Guide to BOARD CERTIFICATION in CLINICAL PSYCHOLOGY
Guide to Board Certification in Clinical Psychology
Fred L. Alberts, Jr., PhD, ABPP—Dr. Alberts has been in independent practice in Tampa, Florida since 1984. His primary practice is in the area of psychodiagnostics. He is Board Certified in Clinical Psychology and Clinical Child and Adolescent Psychology of the American Board of Professional Psychology. He is Immediate Past Chief of Psychological and Neuropsychological Services at the Tampa General Hospital. He is an Assistant Professor of the Department of Pediatrics, University of South Florida. A Fellow of the American Academy of Clinical Psychology, Dr. Alberts is Past President of the American Academy of Clinical Child and Adolescent Psychology and President of the American Academy of Clinical Psychology. He is author of numerous publications in refereed journals and is Editor of the *Bulletin of the American Academy of Clinical Psychology*. He is also Co-Editor with Theodore H. Blau, PhD, of *The Cue Book: A Courtroom Companion* (Thobois), and the *Forensic Psychology Documentation Sourcebook*—Second Edition (Wiley).

Christopher E. Ebbe, PhD, ABPP—Dr. Ebbe earned a PhD in Clinical Psychology from the University of Missouri at Columbia in 1971. He served seven years in the U.S. Air Force as a psychologist, followed by 30 years as Psychology Training Coordinator for the San Bernardino (CA) County Department of Behavioral Health, treating clients and training new psychologists, including 200 doctoral psychology interns and over 100 post-doctoral residents. Dr. Ebbe is Board Certified (ABPP) in Clinical Psychology (1984) and is Past President of the American Academy of Clinical Psychology (2009–2011). He served as ABPP (Clinical) regional examination coordinator for several years. He also served as President of the Inland Psychological Association (CA) several times. He was awarded the California Psychological Association’s *Silver Psi* and several commendations from San Bernardino County for outstanding service. He is currently Chair of ABPP’s Council of Presidents of Psychology Specialty Academies. He is the author of *How To Feel Good About Yourself: Twelve Key Steps to Positive Self-Esteem* (2003, 2008).

David B. Kazar, PhD, ABPP—A graduate of the University of Mississippi (Oxford), Dr. Kazar is Board Certified in Clinical Psychology. Dr. Kazar is employed by the Veterans Administration in San Antonio, Texas, where he provides tele-health services and service supervision to outlying facilities. His independent clinical practice spans approximately 20 years, providing assessment and psychotherapy services in various venues and populations, including forensic assessment services. Until recently most of [his] treatment services provided at the Veterans Administration were direct services in the Mental Health Clinic. Dr. Kazar is recipient of APA’s *Heiser Award for Legislative Activism* and Past President of the Florida Psychological Association. He is Member-at-Large for Communications of APAs Division on Psychologists in Public Service. He currently is a Fellow of the American Academy of Clinical Psychology, Secretary of the Board of Directors, and serves on the Membership Committee. He is a Member of the Florida Association of Board Certified Psychologists where he serves on the Legislative and Policy Committee and as Representative for Board Certified Clinical Psychologists.
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Foreword

Disclaimer: these comments do not represent a dispassionate or unbiased commentary on the important reference book now in your hands. Having obtained five ABPP diplomas between 1977 and 2003, I have perhaps already demonstrated an intense masochistic streak, but more likely revealed a habit that began with collecting merit badges as a Boy Scout. The Board Certification process represents a way to document one’s specialized skills and accomplishments through the peer review process. The American Board of Professional Psychology (ABPP) and its component specialty boards represent the premier groups accrediting individual competence in our field as recognized by being the only certification board diplomas in the directory of the American Psychological Association.

My own choices in seeking accreditation unfolded along with the evolution of the ABPP itself. I first learned about ABPP as a student by reading reports in the *American Psychologist* regarding Board Certification as an indicator of excellence in the field, and determined to sit for the examination in the area of my PhD (Clinical Psychology) as soon as I became eligible, five years following receipt of my doctorate. At that time the diploma was offered only in clinical, counseling, school, and industrial/organizational psychology. I worked in a pediatric teaching hospital and Board Certification was the coin of the realm for my physician colleagues.

As new ABPP boards sprang up in forensic, clinical health, couple and family, and clinical child and adolescent psychology I realized that elements of my practice (e.g., child custody evaluations and treating children and families with medical illnesses) reached into those areas and sought some means of professional social comparison to assure that my work met high levels of peer review. In each case the experience of preparing for and following through with the process largely matched the descriptions offered in this book.
Having ABPP certification has proved very valuable for me in several circumstances. Qualifying as an expert witness, renewing hospital privileges, and establishing eligibility for inter-state practice have all been much easier because of holding certification. Several health insurers have also contacted me expressing strong preference for having Board Certified providers on their panels.

Yes, filling out the application and assembling a practice sample can prove time consuming. However, the examination process itself seemed more like a collegial discussion focused on the case material that I had selected to discuss. Some boards add nuances, such as written core knowledge tests in forensic or neuropsychology, but the ultimate outcome remains the same. Colleagues typically emerge from the process feeling a sense of professional validation of their competencies. In addition, the increasing emphasis on quality in health care reform will almost certainly advantage psychologists who become Board Certified. The credential will increasingly become expected as a quality differentiator in the community.

As chronicled by Drs. Alberts, Ebbe, and Kazar the sequence of applying and examination procedures guide participants through a stepwise process with many chances to self-correct, if necessary. Once credential review leads to candidacy, the process of developing and gaining of approval of the practice sample will provide feedback on the adequacy of materials or need for refinement before the oral examination. In preparing this book the highly experienced authors, with many years of service as ABPP examiners, have provided a comprehensive and thoughtful guide to assist you in completing the process successfully.

Gerald P. Koocher, PhD, ABPP
Dean, College of Science and Health, DePaul University
Past President, American Psychological Association
Despite the American Board of Professional Psychology’s existence since 1947, the seeking of Board Certification by psychologists in all specialty areas is far less than that of the medical profession. The great majority of physicians practicing a specialty attempt and complete the Board Certification process. Unfortunately, less than 5% of psychologists seek Board Certification in a specialty area at this time. However, clinical work has become very specialized and there is a dramatic and growing need for the identification of those who have met the competency criteria in specialty areas. The authors strongly believe that, in addition to the concrete benefits of Board Certification to the psychologist and the benefits to the public of having competent practitioners identified, there are important benefits of Board Certification to the clients and patients of Board Certified psychologists, since becoming Board Certified reinforces for psychologists the importance of maintaining high standards and the importance of investing in professional development and education throughout one’s career. Other books have addressed more general issues (non-specialty specific) in preparing for Board Certification or books on preparation for another specialty area. This book specifically addresses the issues and procedures for the Board Certification process in Clinical Psychology through the American Board of Professional Psychology.

The authors have served as workshop leaders on preparing for Board Certification in Clinical Psychology, mentors for applicants in the process of applying, as examiners and, as a group, have over 60 years of combined practice as Board Certified Clinical Psychologists. The impetus for this book evolved from the authors’ experiences fielding questions from potential Board Certification applicants and assisting candidates to navigate the process from application to successful award of Board Certification. As Board Certification in Clinical Psychology is not as widespread and integral a part of one’s professional preparation for practice, many eligible candidates for
application simply do not understand the application process in its entirety. Some misinformation and lore regarding the process exists, and until one obtains the information from a reliable source, much of the lore and misinformation adds to the anxiety of an already anxiety-producing experience. Our book attempts to clarify the process for Board Certification in Clinical Psychology, dispel some of the myths, and give the reader clear “marching orders” for comprehensive understanding of a method of preparation for the application and examination process.

In Chapter 1, “An Introduction to Board Certification in Clinical Psychology,” an overview of Board Certification in health care professions is presented. One frequently asked question is, “Why should I seek Board Certification?” We make an effort to provide the commonly agreed upon benefits of Board Certification and attempt to offer a better understanding of the application process as well as provide real-life experiences. We polled Clinical Psychologists recently Board Certified and gained valuable insights regarding their new self-awareness both personally and professionally. They also report how they think differently about themselves after the process and what they have done differently as a result of the insights gained through the examination process.

Chapter 2 addresses the necessary issues of making the commitment to obtain Board Certification and getting started with the process. Key issues regarding some of the myths of the Board Certification process, attitude toward the process, setting realistic timelines, obtaining a mentor, and other tips for success are provided.

Chapters 3, 4, and 5 address Stages II and III (Practice Samples and Oral Examination). Detailed descriptions of application and assessment components are discussed. In addition to a thorough discussion of intervention and assessment components, examples of application statements and work samples are provided with commentary. Information regarding timelines and scheduling, helpful attitudes toward the oral examination process, preparing for the oral exam, and responses to avoid during the exam are offered.

Maintaining a positive tone throughout the book, the book concludes with a chapter entitled, “Life After Examination.” Assuming a successful examination, the authors provide information on becoming a member of the American Academy of Clinical Psychology, opportunities to mentor others, becoming an examiner, promoting
Board Certification, and continuing professional development as Board Certified Clinical Psychologists. Relevant and detailed appendices provide information about the role of mentors in the application process, an example of a contextual statement for an intervention work sample, an oral exam excerpt on an intervention practice sample, and an exam excerpt from the ethical and legal foundations.

From time to time, the American Board of Clinical Psychology, which sets the standards for the Board Certification examination in Clinical Psychology, makes changes to its standards for the examination and its procedures. The material in this book is up to date at its time of publication, and we are committed to revisions of the book to keep it up to date, but we recommend that for examination preparation you use the principles and advice in this book and consult the current Clinical Psychology Examination Manual on the www.abpp.org website.

Finally, it is hoped that this book will provide information and motivation to the readers to seek Board Certification in Clinical Psychology. While the authors may maintain active involvement with organizations offering Board Certification or membership services, the opinions expressed and examples provided are the opinions and examples of the authors and not of any specific credentialing or membership organization. The reader is cognizant of the fact that reading this book, following the book’s suggestions, or knowledge of examples provided will not be sufficient to establish competence in Clinical Psychology and the reader is responsible for his/her own choices, actions, and results.

The authors wish to acknowledge all of our colleagues who volunteer their time to serve as mentors, examiners, and participate on the American Board of Clinical Psychology and the American Academy of Clinical Psychology. Without our volunteer colleagues and a commitment by those who seek Board Certification to continue the volunteer activities of the Board and Academy, the important process of identifying for the public and our colleagues competent Clinical Psychologists would not exist. The authors would also like to thank their assistant, Ms. Meagan E. Cates, for her helpful work and comments on previous drafts of the book.

Fred L. Alberts, Jr., PhD, ABPP
Christopher E. Ebbe, PhD, ABPP
David B. Kazar, PhD, ABPP

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An Introduction to Board Certification in Clinical Psychology

“It is not the exceptional specialist who should be board certified, but the specialist who is not board certified who should be the exception.”
—Russell Bent, Former Executive Officer, ABPP

I have presented many workshops on becoming ABPP Board Certified in Clinical Psychology and Clinical Child and Adolescent Psychology and have often been asked the benefit of becoming Board Certified. Of course the many reasons offered by the board certifying organization are all mentioned at the presentations, plus others, but my story about why I ultimately obtained Board Certification is not an unusual one these days. My mentor was Board Certified in Clinical Psychology and in Neuropsychology, and I recall him often telling trainees and interns, “You’re not fit for human consumption until you are five years post-doc.” At that time, 5 years was the experience time needed to apply for Board Certification. Now, admittedly, that’s a bit harsh, but that was his attitude about identifying and credentialing specialists in Clinical Psychology. To him, you were not a specialist in Clinical Psychology and not prepared to offer services as a specialist until you obtained Board Certification. Thus, I grew up in a culture with an expectation that Board Certification is a necessary, not an optional, aspect of one’s professional preparation. With changes in health care and pressures for specialization and subspecialties within professional...
psychology, the training culture will evolve to meet the demands for measuring training, professional competence, and specialization, and it is expected that Board Certification would then become an expectation rather than purely an option.

I (FLA) also recall that when I first prepared my ABPP application I consulted a graduate school friend who had achieved Board Certification. He was in academia as an associate professor, and I asked for his candid opinion regarding the process. I was not prepared for his response, which was, “Fred, it was the most collegial and beneficial educational experience I have ever had.” This was at variance with all of the lore that I had been told about Board Certification. I initially assumed that this was because he was in academia and enjoyed testing and being tested, but the fact is that he was correct. It was the most collegial and beneficial educational experience that I have ever experienced. I have Board Certification from two boards (Clinical Psychology and Clinical Child and Adolescent Psychology). Both examination committees were extremely collegial, and I found the professional discussion with learned colleagues an exceptional opportunity. The self-evaluation process alone, as one develops the application and practice samples, is a worthy process that is both professionally and personally beneficial, and remains one of my fondest memories.

BOARD CERTIFICATION

Board Certification is a way to provide peer and public recognition of demonstrated competencies with primary objectives of ensuring high-quality services for patients and protecting consumers. Medical providers have the longest history of Board Certification, with procedures having been initially established in the early 20th Century. The American Board of Medical Specialties (ABMS) is a group of 24 medical specialty boards, representing 145 medical specialties and subspecialties. Board Certification in the United States is a voluntary process and differs from licensure in that it requires a demonstration to examining peers of a practitioner’s exceptional expertise in a specialty or subspecialty area of practice. The designation goes beyond that of medical or professional licensure, which only sets the minimum competencies
necessary to diagnose and treat consumers. According to the ABMS, “The Gold Star (Board Certification) signals a board certified physician’s commitment and expertise in consistently achieving superior clinical outcomes in a responsive, patient-focused setting. Patients, physicians, health care providers, insurers and quality organizations look for the Gold Star as the best measure of a physician’s knowledge, experience and skills to provide quality health care within a given specialty” (ABMS, 2012).

Imagine having a medical condition and looking over a short list of physicians to consult regarding your condition and then selecting a physician who is NOT Board Certified in the specialty area of practice. Most informed consumers would want to seek a specialist with Board Certification. Fortunately, most physicians are Board Certified. Estimates are that approximately 85% to 89% of physicians who are licensed to practice in the United States are certified by a specialty board of the ABMS. Now, imagine wanting to refer to a Board Certified psychologist or being a consumer in search of a Board Certified psychologist and understanding that less than 5% of licensed psychologists hold Board Certification in a specialty area. As the health care policies and delivery systems evolve, there is a growing interest and benefit for many health care providers to provide certification of competencies that exceed general state licensure.

Many new models of health care delivery emphasize the importance of practitioner specialization (Institute of Medicine [IOM], 2004) and focus on ways to both measure and enhance the quality of care. Board Certification is one of the strategies to ensure competence and accountability (Cassel & Holmboe, 2006). While medicine has a very long history of Board Certification, there has been an increase of specialty Board Certification for other medical providers such as nursing, pharmacy, dentistry, physical therapy, and chiropractic medicine, as well as allied health providers such as social work (Dattilio & Sadoff, 2002).

Established in 1947, the American Board of Examiners in Professional Psychology (ABEPP) was established as a credentialing organization within professional psychology. In 1968, the same organization was renamed the American Board of Professional Psychology (ABPP) and continues today as the “gold standard” for certifying competencies in professional psychology. Clinical Psychology was
one of the original three specialty areas (Clinical, Counseling, and Industrial/Organizational) recognized by ABEPP, thus the assessment of competencies in Clinical Psychology has enjoyed a long history (over 60 years) and has become a valued credential by many of our colleagues. Since the 1980s, the ABPP specialty boards have increased from 4 to 15. Presently, the following specialty areas are under the ABPP umbrella of specialty boards: Clinical Psychology, Counseling Psychology (originally Personnel-Educational and later Counseling & Guidance), Organizational and Business Consulting Psychology (originally Personnel-Industrial and later Industrial Psychology), School Psychology, Clinical Neuropsychology, Forensic Psychology, Couple and Family Psychology (originally Family Psychology), Clinical Health Psychology (originally Health Psychology), Cognitive and Behavioral Psychology (originally Behavioral Psychology), Psychoanalysis in Psychology, Rehabilitation Psychology, Group Psychology, Clinical Child and Adolescent Psychology, and Police and Public Safety Psychology. Later in the process, Academies for the various specialties were established as member organizations for those who have become Board Certified and to promote high-quality practice in those specialties. For a more complete summary of the history of the ABPP, refer to the text, *Becoming Board Certified by the American Board of Professional Psychology* (Nezu, Finch, & Simon, 2009).

The American Board of Clinical Psychology (ABCP), which credentials Clinical Psychologists, is a member specialty board of the ABPP. The ABPP oversees the standards and operations of its 15 member boards.

Psychology is not alone in the professions having witnessed a proliferation of boards and associations providing “diplomate” status, “Board Certification,” or “Fellow” status, and so on. Some of these organizations offer the certification and special status without regard to measuring competence or even a thorough credential review. Some believe that holding oneself out as a specialist or holding these credentials without a formal assessment of competence is unethical. In fact, one state, Florida, has a statute with regard to use of terms associated with specialization and/or Board Certification (See Exhibit 1.1).
Exhibit 1.1
490.0149 SPECIALTIES

1. As used in this section, the term “certified psychology specialist,” “board certified psychology specialist,” or “psychology diplomate” means a psychologist with recognized special competency acquired through an organized sequence of formal education, training, experience, and professional standing that is recognized by a certifying body approved by the board pursuant to criteria adopted under subsection (3).

2. A person licensed as a psychologist may not hold himself or herself out as a certified psychology specialist, board certified psychology specialist, or psychology diplomate unless the person has received formal recognition from an approved certifying body.

3. The board shall adopt rules to establish criteria for approval of certifying bodies that provide certification for specialties in psychology as provided in subsection (1). The criteria shall include that a certifying body:
   a. Be national in scope, incorporate standards of the profession, and collaborate closely with organizations related to specialization in psychology.
   b. Have clearly described purposes, bylaws, policies, and procedures.
   c. Have established standards for specialized practice of psychology.
   d. Provide assessments that include the development and implementation of an examination designed to measure the competencies required to provide services that are characteristic of the specialty area.

4. A person licensed as a psychologist under this chapter may indicate the services he or she offers and may indicate that his or her practice is limited to one or more types of services when this accurately reflects his or her scope of practice.

History.—s. 1, ch. 2006–209.

Regulation of Professions and Occupations - Specialties, Florida Statutes § 490.0149 (2006)
This book, of course, provides information on obtaining Board Certification in Clinical Psychology through the ABPP, the oldest and most acknowledged board for psychologists seeking Board Certification. The ABPP is not only one of the boards on the Florida approved list, but is used as a basis for reciprocity and waiver of some state licensure examination procedures in many states and some Canadian provinces and is the only psychology Board Certifying organization recognized by the Federal Government for employment considerations, including pay grade.

**WHY SEEK BOARD CERTIFICATION IN CLINICAL PSYCHOLOGY**

Included in application materials for Board Certification in Professional Psychology through the ABPP is a list of *Twelve Reasons to Become Board Certified in Psychology*. The list offers as advantages, among others, the following:

- Board Certification in Psychology indicates specialty expertise that distinguishes you from other psychologists who work with patients with health issues.
- Board Certification in psychology distinguishes you on the job market!
- Uniformed psychologists with Board Certification who work at the Department of Defense or Public Health Service receive a monthly specialty pay bonus.
- Health care providers in other disciplines consider Board Certification as a minimum standard to document training and expertise for patient care.
- Board Certification facilitates license mobility in most states.
- Many hospitals ask about Board Certification when applying for privileges.
- Some hospitals or medical centers require a Board Certification for approval of privileges, and others are moving toward this policy.
- Some academic medical settings require Board Certification for promotion and tenure.
- Health insurance companies routinely ask about Board Certification when applying to be part of their networks.
- Consumers of health/mental health services will increasingly ask about Board Certification, and can identify Board Certified psychologists online.
- Access ABPP online resources for networking and referrals.
- Join other leaders in Psychology to define excellence in our field!
Kaslow, Graves, and Smith (2012) recently summarized and identified key benefits of Board Certification in light of health care reform as follows:

- **Consumers desire specialization**
- **Academic health centers and insurance companies expect Board Certification**
- **Changes in health care call for it**
- **Parity is in our favor**
- **Quality improvement and public accountability programs demand it**
- **Patient-centered health care homes have a place for Board Certified Clinical Psychologists**
- **The workforce needs Board Certified psychologists**
- **Access to care for all is more likely with a well-trained specialty workforce**
- **Integrated health care teams respect Board Certification**
- **Pay is linked to quality**

As noted earlier in this chapter, concrete benefits are not the only reasons to become Board Certified. For most candidates, the idea of high standards for practice and the desire to prove one’s adherence to those standards are significant motives. Additionally, many universities, hospitals, health service agencies, and government agencies take Board Certification to be a valuable marker of competence, above the level of state licensure. Thus, Board Certification can set one apart from other applicants for jobs, and in a few instances can result in a pay benefit. Currently, the Department of Defense, Public Health Service, and Veterans Administration have pay differentials for those who are Board Certified.

Many members of the public look for Board Certification in practitioners when seeking services, since they naturally make the analogy between Board Certification in medical specialties and Board Certification in psychological specialties when trying to find the best services for themselves and their families.

Board Certification is a useful credential for establishing one’s credibility as an expert court witness, and physicians view it as an important credential when hiring for work in medical settings, including the new “medical homes” that are being established.

Some provider panels prefer Board Certified specialists for providing psychological services to their health plan enrollees. Professional
visibility to sanctioners and to the service-seeking public is provided to those who are Board Certified through the online practitioner directories of the ABPP itself and those of the various specialty Academies. Currently 36 of the 50 states make it easier for those who are Board Certified to gain licensure through reciprocity.

Board Certified Clinical Psychologists have the opportunity to publish in the ABPP’s journal The Specialist and in the Bulletin of the American Academy of Clinical Psychology. Also, the cadre of one’s Board Certified peers forms a useful and accessible pool of knowledgeable and competent psychologists with whom to consult or refer.

All in all, Board Certification has both meaning and value to offer, and being clear on what you want to gain by becoming Board Certified can help to get you through the several steps of the process.

COMPETENCE

The Ethical practice of professional psychology requires that the individual practice within the limits of his or her competence (American Psychological Association [APA], 2002). Consumers and regulatory bodies have increasingly insisted upon measures of competence in health care delivery systems. Measuring competence achieves the primary goal of protecting the public as well as evaluating the progress of trainees and measuring professional psychology training program effectiveness. We have shifted to a culture of competence and its assessment by identifying key foundational and functional competencies in professional psychology (Fouad et al., 2009; Kaslow et al., 2009; Roberts, Borden, Christiansen, & Lopez, 2005; Rodolfa et al., 2005). Becoming ABPP Board Certified is your route to clearly demonstrating your competence.

WHEN TO BECOME BOARD CERTIFIED

The authors encourage you to apply for Board Certification as soon as you become eligible for application since the inertia of “not right now” and “I’ll do it next year” can become harder and harder to overcome. Applications are encouraged, however, at any stage of one’s career. Two programs are available that are designed to attract young
professionals as well as senior professionals to Board Certification in Clinical Psychology.

**Early Entry Program**

In order to encourage early entry into the application process, ABPP maintains an Early Entry Program. This Program allows qualified students and other pre-licensed applicants to begin the process toward Board Certification early in one’s career. The Program offers a reduced fee for participation and can begin the process of mentoring and ultimately progressing to Board Certification. Applicants under the Early Entry Program may “bank” credentials as they are earned, so as to reduce the necessity to gather these multiple credentials several years later when all application criteria are met.

**Senior Option**

Psychologists in practice for at least 15 years following licensure at the independent level may be eligible for a senior application and examination process that provides more flexible criteria for eligibility and practice sample requirements, such that the applicant may submit, instead of client videos, a portfolio of written work products that reflect his or her competence (articles, grants, outlines, presentations, etc.). The Practice Samples are reviewed for technical adequacy and a three-member examination committee is established and reviews the Practice Sample for substantive adequacy.

Once the applicant has passed Stage I (Application) and Stage II (Practice Samples), the final stage, Oral Examination, is scheduled. During Stage III, a three-member examining committee conducts an oral examination that is collegial in nature, lasting approximately 3 to 4 hours. The candidate is evaluated in the context of the professional statement and practice sample provided in Stage II. There is no written examination in the Clinical specialty. Once the applicant has passed Stage III, the candidate becomes Board Certified in the specialty of Clinical Psychology. Specific application practice sample requirements are described later in Chapters 3 and 4.

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What do Recent Board Certified Psychologists have to say about the process?

Reading books about attaining Board Certification or attending workshop presentations on the topic provide details and hopefully encouragement to those considering applying for Board Certification. However, the perceptions of our colleagues who have gone through the process serve to provide insightful information not otherwise available. To this end, we asked recent Board Certified Clinical Psychologists to respond to a number of questions regarding their experience. Nine psychologists were kind enough to provide us with their comments and we have summarized those below. We find the responses to be overwhelmingly positive and typical of the feedback that we receive when serving as examiners.

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

I anticipated a much more formalized and rigid format for not only the written components of the process, but also for the oral examination. I did not anticipate the flexibility in the approach to the oral examination, nor the interest that my committee had with understanding my role as a psychologist not only with my clients but also to my practice, my surrounding community, and state and national organizations.

The most pleasant surprise for me was the collegial nature of the oral exam. I went in there prepared to re-live a dissertation defense-type examination, but found it quite enjoyable.

I did not anticipate feeling “at peace” when I finished the orals, which was a total surprise. Coming to an understanding of the depth and breadth of my own knowledge and experience was wonderful. Realizing that I had created a mythical “psychologist standard” that was impossibly high and extremely laborious was amusing after the fact.

I have heard some of my peers state that they choose not to seek Board Certification because they do not see an extrinsic need for it. Some have stated that it is only necessary if you work at a VA or in academics. I believe that this misconception might cause someone to miss out on a great opportunity. Board Certification is a rewarding process intrinsically. I do not work at a VA, nor do I work in academics. I think the process offers validation for the hard work and preparation I have put into developing my clinical skills. This process is worthwhile for the confidence and distinction it offers, regardless of the setting one works in.

My biggest apprehension about starting the process was my perception that my skills were not “Board Certification” quality. I believed in a myth, which I felt was
supported by the exclusivity that only a small percentage of psychologists are boarded, that those who are boarded are experts in their field and could “talk the talk” far better than I could. Looking back on this process, I believe such myths are the main reason more psychologists do not embark on this process. The process certainly tested my ability to scrutinize my skills, review theory, and brush up on current literature. With commitment to completing this credential, earning your diplomate is most definitely a doable process.

The oral examination was more collegial (more of a discussion about my work than an interrogation) than I anticipated.

How were you able to manage your apprehension or anxiety about showing your clinical work to the examiners?

Quite honestly, the primary motivation for me pursuing Board Certification was because my initial reaction to having my clinical work evaluated was hesitance. Although I was inviting and receptive to feedback and supervision during my graduate training, I recall feeling that my hesitance in being evaluated was something that had grown in me as an independent practitioner since that time. Because I felt then, as I do now, that hesitance was never something any psychologist at any time in [his or her] career should ever experience at the suggestion of being evaluated, I pursued Board Certification.

While it was initially rather anxiety provoking to be submitting samples of my work again, like I had to while in graduate school, I reminded myself that I had much more experience at this point in time and had several years to work on my weaknesses. I told myself that if I did not pass the sample, I would have received constructive feedback that I could incorporate in future attempts. Beyond that, I just took some time to think about my prior successes while in clinical settings, reviewed the provided grade sheets, and had confidence that I could pass.

I did the Senior Option, so I did not have to share a videotape of my clinical work. I did share work samples from various seminars, presentations, etc. I wasn’t particularly apprehensive about that part of the process. My anxiety was regarding the oral exam and my anticipation of feeling “on the spot,” as well as concern that I would be able to accurately and sufficiently convey my knowledge. I spoke with a number of colleagues about my responses to the Personal Statement and also requested feedback from a Division 42 “Board Certification mentor,” which was very helpful. The Chair of my Orals Committee was extremely helpful when he set up the exam, reminding me that I would be presenting as the “expert” of my own work. Framing the oral exam in that fashion was very reassuring. Right before the orals (while waiting to be called into the room), I began to experience some unsettling anxiety. I utilized a five-minute meditation application on my phone, did some positive self-affirmations, and reminded myself of all I had learned going through this process, which was really the point. When I left...
the orals, I felt awesome! I knew I had presented myself to the best of my ability—and that if there was an area I didn’t pass, I was committed to addressing that area and continuing to move forward. While I was extremely happy to receive notification of passing, the actual experience of preparation and doing the oral exam was of equal, if not more, value than the actual outcome.

A friend and I went through it together and I definitely over-prepared. I purchased a new book on ethics and talked to people who had already been through the process.

I usually funnel my anxiety into work. Optimal levels of anxiety helped me to prepare for my oral exam and review my work to ensure that it was a good example of my actual practice. I shared with several of my peers that I was going through the process, and it was helpful to receive from them support and encouragement. They helped me to make sure that I was making the best of those optimal levels of anxiety, and not be overwhelmed by it by reminding me to put things into perspective.

There was one particular line in the ABPP-CP exam prep materials that stood out to me: “Candidates are encouraged to submit practice samples that reflect their competence and expertise (typical rather than exemplary situations are expected).” This statement, along with the continued emphasis on the notion this is a collegial process, helped reduce my anxiety. It tempered my anxious worries that the examiners expected perfection, but rather wanted to see a good product that was reflective of my typical work with patients. Having been through the ABPP process, I can also absolutely attest the examiners mean every word they say about the examination being a collegial process.

I worked closely with another psychologist to set specific deadlines so that I would not procrastinate.

I reminded myself of how desensitized to oversight I was as a student and intern. Supervision, including peer supervision, is a cornerstone of professional growth in psychology. I also assured myself that the tone was meant to be collegial.

What advice might you provide to a candidate for Board Certification in Clinical Psychology?

Based on my experience, I would tell a candidate that the written component helps the committee understand what you know, and the oral examination helps them understand who you are. So for the written component, write what you know; for the oral examination, trust your knowledge, clinical judgment, and instincts, and simply show them who you are.
I think it is important to make completion of the Board Certification requirements a priority. I would recommend spending a day or two every few weeks working on the written portions and making sure you give yourself several months to complete the requirements so that you are comfortable and confident in your submitted samples.

I would say “Go for it!” I have encouraged many people to consider Board Certification and am happy to share my experience with the process. I think many people share the myth of Board Certification being extremely difficult, labor intensive, and judgmental. Particularly as someone who has been licensed over 15 years, the idea of presenting my work to three other people initially seemed very intimidating and scary. It raised internalized doubts I had not previously confronted or addressed. This was a fantastic opportunity to banish those concerns.

Understand the relationship between theoretical orientation and treatment, make sure your treatment protocol acknowledges current research, and demonstrate full multicultural competence.

I found it helpful to break the process down into three distinct phases, and to focus only on the present phase. Looking at the entire process can be overwhelming. This initial phase, completing the application is like jumping into a pool on a sunny day. It does not take too long and is done best by blindly plunging in. Apprehension is probably the largest barrier at this point. Once I began with this commitment, it made it easier to continue with the rest of the process. I would not recommend worrying about Practice Samples at this phase. The Practice Sample phase is where the grunt work comes in. For me, procrastination was a greater enemy than apprehension. I found it helpful to share with a few colleagues that I had started the process so they could provide me with accountability. Second, I created some deadlines for myself by breaking the task into smaller parts. I set a deadline for recording each sample, one for the writing associated with each sample, one for the professional summary, and one for reviewing and sending in the entire packet. Sticking to these deadlines was essential, as it is very easy to get caught up in other responsibilities. For the Oral Examination component the greatest barrier was anxiety and feeling overwhelmed. I found it very helpful to sit down with the ABPP oral examination guidelines, so I was familiar with the criteria I was going to be rated on, and review my samples. It was also helpful to sit down with the APA code of ethics. I found this reviewing process was confidence building for me, as it helped me to feel that I was prepared for the types of questions I was going to be asked.

Appreciate the process of the experience, as that is where the value lies. I spent several months engaged in the process, both “internally” and “externally.” The internal aspect involved taking a critical look at myself broadly as a professional, then specifically as an administrator, faculty member, and clinician. What do I do in each of these areas and how is what I do a trajectory of what I was trained to do? How do I demonstrate
competency in each of these areas? How do I demonstrate being a lifelong learner in each of these areas? What are my professional strengths, weaknesses, and areas for further development? The external aspect involved extensive review of the Board Certification book, the ABPP website, and the application materials; engaging in professional conversations with colleagues about what I do and what I think about professional issues; even engaging in professional “conversations” and mock interviews with myself as I drove in my car! Throughout the process, I spent time working on the Professional Statement questions. There were multiple drafts of initial thoughts, outlines, and essay content. It was also important for me to step away from the process and the materials a few times, in order to return with a fresh eye and some objectivity. Every moment spent was time well spent, and though I was nervous about the oral exam, by the time I scheduled my exam, I was confident that my materials well-reflected the hard work and thought that I had put into the process, and into the profession, as well as my achievement. Although I had no idea how the exam would go, I was very satisfied with my process and my product; I’m sure that knowing that I had taken the time and the energy to give 100% to the process and the product served to enhance my performance in the oral exam.

I would strongly encourage a candidate to talk with a formal or informal mentor (someone who has recently completed this process) openly about your anxieties and seek any reassurances along the way; there can be long delays from when you submit work sample materials, and a mentor can help put your negative worries in check (delays are not correlated with good or bad results!).

Take a thorough and thoughtful approach. Answer all of the questions asked and provide all required elements.

How do you think differently about yourself now that you are Board Certified?

Becoming Board Certified has certainly given me a certain level of confidence as both a psychotherapist as well as a consulting psychologist in how I apply my clinical judgment and make determinations regarding client care, because of the high standard and quality in our work that Board Certification requires.

I now feel much more confident in my ability as a Clinical Psychologist. Going through this process and being tested by Board Certified psychologists has helped me gain a greater sense of competence and in some instances, expertise.

I am very proud of my Board Certification. I see myself as a strong, competent psychologist and I appreciate the validation within psychology from getting the ABPP. This was really a process that I undertook for myself. I did not anticipate any external changes as a result of Board Certification (pay, status, etc.). I work for a state agency, so there has
not been any work-related benefit. Although my achievement was announced within the agency, there is very little understanding of psychology Board Certification.

It definitely means something to me—a peer validation of my competence. The process has given me greater confidence in my abilities and in my knowledge. I take pride in my ABPP distinction, and feel that it helps me to display professionalism and confidence to my peers and clients.

I walk taller among my peers with the confidence in knowing I have credentials to attest for my ability. I always believed I was a “good” therapist, but in our individual practice we can isolate from colleagues and lose that comparative edge. However, having earned my Diplomate, now I know I am a good therapist.

I feel more confident as a provider and supervisor. The credential has resulted in more requests for consultation, supervision, and provision of additional clinical services.

I am proud of my accomplishment and designation that truly sets me apart as having achieved another level of certification. As the only Board Certified psychologist in my division, I feel it highlights my expertise and leadership abilities.

I now feel more confident that I still have skills to offer, and I am taking steps to act on that confidence. I am taking steps to make others aware of my availability.

What have you found to be most valuable or rewarding about Board Certification?

The most rewarding thing about Board Certification for me was reaffirming confidence in my ability as a psychologist and a psychotherapist, reassuring that I have taken advantage of all available opportunities to develop my ability, and the knowledge that no matter how long I work in this profession, I will never forget to view myself as an evolving psychologist.

I have not experienced any external rewards (salary, referral, colleague acknowledgment). I have received invaluable internal rewards—an increase in self-confidence, a greater sense of mastery, pride of accomplishment, and appreciation of a wonderful learning opportunity.

My school was so validating! The president of the college sent me a dozen roses!!!!!!
As noted above, confidence in my professional abilities, and the recognition from my peers at my office and in the community have been the greatest rewards.

Pursuing Board Certification was very important to me and the motivation was my own. However, I was pleasantly surprised and absolutely delighted by the affirmation and accolades I received from colleagues, friends, and the administration at my institution, all who regarded this as a significant accomplishment in my career.

Though one of the initial reasons I applied for Board Certification was for a salary increase (which certainly has been appreciated!), increased confidence, self-esteem, and validation are clearly my top three rewards after being boarded. A sentiment I share with many colleagues is that graduate school can embed a core belief of doubt in your mind, making you second guess yourself and talk with a degree of hesitancy. Having earned my ABPP, such thoughts are history!

A great sense of accomplishment!

It serves as an objective measure of my expertise in my field. I feel it gives me credibility with my peers, professional colleagues, and patients.

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

As a psychologist in my practice, I have encouraged the development of clinical team meetings to discuss approaches and techniques that we use in our work with clients. As a supervisor, I have stressed the importance to interns and postdoctoral students of the importance of remaining receptive to feedback regarding their work, not only as training psychologists, but also the importance of maintaining the practices of self-examination and seeking supervision or consultation with colleagues throughout the course of their careers.

I have taken more professional risks—submitting proposals to committees, conferences, journals, etc. I have also approached insurance companies and attempted to negotiate higher rates of reimbursement. Although I have not been successful with this, it has also provided the impetus to remove myself from the lowest-paying panels.

Taken more appropriate professional risks.
I have made a greater commitment to reviewing professional books and literature to continue improving my techniques. Admittedly, this tapered after graduation and in my early years of practicing, but the insight gained through my exam process reminded me how valuable (and easy) such reviews can be!

I would have started the process sooner. For several months, a colleague and I put off completion of the paperwork, due to feeling intimidated. Once we got started, the process ran smoothly.

I am more committed to sharing my expertise with others – colleagues, interns, fellows.

I am a bit more self-assured. I have taken [on] younger psychologists to mentor.

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GETTING STARTED

In the next chapter, “Making the Commitment to Obtain Board Certification and Getting Started,” you learn the process required to achieve your destination. The chapter provides an overview of the various stages of examination (the application, the Curriculum Vitae and Professional Statement, Practice Samples of your work, and Oral Examination). You will be provided resources so that you may better understand and prepare for the examination ahead. Then, the following three chapters (“Professional Statement and Curriculum Vitae,” “Practice Samples, Focusing on Assessment and Intervention,” and “Oral Examination”) provide details about each stage of the examination process so that you better understand the process and can maximize and optimize your preparation for it, as well as reduce the anxiety associated with the examination process.
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