

The American Board of Clinical Neuropsychology and American Academy of Clinical Neuropsychology: Milestones Past and Present

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The origins of the American Board of Clinical Neuropsychology (ABCN) and American Academy of Clinical Neuropsychology (AACN) can be traced to a meeting in June 1981, when several members of the International Neuropsychological Society (INS)/American Psychological Association Division of Clinical Neuropsychology (APA Division 40) Joint Task Force on Education, Accreditation, and Credentialing in Clinical Neuropsychology met to discuss the need to develop credentialing procedures in clinical Neuropsychology. More than 20 years later, the time seems apropos to review the past and present milestones of ABCN and AACN as the sister organizations continue their efforts to promote the specialty of clinical neuropsychology (see Table 1).

In 1981, the INS/APA Division 40 Joint Task Force completed work on a consensus document describing training in clinical neuropsychology and its practice (INS/APA, 1984). That process made it clear that training was far from standardized and that many individuals claimed competency in clinical neuropsychology without any assurance of appropriate education, training, or demonstration of pertinent skills. No credential existed that could assure the public that a given individual had indeed demonstrated competence in clinical neuropsychology.

Members of the task force agreed that a procedure of board certification was needed that would recognize the competent practice of clinical neuropsychology. They decided that the initial board should consist of individuals who had, by consensus, attained national prominence in clinical neuropsychology. They also decided that all initial members would need to be examined by each other and perform satisfactorily before being seated on the board. Accordingly, ABCN was incorporated in the state of Minnesota in August 1981, and its first set of examinations was conducted in the fall of 1983. The board certification process was designed to screen the credentials of potential applicants, evaluate practice samples, and conduct examinations of basic and applied knowledge of clinical neuropsychology and examples of its practice.

From the outset, the founding members of ABCN decided to pursue an affiliation with the American Board of Professional Psychology (ABPP). ABPP is the only recognized body that has historically assessed competency in applied areas of psychology, and provides an umbrella organization for 13 psychological specialties in which board certification currently can be obtained. Its organization is akin to that of the American Board of Medical Specialties (ABMS). A formal affiliation between ABCN and ABPP

Table 1. ABCN and AACN Milestones.

Date	Milestones
1981	Division 40/INS Task Force members identify need for board certification in clinical neuropsychology
1981	ABCN incorporated in Minnesota
1983	First set of examinations completed
1983	Formal affiliation between ABCN and ABPP established
1984	First ABCN/ABPP diplomates awarded
1988	ABCN bylaws revised to create membership organization, institute dues collection, and clarify rights and requirements for members
1989	ABCN designated Specialty Council in Clinical Neuropsychology by ABPP
1993	Written examination formally instituted
1994	ABCN policies and procedures updated
1996	AACN established
1999	First AACN position paper published
2001	AACN publishes written guide to examination process
2002	AACN establishes mentoring program to promote board certification
2002	ABCN affirms intent to incorporate Houston Conference guidelines into board certification process
2002	Written examination updated to reflect Houston Conference guidelines
2003	First annual AACN national meeting held in Minneapolis
2003	<i>The Clinical Neuropsychologist</i> established as official journal of AACN
2004	500th ABCN diplomate awarded

was established in 1983 and the first ABCN/ABPP diplomates were awarded at the ABPP convocation in August 1984 (Bieliauskas & Matthews, 1987).

The ABCN bylaws were revised in 1988 to incorporate several significant changes (Bieliauskas & Matthews, 1990). First, ABCN became a membership organization, rather than exclusively a board in charge of the examination process. This change was made to further the goals of ABCN in developing the credentialing process and to more thoroughly involve neuropsychologists who had successfully completed the examination requirements. All persons who had received their diplomate in Clinical Neuropsychology from ABPP were eligible to be members of ABCN, Inc. The original "Board" was re-designated as the "Board of Directors" (BOD) of ABCN.

The bylaws also were changed to enable the BOD to collect dues from its members. The dues were intended only as a membership fee and did not affect a person's diplomate

status. The primary reason for collecting dues was to build resources for developing a written examination in clinical neuropsychology that would supplement the oral examination process. A large majority of diplomates chose to pay the dues and remain members of the organization. The collection of dues also allowed ABCN to maintain a directory of its members that could be distributed to any person or organization interested in identifying competent neuropsychologists.

The bylaws also stated explicitly the rights and requirements for members of ABCN. The requirements to be a member included: (1) successful completion of the examination process for the ABCN/ABPP diplomate in Clinical Neuropsychology, (2) maintaining legal and ethical standards, and (3) payment of annual dues to ABCN. The rights of members included: (1) listing in the ABCN directory, (2) voting for members of the BOD, (3) eligibility to be a member of the BOD and hold office, (4) eligibility to serve

on various committees of ABCN, and (5) eligibility to be an examiner in the oral examination process and to participate in the ongoing development of examination procedures.

In 1989, ABPP decided that the different specialties under its umbrella would be termed Specialty Councils, each of which would be primarily responsible for developing and maintaining examination procedures in its respective specialty. ABCN became the ABPP Specialty Council for Clinical Neuropsychology, formalizing its traditional responsibility for the examinations in the specialty. In subsequent years, ABCN made a number of substantive improvements to the examination process (Bieliauskas & Matthews, 1996). A major addition occurred in the mid-1980s when ABCN contracted with the Professional Examination Service (PES) to develop and validate a multiple-choice written examination that would be used as part of the board certification process.

Although written examinations are common to ABMS specialties, no other ABPP Board was using a written test as part of their examination process when ABCN decided to create its own. Development of the written examination took a number of years, and had actually begun prior to the formal contract with PES. The written examination that was eventually adopted by ABCN was constructed by asking practicing neuropsychologists to submit multiple choice questions about clinical neuropsychology that they thought experienced clinical neuropsychologists should be able to answer. PES oversaw a multi-stage process during which other board-certified clinical neuropsychologists debated, refined, and eventually approved every question. Prior to implementing the examination, candidates for the ABCN/ABPP diplomate were administered preliminary versions of the written exams, but their performance did not affect the outcome of their examinations. Their responses were used to determine item difficulty levels, develop comparable versions of the test, and validate the written test.

Once ABCN and PES agreed that a scientifically developed and validated exam had been prepared, ABCN began to require that candidates pass the written exam. The written examination has been officially required of all candidates since 1993. The examination consists of 100 multiple-choice questions and is administered three times per year at the annual meetings of the International Neuropsychological Society, the American Academy of Clinical Neuropsychology, and the National Academy of Neuropsychology. The written examination was thoroughly updated in 2002. The update was completed in art to assure that its content adequately assessed the knowledge base and skills set forth in the integrated guidelines for education and training in clinical neuropsychology established in 1997 at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998). ABCN remains the only ABPP specialty psychology board to use a written examination as part of the board certification process.

Policies and procedures for ABCN were updated and approved by the Board of Directors in February 1994. The revisions provide that, after the initial credentials review, a candidate has 7 years to complete the board certification process. Candidates have three opportunities to pass the written examination, unlimited opportunities to submit and have their practice sample accepted, and three opportunities to pass the last stage, the oral examination. Candidates who do not pass the final opportunity of either the written or oral examination may re-apply and begin the process again. Guidelines for the review of practice samples were expanded and further standardized, and the reviews themselves began being checked before being mailed to candidates when practice samples are not accepted. Candidates whose practice samples are accepted are admitted to the oral examination without being provided with comments on the practice samples. An automatic appeals process has also been instituted for candidates whose work samples are not initially accepted, each sample being

re-reviewed before a final notice of non-acceptance is sent to the candidate. An appeals process also has been instituted for candidates who feel that their practice samples have not been adequately or fairly evaluated or that their oral examination did not conform to procedural standards.

Oral examinations, which initially occurred at multiple sites across the United States, were centralized in Chicago and are now being conducted at Rush University Medical Center, which has been gracious enough to host the examinations. The oral exams are now scheduled at fixed times in May and October. In addition, a cadre of 15 examiners has been appointed from the larger pool of individuals who have received the requisite training, and examiners are scheduled in advance for the two oral exams each year. The examiner cadre serves on a rotation basis, with each examiner being appointed for a 5-year term. Three new members are added each year.

In 2002, ABCN affirmed that the Houston Conference guidelines for education and training in clinical neuropsychology (Hanney et al., 1998) would be incorporated into the ABCN board certification process for applicants receiving their doctoral degrees after December 31, 2004. Specifically, candidates receiving their doctoral degrees after that date will be expected to document completion of a 2-year postdoctoral residency at a regionally accredited institution. Deviations from the Houston guidelines will be permitted only under exceptional circumstances and will involve an appeal process. Completion of a predoctoral internship with a specialty in neuropsychology and a 1-year postdoctoral residency will no longer meet the standards for training for board certification purposes.

In 1996, the American Academy of Clinical Neuropsychology (AACN) was established (Ivnik, Haaland, & Bieliauskas, 2000) at the behest of ABPP, which requested that each of its specialty boards establish legally independent academies to govern all specialty activities other than the examination

itself. Legal counsel had advised ABPP that the examining boards should not engage in activities that might be construed as professional advocacy, which may constitute a conflict of interest. Acting on its members' behalf, AACN can engage in a wider range of activities than either ABPP or ABCN, and is free to serve the specialty in any way it chooses.

AACN has sponsored regional continuing education workshops and in 2003 held its first annual national meeting in Minneapolis. The meeting provided a slate of continuing education activities, as well as an opportunity for informal professional interaction. AACN intends for its annual meeting to become a leading outlet of continuing education for all clinical neuropsychologists. AACN also has engaged in several other activities intended to promote both the board certification process and the specialty of clinical neuropsychology. They have developed a written guide that can be used by candidates to help prepare for each stage of the examination, established a computer list serve for AACN members, and created a mentoring program that promotes successful completion of the certification process by neuropsychologists who have not yet become board certified. AACN has also published position papers regarding important issues in clinical neuropsychology (American Academy of Clinical Neuropsychology, 1999, 2001), and has established a relationship with *The Clinical Neuropsychologist* as its official journal.

In 2004, AACN and ABCN reached a significant milestone together, when the 500th clinical neuropsychologist completed the ABCN board certification process satisfactorily. With the attainment of this milestone 20 years after the first board examinations were completed, AACN has clearly established itself as the largest and most rapidly growing membership organization of board-certified specialists in clinical neuropsychology. ABCN and AACN are proud of their history, tradition, and commitment to the profession's highest standards, and look forward to the continuing development and

refinement of the board certification process and promotion of the specialty of clinical neuropsychology.

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