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President’s Column
John Piacentini, PhD, ABPP

Dear Colleagues,

It’s hard to believe that my two-year term as President of the ABPP Board of Trustees is almost over. It’s perhaps even harder to believe that I have been a member of ABPP Governance since 2003 (half of my professional career!), initially as a member of the ABCCAP EC, and then for the past eight years as a member of this Board of Trustees. My involvement with ABPP has been no accident, given that my career work has focused on the development and dissemination of effective, evidence-based care for individuals suffering from mental health disorders. In line with these interests and the ABPP mission, I truly believe that board certification through ABPP represents one of the most effective tools available for promoting the provision of effective, quality-proof psychological services for those in need.

Although 2019 has presented ABPP with some challenges, most notably related to our ongoing technology upgrade, this year has also seen a number of important accomplishments which clearly reflect the collective hard work and commitment of many of you. I’ve highlighted a selective list of these accomplishments below.

The Affiliation Committee approved a Formal Application for creation of a cross-cutting subspecialty in Addiction Psychology, and a Brief Proposal in support of a new specialty in Serious Mental Illness. These proposals will be presented at the year-end BOT meeting for discussion and vote. In addition, this year, the Committee also approved a Brief Proposal submitted by ABCN in support of a subspecialty in Forensic Psychology within Clinical Neuropsychology which will hopefully be reviewed by the BOT next year. Finally, a proposal in support of a cross-cutting subspecialty in Integrated Primary Care is currently under development with likely review by the Affiliation Committee also in 2020. Although the process to affiliate a new specialty board or subspecialty is relatively complex and not all proposed affiliations are successful, the proposals listed above represent the first new affiliation requests in several years.

Under the leadership of Dr. Rick Day, a new Human Resources Task Force has been tasked with developing a new standing committee of the BOT with the purview of managing and making recommendations to the BOT/EC in the areas of staff hiring, performance reviews, compensation/bonuses, disciplinary procedures, and other functions as indicated. The creation of a dedicated HR Committee is long overdue and, by centralizing HR activities within a single entity, will greatly enhance the efficiency and effectiveness of this key organizational function.

As recommended by the Governance Liability Task Force, the BOT completed a full audit of the 2017 financial processes. Additionally, in line with best financial practices, the organization switched to a new accounting firm this year. In May, Strategic Governance Task Force, solicited individual commitments from each Trustee to do one thing to enhance the impact and/or outreach efforts of ABPP at the local, national, or international level. Impressively, and as testament to the dedication of this group, every one of these commitments has been completed or is ongoing. Also in May and at the recommendation of the Diversity Committee, the BOT approved recommendations to the Specialty Boards for updating examination manuals and procedures to conform to the 2017 APA Multicultural Guidelines.

The greatest challenge we have faced this year has come from our technology upgrade project. In 2015, ABPP contracted with a technology development company to develop a web-based program for managing all aspects of the application and examination process. Unfortunately, efforts to develop an automated practice sample management program over the past year have been problematic, with lower than expected performance and significantly higher than expected costs. Aside from the budgetary impacts, this has also led to increased work (and stress) on the part
of Central Office staff and Specialty Boards to address the numerous glitches within the system. In light of these issues, we recently terminated our contract with the company and are working with a technology consultant to explore other avenues for completing or replacing the program in timely and cost-efficient fashion. In spite of the higher than expected costs of the technology upgrade, the financial “bones” of the organization remain intact, especially in light of the attestation fee increase noted above. While some near-term frugality will be necessary as we rebuild our financial reserves, this should not impact our ability to do the work necessary to continue growing the organization.

Of course, none of the accomplishments of this past year would be possible without the commitment and hard work of all aspects of ABPP governance, including the BOT, Specialty/Board Academy officers, Central Office, liaisons, and the EC. BOT and EC service requires considerable ongoing attention to the organization which can be a very tall order given the demands of our day jobs and other professional and personal responsibilities. So it is with great appreciation that we acknowledge the trustees who are completing their BOT service this year: Ann Dobmeyer (Clinical Health), Kathleen Hart (Clinical Child and Adolescent), Stan Marlan (Psychoanalysis) and Lloyd Berg, whose position is being eliminated with the sunset of CPPSA. Within Central Office, we are fortunate to have David Cox (EO) representing us across the broad range of external psychology and mental health organizations, while Nancy McDonald (AEO) does a tremendous job managing a highly committed and incredibly hardworking Central Office, staffed by Lanette Melville, Diane Butcher and Kathy Holland.

On the EC, Chris Pietz, Michael Tansy, Joel Frost, and Sylvia Marotta-Walter all put in countless hours every month in support of the organization and have provided valuable support and guidance to me over the course of the past two years. I’d like to especially acknowledge Michael Tansy, who will be completing his past-Presidential term at the end of this year. Michael’s contributions to ABPP are numerous, and include leading the development of the Maintenance of Competence process, spurring the Strategic Governance Initiative, and working tirelessly to foster a more efficient, transparent, and committed governance structure. I’d also like to acknowledge Brenda Spiegler, who will be joining the Executive Committee as President-elect and ask you to join me in welcoming, Chris Pietz as our next President. Chris has been a very effective member of the EC, and I have greatly enjoyed working with her in this capacity. I very much look forward to her leadership as President of ABPP.

As I’ve noted in my prior columns, our organization is only as strong as its membership and I welcome your efforts to promote ABPP and its important mission to serve the public by promoting the provision of quality psychological services. How can you help? First, raise awareness by noting ABPP status on all of your professional communications, including email signature, written materials, presentations, etc. Second, volunteer to represent your specialty board at local, regional or national meetings. Third, become involved with your specialty board or academy by volunteering for committee work or running for office. Most importantly, I encourage each of you to reach out to one or more non-specialist colleagues and ask them to consider pursuing board certification through ABPP. If each of you succeed, that will represent a doubling of membership! And don’t forget to mention that completion of the process earns 40 hours of CE credit, a savings which may defray a significant portion of the certification process.

Finally, thank you for providing me the honor and opportunity to serve as President over the past two years. Your trust and support has been invaluable and truly appreciated.

Best,

John Piacentini, PhD, ABPP
President, ABPP Board of Trustees
Specialty Summit 4.0
The American Board of Professional Psychology (ABPP) and the Association of State & Provincial Psychology Boards (ASPPB) co-facilitated, along with the Council of Specialties in Professional Psychology (COS), the 4th Summit on Specialty, Specialization, and Board Certification. The Summit, which was held last June, involved the participation of most major organizations in psychology. A major focus of the Summit was the use of and the means to spread utilization of a taxonomy as described and adopted through the American Psychological Association (APA) (https://www.apa.org/ed/graduate/specialize/understanding-taxonomy). The Taxonomy, which began as a workgroup in 2007, evolved in response to a need for organizations to adopt a common language of terms used when describing specialty, specialization as well as educational and training guidelines.

The Taxonomy is an important document guided by APA policy that sets the stage for further transformation of psychology education and training as well as the pathway to specialization.

Summit 4.0 resulted in several workgroups being formed with action plans about how to spread the word and increase the use of the Taxonomy. Ultimately, use of the Taxonomy will facilitate “truth in advertising” for educational training programs, internships, postdocs as well as consumers and regulatory boards.

Why be concerned about the Taxonomy?
The Taxonomy is an important document and APA policy that sets the stage for further transformation of psychology education and training and the pathway to specialization. A future need for translating the Taxonomy, which is designed for describing programs, into a method for describing education, training and experience of individual psychologists was identified as a probable focus of Summit 5.0, the date for which is not yet set.

Early Entry Option and Early Career Psychologist Applications –
A significant percentage of applications to ABPP are Early Entry Option (pre-licensure) and Early Career Psychologists. Combined, these applicants comprise approximately 60 percent of the applications received in any given year. Information on the process as well as the reduced application costs for these applicants may be found at the Early Entry Option application page https://abpp.org/Applicant-Information/5-Types-of-applications/Early-Entry.aspx and the Early Career Psychologist application page, https://abpp.org/Applicant-Information/5-Types-of-applications/Early-Career-Psychologist.aspx

Training Director Waivers and Scholarships –
Training directors at APA/CPA and APPIC sites may have the application fee waived when applying for board certification https://abpp.org/Applicant-Information/5-Types-of-applications/Educators-Trainers.aspx. Additionally, the ABPP Foundation (ABPPF) has scholarships available that will reimburse some of the expenses incurred during the board certification process, to those who successfully become board certified. The details may be found at https://abpp.org/Foundation2/ABPP-Foundation-Funds/Training-Director-Awards-(1).aspx

ABPP Liaison Activities –
ABPP has maintained important relationships with numerous organizations within the profession, much longer than I have been Executive Officer (2006). These include many American Psychological Association (APA) boards
and committees including: the Committee for the Advancement of Professional Practice (CAPP), the Board of Professional Affairs (BPA), the Board of Educational Affairs (BEA), the Commission for the Recognition Board of Professional Affairs (BPA), the Board of Educational Affairs (BEA), the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), the Council of Specialties in Professional Psychology (CoS), the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of State & Provincial Psychology Boards (ASPPB). ABPP’s relationship with these and other organizations such as the National Council of Schools and Programs in Professional Psychology (NCSPP), the Council of University Directors of Clinical Psychology (CUDCP), and the Council of Chairs of Training Councils (CCTC), serve as an essential, and growing, infrastructure of the profession and an avenue within which the mission of ABPP can be, and is, promulgated. ABPP views these liaison activities crucial in the establishment and maintenance of communication across various organizations, an element so important to the profession. The ability to collaborate on important issues, facilitates positive movement (such as the Summits reference above) within the field, and in turn these efforts will play a key role to the profession’s continued growth and success.

Current status of Specialties –
ABPP has recently received an initial proposal for consideration of establishing a new member board in Severe Mental Illness (SMI). SMI was approved as a newly recognized specialty by the Commission on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) at the APA Council of Representatives in August. It is our anticipation that the group interested in establishing this new board will make a presentation to the ABPP Board of Trustees in December of this year.

Current status of Subspecialties –
ABPP has been informed that we may anticipate proposals for a number of potential subspecialties: Addiction Psychology; Integrated Care Psychology; Applied Behavioral Analysis; Forensic Neuropsychology.

CRSPPP Recognition and the Accredited Internship Issue –
This item is an important one to ABPP and has been brought to the attention of CRSPPP, on account of the existence of a potentially problematic requirement. Specifically, the CRSPPP requirements indicate that as of 2020, organizations will only certify individuals who have completed an APA-accredited internship. Although ABPP wholeheartedly agrees with this premise as an aspirational goal, and has gone as far as to adopt this same requirement, the truth is that internships have not become APA-accredited as rapidly as many of would hope. Currently, there are an estimated 135 internship sites that are APPIC members but have yet to be APA-accredited. This discrepancy was brought to CRSPPP’s attention, who in turn modified the requirement: credentialing organizations are now asked instead to provide a description on how they intend to move toward implementing this requirement. Given that ABPP recently adopted this modification, it remains to be decided on how to process the many existing individual applications in the pipeline which have not matriculated through an APA or CPA accredited internship. This will be an issue for the Standards Committee to consider in early 2020. An option under consideration so as to not exclude a very large number of would be candidates toward board certification is to adopt a cut-off date; include those who have applied to ABPP on or before a specific date, but require all other applicants to have completed an accredited internship. Relevant to the above, is that ABPP is up for CRSPPP renewal in 2020 and I will be working on the renewal application in the coming months.

ABPP Technology Issues –
ABPP continues to work diligently in improving the implementation of technology, a project that has proven to be long and costly. There are several developments happening and decisions being made while I am writing this. Rather
than present details at this time, it suffices to say that members of Central Office and the Executive Committee have
been fervently working with an eye toward changes which will hopefully lead to a more expeditious system. The
past two years have been a most challenging and frustrating period for Central Office and others, and I would like to
personally express my appreciation for all the patience the staff have demonstrated.

Undoubtedly, the Central Office staff comprise a great team. We work well together and appreciate one another’s
talents, skills and dedication, in myriad ways. Without their solid support, ABPP would be adrift. Many thanks
to Nancy McDonald, Lanette Melville, Diane Butcher, and Kathy Holland for providing an infrastructure which
supports our Board of Trustees, Specialty Boards, as well as the thousands of ABPP Specialists.

David R. Cox, PhD, ABPP
Executive Officer, ABPP Board of Trustees
Editor’s Column
By Kristine T. Kingsley, PsyD, ABPP

Welcome to the fall/winter edition (volume 44) of the Specialist. The current issue features updates from several specialty boards and committees, announcements, and personal projects. I would like to thank all of you who entrusted the newsletter with your work and ideas throughout the year. I have thoroughly enjoyed reading the submissions from all areas of practice & research, and for recognizing once more the versatility of what ABPP specialists bring to the profession. In the new year, I am looking forward to finally publishing my special edition on issues of diversity, organize a section that provides information on empirical and innovative clinical practices, the Clinician’s Corner, in addition disseminating the latest updates on ABPP initiatives. Please keep us in mind for new submissions: we continue to encourage you to submit original articles adopting a more relaxed, conversational approach.

As in previous issues, I have been fortunate to work with a number of dedicated Board members and colleagues, who comprise ABPP’s Communications Committee: Drs. Ellen Snoxell (Rehabilitation), Stanton Marlan (Psychoanalysis), Kathleen Hart (Clinical Child & Adolescent), Ann Dobmeyer (Clinical Health), and our Associate Editor, Stacy A. Ogbeide. Their astuteness and guidance when dealing with nuances regarding the complex world of content and editing are invaluable. I am also grateful to my colleagues at ABPP’s Main Office, especially Nancy McDonald & Lanette Melville for their endless logistical support, and Dr. David Cox, Executive Officer, for his unparalleled sagacity and support.

Please do not hesitate to contact me: thespecialist@abpp.org with feedback and suggestions for future issues. For the Submission Guidelines, please click https://abpp.org/News-Events/Newsletter-Online-CE-Exam/Submission-Guidelines-the-Specialist.aspx.

Lastly, consider logging on to our Facebook page where we are posting material frequently about ABPP and its activities. Our Facebook page is located at https://www.facebook.com/getABPP/?ref=ts.

Wishing you a Wonderful Holiday Season and a Prosperous New Year!

Cordially,

Kristine T. Kingsley, PsyD, ABPP
Editor, the Specialist
ABPP Communications Chair
Early Career Board Ambassador Program

By Leonardo J. Caraballo, PsyD, ABPP

Since its inception in 2016, the Early Career Psychologist Ambassador Program has grown from having just a few ambassadors to having twelve ambassadors representing nine specialties across the country. These ECP Ambassadors help increase visibility of ABPP and promote board certification across specialties. They serve to spread the word to early career psychologists, students, and trainees about the benefits of board certification, while they also help answer the many questions applicants have about the process. Ambassadors provide CE presentations, workshops, webinars, and informal talks. Additionally, they are an ABPP point of contact in their area and for their specialty. They also help connect ABPP to graduate programs, internships, and state/regional psychological associations. Below is the experience of one such ECP Ambassador, Lorraine Wong, PhD, ABPP, board certified in Clinical Psychology and an ECP Ambassador from the State of California.

“Once I received my certification, I knew I wanted to encourage others to do so. For one, when I went through the process, I didn't know anyone that was board certified (except for my mentor through ABPP). Prior to certification, my impression was that the process would be arduous and intimidating. When colleagues learned I was pursuing certification, most seemed to have the same impression, assuming it would be extremely challenging and time consuming. Even after I was awarded my ABPP, peers and colleagues were incredibly impressed. However, many wondered how I was able to achieve this accomplishment, based on their perception of the work involved and the oral exam. For these reasons, I knew I had a responsibility and desire to encourage others to learn more about the process so they could benefit as well.

Although the process certainly takes initiative and hard work, it was far more manageable than I had expected, and as mentioned previously, a worthwhile period of self-reflection, growth and professional development. As an ECP Ambassador, my hopes are to get the word out to other psychologists and to help demystify the process so others will pursue their ABPP. I firmly believe if other psychologists knew what the process was truly like, and had someone to help get them started and point them in the right direction, more people would pursue it. It is my honor to be an ECP Ambassador, a role in which I hope to help with recruitment and engagement with those interested in pursuing their ABPP.”

We hope to continue the growth and success of the ECP Ambassador program. We will endeavor to increase the number of represented specialties and to ensure broad geographic availability of ambassadors. Additionally, ECP Ambassadors, like Dr. Wong, have started to increase their use of technology to connect with potential applicants. The use of webinars, podcasts, and brief video posts, all help to disseminate information about ABPP.

Thank you to our ABPP ECP Ambassadors for their service and dedication to board certification.
Early Career Psychologist (ECP) Scholarships
By Ted Stachowiak, PhD, ABPP & Jim Lichtenberg, PhD, ABPP

Recognizing that Early Career Psychologists (ECPs) represent tomorrow’s educators and leaders of the field, the American Board of Professional Psychology Foundation has established an Early Career Psychologist Scholarship Program to support ABPP board certification. “Early career” is defined as less than 10 years postdoctoral experience. The Foundation is committed to the growth of these young professionals by promoting and supporting their path toward board certification in an ABPP recognized specialty as they begin and advance their careers as psychologists.

For many psychologists in the early phases of their careers, the journey to completion of doctoral studies and subsequent licensure required financial sacrifices and was often accompanied by external financial support in the form of educational loans. Discharging acquired financial obligations related to the academic, training, and experience requirements to become a psychologist quickly rise in priority as psychologists begin their careers. At this early stage of their professional lives, the costs associated with becoming board certified may be a deterrent for some highly qualified early career psychologists seeking board certification as substantiation of their competencies in an ABPP specialty.

The purpose of the Foundation’s ECP Scholarship Program is to provide financial support for ECPs who meet ABPP’s criteria for board certification, and the criteria of their chosen ABPP specialty. These scholarships are available to all licensed psychologists who are not already board certified and have less than 10 years postdoctoral experience. Currently these scholarships are able to cover all ABPP board certification fees. With future expanded financial support of the program, the Foundation hopes to increase the scholarship amount to support travel expenses that candidates may incur in order to complete the oral examination.

The Foundation expresses its gratitude to CPPSA (Council of Presidents of Psychology Specialty Academies) for providing a substantial contribution to the ECP Scholarship Program that made it possible for the Foundation to move forward with implementing this program. We encourage you to make known to potential ECP ABPP candidates the availability of this financial support. More information about the ECP Scholarships Program and application information will be forthcoming and available through the ABPP Foundation website: https://www.abpp.org/Foundation2.aspx. Individuals who wish to donate to this fund (or any of the other Foundation scholarship funds), may do so online through the Foundation’s online portal: https://www.abpp.org/Foundation2/Donate-Now!.aspx. Information on the Foundation, its mission, grands and fund, and events can be found at https://www.abpp.org/Foundation2.aspx.
Highlights of the Accomplishments of CPPSA over the Past 25 Years

By Joe Talley, PhD, ABPP Chair and CEO Emeritus CPPSA

CPPSA is letting go of its formal structure of a separate incorporation status with an EIN, dues collection, a board of officers, quarterly conference calls and an annual meeting at APA. We will transition into being a list-serve group to assist each specialty whether they have an Academy, a “merged” Board or no Academy, to problem-solve about the matters common to all Specialties related to marketing, mentoring and member services. We now have the ABPP Foundation and an active BOT Marketing committee, which will assume many of the functions formerly done by CPPSA. We hope that all specialties will have a representative participating in our marketing, mentoring and member services, etc. list-serve.

As we say goodbye to the formal structure of CPPSA it is fitting to summarize some of the highlights of the major accomplishments done by CPPSA over the past 25 years. For additional history and of our early activities see the Specialist, 21 (2) and 26 (2).

Initially, we became formally incorporated for the purpose of joining the American Association of Medical Colleges and establishing a representative there to educate psychiatrists and others across the medical community about board certification for psychologists. Most medical providers at the time, were not even aware that such board certification for psychologists existed. Similarly, we conducted telephone conversations with other groups to render them aware of board certification for psychology and educate those entities about ABPP. The groups we talked with at the time included: the American Board of Medical Specialties, the Joint Commission for Accreditation of Healthcare Organizations, the National Association of Credentialing Personnel for Hospitals and Medical Settings, Blue Cross / Blue Shield and Greenspring Managed Care. We informed them of board certification for psychologists by ABPP and urged them to begin asking about it on their application forms, even though they would not (yet) be requiring it. Additionally, funds were provided by CPPSA to absorb some of the cost to sending the executive officer (EO) to present on the value of becoming ABPP board certified, at meetings we saw and felt had the potential to yield many candidates.

Additionally, contacts were made with all state licensure boards not endorsing ABPP- for some part if not all-for becoming licensed in that state. ABPP materials were sent and state boards were urged to accept our board certification as sufficient for licensure accepting the examination on their state laws applying to practice. These efforts resulted in a collaboration with ASPPB to support their Certificate of Professional Qualification (CPQ) program since they continued to accept ABPP Board Certification as sufficient to get the CPQ while ABPP would accept the CPQ as all necessary for our credentials review and no longer only accept credentialing by the National Register. This was a great gain for our marketing; the activities are reported with detail in The Diplomate, 17 (1) and (2). Furthermore, our Chair/ CPPSA’s CEO wrote letters to State Boards, supporting psychologists who had become licensed before the EPPP exam existed, but had achieved ABPP Board Certification.

In related matters, the actions of the CPPSA Chair / CEO resulted in a determination by the US Department of Justice Healthcare Task Force’s attorney, Mark Botti, that anything that National Register (NR) credentialing would give access to, especially if it were related to potential financial gain, then ABPP Board Certification holders (which he described as an “alternative route”) would be given access to; otherwise an investigation could be
launched for possible anti-trust charges against the NR (which was investigated by the DOJ Antitrust Division as a part of this process initiated by our Chair/CEO). This ruling had and still does have large implications especially for those board certified senior psychologists denied listing in the NR. The problem was later addressed by an act of the APA Council regarding senior psychologists.

For many years, CPPSA had an on-going ad appearing in every issue of journals most frequently read by VA psychologists. The ads, which were unique but costly, continually reminded VA psychologists of the pay increase that they would likely to attain if they were to complete ABPP Board Certification. Moreover, CPPSA easily can take considerable credit for the existence of this pay increase for VA psychologists because Hybrid-Title 38, as it is called in the VA, came about following the stalling in committee of Senate Bill # 953 which began with CPPSA lobbying with other professional groups of medical providers to gain “professional pay” for psychologists.

Senate Bill # 953 was co-sponsored by four senators due to the lobbying via telephone with these senators’ offices by the Chair/CEO of CPPSA. This was a great accomplishment in that it insured the likelihood of the largest employer of psychologists in the United States, the VA, granting a substantial pay raise to those psychologists who complete ABPP Board Certification! Furthermore, CPPSA had telephone conversations with the Chief Psychologist of every branch of the military, the Department of Defense and the US Public Health Agency, all of whom already offered a guaranteed, significant pay boost for psychologists completing ABPP Board Certification. During these calls the CPPSA Chair/CEO asked for and received, agreement to get the Chief Psychologist to send an email that would be co-signed by the Chief and the Chair/CEO of CPPSA to each and every one of the hundreds (if not thousands collectively) of psychologists reporting to them- reminding of the pay raise they would receive as well as the offer of ABPP guidance / mentorship available in the process. As a result, there was a huge influx of Military and US Public Health psychologists ABPP candidates, leading subsequently to uniform-filled APA convocations. Coincidently, the Bureau of Prisons which offers similar pay raises was not included at the time but remains today a perfect field for our new marketing initiatives. For more on this see The Diplomate, 20 (1).

Other actions done by our officers but not necessarily as an officer, include getting malpractice insurance at a reduced cost for psychologists with ABPP Board Certification and working to establish the ABPP Early Entry Option.

Lastly, over the past seven or more years, CPPSA has awarded grants of $1,000 each, to Academies which submitted innovative marketing proposals demonstrating the potential to yield new candidates in that area of specialization. About ten such grants were given from the Treasury. Most recently, CPPSA co-sponsored several Early Career Psychologists’ candidacy recruitment gatherings at APA, contributing to the costs of those activities. At the conclusion of CPPSA’s formal existence, the remains of our Treasury will be transferred as a gift- estimated to be approximately $13,000- to the ABPP Foundation.

Although there were thoughts and some discussions of forming a council when establishing academies became a focus of ABPP discussion, we first actually convened in 1994 with meetings. Through all of the above and more we have all had wonderful times together becoming friends and having fun as we worked together to promote ABPP Board Certification.

Dr. J. Talley is board certified in Counseling Psychology and Clinical Psychology He is a Fellow and President Emeritus of the American Academy of Counseling Psychology, and has served as an ABPP examiner and work sample reviewer. He is also a Fellow of the American Academy of Clinical Psychology, Chair and Chief Executive Officer Emeritus of the Council of Presidents of Psychology Specialty Academies of the American Board of Professional
Psychology, and has been elected to the National Academies of Practice. He has received the Distinguished Service Award of the American Academy of Counseling Psychology and the Distinguished Contributions to the Organization Russ Bent Award from the American Board of Professional Psychology. He is a Fellow of the American Psychological Association, a site-visitor for the American Psychological Association for internship accreditation, and has served as the Chair of the Awards Committees of Division 17 and Chair of The Leona Tyler Award Committee. His special interests include the use of imagery, hypnosis, Jungian Psychology, technique in brief and very brief psychotherapy and the interface of spirituality and psychology. He has (co) authored eight books, most of which are in the field of university student counseling services and psychotherapy. His greatest joy is in teaching Duke students on how to develop skills and effective strategies to apply to their challenges.

Assessing Cultural Competence in ABPP Exams

By Catherine Deering, PhD, ABPP & Regina Koepp, PsyD, ABPP

Awareness and insight into cultural and diversity variables is one of the required competencies for all specialists seeking board certification from the American Board of Professional Psychology (ABPP). The American Board of Clinical Psychology (ABCP) evaluates this competency domain by assessing the following: i) the candidate’s knowledge of individual and cultural diversity; ii) his/her sensitivity and responsiveness to diversity in each practice domain (e.g., assessment / diagnosis / conceptualization, intervention, supervision, etc.); and iii) awareness of the interaction between the candidate’s own diversity characteristics and those of people or contexts with whom, or in which, one is functioning as a clinical psychologist (See Form F: Rating Grid for the Examination, ABCP Manual, 2019). Examples of lack of competence within this domain suggesting failure on examination include, but are not limited to: a) inability to convey adequate or correct knowledge about diversity; b) selecting assessment tools or research measures which have not been normed for an individual’s demographics; c) absence of cultural references during the case conceptualization or formulation of recommendations; d) failure to convey adequate awareness of the interaction between one’s own diversity characteristics and those of the people or contexts with whom one is functioning as a psychologist (ABCP Manual, 2019 p. 35).

In spite of clearly defined criteria for demonstrating competence in cultural and diversity issues, and despite of having a sincere desire to be inclusive of diversity considerations, some psychologists continue to struggle with fully understanding what cultural competence means and how it manifests in practice. In the ABCP exam process, we provide several opportunities for candidates to demonstrate their cultural competence. We ask candidates to include in their written Professional Statement a specific example on the topic of awareness of individual and cultural diversity as it pertains to their scholarship, assessment, interventions, consultations, and, if applicable, supervision, teaching, administration / management or advocacy. Additionally, we require all candidates- except those using the “senior” option- to submit videotaped practice samples in which Contextual Statements are included showcasing diversity considerations involved in the assessment, intervention, supervision, and/or consultation videotaped session, and where candidates reflect on their own behavior and interpersonal interactions with the case. Moreover, during the oral examination, candidates are queried on
cultural diversity variables as they arise during discussions of their practice, and rated as part of the decision. While most psychologists are able to reflect on diversity considerations in their practice, and are committed to being culturally sensitive, some still fall short in their understanding and ability to attain this fundamental, to our professional practice competency.

How can we remedy this situation? The answer to this question is broader and more complex than can be addressed in this short column. It encompasses many factors, such as individual attitudes, blind spots, political and cultural environments, and education, to name a few. However based on our own experiences and observations as examiners, the following suggestions may help to shed light on how to improve and attain cultural competence within clinical practice:

Firstly, some candidates for board certification seem to define cultural diversity in narrow terms, usually based on race and ethnicity. Some may not have been exposed to models of diversity which outline a broader view of its dimensions, such as the ADDRESSING Model (Hays, 2016) involving age, developmental disability, disability acquired later in life, religion and spiritual orientation, ethnicity/race, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender. Although ABCP examiners do not expect candidates to consider each of these diversity variables in all situations, we hope that they are able to recognize when they arise as salient in particular aspects of their practice. We also expect candidates to identify and reflect on additional domains of diversity that are relevant to their practice settings, such as military vs. non-military status, size or weight, and immigration or citizenship status.

Secondly, some candidates view cultural competence as merely having knowledge about cultures other than their own. For example, knowing that clients who come from collectivist societies may see relationships and decision-making through a different lens than those from individualistic communities, is an indication of cultural competence. Understanding that cultures differ in their use of eye contact or their deference to authority figures may also be important. While this kind of knowledge about how cultures may differ in their values and behaviors is important, it is not sufficient to be culturally competent. The ABCP sets the standard that cultural competence also means being able to reflect on the interaction between the candidate's own diversity characteristics and those of people or contexts with whom one is functioning as a clinical psychologist. This means having an awareness of one's own background, beliefs, privilege, and stimulus value and how they may be experienced and interpreted by the client. It also means using that awareness to monitor and maintain the quality of our clinical work. This aspect of cultural competency relates closely to our expectation that that candidates are competent in reflective practice and professional self-assessment (ABCP Manual, 2019).

Finally, in recent years, psychology as a profession has moved beyond a focus on cultural competence to the goal of achieving cultural humility, defined as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owen, Worthington, and Utsey, 2013). According to Tervalon & Murray-Garcia, (1998) cultural humility is a process that encompasses a lifelong commitment to self-evaluation and self-critique, a desire to fix power imbalances, and a motivation to advocate for others.

Parallel to the discussion of cultural humility is that of cultural equity, which “encompasses the multiplicity of personal, social, and institutional locations which frame identities in therapeutic practice by locating these complexities within a societal matrix and by shaping relationships: power, privilege, and oppression” (Almeida, Hernandez-Wolfe, & Tubbs, 2011). Cultural equity scholars explain that cultural equity in therapy involves analyzing power dynamics across and within cultures, and addressing the “interplay of power, privilege and oppression in family and community life” (Almeida et al., 2011).
Although cultural humility and cultural equity are not specified as aspects of cultural competence within our Standards, they could be considered aspirational for Psychology as a profession. As Clinical Psychology evolves, ABCP hopes to see us aspire to go beyond expanding our awareness of diversity issues, and do the hard work of becoming more open, self-reflective, and active as advocates in our practice settings.

References


Becoming Board Certified in Couple and Family Psychology

By Florence Kaslow, PhD, ABPP

Once a psychologist has received his/her doctoral degree and become licensed, the next step in the pursuit of excellence is attaining board certification from the American Board of Professional Psychology (ABPP). Some years ago my family and I established the Kaslow Family Fund under the ABPP Foundation to assist applicants with defraying expenses entailed in the cost of applying and or travelling to the site of the examination. For further information contact:

Dr. Alessandra Shapiro, ABPP-F Administrator
alessandra.shapiro@gmail.com
203-213-7166

The KFF scholarship is currently accepting applications for 2020. The application deadline is December 15, 2019. Please email abppfoundation@abpp.org for the KFF application and additional information.

Applicants must submit:

• A curriculum vitae.

• A letter explicating reasons for applying for Board Certification and of future career objectives of no more than 500 words.

• Two letters of recommendation from people familiar with the applicant’s current professional activities addressing why the applicant is eligible/meritorious.

• Applicants must submit an attestation that they are qualified for the Board in which they seek certification.

• Applicants must meet the following additional criteria: have already passed Credentials review; have assumed a leadership role and active involvement in at least one psychology organization.
The American Academy of Forensic Psychology
MENTORSHIP PROGRAM FOR CANDIDATES
By Robert Cochrane, PsyD, ABPP, Past President, AAFP & Bob Stinson, PsyD, JD, LICDC-CS, ABPP, President-Elect, AAFP

Introduction
American Academy of Forensic Psychology (AAFP) Past-President Dr. Robert Cochrane envisioned a formal mentorship program for those seeking board certification in forensic psychology. That vision came to fruition in January 2018 when a formal mentorship program started. Currently, the program has 27 committed mentors, 7 of whom are actively mentoring. Here, we describe the program and its different facets, encouraging other boards and academies to consider such a program.

Overview
The goal of the American Academy of Forensic Psychology (AAFP) mentorship program is to provide support and consultation to individuals seeking board certification by the American Board of Forensic Psychology (ABFP). Mentors are ABFP certified specialists in good standing, who are familiar with the entire range of the board certification process. Mentors are active in forensic psychology practice or research and have been identified by the AAFP board as appropriate for this task. Mentors donate their time and are available to the candidate free of charge. Mentors are expected to be available for consultation at reasonable intervals, provide information and suggestions, and give constructive feedback in a timely manner.

There are many ways to prepare for an examination, and working with a mentor is optional. Candidates may choose to approach an experienced ABFP certified psychologist for guidance, form study groups with other candidates, and/or prepare for the board certification process in other ways. None of these efforts are antithetical to the involvement of a mentor; in fact, they should be considered complementary. After successful completion of the written examination, candidates are notified of the opportunity to work with a mentor. After successful completion of the written examination, candidates are notified of the opportunity to work with a mentor.

Candidates may request that a specific individual be assigned as their mentor. These requests are considered on a case-by-case basis, with the understanding that this may not always be possible. Attempts are made to assign mentors who work in similar settings as the candidate, and who are in close geographical proximity to the candidate; however, this is not always feasible.

It is the candidate’s responsibility to contact the mentor. Candidates may request a different mentor if they perceive a potential conflict of interest, or at any time as they prepare for examination if they are not comfortable with the working relationship with the mentor. Reasonable efforts are made to grant such requests.

Practice Samples
The mentor encourages the candidate to choose non-controversial practice samples that are representative of the candidate’s day-to-day work and that are sufficiently different from each other so as to reflect breadth in experience and practice. The mentor may review a sample of the candidate’s work in order to identify relative strengths and weaknesses. However, under no circumstances may the candidate submit any work product to ABFP as a practice sample if it has been reviewed by the mentor. The choice of practice samples and the accuracy and completeness thereof remain the sole responsibility of the candidate.
Oral Examination
Part of the mentor’s role is to dispel common myths or misperceptions about the oral examination process. For example, candidates may be reassured that the examination is conducted in a non-adversarial and respectful manner, that they may ask for clarification, and that the examiners are not there to “trick” them. The most important role for the mentor at this phase is to review the specific components of the oral examination and to suggest ways of preparing for them.

Feedback
The program is designed to allow for feedback and analysis. Following acceptance of the practice samples and prior to the oral examination, candidates are asked to complete a brief questionnaire regarding their mentorship experience. AAFP keeps this information confidential but hopes to use it to improve the mentorship program.

Disclaimer
Candidates are notified that they are solely responsible for monitoring their own progress toward ABFP certification, and involvement with a volunteer mentor is no guarantee of passing any of the individual steps along that process. Similarly, candidates are told that they are ultimately responsible for assuring an understanding of the ABFP application and examination process. The role of the mentor is purely facilitative. Neither the mentor nor AAFP or ABFP can be held responsible for the results of any candidate’s practice samples or oral examination.
We would like to provide an update of the activities of the American Board of School Psychology (ABSP). The ABSP and the American Academy of School Psychology (AASP) have moved to a merged Board to streamline the functions of both boards. The merger will be effective January 1, 2020. As part of the streamlining process, the merged Board will take over the responsibilities of recruitment and elections previously conducted by the AASP. We are also streamlining our mentoring process in tandem with examiner training. Our aim as a Board is to train both mentors and examiners together with the same focus, adhering to the ABSP Examination Manual. We are planning monthly video conferencing to assist mentors and examiners on a regular, or as needed basis. We are also discussing different ways to recruit individuals from all levels of practice: doctoral students, doctoral interns, post-doctoral trainees, and early career psychologists. We plan on doing this by providing informational sessions as well as mentoring individuals from the start of their training, to licensure attainment, and then the board certification process. To assist applicants during this process, we will be providing opportunities for them to meet with Board members through video conferencing, ask questions, and facilitate the application process and preparation for candidacy. We will continue to present at state and national professional meetings to encourage board certification.

Since our pool of potential applicants for board certification is limited by the number of doctoral level school psychologists who have licenses for independent practice in their states, we need to continue to emphasize the importance of independent licensure in addition to state department of education licensure. We plan to reach out to program and internship directors to emphasize the importance and advantages of independent licensure and to encourage both independent licensure and board certification as essential professional credentials. As a board, we will be discussing ways to accomplish this and potentially develop a position paper on the importance of independent licensure for school psychologists that will help provide a framework for this discussion.

We would like to take this opportunity to thank our board-certified specialists who served on our examination teams this year: Cathy Fiorello, Rosemary Flanagan, Tom Huberty, Syretta James, Judith Kaufman, Jeff Miller, Shelley Pelletier, Shawn Powell, Cyndi Riccio, Israel Sarasti and Hedy Teglasi. We truly appreciate the time and effort in providing this important service to the Board.

We also congratulate our newly boarded specialists: Anisa Goforth and Emma Cole. We are very proud of their accomplishment and their work, endurance, and persistence in achieving board certification in school psychology. We would invite and encourage them and any board-certified specialists to become mentors and examiners for ABSP. We are looking toward exciting times for the profession as we approach the New Year.
Introduction: While attempting to obtain clinical records, I have heard many excuses by clinicians, including: “I don’t keep records,” “I document very little, the minimal amount,” “A water pipe broke and destroyed my records,” and “I only keep records for a couple of years.” The present article addresses ethical issues regarding each of these excuses, and the risk psychologists face in failing to maintain adequate clinical documents. Four major topics are addressed: (1) Mandatory nature of clinical records, (2) need for adequate documentation, (3) securing records, and (4) retention of records. Some of these issues may seem basic for ABPP psychologists. However, after reviewing licensing board complaints and work products, and adjudicating past ethics complaints, I found that these issues occur at all levels of experience and expertise.

The primary resource for this topic is the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (2017; hereafter referred to as the Ethics Code). The standards in the Ethics Code are mandatory and enforceable. Another pertinent document is the APA Record Keeping Guidelines (APA, 2007); however, these guidelines recently expired after numerous extensions and are currently under revision. Nevertheless, in the meantime, they provide guidance and direction until the revised guidelines are completed. It is important to note that guidelines are aspirational, not mandatory. Additionally, psychologists in clinical settings need to comply with the Health Insurance Portability and Accountability Act of 1996 (hereafter HIPAA), specifically record keeping requirements outlined in its Security Rules and Privacy Rules. Furthermore, psychologists need to comply with their specific state laws regarding clinical record keeping, particularly regarding the retention period.

Mandatory Nature of Clinical Records

The APA Ethics Code clearly outlines the mandatory nature of record keeping, as well as the purposes. Standard 6.01 states the following:

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provisions of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

Additionally, the first guideline in the APA Record Keeping Guidelines (2007) states the following: Responsibility for Records: Psychologists generally have responsibility for maintenance and retention of their records, which basically reiterates the above stated standard (6.01) of the Ethics Code. It further states that psychologists are obligated to create records that reflect high-quality professional work.

The Record Keeping Guidelines (2007) note that records are particularly important when significant lapses occur in care. Clinical records help facilitate the psychologist’s recall of past clients. For new clients, obtaining their past records provides useful information about past treatment, including clinical status, presenting problems, goals, and progress. Therefore, clinical records help facilitate the treatment process and are an integral part of professional care.
Need for Adequate Documentation

The Record Keeping Guidelines (2007) outline the importance of maintaining accurate, current, and pertinent records of professional service, including the nature, delivery, progress, services, and related fees. Additionally, it is important that entries are legible, accurate, and timely. Koocher and Keith-Spiegel (2016) provide a detailed outline of suggested content in mental health records, including name, record number, billing, and basic demographic information; date of client contact and referral source; documentation that the client has received necessary notices (e.g., informed consent, privacy notices, and emergency coverage policy); relevant history and risk factors; medical status and medications; reason for initiating services; comprehensive functional assessment; clinical impressions and diagnostic formulation; treatment plan; session progress notes; documentation of follow-up referrals; consent forms to release any information; and discharge summary.

The Record Keeping Guidelines (2007) further address the amount of detail needed in clinical notes, indicating it is dependent on the legal and ethical requirements and risks. Clinical documentation must be detailed enough to facilitate recall. It is insufficient to limit documentation to a statement that family issues were addressed. On the other hand, detailed “process notes” are unnecessary as part of the clinical record. In addition, Koocher and Keith-Spiegel (2016) caution that psychologists should assume that clients will eventually see their records. Per HIPAA, clients have a legal right to access their records. In addition, at times it might be prudent to share selected notes with a client as part of the therapeutic process. Therefore, care should be taken in what is documented. It is best to strive for objectivity with the use of behavioral descriptions whenever possible (Knapp, VandeCreek, and Figerhut, 2017). In general, insurance companies and electronic medical record programs request that progress notes include the following information: clinical status, focus of session, interventions utilized, and client’s response, in addition to the basic identifying data (name and birthdate), date of session, type of session, start/stop times, and diagnostic code. Such documentation is important for continuity of care and for risk management reasons (i.e., potential licensing board complaint, lawsuits, or ethical complaints). It is important to keep in mind the old saying, “If not documented, it never happened.” Although clients sometimes request limited or no record keeping, psychologists need to assess the reason for this request, as well as potential risk of complying. Fisher (2012) and Knapp, VandeCreek, and Figerhut (2017) strongly recommend psychologists not comply with such requests because it would violate professional standards (i.e., lack of adequate record keeping). However, irrelevant information for the purpose of provided services can, and typically should be omitted, such as non-treatment related information. It is important to note that discussion of the record keeping process should occur during the Informed Consent process at the beginning of treatment (Ethic Codes, Standard 3.10 and 10.01).

Securing Clinical Records

Per Ethics Code Standard 6.02 (a), “Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium.” In addition, the Record Keeping Guidelines (2007) discuss the importance of keeping paper records in a secure and safe location, in which they will not be damaged by fire or water. For electronic records steps need to be taken to protect them from mechanical failure, viruses, or power outages. Archiving electronic records on a HIPAA compliant back-up system is probably best. In addition, access to paper or electronic records needs to be controlled. Paper records should be locked in cabinets or in a storage room, while electronic records need to be password protected and encrypted.
Therefore, psychologists need to ensure that clinical records are secure from damage and inappropriate access. This is necessary to ensure the work product is retained, but also as a risk management strategy.

RetentionPolicy of Records

Although the length of time a psychologist is required to keep clinical records varies from state to state, record keeping is mandatory. It is important for psychologists to check with their state law to determine the retention requirement. However, a common timeframe is seven years from the last date of service for an adult. For minors, it is usually three years after the age of majority or seven years, whichever is later. In June 2018, the Michigan Department of Licensing and Regulatory Affairs contacted all licensed professionals regarding the mishandling of records, stating they had received numerous complaints. Their e-mail highlighted the need to keep records a minimum of 7 years from the date of service, even if licensees sell or close their practices or retire. They noted that failure to comply could result in administrative action, including a fine of $10,000.

As noted in Ethics Code Standard 6.02 (c), “Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice.” The Record Keeping Guidelines also discuss the importance of developing a disposition plan for the control and management of records in case of the psychologist's disability, death, or retirement. Such a plan needs to be formulated to ensure proper access to records in the future.

Summary

The APA Ethics Code provides mandatory standards for dealing with clinical records. In addition, the recently expired APA Record Keeping Guidelines (2007) provide guidance and direction. It is mandatory for psychologists to keep records. Such records are an important part of professional practice. They provide accountability and reflect the standard of care. Records need to have enough details to accurately reflect treatment and to assist in any future treatment. Additionally, records are proof of quality of care and protect psychologists in ethical or legal proceedings. Psychologists need to ensure that records are securely maintained and not susceptible to damage or theft. Retention requirements are usually seven years for adults from the last date of service, but may vary from state to state. For minors, it is usually three years after the age of majority or seven years, whichever is later. The failure to retain records may result in an ethics complaint and/or license board action, including fines. In the end, it is critical for psychologists to conform to record keeping standards and guidelines as it best serves the clients, psychologists, and the profession.

It is important to highlight that the ABPP Ethics Committee provides a consultation service for specialists regarding this issue and many other ethical concerns. For those interested in this service, please visit: https://www.abpp.org/specialists/Ethics-Committee/Ethics-Consultation-Process.aspx and follow the noted procedure to submit consultation requests.

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Possible Next Steps in APA’s Civility Efforts: Moving from Civility to Hospitality, Solidarity, and to Kinship

By Thomas G. Plante, PhD, ABPP
Santa Clara University and Stanford University School of Medicine

Much has been written and discussed about the deterioration of civility and the quality of thoughtful and polite social discourse in our society and culture (e.g., Porath, 2016; Porath & Pearson, 2013). The lack of civility stretches well beyond partisan politics which seems to get much press attention. Unfortunately, challenges with increased incivility can be found wherever people gather. Incivility seems to be the new norm. No organization, institution, or group is immune from problems associated with an increased incidence of incivility within their ranks. Sadly, even psychologists, who one would think would not have any problems with incivility, in fact have had significant problems in this area.

In recent years, several difficult events and challenges have led to a decrease in civility within the American Psychological Association community. Most notably, reports of several psychologists who engaged in the torture of detainees at Guantanamo Bay, Cuba during the Bush administration; this case resulted in remarkable turmoil within the organization, including the termination or resignation of several high level and high profile administrators including the Chief Executive Officer, the Ethics Office Chief Executive, and several costly lawsuits. The role of psychologists, the organization’s knowledge of psychologist-assisted torture in the government’s program, as well as the many controversies associated with the resulting Independent Review or Hoffman Report (Hoffman, 2015), brought repeated incivility occurrences to the floor of the Council of Representatives and elsewhere within the organization. Moreover, institutional challenges and controversies (e.g., diversity and inclusion issues) resulted in further tensions and additional incidences of incivility. These difficulties- and a deterioration of respectful collegial behavior, reached a tipping point such that in 2016 the APA Council of Representatives assembled and charged a civility working group to “develop aspirational civility principles as well as procedures for all forms of direct in-person communication and online messages and postings within and on behalf of APA.” The efforts of the working group resulted in civility guidelines and policies passed by the APA Council with over 90% approval. Details of the working group activities, proposals, and efforts can be found in a previously published article (see Plante, 2017).

Since the adoption of the proposals and policies passed by the Council of Representatives in 2017, civility problems within APA have decreased significantly. Regular online culture check assessments after all Council meetings and elsewhere have suggested that much progress has been made. While ongoing vigilance is always needed and expected in order to maintain the gains of APA’s civility efforts, after several years of good progress it is important to pause and reflect on how APA, and perhaps other organizations, can go beyond minimal expectations of civility to help build and foster a better and more fully functioning organization. The expectation of civility is a rather low bar for expected behavior of psychologists and perhaps for most other highly educated professionals too. In this brief article, I propose three additional steps that build upon civility to reach higher towards a more fully functioning and successful organization that hopefully could make APA better. These principles certainly could be utilized among other professional psychological organizations (e.g., state and provincial psychological associations, ABPP, APA divisions, academic, hospital, and clinic departments) as well as integrated into non-psychological
professional organizations as well. Any organization, institution, or even committee that highly values civility and good collegial relationships may benefit from this multistep approach. They can easily be guided by several simple yet highly important organizing and centering principles. And since the American Board of Professional Psychology (ABPP) is an esteemed group of skilled psychologists and clinicians closely associated with APA, ABPP members can act as models and mentors for these efforts for psychologists and other professionals everywhere.

**Moving from Civility to Hospitality**

As mentioned the expectation of civility for professional and group behavior is a rather low bar. Expecting colleagues to be respectful, courteous, and polite (even when they disagree with each other) should be an easy goal to accomplish within any professional organization. And certainly one would think and expect that this would be easy for psychologists who specialize in human behavior and relationships. Additionally, our APA Code of Ethics states that, “psychologists respect the dignity and worth of all people” (APA, 2002) and thus we are certainly expected, from an ethical perspective, to treat everyone with respect and dignity, regardless of who they are, what they think, or how they behave. Some may argue that civility efforts might jeopardize or constrain free speech. However, civil behavior really doesn't screen out or ban what one wishes to say but focuses more on how one says it. In essence, civility means that one shouldn't be a jerk and treat others in a disrespectful, demeaning, sarcastic, and hostile manner.

Yet, professionals, and perhaps especially psychologists who are experts in human behavior and relationships as well as social-emotional functioning, could do much better than merely being civil to each other. Perhaps the next step or stage after making adequate progress on civility is focusing on hospitality. Hospitality is an effort to be gracious, welcoming, and attentive to the needs, desires, and will of others. Hospitality invokes a friendliness and both a welcoming and embracing spirit. Working on behalf of the APA and ABPP in various committees, boards, councils, and so forth can be challenging and intimidating, especially for people new to the organization and to organizational governance. APA and ABPP are full of very smart, accomplished, and talented professionals as well as dedicated volunteers. Developing and nurturing a spirit of hospitality could go a long way towards a more effective organization and engagement by everyone associated with the organization and profession.

Strategies for developing a spirit of hospitality could include a variety of easy to implement and cost-effective initiatives. Having a colleague appointed as a hospitality ambassador on committees, boards, councils, and so forth might be a good start as well as being thoughtful about how we welcome participants, plan meals as appropriate before, during, and after meetings, and perhaps offering a mentor for new members of committees, boards, councils, and so forth. Additionally, culture checks after all meetings could include questions regarding hospitality feedback in order to develop continuing improvement strategies. More purposeful and more costly initiatives could also include hiring or appointing a Chief Hospitality Officer for the organization or at least have someone focused on this issue for the whole organization.

**Moving from Hospitality to Solidarity**

After civility and hospitality perhaps the next step to work towards is a spirit of solidarity. APA and ABPP, as well as so many other professional organizations, confront numerous challenges from both internal and external forces. There is never enough time, money, agreement, resources, and good will to accomplish all of the goals we seek to accomplish. Any type of in-fighting only decreases the chances that important, and often hard to achieve goals will be met. Certainly not everyone within any organization will agree on everything, and there are always conflicting
points of view about how organizations should operate or prioritize their activities and resources. However, working with a spirit of solidarity that underscores that we are all in this together is an important next step in organizational effectiveness.

Recently, APA’s working group on advocacy used the tag line, “Many voices, one APA.” This speaks to the importance of respecting and hearing diverse points of view, and reminding ourselves that we are one organization working towards solidarity with each other- while still respecting differences. Large and diverse organizations like the APA and ABPP include professionals with remarkably diverse careers, interests, and perspectives, but it is important for organizational effectiveness and excellent institutional functioning to have regular, and perhaps constant, reminders that we are, and should be, in solidarity with each other as psychologists. Solidarity means that our struggles are dealt with and managed together with mutual support and effort and that no one or one subgroup is superior to or more important than another.

Frequent and gentle reminders that we are indeed “many voices, one APA” and that when one suffers we all suffer is important for the development and maintenance of solidarity. Being vigilant to be inclusive of diverse points of view and avoiding any kind of marginalization is important. Frequent requests for feedback on how we are doing with our solidarity efforts can also be helpful too.

Moving from Solidarity to Kinship

Perhaps the most radical and challenging step in this organizational effectiveness effort and progression is moving from solidarity to kinship. This includes the notion that we are all brothers and sisters together within the same large psychology family. Seeing and experiencing each other as brothers and sisters sets a tone and perspective of a caring family. Being in kinship adds a level of deep respect, care, and compassion that goes far beyond the simple expectations of civility. Yet, this notion of kinship may be most critical to really engage in a way that makes our professional organization most effective and ultimately both impactful and rewarding.

Conclusion

The American Psychological Association has made great strides in its efforts to embrace and support civility throughout the organization. Policies and procedures on nurturing civility have been passed and are being implemented throughout the organization. Yet, more is necessary to develop and nurture an effective, productive, rewarding, and successful organization. ABPP can take a page from this playbook to ensure that our organization is as civil as possible for everyone. And moving from civility to hospitality to solidarity and to kinship would be important next steps to enhance and improve the APA and ABPP experience of everyone associated with these important and related organizations.

References


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“Keep this thought handy when you feel a fit of rage coming on: it isn’t manly to be enraged. Rather, gentleness and civility are more human, and therefore manlier. A real man doesn’t give way to anger and discontent, and such a person has strength, courage, and endurance — unlike the angry and complaining. The nearer a man comes to a calm mind, the closer he is to strength.”

—Marcus Aurelius, Roman Emperor from 161 to 180 A.D.

RandysRandom.com

Marcus Aurelius’ Meditations (11.18.5b)
American Board of Organizational and Consulting Psychology: You May Be an OBCP if....

By Ralph Mortensen, PhD, ABPP
President, American Board of Organizational & Business Consulting Psychology

From time to time, colleagues from other psychological specialties ask our board or members about what distinguishes their work from what we do. To answer that question in a somewhat lighthearted way, here are some examples of the varied activities that occupy Organizational and Business Consulting Psychologists (OBCP).

You may be an OBCP candidate if:

• You are intrigued about how to market and grow your business.
Some OBCP members are deeply involved in conducting consumer or market research. Others may provide strategic planning help or facilitation services for organizational and business clients. Regardless of the exact specialist competency, a common backdrop for all our psychologists is organizational strategy. Where is this organization headed? What are its opportunities and challenges? How may the organization gain a solid grasp of it strengths and weaknesses?

• You ponder how to hire the best person.
OBCP consultants may help their clients define accurate job specifications and design a robust hiring process. That may entail a thorough, behavior-based interview guide or a standardized assessment battery such as critical thinking, work styles, personality or motivational inventories. Alternatively, OBCP practitioners may create job simulations for clients to observe candidates’ typical work behaviors, before the former make hiring decisions. Members apply their knowledge of assessment, industrial-organizational psychology and fair employment laws.

• You believe that some client problems stem from their organization, not within them.
Organizations can be poorly structured, awash in red tape or otherwise ill-suited to produce the goods and services their managers’ aim and wish for. Our members may use tools such as detailed job analyses, studies of organizational design or employee focus groups; OBCP specialists rely on their knowledge of organizational design principles, to surface and help clients correct problems associated with a sub-optimal organization. A behavior which makes perfect sense to an individual employee or an entire department can become grit in the organizational gears, if it goes undetected.

• You find that client conversations about their work often engage you.
Whether our specialists work in the for-profit sectors or not, a common thread across the board is that they focus on the individual at work. That can involve anything from an informal interview about job duties, to more intensive studies of an employee during their work day, to job observation and shadowing, and to reviews of job descriptions, policies and labor procedures. The central ingredient to this process is learning what the intended tasks and responsibilities are, how they are actually done, while at the same time defining the underlying competencies. Those elements are often unique, both to an organization, and possibly to the individual employee or role.

• You recognize that a work team is getting in the way of its own success.
Often our members consult with the larger work team. An employee coaching assignment may be impeded by lack of goal or personality alignment between the employee and his / her manager. A single team may have all
the talent it needs but operate in an uncoordinated way; moreover, individuals on the team may handle conflict poorly. In some cases, two critical teams or departments may have poor relationships or lack awareness of how their work impacts each other. OBCP psychologists will leverage the wisdom of assessment, group dynamics research and proven organizational development practices to diagnose the issues and help client teams identify and implement solutions.

• Your day is occupied with managing your organization.
Some OBCP members are formally appointed leaders. Similar to non-psychologists, they find themselves thrust into the middle of working through other people, with all of its attendant pitfalls and problems. Psychologists often discover that full-fledged management requires a different set of skills than professional supervision. Since many psychologists lack formal leadership training, they become avid readers of management and leadership articles, books and research. They try to uncover the best ways to address an employee's performance, work team or organizational problem. On occasion, they receive additional coaching and peer support from experienced leaders. In many cases, they work hard to deliver the best results and fully engage the talents and interests of their employees.

• You begin to enjoy working people more than therapy clients.
While therapeutic and organizational coaching relationships are similar, the focus is clearly different. OBCP psychologists first concentrate on the job. What are the critical work issues that keep the client up at night? What will it take to help this person succeed? How can they manage their careers or facilitate their direct reports’ career progress? The answers involve one-on-one efforts which emphasize the client's work roles, relationships and issues. Coaches may formally delve into the psyche of the person, yet concentrate on the skills, motives, perspectives and experience that shape how clients perform their jobs. Personal issues often play a secondary role, if they are to come up at all.

• You wonder what employees think about their work.
One of the tools in an organizational diagnosis toolkit is “the employee survey”. Whether it entails individual interviews, focus groups or structured questionnaires, many leaders wonder whether or not their employees feel appropriately informed, engaged in their work, and have the necessary resources to succeed. All of those diagnostic techniques are important parts in our specialists’ practices. Equally important is the knowledge of survey feedback and action planning to make the most of employees’ views and feelings. Lastly, helping senior leaders properly interpret results is also essential.

• You become engrossed in creating work-related training.
ABOBCP-certified practitioners may design and deliver formal training programs. They apply the principles of adult learning and training design as well as facilitation skills to identify the critical learning needs and delivery strategies. OBCP psychologists then develop a curriculum to provide that knowledge or skill in the best way, and give trainers the tools to be successful. Whether they are program faculty themselves, or not, our members also are keenly aware that training evaluation is essential. Organizational leaders invest time and money in employee development. They naturally want to know how well the program works. Training evaluation requires the research skills that we acquired in graduate school, as well as a professional understanding of outcome measurement practices.

These examples don’t exhaustively describe everything our members do. If two or more of the above mentioned or similar activities occupy however, a significant part of your work day, you may be a good candidate of Organizational and Business Consulting Psychology. Independent of the manner you acquired the relevant knowledge and skills (e.g., graduate school courses, continuing education workshops, or self-education) you have tried vigorously to arm yourself for success. If your interest was piqued and you are interested in learning more, our specialty board members are available to answer any questions you may have.
Drs. W. Michael Nelson and A J Finch, now both of whom hold the rank of Professor Emeritus at Xavier University and the Citadel respectively, have co-authored and published their "Keeping Your Cool" workbook series through Workbook Publishing. The series offers a sequential, step-based cognitive-behavioral program designed to teach anger-management skills to children and adolescents with anger/acting out problems. The anger management workbook for children, with accompanying Therapist Manual, is in its 3rd edition. To make the workbooks more developmentally appropriate, a 1st edition for adolescents is now available along with an accompanying Parent Guidebook to help parents better provide the needed support that is crucial to augment their child’s treatment.
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