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President’s Column
Randy K. Otto, PhD, ABPP

Many of you know by now that ABPP’s Annual Continuing Education Meeting in Chicago was a success. In addition to turning a small profit, ABPP offered high quality workshops that were attended by a good number of board certified and yet-to-be board certified psychologists. At the end of May, 2015, ABPP’s Annual Continuing Education Meeting will take place at the Omni Hotel, smack in the middle of San Diego’s revitalized Gaslamp District. Once again, we have a great line-up of workshops. In addition, APA will be sponsoring complimentary, day-long workshops for psychologists interested as serving as accreditation site visitors. Finally, a number of ABPP boards and academies will be meeting in conjunction with the meeting. I hope to see many of you there.

ABPP continues to move forward with adoption of Maintenance of Certification, which will be put into operation this year. This accomplishment would not have been possible without the hard work of Dr. Michael Tansy and his many committee members, as well as Central Office staff.

At their annual meeting in December, the ABPP trustees voted to allocate funds to renovate the organization’s website, making it more valuable to the public, member boards and academies, and board certified psychologists. In addition, the trustees voted to increase operating expenses for member boards. These and other initiatives, of course, are only possible because ABPP is on solid financial ground, thanks to the hard work and diligence of our treasurer-Dr. Jerry Sweet, and Executive Officer-Dr. David Cox.

Perhaps most importantly, ABPP had a record number of psychologists and psychologists-in-training begin the application process for board certification in 2014 – a total of 999! I look forward to this number continuing to increase.

Randy K. Otto, PhD, ABPP
President, ABPP Board of Trustees
Affiliations

ABPP has dealt with a number of applications for affiliation recently. At the December 2014 Board of Trustees (BOT) meeting, the BOT voted on three such groups.

An application from Sleep Psychology was received and reviewed. Representatives of that group were in attendance at the December 2014 BOT meeting to present information regarding the proposed specialty board. Following the presentation and discussion, the BOT voted not to approve Sleep Psychology for specialty board affiliation, and voted to encourage that group to seek affiliation as a subspecialty.

The American Board of Geropsychology (ABGero) recently completed the requisite number of examinations in the monitoring phase of affiliation so as to be eligible for full affiliation. During the monitoring phase, site visitors observe the examinations and assist in the specialty board “fine-tuning” operations so as to ensure that the process is compliant with ABPP standards. A significant portion of the examinations included a site visitor sitting in on all or part of the examination. The visits occurred over the course of the past 20 or so months. All site visitors have reported that the examination process was deemed to be going well and in line with ABPP standards. It was recommended to the ABPP Affiliations Committee and the ABPP Standards Committee that the ABGero specialty board be considered for full affiliation with ABPP; the BOT voted to approve ABGero for full affiliation with ABPP.

Finally, we welcome Pediatric Neuropsychology to the ABPP home as the first subspecialty. The BOT voted for full affiliation of the subspecialty at the December BOT meeting. Congratulations to all involved!

Inter-Organizational Issues

ABPP is being discussed more than ever before at meetings at which I am in attendance as a liaison. These meetings include the Association of State and Provincial Psychology Boards (ASPPB), Association of Psychology Postdoctoral and Internship Centers (APPIC), National Council of Schools and Programs in Professional Psychology (NCSPP), APA Consolidated Meetings including the Board of Educational Affairs (BEA) and Board of Professional Affairs (BPA), APA State Leadership Conference (SLC), APA Education Leadership Conference (ELC), APA Convention, APA Committee for the Advancement of Professional Psychology (CAPP), Council of Specialties in Professional Psychology (CoS) and others. It is an amazing thing to sit back and listen while leaders of these other organizations espouse to the groups the importance of specialization and board certification! What a pleasant change we are going through!

I had the pleasure and honor of presenting earlier this year at APPIC on the board certification process and being a panelist at the ASPPB meeting this past October discussing regulatory issues, ethics and specialization. APA groups continue to look to ABPP in many ways; BPA asked that I provide them with input regarding several issues this past meeting, and CoS routinely looks to ABPP for input and guidance with respect to specialty.

For the first time in many years, a representative of the American Psychological Association Graduate Students (APAGS) attended our BOT meeting. I am excited to have that representative working with us, and am certain that two-way learning will result.
Workshops 2015, 2016 and 2018

The 2015 ABPP Conference and Workshops has been finalized and you should be seeing emails and information on our web page. Get Registered! http://www.abpp.org/i4a/pages/index.cfm?pageID=3534

We have a tremendous lineup of speakers, with a range of topics to be presented. We will have some guests from APA – Katherine Nordal, Executive Director of the APA Practice Organization, and Steve Behnke of the APA Ethics Office – presenting as well as numerous other “big names” in various fields.

We have contracted to return to the Chicago Conrad Hotel for workshops in 2016 and 2018. Our hope is that by locking down multi-year conference rates we can save money, as well as, help people plan for attendance in advance.

As always, we encourage boards, academies and committees to participate in the ABPP Annual Conference and Workshops by convening for business and examinations as well as attending the workshops. We have a number of rooms blocked out for board/committee/exam use during the week.

ABPP Applications

ABPP had 999 applications in 2014; a record year for ABPP applications. It is also exciting that nearly 50% of the applications come from Early Entry applicants. If you recall, as recently as 2007 these Early Entry applicants would not have been able to apply at all. Our current process is getting them into the pipeline early, and the enthusiasm about this program continues to grow across the field of psychology.

Sharepoint, Credentials Review, and Maintenance of Certification

The use of Sharepoint has been in place for credentials review since early 2014. Its implementation has gone remarkably well and ABPP Central Office has introduced a similar process for the review of the Maintenance of Certification (MOC) documents that specialists will be submitting. As you all know, the MOC process will begin early in 2015. Those specialists opting to voluntarily participate will be able to access the required documents for completion from the web pages of the specialty through which they are board certified. Notification of initiation of the process will be emailed to all specialists on a board by board basis. We anticipate the first several boards will go online in the early months of 2015 with all specialty boards ready to proceed by May or June. Also, the BOT voted to move forward with some website revisions and the initial process of transitioning data more fully to Sharepoint. We will consult with the group that worked with us on the setup of our Sharepoint credentials review system to initiate that process.
Editor’s Column and Specialist Submission Guidelines

Specialist Editor, Katherine S. Jones, PhD, ABPP

Over the course of the past two months, I have had a number of experiences reminding me of the significant roles of professional psychologists. I am writing this column one week after attending APA’s National Multicultural Conference and Summit. This was my first time attending the conference and I was quite pleased to find a number of board certified psychologists on the program as presenters and honorees, including a prior APA president and an aspiring APA president. I have also recently attended the year-end meeting of the ABPP Board of Trustees. Working with the board and editing The Specialist have raised my awareness of the wealth of knowledge and range of expertise among psychology professionals. These experiences inspired me as they highlighted the rich diversity of professional psychologists. Within this same time period, I have also been greatly inspired by the loss of two lives. Dr. Timothy Fjordbak, a fellow VA psychologist, was killed while going about his daily work at the VA medical center in El Paso, Texas. While I did not know Dr. Fjordbak personally, the various accounts I have read of his professional life indicated that he was a skilled, competent, and compassionate clinician. His death was a reminder that while many of us like to think that the various aspects of our lives are compartmentalized, there are critical intersections. The other death was a suicide – a 19 year-old college sophomore who had played on my son’s high school basketball team. His death reminded me of the work to be done.

All of these events signified for me the value of building connections and committing to lifelong learning and competence. I invite you to keep these values in mind as you read this issue of The Specialist. The newsletter is just one means of communicating with psychologists similarly committed to excellence. You are encouraged to become actively engaged in the business of your respective boards and academies – mentor candidates for board certification and early career professionals; serve on examination committees; volunteer in any capacity you are able to. Regarding life long learning and maintaining competence, you are also encouraged to attend to the latest MOC developments as presented in this issue. MOC is here. Not to be missed is this issue’s CE article on the management of informational breadth. Though focusing on the work of forensic psychologists, all specialists will find the article informative. And, if you want to be truly inspired by the accomplishments of your colleagues, don’t miss this issue’s “Since You Asked.”

In closing, I want to take this opportunity to give special thanks to Dr. Fred Wechsler, our associate editor, and to Dr. Julie Hook, our associate editor for social media. Please let us know how we’re doing. We also welcome your suggestions for The Specialist and ABPP’s social media presence.

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 June to January 2015

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

ABPP Maintenance of Certification (MOC) has been fully adopted. As such, all specialists certified after January 1, 2015, must successfully demonstrate MOC every ten years in order to maintain their current “ABPP certified” status. Those specialists certified before January 1, 2015 may waive the MOC requirement if they desire. Since ABPP specialists have passed a comprehensive specialty board examination, the ABPP Trustees approved an MOC approach allowing specialists to maintain specialty board certification by documenting continuing professional development using their specialty-board approved grid and narrative.

Throughout 2013 and 2014 the MOC Task Force assisted specialty boards and Central Office in preparing for full implementation. The process included assisting specialty boards with crafting their specific grid and narrative materials and assisting Central Office with development of documents and a model for implementation. All specialty boards have submitted their MOC documents to the Standards Committee and all but one have been approved. Also, David Cox and Diane Butcher, at Central Office, have developed a means by which MOC notification and submissions can be accomplished electronically. With the assistance of Deborah Attix and using the ABCN MOC materials as a prototype, Central Office developed a fillable pdf file that specialists may download, complete, and upload. These forms calculate the specialists’ continuous professional development credits automatically, facilitating MOC completion. Central office has also developed fillable pdf files to assist specialty boards with their MOC reviews.

Central Office anticipates rolling out MOC one specialty board at a time between January 1 and April 15, 2015. Once the specialty-specific pdf files have been developed, the various specialty boards and their respective specialists will be notified and those specialists who choose to participate in MOC may do so 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 after MOC implementation (or within ten years after new specialist’s initial board or subspecialty certification) that their MOC will be due soon. With this notification, the specialist will be asked to complete their MOC materials and submit them to their specialty board. Specialists who are board certified in two or more specialties may complete one submission that addresses the specialty-specific requirements for each of their specialty boards or complete separate MOC documents for each specialty board. All documents relating to MOC will be available through the ABPP website.

Throughout 2014 the MOC Task Force members collaborated with the ABPP Standards Committee and Bylaws Committee to assist in the revision of the respective manuals to incorporate MOC requirements. In their 2014 midyear meeting, the Trustees approved the MOC Task Force advisory guidelines for specialty board outreach to specialists who do not successfully complete MOC on their first submission. Also approved was language for Central Office’s responses to inquiries regarding the status of specialists’ board certification, and language for Central Office to use when notifying specialists of their opportunity to participate in or waive participation in MOC. These guides were posted in the summer 2014 edition of The Specialist. Also, a current description of MOC activities and a FAQ document is available at abpp.org.

The MOC task force is very indebted to the Trustees, the Standards and Bylaws committees, specialty boards, and specialists who offered their support throughout this endeavor. Through our combined efforts, ABPP MOC is a reality.
ABPP Foundation Updates and Convention Events

Christine Maguth Nezu, PhD, ABPP
Chair, ABPP Foundation Board of Directors

On behalf of the American Board of Professional Psychology (ABPP) Foundation, I am delighted to provide important updates and a brief description of our planned events during the Annual Convention of the American Psychological Association. Prior to my description of these activities, I wish to begin by extending our gratitude for the generous contributions of our 2014 donors. These magnanimous specialists, as well as those who generously give of their time and expertise to support the foundation, inspire all of us on the Foundation's Board of Directors to work with the entire ABPP organization to actualize our collective dreams. For those who are still considering their choices for charitable giving in 2015, it is our hope that disseminating information about recent activities and plans for the future will encourage all ABPP specialists to continue to give generously. Because of our contributors, we are able to work toward improving people’s lives through greater awareness and access to competent psychological services.

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

- Unprecedented growth in our general fund through outreach at conferences, conventions, and personal invitations for contribution.
- An audit of our infrastructure, finances, and administrative systems has been successfully completed. We are financially health and poised for continued growth of the ABPP Foundation in the remainder of 2014.
- A matching funds challenge totaling $5,000 from Dr. Norma Simon and Dr. Tom Boll successfully raised money to support the hiring of an administrative assistant and further development of our administrative budget.
- Election of our new members of the Board of Directors. Dr. David M. Corey, Dr. Stephanie H. Felgoise, Dr. Kevin P. Mulligan, and Dr. Morgan T. Sammons will assume their new roles on January 1, 2015.
- Through the generous support of APA Publications and Databases Program, Multi Health Systems, PAR, Inc., and our ABPP specialists, we hosted our inaugural fundraising event on the evening prior to the APA Annual Convention. The event, An Evening with the ABPP Foundation, on August 6, 2014 at the Henley Park Hotel, in Washington DC, was an elegant and celebratory event. Contributors from Silver, Gold, Platinum and Diamond Legacy levels were recognized at the event. Drs. Herbert Gupton and John Lyke received special recognition and an ABPP Foundation award as Diamond Legacy Contributors. Special thanks are extended to Norma Simon and Charme Davidson (and volunteer Chris Davidson) who organized the event. One hope for the future is that a greater number of individuals in the ABPP governance structure (ABPP Board of Trustees, Specialty Board Presidents, and Academy Governance) contribute to, attend, and support such events. In any charitable organization, the individuals who represent the organizations and systems that benefit from the charitable contributions are viewed as essential at such events. The attendance and financial contributions of the Board of Trustees need not be excessive, but it does matter.
- Dr. Lening Olivera-Figueroa, who is board certified by the American Board of Cognitive and Behavioral Psychology, was selected as the recipient of a 2014 ABPP Foundation Diversity Award for $1,000, sponsored by Drs. Art and Chris Nezu. He received this award at the August 6th event.
- Our ABPP Foundation Exhibition Booth at the APA Convention provided information about the ABPP Foundation, its mission, and current activities and raised additional funds. Special thanks are extended Dr. Charme Davidson, who had oversight over much of the booth activities, Dr. Andy Benjamin, who coordinated volunteers for the event, and to volunteer Andrea Tansy who enthusiastically brought in additional contributions. The Board is working to develop a system for accepting credit card donations more easily at future events.
- The Foundation sponsored a drawing open to contributors who made a minimum donation of $25 or more. Drs. Victor Molinari and Dr. Karen Schmaling were the winners of the drawing and each received a $250 dinner award. An interview with Drs. Schmaling and Molinari is posted on the ABPP Webpage and attached to this report.
The ABPP Foundation also hosted an additional exhibit at the ABPP Convocation, and information about becoming an ABPP Foundation Ambassador. There was a disappointing turnout regarding ambassadors, and the next chair of the Foundation, Dr. Florence Kaslow, plans to conduct an outreach to board certified specialists to spark interest and greater participation of Ambassadors in the future.

Despite a challenging start and cost to the Foundation that involved building administrative, financial policy, and bookkeeping infrastructures, election of Board members, fundraising event planning, conducting a full audit, creating website content, and the necessity of creating an administrator’s position through largely volunteer efforts, we have successfully increased our Foundation balance by approximately 30 percent. We are very appreciative of the ABPP BOT contribution of $5,000 per year to help us continue with our remaining administrative costs, including the development of our Foundation website, and donor database.

The Board began development of an ABPP Foundation Policies and Procedures manual, that currently includes our approved Financial Policy, a proposed description of all standing and ad hoc committees, and a proposed draft of all ABPP Foundation job descriptions for officers and staff.

The creation of our ad hoc working group to develop an Education/ Advocacy Toolkit is underway. In response to feedback from our ABPP Foundation contributors and mandate for us to be more active in public awareness and education of the importance of ABPP Board Certification in Psychology, we intend to develop a “Toolkit” for use by ABBP Specialists who have agreed to provide support to the Board in actualizing our mission. Specifically, this toolkit would be developed to increase and facilitate outreach efforts to educate peers, organizations, and the public concerning the importance and necessity of board certification for public protection and ensuring high quality evidence-based psychological practice.

On November 14, 2014 an initial meeting was held with the committee members from the ABPP Foundation Board of Directors (Chris Nezu, Florence Kaslow, Morgan Sammons, Stephanie Felgoise), Charme Davidson (Administrator), ad hoc members (David Cox and Michael Tansy), and invited consultants previously suggested by the board who have volunteered to participate (Ron Rozensky, Steve DeMers, Carol Webb)

The 2015 ABPP Foundation Board Officers and new Board Members, are as follows:

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<th>2015 Officers and Board Members</th>
<th>Term on Board</th>
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<td>Executive Committee:</td>
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<td>Chair: Florence Kaslow</td>
<td>2012 - 2016</td>
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<td>Vice Chair: Morgan Sammons</td>
<td>2015 - 2018</td>
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<td>Secretary: David Corey</td>
<td>2015 - 2018</td>
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<td>Treasurer: Charme Davidson</td>
<td>2012 - 2016</td>
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<td>ABPP BOT Liaison:</td>
<td>2014 - 2017</td>
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<td>Kirk Heilbrun (Liaison is a one-year appointment)</td>
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<td>Board Members:</td>
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<td>G. Andrew Benjamin</td>
<td>2014 - 2017</td>
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<td>Stephanie Felgoise</td>
<td>2015 - 2018</td>
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<td>Kevin Mulligan</td>
<td>2015 - 2018</td>
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The ABPP Foundation and Board of Directors encourage your tax-free charitable gifts to further our mission. Please consider stopping by our booth at the APA convention, and learning more about our plans for the coming year. For those who are not attending the convention, please consider making a 2014 donation, by sending your contribution to the American Board of Professional Psychology (ABPP) Foundation, 600 Market Street, Suite 201, Chapel Hill, NC, 27516, or through the link to our Foundation Webpage at www.ABPP.org, where you can learn more about our dedicatory funds.
We developed a newly-elected position of Liaison to the ABPP Board of Trustees
Dr. Kirk Heilbrun was elected to serve in this position, described as follows:
*The current Board of Directors elects the ABPP Foundation Liaison to the ABPP Board of Trustees for a one-year term. A member of the executive committee must fill the position. The Foundation Liaison serves as an ex-officio, non-voting member of the ABPP Board of Trustees.*

*Duties and Responsibilities:*
*Represent the ABPP Foundation Board of Directors at all relevant meetings of the ABPP Board of Trustees
Work with the Executive Committee of the ABPP Board of Trustees concerning all matters of collaboration between the two organizations.*

**Summary and Appeal**

It has been my pleasure and honor to serve as the Chair of the ABPP Foundation. Although the challenges of building a fledgling charitable organization in its nascent stages have at times been consuming and demanding, the mission of promotion, education, and advocacy for greater recognition and availability of competent specialty practice and specialty board certification, has clearly sustained my motivation. I would like to thank the ABPP Foundation Board Members who have been enormously helpful and supportive, with a special thanks to Charme Davidson, whose dedication and commitment to do “whatever it takes” allowed us to survive as an organization through some challenging times. Everyone on this Board made a valuable contribution to its early development, and as a result, the ABPP has a charitable foundation partner with whom to join forces and accomplish much in the future. Such efforts are often long term, but worth committing to.

I would like to close this report with a strong appeal for you all to give to the Foundation, with a few remarks that I offered at this year’s convocation. In the past few years in my role as chair, I have become quite comfortable asking for money. However, rather than focus, as I usually do, on the benefits to the ABPP organization, our new and future specialists, and the all-important public who receive our services, I want to underscore what our own psychological research has to say about the direct benefits to each of YOU.

Here are a few quotes to share:
Booker T Washington said, “Those who are happiest are those who do the most for others.”
Sophocles said “to be doing good deeds is people's most glorious task.”
Maya Angelou offered: “When we give cheerfully and accept gratefully, everyone is blessed.”
And finally, Anne Frank reasoned: “No one ever became poor from giving.”

Here are a few results of what psychological science has to say.

One study that included over 600 North Americans showed that devoting money for pro-social spending (such as charitable donations) was associated with greater well being, even controlling for income. Another study showed that students who were randomly assigned to spend a small windfall on others were significantly happier at the end of the day than those assigned to the condition that directed them to spend money on themselves. Finally, an international study showed that people in well-off countries, as well as poor and impoverished countries, experienced significant emotional benefits from sharing their financial resources with others.

So allow me to appeal to you to consider your tax-free charitable gifts as an important way for you to increase your own sense of well being and purpose.

Thank you.
An Interview with ABPP Donors

Dr. Karen Schmaling (PhD, ABPP; Cognitive and Behavioral) and Dr. Victor Molinari (PhD, ABPP; Clinical and Geropsychology) were the recipients of two drawings held by the ABPP Foundation Board during their fundraising activities at the APA Annual Convention.

Each of these generous donors was interviewed about their use of the $250 dining certificate form this drawing as well as their reasons for becoming patrons of the ABPP Foundation, and their hopes for its future. Their responses to our interview questions provide a glimpse into their passion for ABPP and the value of becoming an ABPP Foundation contributor.

Thank you Dr. Schmaling and Dr. Molinari!

ABPP Foundation Interviewer: Where did you choose to dine with the proceeds from the Foundation drawing?

Dr. S: After a bit of research, my husband Art (a clinical psychologist) and I had a wonderful dinner at Jose Garces’ (the Iron Chef, if you watch the Food Network) new D.C. restaurant Rural Society – the restaurant theme is that of an Argentinian steak house, which might seem like an odd choice given that we don’t eat red meat! But the ambiance, service, food (we loved the tamale in particular), and wine (an Argentinian Malbec) were fabulous.

Dr. M: I dined at a restaurant in Dunedin, Florida (near Clearwater) called the Living Room. The food is always very good there, but tasted especially fine due to the bonus of a free meal.

ABPP Foundation Interviewer: What are the reasons for your choice to support the ABPP Foundation as part of your charitable giving?

Dr. S: There are several reasons! Earning the ABPP designation was an important professional accomplishment for me, and it’s been my pleasure to serve on the ABPP Cognitive and Behavioral Board since 2008. As part of being on the board, as with other leadership positions, I think it’s important to model our commitment by giving to the organization, especially if we’d like others to give. Having a strong commitment to diversity in higher education as an administrator, I was particularly inspired to support the Nezu Diversity Award.

Dr. M: As part of the ‘emerging’ ABPP specialty of Geropsychology I have recognized the important need for assessment of competencies in the varied specialties. Given that there are many generalist psychologists who don’t want to be restricted in their practice due to realistic (yet short-sighted) revenue considerations, it is incumbent upon psychology leadership to educate psychologists about the changing health care system and how specialization is required to progress the field and to help assure higher quality psychological services which will benefit all.
ABPP Foundation Interviewer: In what ways do you view ABPP Board Certification as increasing the public's access to competent and high quality psychological services?

Dr. S: The ABPP examination process focuses uniquely on competence in a specialty area; the state licensing process focuses broadly and at the entry-to-practice level. The more advanced focus of the ABPP credential is in the best interests of the public, and increasing the public's awareness of the differences in mental health providers' credentials (and training) will help them find appropriate and responsive service providers.

Dr. M: I believe that this is a very important issue. In the field of aging, there are too few graduate programs with an emphasis in Geropsychology. Consequently many psychologists have not become aware of the specialized evidence-base that has developed over the last 20 years regarding the delivery of psychological services. Some years ago, an Institute of Medicine (IOM) report scathingly vilified such poor psychological practices as billing for doing group therapy and conducting lengthy psychological assessments with nursing home residents who had severe dementia. Although some of this practice may have been fraudulent, I think for the most part poor education in gerontology produced some psychologists who did not know some basic standards of practice in long term care settings. My hope is that the American Board of Geropsychology (ABGERO) specialization will highlight the core competencies that all psychologists working with older adults should aspire.

ABPP Foundation Interviewer: What initiatives would you like to see in the future, that would encourage your continued contributions and support for the Foundation?

Dr. S: I'd love to see more events like the Inaugural Foundation event in D.C., An Evening with the ABPP Foundation, which was elegant and enjoyable. People support their passions; identifying initiatives that reflect the 'passions' of current ABPPs will be important to do. A few examples include early career ABPPs, those from diverse backgrounds, or those serving our country.

Dr. M: The main thing would be to publicize that there is currently a 'culture of competency' not only in psychology but also within the health care system. I think that there are some psychologists who still believe that ABPP specialization is either an elitist operation or a vanity affectation, rather than understanding how ABPP is now in the forefront of developments in applied psychology. Such psychologists can be disabused by launching an educational campaign that publicly identifies those specialists in a variety of areas who have met education/training/experiential requirements and who have exhibited competence in designated core domains by defending their professional aspirations and work products.
Council of Presidents of Psychology Specialty Academies (CPPSA)

Christopher Ebbe, PhD, ABPP

The current status of academies is as follows: six external - Clinical, Clinical Neuropsychology, Counseling, Couple and Family, Forensic, Rehabilitation; three internal - Clinical Health, School, Police and Public Safety; and, two merged - Group, Psychoanalysis. Two groups no longer have academies - Clinical Child and Adolescent, and Cognitive-Behavioral. All groups, regardless of status, are urged to continue to join the CPPSA phone meetings.

CPPSA has waived CPPSA dues for 2015 and has rolled-over unspent grant funds to 2015.

Five $1000 grants have been awarded to academies, and $5000 in unused funding will be carried over to 2015. The awards are as follows:

- Couple and Family created a three-fold brochure about ABPP and board certification in Couple and Family. The brochure is to be distributed among a number of groups, meetings, and conferences.
- School placed an ad in the Division 16 newsletter about board certification. The academy also hosted a reception featuring board certification at the annual meeting of the National Association of School Psychologists (NASP).
- Counseling used their funds to make website enhancements, and to promote board certification at a counseling psychology conference.
- Group - developed a website with their grant.
- Forensic begin an online CE program that included videos.

A survey of academies regarding size and governance is being conducted. This information will ideally help academies to make decisions about their organizational structure and management.

CPPSA has worked with the Bylaws Committee on changes in the bylaws that will affect academies (including allowing the CPPSA BOT representative to be the chair’s designee).

CPPSA is in the process of establishing an archive of helpful hints. Our hope is that such information will allow academies to benefit from each other’s knowledge and experience.

It should also be noted that progress has been made in having each academy represented on ABPP’s website either with a page or a link to their own website.

CPPSA is in the process of forwarding information about ABPP certification and its significance to each member of the U.S. Senate and House of Representatives.

CPPSA has developed the following definition of an Academy and has shared it with the ABPP Board of Trustees: An ABPP Academy--

(1) is distinguished organizationally from the examining board function of its specialty by
(a) in the case of external and internal Academies, being a separate organization, or
(b) in the case of a merged group, having a separate sub-board within the merged board, or having at least two positions on a unified merged board that are specified for persons with primary responsibility for the Academy (who may have other assigned responsibilities as well)
(2) has members who have individually chosen to be members (no minimum number of members is required)

(3) has deliberations among board members with responsibility for the Academy, as well as, interaction of those board members with the members of the Academy

(4) collects dues, if it chooses to do so, and manages the finances for Academy activities (no level or percentage of financing is specified)

(5) engages, at a minimum, in promotion/marketing of ABPP, in promotion/marketing of its specialty, and in recruiting candidates for certification in its specialty

Many other activities are possible and to be encouraged for Academies (though not necessary in order to meet these definitional criteria), including, to name a few—

- assisting Specialty Boards with examinations and projects
- providing high-level professional training and other member benefits to Academy members
- protecting the public through supporting specialty standards and credentialing
- mentoring exam candidates
- advocacy for the profession in political arenas
- contributing to professional guidelines
- publishing books and a newsletter or journal
- networking with other professional organizations for the benefit of ABPP and the specialty

Officers for 2015 are as follows: Jack O'Regan (Counseling), Chair; Steve Eichel (Counseling), Treasurer; Christopher Ebbe (Clinical), Past-Chair; and newly elected Jared Skillings (Clinical Health), Secretary; and Arnold Spokane (Counseling), Chair-Elect. (Counseling is poised for a coup!)

The annual meeting of CPPSA upon the presentation to Dr. Christopher Ebbe, Chair & CEO of an appreciation plaque for his dedicated service. Pictured from left to right front row are: Dr. Howard Cohen, Former Chair & CEO (Clinical Psychology), Dr. Anita Boss (Forensic Psychology), and Dr. Robyn Hess (School Psychology). Back row standing from left to right: Dr. Bruce Caplan (Rehabilitation Psychology), Dr. Jack O'Regan, Chair & CEO-Elect (Counseling Psychology), Dr. Ebbe, Dr. Bob Geffner (Couple and Family Psychology) and Dr. Joe Talley, Chair & CEO Emeritus (Counseling Psychology and Clinical Psychology). Not pictured, but also in attendance were Dr. John Northman, Past Chair & CEO (Couple and Family Psychology and Dr. Jared Skillings, Secretary-Elect (Clinical Health Psychology).
My location in Northeast Ohio has proven fortunate for my evolving historical interests (I am Historian for ABPP, APA Division 18 [Psychologists in Public Service], and the Association of VA Psychologist Leaders (AVAPL). The Archives of the History of American Psychology, housed in the Center for the History of Psychology at the University of Akron, is within a short drive, enabling me to introduce generations of Cleveland VA psychology trainees to our field’s history through documents and artifacts. My proximity to the Archives has also permitted me to pursue pre-electronic research on not-as-yet scanned tissue paper documents. The Center’s Director, Dr. David Baker, and his staff have been uncommonly gracious in facilitating my research on behalf of ABPP.

The broad landscape of ABPP’s history has been mapped in prior publications (Mayfield, 1987; Bent et al, 1999; Bent et al, 2009). My particular interests lie in the radical (re)organization of the profession after World War II, of which the creation of ABPP was one important development (see Note 1 below). So I have been going through the weeds and am unearthing some previously undiscovered seeds. My most recent discovery was that the earliest BOT Minutes (from 1947-1962), presumably lost in successive moves of Central Office, had actually been deposited in the Archives many years ago. Correspondence among several of the original BOT Members has also proven most illuminating.

From these documents, I have made some inferences about ABPP activities in its earliest years. These include the following:

(1) A nearly unfathomable amount of time, thought, and effort was expended on deciding upon, organizing, and carrying out the main functions of the Board, particularly given the prominence, scholarly productivity, and other professional activities of its Members. A decision to award Diplomas in three specialty “fields” (Clinical, Counseling & Guidance, and Industrial) was made and criteria for ‘grandparenting’ practitioners in those specialties were established. This determination was followed by painstaking review of 1,500 sets of application materials, of which 1,000 were deemed sufficient for awarding of a Diploma. The two-thirds ‘awarded’ rate approximated that of ABPP examinees over the years, no matter what examination system was employed. Furthermore, the BOT was painstaking in considering appeals by those denied a Diploma and communicated its feedback, most often affirming the denial, with exceptional tact.

(2) A careful process of developing, administering, and evaluating practice examinations was adopted for those whose training and/or experience were insufficient for a Diploma without examination (‘grandparenting’). In fact, once the ‘grandparenting’ period had expired, the BOT’s main focus for the next decade became the development of valid examinations. This included an early collaborative effort to develop an objective examination of candidate’s knowledge by the BOT, Dr. Donald Fiske at the University of Chicago, and a Veterans Administration Assessment Project initiated by Dr. James G. Miller of the VA and conducted at the University of Michigan by Dr. E. Lowell Kelly. However, the target population for the examination was not fully articulated. For example, there was discussion of its use as a selection procedure for VA psychologists or as a criterion for “clinical training” (a pre-EPPP), as well as an objective qualifying exam for ABPP candidates. Attempts to validate examination items used volunteer ABPP Diplomates as the criterion group. However, the presumably restricted range of responses to items by these experts may have been a factor in the resulting somewhat low item validity coefficients (Ben-Porath, 2014). In a personal communication to Dr. David Shakow of the BOT, Dr. David Wechsler remarked that he had expected “some super-dooper [sic] validity coefficients” but had been disappointed. Nevertheless, an ‘objective’ examination was adopted, utilized, and successively revised in the early years (1949-1953).
There were striking instances of personal issues and perceptions influencing policy matters between APA and the ABPP as the BOT conducted its activities. In 1950, the American Psychologist published a critical letter questioning the BOT’s objectivity in applying its explicit and well-publicized ‘grandparenting’ criteria and challenging the reasonableness of those criteria (Poffenberger et al., 1950). The BOT responded in kind (Bills et al., 1950). However, earlier correspondence between the BOT and one of the authors, a prominent academic clinical psychologist, disclosed that this psychologist had been denied a Diploma, apparently due to insufficient clinical experience. Since this denial was a confidential matter, ABPP could not raise this ‘sour grapes’ factor in rebutting its critics. In my opinion, this may well have been one element motivating the subsequent criticism of the ‘grandparenting’ process.

My next frontier: Organizing the above information into a more comprehensive scholarly product, to be subjected to a peer review process. Stay tuned!

Note 1: These developments included the amalgamation of APA with American Association of Applied Psychology, the formation of APA's divisional structure, the establishment of APA's Committee on Accreditation and Ethics Committee, and beginning consideration of levels of specialization in practice.

References


Dating back to the early days of specialization, there has been growing evidence of the increasing difficulty of identifying a unifying view of psychology as a single, general discipline. Historically, psychology scholars saw and wrote about unity in the field, where others found disunity. Most scholars agreed that a foundation in clinical psychology was a necessary precursor to specialization in psychology. Scholars disagreed over whether clinical psychology was the comprehensive and all-encompassing foundation of specialties, or whether specialization could be drawn from its own foundation that may or may not have been encapsulated by or even have overlapped significantly with clinical psychology. Psychology has, for some time, been a field for specialists. It is drawn from a history of temporal and contextual flexibility and maneuverability wherein a psychologist might have maintained both a clinical practice and a research laboratory; studied psychotherapy outcomes and organizational leadership variables; or, combined other interests. It is this historical backdrop that provides a template for modern diversification of training. Diversification in the 21st century is needed for different reasons. Information germane to the field is growing exponentially; technology provides added zones of needed competence; and, the number of potential specialties is increasing. In this article, we explore the need for breadth as well as depth in order to thrive in the profession of psychology.

When a psychologist becomes a specialist, the process and outcome signify considerable attention given to gaining depth of knowledge sufficient to practice at a high level within a specialty. Within specialties, psychologists typically specialize even further by identifying domains of particular interest and further specialization. Specialized knowledge does not negate the foundational knowledge that preceded it. Concurrent with that process is a continuation of bolstering breadth of knowledge, which might take place in a variety of ways that include (a) maintaining the foundational information and skills that formed the initial base of knowledge, (b) drawing inferences from the foundational sources to domains of specialized practice, (c) exploring other domains of interest, and (d) reading journal articles, attending workshops, reading newly published textbooks, and performing other activities that signify devotion to the broader domain of psychology. This list is not exhaustive, but it is meant to highlight the ways in which a psychologist achieves breadth as well as depth. Of course, some specialists have more than one specialty, but what we aim to tackle here is the need for maintenance of a foundation as well as a specialty.

Breadth can contribute to depth. For example, the clinical psychologist who also studied neuropsychology and interfaces routinely with neuropsychologists through work in school systems or geriatric facilities needs sufficient breadth to know when they can apply what they know, as well as, when a referral for specialized services is indicated (e.g., does a patient need treatment for depression or is depression secondary to a learning disorder / dementia). Likewise, the neuropsychologist needs a basic command of information that falls in the domain of clinical psychology in order to consider the appropriate breadth of possible explanatory factors for a particular assessment or consultation outcome (e.g., do executive function outcomes in an assessment reflect learning weaknesses or are they a byproduct of the prodromal phase of schizophrenia). The health psychologist providing medical coping support services for a patient who has cancer in addition to the above conditions needs sufficient breadth to understand the most optimal way to provide care for complex patients. In the clinical world of comorbidities, breadth is necessary when conditions having relevance to two or more specialties co-occur. These are just a few small examples of how breadth of knowledge enhances the depth of knowledge and level of sophistication needed for a high level of practice.
Specialists do not necessarily lack knowledge in other domains of psychology. It is a mistake to think that once a specialist is board certified, they only know information pertinent to their specialty. There is strength in the foundation of knowledge that precedes specialization. That foundation needs cultivation in the same way that maintenance of specialization enhances ongoing professional competence. Part of practicing at a high level as a specialist is the capacity to use extra-specialty knowledge responsibly to enhance patient care or other forms of practice. Similarly, specialists must have the capacity to know when there is a need to seek consultation.

Boundaries of competence are dynamic not fixed. Those boundaries are likely to change over the course of a career due to research and practice advances. The responsible psychologist pursues interests and domains of knowledge relevant to the work, whether they serve the core base of knowledge or the specialized knowledge. The foundation of knowledge represents the touchstone, the specialty is the strong branch of knowledge, but other domains of knowledge fill the remaining branches to create a specialist that consistently produces fruitful work that reflects the pinnacle of what is needed to practice well. Below are examples of work from newly minted specialists in forensic psychology that require both breadth and depth.

**Facilitating Breadth and Depth in Forensic Supervision and Training**

Forensic psychology is an attractive training opportunity, from the practicum to fellowship level. There is increased recognition of the specialty of forensics, as seen in the development of specialty and ethical guidelines, increased interest in board certification, and the development of forensic assessment measures. There is inherent curiosity and fascination with this unique line of work. Forensic psychologists affiliated with academic institutions provide supervision, teach courses and seminars, and offer a wide variety of forensic training opportunities for generalists and for those seeking to develop a career in forensics. In many psychiatry residencies and psychology graduate training programs, exposure to forensic work is a requirement of overall training.

There are a number of general skills that trainees acquire that inform professional work. Forensic trainees develop an appreciation for the importance of record review, collateral sources of information, attention to inconsistencies in data, what might explain or resolve the inconsistencies, and the need to synthesize a large amount of data without overvaluing or minimizing relevant information. This process is particularly important in weighing the relevance of multiple points of information in complex clinical cases or for clients with extensive medical records. Training emphasizes complex cases, evaluator neutrality and objectivity, and a balance of respect for the individual under evaluation and victim impact.

Forensic training exposes trainees to diversity and disadvantage. The sociology of forensic settings is just as important as psychological variables. From a psychological perspective, working in jail and prison settings exposes trainees to the delicate balance between confidentiality/privacy and safety, personality variables, and system variables--most notably the challenges faced by agencies with limited mental health and staffing resources. In the larger sociological setting, trainees learn about the overrepresentation of ethnic minorities in the criminal justice system; developmental features that combine with neighborhood and community variables to create trajectories that potentially contribute to criminal involvement (e.g., differential association theory); societal viewpoints that contribute to adverse outcomes for individuals in racial and ethnic minority groups (e.g., control theory); and, the multiple reasons why cultural competence goes well beyond simply learning these theories and maintaining awareness of the impact upon groups of individuals. Similarly, the role of poverty looms large in forensic work and the forensic psychologist with breadth learns to understand the relationship between poverty and risk of mental and physical illness and other negative outcomes. Simple cases are uncommon in forensic psychology. Breadth of training is necessary to prepare sufficiently for the complexity of cases.

**Working in Small Communities with Special Populations**

Forensic psychology’s role in custodial disputes has a long and interesting history. Informed providers have witnessed a transformation wherein the roots of both child and family services and forensic psychology services have been melded into a more meaningful subspecialty. The bar of competence to conduct custody evaluations and consultations has broadened to include the importance of breadth that involves knowledge of child development; child family dynamics and conflict; blended and non-traditional families; forensic approaches to the work; and, in some cases, rural and/or cultural anthropology and psychology. Increasingly important is the recognition of the definitions of family cross culturally, as well as, the individual, communitarian, blended, and adapted approaches of communities as they support families in resolving conflict. New definitions of family are being witnessed as the nation welcomes non-traditional family units in formal ways not seen historically, and recognizes communitarian definitions of family life that depart from individually-oriented views of nuclear families.
Proficiency in the field requires knowledge of legal standards, case law, and forensic assessment methodologies. But real competence requires an advanced understanding of the research on parenting practices, the changing nature of families, child development, child interviewing, intimate partner violence, parental gatekeeping, child abuse and neglect, and the use of assessment tools for custody litigants. The rewards and challenges of the field and the importance of the work are compelling. The hope endures that with the application of scientific principles and scientifically based clinical judgment, it is possible to assist the court to optimally meet the best interests of children and in so doing improve lives.

The field of parenting capacity is no less challenging or rewarding. The research base continues to grow as professionals work to understand and address child abuse and neglect. Diversity, minority over-representation, and impoverishment have stood at the heart of this subspecialty historically. Immigration brings a new level of cultural diversity that professionals work to understand and integrate into a dispassionate methodology to assess parenting capacity. Evaluators learn to view fundamental parenting capacity through the prism of parental homelessness, blended families, non-traditional families, poverty, and communitarian parenting practices. They seek to fully understand the impact of intellectual disability, mental illness, and substance use on parenting behavior. Parenting incapacity does not necessarily result from any of these three variables. Evaluators need both breadth and depth to understand the significance of these variables in the setting of multiple parenting styles, cultural considerations, socio-economic variables, deviations from standard practices within the community of relevance, and when an parent truly is at risk of significant harm to a child by virtue of behaviors that are statutorily defined. Psychologists seek to remain constantly updated on the wide array of evolving child behavioral and emotional difficulties that ensue from the challenges of suboptimal parenting and weigh how and whether a host of relevant variables raise risk of maltreatment.

To offer an example, Native American cultural competence is an ever-evolving area of forensic family law practice. The federal parenting capacity statute governing Native Americans may differ from the statute in the state of residence. Cultural competence begins with an historical understanding of the backdrop of Native American history in the United States which included removal of children from native homes for placement in boarding schools, forced exodus from ancestral lands, encroachment of capitalism and environmental degradation on subsistence agriculture, and the disproportionate impact of substance abuse and mental illness. Knowledge of the legislative development of the 1979 Indian Child Welfare act and subsequent legislation and case law is also a prerequisite.

Traveling the path of cultural competence requires an even more granular analysis of geographical regions, specific tribes and even specific families within tribes. Tribal histories and traditions vary widely across the United States. Each tribe is a sovereign nation with its own legal codes and governance and each tribe's legal structures integrate differently in the state and federal jurisdictions in which that tribe exists. Tribal codes and their interpretation by tribal courts may differ significantly from the legal standards in non-tribal courts. For example, many tribes have adopted a “best interest of the child” standard when addressing the needs of children in court. In some cases “best interest of the child” is interpreted as “best interest of the tribe” creating an interpretive template the forensic evaluator must consider. The tribe is the family. Even beyond each tribe's code, tribal councils and other bodies within the tribe provide oversight and governance that may be in contradiction to written codes. Evaluators learn to understand ideographic phenomena such as degree and the strength of the examinee's Native American social network or spiritual practices. Direct guidance from tribal members or tribal attorneys is invaluable in understanding the specific cultural reality of a given tribal member. Spending time on the reservation and in tribal court is another essential experience for the forensic provider working towards cultural competency with this population. Ultimately, the path of cultural competence requires a willingness to learn, openness to individual differences, and the motivation to tirelessly collect relevant data. The enriched knowledge base serves the evaluator well. Breadth includes social-cultural variables, comprehension of cultural relativity in definitions of legal terms, and comprehension of community historical and current dynamics.

**Workers’ Compensation Cases**

Forensic psychologists evaluate individuals with psychological injuries and disabilities that have the potential to limit the ability to work. Evaluation referrals stem from private sources (private insurance contracts), from programs under federal auspices (Social Security Administration), or through state programs (Workers’ Compensation). Ultimate decisions are made by a judge or a magistrate. Forensic psychologists must remain abreast of changes to definitions of disability, statutes, administrative rules, psychological techniques and tests. The nuances and details of varying definitions of “disability” across systems must be known and directly addressed. Forensic psychologists must be aware of case law for the relevant system of benefits. For instance, case law in some systems states that if a corrective measure can and does ameliorate the limitation on an impacted major life activity, then that person does not have a protected disability, even if a diagnosis is present. Case law in other systems might not have this interpretation; therefore, impact from diagnosis must be assessed. An informed forensic psychologist would know when such case law interpretation is germane.
Through a variety of mechanisms, psychological disability is gaining increasing emphasis and prominence as a form of disability that is distinct from, not just an adjunct to, physical disability. Evaluators who work in the subspecialty of disability evaluations typically need a working knowledge of physical disabilities that tend to co-occur with psychological disabilities. Psychological claims are evaluated on a stand-alone basis, but symptoms may overlap between psychological and physical disorders. Versatility is needed to understand the combined impact, to provide consultation concerning psychological impact, and to understand when a diagnosis and the resultant symptoms are significant enough to interfere with functioning. The functional domain typically is what is of most relevance in evaluating the basis of a claim. The evaluator needs a sophisticated level of developmental, cultural, and psychopathology knowledge to provide meaningful recommendations to the adjudicating body. Dependent upon the referral source and the relevant definition of disability, the assessment of impairment might relate to the job the person was trained to perform, or may relate to any potential occupation.

Working in this domain involves considerable review of records. Without a foundational clinical psychology background, a working knowledge of neuropsychology report outcomes (likely to be found in some records), and corollary physical health symptoms that might overlap with mental illness and impact, the evaluator is at a disadvantage. Consultation can address that disadvantage when needed, but the evaluator works best with an appropriate level of breadth as well as depth of knowledge.

**Criminal Law**

In criminal law, forensic psychologists commonly evaluate the status of defendants in trials of competence to stand trial and mental state at the time of the offense. In both instances, the forensic psychologist performs a thorough evaluation comprised of both clinical interviews and review of collateral sources. The final decision is made by the judge or a jury. Competence to stand trial pertains to a defendant’s current factual and rational understanding of the legal proceedings and the capacity to assist an attorney in one’s defense. When defendants are found not competent to stand trial, other forensic and clinical psychologists who work as treatment providers develop treatment programs designed to restore competence, usually under a psycho-educational model of treatment with concurrent treatment of mental illness, if relevant.

Mental state at the time of the offense, also called criminal responsibility evaluations and consultations, relate to a person’s mental state when the crime was committed. Each state and the federal system have different legal criteria for insanity; most share the commonality that the individual must have had, at the time of the offenses, a major mental disease or defect. Typically this refers to a severe mental illness such as a psychotic or mood disorder, or a mental defect such as intellectual disability or head injury. There must be an associated lack of understanding and appreciation that what the individual was doing was wrong.

Much of the foregoing describes the work-a-day world of a forensic psychologist working in the criminal justice arena, but breadth is needed to understand the range of disorders that might affect an individual’s capacities; how symptoms and behaviors cluster to form diagnoses of relevance; the overlapping nature of symptoms and behaviors across disorders; and, how that information translates into a condition the court deems relevant, and, more importantly, a lack of capacities that are of relevance to the court proceeding. Breadth is also needed to remain continually ready for updates in the field. Depth of training helps one understand the diagnosis is necessary but not sufficient. Breadth allows consideration of a multitude of explanatory variables on an individual’s functioning and capacities. Breadth prepares an individual for ongoing modernization. For example, telemedicine has found its way into the specialty of forensic psychology by connecting individuals with relevant services where such access might not otherwise be possible or optimal. The use of telemedicine technology remains in development while relevant debate covers issues of access, fairness, and data integrity, validity, and reliability. Technology improves access in remote, impoverished, weather-beaten, and other locations; but the question of whether there are security or fairness trade-offs is a lively component of debates related to technology use. Knowledge of ethics comes into play in the adoption of any new technique.

For restoration of competency to stand trial, technology gives providers additional options for training and assessing the defendant’s capacity to make rational decisions on the basis of information germane to the case. Online videos and motion-graphic computer-based educational materials focus on specific legal issues. Some restoration providers have developed videogames that require the defendant to interact with the game and make decisions along the way. The technology offers methods of restoration of competence that improve accessibility for some defendants. Researchers evaluate internal and external validity; and, ethicists consider the parameters of practice and their adherence to competent practice. The forensic psychologist balances all of this information in choosing an appropriate course of action.
Summary

We have seen from the foregoing examples that the practicing forensic psychologist benefits from foundational knowledge in psychology; sufficient knowledge of other specialties to access relevant information or to seek consultation when needed; depth of knowledge within the specialty; and, subspecialty depth that goes beyond what the typical forensic psychologist might learn about certain domains practice. The forensic psychologist needs an understanding of a host of bio-psycho-social variables that include the genetics and pathophysiology of mental illness and other disorders, individual differences, and the impact of social variables such as poverty and family and social environment on behavior. These variables are embedded in a cultural framework such that the latest model would aptly be described as bio-psycho-socio-cultural approaches to competent professional practice.

Given the complexity of cases requiring the attention of mental health professionals, it is not uncommon for issues involving comorbidity, blending of cultural variables and socio-economic factors, dueling legal agendas, and a host of other variables to come into play in any forensic case. The psychologist without breadth runs the risk of working from too narrow a framework, a sometimes unintended byproduct of specialized approaches to training that falter in the provision of an adequate foundation, adequate breadth of knowledge of other specialties, and insufficient cross-fertilization. The challenge to any specialist, regardless of the domain of expertise, is how to find the appropriate combination of initial foundational training that provides breadth, awareness of the content of other specialties that increases breadth, specialty training that increases depth, and ongoing individual work output that continually strives for 21st century adaptations to rapidly changing knowledge bases. It is, fortunately, a rewarding and engaging set of challenges that are posed to psychologists.

American Board of Clinical Health Psychology (ABCHP)

Adapting Practice Sample Options for Clinical Health Psychologists in Integrated Primary Care

Jeffrey L. Goodie, PhD, ABPP

Opportunities for training and working in primary care settings are quickly expanding for psychologists. As primary care clinics pursue the Primary Care Medical Home model (Robert Graham Center, 2007) and work to achieve the Triple Aim of health care reform - better individual experiences with care, better population health, and lower per capita costs of care for populations (Berwick, Nolan & Whittington, 2008); the value of integrating psychologists and other behavioral health professionals into primary care becomes more evident. The passage of the Patient Protection and Affordable Care Act (2010) is expected to add to the opportunities for this integration. The American Psychological Association (APA) recognized the value of integrating psychologists into primary care by the formation of the Primary Care Training Task Force, publication of a special issue in May-June 2014 of the American Psychologist, and the development of a position for the Director of Integrated Health Care. The ABCHP board recognized the need to adopt a change in its practice sample requirements to ensure that psychologists who choose to work in primary care can appropriately demonstrate the skills required for board certification.

Working in primary care settings often requires very different skills and practice standards compared to traditional behavioral health and clinical health psychology settings. One of the most common methods for integrating into the primary care setting is the use of the Primary Care Behavioral Health (PCBH) model (Hunter, Goodie, Oordt, & Dobmeyer, 2009; Robinson & Reiter, 2007). In the PCBH model the psychologist serves as a consultant to the primary care provider and sees patients in 15-30 min appointments, integrates notes into the medical record, is prepared for an initial assessment and treatment guidance for a full range of conditions, and often has few, if any, follow-up appointments. There is not time for extensive assessments and prolonged interventions associated with traditional (i.e., specialty) behavioral health care settings and what is often expected in board certification practice samples.
Because clinical health psychology focuses on applying the scientific knowledge of biopsychosocial factors to the promotion of health and the treatment of disease, clinical health psychologists who are trained to assess and treat a broad range of conditions are often natural fits for primary care positions. However, practicing in a primary care setting does not necessarily define a psychologist as a clinical health psychologist.

Board certification in Clinical Health Psychology requires post-doctoral training and/or supervision in the field of clinical health psychology for 1 to 3 years. Candidates for clinical health board certification are required to submit two practice samples from two of four core areas: assessment, intervention, consultation, or program development. It is expected that these practice samples clearly demonstrate the applicant's depth and breadth of experience within the field and show that the applicant is practicing at the specialist level of competency. The practice environment within integrated primary care would typically not permit a clinical health psychologist the opportunities to develop practice samples demonstrating the level of detail and depth (e.g., integrated reports summarizing clinical interviews and testing batteries; systematic, evidence-based interventions delivered across repeated appointments) typically submitted for review.

ABCHP modified the requirements for sample submissions to ensure that those clinical health psychologists working in integrated primary care settings can demonstrate their expertise to qualify for board certification. To accomplish this goal, we have added a practice submission category entitled "Standard Candidate-Primary Care." However, the standards for evaluating practice samples remained unchanged. The ABCHP Candidate Manual instructions for primary care samples distinguish between the clinical health psychologist that has integrated into primary care (e.g., is following the PCBH model) from a clinical health psychologist who may be co-located with a primary care clinic. If the applicant continues to maintain separate clinical files, sees patients for traditional 50 minute appointments, but their office space is located near, or even in, a primary care office, such practices do not reflect the intent for the integrated primary care practice samples.

**Modifications for Practice Samples from Integrated Primary Care Settings**

ABCHP chose to widely expand the breadth of clinical interventions and/or consultations that applicants needed to demonstrate. The majority of the presenting problems of the patients presented in the practice samples need to reflect the expertise of clinical health psychologists (e.g., chronic insomnia, chronic pain, tobacco cessation, weight management), while allowing for the most common referral problems traditionally seen within primary care (e.g., depression, anxiety). The following instructions were added to the candidate's exam manual:

As with all standard candidates for board certification, the candidate is required to submit practice samples. The candidate must choose two different core areas to demonstrate competency in and specifically includes: intervention, consultation, and/or program development. Given the brief nature of the consultative role, it is unlikely that clinical health psychologists in primary care settings could demonstrate work to meet the requirements for the assessment core area.

**Intervention:** If the candidate selects intervention for a practice sample the following is required: five cases, four of which must be a clinical health psychology presenting problem (e.g., chronic pain, diabetes) while one case may be traditional mental health (e.g., depression). Each of the clinical health presenting problems must be different. These four cases must have been seen for a minimum of three appointments and should include primary care appropriate assessment and outcome measures. It should be clear how the candidate promoted and monitored change.

**Consultation:** Consultation within the primary care behavioral health model typically occurs over one to two appointments. These are brief in nature and are referral focused. Consequently, if a candidate selects consultation for a practice sample the following is required: ten cases, eight of which must be a clinical health psychology presenting problem (e.g., chronic insomnia, chronic pain, diabetes) while two cases may be traditional mental health (e.g., depression). Further, only two of the clinical health presenting problems may similar presenting problems. The candidate must describe how the candidate consulted with/provided feedback to the health care team regarding the patient's presentation.

**Program Development:** Program development within primary care may include many different efforts to target the health of particular populations. Specifically, the candidate may discuss any classes, clinical pathways, clinical practice guidelines, disease management strategies, or other programs that they personally developed.

**Program Development:** Program development within primary care may include many different efforts to target the health of particular populations. Specifically, the candidate may discuss any classes, clinical pathways, clinical practice guidelines, disease management strategies, or other programs that they personally developed.
Maintaining the Standards of ABCHP Certification
Given the expectations for standard candidates in the core competency of assessment, it was not believed that applicants in integrated primary care settings could meet those criteria, given the typical need to rely on clinical interviews and very brief assessment measures. However, for candidates with a primary care focus the greater breadth of practice samples submitted within two of these three core areas (i.e., intervention, consultation, and program development) applicants can meet the criteria established for more traditional practice samples. The rating forms used by reviewers to assess practice samples were not changed. The standards for passing the oral exam remain the same for those practicing in integrated primary care as those working in specialty care. One portion of the oral exam requires applicants to demonstrate their ability to assess and conceptualize a standardized case, thus allowing examiners an opportunity to evaluate the assessment and conceptualization skills that would be difficult to demonstrate in primary care settings.

Future Directions
ABCHP has made changes that decrease the barriers to submitting applications from candidates practicing in primary care, while maintaining the same standards applied to all board certified clinical health psychologists. Obviously there are some specialties (e.g., Clinical Neuropsychology, Police & Public Safety Psychology, School Psychology) that are less likely to have applicants working in primary care settings. However, as the number of psychologists practicing in integrated primary care settings continues to grow, it is important for other boards to consider whether their standards need to be adapted to facilitate applications from well-qualified psychologists practicing in the burgeoning sector of integrated primary.

References


American Academy of Clinical Health Psychology

Jared L. Skillings, PhD, ABPP
Lloyd Berg, PhD, ABPP

Clinical Health Psychology increased its ABPP membership by 133% in 2010-2012. This was the highest percentage increase of any specialty! The American Academy of Clinical Health Psychology (ACHP) played a crucial role in this success through the initiation of recruitment/mentoring efforts over the past several years. Here is a brief summary of our accomplishments from 2010-2014:

1. In 2014 ABPP received their first external award due to advocacy by ACHP leaders. The award was from the American Psychological Association (APA) Committee on Early Career Psychologists (CECP).
2. ACHP leaders successfully advocated with members of the ABPP Board of Trustees for increased ECP and diversity involvement in ABPP, which led to 4 new awards for ECP/diversity candidates and an ECP position on the ABPP Board of Trustees.
3. ACHP developed a structured mentoring program for new ABPP candidates, with approximately a 90% participation rate.
4. The Clinical Health Psychology specialty instituted an application fee reimbursement for members of APA Division 38 and the Association of Psychologists in Academic Health Centers (APAHC; Div 12, Sec 8) who complete board certification in CHP.
5. ACHP initiated professional networking opportunities, including a reinvigoration of our professional listserv. We enrolled approximately 95% of our membership on the listserv.
6. ACHP sponsored 2 conference events for APAHC (Div 12, Sec 8). These events included psychologists and students at all training levels.
7. ACHP developed comprehensive bylaws, with a structured Board of Directors and organized mechanisms for future governance.
8. ACHP officially became an “internal” ABPP Academy, which means that our finances are managed by ABPP, and our operations are independent but consistent with ABPP.
9. ACHP became an official member organization of the Clinical Health Psychology Synarchy; the synarchy represents CHP in APA’s Council of Specialties.

From 2010-14 the Academy leadership has included Dr. Jared Skillings as President, along with the following board members: Dr. Milton Becknell, Dr. Andrew Block, Dr. Lloyd Berg, Dr. Jennifer Kelly, and Dr. Jeff Matranga.

Dr. Lloyd Berg was appointed as Academy President for a two-year term, beginning in 2015. Dr. Berg is a consultation-liaison psychologist and Assistant Professor with The University of Texas at Austin Dell Medical School psychiatry residency program. He is co-founder of Behavioral Health Consultants, a clinical health psychology practice that employs 12 full-time psychologists providing patient care in over 25 medical facilities in the Austin area. Dr. Berg has appointed Dr. Skillings to serve as inaugural Academy liaison to the Clinical Health Psychology Synarchy, in addition to his responsibilities as Past President.

Looking forward to 2015, the Academy Board has identified three priorities:
1. Soliciting nominations for our new President-Elect/Secretary position,
2. Recruiting an Early Career Psychologist to serve on the Academy Board of Directors, and
3. Developing an Academy website to increase recruitment efforts and promote membership engagement.

ACHP Board of Directors (2015-16)
President: Lloyd Berg, PhD, ABPP
Past President: Jared Skillings, PhD, ABPP
Treasurer: Kaki York-Ward, PhD, ABPP
Member At-Large: Andrew Block, PhD, ABPP
Listserve Manager: Jeff Matranga, PhD, ABPP

Winter 2015
American Board of Counseling Psychology
Sylvia Marotta, PhD, ABPP

In January, 2014 I began my two year term as president of the American Board of Counseling Psychology (ABCoP). Even though Ted Stachowiak demonstrated a seemingly effortless leadership style, my two years as president-elect helped me to understand how busy my term was likely to be. Part of that understanding also came from serving as a Trustee on the ABPP Board of Trustees beginning in December 2012, learning the acronyms associated with fourteen different specialties, and how the trustees continue to ensure that professional psychologists are serving the needs of the public while maintaining our commitment to competency in our various professional specialties.

Along with other team members, I have been preparing the self-study for the Periodic Comprehensive Review (PCR) that will culminate with a site visit by a team of our colleagues from the other specialties, and include an oral examination. This self study process occurs every eight years and is a means of ensuring that specialists in Counseling Psychology are examined on the foundational and functional competencies expected of those who are board certified in Counseling Psychology. If you are now getting a picture of the importance of maintaining one's specialty certification, whether at the Trustee, Board, or individual levels, you are right on target.

The latest addition to competency in professional psychology is called the Maintenance of Certification (MOC). When I joined the Board of Trustees, this initiative was a major focus of our discussions. With the January, 2015 implementation of MOC, readers of The Specialist are encouraged to be as informed as possible.

To better illustrate what MOC means to each of us, and to help each of you think through your options for MOC, I would like to share my story. I decided to become board certified in 2007. My primary motivation for doing so was that I wanted to increase my chances of licensure portability from one state to another. I knew that attaining board certification was accepted as foundational evidence towards licensure by 40 of the 50 states. I was planning to do a research sabbatical in another state in 2009, and I thought I should prepare for applying for licensure in another jurisdiction by becoming board certified. In this way I could supplement my income during my research sabbatical. I was certified at the end of 2008. The other major event in 2008 was the recession, which, essentially, eliminated the possibility of part time clinical jobs before I even left DC. By now, you have probably figured out that I am an academic psychologist with a small private practice. I do not work in primary care settings, and I do not do forensic work. Should I participate in the MOC process or should I waive it? This is the basic question that has to be answered by each of the 200 or so counseling psychologists who were board certified before January 1, 2015.

I have always identified as a counseling psychologist. I work developmentally, and from the perspective of the fit between persons and their environment. My specialty is in disorders of extreme stress. I have two very distinct knowledge bases – development and trauma. Neimeyer and colleagues (2014) note that the specialty of Counseling Psychology has a half life of approximately 14 years and that time period is expected to decrease to 11 years in the future. I have no comparable figures for Traumatology. However, each year approximately half of the readings require updating when I teach my trauma intervention course. Even the theoretical articles have nuances from year to year. The initial MOC process is expected to occur eight years after implementation for those who opt in. For those certified after January 1, 2015, the documentation of professional development activities will begin between the 7th and 8th years. The states in which I am licensed (DC and MD) require me to maintain my license with CEs, some of which are mandated content areas such as diversity and ethics, but none are mandated in the specific areas of Counseling Psychology or Traumatology. I have the flexibility to shape my continued learning beyond the areas that are mandated.
Currently, I create the framework that allows me to develop my professional identity as a counseling psychologist with a specialty focus in trauma. I know I did not learn about synaptic pruning or emerging adulthood (literature from the first decade of the 21st century) in graduate school. Nor did I learn today’s statistical workhorse of understanding incremental change in outcomes through the use of odds ratios. This new knowledge is the product of better technology than existed when I was in graduate school. The MOC is a vehicle for creating a framework that makes sense to me given the areas in which I practice, do research, and teach. I expect that filling in my professional development grid and writing a 750 word statement about my professional development will have a similar effect on my career as did the original practice sample and self-study that enabled me to become board certified in the first place: it made me articulate how my identity helps shape the way I work and, as such, was a valuable exercise.

One last piece of information that might help me decide whether to participate in or to opt out is that if I opt out of MOC, I will remain board certified. The current language that the public can access about my certification is this: “_______ is currently qualified as a specialist in the specialty area(s) listed below. ABPP verifies annually that its certified specialists have maintained the requirements of specialty certification, including licensure at the independent level, continued practice in the specialty, and proper professional standing.” That language (or very similar language) will remain. Once MOC is implemented, there will need to be new language for a member of the public who questions my status regarding MOC. To such a follow-up question, the answer might be, “The Specialist was originally board certified prior to January 1, 2015, and therefore, he/she is not required to complete the MOC process to maintain certification according to the ABPP Bylaws.” If I opt out of MOC, I am still board certified and ABPP will acknowledge that I have opted out. I expect the distinction will be most important for those counseling psychologists who operate in forensic or primary care settings. I encourage you to begin your own deliberations about the MOC process now. For a list of FAQs, go to:

http://www.abpp.org/i4a/pages/index.cfm?pageid=3848

Also, continue to read updating articles about MOC in The Specialist.

At the annual meeting of the American Academy of Counseling Psychology, Dr. Jack O’Regan was honored for his dedicated service as president of the academy.
American Board of Group Psychology
A Merged Board of Directors and Academy

Joel C. Frost, EdD, ABPP

Joel C. Frost, EdD, ABPP, President & Treasurer, Samuel R. James, EdD, ABPP, President-Elect, Sally H. Barlow, PhD, ABPP, Past-President & Diversity, Andrew M. Eig, PhD, ABPP, Secretary & Academy Officer, Darryl L. Pure, PhD, ABPP Examination Co-Chair & MOC Officer, Lorraine Wodiska, PhD., Examination Co-Chair & Arrangements, Thomas W. Lowry, PhD, ABPP, Fellowship & Academy Officer, Richard Billow, PhD, ABPP, Recruitment, Gil Spielberg, PhD, ABPP Recruitment

This has been a very active year for the American Board of Group Psychology (ABGP). We are very aware of the challenges facing group psychology, and are working creatively to address many of these challenges. We know that not all of these factors may be familiar to you, such as the structure of a merged board, or the importance of group psychology being recognized as a specialty by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). However, these factors are significant in the overall picture of sustaining the field of group psychology.

A number of years ago, the American Board of Group Psychology, and the American Academy of Group Psychology merged into one board. We had always been a relatively small specialty, and felt the need to conserve our resources as one larger board. For various reasons, there is a present initiative to redefine what constitutes a “Merged Board”. ABGP decided that this is an opportune time to revisit that earlier decision, and has again re-structured itself as a “Merged Board”, according to the proposed new guidelines. This change meant re-energizing the group academy. Doing so enables us to better ensure checks and balances across our various levels and areas of functioning. The change also allows us to collect dues, establish and fund scholarships and awards, and further educate the profession and public about group psychology, while working to expand our recruitment and examinations.

As part of the re-energizing of the Group Academy, we are in the process of developing a website dedicated to ABGP and to group psychology. This site will become a new and more readily available source of information, and conduit for dialogue with ABGP. Other goals are the development of an ABGP blog, to highlight the professional work of ABGP members, and, to engage group psychology students and interns. We are also proposing to develop YouTube videos to inform viewers on various topics, such as, preparing for an ABPP examination, and the challenges associated with running groups.

In addition to the above initiatives, ABGP is working to establish an Early Career Psychologist (ECP) position on the ABGP Board. ECP's are psychologists who are between one and ten years post receipt of their doctorate. APA and other organizations are increasingly reaching out to this group of the professional psychology population, and engaging them on various levels, including them as members, and as part of governance. ABPP and ABGP recognize that excellence within one's profession and specialty is not a function of age. We wish to acknowledge those psychologists who achieve early in their careers, and offer the field of group psychology a wealth of ideas, skills, energy, and wisdom.

In light of these initiatives, we have become a more robust board. We have expanded the avenues and ways by which we can impact the entire field of group psychology; build greater alliances with sister organizations involved in group psychology (Division 49, AGPA) and, expand our scope and size. We have increased the number of examinations this year to four, which is high for us. We are working to maintain an examination pipeline, whereby we administer a number of examinations each year. There have been some years in the past, in which no examinations were conducted.
Sally Barlow has submitted an application to APA's CRSPPP three times, only to be turned down three times. The purpose of the application is for the recognition of group psychology as a specialty. At the present time, group psychology is the only specialty within ABPP to not be recognized by CRSPPP as either a proficiency or as a specialty. A fourth application is being developed, and is supported by a group of dedicated individuals and organizations. Nina Brown, Past President of APA Division 49 is chairing this august group. Supporters also include Sally Barlow, Eleanor Counselman, representing the American Group Psychotherapy Association (AGPA), Joshua Gross, representing Florida State University, and Misha Bogomaz, an ECP. It is a complex and challenging application process that requires an enormous amount of attention and energy. We will keep you posted.

We want each of you who are members of the American Board of Group Psychology to know how much we appreciate your support. We also want each of you to be aware that the simple act of paying your dues each year to ABPP, and re-attesting make a significant difference to us. Small specialties are more significantly impacted by their number of renewing specialists than are larger specialties. Indeed, for Group Psychology, (46 specialists) each individual counts. Board certification is particularly significant given the pressures within the United States to shift group therapy toward lesser trained professionals, and further marginalize group psychologists.

We want you to know that we work as hard as we can on recruitment and examination of applicants for ABPP certification in group psychology. We can use your help with recruitment. Please encourage your colleagues to think of students and colleagues who might sit for their ABPP examination. Engage with us in identifying students and colleagues who might not yet be prepared to sit for their examination, but might benefit from mentoring. Consider offering to serve as a mentor to help prepare group psychologists to be in a better position to successfully pass their examination. These are some of the many ways that you can become involved in the work of ABGP. We are after all, one ABGP group.

The American Board and Academy of Police & Public Safety Psychology

Mike Cuttler, PhD, ABPP

As ABPP President Randy Otto mentioned in his presidential message on tipping points, specialization in professional psychology is approaching critical mass. The progress of our Board (ABPPSP) and our Academy (AAPPSP) mirror the rapidly developing pace of specialization in professional psychology. As a recently established (2011) specialty, The American Board of Police and Public Safety Psychology’s growth more than doubled in the first three years. As of October 2014 we have examined and board certified 67 specialists, and are scheduled to hold oral examinations of more candidates in the spring of 2015. The Board has also made several examination process and policy modifications in order to improve and facilitate the examination process. These modifications have been published in the latest version of our Examination Manual (v.10), effective December 1, 2014. In addition, the Board has also developed and published a practice sample reviewer training manual and will initiate a formal training program for practice sample reviewers in 2015 to improve inter-panel reliability. Lastly, in October the Board clarified the term “public safety” to elucidate the purview of the specialty.

Our affiliated, merged academy (AAPPSP) continues to grow as well. As a member of the Council of Organizations in Police Psychology, the Academy has been actively involved in the creation of education and training guidelines that will form the foundation for the development of accredited police and public safety psychology graduate programs. In addition, this year our Academy collaborated with the American Academy of Forensic Psychology to present a program of joint CE workshops and we have also been involved in developing the administrative infrastructure necessary to support the ABPP Maintenance of Competence requirements that begin in 2015.
Our Academy’s primary mission is to prepare candidates for board certification in Police and Public Safety Psychology. In order to support candidates through the examination process, the Academy has developed and released core knowledge documents of the legal and science basis for the practice domain areas of police and public safety assessment. We are in the process of developing the same documents for the practice domains of intervention and operations and hope to complete them in the coming year. Our academy is also encouraging early career psychologists to enter the board certification process by offering financial support through the Eileen Gupton Early Career Scholarship Award; funded through charitable contributions to the ABPP foundation.

As our Board and Academy continues to grow, we hope to have more opportunities to promote specialization, invest in graduate and continuing education, support ECP candidates and promote other activities that raise the standard of practice and quality of service and care from professional psychology.

The American Board and Academy of Psychoanalysis

Jon Mills, PsyD, PhD, CPscych, ABPP

The American Board and Academy of Psychoanalysis (ABAPsa) will begin to offer an annual book award in order to honor outstanding scholarship, raise awareness and visibility of the field, and educate the public on the value of psychoanalytic thought. The American Board and Academy of Psychoanalysis Book Prize is designed to recognize scholars, researchers, and practitioners whose work is directly relevant to the advancement of psychoanalysis. Books written in theoretical, clinical, and applied psychoanalysis are eligible for consideration. In the spirit of pluralism that defines the specialty board, all theoretical psychoanalytic orientations are welcome. Subject matter may be disciplinary specific, interdisciplinary, or cross-disciplinary in nature and cover a wide variety of potential topics in the human, social, and behavioral sciences, arts and humanities, neuroscience, and cultural studies. We are currently soliciting nominations from presses and authors who have published books in 2014 for the first annual prize.

American Board of School Psychology and American Academy of School Psychology

Robyn Hess, PhD, ABPP and Judith Kaufman, PhD, ABPP

Both the Academy and the Board in School Psychology have had several months of activity. We have welcomed six new fellows to the Academy and continue to have several excellent applicants in the pipeline. Our enthusiastic fellows are wonderful advocates for board certification.

We continue to face the challenge of our profession, as many school psychologists who have earned a doctoral degree choose to work in school settings where licensure for independent practice is not required. Therefore, many are not eligible for the ABPP credential. We have become increasingly aware that we need to encourage doctoral level school psychologists to pursue licensure even if it is not required for their current employment.
An important starting point for delivering this message would be through training program directors and through such organizations as Council of Directors of School Psychology Training (CDSPP), the Graduate Education Committee of NASP and Division 16 of APA. With collaborative efforts among organizations, we can begin to accomplish our goal. Our outreach efforts continue with a presentation and social hour scheduled at NASP and a projected event at APA.

Although there are many reasons to seek board certification, we wanted to learn the specific motivations of our most recently elected fellows. Our goal is to incorporate their perspectives into our future marketing efforts. We developed a brief set of questions regarding motivation for pursuing licensure, impact on professional role, experience with the process, and advice to others who are thinking about board certification. Responses were received from fellows who completed either the senior or the traditional option and who are employed in a variety of professional settings. The following are the very thoughtful responses from some of these individuals.

In response to “What motivated you to seek board certification?” we received the following responses:

From a senior perspective, a fellow stated that “Board certification was a goal that was on my list of professional accomplishments since graduate school. With the encouragement of colleagues, I decided that it would be a useful way to validate that my career had been well spent.”

From a younger professional point of view: “I wanted to have the opportunity to have my work critiqued by other professionals in the field. I believe that one of the best ways to improve your practice is through constructive feedback and this process provided me with the opportunity as well as that of self-reflection.”

In recognition that board certification reflects a high level of competency in one’s specialty area, two individuals indicated that they wanted to be recognized as “expert” in their chosen field.

When asked how board certification helped to enhance their professional roles, one of our new fellows indicated, “Board certification has given me more credibility in my efforts to urge other psychologists to seek this credential as external validation of their competence.” Other respondents indicated that board certification engenders respect from students and peers.

In discussing the experience with the process, “except for the cost, the process was almost entirely positive for me. The oral examination was very collegial and interesting.” Another shared that “One of the best parts of applying for board certification involved the process of self-reflection. The process provided me with a structured opportunity to evaluate what I have accomplished and to consider where I might want to go in the future.” However, it was also suggested that more active mentoring support would facilitate the preparation of work samples. Thus, the Board, has determined that it will review the entire mentoring process and the selection and training of mentors.

To summarize, when we asked the fellows what they would like to share with others who are thinking about pursuing board certification, the responses were positive and enthusiastic: “Just do it. Obtain feedback from colleagues and use your mentor. The time devoted to obtaining board certification was worth it!” “The process is a worthwhile professional development activity that will improve your competence and enhance credibility as a professional.” “It is a worthwhile endeavor whether early in your career or preretirement. It is a great way to connect with other professionals in the field.” “Board certification gives you an edge in the job market when all else is equal.” It was also suggested that board certification and its benefits should be highlighted and shared among school psychologists.

We thank our new fellows for their thoughtful responses and hope to actively involve them in the Board and Academy’s activities as we move forward. We have been asked on many occasions, “What is the benefit of getting board certification?” Clearly, for these individuals, the benefit is both personal and professional. They valued the opportunity for self-reflection, evaluation of one’s practice, and validation and have summed up the real meaning of the certification process.
Deceased Specialists
July 1, 2014 through December 31, 2014


Stephen R. Boggs, PhD, ABPP - Clinical Child & Adolescent Psychology

E. Mark Stern, EdD, ABPP - Clinical Psychology

SINCE YOU ASKED...

Andrew Berry completed analytic training in 2012 at the William Alanson White Institute. He writes a blog for veterans that may be found on the website of the American Psychoanalytic Association.

Judy Blanton published “Supervision Practices in Consulting and Industrial Organizational Psychology Doctoral Programs and Consulting Firms” in Consulting Psychology Journal: Practice and Research (2014). She also spoke to the Women in Business and Psychology organization at Harvard University in April, 2014, was elected to APA Council as a representative from California. In addition, Dr. Blanton served as liaison to ASPPB from APA Division 13 and represented the division on the ASPPB Force for Licensure in Consulting and I-O Psychology.

Joel Block has affiliated with InstantChemistry.com. His relationship compatibility instrument is a component of a three part assessment for better dating matches. Also included in the kit is DNA for sexual attraction, and serotonin for emotional compatibility. The results of the matching kit will be discussed at the 2015 Annual Meeting of APA in Toronto.

Daniel Bromberg has co-authored two books with William O’Donohue of the University of Nevada, Reno: Handbook of Child and Adolescent Sexuality: Developmental and Forensic Psychology (2013) and Toolkit for Working with Juvenile Sex Offenders (2014). Both books were published by Elsevier.

Phillip Bromberg was featured in a special edition of Contemporary Psychoanalysis (Volume 49, No. 3). An interview with Dr. Bromberg was followed by a series of essays by an array of respected thinkers reflecting on the body of Dr. Bromberg’s contributions from varying perspectives. The editors introduced the interview as follows: ‘There is no question that Philip’s contributions to psychoanalysis over the past several decades are enormous—indeed, immeasurable. By elucidating the role of developmental trauma in shame-laden dissociative processes that impair relatedness, and by providing us with a language (e.g., multiple self-states) to comprehend this phenomenon, he has not only significantly expanded the scope of our theoretical understanding, but given us a way to see patients through fresh eyes and to connect empathically with them.’

Kimberly P. Brown co-authored an article published in General Hospital Psychiatry (2014) – “Suicidal Behavior Among Physicians Referred for Fitness-for-Duty Evaluation.”
Lisa Brown spent six weeks as a Fulbright Specialist collaborating with colleagues at the University of the West Indies in Kingston, Jamaica on the development of a Masters in Public Health Gerontology Program. Dr. Brown writes that the program is designed to educate and train the next generation of gerontologists and help meet the growing need for public health workers who are knowledgeable about aging issues.

Ronald T. Brown has been named president of the University of North Texas at Dallas, the only public university in the city of Dallas.

James Carpenter serves as president of the Parapsychological Association (PA), an international organization devoted to the scientific study of paranormal experiences, such as, telepathy and clairvoyance. He writes that while PA acknowledges that this is a controversial field, its approach is “rigorous and open-mindedly skeptical.” Dr. Carpenter has also published First Sight: ESP and Parapsychology in Everyday Life (Rowman & Littlefield, 2012).

Ed Christophersen writes that he has published the second edition (2013) of Treatment that Works with Children: Empirically Supported Strategies for Managing Childhood Problems. Dr. Christophersen has also been awarded (July, 2014) the Society for Pediatric Psychology (APA Division 54) award for Outstanding Mentorship in Pediatric Psychology; and, the Joseph D. Matarazzo Award for Distinguished Contributions to Psychology in Academic Health Centers, APA, Div 12, Section VIII, Association of Psychologists in Academic Health Centers.

Judith Coche has presented for TEDx Cape May. Her talks are titled, “Research from Positive Psychology on Coupling” and “Totler: The Power of Love.” She writes that her vision since 1978 has been to bring the best of mental health to the public. To that end, for the past seven years she has written a column for the Cape May County Herald – “Making Life Work” - and has a blog titled, “No Ordinary Life.” Dr. Coche has also been reappointed to Clinical Professor of Psychology and Psychiatry at the Perelman School of Medicine at the University of Pennsylvania.


Bob Conder published three articles on sports concussions and sports neuropsychology that appeared in Applied Neuropsychology: Child, Frontiers in Psychology, and Brain Injury. Dr. Conder also presented on sports neuropsychology at the annual meeting of the National Academy of Neuropsychology in Farjado, Puerto Rico.

Stewart Cooper served as the 2014 Chair of the APA Board of Professional Affairs. He also finished his fifth of six years as an APA Council Representative for Division 13. On the scholarship side, the Journal of College Student Psychotherapy published his article, “DSM-5, ICD-10, ICD-11, the Psychodynamic Diagnostic Manual, and Person-centered Integrative Diagnosis: An overview for college mental health therapist”, this past summer.


Veronica Edgar writes that she has assumed a new position as assistant professor at The University of Texas Southwestern Medical Center, and is also the neuropsychologist at the Center for Autism and Developmental Disabilities.
Robert Fallows writes that he has successfully shifted the neuropsychology clinic at Samaritan Health Services in Corvallis, Oregon to an integrated medical home, allowing for better accessibility by primary care providers. He has also spoken to a number of community groups over the past year, educating over 300 members of the general public about dementia and concussions.

Donna Ferguson has been recognized for her work in post-traumatic stress disorders at the Centre for Addiction and Mental Health, Canada's largest mental health and addiction research and teaching hospital. She was most recently named psychology co-practice lead and holds a cross-appointment at the University of Toronto. Dr. Ferguson is also an examiner with the Ontario College of Psychologists, and is a frequent blogger and media spokesperson.

Bernard Frankel presented a workshop – “The Group as the Patient” – at the annual conference of the Eastern Group Psychotherapy Society (November, 2014). The workshop was based on systems theory and group development.

John Gavazzi says that he is the psychologist behind the website Ethics and Psychology. The goal of the site is to highlight the intersection among ethics, morality, psychology and health care worldwide. There is a companion podcast.

Nathan Glassman has opened a new practice in the Milwaukee area. Glassman Neuropsychology Associates, LLC provides neuropsychological and psychological assessments of adults and children. Dr. Glassman also supervised practicum students from the Wisconsin School of Professional Psychology.

Lindsay Gleason presented at the annual Breast Cancer Symposium in Jacksonville, Florida. The topic was on the management of stress while coping with a breast cancer diagnosis.


Robert Gordon was co-editor of the assessment tools section of the Psychodynamic Diagnostic Manual 2 (PDM2). He has also co-authored “Operationalizing the Psychodynamic Diagnostic Manual: A Preliminary Study of the Psychodiagnostic Chart (PDC),” published in the Bulletin of the Menninger Clinic (2014). Dr. Gordon can also be found on YouTube giving a TEDx talk – “The Power of the Apology.”

Lorraine Greene (APA Council of Representatives and ABPP Police and Public Safety Board member) was part of a four member panel at a November, 2014 congressional briefing sponsored by APA and U.S. Representative Hakeem Jeffries (Dem., New York, 8th District) – “Post-Ferguson: The Psychology of Improving Police and Community Relations.” Dr. Greene, along with Ellen Scrivner (executive fellow with the Police Foundation; former deputy director of the Community Oriented Policing Services and the National Institute of Justice) addressed the benefits of incorporating psychological science into policing and the role psychologists can play in preventing and de-escalating police and community conflicts. Dr. Greene is the former manager of the Nashville, Tennessee police department’s behavioral health service division.

P.L. Gross is lead author of “Neuropsychological Function in a Case of Dandy-Walker Variant in a 68 Year Old Veteran.” The article will be published in Applied Neuropsychology: Adult.
Sherry Hatcher writes that she, along with some of her current and former doctoral students, has published, What Psychotherapists Learn from their Clients. The book is a culmination of a multi-year research project in which psychologists were interviewed about what they have learned professionally and personally from their psychotherapy clients.

Kenneth Herman was honored as a veteran of World War II at the Wyckoff, New Jersey YMCA’s Salute to Our Veterans in November, 2014. Dr. Herman was the key note speaker at the event that honored 480 veterans for their service.

Tedd Judd says that after 28 years of supporting the development of neuropsychology in Central America, he is pleased to announce that Central America’s first master’s degree program in neuropsychology began in January, 2015 with his course at the Universidad del Valle, Guatemala City, Guatemala.

David Kareken continues his study of the association between the brain’s response to high-intensity sweet tastes and abusive drinking. He has recently received a $3.3 million NIH grant to conduct further research. Dr. Kareken quotes from the grant’s Public Health Relevance description: ‘Our proposed research will identify how alcoholism risk is reflected by brain responses to an inherently rewarding stimulus (a highly sweet taste), the preference for which correlates with inherited alcoholism risk. This research will help us understand how alcoholism risk affects brain function, which will lead a clearer understanding of the brain reward circuits that can be targeted in prevention and treatment.’

Brad Karlin has been elected president of the Society of Clinical Psychology (APA Division 12). Dr. Karlin is also the recipient of the inaugural award for Outstanding Contributions to Continuing Professional Development in Psychology from the Board of Educational Affairs of APA.

Florence Kaslow, a diplomate in Clinical, Family, and Forensic, as well as, a former BOT member, is the new Chair of the ABPP Foundation. She invites and urges all specialists to become involved with the Foundation.

Susan Kavaler-Adler writes that she has recently published The Anatomy of Regret and The Klein-Winnicott Dialectic, as well as, a chapter – “Fear of Intimacy” – in Fear, by Salman Akhtar. She also presented (September, 2014) a paper entitled, “The Beginning of Heartache in Character Disorders,” for the Plenary Panel of the International Federation of Psychoanalytic Societies in Lithuania. The audience was comprised of 160 psychoanalysts from around the world.

David Kazar was doubly honored in 2014. He was elected to APA Council as a representative of the Florida Psychological Association, and he was elected as a Fellow of APA Division 42 – Independent Practice.

Mira Krishnan says that as director of The Center of Autism (Michigan), she is proud to report that in its three years of existence, the center has grown to a staff of 40, provides more than 50 children with intensive therapy, and has achieved financial sustainability. Dr. Krishnan also writes that she has joined Michigan State University in an adjunct faculty position, and is the CEO of The Network – a regional LGBT community center.

Geoffrey W. Lane writes that his “most recent and proudest” professional accomplishment in the past year was the award of one of the first ABPP certifications in Geropsychology. He was also interviewed for local radio KALW (San Francisco Bay Area) on his development of the social robotics program at the VA Palo Alto Healthcare System; and, put the finishing touches on a paper documenting pilot data gathered from the program. Dr. Lane’s busy year was rounded out with an invitation to submit a chapter in an upcoming Springer publication on Geropsychology.
Kimberlyn Leary is a 2014-2015 Robert Wood Johnson Health Policy Fellow in Washington, D.C. Upon completion of a four month immersion in the federal policy making process, Dr. Leary will assume a position in the Executive Office of the President where she will work the remaining eight months alongside executive staff.

Ronald Levant has completed a “century” – a 100 mile bike race. The race was his first since 1992, thereby, completing his full rehabilitation from atrial fibrillation. Dr. Levant's time was an impressive 7:30:40 for 101.2 miles, averaging 13.5 mph. He writes that he plans to continue long distance cycling and is looking forward to two centuries in the coming season.

James Lichtenberg has been elected President of the Society of Counseling Psychology (SCP) – Division 17 of APA (term running from August, 2015 to August, 2016). Most recently he served as the division's representative to APA's Council of Representatives. Dr. Lichtenberg has also co-authored an article with Terence Tracey and Bruce Wampold published in American Psychologist (2014) – “Expertise in Psychotherapy: An Elusive Goal?”


David Mahony writes that the PsyBari – a measure created, designed, and validated for use with bariatric surgery candidates - may now be found online. Dr. Mahony states that the PsyBari is able to identify patients most likely to have post-surgical psychosocial complications, as well as, those most likely to drop out of the surgical process.

Pamela Martin has been appointed to the faculty of the Oregon Health and Science University School of Medicine as an Affiliate Assistant Professor in the Department of Psychiatry. She has also joined the Oregon Health Authority as the Director of the Addiction and Mental Health division. In this position, she serves as the National Association of State Mental Health Program Directors Commissioner for Oregon; member of the National Association of State Alcohol/Drug Abuse Directors; and, acts as the Governing Body for the Oregon State Hospitals.


Reid Meloy has published The International Handbook of Threat Assessment (Oxford University Press, 2014). He also writes that in March, 2015 he will be at Yale University as Yochelson Visiting Scholar.


Dolores Morris says that she is excited to report a number of “firsts” in 2014. She received the Division 39, APA Award for Diversity. She also presented a workshop – “On Becoming a Board Certified Analyst, Mentor, or Examiner.” Dr. Morris co-authored, Specialty Competencies in Professional Psychology, part of a series on specialty competencies edited by Arthur and Christine Nezu. She is also one of 11 participants in a PEP video grant – “Black Psychoanalysts Speak.” The film has received international recognition.
Christopher Nicholls was honored to be the recipient of the Aaron H. Canter Award for Distinguished Contributions to Professional Psychology by the Arizona Psychological Association. Dr. Nicholls has also coauthored “National Institutes of Health Toolbox Cognition Battery: Review,” Archives of Clinical Neuropsychology (2014), and was a contributor to Feedback that Sticks: The Art of Effective Communicating Neuropsychological Assessment Results (Oxford University Press, 2013).

John Nicoletti has been very active consulting with multiple law enforcement agencies, schools, universities, government agencies, and private companies. He was the keynote speaker at the 2014 International Ombudsman Association Annual Conference. He also consulted with the Denver Police Department to develop a new 40-hour Level One CIT course that every officer in the department will be required to complete.

Hal Pickett has completed three chapters in a soon to be published forensic psychology text book. Over the course of the past year, he also presented at six state conferences on a variety of child and adolescent psychology and forensic mental health topics.

Thomas Plante was recently awarded the Augustin Cardinal Bea, SJ University Professorship endowed chair at Santa Clara University, and has a new edited book published – The Psychology of Compassion and Cruelty: Understanding the Emotional, Spiritual, and Religious Influences (Praeger/ABC-CLIO, 2015).


Stephen Ragusea continues to work in private practice in Key West while also consulting with the Monroe County Health Department at the HIV clinic. He has also published several articles on the prescriptive authority for psychologists (RxP) movement, and is the chair of the Florida Psychological Association’s Ethics Committee. However, Dr. Ragusea writes that most important is the fact that his son, Anthony S. Ragusea added ABPP after his name upon passing his board examination in Clinical Psychology. Father and son are said to both be working hard on advancing RxP legislation in Florida and look forward to ongoing work in that area.

William Reich writes that in August, 2014 he presented two papers at the 8th International Conference on the Dialogical Self at The Hague, Netherlands. The papers were titled “Dialogical Self Theory and Group Psychotherapy: Fractal Geometry and Pantographic Reproduction as Explanatory Metaphors” and “The Family Dinner Table: A Therapeutic Metaphor Based on Dialogical Self Theory.”

Richard Rogers, Regents Professor of Psychology at the University of North Texas, received the Eminent Faculty Award at a black-tie awards ceremony in September, 2014. This award is one of the university’s highest faculty honors, recognizing one distinguished professor annually for outstanding and sustained contributions. Dr. Rogers was cited for his nationally recognized contributions to forensic psychology and psychiatry. In addition to the title of Eminent Faculty, Dr. Rogers received an engraved university medallion, and $15,000.

Ronald Roston writes that is fully retired, stating, “The process took me 52 years.” Congratulations, Dr. Roston!
Ronald Ruff writes that he authored Effective Psychotherapy for Individuals with Brain Injury (2014), published by Guilford Press.

Joseph Ryan received (December, 2014) the Distinguished Service Award from the University of Central Missouri (UCM). The UCM Board of Governors established this award to recognize individuals who have rendered exemplary and extended services to their communities, the state, and sometimes, throughout the world.

Dolly Sadow writes that she is continuing her duties as a member of the APA Council of Representatives. She was recently appointed to the Committee on Socioeconomic Status.

Lawrence Sank has published a workbook for “about-to-be-marrieds” – Happily Ever After. The book was written to be used in conjunction with marriage preparation courses by clergy, psychologists, and other mental health providers. It may also be used by couples in a self-directed program.

Sebastiano Santostefano published an article in the 2014 edition of Psychoanalytic Psychology – “A Psychodynamic, Action-Oriented Method to Assess the Contributions of a Person’s Body Image to Personality Functioning.”

Frederick A. Schrank is the senior author of the recently released Woodcock-Johnson IV (WJ IV), the most widely used system for evaluation of learning problems and learning disabilities in the U.S. The WJ IV includes the Tests of Cognitive Abilities, Tests of Achievement, and the new Tests of Oral Language. Dr. Schrank writes that the companion preschool battery for measuring the presence and severity of developmental delay, the WJ IV Test of Early Cognitive and Academic Development, is scheduled to be published in June, 2015. Daniel Schroeder has been appointed chair of Wisconsin’s psychology board. Dr. Schroeder also continues to serve on ASPPB’s Task Force regarding the licensure of consulting and industrial/organizational psychologists (LCIOP).

Kenneth Shapiro has stepped down after 30 years as executive director of the Animals and Society Institute – a think tank for animal issues. He is now serving as president of the board. In this new role, he has written a second edition of the institute’s handbook – The Assessment and Treatment of Children Who Abuse Animals: The AniCare Child Approach (Springer, 2014). Dr. Shapiro is in the process of developing a second edition of the handbook for adults who abuse animals.

Linda Sherby writes that she has recently coordinated a conference – “Therapeutic Passages: Mid-Life and Beyond” for the program, New Directions: Writing with a Psychoanalytic Edge. In November, 2014 she presented a paper – “Truth and Fiction: When Patient and Therapist are Revealed” – at the International Forum for Psychoanalytic Educators. The paper was a comparison of subjective truth and self-disclosure in her book, Love and Loss in Life and in Treatment (2013), and her blog –“Inside/Outside.”

Eric Simon has completed a psychoanalytic investigation into assessing emotional and volitional impairment in sexually violent predator evaluations. His manuscript has been accepted for publication in an upcoming special issue of the International Journal of Law and Psychiatry. Dr. Simon will present on his work at the 40th Annual Conference of the California Forensic Mental Health Association in March, 2015, as well as, the 34th Congress of the International Academy of Law and Mental Health in July, 2015 in Vienna.

Jared Skillings writes that he has been elected for a three year term to APAs Board of Professional Affairs (BPA). BPA is responsible for standards and guidelines for the profession of psychology, maintaining relationships with other professional organizations, recognizing contributions to the profession of psychology through awards and honors, and proposing ways to enhance the profession of psychology and the application of psychological knowledge to promote the public welfare.
**Gary Souheaver** completed a five-year term serving on the Arkansas Psychology Board. He was appointed in 2010 by Governor Mike Beebe. Dr. Souheaver was the only board certified neuropsychologist to ever serve on the licensing board. He also writes that Arkansas is the first state to regulate the use of technicians in the practice of neuropsychology.

**James Spira** writes that he and Joseph Bleiberg have recently published an article with their peers in the *Journal of Neurotrauma*. Their study – “The Impact of Multiple Concussions on Emotional Distress, Post-Concussive Symptoms, and Neurocognitive Functioning in Active Duty United States Marines Independent of Combat Exposure or Emotional Distress” - showed that although one concussion had few lasting effects, multiple lifetime concussions led to lasting cognitive, emotional, and somatic symptoms, independent of the effects of PTSD, depression, or combat exposure.

**Terry Stancin** is the first woman to be elected president of the Society for Developmental and Behavioral Pediatrics. The mission of this academic society is to improve the health and well-being of children and their families by supporting interdisciplinary professionals to advance the field of developmental and behavioral pediatrics.

**Lakeisha Sumner** has been featured on the front page of the Rocky Mount (North Carolina) Telegram (June 15, 2014) for her contributions to psychology. She has also appeared regularly on the Wellness Wednesday and Front Page radio shows at KJLH Los Angeles; and, has had articles published in Ebony Magazine and the Conversation on couples therapy and ethnic discrimination in health outcomes, respectively. Dr. Sumner writes that she has been awarded an NIH and APA pilot grant to examine the role of culturally-relevant risk and protective factors and trauma exposure in HIV risk-behaviors among women.


**William Tryon** has published Cognitive Neuroscience and Psychotherapy: Network Principles for a Unified Theory (Academic Press, 2014). He says that the publication is essentially three books in one as it promotes psychotherapy integration via theoretical unification based upon resolving a serious explanatory problem.

**Leland Van den Daele** has been appointed Visiting Professor with tenure at the City University of Macao. He also oversees cross-cultural research at Fudan University in Guangzhou. Dr. Van den Daele’s research focuses on personality and physiological correlates to the Music Apperception Test (MAT). The MAT was translated into Chinese in 2014. An overview of the measure appears in the December, 2014 issue of Rorschachiana.

**Rodney Vanderploeg** has over 50 peer reviewed publications, six book chapters, and serves on the editorial boards of four journals. He is currently the Neuropsychology/Polytrauma Supervisory Psychologist at the James A. Haley Veterans Hospital, And, is clinical professor in the Department of Psychiatry and Behavioral Neurosciences, Department of Psychology, University of Florida.

**Edwin Wagner** has written a chapter about The Hand Test, to be published in Creative Minds and Methods in Assessment Psychology.
Amy Wechholtz was awarded the 2014 University of Massachusetts Medical School Early Career Achievement Award in Health and Science.

Rick Weinberg writes that this summer he will teach a six week course – “Intimate Relationships” – at Palazzi/Florence University of the Arts in Florence, Italy.

William Wester presented “Solving Crimes with Hypnosis” at the 7th Annual Foley Forensic Seminar in Foley, Alabama. Dr. Wester has over 30 years of experience working with various law enforcement agencies, and has published widely in the field of hypnosis. His latest publication is the 2nd edition of Therapeutic Hypnosis with Children and Adolescents (2014), Crown House Publishing.

Douglas Whiteside was appointed Clinical Professor of Psychiatry-Psychology at the University of Iowa Carver College of Medicine. He is also associate director of the university’s neuropsychology post-doctoral program. Dr. Whiteside writes that he has co-authored two recent publications – “Language Based Measures as Embedded Performance Validity Test in a Mild Traumatic Brain Injury Sample” (Accepted for publication in the Journal of Clinical and Experimental Neuropsychology) and “Exploring the Reliability and Factor Structure of the Personality Assessment Inventory in a Neuropsychological Population,” The Clinical Neuropsychologist (2014).

Mary O’Leary Wiley writes that she is enjoying her roles as President-Elect of the American Board of Counseling Psychology; and, chair of the Therapeutic Practice Engagement initiative with the Society of Counseling Psychology (APA Division 17). She is also engaged full time in independent practice, focusing on dissociative disorders, and learning a great deal from the International Society for the Study of Trauma and Dissociation’s listservs on dissociation and ritual abuse.

Arcangela Wood writes that she and her long-time colleague, Lynn A. Luna Jones have opened a private practice in Chagrin Falls, Ohio. Jones-Wood Psychological Associates, Inc. opened its doors in 2014, and has a growing staff of social workers, counselors and psychologists. The practice provides both forensic and non-forensic psychological services, with the goal of bringing excellence in mental health assessment and treatment to northeast Ohio.

Mark Wydo will soon be leaving his position as Specialty Program Coordinator for the Federal Bureau of Prisons in Butner, North Carolina. A promotion will be taking him to Long Beach, California where he will be the Chief Psychologist at the federal prison there.

Matt Zaitchik has recently returned from Athens, Greece, where he gave the plenary address at the 2nd Annual Greek Forensic Psychiatric Conference (December, 2014). His address was titled, “Forensic Mental Health Training in the U.S.” Dr. Zaitchik also presented two papers at the conference – “Defining Psychopathy” and “Sex Offender Laws in the U.S. – Expert Testimony.”

Laurie Zelinger writes that she is “thrilled” to be a new ABPP. She has recently published the second edition of her book, Please Explain Anxiety to Me: Simple Biology and Solutions for Children and Parents. She also has an article in the December, 2014 edition of Play Therapy Magazine – Utilizing Short-term “Play Therapy Interventions to Develop Social Skills in Special Needs Students.” In addition to these endeavors, Dr. Zelinger produced a video called “Explaining Ebola to Children” and, was interviewed by Yahoo.com (December 23, 2014) for the article, “The Serious Problem Involving Kids and Rejection.”
Newly Certified Specialists
(July 2014 – December 2014)

**Clinical Child & Adolescent Psychology**
- Sharon L. Berry, PhD
- Stacy L. Carmichael, PhD
- Emily Graze, PsyD
- Crystal R. Hill-Chapman, PhD
- Bradley O. Hudson, PhD
- Mary Ann McCabe, PhD
- Wendy L. Ward, PhD

**Clinical Health Psychology**
- Brittany E. Canady, PhD
- Jennifer Finnerty, PsyD
- Sarah Kinsinger, PhD
- Andrea K. Maikovich-Fong, PhD
- Kelly Sueoka, PsyD
- Catherine M. Whiting, PhD

**Clinical Neuropsychology**
- Deepa Acharya, PhD
- Jill G. Aloia, PhD
- Leslie C. Baxter, PhD
- Hilary C. Bertsch, PhD
- Martha Brownlee-Duffeck, PhD
- Jeffrey M. Cory, PhD
- Teresa M. Deer, PhD
- Jason A. Demery, PhD
- Angela D. Eastvold, PhD
- Alyssa J. Edson, PhD
- Julia R. Fitzgerald Smith, PhD
- Thomas B. Flynn, PhD
- Jessica Foley, PhD
- Grace W. Fong, PhD
- Paul C. Glasier, PhD
- Laura J. Grande, PhD
- Chad E. Grills, PhD
- Robin J. Heinrichs, PhD
- Marianne Hrabok, PhD
- Lisa A. Jacobson, PhD
- David P. Kinsinger, PhD
- Nancy L. Minniti, PsyD
- Scott R. Mooney, PhD
- Suzanne Y. Musil, PhD
- Gregg J. Nigil, PhD
- Chad A. Noggle, PhD
- Kerry O’Mahar, PhD
- Aimilia Papazoglou, PhD
- Shital Pawavalla, PhD
- Kristine B. Powell, PhD
- Alona Ramati, PhD
- Jennifer H. Reesman, PhD
- Hannah-Lise T. Schofield, PhD
- Clemente Vega, PsyD
- Brigid Waldron-Perrine, PhD
- Karen A. Wiseman, PsyD

**Pediatric Clinical Neuropsychology Subspecialty**
- Christine L. Castillo, PhD
- Amy K. Connery, PsyD
- Jennifer L. Huffman, PhD
- Phil F. Icard, PhD
- Dawn L. Ilardia, PhD
- Mi-Young Jo, PsyD
- Jennifer M. Katzenstein, PhD
- Natalie C. Kelly, PhD
- John W. Kirk, PsyD
- Gianna Locascio, PsyD
- William S. MacAllister, PhD
- Nancy B. Mahaney PhD
- David J. Marcus, PhD
- Marie E. McCabe, PhD
- Kathleen M. O’Toole, PhD
- Suzanne K. Pierson, PhD
- Karen Postal, PhD
- Jonathan E. Romain, PhD
- Jacqueline H. Sanz, PhD
- Hillary A. Shurtleff, PhD
- Lisa D. Stanford, PhD
- Chand Taneja, PhD
- H. Gerry Taylor, PhD
- Nina H. Thomas, PhD
- David E. Tupper, PhD
- Gretta N. Wilkening, PsyD
- Ericka L. Wodka, PhD
- Tricia S. Williams, PhD

**Clinical Psychology**
- Lois-Eilane L. Barlow, PsyD
- John Berg, PhD
- Kate L. Berlin, PhD
- Joseph L. Bonvie, PsyD
- Ryan L. Buhite, PsyD
- Carolina P. Clancy, PhD
- Megan A. Connell, PsyD
- Shawn M. Coyne, PhD
- Michael F. Fellner, PhD
- Michael J. Franks, PsyD
- Jennifer L. Genther, PhD
- Kevin D. Hurley, PsyD
- Patricia Hammond, PsyD
- Linda D. Havens, PhD
- Margaret A. Jackson, PsyD
- Joshua J. Knabb, PsyD
- Jennie A. Leskela, PhD
- Erica Moses, PhD
- John Pelliteri, PsyD
- Anthony S. Ragusea, PsyD
- Daniel B. Singley, PhD

**Clinical Psychology (Cont.)**
- Xuan Stevens, PhD
- Andrea L. Taylor, PhD
- Jennifer L. Tickal, PsyD
- John Tirado, PhD
- Gerard R. Williams, PhD
- Gloria M. Workman, PhD
- John G. Wyma, PhD

**Cognitive & Behavioral Psychology**
- Robert J. Berchick, PhD
- Tirsit A. Brooks, PhD
- Katherine Dondanville, PsyD
- Lori Eickleberry, PhD
- Jan L. Faust, PhD
- Andrea S. Gould, PhD
- Melanie S. Harned, PhD
- Debra L. Kayser, PhD
- Amy Keefer, PhD
- Kristen P. Lindgren, PhD
- Mashaw “Elicia” Nademin, PhD
- Shireen L. Rizvi, PhD
- Tyler Ralston, PsyD
- Jared L. Skillings, PhD
- Clint C. Stankiewicz, PsyD
- Scott Walmans, PsyD
- Edward C. Wright, PhD

**Counseling Psychology**
- Daniel Cruz, PhD
- Joshua M. Lawrence, PhD
- Karen M. Lopez, PhD
- Janice B. Swanson, PsyD

**Couple & Family Psychology**
- Scott W. Browning, PhD
- Beth M. Cooper, PhD
- Robin M. Deutsch, PhD
- Terry Soo-Hoo, PhD
- Don F. Zeidlhack, PsyD

**Forensic Psychology**
- Shannnon M. Bader, PhD
- Samantha M. Benesh, PsyD
- Daniel J. Burbach, PhD
- Antoinette E. Kavanaugh, PhD
- Sarah L. Miller, PhD
- Mark A. Ruiz, PhD

**Group Psychology**
- Joshua Singh, PhD
Geropsychology
Rebecca S. Allen, PhD
Sherry A. Beaudreau, PhD
June E. Blum, PhD
Lisa M. Brown, PhD
Shane S. Bush, PhD
Steven W. Butz, PsyD
Laura M. Clark, PhD
Marie S. Cohen, PhD
Tamarra M. Crawford, PhD
James A. D’Andrea, PhD
Erin Emery-Tiburcio, PhD
Jennifer K. Fairchild, PhD
Courtney O. Ghormley, PhD
Andrew L. Heck, PsyD
Kate LM Hinrichs, PhD
Gregory A. Hinrichsen, PhD
Joung Won Huh, PhD
Scott N. Jones, PhD
Michele J. Karel, PhD
Bradley E. Karlin, PhD
Bob G. Knight, PhD
Douglas W. Lane, PhD
Geoffrey W. Lane, PhD
Mary M. Lewis, PhD
Peter A Lichtenberg, PhD
James Long, PhD
Lauren Fox MacMillan, PhD
Benjamin T Mast, PhD
Michelle E. Mlinac, PsyD
Victor A. Molinari, PhD
Jennifer A. Moye, PhD
Elizabeth A. Mulligan, PhD
Margaret R. Murphy, PsyD
William M. Palmer, PhD
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Larry Thompson, PhD
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Susan K. Whitbourne, PhD
Tonita A. Wroolie, PhD
Janet A. Yang, PhD
Richard A. Zweig, PhD

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Matthew A. Ubben, PsyD

Police & Public Safety Psychology
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David J. Kelley, PhD
Jennifer C. Kelly, PhD
Brian L. Mangan, PsyD

Psychoanalysis
Jill Salberg, PhD

Rehabilitation Psychology
Anna Agranovich, PhD
Jacob A. Bentley, PhD
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Julia L. Jennings, PsyD
Angela Kuemmel, PhD
Tiffanie Sim, PhD
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