluations of the exam process continue to be very positive.
- Board members serve together on exam teams at biannual Board meetings, allowing for “calibration” of exam standards. Exam processes are consistently reviewed at Board meetings to maintain exam integrity.
- A mentoring program for applicants/candidates is to be implemented by the Clinical Board.

As 2015 comes to an end, Chris Dacey will complete her term as ABCP President and will become Past-President. We congratulate Alina Suris who will assume the role of President in 2016. Gloria Emmett will replace Alina as the Intermountain Region Director. Ira Grossman, the Western Region Director, will complete his term on the Board, after serving nine years as an integral member of the Board. Ronn Johnson has been elected to serve as the new Director for this region. We warmly welcome Drs. Emmett and Johnson to the Clinical Board. We also want to thank Dr. Grossman for his invaluable contributions to ABCP.

Congratulations to our Clinical Specialists who were board certified in 2015!
We hope to see you at the ABPP Convocation to be held in August at the APA Convention in Denver!
The Academy of Clinical Health Psychology (ACHP) had a busy and productive year in 2015. Before reviewing the year, however, the Academy board would first like to recognize Dr. Jared Skillings, PhD, for his many contributions as Academy president over the previous four years. His leadership was instrumental in the Academy's unprecedented membership growth during his tenure. I am personally grateful to Jared for his generous guidance and easing my transition into the Academy president position this year. Fortunately, Dr. Skillings agreed to serve as the Academy's inaugural liaison to the Clinical Health Psychology Council of Specialties, in addition to his duties as Academy past president. Our accomplishments this year are further realizations of his vision for the Academy.

The ACHP board has been working diligently to continue laying the organizational groundwork for future Academy development since our by-laws were ratified at the end of last year. I am thankful that all the other Academy board members, Drs. Andrew Block, Kaki York-Ward and Jeff Matranga, agreed to be reappointed to another term, with Dr. Block graciously agreeing to a one-year appointment to allow future staggering of board terms. Three priorities for 2015 were identified: holding an election for the new Academy President-Elect/Secretary office; recruiting for a newly created Early Career Psychologist board position; and developing an Academy website.

Here's how we've done:

In March, Dr. Nicole Najar, PsyD, ABPP, was appointed as our inaugural Early Career Psychologist board member. Dr. Najar is a Health Behavior Coordinator in Primary Care Service at Battle Creek VA Medical Center. Her specialty is interdisciplinary behavioral health services, including chronic disease management, pre-surgical assessment and intervention, medical education, program implementation, and health promotion/disease prevention. She is a Clinical Assistant Professor with Western Michigan University School of Medicine, Associate Faculty with the University Of Notre Dame, and serves on the Diabetes HealthSense Task Group for the National Diabetes Education Program.

In April, our Academy held its first election for the President-Elect/Secretary office. Dr. Elizabeth Klonoff PhD, ABPP, won a majority of votes. Consistent with ACHP by-laws, the slate of candidates and election results were submitted to the American Board of Clinical Health Psychology (ABCHP) President, Dr. Richard Seime, who formally appointed Dr. Klonoff to the President-Elect/Secretary position.

Dr. Klonoff is Professor of Psychology at San Diego State University (SDSU) and Professor of Psychiatry at University of California San Diego, where she serves as the SDSU Co-Director of the Joint Doctoral Program in Clinical Psychology. She is ABPP board certified in both clinical and clinical health psychology and her work focuses on the impact of discrimination and acculturation on health, cancer disparities, and minors' access to tobacco. She has published widely on culture and gender diversity in clinical psychology, behavioral medicine, and preventive medicine and serves as Senior Associate Editor for two APA journals, Health Psychology and Training and Education in Professional Psychology. She is a Fellow in APA Division 35 (Psychology of Women), Division 12 (Clinical Psychology), Division 38 (Health Psychology) and Division 45 (Society for the Psychological Study of Ethnic Minority Issues). Dr. Klonoff is a Past-President of APA Division 38 (Health Psychology) and served on the Council of Clinical Health Psychology Training Programs (CCHPTP) Board of Directors.

The ACHP website was launched in early May and may be accessed via a link on the ABPP website. Our website includes a Fellow Spotlight, which lists brief fellow bios and accomplishments, and a Fellow Publications section, which lists recent publications by our CHP fellows. The site also features a Clinical Health Psychology Board Preparation Resources section, which is under construction and is planned to serve as a consolidated resource for clinicians preparing for board certification in clinical health psychology. It currently contains a hyperlink to an ACHP YouTube website, which features a series of videos orienting applicants to the board certification process and addressing frequently asked questions about practice sample preparation. Our Curriculum Manager, Dr. Block, is compiling Academy members’ recommendations about references to be included. In time, this site will become an invaluable “go-to” for all CHP board applicants and candidates.
In addition to our new website, we also launched an ACHP Facebook page. I want to recognize board member Dr. York-Ward for conceiving and developing this useful social media resource. We hope all members will take time to look over both online sites, which we plan to update periodically. Members are invited to submit recent professional accomplishments and/or publication citations for inclusion on the Academy website.

In August, the Academy board held a business meeting during the APA conference in Toronto. The meeting was also attended by ABCHP president Rick Seime and past-president Anne Dobmeyer, in addition to Academy fellows John Robinson and Melodie Moorehead. Discussions included current processes for training mentors, practice sample reviewers, and oral examiners, with representatives of the Academy and Board agreeing on the importance of developing coordinated, accessible training methods for future mentors.

At the August business meeting we also discussed strategies to increase recruitment of board-eligible clinical health psychologists. As a result, the Academy applied for (and was just awarded!) a $1,000 grant from the Council of Presidents of Psychology Specialty Academies (CPPSA). These monies will be used to develop scholarships offered to selected fellows from the nine current APA-accredited clinical health psychology postdoctoral fellowship programs. We will report more details of this pilot program in the coming year.

The Academy would like to thank all of our fellows who generously volunteered their time as mentors to board-eligible candidates in 2015: Kathleen Ashton, Kelly Sueoka Coleman, Kim Dixon, Karen Grothe, Kimeron Hardin, Kathryn Kanzler, Rodger Kessler, Barbara Melamed, Mary Ellen Olbrisch, Jared Skillings and Catherine Whiting.

And finally, we extend a warm welcome to our newest 2015 ACHP Fellows: Drs. Kathleen Ashton, Tanecia Blue, Jill Carty, Teresa Deshields, Kim Dixon, Tiffanie Fennell, Robert Gross, John Kreymer, Scott Nyman, Samantha Outcalt, Tim Pearman, Michael Purdum, and Christina Shook. Congratulations on your well-earned achievement!

American Board of Clinical Health Psychology
Mark Vogel, PhD, ABPP
W. Douglas Tynan, PhD, ABPP
Richard J. Seime, PhD, ABPP

ABCHP Explores Establishing Primary Care Subspecialty

The clinical practice of psychologists within primary care settings is growing rapidly and along with this growth there also is interest in establishing a primary care psychology subspecialty within ABPP. The first step has been taken with the formation of a primary care Special Interest Group (SIG), with initial sponsorship by ABCHP, under the leadership of Mark Vogel, PhD, ABPP. The SIG will identify and engage specialists across the various specialty boards that are interested and invested in pursuing a subspecialty application. This brief article will describe the background and context for establishing an ABPP Primary Care SIG; the rationale for framing primary care psychology as a subspecialty of multiple specialties; and the steps that will be taken consistent with ABPP policies and procedures to insure that all stakeholders are included in the process.

Opportunities and Challenges in Primary Care

Integration of psychological services within primary care settings has a long history, dating back over a half century in pediatric primary care, and almost as long in family practice. But within the last ten years there has been an explosion of services. On a daily basis we are seeing postings for positions in primary care, a growth of graduate programs with opportunities for training in primary care settings, doctoral internship training sites that offer a primary care emphasis, postdoctoral programs that offer training in co-located or integrated primary care, and post graduate training programs. There are discussions of how integrated health care addresses the new mandates of improving primary care to better serve populations.
Primary care psychology is an area of practice that has shown increased interest and has now emerged as the foundation for the evolving health care system in the United States. While for many years, primary care physicians (PCPs) have provided the majority of mental health care (Regier et al., 1993), this method of providing care has proven unsustainable due to limited number of PCPs, lack of depth in PCP mental health training, a strong tendency to rely solely on pharmacologic strategies, and limitations on the referral process from primary care to specialty mental health. As a result, psychologists and other behavioral health providers have found a role as collaborative partners in providing behavioral health care in and with primary care.

At a national level, we are entering a critical period of the development of integrated care models. While psychologists have led in the development of this model, other licensed mental health professions, including social work, licensed counselors and marriage and family therapists are also becoming involved as active providers. In addition, paraprofessionals such as community health workers are providing important support services, particularly in economically and ethnically diverse communities. Last, the job of title of health coach is widely used both for licensed professionals as well as paraprofessionals. While this concept can be viewed as competition for psychology, it may be more useful for us to recognize the new landscape, better understand these new provider groups and more clearly define our role as doctoral level providers, consultants and teachers in clinic settings. Integrated care is a brave new world of new professions, new skills and teams formed to address the social and behavioral determinants of health that contribute much of the variance of health outcome.

**Psychologists’ Expertise is Essential in Primary Care**

Conceptualizing the full scope of behavioral health services within integrated primary care settings is the first task. We need to embrace the full range of services needed as defined by Peek (2011) - doctoral level psychologists need to be prepared to offer mental health services, substance abuse intervention and support in changing health related behaviors such as poor diet, sedentary behavior and smoking. While other provider groups will address some of those needs, we are uniquely prepared to address these three areas. In addition, there is a fourth area of lifespan developmental issues that psychology is best prepared to address. Whether it is helping a parent decide if a large day care center or home care is best for their toddler, to a young adult coping with finding a first job, to a mid-life divorce or an older adult struggling on the decision to give up driving, psychologists are best prepared to help individuals resolve these issues which are not clinically diagnostic, but are situations that can have a profound impact on their lives. As health professionals whose core training is in psychology and related social sciences, we are best prepared to answer questions based in a knowledge of life span development.

In some clinics it has been proposed that master’s level licensed providers can perform all of the tasks needed in primary care around behavioral issues. However, it is curious that we never hear the same argument around physical health. No one ever questions the need for physicians, and rarely is it suggested that clinics could be run completely with physician assistants and advanced practice nurses. While indeed many of the behavioral concerns in a primary care clinic can be managed successfully by a master’s level mental health provider, the same could be said regarding physical health. The majority of daily health concerns could be managed by nurses and physician assistants. So on both the physical and behavioral health side, what is the need for doctoral level providers when master’s level providers can manage many of the problems presented?

Quite simply, expertise, particularly in assessment and diagnosis, and the ability to completely formulate a presenting problem is what distinguishes board certified doctoral providers from mid-level providers. From that perspective, it is important to make the case that doctoral level providers are needed on both the physical health and behavioral health sides of the house. Lacking doctoral level providers in either the physical or behavioral areas will result in higher numbers of referrals out to specialty care in physical and behavioral health for problems that could have been successfully and more immediately treated in primary care. Thus, the role of the experienced doctoral level psychologist is not only to see their own patients but also to provide consultation and supervision to the mid- level mental health providers as well as the primary care providers in a respectful, collegial, non-hierarchical style.

It is in that expert role that there are certainly opportunities for ABPP board certified specialists who have developed the essential skills to work successfully in primary care. The primary care setting of the future will have equally balanced health care teams on both the behavioral and physical health side, led by licensed doctoral level psychologists, physicians and in some cases, pharmacists and nurses. To achieve an essential equal balance between these two sides of the medical home, it is important that each of the two core areas of behavioral and physical health be led by professionals certified by their own boards.
Primary Care is a Domain of Multiple Specialties

At this time, there are many ABPP diplomates serving in integrated care sites, including those from at least nine of the fifteen specialties (Behavioral & Cognitive, Clinical Child & Adolescent, Clinical Health, Clinical Neuropsychology, Clinical Psychology, Counseling Psychology, Couple & Family Psychology, Geropsychology and School Psychology) in a range of primary care settings. In reviewing the specialty areas, it is also likely that there may be specialists from Group, Rehabilitation, and Police & Public Safety working in primary care sites. Thus as many as 12 of the 15 specialty areas of ABPP could be represented in primary care. The clinical settings range from privately owned clinics to federally qualified health centers, and employer and school based primary care clinics. Clearly, while each specialty area brings its own unique strengths to the programs served, there are common features in all primary care clinics, including long term relationships with patients, an emphasis on screening, prevention and health maintenance, and coordinated care teams. There are also common competencies for primary care psychology required as outlined in McDaniel's recent paper in a special issue of the American Psychologist. (McDaniel et al., 2014).

Why Develop a Subspecialty?

Primary care psychology is the application of psychological knowledge and principles to common physical and mental health problems experienced by patients and families throughout the life span and presented in primary care (McDaniel, Hargrove, Belar, Schroeder, & Freeman, 2004). In addition to the clinical roles in these settings, psychologists have assumed a diverse set of functions including consultation, practice management, and leadership/administration (Nash, McKay, Vogel, & Masters, 2012). These skills are built on attitudes and values essential for the psychologist’s being a valued, effective, and productive primary care team member.

The movement toward integrated primary care calls for a workforce sufficiently trained to function in this environment. The unique knowledge, skills, and abilities needed for the primary care setting are not usually part of the general repertoire of most psychologists. Specialized training and experience are required to function in these environments. As indicated above, the American Psychological Association has articulated the unique competencies needed for the practice of primary care psychology (McDaniel et al., 2014). While some training programs may assess trainees according to these competencies, there are currently no standard methods for a psychologist to indicate attainment of these standards.

ABPP has a long history of serving the public need by providing oversight in certifying psychologists competent to deliver high quality services in various specialty areas of psychology. Subspecialties have been used in other clinical areas (notably medicine) to indicate individuals with unique specialized knowledge and skills. Practitioners who are certified in more general defined areas in the practice may wish to demonstrate their competency in a subspecialty area. ABPP has established a process for the recognition of a subspecialty, and to date, only Pediatric Neuropsychology, a subspecialty of Clinical Neuropsychology, has been recognized by ABPP. Primary care psychology, as a concentrated area of knowledge, skills, and attitudes that requires special educational, training, and/or professional experiences, appears to be an ideal candidate for subspecialty recognition. Since this area of practice cuts across many existing specialties, the subspecialty designation appears most appropriate rather than making this a specialty area itself.

Next Steps

Board certified specialists in clinical health psychology have been contacted about the formation of a primary care SIG. ABPP SIGs may be formed by board certified psychologists who share mutual interest in problems, populations, or methods within an existing specialty or across several existing specialties. In order to be fully inclusive, specialists from other boards will be contacted by Dr. Vogel for their interest in the SIG formation. A necessary step in the process of developing any subspecialty is to determine if there is sufficient interest among specialists to pursue a formal subspecialty application. If there is sufficient interest, the SIG will invite other ABPP specialty boards to participate as sponsors (champions) for the primary care subspecialty. The entire ABPP process is outlined in the Guidelines for Completing an Initial Subspecialty Application (document can be obtained by contacting ABPP Central Office). A formal application from the SIG and the sponsoring specialty boards would then be submitted to the ABPP Board of Trustees (BOT) for formal review by the BOT. If approved, additional steps would be required before full implementation.
Current developments in the field of primary care psychology suggest that this is the ideal time for the formation of a SIG to explore interest in establishing a primary care subspecialty. In order to make this an inclusive process, we welcome the input and participation from a variety of specialties.

References


American Academy of Counseling Psychology

James Deegear, PhD, ABPP

The field of Counseling Psychology has a long, proud tradition of serving the public in diverse ways. Since its inception in a post-World War II era as a profession supporting the needs of returning veterans, Counseling Psychology has become a field with wide-spread applicability. With its focus on emotional, vocational, educational, and developmental concerns across the lifespan, Counseling Psychology, as a specialty, impacts individual, family, group and organizational needs in a unique way. Our focus is on identifying human concerns and devising positive means of supporting and ameliorating those concerns. Be they issues of health, grief, trauma, determining personal identity, or developmental milestones such as identifying career trajectories, counseling psychologists identify the humanity in each of these struggles and strive to help people grow and develop to their unique potentials. Further, Counseling Psychology has become an ardent champion of social justice issues and a beacon of understanding, acceptance and celebration in support of diversity. Counseling Psychology’s broad applicability across the lifespan, social settings, and cultural experiences makes it as relevant, if not more so, than other areas of professional psychology. Needless to say, we are proud of our professional heritage, our capacity to impact individual and social contexts, and our unique abilities to serve in the future.

However, that ability to serve into the future has recently come under threat, and we are beginning to see very real losses to our specialty. The profession is facing losses of its training programs and limitations in where graduates are able to find faculty positions. The primary challenge has come from the growing influence of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). A second, and ongoing challenge to the viability of training programs, manifests in training programs’ difficulties aligning with the mission and visions of the universities and colleges in which they are housed.
Arnie Spokane, PhD, ABPP, Past-President of the American Academy of Counseling Psychology (AACoP) has well-articulated the impact on Counseling Psychology of CACREPS’s efforts to champion master’s level counselors. Similarly, Jackson and Scheel (2013) outline the historical roots of this issue, as well as, recommendations for moving forward. Born from the 1970’s-1980’s practices that limit the use of the term “psychologist”, Counseling Psychology is now on the receiving end of exclusionary practices. CACREP efforts have resulted in established practices impacting the viability of the counseling psychology profession. These practices include: exclusion of non-CACREP master’s graduates from insurance reimbursement; exclusion of non-CACREP master’s graduates from employment in the Veterans’ Administration; exclusion of non-CACREP master’s graduates from state licensure; and, exclusion of non-CACREP trained graduates from teaching in CACREP-accredited programs.

The consequence of these exclusions is the closing of master’s level programs that lack CACREP accreditation. Since these programs, typically, finance doctoral counseling psychology programs, the result is the closure of supported doctoral programs. We have already seen the closure of programs at the following universities: Penn State University, Indiana State University, University of Southern California, the Ohio State University, Michigan State University and University of Minnesota (College of Education). These closures signal potential widespread closures given that approximately 70% of Counseling Psychology doctoral programs do not house master’s level programs that meet CACREP accreditation standards. Moreover, meeting CACREP accreditation standards is not necessarily an answer, since those standards restrict the hiring of Counseling Psychology doctoral graduates into faculty positions. Either way, the threat of training program closures is quite real. Further, another portent of CACREP’s growing influence is that the National Counselor Examination for Licensure and Certification (NCE) recently announced that CACREP graduates will be the only graduates allowed to sit for the NCE exam starting in 2022. Finally, as Leong and Leach (2007) noted in their SWOT analysis of the profession, increasing numbers of master’s level practitioners may further the appeal for third party payers to reimburse those practitioners at their typically lower rates, over the higher rates of psychologists, particularly when the therapeutic outcomes are not discernably different to justify increased payments.

Yet, the threat to these training programs and, ultimately, to the specialty, is not just from these issues with accreditation and licensure. Training programs, like many areas of higher education, experience increased pressures to secure external funding, collaborate with other academic areas, and demonstrate relevance to missions and goals of universities. These areas are ones which programs may directly influence with regards to their viability. Unfortunately, it appears that some programs are not meeting these directives and are under threat of closure. One such example has very recently surfaced at Washington State University. Its Counseling Psychology doctoral program faces closure at the recommendation of the provost’s office of the university.

The recommendation outlined how the doctoral program is not meeting the expectations listed above. To what extent the program has attempted to do so, I am unaware. It could be that there was a determined effort to address each of these areas, but to no avail. The point is, that there appear to be areas of influence upon which Counseling Psychology programs have direct influence to justify their continued existence. Perhaps the threatened closure of the Washington State University program will usher in efforts in other programs to avoid similar demise.

Leong and Leach (2007) noted in their own SWOT analysis of Counseling Psychology that its training programs are tasked with justifying their inclusion in colleges of education where the majority of training programs are housed. As they note, colleges of education tend to focus on k-12 training and not the life-span perspective of counseling psychology. The few programs housed within psychology departments are often viewed as “step-children” to clinical psychology programs, and also risk being seen as financially redundant to these programs. As such, counseling psychology training programs are required to develop training models that meet the missions and strategic plans of their universities and colleges, while highlighting their unique capabilities. Through collaboration with other faculty at their respective universities or across universities, programs may be able to secure better funding. Given Counseling Psychology’s broad areas of impact across lifespan development and across contextual settings, there are many areas in which research may be done to meet the expectations of the research intensive expectations of these institutions. Our specialty area has much to contribute, but we must be proactive in highlighting those areas and working collaboratively outside of our own departments. Moreover, counseling psychologists in other areas of employment (i.e., college counseling centers, VA’s, or healthcare settings) are also in unique positions to engage in research and make known the unique strengths and capabilities of our profession.
Counseling Psychology has a place in the future of psychology. There are threats to its viability given the issues outlined here. However, as a specialty, we have capabilities unique to the practice of psychology. We must continue to define our uniqueness and champion its inclusion in training and practice. Our board certified members are in great positions to mentor early career psychologists about these issues; to illuminate the uniqueness and benefits of our specialty; engage in research and make known our contributions; and, to be in positions of influence where these issues are playing out in order to impact the outcomes.


American Board of Counseling Psychology
Mary O’Leary Wiley, PhD, ABPP

I am delighted to be starting my two-year term as President of the American Board of Counseling Psychology, and would first like to thank the Presidents who have come before me and those who are completing their terms on the Board:

- Thank you to Sylvia Marotta, PhD, ABPP, for her mentoring and encouragement over the past two years. I am most appreciative of her service to our Counseling Psychology specialty board and her representation of Counseling Psychology on the Board of Trustees. Sylvia has capably led us through the Periodic Comprehensive Review process and leaves us in a stable position to continue our work. Her kindness and pleasant demeanor are qualities that I highly value in a leader. I look forward to working closely with her in her role as Past-President.

- Thank you to Ted Stachowiak, PhD, ABPP, for his enthusiastic and clear focused leadership of the Board. Ted has completed his term as Past-President. Ted’s knowledge of Counseling Psychology and the American Board of Counseling Psychology have been of enormous value to all of us on the Board. His commitment to excellence and ability to bring strong leaders to our Board are unparalleled. Dr. Stachowiak received the Counseling Psychology Board Award for outstanding leadership on the American Board of Counseling Psychology in 2015. His presence will be missed greatly at our Board meetings and activities.

- Thank you to Charme Davidson, PhD, ABPP, for her many years of service to ABPP and the American Board of Counseling Psychology. Dr. Davidson’s depth of understanding of the board certification process, and the importance of it for our specialty have been a gift to us all as she mentored us in our roles within the American Board of Counseling Psychology. Her work behind the scenes made significant differences in the workings of our Board in myriad ways. Dr. Davidson received the Russell J. Bent Award for Distinguished Service and Contributions to the American Board of Professional Psychology in 2015. We are ever grateful for Dr. Davidson’s friendship and service.

- Thank you to Paul Polychronis, PhD, ABPP who has very capably served the Board as Secretary-Treasurer for several years. Dr. Polychronis is the Director of the Counseling Center at the University of Central Missouri.

- Thank you to Anthony Kerrigan, PhD, ABPP who has served as our MOC Coordinator and Communications Chair during his term with the American Board of Counseling Psychology. Dr. Kerrigan is a psychologist with the DeBakey VAMC in Houston.

I am also pleased to announce the addition of two new members to the Board. They will serve three-year terms and assist in the process of reviewing applications, practice samples, and oral examinations of candidates for board certification in Counseling Psychology. Congratulations and welcome to Dr. Button and Dr. Covey!
Major Christopher Button, PhD, ABPP is the Specialist for Primary Prevention of Violence, 19th Airlift Wing, Little Rock AFB, Arkansas. He is piloting this role for the United States Air Force (USAF) and working to reduce self-directed and interpersonal violence among USAF personnel and their families. He is responsible for organizing training and violence prevention initiatives for over 8,000 USAF active duty, Guard, and Reserves personnel. Prior to this assignment, Major Button directed multidisciplinary clinical teams providing mental health services to over 36,000 beneficiaries at Little Rock AFB and 22,000 beneficiaries at McConnell AFB. Major Button's interests include suicide, primary prevention of violence, Posttraumatic Stress Disorder, combat-related moral injury, personality disorders, and consultation services.

He earned his PhD in Counseling Psychology from the University of Iowa in 2009 and his Bachelor of Arts in Exercise Science and Psychology at Central College (Iowa) in 1999. He is a graduate of the Squadron Officer School at Maxwell Air Force Base, Alabama (2012) and Airman Leadership School, 132d Fighter Wing, Des Moines, Iowa. In 2015 he completed the Air Command and Staff College, Maxwell Air Force Base, Alabama.

Mary Ann Covey, PhD, ABPP is the Associate Director responsible for training and after hour crisis at the Student Counseling Service at Texas A&M University, where she has worked for over 25 years. She has also been in the role of Coordinator of Counseling and Programming with Student Athletes for many years. Dr. Covey is the Past President of the Association of Counseling Center Training Agencies and currently is the APA Program Chair for the Society of Counseling Psychology (Division 17).

She earned her PhD in Counseling Psychology from Texas A & M University, her MA in Clinical Psychology from Loyola University and her BA in Sociology from St. Bonaventure University. She completed her Pre-doctoral Internship at the Center for Counseling and Student Development at the University of Delaware.

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

Collaboration with the VA Healthcare System

A few months ago, in my role as President of the ABCFP, I was contacted by post-doctoral fellows in CFP (Couple and Family Psychology) from the VA system who are seeking to learn about the board certification process. They invited me and David Cox to a monthly didactic series (held via teleconference) to present about the board certification process in CFP. David and I informed them of the process and benefits of board certification on Monday, December 7, 2015. On the call were fellows and supervisors from approximately eight VA’s in the West and mid-West. The VA system has continued to provide training in CFP and now has approximately ten CFP fellowships/post-docs nationwide. These are three-year programs, and the training is intensive and specific. The VA has selected the Integrative Behavior Couple Therapy (Christenson and Jacobson, 1996) method as a primary mode of treatment for veterans and spouses, and fellows can opt to earn an equivalency certificate to demonstrate expertise in this model. Some fellows have stated that while they believe that the training in couple work is excellent, there are few opportunities to work with children. The VA system focuses primarily on the functioning of the veteran, therefore working with their children may be less relevant in that process. The fellows indicated that they recognize the benefits of becoming board certified, including claiming their expertise, undergoing a rigorous vetting process, and of course an increase in salary. However, they also expressed a desire to train with children.

I was first exposed to family psychology as an undergraduate at the University of Maryland, College Park. I had taken a course in social, cognitive, abnormal, and even I/O psychology, statistics and research methods, enjoying them all. But I felt I had found “my people” when I took Family Psychology, a course that was not even offered through the Psychology Department but rather the Department of Family and Life Sciences. The text for the course
was written by Herb and Irene Goldenberg, PhD, and has been considered the standard in the field for many years (Goldenberg and Goldenberg, 2008). Through this text I was exposed to past and current experts, and present and former ABCFP members, including Florence Kaslow, Tom Sexton, and Lenore Walker, to name a few.

I was unusual in that I knew I wanted to become a psychologist since I was a small girl. I recall trying to do a book report on the Rorschach in fifth grade. Would you believe that our school library had no materials on the subject? I entered college and declared a psychology major and never looked back, but it wasn't until I took Family Psychology that I knew this would be my specialty. Thus, I sought graduate programs with an emphasis in couple and family psychology and chose the Florida Institute of Technology so that I could learn from Florence Kaslow and Carol Philpot. The family psychology training was indeed excellent and I sought to further this training on internship. Once again, programs with a declared emphasis in CFP were not common. I was, therefore, thrilled when I realized I could study with Herb Goldenberg at the VA in the San Fernando Valley, the author of the text which set me on my path. The internship had a declared emphasis in CFP including didactic training and live supervision and consultation with Herb. It was here that I honed my skills in working with systems and engaging clients in “the here and now.” Training in CFP was nested in broader clinical psychology training, and it was an intense and fruitful year.

It appears as if my work has come full circle. Where I was once a trainee in the VA, I am now educating fellows on the process of pursuing board certification while training within the VA system. From a larger perspective, it will be important for ABPP to build bridges with larger institutions such as the VA to foment the boarding process and enhance credibility for specialists in each domain. I look to my fellow family psychologists to join with me in this effort, and to bring CFP to the forefront in the nation’s largest medical system.

References

American Board of Forensic Psychology
Daniel Neller, PsyD, ABPP

Developments that Threaten Forensic Psychology

Forensic psychology is the application of the science and profession of psychology to issues relating to the law. In this brief essay, I describe, in context, recent developments that threaten the existence of forensic psychology as it is practiced today – namely, the assertions by a small but vocal group that psychologists may not harm others or act without the consent of those who are affected by their actions. Next, I briefly comment on some ways these current trends threaten the practice of psychologists in other specialty areas. I conclude with a modest proposal for protecting our profession, clients, and society.

Brief History

About 10 years ago, several psychologists working in settings involved in special operations and national security met with representatives from the American Psychological Association (APA). They sought to obtain guidance on how they might apply the APA Ethical Principles of Psychologists and Code of Conduct to new and challenging situations. They created a Task Force to address many issues, including the proper roles of psychologists in interrogations. From their collaboration sprung 12 statements intended to facilitate the application of ethical principles to complex psychological issues pertaining to national security. The statements were unequivocal. Among them:
Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment…. Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual’s medical record to the detriment of the individual’s safety and well-being…. Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights.

Political activists, including some psychologists, spoke out against the statements shortly after their release. Following nearly a decade of steady and outspoken opposition, they influenced the APA to commission an independent review of its relationships with the Department of Defense (DoD) and Central Intelligence Agency (CIA). An attorney specialized in investigating corruption cases was appointed to conduct the independent review.

APA directed the attorney to address three questions: (1) Did the APA support the development of enhanced interrogation techniques? (2) Were changes to the Ethics Code or the formation of the Task Force the product of collusion to support torture or intended to support torture? (3) Was any APA action related to torture improperly influenced by government-related financial considerations? After the attorney and his team reviewed more than 50,000 documents and interviewed nearly 150 people, not one of these three questions was answered affirmatively. Rather, the team of attorneys explicitly stated they could not conclude that the APA had worked with the DoD or CIA with the “actual intent “to support torture.”

Going beyond the three initial areas of inquiry, however, the team of attorneys suggested that the relationship between the APA and DoD had grown too close. They stated that the APA had “colluded” with the DoD to draft “loose” ethical guidelines in an effort to “curry favor” with the DoD. They offered this claim without providing substantive evidence that the APA had actually benefitted from the purportedly improper relationship.

**Response to the Review**

The attorneys’ conclusions were leaked to The New York Times by early July 2015. The APA responded swiftly. Rather than clarify false claims in and about the report’s findings, the APA responded by taking action against senior staffers who had been accused of wrongdoing. Those accused of wrongdoing were offered no opportunity to respond to the attorneys’ allegations.

In response to the attorneys’ report, a group of psychologists stepped forward to push the APA to arrange for a vote of the Council of Representatives at the APA convention in early August. Apparently equating all interrogation with torture, they proposed a resolution prohibiting psychologists from consulting to all interrogations conducted in the service of national security. They offered this proposal despite no findings that psychologists had engaged in improper conduct after the drafting of the purportedly loose ethical guidelines. It is noteworthy that, initially, the psychologists pushing for the resolution stated they had no intention of advocating for an end to interrogation consultation in domestic settings.

At the annual convention, proponents of the resolution next persuaded APA leadership to cast votes by individual voice rather than secret ballot. Reportedly, the voice vote was conducted out of fear that the government might influence the outcome by manipulating the electronic voting system. Based on an initial voice vote of 156-1, APA representatives adopted a policy prohibiting APA members from consulting to interrogations conducted in the service of national security. Consistent with the proponents’ initial statements, consultation to domestic law enforcement interrogations was explicitly exempted from the new resolution.

In the wake of the vote, one of the resolution’s proponents was proclaimed by some as a national hero, and was recognized for her efforts to promote human rights. Another one of the proponents indicated the strides that had been made were a mere starting block. He conveyed that his sights were set next on stopping psychologists from “abetting cruelty” in criminal justice settings. His statement is consistent with recently proposed legislation in some states, calling for psychologists to stop consulting to interrogations in domestic law enforcement settings.
During the month after the APA convention, in September 2015, a small group of political activists convened for three days to discuss the general practice of psychology in national security settings. No psychologist actively practicing in national security settings was listed as having attended, or as having been invited to attend that meeting. Nonetheless, the attendees proposed a new set of ethical principles to guide the practice of psychologists working in national security settings.

**A Narrow Interpretation of Psychological Ethics**

This vocal minority coalition appears to view all activities outside of the traditional clinical role as unethical, espousing a radical position that departs extremely from current ethical standards for psychologists. Their position proposes that the “core” principles of professional psychology include obligations to obtain informed consent and to “do no harm,” concepts that apply primarily to a doctor-patient relationship. They state that ethical “tension” arises when the “targets” of psychologists’ “interventions” (hereafter, “actions”) do not understand or are unaware of the purpose of the procedure, or when psychologists know targets of their actions could be harmed. As such, they seek to restrict the practice of psychologists in potentially adversarial settings.

On the surface, their narrow interpretation of acceptable practice seems reasonable. Clearly, ethical tension arises when the above-stated conditions are met. But ethical tension is ubiquitous within the profession of psychology, and is hardly synonymous with unethical conduct. To accept the simple proposition that the situations described above are inherently unethical, psychologists also must accept the conclusion that forensic practitioners, who routinely operate in adversarial contexts, commit ethical violations in their usual course of business. That conclusion is erroneous.

Several examples may clarify this issue. Forensic psychologists regularly conduct assessments of, and provide treatment to, mentally ill offenders in response to court order. Because their activities are directed by court order, the targets of their actions lack the ability to choose to participate – a key element that, when absent, precludes informed consent. Put another way, when assessment and treatment activities lack voluntariness, targets cannot provide valid informed consent. Yet court-ordered assessment and treatment serve important societal functions. Among other things, they help to ensure society (a) does not unfairly try incompetent defendants, (b) treats rather than punishes the criminally insane, and (c) protects itself from people who are mentally ill and dangerous. Preventing psychologists, i.e., behavioral science experts, from contributing to such matters would be, simply put, socially irresponsible.

Forensic psychologists act without obtaining informed consent in situations beyond those ordered by the court. Many forensic psychologists, for example, work in correctional settings, where inmates sometimes barricade themselves in their cells. In scores of institutions across the country, before inmates are “extracted” from their cells, psychologists are called upon to help operational staff members gain cooperation without the use of force. As in situations described above, the use of psychologists in these negotiations primarily benefits society rather than the target of action – in this case, by maintaining safe and orderly management of correctional institutions. It has the added benefit of reducing the likelihood that an inmate could be harmed if forcibly extracted by members of a disturbance control or special operations response team.

In the situations described above, the targets of the psychologists’ actions are usually fully aware of the involvement of psychologists. But other situations arise when forensic psychologists serve societal interests without notifying the targets of their actions. For instance, forensic psychologists help organizations assess risk posed by subjects who stalk or threaten third parties. They develop “profiles” of unknown subjects to help law enforcement apprehend criminals, and they help law enforcement develop interrogation strategies to reduce the likelihood that suspects will offer false statements. They assess violence risk of hostage-takers, sometimes influencing an incident commander to employ a tactical team to eliminate threats. They help agencies build institutions in ways intended to minimize risk of violence to staff members and vulnerable inmates. They help attorneys select and persuade juries, and cross-examine opposing experts, in an effort to obtain outcomes favorable to their side. Ordinarily, all of these activities are carried out without the consent or knowledge of the targets.
In some of the situations described above, unwitting targets of forensic psychologists’ actions could be harmed, even killed. As a direct or indirect result of psychologists’ contributions, criminals are apprehended, eventually leading to loss of liberty or even life. Alternatively, due in part to psychologists’ contributions, defendants are freed because of persuasive argumentation, effective cross-examination, or favorable jury composition.

Two themes are common to the situations described above. First, psychologists clearly identify their clients before undertaking services. In the situations described above, the third parties are the psychologists’ clients; the targets of the actions are not. Second, psychologists balance their efforts to avoid harm with other weighty interests – namely, their responsibilities to society and the specific communities with whom they work, along with their commitments to justice, fairness and integrity. Failing to consider these competing values is, itself, a decision rife with moral implications. Hostage-takers kill victims. Incompetent defendants are tried. Insane defendants are punished. Violent criminals evade capture and prosecution.

**Further Restrictions on Practice**

If psychologists accept the narrow view that their roles are restricted to those defined by a vocal minority, then the nature of psychology – a discipline that from the outset has existed to understand, predict, and control human behavior – will be fundamentally distorted. The logic used to alter the professional obligations of psychologists could extend to specialty areas well beyond operational and forensic psychology. As examples:

- A health psychologist counsels a pregnant woman who is contemplating abortion. The consultation contributes to the woman’s choice to terminate the pregnancy. The target of the action, the fetus, is unaware of the intervention. Yet the life of the fetus is terminated as a result of the counseling intervention, an act expressly prohibited by the Hippocratic Oath.

- An organizational psychologist is retained to prepare a firm for a pending negotiation with a competing firm. The psychologist generates personality profiles of the competing firm’s leaders in an effort to inform negotiation strategies. The targets of the action, the competing firm’s leaders, never give informed consent. As a result of the psychologist’s work, the competing firm’s leaders are harmed by receiving less money from the deal than they otherwise might have obtained.

- A counseling psychologist suspects the husband of her client has physically abused their daughter. The psychologist reports the abuse to law enforcement. This leads to the arrest of the man, the target of the action, who never had an opportunity to provide informed consent.

- A police and public safety psychologist uses guided imagery to help officers shoot their service weapons more accurately and precisely. This ultimately results in the loss of life of a citizen who posed a grave threat to the officer. That is, the psychologist’s actions contributed to the death of a third party who never consented to the initial action.

- A national security psychologist helps counterintelligence professionals to identify personality characteristics of a potential foreign intelligence service operative, or spy. After the spy is apprehended, the psychologist consults to government officials who are interrogating him. The spy, who never gave consent, is eventually “harmed” when sentenced to a lengthy term of confinement.

- A neuropsychologist reviews a claimant’s medical file at the request of a private insurance company. She does this without seeking consent of the claimant. Based on her file review, she suspects the claimant of malingering. She reports her findings to the insurer, who discontinues the claimant’s benefits, harming him, after another psychologist opines he is malingering.
As these examples illustrate, psychologists do not exclusively fill healthcare roles that benefit an individual patient. Instead, psychologists routinely engage in a wide range of activities without the awareness of, and without obtaining informed consent from, the targets of their actions. A good number of psychologists’ contributions certainly are aimed at helping individual patients. Other psychologists’ contributions, however, necessarily harm individuals while benefitting society as a whole.

Correcting Course

The science and profession of psychology, at its core, is used to improve the human condition. This is accomplished in many and diverse ways. It occurs in psychotherapy offices, where psychologists strive to alleviate an individual’s distress and enhance an individual’s functioning. It occurs in other contexts as well, where psychologists contribute to a just and safe society.

Seemingly emboldened by the APA’s recent decision to prohibit its members from consulting to interrogations conducted in the service of national security, proponents of the resolution now appear poised to lobby for a redefinition of the practice of psychology, whereby a single biomedical ethical principle (do no harm) and a single legal concept (informed consent) are set above other important ethical principles and legal concepts. If ignored, this push to narrow the practice of psychology will reach the point that the individual “on the couch” is the only potential client. For some, that is acceptable and welcome. For most, it is unacceptable and undesirable.

The profession as a whole seems to have grown tired of this issue. Indeed, APA leadership has, thus far, failed to meaningfully contend with evidence that contradicts the major allegations raised by the attorneys’ report. Others seem content with ignoring the recent resolution’s proponents, branding them and this issue as insignificant; after all, to date the resolution’s proponents have targeted only a small group. But the resolutions’ proponents have already sought to influence other areas. And if the leaders of specialty areas fail to recognize the potential impact of some of these pending proposals, the profession as a whole will lose some of what it has fought so hard to win, and society will lose countless benefits that psychologists, as behavioral scientists, can offer.

In the near future, the profession of psychology will face decisions that could have long-term and wide-reaching negative consequences, revisions to the Ethics Code. Decision-makers will do well to flesh out potential consequences with the most critical stakeholders; this includes highly specialized practitioners in the settings at hand, not just psychologists who are outspoken and persistent. Ensuring that the Ethics Code does not prohibit consultation to national security interrogations or other adversarial situations will be the first step toward keeping a small but vocal group from redefining the profession of psychology as a whole.

Daniel J. Neller is immediate past president of the American Board of Forensic Psychology and current forensic chair of the Council of Specialties in Professional Psychology. Although colleagues provided helpful comments on an earlier draft, the views expressed here are those of the author.
American Board of Geropsychology
Victor Molinari, PhD, ABPP

Between October 2014 and October 2015, ABGERO examined 18 candidates. Our late push in 2014 allowed us to meet the requisite number of candidate examinations to become a specialty board in December 2014. However, the number of candidates has slowed somewhat, and ABGERO is brainstorming with our board and other smaller boards to prime the pipeline. For this cause, we have been working with two ABGERO specialists who work in the VA, Michele Karel, PhD, ABPP and Michelle Mlinac, PhD, ABPP to promote awareness of ABGERO within the VA system, and to monitor candidates’ progress. The VA is by far the largest single organization that employs geropsychologists, and Drs. Karel and Mlinac have developed a system of mentors and remote consultants who can assist candidates in fulfilling their supervisory hours. We are very grateful to them for their efforts. ABGERO has also been slowly developing a cadre of examiners so that we can eventually offer regional oral examinations in addition to holding exams at the standard places of APA, the Gerontological Society of America meeting, and the ABPP workshop series. We have also completed our bylaws and policies & procedures manual. This was a big task. And special thanks goes to ABGERO board member Andrew Heck for his spearheading of this initiative. We now have elected officers (President, Secretary, Treasurer), and designated members of committees (Credentials; MOC), and sub-committees (Practice Sample; Oral Examination Ethics Development; Oral Examination Selection & Evaluation). With the great assistance of the ABPP EO David Cox and the Board of Trustess (especially Deborah Attix, PhD, ABPP-ABCN and Dave Corey, PhD, ABPP-ABPPSP), the procedures are now in place for ABGERO to flourish.

American Academy and Board of Clinical Neuropsychology
Cheryl Weinstein, PhD, ABPP & Michael Kirkwood, PhD, ABPP

Promoting Board Certification in Clinical Neuropsychology

The American Academy of Clinical Neuropsychology (AACN) and American Board of Clinical Neuropsychology (ABCN) have experienced considerable growth over the last decade. During 2014, ABPP/ABCN awarded board certification to its 1,000th specialist. In a rapidly changing medical environment, board certification is imperative, and evaluation by board certified experts in Clinical Neuropsychology is no less important for consumer protection. By setting the standards for competence in training and practice, we foster quality assurance, reduce confusion about the services that we offer, and increase credibility in the eyes of our colleagues. To promote the goal of board certification in neuropsychology, AACN and ABCN jointly formed the Board Certification Promotion (BCP) committee in 2010. The mission of the BCP is to create awareness of the ABCN board certification process in budding neuropsychologists and to instill in them a desire to follow through with boarding at the earliest appropriate time in their career development. Over the last five years, the BCP has focused on two primary initiatives.

Informational Materials & Supports

A lack of information about board certification among neuropsychologists has been common historically, as has outright misinformation. In response, AACN and ABCN have developed a host of materials to provide factual information about how to become board certified in Clinical Neuropsychology and to correct misperceptions about the process. The BCP has worked to update and disseminate these materials (available on the AACN website). Materials include relevant “fact sheets” about ABPP/ABCN myths and lifespan/pediatric issues. The BCP also created a guide to highlight the many resources available to support board certification. At all major conferences, workshops are held that focus on the ABCN examination, study and preparation guidelines, and hands-on-practice with the kinds of questions that may be encountered on the written and oral components of the exam. Two books
about becoming board certified in clinical neuropsychology are now available (Armstrong, Beebe, Hilsabeck, & Kirkwood, 2008; Stuck, Kirkwood, & Donders, 2014). Neuropsychologists are also encouraged to join BRAIN (Be Ready for ABPP In Neuropsychology) which is a free resource that includes a listserv, study groups, and a number of web-based supports (e.g., topic outlines, study schedules, mock exams). Additionally, peer support and mentoring can be arranged through AACN’s free mentoring program. AACN and ABCN are also committed to making the examination accessible to ethnic and cultural minorities (Stringer & Postal, 2015). ABCN applicants may now request mentors from underrepresented ethnic and cultural identify groups, and AACN is now holding workshops for bilingual Hispanic neuropsychologists and students to demystify the board certification process. Stories of board certified neuropsychologists of diverse backgrounds and physical abilities are highlighted on the AACN web site.

ABPP/ABCN Recognition at the Graduate School Level

The second primary initiative has focused on creating a network of “regional representatives” who interface with training programs to educate graduate students about the importance of becoming board certified in Clinical Neuropsychology through ABCN. Over 40 board certified neuropsychologists from around the U.S. and Canada agreed to be regional representatives. The representatives have outreached to relevant training programs in their community/region and then collectively provided innumerable lectures to groups of students interested in pursuing clinical neuropsychology as a career choice. The BCP committee members put together an outreach “kit” for the representatives that consisted of the relevant informational materials from above, as well as, a PowerPoint presentation about ABPP/ABCN intended for graduate students; a sample outreach letter to be used when first approaching graduate school directors of training; and, an article about the general value of board certification (Cox, 2009).

In conclusion, the work of the BCP committee and the many volunteers who have supported its cause have been a positive development for neuropsychology. However, we recognize that we have work to do to continue to expand the ranks of board certified neuropsychologists. It is estimated that only 25% of the American Psychological Association members who identify as neuropsychologists are board certified. Our goal for the future is to continue to increase this number to maintain the integrity of our profession. But linear growth in the ranks of board certified neuropsychologists is not enough. Neuropsychology must be seen as an inclusive profession that mirrors the diverse public that we serve. Certainly, medicine is challenged because of the lack of diversity in medical schools and medical training so we are not alone in needing to address this issue. Nevertheless, we as psychology specialists can and must do better as we promote board certification more broadly and inclusively in the years ahead.

American Board of Rehabilitation Psychology
Angela Kuemmel, PhD, ABPP and Bradley Daniels, PhD, ABPP

The Rehab Riff Raff: Establishing an Ongoing ABRP Study Group

The idea for the Rehab Riff Raff started out like many great ideas - as a casual conversation. In this case, the conversation took place at a Division 22 Rehabilitation Psychology Mid-Winter Meeting, amongst early career colleagues wanting to become board certified. This idea eventually took on a life of its own as we created a formal study group for ABRP preparation and named it the “Rehab Riff Raff” out of appreciation for alliteration. We were surprised by how many people were interested in joining us in working together as a study group towards ABPP.

Our initial group had about ten members with varying degrees of commitment, timetables, and participation on hour-long calls, which started out monthly and then increased in intensity to weekly as an initial subset of us (5) moved past the practice sample submission phase and began preparation for the oral examination. During the
practice sample submission phase, our monthly calls focused on accountability for progress on practice sample goals and other challenges we encountered while writing. Other call topics during the practice sample submission phase included: selecting and utilizing a mentor; determining what makes for a good practice sample case; and, tips for fitting everything in those precious allotted 50 pages. The weekly calls during oral examination preparation consisted of numerous practices of mock clinical vignettes and ethics vignettes (all written by us). The call schedule proceeded according to a carefully crafted syllabus; which gave each member two-clinic vignettes and multiple ethic vignette hot seat exercises. We were familiar with the format of vignettes and practice samples for board certification in rehabilitation psychology due to our two-year post-doctoral rehabilitation psychology training program at the James A. Haley VA Medical Center in Tampa, Florida, which included mock ABRP practice sample submission and mock clinical vignettes as a component of our own training. We enjoyed being part of a study group because we learned a lot about competent clinical practice from watching each other approach clinical vignettes and cases from varying perspectives.

After completing the ABRP process, we received encouragement to continue the Rehab Riff Raff group. The group was established as an on-going part of the process of seeking board certification in rehabilitation psychology. We also agreed to continue running the group to honor the commitment we made to those who joined us in the first group, but did not complete the process. At the time of this writing, there are 13 alumni and over 20 current members participating in various stages of the study group continuum. We have shifted to a triumvirate leadership model of chair elect, chair, and past-chair to distribute the workload and always have fresh, newly certified specialists at the helm to ensure the leadership is up to date on the ABRP process. Everyone who survives the oral exam is awarded with his or her own Rehab Riff Raff t-shirt.

It has been incredibly gratifying to see something we started become an ongoing part of pursuing board certification in our specialty. We would love to see more specialty boards have their own study groups and are happy to answer further questions. Contact us at rehabriffraff@gmail.com or check out http://www.rehabriffraff.squarespace.com.

The American Academy of School Psychology
Sarah Valley-Gray, PsyD, ABPP, Linda C. Caterino, PhD, ABPP
Judith Kaufman, PhD, ABPP

The specialty area of School Psychology has had a very active year! First, we would like to recognize the newly elected leaders to the American Academy of School Psychology (AASP) - Gene Cash, PhD and Laurie Zelinger, PhD. Dr. Gene Cash will be serving as President-Elect of the American Academy of School Psychology. Dr. Cash is a professor and the director of the School-related Psychological Assessments and Clinical Interventions (SPACI) clinic in the College of Psychology at Nova Southeastern University. He has served on the Executive Board of the Florida Association of School Psychologists (FASP) for more than 30 years. He is a former Florida representative to the National Association of School Psychologists (NASP) Delegate Assembly; a former Southeast Regional Delegate Representative to the NASP Delegate Assembly; and a past president of NASP. Dr. Laurie Zelinger will be serving as Secretary of the Academy. She recently retired from Oceanside, New York Public Schools and is devoting her time to her private practice and authoring her next book. Dr. Zelinger has authored a number of books and is a media referral specialist for the American Psychological Association, contributing to nearly 150 venues in the area of child development.

Dr. Mark Swerdlik and Dr. Jessica Fede were elected to the American Board of School Psychology. Dr. Swerdlik has been nominated for the American Board of Professional Psychology (ABPP) Distinguished Service to the Profession Award. He is the coordinator of the specialist and doctoral degree programs in school psychology and has served as a clinical supervisor in the Psychological Services Center at Illinois State University for over 35 years.
He is a Fellow of the American Psychological Association (APA) -Division of School Psychology and a member of the Society of School Psychology. He is also the recipient of NASP's Lifetime Achievement Award. Dr. Jessica Fede is a licensed psychologist and a certified school psychologist. She earned her doctoral degree in school psychology from the University of Massachusetts Amherst and is a faculty member in the Counseling Psychology program at Johnson and Wales University in Providence, Rhode Island.

Sarah-Valley Gray, PsyD, will be assuming the presidency of the American Academy of School Psychology. She is a professor of School Psychology at Nova Southeastern University and director of the doctoral program in school psychology. Dr. Thomas Huberty will be continuing as treasurer. The board thanks Linda Caterino, PhD, and Erica Weiler-Timmons PhD for their service as president and secretary respectively of the academy this year.

We are fortunate to have such accomplished and well-respected leaders to serve on our boards! Moreover, school psychology is proud to announce that Dr. Michael Tansy, former President of the American Academy of School Psychology and the American Board of School Psychology will begin his two-year term as President of the ABPP Board of Trustees effective January 1st. Congratulations, Dr. Tansy!

Annually, the Academy honors Drs. Irwin Hyman and Nadine Lambert, by awarding scholarships to graduate students. Drs. Hyman and Lambert were preeminent leaders in school psychology who contributed significantly to the AASP. We are pleased to announce the 2015 recipients of these scholarships:

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<th>Awardee</th>
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<th>Advisor</th>
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<td>Jacqueline Caemmerer</td>
<td>University of Texas at Austin</td>
<td>Timothy Z. Keith, PhD</td>
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<td>Tamique Ridgard, PhD</td>
<td>Lehigh University</td>
<td>Patricia H. Manz, PhD</td>
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<td>Sara Frye</td>
<td>University of Arizona</td>
<td>Michelle M. Perfect, PhD</td>
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<td>Emilee Valler</td>
<td>Florida State University</td>
<td>Steven Pfeiffer, PhD, ABPP</td>
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Each of the honorees was invited to the annual American Academy of School Psychology (AASP) breakfast, held at the Ritz-Carlton in Toronto, Canada during the American Psychological Association (APA) convention. These very accomplished graduate students were awarded checks in the amount of $500 to support their attendance at either the American Psychological Association (APA) or the National Association of School Psychologists (NASP) annual conferences or, to defray the cost of tuition or books. These awards provide an opportunity for the Academy to honor emerging leaders within school psychology and to encourage these young leaders to work towards becoming a Specialist of the American Board of School Psychology early in their careers. Special thanks to Pearson Assessments, Psychological Assessment Resources (PAR), Multi-Health Systems (MHS), Taylor-Francis Routledge, and Western Psychological Services for their generous donations in support of these outstanding graduate students.

The Academy welcomes its newest member, Dr. Edward Ned Crosby who earned the ABPP status at the APA convention in Toronto.

President Linda C. Caterino, and President-Elect Sarah Valley-Gray will be hosting a special session at the National Association of School Psychologists (NASP) annual convention to encourage our colleagues to pursue board certification. Moreover, during the Trainers of School Psychology (TSP) annual meeting held during the NASP conference we
will have an opportunity to distribute reminders regarding the special session to faculty from across the country. In addition, President Caterino will address the Council of Directors of School Psychology (CDSPP) mid-winter meeting to encourage training directors to pursue the Diplomate process and to serve as a model to their students.

Sadly, in July of this year, the Academy of School Psychology lost another of our members, Raymond S. Dean, PhD, ABPP. Dr. Dean became certified as a Specialist in School Psychology in 1987 and was a Fellow of the Academy of School Psychology. He was a prolific researcher and a critical figure in both school psychology and neuropsychology. Dr. Dean was awarded the Lightner Witmer Award from Division 16 of the American Psychological Association, as well as numerous other honors including the Division 40 Service Award, and the Richard Snow Research Award from Division 15. He authored the Dean-Woodcock Neuropsychological Assessment System (2001). His work emphasized the importance of neuropsychological assessment in evaluating individual functioning and intervention planning. He was a professor and mentor for over 30 years at Ball State University where, through his students, his professional impact will live on.

**SCHOLARSHIPS AND GRANTS**

**American Academy of Forensic Psychology Diversity Grant**

The American Academy of Forensic Psychology (AAFP) is accepting applications for its new Diversity Grant.

The Diversity Grant awarded by the AAFP is designed to increase the diversity of candidates seeking board certification in forensic psychology. Forensic Specialists have the most impact on the field when they represent a wide variety of races, genders, ages, languages, ethnicities, cultural backgrounds, disabilities, sexual orientations and religious beliefs. The Grant applies to diverse candidates applying for forensic board certification.

To receive the Grant:

1. The applicant completes the initial application for candidacy for the ABPP in forensic psychology.

2. Once the applicant’s candidacy is accepted, the applicant contacts the AAFP President to request the Grant, providing a brief statement of why the candidate believes he or she is eligible. The applicant will also provide the AAFP President a copy of the ABPP candidate acceptance letter.

3. If selected for the Grant, the AAFP President will contact and forward all pertinent information to the AAFP Treasurer, who will provide the appropriate reimbursements to the candidate upon successful completion/passing of each step in the examination process.

4. Four fees are potentially reimbursed: The ABPP application fee, the written examination fee, the practice sample fee, and the oral examination fee.

5. The candidate pays each of the four fees prior to each step in the examination process. Upon verification of payment of each fee and successful completion/passing of each step, the candidate is reimbursed the fee. Each fee is reimbursed once, for the first application only.
Deceased Specialists
July 1, 2015 through December 31, 2015

Stanley Berent, PhD, ABPP - Clinical Psychology and Clinical Neuropsychology

Raymond S. Dean, PhD, ABPP - School Psychology

Norman L. Farberow, PhD, ABPP - Clinical Psychology

Albert Kostlan, PhD, ABPP - Clinical Psychology

Ruth Ochroch, PhD, ABPP - Clinical Psychology and Psychoanalysis

Morris J. Paulson, PhD, ABPP - Clinical Psychology

Carl N. Zimet, PhD, ABPP - Clinical Psychology

Dr. Ruth Ochroch

It is with great sadness and a profound sense of loss that the Board of Directors of the American Board and Academy of Psychoanalysis (ABAPsa) announces that one of our dearly beloved colleagues, and one of the esteemed founders of this board, Dr. Ruth Ochroch, age 96, died Friday, December 4, 2015 in California, where she had been living for the past eight years. She was surrounded by her family at the time of her death. The accompanying reprint, “ABPP Honors Psychologist/Psychoanalyst” articulates the numerous contributions she made as a specialist in clinical psychology and psychoanalysis over the course of her illustrious career. She was an effective advocate for psychology and psychoanalysis. Ruth will be sorely missed.

David L Downing, PsyD, ABPP
President, American Board and Academy of Psychoanalysis

ABPP Honors Psychologist/ Psychoanalyst Ruth Ochroch, PhD, ABPP

Dolores O. Morris, PhD, ABPP and Johanna K. Tabin, PhD, ABPP

Reprinted from The Specialist, Summer 2007

Dr. Ochroch will receive the Russell Bent 2007 Award at the Sixtieth Anniversary Celebration of ABPP during the Annual APA Convention in August. This award is granted for distinguished service and contribution to the American Board of Professional Psychology. Her long career has been devoted to the profession of psychology as an educator of graduate psychology students and offering continuous advocacy to clinical psychology and psychoanalysis. She received her certificate in clinical psychology in 1969 and in psychoanalysis in 1996. It is fascinating in following Dr. Ochroch's career in ABPP to understand how ABPP itself grew and developed.

For a period of time ABPP was organized by geographical regions. Ruth, as she likes to be called, was elected as the clinical psychologist to the Board of the Northeast Region in 1978, and became chairperson in 1993. She with others developed procedures and materials, and trained examiners for the oral examination in clinical psychology.
She also served on the Ethics Committee for ABBP as chair from 1985 to 1989 and continued to serve as a member until 1992.

Later ABPP became organized as a body incorporating the various specialties in psychology. Once the specialties were individually incorporated, Ruth was elected as the president of the American Board of Clinical Psychology (ABClinP). Ruth organized the board by calling for the election of representatives from the existing geographical regions; adapting the Northeast Region examination procedures. As a consequence, ABClinP as a thriving specialty was established.

Ruth served on the ABPP Board of Trustees (BOT) from 1992 to 1995. While serving her term on the BOT, Ruth proposed and convinced the Board to establish a membership component to augment the specialty boards, which are limited to refining and improving their examination procedures and developing materials. This move created the Academies whose efforts have supported and enhanced the growth of the specialties.

Ruth was the only psychoanalytically trained member of the BOT when the ABPsaP applied for status as a specialty, and thus she became the spokesperson for psychoanalysis on the BOT. When Dr. Joseph Matarazzo’s proposed the establishment of an ABPP senior option, Ruth was its sole supporter through several BOT meetings. The eventual acceptance by the BOT of the senior option has had a favorable impact on all specialties. It has been particularly successful in attracting many eminent senior analysts to apply for certification in psychoanalysis.

When Ruth’s term on the BOT ended, they charged her to work with ABPsaP to get it under way as a specialty and prepare to hold examinations and later on to execute other official matters. With the ABPsaP approval, Ruth assumed the responsibility to organize their examination procedures. She set up a database and was the national examination’s coordinator as well as secretary/treasurer until 2005, when her term expired. She was a devoted and dynamic member of the Board.

Ruth’s efforts to expand ABPP’s mission and advocacy for both clinical psychology and psychoanalysis demonstrate her worthiness to receive the esteemed Russell Bent Award. The ABPsaP is proud of her and will always be grateful for her contributions and tireless work.

This is the first in a series of articles devoted to pioneers in the development of the specialty of psychoanalysis.
Fred Alberts, President, American Academy of Clinical Psychology, has been elected Fellow of APA Division 12, Society of Clinical Psychology, and Fellow of the Society for Personality Assessment. He has also been elected to the Fellows Committee, APA Division 12, Society of Clinical Psychology.

David Alter has published a new book – Staying Sharp: 9 Keys for a Youthful Brain Through Modern Science and Ageless Wisdom (Simon & Schuster, September, 2015). The book combines research into what brain science has to say about what supports positive aging, and how those findings dovetail with information from various wisdom traditions. He writes that he is pleased with the response to date, and is looking forward to sharing the findings with both the professional and lay communities in the coming year.

Daniel Armstrong was awarded the American Cancer Society's St. George Award, and joined the Board of Directors, beginning a two-year term on January 1, 2016. Dr. Armstrong has also been elected to membership in the American Pediatric Society.

Kathleen Ashton has been elected to the APA Committee for the Advancement of Professional Practice (CAPP) for a two-year term that started in January, 2016. CAPP is the only governance committee created within the APAPO by the APAPO Board of Directors. CAPP's purpose is “to identify, plan and implement projects important to the protection, defense, and enhancement of professional practice and recommend to the APAPO Board of Directors the needed funding for such projects.”

Cynthia Beaulieu, Director of Brain Injury Program Development at Brooks Rehabilitation Hospital, collaborated as a primary author for one, and a co-author for five journal articles on practice-based evidence in acute traumatic brain injury rehabilitation. All of the articles are a part of the 2015 Supplement 3 of the Archives of Physical Medicine and Rehabilitation: What Works in Inpatient Traumatic Brain Injury Rehabilitation? Results from the TBI-PBE Study. TBI-PBE was a large-scale federally funded research study involving ten rehabilitation facilities across the US and Canada.

Cynthia D. Belar has come out of retirement to accept the appointment as Interim CEO of APA.

Laura S. Brown has recently published her second book for general audiences – Not the Price of Admission: Healthy Relationships After Childhood Trauma. She has also written Supervision Essentials for the Feminist Model of Psychotherapy Supervision, to be released in February, 2016 by APA Books.

Mary G. Brownsberger is now Director of Psychology at Good Shepherd Rehabilitation Network, Allentown, Pennsylvania.

Stewart Cooper has been elected to serve a three year term on the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP).

Richard H. Cox has completed a new volume as author and editor – “Spirituality as a Model in Brief Psychotherapy,” in, Spiritual Approaches to Emotional and Behavioral Change, to be published later this year by Charles C. Thomas Publisher.

E. Thomas Dowd writes that the American Board of Cognitive and Behavioral Psychology has recently renamed itself the American Board of Behavioral and Cognitive Psychology—honoring its roots while recognizing the diversity of theories, approaches and interventions that have developed over the years. Dr. Dowd, current board president, received the 2016 Russell J. Bent Award for Distinguished Service and Contributions to the American Board of Professional Psychology.

Chris Ebbe is in his second year as CPPSA past-chair and continuing to make accreditation site visits for APA (and occasionally commenting on issues of the outside organizations and diversity committeeman). He also has a post on the California Psychological Association’s Division of Education and Training Board.

Todd Favorite is the PI for a study funded by the Flinn Foundation that will investigate the use of online, modularized CBT interventions (myStrength.com). The interventions will be paired with telephone access to University of Michigan Psychological Clinic therapists to monitor mild to moderate anxiety and depression symptoms for non-help seeking university students.

Robert M. Gordon writes that he has co-edited the “Tools” (assessment tools) for the Psychodynamic Diagnostic Manual-2, to be published in the summer of 2016 by Guilford Press.

Leah Greenwood has joined the practice of Leslie Vocational Consulting in Lancaster, Pennsylvania as a vocational expert.

Andrew Heck writes that he is the recent recipient of the Alumnus of the Year award from his doctoral program at the University of Indianapolis. The award came as acknowledgement of “…many achievements and contributions to the profession of clinical psychology, as noted in a meritorious record of professional accomplishments, professional leadership, scholarship, professional service, and advocacy efforts.”

Kenneth Herman was honored at the annual Gala of the Bergen Volunteer Medical Initiative (BVMI) for his role in helping to launch the free primary medical care facility for the uninsured in Hackensack, New Jersey. Dr. Herman is on the advisory board of the BVMI, which is in its sixth year of operation.

Russell Holstein and co-author David Paul submitted for publication, “How to Create a Doctor Shortage,” a survey research article documenting the inadequacy of mental health networks for large insurance carriers in New Jersey.

Katherine Jones presented, “From Drapetomania to PTSD: The Socio-Cultural Context of Mental Disorders.” The presentation took place in December, 2015 at the John F. Kennedy Presidential Library and Museum in Boston, as a part of the Williams College Teach It Forward (TIF) campaign. The presentation may be viewed on YouTube.

Brad Karlin has been appointed Vice President at the Education Development Center, Inc. (EDC), a global nonprofit organization that works to improve health and education worldwide. Dr. Karlin leads EDC’s work with public and private health care systems to promote the dissemination and delivery of evidence-based psychological treatments, and to improve mental health and dementia care for older adults. Dr. Karlin also writes that on January 1, 2016, he began his term as President of Division 12 of APA—the Society of Clinical Psychology.

Roger Kaufman has written five articles on strategic planning and needs assessment, and has delivered two HRD Conference keynote addresses in Taiwan and South Korea.

Susan Kavaler-Adler presented to The British Psychotherapy Foundation (BPF)’s “Audiences with Authors” in June, 2015 on her book, The Klein-Winnicott Dialectic: Transformative New Metapsychology and Interactive Clinical
Theory. She also writes of having conducted an interactive lecture – “The Beginning of ‘Heartache’ in Character Disorders: From Neurotic Guilt to Existential Guilt as Grief: Finding the Other” – at the Pacifica Graduate Institute, Santa Barbara in April, 2015.

Gerald Koocher is pleased to announce the publication of the 4th edition of Ethics in Psychology and the Mental Health Professions: Standards and Cases (Oxford University Press, 2016). The ethics textbook, co-authored with P.C. Keith-Spiegel, includes more than 700 case examples and new material related to serving diverse populations, social media, electronic records, and other evolving areas of practice. This edition also integrates and cross references case materials with the ethics codes of the AAMFT, ACA, and NASW in addition to APA.

George Kraus has a book that is pending release. A revised and updated version of the award winning, At Wit’s End: Plain Talk on Alzheimer’s for Families and Clinicians will be published by Purdue University Press.

Paul Lees-Haley has published a crime fiction story – “The Therapist” – in the January/February issue of Alfred Hitchcock Mystery Magazine. The story is about the conflict between a sociopathic psychologist and a sociopathic patient.

Ronald F. Levant writes that a paper – “Moderated Mediation and Health Outcomes of the Relationships Between Masculinity Ideology, Outcome Expectations, and Energy Drink Use” (co-authored with M.C. Parent, E.R. McCurdy, and T.C. Bradstreet) – has been published in Health Psychology (2015). The publication has been picked up by several media outlets, including The Daily Beast, Medical Daily, Esquire, and Yahoo.

Adam B. Lewin joined the Board of Directors for the American Board of Clinical Child and Adolescent Psychology in January, 2016. He recently received funding from the Centers for Disease Control and Prevention and All Children’s Hospital for his research in Tourette’s Syndrome and anxiety in early childhood, respectively. Dr. Lewin is also on the executive board of the Society for Clinical Child and Adolescent Psychology.

Paul Lipsitt chairs the Senior Psychologist Group at the Massachusetts Psychological Association. His committee is preparing a presentation with its members and the graduate students in psychology at William James College on the topic “Intergenerational Dialogue on Psychology Careers and Practice.”

Francis J. Lodato has been nominated to the Canadian Football League’s Hall of Fame, Class of 2017, for his efforts to bring the application of sports techniques to the league. His tenure in the CFL began in 1982, and continues to this day, representing the longest continuous run in the league for a psychologist.

Robert Marshall’s article, “The Influence of Hungarian Psychoanalysis on Hyman Spotnitz and Modern Psychoanalysis” was accepted for publication in Modern Psychoanalysis.

Shirley McNeal has developed for sale, three self-hypnosis recordings for creating satisfying relationships – Preparing for a Relationship, Finding a Relationship, and Sustaining a Relationship.

Thomas W. Miller has been appointed Professor, Department of Gerontology, College of Public Health, University of Kentucky. He has also completed two terms on the Kentucky Board of Examiners in Psychology, serving as Chair of the Board twice during those two terms.

Jon Mills was the 2015 recipient of the Otto Weininger Memorial Award for lifetime achievement given by the Canadian Psychological Association’s Section on Psychoanalysis. He delivered his keynote address at the annual CPA conference held in Ottawa in June. Dr. Mills has also lectured in the U.S, India, and Israel on his current research on evil, and on his book, Underworlds: Philosophy of the Unconscious from Psychoanalysis to Metaphysics (Routledge, 2014).
Elicia Nademin oversees the Phoenix VA's Psychology Department Diversity Seminar and Diversity Committee. She and her colleagues are seeking to enhance educational/consultation opportunities among trainees and staff. Dr. Nademin continues to serve on the Professional Advisory Council of NotMyKid, as well as, coordinates a local interdisciplinary peer consultation group. She also serves as Membership Representative to the Arizona Psychological Association's Governing Council, and conducts statewide ABPP informational sessions.

Tim Pearman writes of several publications, including co-authorships of “Establishing Survivorship Care Planning in a Comprehensive Cancer Center to Meet Clinic Needs and Accreditation Standards,” *Journal of Community and Supportive Oncology* (in press); and, “Implementation of Distress Screening in an Oncology Setting,” *Journal of Community and Supportive Oncology* (2015). He also has an extensive media presence, and may be found on various websites, including, YouTube, The Chicago Tribune, and Sonima.

Jennifer Penberthy was promoted to Full Professor in the Department of Psychiatry & Neurobehavioral Sciences in the University of Virginia School of Medicine.

Walter Penk was awarded the American Psychological Foundation’s 2015 Gold Medal for Life Achievement in the Practice of Psychology, during APA’s Annual Meeting in Toronto.

Treven Pickett writes that he is the current President Elect of the Virginia Academy of Clinical Psychologists. He has also been appointed to serve on the Committee on Disability Issues in Psychology (CDIP), Board for the Advancement of Psychology in the Public Interest (BAPPI), serving a term from January 1, 2016 to December 31, 2018.

Patricia Pitta presented “Family Patterns and Bullying” at “Bullying Throughout the Life Cycle”, a conference offered by the department of St. John's Postgraduate Training and Professional Development, Jamaica, New York. She also presented “Treatment of Adolescents in Military Families” at Hofstra Medical Center, Glen Oaks, New York.


Stephen A. Ragusea has published three articles in *The National Psychologist* – “The Ethics of Leadership in Psychology,” “Danger: Electronic Records Ahead,” and “Is it Ethics or Law?” Another publication appeared in *The Florida Psychologist* – “Why Prescribing Psychologists Are Good For You.” Dr. Ragusea also writes that he is chair of the Florida Psychologists for Prescriptive Authority and Ethics Committee, for the Florida Psychological Association (FPA). And, he is the recipient of FPA’s 2015 Distinguished Psychologist Award.


Andrew Rosen is expanding the Center for Treatment of Anxiety and Mood Disorders in Delray Beach, Florida to include intensive weekend programs and special programs in mindfulness and resiliency. His other activities include a presentation to the Palm Beach Chapter of Florida Psychological Association on collaborative care in psychiatry; serving on the selection committee of clinical presentations at the 2015 Anxiety and Depression Disorders Association of America conference; and, mentoring those seeking ABPP board certification in clinical psychology.

Martin N. Seif and co-author Sally Winston have published What Every Therapist Needs to Know About Anxiety Disorders: Key Concepts, Insights, Interventions (Routledge, 2014). The pair also conducted a continuing education workshop at APA – “Worry and Subtle Forms of OCD.” The presentation was also delivered at the International OCD Foundation conference.

Judith S. Tellerman was Invited Author for “Summary Outline, Research on Conversion Therapy for LGBT Youth,” sponsored by APA/SAMHSA, July, 2015. She was also interviewed for “Inside the Teen Condom Challenge Craze,” an article appearing on yahoo.com, November 30, 2015.

Lori Terryberry-Spohr has recently accepted the position of Director of Rehabilitation Programs at Madonna Rehabilitation Hospital in Lincoln and Omaha, Nebraska. She is now responsible for overseeing the development and implementation of specialty rehabilitation programs across the continuum of care, including quality improvement and outcomes management.

John Thoburn and Tom Sexton co-authored, Family Psychology: Theory Research and Practice, published by Praeger Press. The textbook is an introduction to the ecosystemic nature of the intrapersonal, interpersonal, and contextual worlds of psychology, focusing on the interlocking and reciprocal relationships between theory, research, and practice. Both authors are past presidents of Division 43 of APA.

Steven Tuber has a book new book that will be published in May by Rowman and Littlefield – Parenting: Contemporary Clinical Perspectives.

Doug Tynan has been appointed Acting Director for APA’s Center for Psychology and Health, and is happy to announce the completion of the video series on integrated care. The video may be found on APA’s website and on YouTube.

Amy Wenzel has two books that will be published in 2016 – The Oxford Handbook of Perinatal Psychology (Oxford University Press) and with K.S. Dobson and P. Hays, Cognitive Behavioral Therapy Techniques and Strategies (APA Books).

Jeffrey Younggren was awarded Distinguished Alumnus of the Year for the College of Sciences, the University of Arizona.

Laurie Zelinger has retired from the Long Island School District and is focusing on writing and maintaining her private practice. She has multiple media interviews, including “Is There A ‘Right’ Way to Spank a Child?” (mom. me, April 8, 2015); “Tips to Help Transition to a New School Year,” by Beth Whitehouse (Newsday, July 2, 2015); and “Meet the Author/Meet Laurie Zelinger” (Self Esteem Shop, August 1, 2015).

Richard Zweig is the director of the Ferkauf Older Adult Program at Yeshiva University’s Ferakauf Graduate School of Psychology. The program offers specialized training in clinical geropsychology, and was recently featured in a video developed by the APA Office of Integrated Care, entitled, “Psychologists in Integrated Health Care: Geriatrics.” The video may be viewed on the APA website, and features Yeshiva University’s joint initiative with Jacobi Medical Center.
ABPP 2016 Awards

At the recent Board of Trustees meeting, the following awardees were selected. The awards will be presented at the ABPP Convocation in August at the APA Convention.

Congratulations to these deserving recipients!

Russell Bent Award for Distinguished Service and Contributions to the American Board of Professional Psychology:

E. Thomas Dowd, PhD, ABPP

The ABPP Distinguished Service to the Profession Award:

Christine A. Courtois, PhD, ABPP

New ABPP Appointments

Please welcome the following specialists, who recently joined, or started new roles on, the ABPP Board of Trustees:

Michael E. Tansy, PhD, ABPP (President – Executive Committee)

John Piacentini, PhD, ABPP (President Elect – Executive Committee)

Deborah Koltau Attix, PhD, ABPP (Treasurer – Executive Committee)

Kathleen J. Hart, PhD, ABPP (Clinical Child & Adolescent Psychology)

Anne C. Dobmeyer, PhD, ABPP (Clinical Health Psychology)

Brenda J. Spiegler, PhD, ABPP (Clinical Neuropsychology)

James Rickerd Day, PsyD, ABPP (Organizational & Business Consulting Psychology)

Stanton Marlan, PhD, ABPP (Psychoanalysis)
Newly Certified Specialists  (July 2015 – December 2015)

Clinical Child & Adolescent Psychology
Sarah Barnum, PhD
Andrea L. Brandon-Meneefee, PsyD
Karen T. Cammuso, PhD
Laura N. Costa, PhD
Kimberly Guion, PhD
Lauren E. Maltby, PhD
Marshaen Murray, PhD
Oscar H. Oo, PsyD
Alison E. Pritchard, PhD
Michael A. Rapoff, PhD
Andres G. Viana, PhD
Chelsea Weyand, PsyD
Sarah Barnum, PhD
Andrea L. Brandon-Menefee, PsyD
Karen T. Cammuso, PhD
Laura N. Costa, PhD
Kimberly Guion, PhD
Lauren E. Maltby, PhD
Marshaen Murray, PhD
Oscar H. Oo, PsyD
Alison E. Pritchard, PhD
Michael A. Rapoff, PhD
Andres G. Viana, PhD
Chelsea Weyand, PsyD

Clinical Health Psychology
Jill A. Carty, PsyD
Richard T. Gross, PhD
John K. Kreymer, PsyD
Tim P. Pearman, PhD

Clinical Neuropsychology
Ernest J. Aucone, PhD
David A. Baker, PsyD
Heidi A. Bender, PhD
Madison Berl, PhD
Aaron Bonner-Jackson, PhD
Dmitri Bougakov, PhD
Sandra Bowker, PhD
Jesse G. Brand, PhD
Melissa Castro, PsyD
Joy H. Clark, PhD
Erica L. Coady, PhD
Maria E. Cottingham, PhD
Rebecca E. Fanton, PhD
Brent Funk, PsyD
Carissa R. Gehl, PhD
Daniel J. Harvey, PhD
Alice Ann S. Holland, PhD
Farzin Irani, PhD
William T. J. Johnson, PhD
Ekaterina Keifer, PhD
Jessica H. Kinkela, PhD
Linda S. Lamarca, PhD
Haley M. LaMonica, PhD
Anthony LoGalbo, PhD
Marlena Matuszewicz, PsyD
Christine J. Mihaila, PhD
Tara L. Riddle, PhD
Christian E. Schutte, PhD
Laura Smith-Seemiller, PhD
Jennifer Strang, PhD
Melissa Sutcliffe, PhD
Jing-Ee Tan, PhD
Amanda M. Urban, PhD
Karim Z. Yamout, PsyD

Pediatric Clinical Neuropsychology Subspecialty
Amy V. Davis, PhD
Leah Ellenberg, PhD
Jill L. Kelderman, PhD
Jennifer H. Reesman, PhD
Nancy A. Visovich, PhD

Clinical Psychology
Carol-Lynne J. Becker, PhD
Todd L. Benham, PsyD
Nicholas W. Bowersox, PhD
Michael Brunner, PhD
Corissa Callahan, PhD
Patrick E. Callahan, PhD
Uche Chibueze, PsyD
Kristin L. Dean, PhD
Deidre L. Donaldson, PhD
Lisa C. Fischer, PhD
Jeffrey R. Gardere, PhD
Ronald K. Hougen, PhD
Elizabeth A. Hritz, PhD
Dana Jackson, PsyD
Eric F. Kebker, PhD
John F. Kelly, PhD
Sarah B. Kirk, PhD
Denise M. Kruszewski, PhD
Ryan R. Landoll, PhD
Julie M. Landry Poole, PsyD
Stephanie M. Long, PhD
William K. MacNulty, PhD
Larkin E. Magel, PsyD
Alma Teresa C. Molino, PhD
Jennifer K. Penberthy, PhD
David P. Pingitore, PhD
Ruth C. Prevor, PhD
Scott D. Pytluk, PhD
Erin T. Reuther, PhD
Roger G. Schmidt, PhD
Alexander Schut, PhD
Shamecca M. Scott, PsyD
Brian Seavey, PsyD
Jared L. Skillings, PhD
Erin Simmons, PhD
Kristin L. Somar, PhD
Thad Strom, PhD
Colleen M. Varga, PhD
Jeffrey R. Volkmann, PhD
Kevin Young, PhD

Cognitive & Behavioral Psychology
Ann Aspnes, PhD
Bryan Batien, PhD
Jamie Bedics, PhD
Lisa A. Conway, PhD
Katherine K. Dahlsgaard, PhD
Cathy J. Donnell, PhD
David S. Greenaway, PhD
Barbara W. Kamholz, PhD
Eun Ha Kim, PhD
Beth T. McCreary, PhD
Adriana Ortega, PhD

Cognitive & Behavioral Psychology (cont.)
James B. Rutland, PhD
Gustavo Segura, PhD
Alison Valdovinos, PsyD
Rachel Wiley, PsyD

Couple & Family Psychology
Miguel A. Lewis, PsyD
Amy C. Wagner, PhD

Counseling Psychology
David H. Dickey, PhD
David A. Shwalb, PhD

Forensic Psychology
Stephanie Callaway, PsyD
Laura S. Guy, PhD
Samantha Horsley, PhD
Lauren C. Miller, PhD
John L. Tilley, PsyD

Geropsychology
Kelly O. Carney, PhD
Jennifer Hillman, PhD
Lindsey K. Slaughter, PsyD

Group Psychology
Lisa Stern, PhD

Organizational & Business Consulting Psychology
Michael R. DeVries, PhD

Police & Public Safety Psychology
Robin B. Kroll, PsyD

Psychoanalysis
David B. Miller, PsyD

Rehabilitation Psychology
Kier H. Bison, PhD
Thomas A. Campbell, PhD
Megan M. Moore, PsyD
Rosanne Pachilakis, PsyD
Martin J. Waalkes, PhD

School Psychology
Edward G. Crosby, PhD
Join us for the

2016 7th Annual ABPP Conference and Workshops
May 11-14, 2016

Details coming soon on our website. Visit www.abpp.org for more information.

2016 Mark your calendars!