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# American Board of Clinical Child and Adolescent Psychology (ABCCAP)

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EXAMINATION MANUAL FOR  
BOARD CERTIFICATION IN  
CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY  
FOR THE  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

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Revision 1.4 October 25, 2013  
Revision 1.5 March 20, 2015  
Revision 1.6 May 15, 2018  
Revision 1.7 December 15, 2018  
Revision 1.8 February 14, 2019  
Revision 1.9 May 15, 2020  
Revision 2.0 July 3, 2020



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## **INTRODUCTION**

The American Board of Clinical Child and Adolescent Psychology (ABCCAP) is a member Specialty Board of the American Board of Professional Psychology (ABPP). The examination in Clinical Child and Adolescent Psychology, for board certification by ABCCAP, certifies that the successful candidate has completed the educational, training, and experience requirements of the specialty, including a performance examination designed to assess the competencies required to provide quality services in the specialty of Clinical Child and Adolescent Psychology.

The primary objective of the ABCCAP is to establish a board certification process that recognizes, certifies, and promotes specialty level standing in the field of Clinical Child and Adolescent Psychology. Specialty level standing is conceptualized as higher than the basic level of competence certified by jurisdictional licensure, but within the reach of most experienced practitioners of professional psychology.

**The ABCCAP expects that most Clinical Child and Adolescent psychologists should qualify for board certification following three years of post-doctoral training or equivalent experience.**

Board Certification by ABCCAP assures the public that the individual has successfully completed the educational, training, and experience criteria of the specialty of Clinical Child and Adolescent Psychology, including an examination designed to assess the sixteen areas of competence (eight functional competencies and eight foundational competencies) stipulated in this manual that are required to provide specialty level practice.

Functioning at the board-certified level reveals a quality of advanced preparation and professional level focus on the part of the psychologist. With three or more years of professional experience following the internship year, the licensed psychologist is able to qualify for board certification in Clinical Child and Adolescent Psychology. Qualifying for board certification requires that psychologists are competent in the relevant science base and its application in assessment, intervention, consultation and other functional competency areas relevant to their practice (research/evaluation, supervision, teaching, management/administration, and/or advocacy). Board certification requires that individuals have a clear awareness of interpersonal interactions, individual and cultural diversity, ethics and legal foundations, professional identification, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as they impact professional functioning. If a candidate has any questions regarding specialty eligibility, he or she is welcome to contact the ABCCAP for an informal review of credentials prior to submitting a complete application.

## **CERTIFICATION PROCESS: BRIEF OVERVIEW**

The certification process consists of three stages: 1) Credential Review, 2) Practice Sample Review, and 3) Oral Examination. Following attestation by the ABPP Central Office of the doctoral degree, licensure, and professional standing (i.e., absence of current disciplinary actions), the application is forwarded to the ABCCAP Credentials Reviewer for specialty review. The Board of Trustees of the ABPP sets and verifies minimum generic standards for candidacy. The Board of Directors of ABCCAP sets and verifies minimum specialty standards for Clinical Child and Adolescent Psychology. Once a person's credentials have been approved, a Practice Sample is submitted to the Exam Coordinator. The Candidate's Examination Committee reviews Practice Samples for substantive adequacy to determine the Candidate's eligibility to sit for the Oral Examination. The same three-member Committee who approves the Practice Sample conducts the Oral Examination. The Oral Examination emphasizes the Candidate's Practice Sample and competencies in relevant functional competencies (assessment, intervention, consultation, research/evaluation, supervision, teaching, management/administration, and/or advocacy) and all foundational competencies (interpersonal relationships, individual and cultural diversity, ethics and legal foundations, professional identification, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice).

Board Certification is achieved by successful completion of an examination, including both review of a document and an oral portion conducted by three or more members of an examination committee comprised of board-certified Clinical Child and Adolescent Psychologists. Candidates should expect the examination to cover Clinical Child and Adolescent Psychology competencies, as well as their own practice of psychology. See **Form A**.

**CANDIDATES WHO OBTAIN BOARD CERTIFICATION WILL RECEIVE 40 CONTINUING EDUCATION CREDITS. THE ABPP IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION TO SPONSOR CONTINUING EDUCATION FOR PSYCHOLOGISTS. THE ABPP MAINTAINS RESPONSIBILITY FOR THIS PROGRAM AND ITS CONTENT.**

## **ELIGIBILITY FOR CANDIDACY AND SPECIALTY SPECIFIC REQUIREMENTS**

Applicants submit the following education and training accomplishments to the ABPP Central Office to establish completion of the professional accomplishments listed below. Of note, if a candidate does not meet specific requirements for the ABCCAP, they might meet requirements for another board.

### **GENERIC DEGREE AND PROGRAM REQUIREMENTS**

- A doctoral degree from a program in professional psychology which at the time the degree was granted, was accredited by the APA or the Canadian Psychological Association (CPA),

**OR**

- A doctoral degree, which at the time the degree was granted, was from a program listed in the publication: Doctoral Psychology Programs Meeting Designated Criteria

**OR THE DEGREE REQUIREMENT CAN BE MET IF:**

- The applicant holds a current Certificate of Professional Qualifications in Psychology (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB)

**OR**

- The applicant holds a doctoral degree in psychology and has subsequently completed the requirements of a formal, doctoral level, professional program that meets the APA accreditation requirements in clinical, counseling, or school psychology (re-training, often referred to as re-specialization)

**OR**

- The applicant qualifies for an individualized exception review. Individualized exception reviews are available for degrees granted outside the U.S. or Canada, doctoral degrees granted prior to 1983, or for applicants claiming equivalent doctoral degree and program requirements. Such exceptions are coordinated through the ABPP Executive Office and the appropriate specialty board.

### **LICENSURE/CERTIFICATION REQUIREMENTS**

All ABPP candidates in the U.S., its territories or Canada must be licensed as a psychologist for independent practice at the doctoral level in a jurisdiction in the U.S., its territories or Canada.

## **SPECIALTY SPECIFIC PROGRAM REQUIREMENTS**

In addition to the generic foundation requirements delineated above, the Clinical Child and Adolescent Psychology specialty requires completion of an organized doctoral education and training program with specialized experience in Clinical Child and Adolescent Psychology, which includes an internship. The specialty also requires postdoctoral supervised practice and experience in the specialty. The specialty's specific program requirements are met if:

- The doctoral degree program was in Clinical Psychology, either a child/adolescent track or a specialized child/adolescent program, or includes sufficient clinical child training, from a program accredited by the APA or CPA

**OR**

- The doctoral degree program qualifies as equivalent to an APA or CPA accredited program in Clinical Child and Adolescent Psychology as determined by the ABCCAP. This option is particularly applicable to degrees awarded throughout the U.S. or Canada

**OR**

- The original doctoral degree is from a non-professional program in psychology, but the applicant has completed at least a two year doctoral level retraining program designed to meet APA or CPA accreditation requirements in professional psychology (clinical, school, or counseling) with significant child and adolescent focus (as noted above)

**OR**

- The doctoral degree program was in a counseling or school psychology program accredited by the APA or CPA (see additional experience requirements in the post-doctoral section below).

## **INTERNSHIP REQUIREMENTS**

A one-year full-time or two-year half-time internship program is required. At least fifty percent of this training should focus on child/adolescent populations. The internship requirement is met if:

- Accredited by the APA or CPA
- Listed in the Association of Psychology Postdoctoral and Internship Centers (APPIC) Directory for the year the internship was completed

## POSTDOCTORAL PRACTICE EXPERIENCE AND SUPERVISION REQUIREMENTS

By its nature, the specialty of Clinical Child and Adolescent Psychology denotes a level of practice requiring preparation beyond doctoral requirements. Specifically, a minimum of **THREE** years of post-degree experience is required.

The postdoctoral requirements include the following for individuals whose degree is from an APA or CPA accredited program in Clinical Child and Adolescent Psychology:

- **one year** of supervised postdoctoral practice experience in Clinical Child/Adolescent or Pediatric Psychology, of which a minimum of one hour per week of supervision was conducted face-to-face by a licensed clinical psychologist specializing in clinical child/adolescent psychology, **plus two** additional years of work in the field
- Any variance from the above scenario will be decided on a case-by-case basis by the Credentials Reviewer in consultation with the Board.

The postdoctoral requirements include the following for individuals whose degree is from an APA or CPA accredited program in Counseling or School Psychology or a Combined Program, or have a doctoral degree in professional psychology from a program listed as a designated doctoral program in psychology by ASPPB/NRSPP:

- five years postdoctoral experience as a Clinical Child and Adolescent Psychologist. One of the five years must have been supervised for a minimum of one hour per week (preferably two hours, one of which can be group supervision) by a Clinical Child and Adolescent Psychologist,

**OR**

- successful completion of two-years in an APA accredited or APPIC member postdoctoral residency/fellowship program in clinical child/adolescent psychology

**AND**

- demonstrates self-identification as a Clinical Child and Adolescent Psychologist and an expected continued identification with the specialty.

## SENIOR PSYCHOLOGIST OPTION

Psychologists who meet the above degree, internship, and postdoctoral criterion, AND have 15 years or more of experience (post-licensure) are eligible for the Senior Psychologist option. The aim of this program is to bring into ABCCAP senior colleagues who have made a contribution to our field.

## **DEFINITION OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY**

Clinical child and adolescent psychology, including pediatric psychology, is a specialty in professional psychology. Specialists conceptualize strengths and challenges of children and adolescents within a developmental and ecological context. This includes consideration of child development; individual risk and protective factors; diversity factors (broadly defined); intersecting aspects of identity; family, school, community context; and the broader social, cultural, and national context. Specialists promote the health and psychological well-being of youth and their families, engaging in the assessment, treatment, and prevention of a wide range of emotional and behavioral problems in children and adolescents, including psychological and behavioral aspects of physical health. Specialists use an evidence-based approach to assessment, intervention, consultation, research/evaluation, supervision, teaching, management/administration, and advocacy.

Services provided by Clinical Child and Adolescent Psychologists that are evaluated as part of the ABCCAP exam include the following functional competencies:

- Assessment (evaluation, diagnosis, formal psychological testing)
- Intervention (treatment, prevention)
- Consultation with other professionals in diverse settings

As relevant to a candidate's practice, five other competency domains may also be evaluated:

- Supervision
- Research/Evaluation
- Teaching
- Management/Administration
- Advocacy

It is expected that Clinical Child and Adolescent Psychologists will display competence in all foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) and across any functional competency in which they work (e.g., assessment, intervention, consultation, supervision, research/evaluation, teaching, management/administration, and/or advocacy).

**COMPETENCIES CHARACTERIZING THE SPECIALTY**

Competencies are organized into two categories: foundational competencies and functional competencies. Foundational competencies are core foundations that cut-across the functional competencies. They include ethics and legal standards/policy, individual and cultural diversity, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, relationships, interdisciplinary systems, and evidence-based practice. Functional competencies are day-to-day practice activities related to clinical child and adolescent psychology. In the ABCCAP examination, all candidates are evaluated in three core functional competency domains: assessment, intervention, and consultation. Based on the candidate’s typical domains of practice, the candidate will also be evaluated on any of the relevant five additional functional competency domains: supervision, research/evaluation, teaching, management/administration, and advocacy. The foundational and functional competencies of the ABBCP are defined below.

| <b>FOUNDATIONAL</b>                | <b>FUNCTIONAL</b>                  |   |
|------------------------------------|------------------------------------|---|
| <b>REQUIRED &amp; ALL ASSESSED</b> | <b>REQUIRED &amp; ALL ASSESSED</b> | <b>ONLY ASSESSED IF CANDIDATE PRACTICES IN THE AREA</b> |
| Relationships                      | Assessment                         | Research evaluation                                     |
| Individual/cultural diversity      | Intervention                       | Supervision   |
| Ethical/legal standards            | Consultation                       | Teaching  |
| Professionalism                    |                                    | Management/Administration                               |
| Reflective practice                |                                    | Advocacy  |
| Scientific knowledge/methods       |                                    |   |
| Interdisciplinary systems          |                                    |   |
| Evidence-based practice            |                                    |   |

## Functional Competencies

**Assessment:** Successful candidates conduct assessments and evaluations with a high level of skill and appropriate attitude using the extant knowledge base. They select evidence-based assessment and evaluation procedures that are appropriate for the referral question and the specific client/patient. These candidates accurately interpret assessment and evaluation findings, using them to inform culturally sensitive, idiographic, evidence-based conceptualizations and recommendations. They communicate the results in a manner that leads to useful outcomes. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to assessment activities.

**Intervention:** Successful candidates possess knowledge and training in current evidence-based practice. They demonstrate competent implementation of evidence-based intervention procedures that are appropriate for the client/context. Interventions are applied with a high-quality level of skill and knowledge and appropriate attitude. These candidates can articulate a sound theoretical and evidence base for their interventions. They manage intervention contract issues (e.g., client's goals, boundaries of treatment, payment, resources) responsibly. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to intervention activities.

**Consultation:** Successful candidates demonstrate knowledge of the literature and science base relevant to specific consultative methods and processes. They competently communicate and apply their consultative knowledge as related to Clinical Child/Adolescent and/or Pediatric Psychology in response to a client's needs or goals. Background information for the consultation is gathered appropriately and thoughtfully integrated. Examples of consultees include health care professionals from other disciplines, other professionals who provide psychological services, educational/school personnel, social service agencies, rehabilitation centers, industry, legal systems, public policy makers, and individuals in other institutions and settings. Successful candidates are able to differentiate consultations from clinical and supervisory roles, provide accurate written and verbal feedback to all applicable consultees, and recommend appropriate interventions informed by findings. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity,

ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to consultation activities.

**Research/Evaluation:** This competency domain will only be addressed for those candidates who engage in research, scholarship, or program evaluation that impacts the field of Clinical Child/Adolescent or Pediatric Psychology. Successful candidates engage in research designed to systematically improve the knowledge base or utilize the principles and knowledge base of these fields to inform human subject research design. Types of research considered would include applied/clinical, program evaluation, educational, or basic science research. Clinical research is a branch of healthcare science that determines the safety and effectiveness (efficacy) of medications, devices, assessment processes and tools, and treatment regimens. These may be used for prevention, treatment, diagnosis or for relieving symptoms of a disease, disorder, or condition. Clinical research is different from clinical practice. In clinical practice, established treatments are used, while in clinical research evidence is collected to establish a treatment. Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies, and programs, particularly about their effectiveness and efficiency. Education research is the scientific field of study that examines education and learning processes, outcomes of educational events or programs, and the human attributes, interactions, organizations, and institutions that shape educational outcomes. Candidates who meet this competency demonstrate their ability to critically evaluate the theoretical and research literature in their area of expertise. Successful candidates have provided contributions to the research literature or have engaged in research activities and/or program evaluation that impact pediatric or clinical child/adolescent populations. Individuals meeting this competency demonstrate knowledge and use of appropriate research methods, suitable statistical procedures, and the scientific method. A hallmark of this functional competency is the creation of new knowledge that can be generalized beyond the specific sample in which the new knowledge was generated. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to research activities.

**Supervision:** This competency domain will only be assessed for those candidates who engage in supervision. Successful candidates demonstrate the ability to develop supervisee competence in the provision of Clinical Child/Adolescent or

Pediatric Psychology services and ensure the integrity of clinical services provided to patients by supervisees. Supervision, as defined for this functional competency, is a distinct professional activity that relies on a collaborative relationship between supervisor and supervisee to enhance the professional competence and science-informed practice of the supervisee, monitor the quality of services provided, protect the public, and provide a gatekeeping function for entry into the profession. Supervisory activities include observation, evaluation, feedback, facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and joint problem solving. Thus, supervision includes both facilitative and evaluative components. Supervisees may include psychology trainees in practicum, internship, and postdoctoral settings; psychological technicians/assistants; or other persons who provide psychological services under the guidance of the supervisor. ABCCAP distinguishes the functional competency of supervision from teaching and consultation competency (described elsewhere) by emphasizing responsibility for the development of clinical service provision skills of supervisees as well as legal and ethical responsibility for the welfare of the client, the profession, and society more generally. Successful candidates use existing theory and research to conduct supervision with high quality skill and appropriate attitude. This includes the articulation of a specific model of supervision; demonstration of current knowledge and skills regarding the areas being supervised; consideration for the level of professional development of the supervisee; and implementation of processes for respectful, ethical, collaborative and professionally appropriate supervisory relationships. Furthermore, successful candidates demonstrate all relevant foundational competencies (i.e., scientific knowledge and methods, evidence-based practice, relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, and interdisciplinary systems) as related to supervision.

**Teaching:** This competency domain will only be addressed for those candidates who engage in teaching or instructing. Successful candidates demonstrate the ability to instruct students, trainees, other professionals, and/or the general public regarding the science and practice of Clinical Child/Adolescent and Pediatric Psychology. Teaching, as defined for this functional competency, involves the use of didactic and pedagogical skills to impart general or specific knowledge in a classroom, seminar, or lecture format. A successful practice sample and contextual statement for this functional competency should demonstrate the candidate's knowledge of pedagogical theory, classroom communication skills, use of learning outcomes data and student/supervisor feedback to improve subsequent teaching. The statement should clarify the approximate percentage of professional time

devoted to teaching activities. ABCCAP distinguishes the functional competency of teaching from both clinical supervision and professional consultation. Specifically, clinical supervision is focused on enhancing and/or developing the clinical service provision of a specific trainee or group of trainees, whereas in professional consultation candidates communicate and apply their knowledge in consultation with other professionals (as described above) in a range of clinical, research, social services, or educational settings. Psychoeducation provided as part of a clinical intervention (e.g., *psychoeducation regarding bipolar disorder to a client and/or his/her family*) should not be used as a demonstration of teaching. Practice samples of teaching that are not germane to the science and/or practice of Clinical Child/Adolescent or Pediatric Psychology (e.g., *adult psychopathology, accounting, religious instruction*) should not be used for demonstration of this professional competency. Successful candidates demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to teaching and instruction.

**Management/Administration:** This competency domain will only be addressed for those candidates who engage in management/administration activities related to Clinical Child, Adolescent, or Pediatric Psychology. Successful candidates demonstrate appropriate knowledge and effective practice of management and administration activities within programs, organizations, and/or agencies. They demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to management and administration.

**Advocacy:** This competency domain will only be assessed for those candidates who engage in systematic advocacy activities. Advocacy, as defined for this functional competency, includes the leveraging of scientific knowledge in Clinical Child/Adolescent and Pediatric Psychology to promote change at institutional, community, professional, or societal levels. Through advocacy, Clinical Child/Adolescent and Pediatric Psychologists contribute to the development of policies or practices that advocate for or empower recipients of services, address social problems, and improve human welfare. Successful candidates engage in activities that publicly promote change based on sound scientific evidence. Successful candidates further demonstrate an ability to establish strategic, respectful, ethical, collaborative, and professionally appropriate relationships with stakeholders (e.g., agencies, constituents, government agencies, professional organizations) for the purpose of effecting change. Lastly, candidates should

demonstrate an ability to develop, implement, and evaluate action plans for targeted change or progress toward specific advocacy goals. In addition to specific competencies in advocacy, successful candidates demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to advocacy. ABCCAP distinguishes the functional competency of advocacy from other functional competencies by emphasizing efforts to bring about change in policy or practice at broad (e.g., society, profession, law) versus more narrow (e.g., individual, agency) levels.

### **Foundational Competencies**

**Relationships:** Successful candidates demonstrate an awareness of the needs, feelings, and reactions of others across all functional competency domains. They prioritize sensitivity to the welfare, rights, and dignity of others. They exhibit a level of self-awareness that promotes effective functioning in each functional competency domain.

**Individual and Cultural Diversity:** Successful candidates exhibit sufficient knowledge regarding individual and cultural diversity as well as continuing efforts to further their knowledge in this domain. They demonstrate sensitivity and responsiveness to individual and cultural diversity in each functional competency domain. They provide examples indicating that they are aware of the interaction between their own diversity characteristics and those of the people or contexts in which they function as a Clinical Child/Adolescent and/or Pediatric Psychologist.

**Ethical and Legal Standards/Policy:** Successful candidates demonstrate knowledge and understanding of the ethical and legal standards/policies relevant to their work as a Clinical Child/Adolescent and/or Pediatric Psychologist. They provide evidence that these ethical and legal standards/policies guide all aspects of their professional functioning.

**Professionalism:** Successful candidates demonstrate active participation in the profession of Clinical Child/Adolescent or Pediatric Psychology. They exhibit familiarity with current significant issues facing the profession and their implications for one's functioning in this field. Successful candidates appropriately seek out and utilize consultation and supervision. They value continuing professional education and provide examples of ongoing professional development activities.

**Reflective Practice/Self-assessment/Self-care:** Successful candidates engage in ongoing self-reflection and appropriate self-care. They practice with personal and

professional self-awareness, and appropriately address gaps in competencies. Successful candidates practice within the boundaries of professional, educational, research, and clinical competencies, and demonstrate ongoing development and maintenance of competencies based on self-reflection and self-assessment.

**Scientific Knowledge and Methods:** Successful candidates are aware of and conversant with scientific and scholarly developments in Clinical Child/Adolescent and/or Pediatric Psychology and apply them in professional practice. They demonstrate an understanding of and ability to critically discuss research methodology, research findings, and scientifically derived theoretical constructs that inform their clinical practice. These candidates convey an understanding of the biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan as applies to their work as a Clinical Child/Adolescent and/or Pediatric Psychologist. Successful candidates demonstrate respect for scientifically derived knowledge and may provide contributions to the empirical knowledge base.

**Interdisciplinary Systems:** Successful candidates engage in effective interdisciplinary collaboration based on a strong working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems. They exhibit knowledge of the common and distinctive roles of other professionals. These candidates display communication, problem-solving, and conflict resolution skills that support effective interdisciplinary team functioning. They demonstrate respectful appreciation and integration of contributions and perspectives of other professions.

**Evidence-based Practice:** Successful candidates integrate evidence-based practice into all elements of their clinical activities. They are aware of the available literature and its limitations, and they consistently update their knowledge related to scope of practice. Evidence-based practice supersedes theoretical orientation. Successful candidates demonstrate integration of high-quality research in conceptualization and decision making with regard to intervention, assessment and consultation as well as other functional competencies. They acknowledge limitations and are able to discuss a logical decision-making process, informed by the research literature, with their patients.

## **APPLICATION PROCESS**

### **DISABILITY ACCOMMODATIONS**

The Board encourages qualified individuals with disabilities to apply for Specialty Board status. The Board recognizes that these individuals may encounter unusual difficulties and will make efforts to provide reasonable accommodations for these applicants. The Board will consider individual requests for accommodations by qualified applicants with disabilities. A qualified individual with disabilities can request reasonable accommodation, must formalize the request with the Board, and support the request with documentation confirming a need for reasonable accommodation and the basis of the need. At the request of the Board, applicants with special needs should be ready to document the need consistent with the ABCCAP guidelines, and assist the Board in developing reasonable accommodations, as necessary. In its sole discretion, the Board will either grant or deny the request based on ABCCAP guidelines.

General information regarding ABCCAP guidelines for accommodations are contained within the ABCCAP document entitled Qualifications for Testing Accommodations for Applicants with Disabilities (**see Form I**) and in the application forms, ABCCAP Application for Testing Accommodations (**see Form J**). Both the guidelines and the application itself may be found in the Appendices to this manual or downloaded from the ABPP website ([www.abpp.org](http://www.abpp.org)).

### **APPLICATION**

The Applicant submits the Application for Specialty Certification in Clinical Child and Adolescent Psychology using the forms available at [www.abpp.org](http://www.abpp.org). The fee and credentials materials are submitted to the ABPP Central Office. ABPP verifies the degree, the license, professional standing (i.e., disciplinary status), the internship and the generic postdoctoral requirements. If generic requirements are satisfied, materials are forwarded by the ABPP Central Office to the ABCCAP Credentials Reviewer for evaluation of specialty requirements. If no decision can be reached, the Applicant may be asked for additional information. Final determination is sent to ABPP Central Office and the Applicant is advised of the outcome by ABPP Central Office.

If the credentials review is successful, the Candidate then enters the Practice Sample Review component of the Examination Process and begins preparation of Practice Samples. The Practice Sample must be received by the Exam Coordinator within 12 months of acceptance into candidacy. If the Exam Coordinator does not receive a complete packet of materials within 12 months of acceptance into candidacy, the applicant and ABPP Central

Office will be notified by the Exam Coordinator and the applicant must reapply for candidacy.

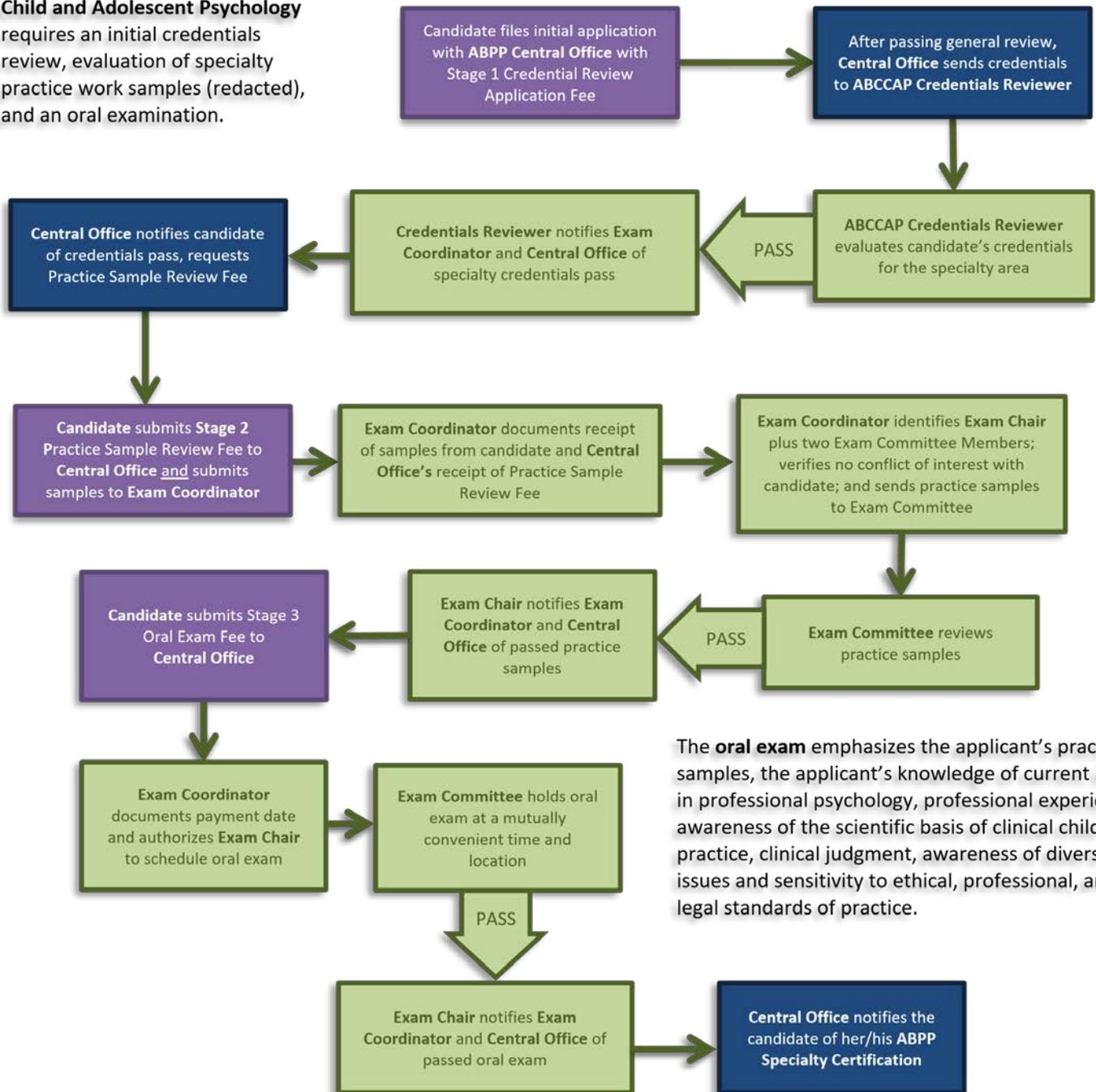
The Practice Sample Review fee is submitted directly to the ABPP Central Office by the Candidate. Upon confirmation of receipt, the Candidate submits their Practice Sample to the Exam Coordinator, who reviews it for completeness. If technical inadequacy or deficiency is detected in the recorded materials, the Candidate will be asked for typed verbatim transcripts or for an entirely new Practice Sample. Once the Practice Sample is deemed as complete, the Exam Coordinator, guided by the Candidate's Professional Statement, selects a tentative Chair and two Board Certified Psychologists for the Examination Committee and informs the Candidate. The Candidate is given the opportunity to state if he or she has a conflict of interest with any member of the Exam Committee. If no conflict is determined, the Committee is confirmed and Practice Samples are sent to committee members, who oversee the examination process. The three team members review the Practice Sample to determine whether or not the person passes this Practice Sample step and can be scheduled for the Oral Examination. The Committee may ask the Candidate for additional information as needed. If the Candidate passes the Practice Sample step, the Chair notifies ABPP Central Office and the candidate. At that time, the Candidate must send the Oral Examination fee to the ABPP Central Office before an examination date can be finalized. If additional information is required from the Candidate, the Exam Chair requests this information from the Candidate. The Candidate has 90 days to supply the requested information. If the Practice Sample is unacceptable, the Candidate is notified about the reasons and the examination process is halted. All Practice Sample materials are then deleted from the data organizational system by the exam coordinator. The Candidate may submit a new examination fee to ABPP Central Office and new Practice Samples to the ABCCAP Exam Coordinator within 1 year, and the examination process continues. The process described above is captured in the flowchart below.

Candidates are notified of the Oral Examination outcome within two weeks of taking the examination. If the Candidate passes, they can immediately use the title: *Board Certified Clinical Child and Adolescent Psychologist*. The new *Board-Certified Clinical Child and Adolescent Psychologist* is expected to participate in the evolution and administration of the ABCCAP Examination Process.

# American Board of Clinical Child and Adolescent Psychology

## Specialty Certification Flowchart

Specialty certification in **Clinical Child and Adolescent Psychology** requires an initial credentials review, evaluation of specialty practice work samples (redacted), and an oral examination.



The **oral exam** emphasizes the applicant's practice samples, the applicant's knowledge of current issues in professional psychology, professional experience, awareness of the scientific basis of clinical child practice, clinical judgment, awareness of diversity issues and sensitivity to ethical, professional, and legal standards of practice.

## **PRACTICE SAMPLES**

For the Practice Sample Review, the Candidate submits the following: 1) a Curriculum Vitae, 2) a Professional Statement, and 3) 2 Practice Samples with Contextual Statements and Required Forms. The Curriculum Vitae and Professional Statement provide Candidates the opportunity to communicate about themselves as a Clinical Child and Adolescent Psychologists and serves as a basis for discussion in the Oral Examination. The Curriculum Vitae and Professional Statement are required for all Candidates. Individuals applying under the Regular Option will submit two practice session samples, video recordings or portfolios depending on the practice domain, with accompanying documentation as described below. Individuals applying under the Senior Psychologist Option will submit two practice samples but are not required to provide recorded material. In each case, at least one practice sample should come from the following functional competencies: assessment, intervention, or consultation. The second practice sample may come from any of the eight functional domains but must be from a different domain than the first practice sample. The same client cannot serve as the basis for both Practice Samples. All Practice Sample materials will be uploaded to Box, a HIPAA-compliant online content management system, by the candidate under the guidance of the exam coordinator. For detailed information on the requirements for the Practice Samples, see **Forms C-1 to D-6**.

### **CURRICULUM VITAE**

All Practice Samples must include a Curriculum Vitae detailing the Candidate's professional contributions. The Curriculum Vitae must include educational and training background, professional roles and responsibilities, and professional contributions (e.g., service activities, publications, presentations, grants).

### **PROFESSIONAL STATEMENT**

The Professional Statement (no more than 15 double-spaced, typewritten pages for responses to questions 1-14) must address each of the following items (**see Form D for more details**):

1. Description of your current professional work as a child/adolescent and/or pediatric psychologist
2. Your participation in the profession of clinical child/adolescent and/or pediatric psychology at the local, state, and national level
3. Brief description of a professional education activity that you recently attended
4. Your long-term plans in psychology

5. Your reason(s) for seeking board certification
6. An example of how understanding of the biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan applies to your work as a clinical child/adolescent and/or pediatric psychologist
7. The theoretical approach that guides your work
8. The scientific evidence base that informs your practice as a clinical child/adolescent and/or pediatric psychologist (including a discussion of how you keep apprised of the evidence-based literature relevant to your area of practice)
9. An example of work that you do that requires you to collaborate with other professionals and/or work within an interdisciplinary team
10. An example of handling a complex interpersonal interaction in the area of assessment, intervention, and/or consultation (include discussion of your awareness of the needs, feelings, & reactions of self & others during this interaction)
11. An example of when and why you have sought out and used professional consultation, mentorship, &/or supervision
12. An example of knowledge regarding individual & cultural diversity pertinent to your own work in the area of assessment, intervention, and/or consultation (also comment on your own continuing efforts to further your knowledge in this area)
13. A description of a meaningful and challenging ethical dilemma personally encountered, aspects of the APA Ethical Principles of Psychologists and Code of Conduct pertinent to the dilemma, and discussion of how the dilemma was managed.
14. A statement attesting that no ethical/legal action has been taken against you since candidacy.
15. If an assessment practice sample (or work sample for senior candidates) is not submitted, the candidate should submit a written assessment sample summary of their own work that includes the referral question, summary of the assessment done, and case conceptualization that addresses the competency items evaluated in the assessment domain (no more than 5 pages). If you have submitted an assessment practice sample (or work sample for senior candidates), then note N/A.
16. If an intervention practice sample is not submitted (or work sample for senior candidates), the candidate should submit a written intervention sample summary of their own work that includes the presenting complaint, case conceptualization, and course of treatment that addresses the competency items evaluated in the intervention domain (no more than 5 pages). If you have submitted an

intervention practice sample (or work sample for senior candidates), then note N/A.

17. If a consultation practice sample is not submitted (or work sample for senior candidates), the candidate should submit a written consultation sample summary of their own work that includes information on the consultee, the consultation question/goals, and outcome that addresses the competency items evaluated in the consultation domain (no more than 5 pages). If you have submitted a consultation practice sample (or work sample for senior candidates), then note N/A.

## **REGULAR OPTION PRACTICE SAMPLES**

The Practice Samples are typically two video recordings of professional work in child/adolescent psychology representative of the Candidate's current practice, each approximately 50 minutes in length, with accompanying written contextual statements and required forms. A practice sample usually consists of a single 50-minute session but may consist of several shorter work samples adding up to approximately 50 minutes (e.g., 3 examples of 15-20 minute behavioral health consultations, 45-minute minimum to 60-minute maximum length), illustrating a functional competency area. The samples should be of sufficient length and content to allow evaluation of the candidate's practice competencies. Please contact the exam coordinator to clarify prior to submitting if there are questions or deviations.

These recordings should be made no more than one year prior to the submission. One sample **MUST** be of Assessment, Intervention, or Consultation. It is recommended that the second sample illustrate one of the remaining functional competencies from the core areas (Assessment, Intervention, Consultation, or Supervision); however, it may address one of the other optional competency domains. Note: Research/Evaluation, Management/Administration, and Advocacy are the only competency domains that do not require a video practice sample. The two practice samples must reflect two different functional competency domains and be conducted with different clients. It is not acceptable to provide two samples of the same functional competency (e.g., two assessment samples). It is also not acceptable to provide two samples with the same patient when submitting two 50-minute recordings. However, if providing multiple shorter intervention samples (e.g., 20-minute inpatient intervention sessions on a pediatric unit), the same patient could be utilized for separate intervention visits within the same functional competency area (e.g., intervention) with the total recording time adding up to 50-minutes. Both samples must include copies of all source documents and contextual statements that contain the information described in **C2-C5. Each Practice Sample should be approximately 1000-1500 words in length.**

Candidates are encouraged to submit recordings that reflect their competence and expertise (typical rather than exemplary situations are expected) and that depict their interactive style in their professional context(s). The recordings shall continuously provide audible interactions between the Candidate and the other participant(s) (e.g., client/patient, colleague) and depict visible interactions, preferably between the Candidate and other participant(s), but in all cases at least the Candidate. **Good audio and video quality are essential.** If a recording has moments of lowered audio quality, the Candidate should submit a typed verbatim transcript, clearly marked to show those areas of lowered audio quality.

**Practice Sample Contextual Statement:** A summary of the two submitted Practice Samples (for regular applicants) or a summary of primary functional competencies (for senior applicants) that includes a description of the theoretical and empirical bases for these activities (see **Forms C2-C5**).

**Required Forms:** Blank copies of the Informed Consent and Health Information Portability and Privacy Act (HIPAA) documents used in the Candidate's practice setting(s).

Participant consent forms (**Form E** or the equivalent) **must** be obtained by the Candidate and maintained for his/her case records. **Candidates must send a brief attestation that written informed consent was secured. Candidates should take great care to remove all identifiers from all printed materials, including test protocols. It is not necessary to delete identifying information from the AV material, which will be held in confidence by the examiners and deleted following the exam. Failure to remove identifiers from printed materials will constitute a breach of confidentiality and may lead to an exam failure.**

The Practice Samples will depict two of the following (one sample **MUST** be of Assessment, Intervention, or Consultation): (1) an unrehearsed video recording of a psychological assessment or evaluation with accompanying contextual statement; (2) an unrehearsed video recording of an intervention (any modality) drawn from typical clinical practice with accompanying contextual statement; (3) an unrehearsed video recording of a consultation in any context drawn from typical practice with accompanying contextual statement; (4) an unrehearsed video recording of clinical supervision with accompanying contextual statement; (5) a portfolio of research program or program evaluation products with accompanying statement; (6) a lecture or teaching video recording with a portfolio of teaching work products (e.g., syllabi, lesson plans, lectures) with accompanying statement; (7) a portfolio of management/administration work products with accompanying statement; or (8) a portfolio of advocacy work products with accompanying statement.

An **Assessment Practice Sample** may include psychological testing or an intake evaluation. If the Assessment Practice Sample includes test administration, the recording must be that portion during which rapport building, interviewing and/or provision of feedback takes place. A recording solely depicting test administration is not satisfactory unless the test is a semi-structured interview, such that the specific administration requires significant clinical sophistication (e.g., ADOS). Where standardized assessment instruments are used, the Candidate should demonstrate a thorough knowledge of the construction, administration and interpretation of such instruments. Note that formal testing is not required for an Assessment Practice Sample. See **Form C-2** for a list of information that should be included in an Assessment Practice Sample.

An **Intervention Practice Sample** may be a therapy session or therapeutic interventions delivered in pediatric settings. An in-depth assessment feedback session may also be used as in intervention practice sample, unless a feedback session is used for the Assessment Practice Sample, in which case the Intervention Practice Sample must reflect a different type of intervention. If an assessment feedback session is used as an Intervention Practice Sample, the sample must allow the evaluation of the competency requirements denoted under the Intervention competency criteria. The Candidate may be queried as to how he/she handled the issues of confidentiality, informed consent, and privacy with the client/patient. See **Form C-3** for a list of information that should be included in an Intervention Practice Sample.

A **Consultation Practice Sample** should include a consultation session related to Clinical Child/Adolescent and/or Pediatric Psychology with one or more consultees. For further information on who is considered a “consultee,” see the definition of Consultation Competency in this manual. An appropriate Consultation Practice Sample will be one in which the Candidate is: (1) the primary consultant (i.e., a multidisciplinary team meeting in which the Candidate provides a psychological perspective but is actively providing consultation for less than 50% of the meeting would not be sufficient), and (2) providing consultation that is qualitatively different from supervisory activities (e.g., a Consultation Practice Sample is likely to be a consultation session that is not a weekly meeting with trainees, and is most likely conducted with a professional from another discipline). Candidates should make sure that their Consultation Practice Sample meets the definition of Consultation as outlined in this manual and is not an example of Supervision. A peer supervision group or a presentation to a group typically does not meet the requirements of the Consultation definition. See Form C-4 for a list of information that should be included in a Consultation Practice Sample.

A **Supervision Practice Sample** may include a clinical supervision session related to Clinical Child/Adolescent or Pediatric Psychology. The sample must include more than

administrative supervision and allow the evaluation of clinical supervisory competency components. The sample must include the candidate's model of supervision. A description of general models of therapy (e.g., cognitive behavioral) is generally not sufficient. See **Form C-5** for a list of information that should be included in a Supervision Practice Sample.

A **Research/Evaluation Practice Sample** should include a portfolio illustrating the candidate's research program or program evaluation products. Publications, grants, and program evaluations may be included to demonstrate this competency. See **Form C-6** for information that should be included in a Research/Evaluation Practice Sample.

A **Teaching Practice Sample** should include a video of teaching (e.g., a class, a formal presentation). A teaching portfolio that includes at least one example of a teaching work product, a discussion of one's philosophy of teaching, and how formative/summative data are used to evaluate teaching effectiveness should be included. See **Form C-7** for information that should be included in a Teaching Practice Sample.

A **Management/Administration Practice Sample** may include an example of organizational development, project management, leadership, or program initiatives. In their contextual statement, the candidate will discuss their management/administration goals, process, and accomplishments as well as the models and evidence-base informing their work. See **Form C-8** for information that should be included in a Management/Administration Practice Sample.

An **Advocacy Practice Sample** includes a portfolio illustrating the candidate's advocacy goals, systematic advocacy efforts, the evidence base informing their efforts, and evidence of how their advocacy promoted change. See **Form C-9** for information that should be included in an Advocacy Practice Sample.

## **SENIOR OPTION PRACTICE SAMPLES**

Psychologists who qualify for the Senior Option must submit a Curriculum Vitae, a Professional Statement, and blank HIPAA forms used in their practice (if applicable) as delineated above. In addition, the Senior Candidate must include at least two work samples that are sufficient to allow evaluation of their competency across **Intervention, Assessment, and Consultation domains** as well as any other domains they indicate as relevant areas of their practice related to clinical child and adolescent psychology (Research/Evaluation, Supervision, Teaching, Management/Administration, and/or Advocacy). Video recordings are not required for senior candidates. Work samples may include items such as written case presentations (conceptualization, treatment summary, rationale for interventions), assessment reports, professional publications, program development projects, research publications/grants, teaching portfolios, and professional

presentations. As with regular option candidates, the two practice samples must reflect two different areas of functional competence. Specifically, Candidates qualifying as seniors may provide information reflecting more distinctive practice patterns resulting from extended professional experience, e.g., areas of consultation; contracted service responsibilities; special grants; program administration/supervision; graduate school, internship, or residency program contributions, involvement, or clinical level teaching; Continuing Professional Education program presentations; program evaluation or research, professional publications related to the practice of the specialty; or the organization and pattern of the Candidate's current clinical practice.

**The information provided in the Senior Practice Sample must allow for evaluation of all foundational competencies and the required functional competencies of Assessment, Intervention, and Consultation. See Form C-10.**

## **ORAL EXAMINATION**

### **SCHEDULING**

ABCCAP holds oral examinations as needed and in conjunction with meetings of the Board of Directors and throughout the year at various national meetings.

### **CANDIDATE'S MATERIALS**

The candidate may bring a copy of his/her Practice Sample to the Oral Examination; however, no additional materials (e.g., APA Ethical Principles, psychometric notes about tests administered) may be brought into the room.

### **SCHEDULE SUMMARY**

To assure standardization of the examination process, the ABCCAP has established the following **Oral Examination Schedule**. The general pace and sequence of topics provide guidelines to minimize the possibility that Candidates might receive differential treatment. The Oral Examination process is designed to be completed in approximately three hours. It is a competency-based examination and the Examination Committee is expected to explicitly address functional and foundational competencies with the Candidate. Within each segment, there is room for variation according to the judgment of the Examination Committee. Many topics will be interwoven throughout the examination, and flexibility should be allowed if relevant to the discussion. A topic may receive more cursory exploration in its scheduled time period if it has been sufficiently covered earlier. It often is

useful to utilize hypothetical examples or situations to ascertain if the individual meets the criterion for passing each functional and foundational competency. The Oral Examination process should be collegial in nature. The result is forwarded to ABPP Central Office using the online link found on the ABPP website.

**SCHEDULE SUMMARY TABLE FOR ORAL EXAMINATION**

| <b>This schedule requires that the examiners have viewed the recordings and reviewed all the written materials <u>IN ADVANCE</u>.</b>  | <b>Approx. Allotted Time (min.)</b> |
|--|-------------------------------------|
| <i>Team Meets and Organizes</i>  | 10                                  |
| <i>Team Greets Candidate:</i> Each team member introduces self, time frame is explained, and the fact that the exam is competency-based is highlighted. The collegial nature of the process is indicated.  | 10                                  |
| <i>Examination of Practice Sample:</i> Curriculum Vitae, Professional Statement, Practice Samples (Explicitly cover the functional competencies of <b>Assessment, Intervention, and Consultation</b> as well as other competencies relevant to the candidate's practice [ <b>Research/Evaluation, Supervision, Teaching, Management/Administration, and/or Advocacy</b> ] as well as the eight foundational competencies [Interpersonal Interactions, Individual and Cultural Diversity, Ethics and Legal Foundations, Professional Identification, Reflective Practice/Self-assessment/Self-care, Scientific Knowledge and Methods, Interdisciplinary Systems, and Evidence-based Practice]). | 90                                  |
| <i>Break:</i> Candidate should NOT be asked to do any work at this time  | 10                                  |
| <i>Examination of Ethics and Legal Foundations.</i> This must include:<br>a) 10 minutes for the Candidate to review privately the selected ethical vignette;<br>b) discussion of the Candidate's responses to this ethical vignette;<br>c) discussion of the ethical vignette provided by the Candidate in the Professional Statement;<br>d) confirmation that no ethical or legal action has been taken against the Candidate since submission of Practice Sample.<br>A second vignette may be given if needed to assess ethical competence. Additional time can be spent to further clarify competence in any of the functional and/or foundational competencies.                            | 45                                  |
| <i>Exam Wrap-up and Discussion:</i><br>a) Ask if there is more information the Candidate would like to provide about any functional or foundational competency;<br>b) Solicit feedback about the examination process;<br>c) Remind the Candidate they can provide feedback directly to ABPP if desired;<br>d) Inform the Candidate that CE credits will be provided if the exam is passed;<br>e) Remind the Candidate notification of results comes from CO;<br>f) Return Practice Samples to Candidate.   | 5                                   |
| Team Votes, Completes Forms, and Writes Report if necessary  | 10-25                               |

Note: Time allotments are guidelines to be followed reasonably closely. Significant variations from the exam format or schedule must be by mutual agreement between Candidate and Chair and documented in a written statement describing the variations and stipulating that they shall NOT serve as grounds for the appeal of a failed examination. Both the Candidate and Chair will sign the statement.

## **ETHICS VIGNETTES**

A file of prepared vignettes is maintained to standardize the Ethics segment of the Oral Examination. One or two vignettes are selected. When possible, choose a vignette(s) applicable to the Candidate's practice setting. Otherwise, vignettes may be selected on a random basis. Three copies, with points to be addressed, are distributed by the Examination Committee Chair to Committee members, and one, without important points, is to be given to the Candidate after the exam break. The Candidate has also submitted, in the Professional Statement, a non-identifying ethics quandary from his/her own professional experience.

The Examining Committee does not necessarily expect a "right" answer but anticipates that the Candidate will present relevant options and demonstrate the ability to thoughtfully weigh them in the light of the APA ethics principles, professional practice standards, and relevant statutes. The Candidate will discuss his/her own vignette in the same manner.

No outside materials can be used to aid the Candidate during this section of the Oral Examination.

At the conclusion of the Oral Examination, all copies of the Ethics vignettes are collected by the Chair to maintain confidentiality. The use of each vignette will be tracked so that in the case of a Candidate's failure, a new vignette will be used for re-examination.

**Examiners and Candidates will treat the vignettes as confidential.**

## **ABCCAP EXAMINATION TEAM**

### **TEAM COMPOSITION**

The Examination Committee is a committee of three Board Certified examiners, one of whom serves as Chair. No committee member may have had any significant prior or current personal, professional, or administrative relationship with the Candidate or the clients/patients in the Practice Samples.

The ABCCAP recognizes that specialists in Clinical Child and Adolescent Psychology use a variety of approaches and techniques and have differing conceptual frames of reference. ABCCAP also recognizes that the effectiveness of professional practice is a function of many factors, including personal factors, assessment and intervention strategies, level of experience and theoretical understanding. The Examination Committee Chair and Member Examiners will be selected with consideration of the theoretical orientation, knowledge base, professional interest and experience expressed in the Candidate's Professional Statement. However, the theoretical orientation of the committee members is not a basis for appeal. The Chair will inform the Candidate of the tentative choices for the Examination Committee. The Candidate has one week from notification to raise any concerns or objections about the proposed Examination Committee to the Chair. If the Candidate does not contact the Chair within one week, it will be assumed the proposed Examination Committee is acceptable.

## **SCORING CRITERIA**

### **COMPETENCY AREAS.**

**The following competency areas of professional functioning constitute the examination:  
Functional Competencies**

Evaluation of these three domains is required for all candidates:

- Assessment
- Intervention
- Consultation

These domains are evaluated if part of candidate's practice:

- Supervision
- Research/Evaluation
- Teaching
- Management/Administration
- Advocacy

### **Foundational Competencies.**

All foundational competency domains are evaluated across all relevant functional competencies:

- Interpersonal Relationships
- Individual and Cultural Diversity
- Ethics and Legal Foundations
- Professional Identification
- Reflective Practice/Self-Assessment/Self-Care
- Scientific Knowledge and Methods
- Interdisciplinary Systems
- Evidence-Based Practice

## SCORING CRITERIA FOR THE COMPETENCIES

Important anchored criterion components for each functional and foundational competency appear below. **Candidates need not receive a pass in each component of a competency area but must be judged as a pass in the overall competency area.** In other words, a Candidate **need not** manifest all of the illustrative “passing” behaviors in a functional or foundational competency to obtain a pass in that domain. A Candidate could manifest one of the components “failing” level behaviors, but still be found to pass in the overall competency. The significance and weight of any one “failing” behavior must be determined by each Examiner. **If the Candidate’s functioning is midway between passing and failing and cannot be identified as being either passing or failing, then the Candidate passes that area.**

An examiner may give a pass in a given functional or foundational competency during the Practice Sample Review but may give a fail for that same practice or foundational competency during the Oral Examination as a result of information derived during the oral examination process.

## CRITERION EXAMPLES OF COMPETENCIES

### *Functional Competencies:*

#### **1. Assessment**

Successful candidates conduct assessments and evaluations with a high level of skill and appropriate attitude using the extant knowledge base. They select evidence-based assessment and evaluation procedures that are appropriate for the referral question and the specific client/patient. These candidates accurately interpret assessment and evaluation findings, using them to inform culturally sensitive, idiographic, evidence-based conceptualizations and recommendations. They communicate the results in a manner that leads to useful outcomes. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to assessment activities.

#### Components:

- a. Conducts assessments and evaluations with a high level of skill and appropriate attitude using extant knowledge base.

- b. Selects empirically supported assessment and evaluation procedures that are appropriate for the referral question and for the specific client/patient.
- c. Accurately interprets assessment and evaluation findings and appropriately uses findings to inform culturally sensitive, individualized, evidence-based conceptualizations.
- d. Develops evidence-based, culturally sensitive, individualized, conceptually informed recommendations.
- e. Communicates results in a client-centered manner that leads to useful outcomes.
- f. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to assessment.

Passing Level Examples:

- Chooses assessment and evaluation procedures that could, at least in theory, provide data to address the referral questions and that are appropriate, given the client's/patient's diversity status.
- Conducts assessments and evaluations in a competent fashion.
- Interprets assessment and evaluation data in a reasonably accurate and complete manner and uses these interpretations to guide case conceptualization.
- Creates recommendations with relevant findings considered.
- Communicates, both orally and in writing, findings from assessments and evaluations to the patient and other relevant parties in an understandable and useful fashion.
- Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment.

Failing Level Examples:

- Chooses procedures that restrict the examinee's ability to respond appropriately to the referral questions or are inappropriate for the client's/patient's diversity status.
- Does not conduct assessments and evaluations with adequate skill or appropriate attitude or does not build upon the extant knowledge base. Scores assessments inaccurately (if applicable).
- Provides interpretations and/or conceptualizations of assessment and evaluation data that are incomplete, contain errors, or do not guide

conceptualization. Offers interpretations and conclusions that fail to take into account some aspect of the client/patient's uniqueness (diversity status) and/or fail to take into account the client/patient's environmental situation.

- Does not provide a clear link between assessment and evaluation findings and subsequent recommendations.
- Communicates assessment results in an unclear, disorganized or ambiguous manner; fails to anticipate foreseeable questions, provides inappropriate interpretations; and/or does not convey findings in a manner associated with useful outcomes.
- Conveys a general lack of awareness of ways in which relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice are related to assessment.

## **2. Intervention**

Successful candidates possess knowledge and training in current evidence-based practice. They demonstrate competent implementation of evidence-based intervention procedures that are appropriate for the client/context. Interventions are applied with a high-quality level of skill and knowledge and appropriate attitude. These candidates can articulate a sound theoretical and evidence base for their interventions. They manage intervention contract issues (e.g., client's goals, boundaries of treatment, payment, resources) responsibly. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to intervention activities.

### Components:

- a. Chooses evidence-based intervention procedures that are appropriate for the client/patient.
- b. Applies interventions with a high-quality level of skill and knowledge and appropriate attitude.
- c. Articulates the empirical and theoretical bases for their interventions.
- d. Responsibly manages intervention contract issues (client's/patient's goals, boundaries of treatment, payment resources, etc.).
- e. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-

care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to intervention.

Passing Level Examples:

- Ascertains client/patient goals; deals with issues regarding payment arrangements appropriately; defines limits of confidentiality and boundaries of services clearly; conveys availability; and keeps records consistent with existing standards of care.
- Selects interventions that are evidence-based, appropriate to the client's assessed goals, situation and resources.
- Implements interventions in a competent fashion.
- Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention.

Failing Level Examples:

- Ignores or does not adequately determine client/patient goals; mishandles payment arrangements; fails to address or clearly define limits of confidentiality and boundaries; does not convey information about availability; and fails to maintain acceptable standards of clinical record-keeping.
- Selects interventions that are not evidence-based and/or are inconsistent with the client/patient's goals, situation or resources.
- Fails to consistently provide interventions that are thoughtful and of high quality and does not adequately communicate about interventions being provided.
- Conveys a general lack of awareness of ways in which relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice are related to intervention.

### **3. Consultation**

Successful candidates demonstrate knowledge of the literature and science base relevant to specific consultative methods and processes. They competently communicate and apply their consultative knowledge as related to Clinical Child/Adolescent and/or Pediatric Psychology in response to a client's needs or goals. Background information for the consultation is gathered appropriately and thoughtfully integrated. Examples of consultees include health care professionals from other disciplines, other professionals who provide psychological services,

educational/school personnel, social service agencies, rehabilitation centers, industry, legal systems, public policy makers, and individuals in other institutions and settings. Successful candidates are able to differentiate consultations from clinical and supervisory roles, provide accurate written and verbal feedback to all applicable consultees, and recommend appropriate interventions informed by findings. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to consultation activities.

Components:

- a. Articulates knowledge of the literature and science base relevant to specific consultative methods and processes.
- b. Selects consultation procedures that are appropriate for the client and context.
- c. Appropriately gathers and thoughtfully integrates background information for the consultation.
- d. Conducts consultations with high-quality level of skill and knowledge and appropriate attitude.
- e. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to consultation.

Passing Level Examples:

- Selects consultation procedures appropriate to the context and consistent with evidence for practice.
- Collects all information pertinent to the consultation and integrates this information in a thoughtful fashion.
- Conducts consultations in a competent fashion.
- Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation.
- Defines and understands the boundaries of the consultation contract/process.
- Demonstrates awareness of the laws relevant to the particular consultation (e.g., IDEA for public schools).

- Demonstrates awareness of systems issues relevant to the consultation (e.g., the management hierarchy in an industry).

Failing Level Examples:

- Selects consultation procedures that are not appropriate to the context or contradict existing evidence for practice.
- Fails to collect all information pertinent to the consultation and to integrate this information in a thoughtful fashion.
- Does not conduct consultations with adequate skill or appropriate attitude or do not build upon the extant knowledge base.
- Conveys a general lack of awareness of ways in which interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification are related to consultation.
- Is not able to define and describe the boundaries of the consultation contract/process.
- Does not demonstrate awareness of the laws relevant to the particular consultation (e.g., IDEA for public schools).
- Does not demonstrate awareness of systems issues relevant to the consultation (e.g., the management hierarchy in an industry).

#### **4. Research/Evaluation**

This competency domain will only be addressed for those candidates who engage in research, scholarship, or program evaluation that impacts the field of Clinical Child/Adolescent or Pediatric Psychology. Successful candidates engage in research designed to systematically improve the knowledge base or utilize the principles and knowledge base of these fields to inform human subject research design. Types of research considered would include applied/clinical, program evaluation, educational, or basic science research. Clinical research is a branch of healthcare science that determines the safety and effectiveness (efficacy) of medications, devices, assessment processes and tools, and treatment regimens. These may be used for prevention, treatment, diagnosis or for relieving symptoms of a disease, disorder, or condition. Clinical research is different from clinical practice. In clinical practice, established treatments are used, while in clinical research evidence is collected to establish a treatment. Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies, and programs, particularly about their effectiveness and efficiency. Education research is the scientific field of study that examines education and learning processes, outcomes of educational events or programs, and the human attributes, interactions, organizations, and institutions

that shape educational outcomes. Candidates who meet this competency demonstrate their ability to critically evaluate the theoretical and research literature in their area of expertise. Successful candidates have provided contributions to the research literature or have engaged in research activities and/or program evaluation that impact pediatric or clinical child/adolescent populations. Individuals meeting this competency demonstrate knowledge and use of appropriate research methods, suitable statistical procedures, and the scientific method. A hallmark of this functional competency is the creation of new knowledge that can be generalized beyond the specific sample in which the new knowledge was generated. Successful candidates demonstrate all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) in regards to research activities.

Components:

- a. Engages in research that impacts Clinical Child/Adolescent or Pediatric Psychology.
- b. Utilizes the principles and knowledge based of Clinical Child/Adolescent and Pediatric Psychology to inform human subject research design.
- c. Demonstrates ability to critically evaluate the theoretical and research literature in area of expertise.
- d. Contributes to the literature or to program effectiveness with contributions based on evidence-based theory and methodology.
- e. Demonstrates knowledge and use of appropriate research methods, suitable statistical procedures, and the scientific method.
- f. Responsible for creating new knowledge that can be generalized beyond the specific sample in which the new knowledge was generated.
- g. Demonstrates attention to all relevant foundational competencies (i.e., relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice) as related to research activities.

Passing Level Examples:

- Provides examples of authoring peer reviewed journal articles, chapters, review articles, grant applications, program evaluations, etc. that impacts Clinical Child/Adolescent and/or Pediatric Psychology.

- Demonstrates that research conducted has ramifications beyond the specific sample studied (e.g., program evaluation leads to changes in program delivery methods)
- Discusses the current scientific or evidence-base in regards to one's research activities, providing a critical analysis of the literature and how this literature informs the field of Clinical Child/Adolescent and/or Pediatric Psychology.
- Demonstrates knowledge of the scientific method through examples of one's research and scholarly contributions.
- Indicates awareness of foundational competencies (e.g., interpersonal interactions, individual and cultural diversity, ethical and legal issues, professional identity) as related to research and evaluation.

*Failing Level Examples:*

- Does not use appropriate methodology and/or unaware of appropriate statistical procedures in research activities.
- Utilizes evaluation techniques that are not appropriate to the activity or are not evidence-based.
- Does not demonstrate adequate knowledge of the theory or research base that informs their research, program evaluation, and/or other scholarly activities.
- Fails to demonstrate adequate consideration of foundational competencies (e.g., violates ethical research guidelines, does not consider diversity issues) in relation to research and evaluation.

## **5. Supervision**

This competency domain will only be assessed for those candidates who engage in supervision. Successful candidates demonstrate the ability to (a) develop supervisee competence in the provision of Clinical Child/Adolescent or Pediatric Psychology services and (b) ensure the integrity of clinical services provided to patients by supervisees. Supervision, as defined for this functional competency, is a distinct professional activity that relies on a collaborative relationship between supervisor and supervisee to enhance the professional competence and science-informed practice of the supervisee, monitor the quality of services provided, protect the public, and provide a gatekeeping function for entry into the profession. Supervisory activities include observation, evaluation, feedback, facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and joint problem solving. Thus, supervision includes both facilitative and evaluative components. Supervisees may include psychology

trainees in practicum, internship, and postdoctoral settings; psychological technicians/assistants; or other persons who provide psychological services under the guidance of the supervisor. ABCCAP distinguishes the functional competency of supervision from teaching and consultation competency (described elsewhere) by emphasizing responsibility for the development of clinical service provision skills of supervisees as well as legal and ethical responsibility for the welfare of the client, the profession, and society more generally.

Successful candidates use existing theory and research to conduct supervision with high quality skill and appropriate attitude. This includes the articulation of a specific model of supervision; demonstration of current knowledge and skills regarding the areas being supervised; consideration for the level of professional development of the supervisee; and implementation of processes for respectful, ethical, collaborative and professionally appropriate supervisory relationships. Furthermore, successful candidates demonstrate all relevant foundational competencies (i.e., scientific knowledge and methods, evidence-based practice, relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, and interdisciplinary systems) as related to supervision.

*Components:*

- a. Utilizes theory and research to conduct supervision with high quality skill.
- b. Articulates a specific model used to guide supervision activities.
- c. Demonstrates current knowledge and skills in areas being supervised.
- d. Ensures the integrity of clinical services provided by supervisees.
- e. Implements strategies for supporting respectful, ethical, collaborative and professionally appropriate supervisory relationships.
- f. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to supervision.

*Passing Level Examples:*

- Clearly explains one's model of supervision and provides examples of how it informs one's activities as a supervisor.
- Discusses appropriate training and experience in domain in which one is supervising (e.g., parent training, eating disorders, etc.).
- Provides examples of evaluation and feedback processes that enable the supervisor to monitor the experience of their supervisees in supervision.

- Describes ways in which the supervisor monitors the supervisee's provision of clinical services (e.g., viewing video or audio recordings).

Failing Level Examples:

- Does not demonstrate adequate knowledge of theory or research related to supervision.
- Supervision activities are not guided by any particular model or unable to articulate rationale for supervision activities.
- Fails to demonstrate adequate current skill or knowledge in areas being supervised.
- Engages in inappropriate supervisory relationships.

## 6. Teaching

This competency domain will only be addressed for those candidates who engage in teaching or instructing. Successful candidates demonstrate the ability to instruct students, trainees, other professionals, and/or the general public regarding the science and practice of Clinical Child/Adolescent and Pediatric Psychology.

Teaching, as defined for this functional competency, involves the use of didactic and pedagogical skills to impart general or specific knowledge in a classroom, seminar, or lecture format. A successful practice sample and contextual statement for this functional competency should demonstrate the candidate's knowledge of pedagogical theory, classroom communication skills, use of learning outcomes data and student/supervisor feedback to improve subsequent teaching. The statement should clarify the approximate percentage of professional time devoted to teaching activities. Successful candidates demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to teaching and instruction.

ABCCAP distinguishes the functional competency of teaching from both clinical supervision and professional consultation. Specifically, clinical supervision is focused on enhancing and/or developing the clinical service provision of a specific trainee or group of trainees, whereas in professional consultation candidates communicate and apply their knowledge in consultation with other professionals (as described above) in a range of clinical, research, social services, or educational settings. Psychoeducation provided as part of a clinical intervention (e.g., psychoeducation regarding bipolar disorder to a client and/or his/her family) should not be used as a demonstration of teaching. Practice samples of teaching that are not germane to the science and/or practice of Clinical Child/Adolescent or

Pediatric Psychology (e.g., adult psychopathology, accounting, religious instruction, community gardening) should not be used for demonstration of this professional competency.

Components:

- a. Demonstrates knowledge of pedagogical theory and research to engage in teaching activities with high quality and appropriate attitude.
- b. Demonstrates use of exemplary knowledge in subject area to convey course material.
- c. Demonstrates classroom teaching skills such as effective communication, listening, respectfulness, and/or use of technologies.
- d. Utilizes data on learning outcomes and self-reflection on teaching performance to improve teaching.
- e. Utilizes formative and summative student evaluations of teaching to improve teaching and learning
- f. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to teaching

Passing Level Examples:

- Articulates a philosophy or model of teaching, based on existing theory and research, which integrates contextual, ethical, and legal perspectives
- Selects instructional content that is supported by empirical evidence and/or relevant theory
- Selects developmentally appropriate and evidence-based pedagogical strategies for the particular educational setting (e.g., lecture, group work, discussion)
- Demonstrates effective delivery of relevant content in the specific setting.
- Collects formative and/or summative data to evaluate the effectiveness of teaching
- Incorporates formative and/or summative data with self-reflection to improve subsequent teaching
- Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention.

Failing Level Examples:

- Conveys a general lack of awareness of philosophies or models of teaching, and/or does not link pedagogical strategies to such philosophies or models.
- Fails to select instructional content that is supported by empirical evidence and/or relevant theory
- Fails to select developmentally appropriate and evidence-based pedagogical strategies for the particular educational setting; fails to match pedagogical strategies to the developmental level of the learners or to the educational setting.
- Fails to deliver relevant content effectively
- Does not collect or use appropriate formative or summative evaluative data
- Conveys a lack of awareness as to how data would inform subsequent teaching
- Fails to demonstrate attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention.

## **7. Management/Administration**

This competency domain will only be addressed for those candidates who engage in management/administration activities. Successful candidates demonstrate appropriate knowledge and effective practice of management and administration activities within programs, organizations, and/or agencies. They demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to management and administration.

### Components:

- a. Uses existing theory and research to effectively conduct administrative and management activities including developing and overseeing policies and procedures.
- b. Conducts management activity by understanding systems and taking context into account.
- c. Appropriately recognizes the role of and need for clerical and other staff, including the role of human resources in these activities.
- d. Demonstrates financial responsibility by functioning within a budget, negotiating and collecting fees and paying bills.
- e. Demonstrates capacity to develop a system for evaluating subordinates (supervisees, staff, and employees) and appropriately manages power differential in unequal/subordinate relationships.

- f. Communicates appropriately to parties at all levels of the organization.
- g. Demonstrates effective manager/leader skills and procedures appropriate to the specifics of the organization.
- h. Attends to relationships, individual and cultural diversity, ethical and legal standards/policy, professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice as related to management/administration.

Passing Level Examples:

- Articulates how one's leadership style, administrative activities, and management practices relate to existing theory and research.
- Provides examples of developing outcomes assessment systems for organization, management team, and personnel.
- Demonstrates an effective communication style with documentation support (e.g., supervisory evaluations).
- Discusses example of resolving a difficult issue related to personnel management that indicates consideration of foundational competencies and power differentials.

Failing Level Examples:

- Does not apply knowledge of existing theory and research to conduct administrative and management activities.
- Does not complete an appropriate organization assessment that takes context into account when providing management and administration.
- Does not understand and respond appropriately to administrative and management requests and needs.
- Unaware of or inappropriately manages power differential in unequal/subordinate relationships.
- If required to, does not effectively develop statements of mission or purpose of the direct deliver services, organization, programs, or agency.
- Does not effectively negotiate and collect fees and pay bills.
- Does not demonstrate capacity to develop or fails to implement a system for evaluating subordinates (supervisees, staff, and employees).
- Does not effectively communicate appropriately to parties at all levels of the organization.
- Demonstrates ineffective strategies as a manager or leader appropriate to the specifics of the organization.

## 8. Advocacy

This competency domain will only be assessed for those candidates who engage in systematic advocacy activities. Advocacy, as defined for this functional competency, includes the leveraging of scientific knowledge in Clinical Child/Adolescent and Pediatric Psychology to promote change at institutional, community, professional, or societal levels. Through advocacy, Clinical Child/Adolescent and Pediatric Psychologists contribute to the development of policies or practices that advocate for or empower recipients of services, address social problems, and improve human welfare. Successful candidates engage in activities that publicly promote change based on sound scientific evidence. Successful candidates further demonstrate an ability to establish strategic, respectful, ethical, collaborative, and professionally appropriate relationships with stakeholders (e.g., agencies, constituents, government agencies, professional organizations) for the purpose of effecting change. Lastly, candidates should demonstrate an ability to develop, implement, and evaluate action plans for targeted change or progress toward specific advocacy goals. In addition to specific competencies in advocacy, successful candidates demonstrate all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care, interdisciplinary systems, and evidence-based practice) as related to advocacy. ABCCAP distinguishes the functional competency of advocacy from other functional competencies by emphasizing efforts to bring about change in policy or practice at broad (e.g., society, profession, law) versus more narrow (e.g., individual, agency) levels.

### Components:

- a. Utilizes scientific knowledge in Clinical Child/Adolescent or Pediatric Psychology to engage in activities that promote change at institutional, community, professional, or societal levels.
- b. Contributes to the development of policies or practices that advocate for or empower others, address social problems, or improve human welfare.
- c. Establishes strategic, respectful, ethical, collaborative, and professionally appropriate relationships with stakeholders
- d. Develops, implements, and evaluates action plans for targeted change or specific advocacy goals related to policy or practice at broad levels (e.g., laws, profession).
- e. Demonstrates all relevant foundational competencies (e.g., relationships, individual and cultural diversity, ethical and legal standards and policy, professionalism, reflective practice/self-assessment/self-care,

interdisciplinary systems, and evidence-based practice) as related to advocacy.

Passing examples:

- Provides examples of ways they engage in activities to promote positive change at broad levels (e.g., policy, society, practice).
- Provides examples of how advocacy activities are informed by sound scientific evidence.
- Demonstrates ability to develop effective, collaborative, respectful, and ethical partnerships with relevant stakeholders.
- Demonstrates ability to develop and implement action plans to guide advocacy activities.

Failing examples:

- Engages in activities that promote change at local level (e.g., individual agency) rather than at broader level (e.g., profession or society).
- Does not use sound scientific evidence to inform advocacy activities or advocacy efforts not supported by scientific evidence.
- Does not demonstrate professional, ethical, respectful, or collaborative relationships with stakeholders to support advocacy.
- Advocacy efforts are not tied to a specific purpose or goal or are not guided by a clear action plan.

**Functional Competencies.** All eight must be demonstrated:

**1. Relationships**

Successful candidates demonstrate an awareness of the needs, feelings, and reactions of others across all functional competency domains. They prioritize sensitivity to the welfare, rights, and dignity of others. They exhibit a level of self-awareness that promotes effective functioning in each functional competency domain.

Components:

- a. Demonstrates an awareness of the needs, feelings, and reactions of others that promotes effective functioning in each functional competency domain.
- b. Prioritizes and demonstrates sensitivity to the welfare, rights, and dignity of others.
- c. Exhibits a level of self-awareness that promotes effective functioning in each functional competency domain.

Passing Level Examples:

- Demonstrates awareness of self in describing work samples (e.g., intervention, supervision) that permits effective functioning in each functional competency.
- Demonstrates awareness of others when describing work samples (e.g., intervention, supervision) that permits effective functioning in each functional competency.
- Conveys sensitivity to the welfare, rights, and dignity of others when discussing the candidate's work in the field (e.g., intervention, ethical conflicts, etc.).

Failing Level Examples:

- Fails to demonstrate a level of self-awareness that permits effective functioning in each functional competency (e.g., inappropriately personalizes, discounts, or misunderstands client's/patient's reactions, does not manage countertransference reactions).
- Fails to demonstrate a level of awareness of others that permits effective functioning in each functional competency (e.g., ignores the client's/patient's feelings).
- Does not convey an adequate level of sensitivity to the welfare, rights, and dignity of others (e.g., is not compassionate and understanding, is disrespectful, acts in ways that are harmful to the client/patient).

## **2. Individual and Cultural Diversity**

Successful candidates exhibit sufficient knowledge regarding individual and cultural diversity as well as continuing efforts to further their knowledge in this domain. They demonstrate sensitivity and responsiveness to individual and cultural diversity in each functional competency domain. They provide examples indicating that they are aware of the interaction between their own diversity characteristics and those of the people or contexts in which they function as a Clinical Child/Adolescent and/or Pediatric Psychologist.

Components:

- a. Evidences sufficient knowledge regarding individual and cultural diversity.
- b. Engages in ongoing efforts to further knowledge regarding individual and cultural diversity.
- c. Demonstrates sensitivity and responsiveness to individual and cultural diversity in each functional competency.
- d. Exhibits an awareness of the interaction between one's own diversity

characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist.

Passing Level Examples:

- Conveys knowledge about individual and cultural diversity through discussion of training attended or work samples.
- Provides examples of situations in which the candidate demonstrated sensitivity and responsiveness to cultural diversity.
- Conveys an awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist when discussing work samples.

Failing Level Examples:

- Fails to convey adequate or correct knowledge about individual and cultural diversity.
- Fails to demonstrate sensitivity and responsive to individual and cultural diversity in each functional competency (e.g., selects assessment tools or research measures not normed for individuals with demographics similar to client/patient being tested, does not include a culturally informed case conceptualization or recommendations).
- Fails to convey an adequate awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist.

### **3. Ethical and Legal Standards/Policy**

Successful candidates demonstrate knowledge and understanding of the ethical and legal standards/policies relevant to their work as a Clinical Child/Adolescent and/or Pediatric Psychologist. They provide evidence that these ethical and legal standards/policies guide all aspects of their professional functioning.

Components:

- a. Knowledge about ethical standards is apparent and there is evidence that these standards guide all of their professional functioning.
- b. Knowledge about legal standards is apparent and there is evidence that these standards guide all of their professional functioning.

Passing Level Examples:

- Demonstrates awareness of the ethical implications of various situations and

can cite an ethical quandary from own practice and describe appropriate responses.

- Demonstrates awareness of statutory reporting and other legal requirements that practitioners must follow in their jurisdiction, can cite examples from their own practice when these requirements were relevant, and can describe appropriate behaviors in response.

Failing Level Examples:

- Is unaware of important ethical implications or does not comply with ethical guidelines and principles.
- Is unaware of relevant legal standards or these standards do not affect his/her practice behavior.

#### **4. Professionalism**

Successful candidates demonstrate active participation in the profession of Clinical Child/Adolescent or Pediatric Psychology. They exhibit familiarity with current significant issues facing the profession and their implications for one's functioning in this field. Successful candidates appropriately seek out and utilize consultation and supervision. They value continuing professional education and provide examples of ongoing professional development activities.

Components:

- a. Demonstrates active participation in the profession.
- b. Evidences familiarity with current significant issues facing the profession and an awareness of the implication of these issues for one's functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist.
- c. Appropriately seeks and utilizes consultation and supervision.
- d. Values continuing professional education.

Passing Level Examples:

- Demonstrates active participation in the profession (belongs to professional organizations, assumes leadership roles in professional organizations)
- Demonstrates familiarity with current key issues facing the profession and the implication of these issues.
- Seeks consultation and supervision when needed.
- Participates in continuing professional education activities.

Failing Level Examples:

- Does not actively participate in the profession (does not belong to professional organizations, no active professional involvements outside of

specific employment).

- Lacks adequate awareness of significant issues facing the profession or is aware of some significant issues facing the profession but misunderstands their implications for professional functioning.
- Fails to provide evidence for seeking consultation or supervision when needed or does not appropriately utilize consultative or supervisory input.
- Does not participate in continuing professional education activities

## **5. Reflective Practice/Self-Assessment/Self-Care**

Successful candidates engage in ongoing self-reflection and appropriate self-care. They practice with personal and professional self-awareness, and appropriately address gaps in competencies. Successful candidates practice within the boundaries of professional, educational, research, and clinical competencies, and demonstrate ongoing development and maintenance of competencies based on self-reflection and self-assessment.

### Components:

- a. Engages in ongoing, accurate self-reflection and appropriate self-care.
- b. Practices personal and professional self-awareness, appropriately addressing gaps in competence.
- c. Practices within the boundaries of professional, educational, research, and clinical competencies.
- d. Demonstrates ongoing development and maintenance of competencies based on self-reflection and self-assessment.

### Passing Level Examples:

- Practices with personal and professional self-awareness.
- Practices within boundaries of competence and is aware of when new training is required to update and maintain skills.
- Demonstrates awareness of personal limitations regarding health, including mental health issues and responds appropriately in a timely manner.
- Systematically and effectively monitors and adjusts professional practice as situations require.
- Accurately identifies levels of competence across all competency domains and works to maintain appropriate level of competency in all practice areas.
- Demonstrates ability and willingness to seek out feedback from others and consider congruence between own and others assessment and seeks to resolve incongruence.
- Accurately assesses own strengths and weaknesses and seeks to prevent or

ameliorate the impact of this assessment on own professional functioning.

- Provides examples of engagement in self-care activities.

Failing Level Examples:

- Does not engage in self-reflection or self-care.
- Does not assess effectiveness or measure outcomes in practice.
- Practices outside of competence and is unaware of need or does not acquire new training to maintain competence.
- Unaware of the possible effect of health, including impaired mental health, on ability to deliver assessments or interventions.
- Fails to demonstrate willingness and ability to seek and resolve incongruities in practice.
- Does not systematically and effectively monitor and adjust own professional performance in action as situations require.
- Does not accurately assesses own strengths and weaknesses and fails to seek to prevent or ameliorate the impact of this assessment on own professional functioning.
- Fails to recognize when new or improved competencies are required for effective practice.
- Fails to use professional resources to assist with professional growth or to enhance and maintain competencies.

## **6. Scientific Knowledge and Methods**

Successful candidates are aware of and conversant with scientific and scholarly developments in Clinical Child/Adolescent and/or Pediatric Psychology and apply them in professional practice. They demonstrate an understanding of and ability to critically discuss research methodology, research findings, and scientifically derived theoretical constructs that inform their clinical practice. These candidates convey an understanding of the biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan as applies to their work as a Clinical Child/Adolescent and/or Pediatric Psychologist. Successful candidates demonstrate respect for scientifically derived knowledge and may provide contributions to the empirical knowledge base.

Components:

- a. Able to discuss scientific and scholarly developments in Clinical Child/Adolescent and/or Pediatric Psychology and apply them in professional practice.
- b. Uses evidence-base and theory to inform activities as a Clinical

Child/Adolescent and/or Pediatric Psychologist.

- c. Demonstrates understanding of and ability to critically discuss research methodology, research findings, and scientifically derived theoretical constructs that inform his/her clinical practice. This involves incorporating a definable set of constructs and a theoretical orientation of sufficient complexity to allow a rich discussion.
- d. Evidences critical evaluation of research and professional literature and capacity to discuss implications for practice.
- e. Demonstrates an understanding of biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan as applies to his/her work as a Clinical Child and adolescent psychologist.
- f. Contributes to empirical knowledge base (not a required component but should be evaluated if relevant to the candidate).

Passing Level Examples:

- Demonstrates awareness of research and other publications relevant to his/her practice and presents a coherent and reasonably comprehensive explanation based on research and theory of client/patient behavior and functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist in each functional competency domain.
- Demonstrates the capacity to thoughtfully evaluate the extant evidence base and to use this assessment to inform one's practice.
- Shows an ability to contribute to the existing knowledge base (if applicable).
- Demonstrates awareness of interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to the application of the science base to practice and the contribution to the science base.

Failing Level Examples:

- Provides explanations of client/patient behavior that may be accurate, but that lack support of and/or omit obviously useful theoretical and research constructs.
- Presents as largely unaware of current research or theory or has an inaccurate reading of the pertinent literature (NOTE: It is *not* expected that candidates can cite specific years of citations or similar levels of detail; however, candidates are expected to be aware of major trends in the field).
- Does not meaningfully contribute to the existing knowledge base (if applicable).
- Conveys a general lack of awareness of ways in which interpersonal

interactions, individual and cultural diversity, ethical and legal foundations, and professional identification are pertinent the application of the existing science base.

## 7. Interdisciplinary Systems

Successful candidates engage in effective interdisciplinary collaboration based on a strong working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems. They exhibit knowledge of the common and distinctive roles of other professionals. These candidates display communication, problem-solving, and conflict resolution skills that support effective interdisciplinary team functioning. They demonstrate respectful appreciation and integration of contributions and perspectives of other professions.

### Components:

- a. Exhibits working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, and knowledge of common and distinctive roles of other professions.
- b. Displays the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members.
- c. Recognizes and engages in opportunities for effective collaboration with other professionals toward shared goals.
- d. Develops and maintains collaborative, respectful relationships over time despite differences.

### Passing Level Examples:

- Demonstrates ability to articulate the role that others provide in service to patients
- Demonstrates ability to work successfully on interdisciplinary teams.
- Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.
- Provides examples of systematic collaboration with other relevant partners.
- Communicates effectively with individuals from other professions.
- Appreciates and integrates perspectives from multiple professions.

### Failing Level Examples:

- Fails to accurately articulate the roles that others provide in service to patients

- Demonstrate inability to work successfully on interdisciplinary teams
- Fails to demonstrate skill in interdisciplinary settings in working with other professionals to incorporate psychological information into overall team planning and implementation
- Does not systematically collaborate with other relevant partners.
- Does not communicate effectively with individuals from other professions.
- Fails to appreciate and integrate perspectives from multiple professions.

## **8. Evidence-Based Practice**

Successful candidates integrate evidence-based practice into all elements of their clinical activities. They are aware of the available literature and its limitations, and they consistently update their knowledge related to scope of practice. Evidence-based practice supersedes theoretical orientation. Successful candidates demonstrate integration of high-quality research in conceptualization and decision making with regard to intervention, assessment and consultation as well as other functional competencies. They acknowledge limitations and are able to discuss a logical decision-making process, informed by the research literature, with their patients.

### Components:

- a. Consistently integrates evidence-based practice into clinical and professional activities.
- b. Keeps apprised of the evidence-based literature relevant to areas of practice including limitations and best practices.
- c. Integrates available research in conceptualization and decision making with regard to intervention, assessment and consultation as well as other functional competencies.
- d. Competently discusses clinical decision-making process, informed by research, with committee and with patients.

### Passing Level Examples:

- Articulates how peer-reviewed, evidence-based literature informs clinical activities (e.g., interventions, assessment, and consultation).
- Demonstrates a broad awareness of evidence-based practice literature as it is relevant to Clinical Child/Adolescent and/or Pediatric Psychology (e.g., effectiveness of psychopharmacology from child & adolescent psychiatry) as it may be relevant for providing referrals, discussing treatment options.
- Effectively applies empirically supported principles into all aspects of clinical practice.

- Demonstrates integration of current empirically supported clinical principles of practice with patient/parent values, clinical data, cultural/ethnic, socioeconomic/feasibility and setting demands.
- Demonstrates an awareness and application of the empirical literature regarding consultation, training/teaching, supervision, management and other functional competencies germane to the psychologist's scope of practice.

*Failing Level Examples:*

- Does not use evidence-based practice or cannot provide an explanation for assessment or intervention (or in other clinical applications) selection and/or application.
- Does not understand the empirical basis for their clinical activities.
- Fails to discuss relevant empirical data related to clinical decision making
- Fails to understand variation in quality of published materials (e.g., Cochrane reviews vs. book chapters) and of clinical studies (e.g., multiple well-controlled trials vs. open label)
- Follows a one-size-fits all approach to clinical care

## **FINAL EXAMINATION PROCEDURES AND CANDIDATE NOTIFICATION**

### **EXAMINATION RESULTS**

Candidates are notified within one week of the oral exam. If successful, the Candidate will also receive notification of receipt of 10 Continuing Education credits from the APA. If unsuccessful, the Candidate will receive a detailed report indicating the rationale for the decision, suggestions to address areas of weakness and encouragement to retake the exam at a later date. Candidates who fail have the right to appeal the decision if they believe procedural errors occurred in their examination.

### **EXAMINATION FEEDBACK**

Candidates are encouraged to provide feedback on the examination process. They may do this via contacting Central Office or any ABCCAP representative, including those who were not an examiner, to encourage greater depth and candidness of comments.

## **APPENDICES: Forms A – J**

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## FORM A: STEPS IN THE ABCCAP BOARD CERTIFICATION PROCESS

|    |  |
|----|--|
| 1  | Applicant consults the Web site ( <a href="http://www.abpp.org">www.abpp.org</a> ) or contacts the ABPP Central Office (CO) (919-537-8031, Fax 919-537-8034) to request Examination Manual and Application Form.   |
| 2  | <b>Eligibility: Candidacy (Stage 1): Applicant</b> completes Application Form and submits to <b>ABPP</b> the necessary supporting documentation and application fee.   |
| 3  | Generic requirements for the doctoral degree, the internship, licensure, and professional standing (disciplinary status) are verified by the ABPP Central Office (CO).   |
| 4  | If generic requirements are met, the application is forwarded to the ABCCAP Credential Reviewer for specialty review; that decision is sent to CO.   |
| 5  | CO informs the applicant of the Stage 1 review outcome. If the application is not approved or is deemed incomplete, CO informs Applicant of the reasons. If additional information may bring about approval, it is requested and must be re-submitted.   |
| 6  | <b>Examination: Practice Sample Review (Stage 2):</b> If the application is approved, the Applicant becomes a <b>Candidate</b> and begins preparing the <b>Practice Sample</b> . The Candidate may contact the <b>Exam Coordinator</b> to request a mentor. The Candidate submits:<br>a) the Practice Sample to the Exam Coordinator within 12 months of the candidacy notification via Box, a HIPAA-compliant online data management system, and<br>b) the <b>Practice Sample Fee</b> to the ABPP CO. The Exam Coordinator reviews the Practice Sample for completeness. If incomplete, the Exam Coordinator will request additional material from the Candidate. |
| 7  | Upon acceptance of the completed Practice Sample, a tentative committee is scheduled by the <b>Exam Coordinator</b> , who informs the candidate. The candidate has one week to state any objections to the committee composition.  |
| 8  | The <b>Exam Coordinator</b> provides the committee members with access to the <b>Practice Sample</b> in Box. The <b>Examination Committee Chair</b> coordinates the Practice Sample Review, the decision of which is sent to CO and the Candidate.   |
| 9  | If the Practice Sample Review is deemed a fail, the <b>Examination Committee Chair</b> prepares a summary based on feedback from the committee and sends this to CO, who notifies the Candidate of the reasons and the current examination process is halted. With a new examination fee submitted to CO within 12 months, a new Practice Sample may be submitted, and this phase of the examination process starts over.  |
| 10 | <b>Examination: Oral Examination (Stage 3):</b> Upon notification of passing the Practice Sample Review, the Candidate sends the <b>Oral Examination Fee</b> to CO and schedules the Oral Examination with the Examination Chair. The Chair may not finalize the Oral Examination schedule until CO verifies the Oral Examination Fee has been received.   |
| 11 | Oral Examination results are sent to CO and Exam Coordinator immediately following the examination. If the Oral Examination is passed, the Candidate will be notified by the CO. The Candidate becomes <i>Board-Certified</i> , may begin to use the title immediately, and will receive the diploma within 45 days from the ABPP CO appropriately signed by the ABCCAP and ABPP.  |
| 12 | Decisions made by the ABCCAP regarding <u>Candidacy (Stage 1)</u> , the <u>Practice Sample (Stage 2)</u> , and the <u>Oral Examination (Stage 3)</u> will be submitted to CO by the Credential Reviewer (Stage 1) or the Exam Coordinator (Stage 2 & 3). CO forwards decision letters reflecting ABCCAP actions to candidates within two weeks following receipt of the notifications. Copies of these letters are forwarded to the ABCCAP President and Exam Coordinator.   |

|    |  |
|----|--|
| 13 | If the Oral Examination is failed, Committee feedback should be reviewed by the ABCCAP President or Exam Coordinator before sending to CO. |
|----|--|

**FORM B: SPECIALTY SPECIFIC CREDENTIAL REVIEW RESULT FORM**  
**SPECIALTY SPECIFIC REQUIREMENTS FOR APPLICATION IN CLINICAL CHILD AND**  
**ADOLESCENT AND/OR PEDIATRIC PSYCHOLOGY**

*Note: Application for ABCCAP is made [online through a fillable form](#) on the ABPP website.*

**Instructions: \*\*DO NOT PRINT\*\*** This document is a fillable word doc. Where applicable the spaces will expand as the text is entered. Items that show “choose an item” include a dropdown menu where you can select your response. Please save this doc as you work on it and when completed download to the generic application.

**Name of Applicant:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Application Type:** Choose an item.

**Area(s) of Emphasis:** Choose an item.

**1. Current Work:**

Please indicate what percentage of time you devoted to the following activities in Clinical Child and Adolescent and/or Pediatric Psychology in the past 12 months (percentages should add up to 100%; see examination manual for descriptions of these competencies).

|   |  |   |   |
|---|--|---|---|
| <b>Assessment:</b> Click here to enter text.  | <b>Intervention:</b> Click here to enter text. | <b>Consultation:</b> Click here to enter text.              | <b>Research/Evaluation:</b> Click here to enter text. |
| <b>Supervision:</b> Click here to enter text. | <b>Teaching:</b> Click here to enter text.     | <b>Management/Administration:</b> Click here to enter text. | <b>Advocacy:</b> Click here to enter text.            |

Please describe your current work in Clinical Child and Adolescent and/or Pediatric Psychology.

Please ensure that you describe all activities and settings marked above.

Click here to enter text.

**2. Doctoral Training:**

Please describe your doctoral training in Clinical Child and Adolescent and/or Pediatric Psychology, including coursework, supervision, research, and practical/internships (as applicable).

- A. **Did you complete a formal training program or track in Clinical Child and Adolescent and/or Pediatric Psychology?** Choose an item.
- B. **Coursework:** Click or tap here to enter text.
- C. **Research:** Click or tap here to enter text.
- D. **Practicum/Externship Experiences:** Click or tap here to enter text.
- E. **Clinical Supervision:** Click or tap here to enter text.

**3. Internship Training:**

- A. **Did you complete a formal internship or internship track in Clinical Child and Adolescent and/or Pediatric Psychology?** Choose an item.

- B. **What percentage of time was devoted to training in Clinical Child and Adolescent and/or Pediatric Psychology during your internship year?** Click or tap here to enter text.
- C. **Please describe your internship training in Clinical Child and Adolescent and/or Pediatric Psychology. Make sure to detail specific training experiences.** Click or tap here to enter text.
- D. **Primary supervisor(s):** Click or tap here to enter text.
- E. **Was the primary supervisor(s) a Clinical Child and Adolescent and/or Pediatric Psychologist?** Choose an item.

#### 4. **Postdoctoral Supervision and Experience:**

*The applicant will have a minimum of three years of experience following completion of the doctoral degree (one year = a minimum of 1500 practice hours over 12 consecutive months); one year of which was supervised by a licensed psychologist. Refer to the ABCCAP Examination Manual (available online) for details about required postdoctoral experience.*

##### 4a. **Supervised Postdoctoral Experience (minimum of 1 year):**

- A. **Start Date:** Click or tap here to enter text.
- B. **End Date:** Click or tap here to enter text.
- C. **Agency/Setting:** Click or tap here to enter text.
- D. **Your Title:** Click or tap here to enter text.
- E. **Primary supervisor(s):** Click or tap here to enter text.
- F. **Hours of supervision per week:** Click or tap here to enter text.
- G. **Was the primary supervisor(s) a Clinical Child and Adolescent and/or Pediatric Psychologist?** Choose an item.
- H. **What percentage of time focused on Clinical Child and Adolescent and/or Pediatric Psychology during postdoctoral supervised year?** Click or tap here to enter text.
- I. **Please describe your postdoctoral supervised training and experience:** Click or tap here to enter text.

##### 4b. **Additional Postdoctoral Experience (minimum of 2 years):**

- A. **Start Date:** Click or tap here to enter text.
- B. **End Date:** Click or tap here to enter text.
- C. **Agency/Setting:** Click or tap here to enter text.
- D. **Your Title:** Click or tap here to enter text.
- E. **What percentage of time focused on Clinical Child and Adolescent and/or Pediatric Psychology during this postdoctoral training experience?** Click or tap here to enter text.
- F. **Please describe your work in Clinical Child and Adolescent and/or Pediatric Psychology during this time:** Click or tap here to enter text.

*If independently licensed as a psychologist during this time, you may skip questions G-I below.*

- G. **Primary supervisor(s):** Click or tap here to enter text.
- H. **Hours of supervision per week:** Click or tap here to enter text.

- I. **Was the primary supervisor(s) a Clinical Child and Adolescent and/or Pediatric Psychologist?** Choose an item.
- 

**Required Documents:**

- Official Doctoral Transcripts sent directly from the institution – Date sent: Click here to enter a date.
- Current Curriculum Viatae
- Save this form on your computer so that you will be able to upload when completing the application.
- Complete the Online Application: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3661>

**All application materials should be submitted to:**

**ABPP Central Office**  
**600 Market Street, Ste. 201**  
**Chapel Hill, NC 27516**  
**Phone: 919-537-8031 Fax: 919-537-8034**  
**[office@abpp.org](mailto:office@abpp.org)**  
**Effective August 20, 2018**

**FORM C-1: REGULAR OPTION PRACTICE SAMPLE CHECKLIST**

| <b>CHECK WHEN COMPLETE</b> | <b>MATERIALS</b>   |
|----------------------------|--|
| <input type="checkbox"/>   | Curriculum Vitae   |
| <input type="checkbox"/>   | Professional Statement   |
| <input type="checkbox"/>   | Completed grid with estimated percentage of time spent in each area of functional competence   |
| <input type="checkbox"/>   | One Assessment, Intervention, or Consultation Practice Sample that includes a 50-minute, unedited video recording (in which both the Candidate and the Client/patient are visible and clearly audible), a written Contextual Statement, and Required Forms.  |
| <input type="checkbox"/>   | A second Practice Sample (video or written work samples with accompanying contextual statement and required forms if relevant in Assessment, Intervention, Consultation, Supervision, Research/Evaluation, Teaching, Management/Administration, or Advocacy) that must be from a different competency domain and with a different client than the first practice sample. |
| <input type="checkbox"/>   | Supplemental Materials (e.g., de-identified testing raw materials and protocols with any answer sheets, profiles, or computer printouts if formal assessment is conducted, publications, syllabi) for the two different Practice Samples.  |
| <input type="checkbox"/>   | <b>Blank copies</b> of the Informed Consent and Health Information Portability and Privacy Act (HIPAA) documents used in the Candidate's practice setting(s).  |
| <input type="checkbox"/>   | Attestation that written informed consent was secured for Practice Samples.  |
| <input type="checkbox"/>   | Practice Sample fee submitted to ABPP Central Office   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**FORM C-2: ASSESSMENT PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>   |
|----------------------------|---|
| <input type="checkbox"/>   | A 50-minute, unedited video recording (in which both the Candidate and the Client/patient are visible and clearly audible)              |
| <input type="checkbox"/>   | Contextual Statement: with dates of client/patient contacts, non-identifying descriptive information, presenting problem, brief history |
| <input type="checkbox"/>   | Rationale for procedures utilized including theoretical models when appropriate and evidence base                                       |
| <input type="checkbox"/>   | Copies of all masked raw data (if applicable)   |
| <input type="checkbox"/>   | Formation and discussion of the problem in terms of identified theory of practice and relevant research                                 |
| <input type="checkbox"/>   | Diagnosis   |
| <input type="checkbox"/>   | Recommendations   |
| <input type="checkbox"/>   | Discussion of the individual and cultural diversity and ethical/legal considerations involved   |
| <input type="checkbox"/>   | Reflective comment on the Candidate's own behavior and interpersonal interactions in the sample   |
| <input type="checkbox"/>   | Copy of the full (redacted) professional written report (if applicable)   |
| <input type="checkbox"/>   | Attestation that written informed consent was secured   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**FORM C-3: INTERVENTION PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>   |
|----------------------------|---|
| <input type="checkbox"/>   | A 50-minute, unedited video recording (in which both the Candidate and the Client/patient are visible and clearly audible)  |
| <input type="checkbox"/>   | Contextual statement with dates of client/patient contacts, current session number in total sequence, non-identifying descriptive information and history, presenting problem, course of treatment, diagnosis |
| <input type="checkbox"/>   | Theoretical and empirical rationale for interventions used and goals for present intervention   |
| <input type="checkbox"/>   | Formulation and discussion of the intervention in terms of identified theory of practice and relevant research  |
| <input type="checkbox"/>   | Means of monitoring progress/outcome  |
| <input type="checkbox"/>   | Discussion of the individual and cultural diversity and ethical/legal considerations involved   |
| <input type="checkbox"/>   | Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample   |
| <input type="checkbox"/>   | Copy of the full professional (redacted) written report (if applicable)   |
| <input type="checkbox"/>   | Attestation that written informed consent was secured   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**FORM C-4: CONSULTATION PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>   |
|----------------------------|---|
| <input type="checkbox"/>   | A 50-minute, unedited video recording (in which both the Candidate and the consultee(s) are visible and clearly audible)  |
| <input type="checkbox"/>   | Contextual statement with dates of consultation contacts, non-identifying descriptive information of the consultation context, purpose and goals of consultation, brief history of consultation |
| <input type="checkbox"/>   | Theoretical and empirical rationale for consultation procedures used, goals for present consultation, and recommendations   |
| <input type="checkbox"/>   | Formulation and discussion of the consultation in terms of identified theory of practice and relevant research  |
| <input type="checkbox"/>   | Discussion of the individual and cultural diversity and ethical/legal considerations involved   |
| <input type="checkbox"/>   | Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample   |
| <input type="checkbox"/>   | Copy of the full professional (redacted) consultation written report (if applicable)  |
| <input type="checkbox"/>   | Attestation that written informed consent was secured   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

### FORM C-5: SUPERVISION PRACTICE SAMPLE

| CHECK<br>WHEN<br>COMPLETE | REQUIRED INFORMATION  |
|---------------------------|---|
| <input type="checkbox"/>  | A 50-minute, unedited video recording (in which both the Candidate and the supervisee(s) are visible and clearly audible)   |
| <input type="checkbox"/>  | Contextual statement with dates of supervision activity, non-identifying descriptive information of the context, purpose and goals of the activity, brief history of the supervisory relationship |
| <input type="checkbox"/>  | Theoretical and empirical rationale for the activities used, goals for present activity, and recommendations  |
| <input type="checkbox"/>  | Formulation and discussion of the activity in terms of identified <b>model of supervision</b> , theoretical approach to intervention, and relevant research                                       |
| <input type="checkbox"/>  | Discussion of the individual and cultural diversity and ethical/legal considerations involved   |
| <input type="checkbox"/>  | Reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample   |
| <input type="checkbox"/>  | Attestation that written informed consent was secured   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO  
SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY  
DETERMINATION**

## FORM C-6: RESEARCH/EVALUATION PRACTICE SAMPLE

| <b>CHECK<br/>WHEN<br/>COMPLETE</b> | <b>REQUIRED INFORMATION</b>  |
|------------------------------------|--|
| <input type="checkbox"/>           | A contextual statement that includes the candidate's research/evaluation philosophy, goals, activities, research/evaluation program, and accomplishments.  |
| <input type="checkbox"/>           | At least one Work Product illustrating the candidate's contributions to the research literature, research activities, and/or program evaluation (publications, grants, program evaluation reports) that impact pediatric or clinical child/adolescent populations. |
| <input type="checkbox"/>           | Discussion of the individual and cultural diversity and ethical/legal considerations involved in research/program evaluation activities.   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO  
SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY  
DETERMINATION**

**FORM C-7: TEACHING PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>   |
|----------------------------|---|
| <input type="checkbox"/>   | A contextual statement regarding the candidate's teaching philosophy, goals, activities, and examples of teaching contributions that impact the field of clinical child/adolescent psychology. Information regarding the course name, syllabus, audience, class size and how formative/summative data are used to evaluate teaching effectiveness should be included. |
| <input type="checkbox"/>   | A 50-minute video recording of Teaching   |
| <input type="checkbox"/>   | One or two examples of Teaching Work Products (e.g., syllabi, lesson plans, lectures, publications, grants, program evaluation reports, etc.) that impact the field of pediatric or clinical/adolescent psychology.   |
| <input type="checkbox"/>   | Discussion of individual/cultural diversity and ethical/legal considerations.   |
| <input type="checkbox"/>   | Reflective comment on the Candidate's own behavior and the interpersonal interactions in the Teaching Work Product.   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**FORM C-8: MANAGEMENT ADMINISTRATION PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>   |
|----------------------------|---|
| <input type="checkbox"/>   | Contextual statement with examples of organizational development, project management, leadership, or program initiatives. Discuss management/administration goals, process, and accomplishments as well as the theoretical models and evidence-base informing their work. Written description that includes scope of management/administrative tasks, existing theory/research regarding management and leadership, approach to leadership at the organizational/systems level, self-assessed leadership style with attention to the pros and cons of this style, typical communication strategies at all levels of the organizations, and system for evaluating job performance. |
| <input type="checkbox"/>   | At least one Management/Administrative Work Product.  |
| <input type="checkbox"/>   | Theoretical and empirical rationale for one specific Management/Administrative Work Product, goals for present Work Product, and evaluation of Work Product.  |
| <input type="checkbox"/>   | Formulation and discussion of the Management/Administration Work Product in terms of identified theory of practice, relevant research, goals for Work Product, and Evaluation of Work Product.  |
| <input type="checkbox"/>   | Discussion of the individual/cultural diversity and ethical/legal considerations involved.  |
| <input type="checkbox"/>   | Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the Management/Administration Work Product.  |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**FORM C-9: ADVOCACY PRACTICE SAMPLE**

| <b>CHECK WHEN COMPLETE</b> | <b>REQUIRED INFORMATION</b>  |
|----------------------------|--|
| <input type="checkbox"/>   | Contextual statement with examples of advocacy initiatives. Discuss advocacy goals, process, and accomplishments as well as the theoretical models and evidence-base informing your work. Written description that includes the scope of your systematic advocacy efforts, demonstration of how your advocacy promotes change (at the institutional, community, professional or societal level), how your advocacy is informed by sound scientific evidence, how you have established professional working relationships with stakeholders, and how you have developed specific advocacy goals related to policy/practice at broad levels. |
| <input type="checkbox"/>   | Specific Advocacy Work Product   |
| <input type="checkbox"/>   | Formulation and discussion of the advocacy work product in terms of identified theory of practice and relevant research.   |
| <input type="checkbox"/>   | Discussion of the individual and cultural diversity and ethical/legal considerations involved.   |
| <input type="checkbox"/>   | Reflective comment on the Candidate’s own behavior and interpersonal interactions involved with the Advocacy Work Product.   |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

### FORM C-10: SENIOR OPTION PRACTICE SAMPLE CHECKLIST

*(See manual for details)*

| CHECK WHEN COMPLETE      | REQUIRED INFORMATION  |
|--------------------------|---|
| <input type="checkbox"/> | Curriculum Vitae  |
| <input type="checkbox"/> | Professional Statement  |
| <input type="checkbox"/> | Work Product in area of Assessment, Intervention or Consultation related to Clinical Child and Adolescent Psychology (e.g., written case conceptualization and treatment discussion, assessment report, consultation report)  |
| <input type="checkbox"/> | A second Work Product in Assessment, Intervention, Consultation, Supervision, Research/Evaluation, Teaching, Management/Administration, or Advocacy (e.g., professional publications, summary of funded grant, presentation, treatment manual, program evaluation, program development, summary of management/administrative role in a psychology training program) that must be from a different competency domain than the first Work Product |
| <input type="checkbox"/> | Candidates may submit more than 2 work products (but no more than 6) to illustrate their fulfillment of functional competency domains in their areas of practice.   |
| <input type="checkbox"/> | <b>Blank</b> Informed Consent and HIPAA forms used in one’s practice (if applicable).   |
| <input type="checkbox"/> | See Forms C-2 through C-9 for description of information to be included in the work product contextual statements for each functional competency domain as relevant to submitted work products.   |
| <input type="checkbox"/> | Practice Sample fee submitted to ABPP Central Office  |

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN ONE YEAR PRIOR TO  
SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY  
DETERMINATION**

**FORM D: PROFESSIONAL STATEMENT**

*The Candidate should answer questions #1-14 in no more than 15 double-spaced, typewritten pages and submit this material with the Practice Sample.*

1. Description of your current professional work as a child/adolescent and/or pediatric psychologist
2. Your participation in the profession of clinical child/adolescent and/or pediatric psychology at the local, state, and national level
3. Brief description of a professional education activity that you recently attended
4. Your long-term plans in psychology
5. Your reason(s) for seeking board certification
6. An example of how understanding of the biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan applies to your work as a clinical child/adolescent and/or pediatric psychologist
7. The theoretical approach that guides your work
8. The scientific evidence base that informs your practice as a clinical child/adolescent and/or pediatric psychologist (including a discussion of how you keep apprised of the evidence-based literature relevant to your area of practice)
9. An example of work that you do that requires you to collaborate with other professionals and/or work within an interdisciplinary team
10. An example of handling a complex interpersonal interaction in the area of assessment, intervention, and/or consultation (include discussion of your awareness of the needs, feelings, & reactions of self & others during this interaction)
11. An example of when and why you have sought out and used professional consultation, mentorship, &/or supervision
12. An example of knowledge regarding individual & cultural diversity pertinent to your own work in the area of assessment, intervention, and/or consultation (also comment on your own continuing efforts to further your knowledge in this area)

13. Description of a meaningful and challenging ethical dilemma personally encountered, aspects of the APA Ethical Principles of Psychologists and Code of Conduct pertinent to the dilemma, and how the dilemma was managed
14. A statement attesting that no ethical/legal action has been taken against you since candidacy.
15. If an assessment practice sample (or work sample for senior candidates) is not submitted, the candidate should submit a written assessment sample summary of their own work that includes the referral question, summary of the assessment done, and case conceptualization that addresses the competency items evaluated in the assessment domain (no more than 5 pages). If you have submitted an assessment practice sample (or work sample for senior candidates), then note N/A.
16. If an intervention practice sample is not submitted (or work sample for senior candidates), the candidate should submit a written intervention sample summary of their own work that includes the presenting complaint, case conceptualization, and course of treatment that addresses the competency items evaluated in the intervention domain (no more than 5 pages). If you have submitted an intervention practice sample (or work sample for senior candidates), then note N/A.
17. If a consultation practice sample is not submitted (or work sample for senior candidates), the candidate should submit a written consultation sample summary of their own work that includes information on the consultee, the consultation question/goals, and outcome that addresses the competency items evaluated in the consultation domain (no more than 5 pages). If you have submitted a consultation practice sample (or work sample for senior candidates), then note N/A.

**In addition to the Professional Statement, you must submit:**

- a) your *Curriculum Vitae*
- b) A (blank sample) Informed Consent used in your practice setting if applicable
- c) A (blank sample) Health Information Portability and Privacy Act (HIPAA) form used in your practice setting if applicable

## FORM E: VOLUNTARY CONSENT AGREEMENT

### The American Board of Clinical Child and Adolescent Psychology American Board of Professional Psychology

I, \_\_\_\_\_, agree to participate in a psychological service, which includes recording of an assessment, intervention, consultation, or supervision/management activity.

|      |              |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

I am aware that the assessment, intervention, consultation, supervision/management activity will be recorded for the purpose of being observed by psychologists who will be evaluating Dr. \_\_\_\_\_, a licensed psychologist applying for Board Certification by the American Board of Clinical Child and Adolescent Psychology (ABCCAP), a Specialty Board of the American Board of Professional Psychology (ABPP). No one other than those involved in the examination process will be allowed to observe the recording and related documents. The recording and related documents will be returned to Dr. \_\_\_\_\_ immediately upon completion of the examination.

I recognize that my participation in this process is entirely voluntary and not a requirement to receive psychological services. I have been told that I will receive a copy of this consent form.

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Psychologist: \_\_\_\_\_

**Candidate will keep the original of this consent agreement for her/his records and not mail it with the Practice Samples. Do not give a copy of this form to the Examination Team.**

## FORM F: FUNCTIONAL AND FOUNDATIONAL COMPETENCIES RATING GRID

CANDIDATE NAME: \_\_\_\_\_

| <b>FUNCTIONAL COMPETENCIES</b>  | <b>Stage 2 Review</b> |             | <b>Stage 3 Review</b> |             |
|---|-----------------------|-------------|-----------------------|-------------|
|   | <b>Pass</b>           | <b>Fail</b> | <b>Pass</b>           | <b>Fail</b> |
| <b><u>1. ASSESSMENT COMPETENCE</u></b>  |                       |             |                       |             |
| a) Conducts assessments and evaluations with a high level of skill and appropriate attitude using extant knowledge base   |                       |             |                       |             |
| b) Selects empirically supported assessment and evaluation procedures that are appropriate for the referral question and for the specific client/patient                      |                       |             |                       |             |
| c) Accurately interprets assessment and evaluation findings and appropriately uses findings to inform culturally sensitive, individualized, evidence-based conceptualizations |                       |             |                       |             |
| d) Develops evidence-based, culturally sensitive, individualized, conceptually informed recommendations   |                       |             |                       |             |
| e) Communicates results in a client-centered manner that leads to useful outcomes   |                       |             |                       |             |
| f) Demonstrates attention to all foundational competencies as related to assessment   |                       |             |                       |             |
| <b><u>2. INTERVENTION COMPETENCE</u></b>  |                       |             |                       |             |
| a) Chooses evidence-based intervention procedures that are appropriate for the client/patient   |                       |             |                       |             |
| b) Applies interventions with a high-quality level of skill and knowledge and appropriate attitude  |                       |             |                       |             |
| c) Articulates the empirical and theoretical bases for their interventions  |                       |             |                       |             |

|  |  |  |  |  |
|--|--|--|--|--|
| d) Responsibly manages intervention contract issues (client’s/patient’s goals, boundaries of treatment, payment resources, etc.)             |  |  |  |  |
| e) Demonstrates attention to all foundational competencies as related to intervention  |  |  |  |  |
| <b><u>3. CONSULTATION COMPETENCE</u></b>   |  |  |  |  |
| a) Articulates knowledge of the literature and science base relevant to specific consultative methods and processes                          |  |  |  |  |
| b) Selects consultation procedures that are appropriate for the client and context   |  |  |  |  |
| c) Appropriately gathers and thoughtfully integrates background information for the consultation   |  |  |  |  |
| d) Conducts consultations with high-quality level of skill and knowledge and appropriate attitude  |  |  |  |  |
| e) Demonstrates attention to all relevant foundational competencies as related to consultation   |  |  |  |  |
| <b><u>4. RESEARCH/EVALUATION*</u></b>  |  |  |  |  |
| a) Engages in research that impacts Clinical Child/Adolescent or Pediatric Psychology  |  |  |  |  |
| b) Utilizes the principles and knowledge based of Clinical Child/Adolescent or Pediatric Psychology to inform human subjects research design |  |  |  |  |
| c) Demonstrates ability to critically evaluate the theoretical and research literature in area of expertise                                  |  |  |  |  |
| d) Contributes to the literature or to program effectiveness with contributions based on evidence-based theory and methodology               |  |  |  |  |
| e) Demonstrates knowledge and use of appropriate research methods, suitable statistical procedures, and the scientific method                |  |  |  |  |
| f) Responsible for creating new knowledge that can be generalized beyond the specific sample in which the new knowledge was generated        |  |  |  |  |
| g) Demonstrates attention to all relevant foundational competencies as related to research   |  |  |  |  |
| <b><u>5. SUPERVISION *</u></b>   |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| a) Utilizes theory and research to conduct supervision with high quality skill   |  |  |  |  |
| b) Articulates a specific model used to guide supervision activities   |  |  |  |  |
| c) Demonstrates current knowledge and skills in areas being supervised   |  |  |  |  |
| d) Ensures the integrity of clinical services provided by supervisees  |  |  |  |  |
| e) Implements strategies for supporting respectful, ethical, collaborative and professionally appropriate supervisory relationships                              |  |  |  |  |
| f) Demonstrates attention to all foundational competencies as related to supervision   |  |  |  |  |
| <b>6. <u>TEACHING*</u></b>   |  |  |  |  |
| a) Demonstrates knowledge of pedagogical theory and research to engage in teaching activities with high quality and appropriate attitude                         |  |  |  |  |
| b) Demonstrates use of exemplary knowledge in subject area to convey course material   |  |  |  |  |
| c) Demonstrates classroom teaching skills such as effective communication, listening, respectfulness, and/or use of technologies                                 |  |  |  |  |
| d) Utilizes data on learning outcomes and self-reflection on teaching performance to improve teaching  |  |  |  |  |
| e) Utilizes formative and summative student evaluations of teaching to improve teaching and learning   |  |  |  |  |
| f) Demonstrates attention to all foundational competencies as related to teaching  |  |  |  |  |
| <b>7. <u>MANAGEMENT/ADMINISTRATION*</u></b>  |  |  |  |  |
| a) Uses existing theory and research to effectively conduct administrative and management activities including developing and overseeing policies and procedures |  |  |  |  |
| b) Conducts management activity by understanding systems and taking context into account   |  |  |  |  |
| c) Appropriately recognizes the role of and need for clerical and other staff, including the role of human resources in these activities                         |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| d) Demonstrates financial responsibility by functioning within a budget, negotiating and collecting fees and paying bills  |  |  |  |  |
| e) Demonstrates capacity to develop a system for evaluating subordinates (supervisees, staff, and employees) and appropriately manages the power differential in unequal/subordinate relationships |  |  |  |  |
| f) Communicates appropriately to parties at all levels of the organization   |  |  |  |  |
| g) Demonstrates effective manager/leader skills and procedures appropriate to the specifics of the organization  |  |  |  |  |
| h) Demonstrates attention to all foundational competencies as related to management/administration   |  |  |  |  |
| <b><u>8. ADVOCACY*</u></b>   |  |  |  |  |
| a) Utilizes scientific knowledge in Clinical Child/Adolescent or Pediatric Psychology to engage in activities that promote change at institutional, community, professional, or societal levels    |  |  |  |  |
| b) Contributes to the development of policies or practices that advocate for or empower others, address social problems, or improve human welfare  |  |  |  |  |
| c) Establishes strategic, respectful, ethical, collaborative, and professionally appropriate relationships with stakeholders   |  |  |  |  |
| d) Develops, implements, and evaluates action plans for targeted change or specific advocacy goals related to policy or practice at broad levels (e.g., laws, profession)                          |  |  |  |  |
| e) Demonstrates attention to all foundational competencies as related to advocacy  |  |  |  |  |

**\*Only candidates who engage in activities in this functional competency domain will be evaluated for this domain.**

| <b>FOUNDATIONAL COMPETENCIES</b>  | <b>Stage 2 Review</b> |             | <b>Stage 3 Review</b> |             |
|---|-----------------------|-------------|-----------------------|-------------|
|   | <b>Pass</b>           | <b>Fail</b> | <b>Pass</b>           | <b>Fail</b> |
| <b>1. <u>RELATIONSHIPS</u></b>  |                       |             |                       |             |
| a) Demonstrates an awareness of the needs, feelings, and reactions of others that promotes effective functioning in each functional competency domain   |                       |             |                       |             |
| b) Prioritizes and demonstrates sensitivity to the welfare, rights, and dignity of others   |                       |             |                       |             |
| c) Exhibits a level of self-awareness that promotes effective functioning in each functional competency domain  |                       |             |                       |             |
| <b>2. <u>INDIVIDUAL AND CULTURAL DIVERSITY</u></b>  |                       |             |                       |             |
| a) Evidences sufficient knowledge regarding individual and cultural diversity   |                       |             |                       |             |
| b) Engages in ongoing efforts to further knowledge regarding individual and cultural diversity  |                       |             |                       |             |
| c) Demonstrates sensitivity and responsiveness to individual and cultural diversity in each functional competency   |                       |             |                       |             |
| d) Exhibits an awareness of the interaction between one’s own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Child/Adolescent and/or Pediatric Psychologist |                       |             |                       |             |
| <b>3. <u>ETHICAL AND LEGAL STANDARDS/POLICY</u></b>   |                       |             |                       |             |
| a) Demonstrates knowledge about ethical standards and applies this knowledge to perform in an ethical fashion across all functional competencies  |                       |             |                       |             |
| b) Demonstrates knowledge about legal standards and applies this knowledge to perform in a fashion consistent with such standards across all functional competencies  |                       |             |                       |             |
| <b>4. <u>PROFESSIONALISM</u></b>  |                       |             |                       |             |

|  |  |  |  |  |
|--|--|--|--|--|
| a) Demonstrates active participation in the profession.  |  |  |  |  |
| b) Evidences familiarity with current significant issues facing the profession and the implication of these issues.  |  |  |  |  |
| c) Seeks and utilizes consultation and supervision when needed.  |  |  |  |  |
| d) Obtains ongoing training and education.   |  |  |  |  |
| <b>5. <u>REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE</u></b>   |  |  |  |  |
| a) Engages in ongoing, accurate self-reflection and appropriate self-care  |  |  |  |  |
| b) Practices personal and professional self-awareness, appropriately addressing gaps in competence   |  |  |  |  |
| c) Practices within the boundaries of professional, educational, research, and clinical competencies   |  |  |  |  |
| d) Demonstrates ongoing development and maintenance of competencies based on self-reflection and self-assessment   |  |  |  |  |
| <b>6. <u>SCIENTIFIC KNOWLEDGE AND METHODS</u></b>  |  |  |  |  |
| a) Discusses and applies scientific and scholarly developments in Clinical Child/Adolescent and/or Pediatric Psychology  |  |  |  |  |
| b) Uses evidence-base and theory to inform activities as a Clinical Child/Adolescent and/or Pediatric Psychologist   |  |  |  |  |
| c) Demonstrates understanding of and ability to critically discuss research methodology, research findings, and scientifically derived theoretical constructs that inform his/her clinical practice. This involves incorporating a definable set of constructs and a theoretical orientation of sufficient complexity to allow a rich discussion |  |  |  |  |
| d) Evidences critical evaluation of research and professional literature and capacity to discuss implications for practice   |  |  |  |  |
| e) Demonstrates an understanding of biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan as applies to his/her work as a Clinical Child and adolescent psychologist   |  |  |  |  |
| f) Contributes to empirical knowledge base (not a required component, but should be evaluated if relevant to the candidate)  |  |  |  |  |
| <b>7. <u>INTERDISCIPLINARY SYSTEMS</u></b>   |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| a) Exhibits working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems, and knowledge of common and distinctive roles of other professions  |  |  |  |  |
| b) Displays the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, and supporting and utilizing the perspectives of other team members |  |  |  |  |
| c) Recognizes and engages in opportunities for effective collaboration with other professionals toward shared goals  |  |  |  |  |
| d) Develops and maintains collaborative, respectful relationships over time despite differences  |  |  |  |  |
| <b>8. <u>EVIDENCE-BASED PRACTICE</u></b>   |  |  |  |  |
| a) Consistently integrates evidence-based practice into clinical and professional activities   |  |  |  |  |
| b) Keeps apprised of the evidence-based literature relevant to areas of practice including limitations and best practices  |  |  |  |  |
| c) Integrates available research in conceptualization and decision making with regard to intervention, assessment and consultation as well as other functional competencies  |  |  |  |  |
| d) Competently discusses clinical decision-making process, informed by research, with committee and with patients  |  |  |  |  |

## FORM H-1: CANDIDATE APPEAL GUIDE

### The American Board of Clinical Child and Adolescent Psychology

American Board of Professional Psychology

- A. **Specialty Board Appeals Committee:** The president appoints one member of the Board of Clinical Child and Adolescent Psychology to coordinate appeals. For each appeal an *ad hoc* committee is appointed to review the merits of the appeal.
- B. **Appealable Decisions.** The following decision of the Specialty Board may be appealed:
- i. Denial of meeting specialty specific qualifications (Candidacy Determination).
  - ii. Non-approval of practice (work) samples (Examination: Practice Sample Component).
  - iii. Failure of the oral examination (Examination: Oral Component).

*Note:* An appealable decision shall not be final until the appeal process has been completed.

- C. **Filing an Appeal:** The candidate may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The candidate must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be a violation of the Specialty Board's procedures.

The appeal should be addressed to the President of the Specialty Board, who in turn shall refer it to the coordinator of appeals, who will appoint an *ad hoc* appeals committee. The committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter.

Appeals related to the denial of meeting general requirements for candidacy shall be forward to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

- D. **Score and Conduct of Appeal.** The procedural issues addressed by the Appeal Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue. If legal issues appear to be involved, the Appeals Committee may consult with the ABPP legal counsel.

The Appeals Committee shall implement a process of review primarily based upon information before the specialty board at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the

Examination Committee, the Credentials Review Committee, the candidate, or others as appropriate to the issues raised. The process is not a *de novo* review, but a review of the challenge to the Specialty Board decision.

The Appeals Committee shall confer as soon as possible upon the Specialty Board's receipt of the Candidate's letter requesting an appeal and shall complete its review and decision addressing each issue(s) raised by the appellant, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the Standards Committee for resolution.

- E. **Decision and Report of Appeal Committee.** The decision of the Specialty Board should be affirmed unless there was a failure by the Specialty Board to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

If the Candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the Candidate in a material way, the Committee shall provide a remedy.

The remedy will ordinarily be to void an oral examination, or Practice Sample review, and offer a new examination, or Practice Sample review with no additional fee assessed to the Candidate, or to refer the matter back to the Examination Committee. In extraordinary circumstances, another remedy may be provided. The Appeals Committee, however, may not "pass" a Candidate or regrade an examination.

The report of the Appeals Committee shall address each issue raised by the Candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the Executive Officer through the Specialty Board President. The report shall then be forwarded to the Candidate under the Executive Officer's signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the Executive Officer if necessary.

# FORM I: QUALIFICATIONS FOR TESTING ACCOMMODATIONS

## For Applicants with Disabilities

### The American Board of Clinical Child and Adolescent Psychology

American Board of Professional Psychology

#### General Information

The American Board of Clinical Child and Adolescent Psychology (ABCCAP) recognizes that psychologists with disabilities may wish to take the board certification examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the American with Disabilities Act (ADA).

ABCCAP will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test” (Americans with Disabilities Act, Public Law 101-336 § 309 [b] [3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

**Applicants who request accommodations because of a disability must advise the Board in writing when submitting Credential Review materials.** Required documentation includes completion of the *Application for Testing Accommodations* and appropriate diagnostic letters or reports. All information and documentation provided regarding the disability and need for accommodation in testing will be treated in strict confidence.

**Candidates seeking disability accommodations should download the appropriate application from the ABPP web site, [www.abpp.org](http://www.abpp.org).**

Documentation on file for the applicant must:

- ***clearly state the diagnosed disability or disabilities;***
- ***describe the functional limitations*** resulting from the disability or disabilities;
- ***be current*** - i.e., completed within the last 5 years for a learning disability, last 6 months for psychiatric disabilities, or last 3 years for attention deficit hyperactivity disorder and all other disabilities (NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***include complete educational, developmental, and medical history*** relevant to the disability for which testing accommodations are being requested;

- ***include a list of all test instruments*** used in the evaluation report and relevant scores used to document the stated disability (this requirement may not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***describe the specific accommodations requested;***
- ***adequately support each of the requested testing accommodation(s);***
- ***be typed or printed on official letterhead*** and ***be signed*** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization).

### **Review of Documentation**

A letter detailing the specific accommodations requested because of disability must be submitted for each examination or re-examination. Documentation should be marked “ADA Materials” and mailed to the attention of the ABCCAP Credentials Reviewer (name/address found on the ABCCAP website, [www.clinicalchildpsychology.com](http://www.clinicalchildpsychology.com)). Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

### **Appeals**

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the ABCCAP President (name/address found on the ABCCAP website, [www.clinicalchildpsychology.com](http://www.clinicalchildpsychology.com)).

- A written request for a formal appeal of the denial of accommodations.
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing envelope that is postmarked within 60 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee’s determination is final and binding on both the Board and the applicant.



7. In order to document your need for accommodation as completely as possible, please attach, in addition to the professional documentation detailed in ABCCAP's *Qualifications for Testing Accommodations*, a personal statement describing your disability and its impact on your daily life and professional practice.

8. How long ago was your disability first professionally diagnosed?

\_\_\_ < 1 year                      \_\_\_ 1-2 years                      \_\_\_ 3-4 years                      \_\_\_ > 4 years

9. What accommodation(s) are you requesting? *Accommodation(s) must be appropriate to the disability.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Double time                      \_\_\_ Other (*specify*)

11. Do you require wheelchair access to the examination facility?     \_\_\_ Yes     \_\_\_ No

12. Prior test accommodations that you have received on **Standardized Examinations**:

\_\_\_ a. Scholastic Aptitude Test (SAT):                      Month/Year \_\_\_/\_\_\_\_

Accommodations received \_\_\_\_\_

\_\_\_ b. American College Testing Program (ACT):                      Month/Year \_\_\_/\_\_\_\_

Accommodations received \_\_\_\_\_

\_\_\_ c. Graduate Record Examination (GRE):                      Month/Year \_\_\_/\_\_\_\_

Accommodations received \_\_\_\_\_

- \_\_\_ d. National Licensing Exam (EPPP): Month/Year \_\_\_\_/\_\_\_\_  
Accommodations received \_\_\_\_\_
- \_\_\_ e. State Licensing Exam:  
State \_\_\_\_\_ Month/Year \_\_\_\_/\_\_\_\_  
Accommodations received \_\_\_\_\_
- \_\_\_ f. Graduate School:  
Name of School \_\_\_\_\_ Month/Year \_\_\_\_/\_\_\_\_  
Accommodations received \_\_\_\_\_
- \_\_\_ g. American Board of Professional Psychology (ABPP):  
Specialty Board \_\_\_\_\_ Month/Year \_\_\_\_/\_\_\_\_  
Accommodations received \_\_\_\_\_
- \_\_\_ h. Other Board Certification: Specialty Board  
Specialty Board \_\_\_\_\_ Month/Year \_\_\_\_/\_\_\_\_  
Accommodations received \_\_\_\_\_

**AMERICAN BOARD OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY**  
**CHECKLIST A**

**Documentation Requirements for All Disabilities**

**To be granted accommodations at either the written or oral examination of ABCCAP, the applicant must submit a letter or report diagnosing the applicant's disability.**

**The letter/report must include the following:**

- \_\_\_ Be written by a licensed or certified professional who is appropriately qualified to evaluate the disability.
- \_\_\_ Be on the examiner's letterhead with the examiner's credentials, address, and telephone number given in the letterhead or title.
- \_\_\_ The candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- \_\_\_ Identify the applicant's disability and how the disability substantially limits one or more major life activities of the applicant.
- \_\_\_ A history of the disability, including previous settings in which accommodations have been granted. If there have been no previous accommodations, the examiner must explain why current circumstances necessitate accommodations.
- \_\_\_ Diagnostic information from the most recent edition of one of the following sources: International Classification of Diseases (ICD), American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).
- \_\_\_ Specific recommended accommodations with a rationale for why each accommodation is needed.

**AMERICAN BOARD OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY**  
**CHECKLIST B**

**Documentation Requirements for All Disabilities**

**To be granted accommodations at either the written or oral examination of ABCCAP, the applicant must submit a letter or report diagnosing the applicant's disability.**

**The letter/report must include the following:**

- \_\_\_ A psychoeducational or neuropsychological evaluation of the applicant as an adult prepared by a licensed or certified psychologist.
- \_\_\_ A complete cognitive assessment using appropriate standardized and well normed tests.
- \_\_\_ A comprehensive achievement test battery in relevant areas such as, reading, spelling, written language, and mathematics.
- \_\_\_ Test instruments must be reliable, valid, and standardized on adult populations. Test scores must be reported using standard scores or percentiles.
- \_\_\_ A history of the candidate's educational performance documenting the nature of school difficulties. Information about learning difficulties in school and documentation of prior accommodations should also be included.
- \_\_\_ Documentation of cognitive and achievement deficits that relate directly to the requested accommodations.

**AMERICAN BOARD OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY**  
**CHECKLIST C**

**Documentation Requirements for All Disabilities**

**To be granted accommodations at either the written or oral examination of ABCCAP, the applicant must submit a letter or report diagnosing the applicant's disability.**

**The letter/report must include the following:**

- \_\_\_\_\_ A psychoeducational or neuropsychological evaluation of the applicant as an adult prepared by a licensed or certified psychologist.
- \_\_\_\_\_ A multidimensional diagnostic evaluation by an appropriately licensed or certified psychologist, neuropsychologist, or physician that includes historical, observational, medical, developmental, neuropsychological testing, and educational testing information.
- \_\_\_\_\_ The letter or report must have been completed within the past five years of the candidate's request for accommodations and include a description of the current functional limitations.
- \_\_\_\_\_ A summary of clinical interviews, observations, and results from checklists provided by the candidate and parents, teachers, professionals, or supervisors.
- \_\_\_\_\_ Results of each objective test must be listed and reported in standard scores or percentiles.
- \_\_\_\_\_ A discussion of possible differential diagnoses must be included.
- \_\_\_\_\_ Recommendations for treatment (medication or behavioral interventions) and academic accommodations should be included with a rationale for why specified test accommodations are needed. It is important to document prior accommodations. If prior accommodations have not been provided, a clear explanation should be included as to why the requested accommodations are needed at this time.