

28| Board Certification Through ABPP – With Dr. Kira Armstrong

September 15, 2019



This is an audio transcription of an episode on the Navigating Neuropsychology podcast. Visit www.NavNeuro.com for the show notes or to listen to the audio. It is also available on the following platforms:



Speakers: Kira Armstrong, John Bellone, Ryan Van Patten



Intro Music 00:00



John Bellone 00:17

Welcome, everyone, to Navigating Neuropsychology: A voyage into the depths of the brain and behavior. I'm John Bellone...



Ryan Van Patten 00:23

...and I'm Ryan Van Patten. In today's episode we talk about board certification in neuropsychology with Dr. Kira Armstrong. Before we get into our conversation with

her, we wanted to provide a brief background and overview of what we'll be talking about. To start, of course, this topic is most relevant to early career professionals - those of us who are preparing to become board certified. But, we both feel strongly that it's actually relevant to many other people as well. In particular, grad students, interns, fellows, anyone who is thinking about or may at any time become board certified. It's really helpful to think about professional development hurdles like this well in advance so you can start preparing - figuring out, "Is this for me?" and "What are the steps that go into it?" And that'll really give you a leg up on other people when it comes time to do it. It'll make it easier on you.

John Bellone 01:23



As you'll find out, we are very strong proponents of getting board certified and we're going to hopefully convince you that pursuing this is absolutely a worthwhile endeavor.

Ryan Van Patten 01:33



Yeah, Kira thinks that everyone should be board certified [laughs]. So let's start with the benefits of becoming board certified. John, why don't you run through a few of the reasons why for listeners asking, "Why would I go through the time and effort of taking more tests and all this preparation? What benefit does it have for me?"

John Bellone 01:54



Yeah, well, there are really three areas that we derive benefit. One is benefits to the practitioner, to the clinician. Two is the benefit to the profession. And three is the benefits to the public. So in terms of what we, as neuropsychologists, get out of it, number one, we are typically paid better as ABPP neuropsychologists, as board certified neuropsychologists. We have better job security - it's easier to get a job as a neuropsychologist if you are board certified or at least board eligible. Usually, that's a requirement. It's going to become more and more ubiquitous that employers are going to want or require that board certification or eligibility. There's also some streamlined credentialing for some insurance panels. It's easier to get credentialed if you're board certified. The mobility in terms of using your license or practicing. It's, like I said, it's sometimes easier to get a job, but also getting a license in another state is sometimes easier if you have the board certification and you practice for a certain amount of years. Sometimes it's much easier to get licensed in another state. There's just prestige within the profession. There is credibility in the eyes of colleagues or referral sources - you know, neurologists or other physicians who are board certified in their specialties. There's also a renewed emphasis on learning. When you're going through this process of getting board certified, you

have to learn a lot. We'll talk about what it takes to become board certified and it definitely challenges us to learn quite a bit and refresh some of the material that we had learned a while ago.

Ryan Van Patten 03:30



Yeah, the material you learn tends to be very applicable to your everyday job, which is helpful. In terms of pay as well, just to clarify, not only might you get a higher paying job, but some jobs will actually give you a raise if you get board certified. So you might stay at your same job, get boarded, and then be making more money.

John Bellone 03:49



Yeah, at the VA, for example, you get an increase of your grade in most circumstances. There's also benefits to the profession, like I mentioned. So it sets a standard for competence, where this is the level that we expect neuropsychologists to be at. There's uniformity in terms of training models. So there are certain standards that in order to be eligible for board certification you have to have met. There's also just an increase in breadth and depth of knowledge. And, you know, I mentioned that learning component that's embedded within not only the eligibility, but also just the examination process. And also, there's benefits to the public. There is a reduction in confusion. There's quality assurance. So when someone needs to go to a neuropsychologist, they don't know who they should go to. They don't know someone who is a solid well-trained neuropsychologist from someone who is just calling themselves a neuropsychologist who might not have that training base. You know, the term "neuropsychologist", it's not protected like the term "psychologist" is in many states, where someone might call themselves a neuropsychologist without that solid training.

Ryan Van Patten 05:02



Right. So if I didn't know anything about a neuropsychologist and a family member asked me who they should go see - of course, many non-boarded folks are very, very good - but, if that's all I knew about them, I would recommend someone who's boarded because it gives you assurance about their training and the knowledge that they have because of what they've gone through.

John Bellone 05:25



Right, exactly. So, Ryan, anything else you want to add to that?

Ryan Van Patten 05:29



Yeah, a few more advantages. Some employers are actually starting to require board certification. I've heard rumblings about this through the VA system. Getting boarded can help you attain additional types of work - additional cases, such as IMEs and other forensic cases, or those NFL settlement cases.

John Bellone 05:50



IMEs are independent medical exams.

Ryan Van Patten 05:54



Also, keep in mind, our board certification process was designed to mirror the board certification process in medicine. So, if you're working at a hospital or otherwise working with physicians, it helps your reputation and prestige with them. They know about board certification, and it is really the "feather in the cap" that puts you at that highest level.

John Bellone 06:14



Sometimes they're confused when they find out that you're not board certified. It's just assumed.

Ryan Van Patten 06:19



In medicine, it's convention - most physicians get board certified. So, you may be wondering how many neuropsychologists are boarded. We found some data. As of May 1, 2018, there were 1,273 board certified neuropsychologists in the US, Canada, and Australia. And again, as these numbers continue to increase, as more people become boarded, it becomes more important for all of us to do so. I wouldn't want to be the one person who is not board certified. It's becoming expected within the field.

John Bellone 06:54



Yeah, I think within the next 10 years or so, every early career professional is going to become board certified as part of the process.

Ryan Van Patten 07:01



Right. And neuropsychology is leading the way within clinical psychology, right? There are many specialties within clinical psych where board certification is not as common or popular as it is with us. My projection is that more and more

neuropsychologists will become boarded and then it will become more common within the field of psych generally.

John Bellone 07:21



Right, right. Today's discussion and what we've been talking about so far is focused on board certification through the American Board of Professional Psychology (ABPP) or we say "A-Bap" for short. But just know that there are other credentialing bodies out there. We talked briefly with Kira about that, but the focus will definitely be on ABPP. And, in terms of ABPP, you can get boarded in different specialties. So clinical neuropsychology is one of them - there's rehabilitation psychology, there's clinical psychology. But, the clinical neuropsychology certification is through ABCN, the American Board of Clinical Neuropsychology. I know this all gets confusing, but just think of the American Board of Professional Psychology (ABPP) as the parent organization and then subsumed under that is the American Board of Clinical Neuropsychology (ABCN) that oversees the examination process.

Ryan Van Patten 08:15



If a neuropsychologist says they're ABPP'ed, it means that through ABPP, and as John said, the specialty board, ABCN, they're board certified.

John Bellone 08:26



So why don't we walk through the steps to becoming board certified? You want to talk about the application and credential review first?

Ryan Van Patten 08:34



Yeah, so that's the first step. So this is an application - some paperwork, as we are very accustomed to unfortunately [laughs] - think about internship, applying to grad school, and every step along the way - supporting materials, letters of recommendations, and you will be cutting a check. What happens in the credential review is that your education and training background are scrutinized with an eye towards the Houston Conference guidelines. So this means you need to have completed a formal two-year fellowship - and just keep in mind that this is for everyone who completed their doctorate after 2005; if we have anyone listening who happens to have their doctorate before 2005 and wants to get boarded, you can check the ABPP website for specifics. So, when can you apply? You can apply right after finishing postdoc, but you need to hold a state license in order to apply for board certification. There is, however, an early application process for students where you're not actually fully applying. What you're doing is starting to bank your documents and get a reduced application fee. The purpose here is just to get a

head start - start collecting didactics and other experiences you've been through so that you don't have to do it later.

John Bellone 09:50



Once you get that letter that you have been approved - your credentials have been approved - then you're able to take the written exam. And that's step two of this process. So there is a computer-administered test at a local testing center - so most areas have it very close by. You first register with ABCN, then you sign up for a particular testing window - there's a few of them each year, currently four times a year. The test has 125 multiple choice questions - 100 questions count, 25 are experimental. You either pass - and I believe it's 70 out of 100 that's passing - or you fail the exam. And you have two hours to take it. There's a wide range of neuropsych content of both adult and pediatric. The pass rate generally falls between 60 and 70%. You can't take it in two consecutive windows. So if you do happen to not pass, then you have to wait two windows to take it. And once you register through ABCN, you can wait to schedule at a testing center until you're ready to take the exam.

Ryan Van Patten 10:53



So after you pass the exam, step three is practice sample submission and review. So what this involves is submitting two neuropsych reports that you authored during independent practice, without any help other than a technician who only did the testing and scoring. You must include all of the raw data with each report. When you submit these practice samples, they are vetted by three reviewers who make a dichotomous decision to either pass or fail the sample. If two reviewers find them acceptable, then you pass, you're done. If two reviewers don't find them acceptable, then it goes to a fourth reviewer who makes the final call.

John Bellone 11:35



And once you get that approval that your practice samples have been deemed able to be defended, then you move on to the oral examination, which is a three-part, three-hour evaluation process. One of them is defending those practice samples. So the examiner asks you questions about the practice samples - if there are any holes that they see. They might ask you why you gave a certain battery, or why you interpreted a certain finding in this way and not that way.

Ryan Van Patten 12:05



Right. Think about defending your dissertation. Except instead of a huge research project, it's a neuropsych report.

John Bellone 12:10



Yeah, that's one part of the three. The second part is called "fact-finding". This is a simulated case conceptualization exercise, where your examiner holds all of the information about a case and you ask questions to gather information to help you figure out the diagnosis, and give recommendations, and figure out the etiology, things like that. The third piece of the examination is an examination of ethics and professional development, where you're handed a vignette, and you have to say what ethical issues you see and how you would have approached the case differently. And then you talk about your professional history, your current setting that you work in, the types of clients you see, that kind of thing. And that's done in Chicago. It's currently offered two to three times a year. Pass rate is really good - typically exceeds 80%. And then that is the last step to becoming certified. Then all your examiners will confer and they will come to a decision whether or not you pass.

Ryan Van Patten 13:14



So we hope this has been a pretty good overview of the steps to board certification. We'll get into a lot more detail with Kira. A few more quick notes. You have seven years to complete the final three steps after your credentials are accepted, so there's plenty of time. That said, if it was me, I would want to get started sooner rather than later. You don't want to wait too long into that seven year period. And keep in mind that you can attempt a given step up to three times, if you don't pass the first two times. So there's not so much pressure each time. Just try your best, of course. Why don't we move into a few resources?

John Bellone 13:55



Yeah, this should be brief. So we'll talk about a lot of awesome resources with Kira. One of them is called the "Be Ready for ABPP In Neuropsychology" - it's BRAIN for short. This was started by a group of friends who felt that the best way to tackle the board certification process was to support one another, to study together. They have a great website that has a lot of resources and practice exams and things like that. You can join a study group, you can request a mentor. There's a candidate manual that's specifically for clinicians who are pursuing board certification. We're going to link to all of these resources in our show notes.

Ryan Van Patten 14:34



One resource that is front and center for us today is Kira Armstrong's book, "Board Certification in Clinical Neuropsychology: A Guide to Becoming ABPP/ABCN Certified Without Sacrificing Your Sanity." So this is a great book - John I both read

it. Keep in mind this does not have - it's not a content study guide. It's a how-to guide, a roadmap for the process. But there are other resources that provide specific study content, such as the Stucky et al. book called, "Neuropsychology Study Guide & Board Review." Other popular study materials are the Blumenfeld neuroanatomy book, the Kolb and Whishaw "Fundamentals of Human Neuropsychology" book, and of course, Muriel Lezak's "Neuropsychological Assessment."

John Bellone 15:24



Yeah, there are several others. Like I said, we'll link to all these. You should know that none of these are affiliates with us. We get no compensation for it. We just think that these are great resources and I have used them in my study process.

Ryan Van Patten 15:37



So hopefully this has been a good intro. As we've mentioned, today, we're talking to Dr. Kira Armstrong. She is a board certified neuropsychologist in private practice in Massachusetts. In addition to her book on board certification, she also co-authored the book "Feedback That Sticks," which we've discussed with Karen Postal on NavNeuro. Alright, now we give you Kira Armstrong.



Transition Music 16:02

John Bellone 16:11



Okay, so we're here with Kira. Thanks for coming on NavNeuro. We're really excited to have you.

Kira Armstrong 16:16



Thank you for having me.

John Bellone 16:17



We will have already provided an overview of the kind of high-level reasons for pursuing board certification through ABPP and also some of the details. But, to start off with, what's the purpose of your AACN Oxford book on board certification? What does it do? What doesn't it do? Who's the target audience for that book?

Kira Armstrong 16:38



So we are actually now in the second edition of the book - that just came out this summer. And the goal of the book, or the purpose of the book, is exactly what it says, "a guide to becoming board certified without sacrificing your sanity." We wrote the first book - we were actually asked by AACN to write the first book - and then we revised it recently, again, because there have been so many changes that have occurred since then. The goal is to help people get - well, a couple things, to recognize that board certification is, in fact, attainable. It is not this holy grail that really nobody can reach or grab. We walk people through it. Really demystify the process, clarify the myths, and kind of walk through how to best approach it. When the book first came out, all that was there as a resource was the manual the ABCN put out, which was also far less, for lack of better word, "meaty" than it is currently. So this really was kind of a fundamental guideline to approaching board certification. Now, I think it's more of a complement to the many resources that are out there. And in terms of who the target audience is, it is anybody who is considering board certification, whether they are still trainees or whether they are already fully licensed clinicians. And it's also designed to help supervisors to figure out how they can broaden their program to make people more qualified or more prepared for board certification.

Ryan Van Patten 18:22



I like what you said about demystifying the process. And in your book, in multiple chapters, you list out a number of myths associated with each step - credential review, written exam, which we'll get into. You know, you list the myth and then why it's not true, which is really helpful for all of us who may have heard those things or have them in mind. Now we see that's not actually the case. It's not an old boys club. It actually is meaningful and useful for us. So, yeah, and that way I think the book is really useful. Before we go further, though, there are other boards through which one can become board certified in neuropsychology. For example, the American Board of Professional Neuropsychology (ABN). What are the advantages of ABPP/ABCN certification compared to other boards?

Kira Armstrong 19:12



I think that what ABPP/ABCN have going for them is it's the largest neuropsychology credentialing board and it is also the fastest growing credentialing board. It's also the oldest board. So what ends up happening is you've got a group of clinicians - the majority of the people whose texts you're reading, whose articles you're reading - they're all board certified through ABCN. It has that larger, again, historical perspective to it. And it's also, I think, becoming the more prominent board

because of membership. There's a whole bunch of different ways we could dive into that, that has a lot of politics that are increasingly, I think, less relevant. But, from a big picture perspective, that would probably be the most reasonable explanation.



John Bellone 20:01

Before we jump into any of the content, I also want to ask "A-Bap" versus "A-Bip". I've heard both of those [laughs]. I think I heard you say "A-Bip" just now.



Kira Armstrong 20:09

I probably said "A-Bip". I don't know what the correct term is. It's like "Why-At" versus "Wee-At" for the WIAT test.



Ryan Van Patten 20:19

Oh, I haven't heard "Wee-At" before. But it truly is an alphabet soup of acronyms.



John Bellone 20:27

I'll stick to "A-Bap" because that's what I'm used to [laughs].



Ryan Van Patten 20:29

[laughs]



John Bellone 20:34

Can you tell us a bit about the pediatric sub-specialization? So it was first awarded in 2014, right? There were about 100 people, as of early 2018, that had received it and you were one of the pioneers of that as far as I understand. So why is it a subspecialty under ABCN? Why isn't it its own separate ABPP specialty area?



Kira Armstrong 20:53

So, ABCN was approached - well, ABPP was approached by ABPdN some years ago asking to create a separate subspecialty for pediatric neuropsychology. But ABCN, as the parent board that already existed in ABPP, really felt that pediatric neuropsychology was best considered a subspecialty within clinical neuropsychology. The idea being that you need to have some breadth of knowledge in addition to some depth of knowledge. One way to think about it is - the reality is, the majority of our children will grow up and having an understanding of adult neuropsychology and what these children will look like when they grow up is important for us when we are forecasting what may happen in terms of prognosis, when we're talking about putting things into place. So that would be one

reason. The other reason, again, is the recognition that pediatric neuropsychology includes a vast majority of what clinical neuropsychology has. And so the idea was to keep them, all of us, in a single board rather than portioning out into splintered boards moving forward.

Ryan Van Patten 22:07



That makes sense. Relatedly, in your book, you talked about how the ABCN certification is inclusive with respect to pediatrics. So even if we don't get the subspecialization in pediatrics, there is also pediatrics in the ABCN certification.

Kira Armstrong 22:26



So the written exam has a portion - and I can't remember off the top of my head, but there is a proportion of questions that are devoted specifically to pediatric neuropsychology in the written exam. And then the practice sample and oral exam can also include pediatric work. You can submit an adult case and a child case, if that's what you wanted to do for your practice samples. Or you could submit two pediatric practice samples. So you don't get specifically certified in pediatric neuropsychology, but your pediatric neuropsychological - wow, that was hard to say [laughs] - knowledge and experience can be assessed as part of that process, if that's what you choose to do.

Ryan Van Patten 23:11



Yeah, that makes sense. Do you envision in the future there being additional subspecialties under ABPP? Like geriatric neuropsych subspecialty or a forensic neuropsych subspecialty, along the lines of the pediatric subspecialty?

Kira Armstrong 23:24



I know that's being explored. The way ABPP dealt with the request from ABPdN was to basically create a process where if anybody requests a subspecialization or a new board, any boards with overlap would have to be involved in that decision process to determine whether or not, say forensic neuropsychology was somehow encroaching on the board of forensic psychology. So, there needs to be some development and documentation of how that certification would be unique to, rather than overlapping or taking away from, the other areas. So that's one part of the process before they can move forward. And then the other issue, of course, is determining need. You know, you could get into rehab neuropsychology, but we do have a rehab ABPP. I know that there are people within ABCN who are exploring that. I could not tell you how far they are in that process.

Ryan Van Patten 24:26



Yeah, I think this conversation we're having now just exemplifies the complex web of our discipline and subdisciplines and how they're all related, right? There's neuropsych, there's forensic, there's forensic neuropsych - you know, these things interact in complex ways. But that explanation makes sense.

John Bellone 24:41



Hopefully we don't have to take another test anytime soon [laughs].

Kira Armstrong 24:46



Nothing in the near future, yeah [laughs].

Ryan Van Patten 24:49



So another way to look at it is on the research-clinical continuum. And, of course, board certification is a clinical credential, not a research credential. So I'm curious, if someone is primarily interested in a research career - but potentially seeing a few clinical cases on the side - when might it be worth it for him or her to become board certified? In other words, where along the research-clinical continuum, might we draw the line and consider becoming boarded? Might it be at 10% clinical work? 20%? 50%? Or is there another way of thinking about this?

Kira Armstrong 25:24



I think the way to think about it would be a little bit different. The way I would think about it is twofold. One, how confident are you that you're going to stay in research for the rest of your career? And especially if you are early in your career where you are kind of still used to the life, or lack of life, as a student and a postdoc [laughs]. Then, I think pursuing board certification makes a lot of sense because you might at some point decide to go back to clinical work. In fact, Robin Hilsabeck who is a co-author of the book, left neuropsychology to go into pharmaceuticals for many years, and just recently came back to clinical neuropsychology. So part of it is crystal balling, right? Are you positive that you're going to spend your entire life working clinically? And if you're not, again, if you're in a place in your career that's early enough that the content is going to be fresh in your head - which would make the process a little bit easier rather than waiting 10 years and having to renew all that knowledge - then sooner would make a lot of sense. The other issue for me is the recognition that the most useful neuropsychology research is research that can have, at least in some iteration, clinical application. And I think that the board certification process really heightens your awareness of things you didn't know. Really kind of makes you think about clinical neuropsychology in a different way.

And so, although it may not directly pertain to the work that you're doing, it might change the way you think. That, in turn, might change your research. So it could be useful in that fashion. But it's not going to increase your pay. It's not going to make you, you know, look better on a stand if you're just doing research. But that would be the thing that I would kind of throw out there for consideration.



John Bellone 27:15

So, basically, everyone should just get ABPP [laughs].



Kira Armstrong 27:18

Yeah, just do it [laughs].



John Bellone 27:21

So to get more specific about the exam process for getting ABPP through ABCN, how long does it take most people to complete the full process from the application to getting that final letter of approval?



Kira Armstrong 27:36

So you have seven years. But, obviously, ABCN isn't going to encourage you to do it in seven years. I'm reviewing a book - Dean Beebe wrote that chapter, but I think he pointed out that the fastest time would be - well, he wrote less than one and a half years. I would bet that the fastest time would be actually less than a year if you really wanted to, if you were motivated and you were ready. If you were studying soon after you submitted your application and the timing worked out, you probably could do that. I don't know how many people really would. But, you know, it is probably feasible. I'd be making up a number - I would say the average is probably one to three years. Things get in the way. Life happens - you know, new jobs, new careers, moving into a house, having babies, you know, all that kind of stuff can get in your way. Of course, I took my oral exam, well, seven months pregnant, right after I bought a house and moved, which was really not bright. But, my point is that it's doable. So I think it's going to be much more about who you are as a studier. Who are you in terms of being motivated and driven? And then what happens in your life.



John Bellone 28:52

Related question: when should trainees or early career professionals start thinking about and planning for it? I guess you kind of answered that a couple minutes ago. Earlier the better?



Kira Armstrong 29:01

Yeah, I mean, to me, they should be taking advantage of ABPP's credential storing process. I think you guys were going to mention that.



John Bellone 29:09

The early entry.



Kira Armstrong 29:10

The early entry process. You save some money along the way - so at the very least, even if you don't have any intention of doing anything right away, all those credentials are being stored. Again, if your life allows it, I encourage people to do it as soon after postdoc as possible. Because once you start getting used to not living that kind of lifestyle, you don't want to go back, right? Plus all the knowledge is fresher, right? Especially if you're going into - if your first job is much more of a specialist type of position, you're going to lose all that knowledge really quickly. So the faster you do it, the better.



Ryan Van Patten 29:10

And the earlier you do it, the longer you have to benefit from it, right?



Kira Armstrong 29:20

Exactly.



Ryan Van Patten 29:21

The pay increase, the prestige, etc.



Kira Armstrong 29:58

Right, exactly.



Ryan Van Patten 29:59

So ABPP, or the American Board of Professional Psychology, is obviously here in the US. But I've heard that some Canadian neuropsychologists pursue ABPP board certification in neuropsych. How common is it, to your knowledge, for people outside the US, even elsewhere aside from Canada if it happens, to pursue ABCN?

Kira Armstrong 30:21



So I'm not aware of anyone outside of North America. That doesn't mean it hasn't happened, I'm just not aware of them. There are a number of clinicians in Canada who are working to promote board certification within Canada. I think it's a harder sell because they don't need it, their training program is different. They can get licensed without postdocs. So from the very beginning, from a training perspective, it's a harder sell. I actually went to a Canadian graduate school and I had to tell the supervisors about board certification and that it was important. But that was a long time ago - and I like to think that there are more Canadian neuropsychologists who are interested in it. I know Brenda Spiegler has done some tremendous work to make that of interest, but I do think it's still more of a difficult sell. I think they should pursue it for all the reasons that we've talked about and might talk about in the future. The one thing that I emphasize the most about board certification is - yes, it's nice to have those shiny letters after your name, and yes, it can help you in other ways - but it changes you as a clinician. It makes you a stronger neuropsychologist because you think differently. You think about having to defend your work in a way that most of us don't have to do in training. So, to me, it's kind of like the final piece of training. It polishes who you are as a clinician.



Ryan Van Patten 31:50

I like that argument.



John Bellone 31:51

Yeah, I've already seen that in myself. I'm very early on in the stages - I'm going to take the written exam soon. We'll talk about study groups in a second - but one of my colleagues in the study group is a Canadian neuropsychologist and he had said that it's not as common in Canada, but that, you know, he sees a lot of benefits to doing it. What advice do you have for people who worry that they might fail at least one of the steps?



Kira Armstrong 32:19

You're not alone [laughs]. I think people fail for a number of reasons. We have a whole section in the book for people who don't pass one of the steps and BRAIN actually has a support group, or at least a liaison who provides support and connects people, for people who don't pass steps in the process. I think, if you've got the right background and the right training, a lot of the times you're not passing because you're second guessing yourself and you're not sharing your full range of knowledge. So it isn't so much that you aren't qualified or capable, it's that you need to know how to present yourself better. Or you studied the wrong information for the

written exam. You studied Blumenfeld ad nauseam when there were other things that were more useful for you. But you'd be amazed how many people whose names you probably know who didn't pass one of the steps. I wouldn't take it as any kind of judgment in terms of who you are or how capable you are.

Ryan Van Patten 33:23



Right. It's like submitting a paper to a journal, right? It doesn't matter if it was rejected from the first journal or the second one, if it eventually gets published, it has equal weight. No one ever knows or needs to know how many journals it was rejected from before it was accepted [laughs].

Kira Armstrong 33:40



Right. Or what do they call the person who graduates last in their medical class? "Doctor." Right? If you get through it, it works.

John Bellone 33:48



In the worst case scenario and someone fails the same step three times, it's not like you can still never be board certified. Now, I want to clarify something, is it that you have to wait until the end of your seven year window to reapply? Or can you reapply right after failing the third time?

Kira Armstrong 34:06



My understanding is you need to wait until the end of the window. I think the rationale is, if you failed it three times, then you might need to be doing some more education and the goal is to make sure that you do that. That said, if anyone ever has a really specific question about the process or about, for example their credentials, and they don't know how to find an answer, the ABCN board of directors has somebody whose role is to answer those kinds of questions. So you can actually get very specific information from the "horse's mouth", so to speak, if you have questions along those kinds of lines.

John Bellone 34:49



Seems like ABCN is really organized and there's a person for every one of the little aspects that you would need.

Kira Armstrong 34:55



They are a very organized group of people.



Ryan Van Patten 34:59

Along the lines of studying and passing, do you have any - obviously everyone has different study strategies and prepares in different ways that work for them - but do you have any general guidelines or advice for going about this process of preparing for written and orals in particular? How to allocate our time? Good strategies?



Kira Armstrong 35:17

So, actually, those are very different answers. The biggest advice I would give for the written exam would be don't spread your studying out too far. I would really encourage people to not spread it out more than three to four months. The reason being is you're going to forget what you learned in the first month and then you have to relearn as you go along. I'll never forget when we were preparing for our written exam, we had one of our weekly phone calls and I was asking these questions - I was getting really deep, "Well, what about this? And what about that?" And two weeks later, I happened to be reviewing our old notes and realized we had talked about all of that two months ago, but I'd forgotten. So I think the most important thing for the written exam is don't spread it out too long. You're going to end up wasting your time if you do that. Within that, it's going to be how do you learn best, right? Are you somebody who does better really super intensively? Or do you do better in spreading things out? That's going to be a little bit more about who you are. In terms of the oral exam, it's more about using your time correctly. You really need to practice fact-findings. You really need to experience that process of forgetting something and working with somebody who you do not know and don't feel comfortable with. That's going to be far more important than how often or how long you practice. So if you did three fact-findings with total strangers, that's going to be much more valuable in the long run than if you did 20 fact-findings with your support group. You want a combination, obviously, but.



John Bellone 36:58

How about just allocating energy to this process in general? I mean, I guess we all have our strategies for doing that, but with life and work and everything else, are there any tips you have for how to set it up?



Kira Armstrong 37:11

I can tell you what worked for me. I found that having a study group that met weekly was tremendously helpful. I found that meeting by phone saves time. Now granted, when I studied, I was studying with people across the country - we had to meet by phone. But, when you meet people in person, you spend 10-15 minutes in small talk, just chatting, you know, and then afterwards, you're chatting. And if you're

someone who's pressed for time, that isn't going to make it really succinct. When you're doing it on the phone, you pick up the phone, you do a little bit of small talk, you dive right in, and then you move on, right? So I find that can be particularly useful. And then within that, I think it's about how you allocate what you do during that time. So some people would say cover as many topics as you can and memorize at the end - some people are going to feel much better covering multiple topics and really memorizing intensively as they go, realizing they're going to forget stuff and kind of have to pick up the pieces down the line. I think, for me, what I did was I created notes that I - well, we created the initial notes of BRAIN as it went along. But along the way, I was creating cheat-sheet notes. These are the ones I'm going to study. These are the flashcards - because I do need to study with flashcards because I have wicked word-finding difficulties. I suspect anomia because I have such word-finding issues [laughs].



John Bellone 38:42

You haven't been talking to Ryan too long [laughs].



Ryan Van Patten 38:42

[laughs] I get it.



Kira Armstrong 38:46

So, you two know what you need to do to study, right? Some people are going to do better with multiple practice tests. Some people are going to do better with talking, listening on tape, or whatever. By this point, you probably know how you study, otherwise I don't know how you got this far.



Ryan Van Patten 39:09

Right.



Kira Armstrong 39:09

Figure out what works better for you but make sure, especially for the written exam, that you are talking to people who have different training than you do. So that when you get to, like in my case, all the geropsychology and dementia, there are people who can help you understand concepts that maybe you didn't learn in as much depth when you were training.



John Bellone 39:32

When's a good time to request a mentor, do you think? Right up front?



Kira Armstrong 39:38

As soon as you can. I think you can get it after the credential review. Does that sound right? You guys have read this more recently than I have.



John Bellone 39:44

Yep.



Kira Armstrong 39:46

Because to me, the mentor serves two roles. The mentor is somebody else in neuropsychology who you might end up collaborating with or you might, you know, have another kind of relationship. So to me, there's no reason you would not get a mentor. You may not talk to them that frequently during the written exam studying process, but at least you've created a relationship. And then when you're ready for the practice samples, you don't have to wait for them to find a match. You've already got that person and then the only stalling will be on your side.



Ryan Van Patten 40:18

Hopefully not too much stalling on our side. [laughs]



Kira Armstrong 40:21

Right.



Ryan Van Patten 40:25

So, now that we've gone through a broad overview and some big picture questions, maybe we can hit each of the four steps individually, briefly. So let's start with credential review. That's the first step that everyone has. In the first chapter of your book you reference the initial application and credentialing review and you say, "This step is almost a gimme for anyone with a reasonable background in clinical neuropsychology." Can you expand on this for us?



Kira Armstrong 40:58

I think the goal of that statement is to say, "Listen, if you did your due diligence in training - if you went to an APA-certified internship and postdoc - you already have all the information and all the training that you need to meet the criterion." That is if you've trained after 2005; prior to 2005, things get a little bit more complicated in terms of making sure that you meet the criterion. So it isn't about, "Oh my gosh, did you do it right?" It's just about documentation. But, because neuropsychologists can perseverate and panic unnecessarily, even that first step could be really daunting.

So the point of that language is, "You've got this. You're already there. You just need to fill out the paperwork and show the people who will review your credentials that you've already done your work."

John Bellone 41:51



All right, so let's move on to the next step because the credential review process is pretty straightforward. So, regarding the written exam, we should talk about the studying details and timeline a little bit. First, we register through ABCN for the exam. And then, I know you mentioned a little bit about not spreading it out for too long in terms of the studying because you forget a lot of the earlier stuff that you learned, but when should people start studying do you think? How much time and energy should go into studying? I think people will want to know exactly how much time to devote to this.

Kira Armstrong 42:24



So I know of people who studied for a week or two and passed. I wouldn't do that. I'm a little bit more obsessive than that. I think, again, that your best bet is going to be somewhere between three to six months with the idea of putting in anywhere from 2 to 10 hours a week. And that may fluctuate. You know, you may be on a vacation or Christmas might come up or what have you. But I think that you want to plan on doing individual review during the week and then spending some time discussing the content with people who you are studying with, assuming that you are working with a study group. I am a huge believer of working in study groups. I think they keep you honest, they keep you on your timeline. It's a lot harder to say, "Oh, I don't want to do it" when you're the one leading the discussion on that topic on Friday night. I actually turned in my practice sample because Robin Hilsabeck took the written exam after I did and she was going to beat me and finish it, and the peer pressure is what got me to do it in the first place.



Ryan Van Patten 43:40

Competition.



Kira Armstrong 43:41

Exactly. So I think study groups can be really valuable for that.



John Bellone 43:46

What material should we focus on? I know there's lots of different materials out there - there's the Stucky et al. board review book, there's Blumenfeld like you had

alluded to, there's Kolb and Wishaw, there's Lezak. What do you think we should really spend most of our time on?



Ryan Van Patten 44:02

All of it. Every word. [laughs].

Kira Armstrong 44:06

Absolutely not. [laughs] I think that the thing about Blumenfeld is there's something it's almost like a siren call for neuropsychologists to say, "Wow, you know, we really should have mastered all of this at some point in our career and we never did. So now. Now. I'm going to do it." Right? But there is so much in that text that has absolutely no clinical application to anything that we do. There's some amazing stuff in that book that you absolutely want to learn, that you need to learn, but what you need to remember is that this exam is about applied clinical neuropsychology. So that darn chapter on the thalamus? Yeah, you can probably skip most of it. Even though I think the BRAIN notes have that covered pretty intensively, but I think we tried to change it over time. You know, it's applied clinical neuropsychology. You want to review topics that you don't already know and then spend some time intensively learning things that you don't. So, for some people, that means Blumenfeld will need to be a big text for them, but other people might not. Same for Kolb and Wishaw - that's pretty foundational neuropsychology. A lot of us actually probably used that text in our graduate training. So, yeah, review it but you don't need to be spending hours, weeks, months learning that. You want to think about the applied use of neuropsychology. Go domain by domain in terms of the way those are laid out. And that information is in the ABCN manual as well as in the textbook in terms of content. Sometimes it might be that a really good review article will give you the content you need. The BRAIN website has all kinds of resources in terms of information. But, again, don't go down that rabbit hole. If it feels overly detailed, it probably is too detailed.



John Bellone 45:58

I've gone down the rabbit hole [laughs].



Kira Armstrong 46:01

Don't do it.



John Bellone 46:02

I really have struggled with trying to figure out how esoteric or specific I need to get. Like, do I need to memorize all the Brodmann areas...



Kira Armstrong 46:12

No! [laughs]



John Bellone 46:12

...the cranial nerves and what they do? Like, help us here. How high level or how detailed do we need to be?



Kira Armstrong 46:19

I mean, cranial nerves are a little bit more important, right? Because they're going to give you some idea of localization and function. They're going to give you some idea of what might be going on as an etiology in terms of what we're looking at. Does it have some applied clinical neuropsychology relevance? If you have a patient in front of you, and your job is to figure out what is going on with that patient, is Brodmann's area going to help you in any way?



John Bellone 46:46

No.



Kira Armstrong 46:47

No. So you know, that's probably going to be least likely to be important. I think the other thing that you want to think about is what is the cost-benefit analysis for you. So remember I talked about how I have a horrible memory for words? I have an equally horrible memory for names. In fact, I couldn't tell you who's who right now as I'm looking at you [laughs].



John Bellone 47:06

Don't worry about it [laughs]



Kira Armstrong 47:28

So, I remember when I studied for the test knowing that there could be some famous people and their contributions to neuropsychology and I chose not to go down that rabbit hole. Because I could have spent two weeks studying famous neuropsychologists and the ones that I studied still may not have ended up on that test, right? It wasn't worth it. Ironically, the name that was on my test happened to be one I learned in graduate school and sadly I didn't study it. So you need to do a

cost-benefit analysis. Is it worth it for the one or two questions that might be on that topic? And is it clinically meaningful? Does it really impact how clinical neuropsychology works and how you would be expected to work?



John Bellone 47:53

My understanding is that the test has changed recently to make it even more clinically applicable, right?



Kira Armstrong 47:59

Right, and I know as much as you do about that. My understanding is that it's much more about applied knowledge, and again, less likely about esoteric. I will tell you, you know, I haven't seen any of those questions since I took the test, but I remember leaving the test thinking, "All right, I have no idea if I passed, but those were fair questions." If I want to call myself a clinical neuropsychologist, it's fair that I understand this information. So, again, think about what they're trying to test. They're not trying to test your ability to be a neurological pathologist. It's applied clinical neuropsychology.



John Bellone 48:36

I like that. I like that approach. I feel like, yeah, the information that I'm studying, especially in the Stucky book, is material that I should know. That neuropsychologists should know.



Kira Armstrong 48:44

Right.



Ryan Van Patten 48:45

One study strategy that a lot of people benefit from is taking practice tests. So there are practice tests available in a Stucky book and on the BRAIN website. How do you leverage those? How do you recommend people use them? Like, early on versus later? Frequently versus infrequently?



Kira Armstrong 49:03

Well, none of that existed when I took the test, so I didn't leverage any of them. [laughs] Yeah, and actually, there was a neurology book that we found that had practice test questions and I certainly used those to do that. The other thing is that our study group wrote questions for each other so that's another way to get more questions. If you're somebody who feels that really helps with your process - it

helps with mine - if your study group each creates questions on each topic, and then you can decide as a group whether you're going to hand it out as you go or at the end or whatever. For me, I find that study questions are really helpful to reveal areas of weakness - like, I should know that, but I don't know that, clearly that's a topic I need to study. So I would use the study tests along the earlier stages of studying, and then I would repeat the test again. You give it two or three months, you forgot all that content anyways, and you can repeat the test if you give it enough time. As long as what you're doing is looking at, "Do I know this content?" Obviously with some test questions, you're going to remember the answers. But, if you do, at least that probably means you actually have a good foundation as to what it is.



John Bellone 50:12

You were one of the pioneers of BRAIN, right?



Kira Armstrong 50:15

Right.



John Bellone 50:17

Is there a way we should best utilize that resource? Or any tips about that?

Kira Armstrong 50:22

Yeah. So I think that, again, you want to at least join BRAIN and get a sense as to how that listserv works. I haven't been on the listserv for 10 years, so I have no idea how much chatter is on that listserv at this point in time. It used to be a pretty low signal-to-noise ratio, but it might be more active now. So first, find out if the listserv is going to help you or not. I think that the resources, again - think about it almost like a salad bar. I'm going to take a little bit of this, and a little bit of that, and a little bit of this, and that's what's going to work for my studies skills. It's an excellent resource if you don't have colleagues who are going through the process when you are. If you don't have a set of people to study with, they can connect you with other people who are looking for study groups. They can provide you with advice. The nice thing about BRAIN is there are people who are going through the process and people who've already been through the process - some recently and some much longer ago, so you can get some meaningful information. The disadvantage of that process is that sometimes you can get misinformation - you can get misinformation from your study group, you can get misinformation even from board certified clinical neuropsychologists who will tell you that you have to do this and you have to do that. They may be out of the loop and maybe that's not the way it's done anymore.



The one thing that I have heard is if you get paired, or if you pair yourself, with the wrong study group that can increase anxiety instead of decrease anxiety. So if you're working with a group who, you know, some of the people are extremely Type A - they feel like we have to do everything by the book, and they've got a manual for every hour of every day. If that's not how you study, then that may not be the right group for you. It can actually backfire and could cause problems. And so BRAIN could both create that problem - I guess, in theory - but it could also help you get a new study group and get out of that situation. But I think that there's no problem with joining BRAIN. You can always turn off the listserv if it's overwhelming to you.

John Bellone 52:34



So why don't we move on to practice samples now? Who reviews those samples? And what are they typically looking for? We're going to provide a full link to the overall criterion in the show notes, but just kind of important areas that we should consider here.

Kira Armstrong 52:48



So who reviews the practice exams?

John Bellone 52:51



The practice samples.

Kira Armstrong 52:52



Oh, the samples. That makes so much more sense. Okay. [laughs]. So ABCN created a cadre of board certified neuropsychologists who review the practice samples. They go through a training process where they are told to specifically look at these variables and how to look at these variables. And then they are constantly working on maintaining some kind of consistency across the reviewers. That's always going to be a job and process, obviously. Historically, many years ago, it was, if you were board certified, you could walk to your mailbox and suddenly find a practice sample that needed to be reviewed, which was always a welcome surprise. But now it's going to this cadre. And this cadre, again, they communicate with one another, they problem solve one with one another. So you've got some level of consistency in terms of how they're going to be reviewed.



Ryan Van Patten 53:54

In the Oxford book, you talk about selecting moderately complex cases for the practice samples. And you also suggest that we select two different types of cases for the different samples. Can you expand on these recommendations?



Kira Armstrong 54:09

Sometimes neuropsychologists like to select cases that are super complicated and exciting and cool. But if you're not the expert on that particular patient etiology, you don't want to be examined by the person who is [laughs]. And that can happen.



John Bellone 54:26

You could get Neil Pliskin talking about electrical injuries with you [laughs].



Kira Armstrong 54:31

Yeah, exactly! So you want to pick cases that reflect your bread and butter, what you do every day. Ideally of patient populations that you're very comfortable with and knowledgeable about. They need to be moderate. There needs to be some neuropsychological complexity, right? You don't want to pick somebody who is at the 1st percentile globally because there really isn't anything - it makes it very hard for us to get into your understanding about strengths and weaknesses and where these are coming from and what they are. So it's a little bit more about neuropsychological complexity, or variability, so that you can show off what you know. It's not too hard unless you are that expert, in which case you can say, "Bring it", right? But also not too easy in terms of the data isn't really meaningful in terms of having a comprehensive conversation about neuropsychology.



John Bellone 55:33

How strict are the reviewers? And also how good is the interrater reliability? Do we have a sense of that? I can imagine it fluctuates.



Kira Armstrong 55:42

I think the interrater reliability is getting much better. There are going to be reviewers that are stricter than others. And I think it's more about strict about different things, right? So one reviewer might be stricter about how you talk about dyslexia, another review might be stricter about how you talk about Alzheimer's. So it's more about those kinds of things. With the practice samples for the parent exam - so not the subspecialty, but the parent exam - your cases have to be good enough that we would believe, with some sense of accuracy, that even if there are some

questions, you could defend that at the oral exam. The difference, and we can talk about this later, the practice sample is different. The practice sample has to stand alone because there is no oral exam. I need to know, as a practice sample reviewer, that any question I'm going to ask I can get the answer in your case.



Ryan Van Patten 56:42

That's for the pediatric subspecialty?



Kira Armstrong 56:44

For subspecialty. Exactly. Right. Not for a pediatric case in the parent practice sample.



Ryan Van Patten 56:51

Right.



Kira Armstrong 56:53

As the reviewers develop more experience, my guess is they actually become a little bit easier. I know that I had that experience. So as an oral examiner, I would read practice samples where I'd be like, "Whoa, I can't believe that got passed. I have this, this, this question. What were these people thinking?" But I walk out of an oral exam and think, "Wow, that person totally killed it. That was exactly what I needed to hear." And so I became much better at being a little bit flexible with that stuff because I knew the kinds of things that could be explained with further detail on the oral examination. When you've got a new cadre member, they might be stricter because they might not have that knowledge. On the flip side, there are some things that I would say, "Pft, there's nothing they could say to defend this." And then I might be a little bit stricter that way.



John Bellone 57:41

I have heard some advice, and I'm curious what you think about it. Number one is to start looking for cases as soon as you start practicing independently. So like, personally, I keep an Excel sheet with general case information - I have a column where I specify that might be a good case for one of the work samples so that later I can go back and look at those rather than having to sift through all my old reports and finding ones that are potentially relevant for this process. What do you think about that?



Kira Armstrong 58:08

So, that's one way that people do it. Although I hope you're getting rid of cases that you no longer need. Like, you don't need to have 30 cases to choose from, right? You only need two.



Ryan Van Patten 58:08

He's not getting rid of them. [laughs]



John Bellone 58:10

I'm not getting rid of them. I'm going through, with a fine tooth comb, each one of them [laughs].



Kira Armstrong 58:25

I'll take a brief segway and say that honestly, for me, the practice sample was the hardest part. And it shouldn't be. Because, again, it's what we do every day. The problem was, I could find the flaws and all of my cases and say, "Yeah, but yeah, but yeah, but...", instead of saying, "Cool, I know the flaws." And, "Cool these are the things that I need to be able to defend but I can defend that because I knew that when I did it. This is what I'm going to say if I get asked a question."



Ryan Van Patten 58:54

When you say the flaws in those cases, what do you mean specifically? A mistake in the report that you wish you had written it differently or a way that the case isn't complex enough?



Kira Armstrong 59:05

Or the way that this particular data point could be interpreted this way or that way. It could be interpreted in A or B and I chose B, but what if people think it should have been A, right?



Ryan Van Patten 59:16

Right. Got it.



Kira Armstrong 59:16

Or I didn't talk about this, this, and this and, jeez, in hindsight, I wish I had. In which case you say that your oral exam.



John Bellone 59:27

Or in the supplemental document, right?



Kira Armstrong 59:29

Yes.



John Bellone 59:29

You said you recommend that everyone includes it?

Kira Armstrong 59:32

Everyone. Right. Because again, if you already know the “yeah, but”, then just put them out there. “Jeez, you know, kind reviewer, I bet you’re wondering about X, Y, and Z. Let me tell you why that’s not in the report. And let me tell you why I did it this way.” Awesome! They don’t have to read your mind. So, you know, the best way to think about this practice sample is a bit equivalent to having a trainee. The trainee comes to you and says, “Well, I didn’t review the hospital chart.” What are you going to say? You’re going to be like, “Well, then this report is not ready, is it?” Right? But if you say, “I reviewed the hospital chart, but in my hospital, that content is covered in somebody else’s report, which is why it’s not here. For the data that you need to know, it’s here”, then it’s fine that it’s not in that report. That’s why that supplemental document can be really, really important. The other way, though, that people will approach cases is they will say this case coming in my door on its surface is the exact kind of case I want to be able to defend and then they write that report with the intent of submitting it. So sometimes they might write it a little bit differently to cover that or sometimes they are simultaneously, either in real life or in their head, writing the supplemental document to go along with it.



John Bellone 1:00:57

I can see that.



Kira Armstrong 1:00:58

And they’re not collecting 30 cases that they’re not going to use!



Ryan Van Patten 1:01:02

[laughs] It’s going to get bigger and bigger.



John Bellone 1:01:04

Yeah, yeah. [laughs].



Ryan Van Patten 1:01:05

He's going to keep every single one of them.



John Bellone 1:01:07

It's going to take me a month just to figure out which case I want to use.



Kira Armstrong 1:01:11

Uh huh.



Ryan Van Patten 1:01:12

Take some advice, John.



John Bellone 1:01:13

Yeah, I'm going to try. And then I've heard, you know, having old supervisors and colleagues look over these work samples - your mentor - having a bunch of people looking over these, right?



Kira Armstrong 1:01:13

Yep. Just a caveat that you're not supposed to change them, right?



John Bellone 1:01:27

Substantially, right? You can fix typos.



Kira Armstrong 1:01:29

Oh, right, you can fix typos..



John Bellone 1:01:31

Or de-identify the case.



Kira Armstrong 1:01:32

De-identify, right. But not changing content. If you are, basically you're being supervised at that point, right?



John Bellone 1:01:40

That's a good point. Let's talk about the de-identification process. Is that one of the reasons why a lot of people don't pass?



Kira Armstrong 1:01:49

No, if you don't take a first and last name out, then that's going to be a problem. If there's a single page in a 200 hundred page stack of all of the protocols where something got left on there, that may or may be enough grounds to take you out. I don't want to speak for ABCN because I haven't done that recently, and they could correct me, but I would say be diligent, be appropriate, but don't panic about every teeny tiny detail.



John Bellone 1:02:30

Yeah. And your book has the specifics that you should be looking for when you de-identify, yeah.



Kira Armstrong 1:02:36

Right. Exactly.



John Bellone 1:02:38

All right. Well, why don't we move on to the oral exam process now. For many people, this might be the most anxiety provoking part of the whole evaluation process. What was your experience in terms of anxiety here?



Kira Armstrong 1:02:53

I think everyone's going to be anxious about that. But I think that I had - I knew I had a great deal of practice and so I knew that I could rely on that practice to take me through it. I think that a big part of the oral exam is stress management. For people who don't handle it well, it's a big part of why they might not pass. And it's not necessarily because they don't know their stuff. But the easiest way to be able to go through that is exposure therapy, right? We're psychologists [laughs].

Practice. Practice with as many - if you are somebody who is really worried about freezing, then practice it with as many different people as you can. Again, I want to emphasize people you do not know. It totally changes the entire experience. So, for me, I mean, I did mock fact findings with Keith Yeates every single week in training. So that was intimidating enough. [laughs]



John Bellone 1:03:57

Yeah, he can be, I guess. [laughs]



Kira Armstrong 1:04:00

But, even so, I ended up doing a practice exam actually with Neil Pliskin - it was funny that you mentioned that. I met Neil in the airport on the way from INS going back from Toronto. And, he said to me, "Well, you're pursuing ABPP." I said, "Yeah." And he said, "Well, if you need practice for an oral exam, look me up." And I did. And I then did my mock fact-finding with Lisa Stanford - who is a nice woman, right, but I don't know her. And it's intimidating, and I'm in a hospital setting, and I started to do my whole fact-finding and I didn't ask about behavioral observations, which actually, in this case, was kind of critical. It was an excellent experience because that didn't happen when I took the real thing.



John Bellone 1:04:46

You didn't forget it then. [laughs]



Kira Armstrong 1:04:48

Yeah, so you know, experience was like - when I used to give mock exams, I used to be a little bit more rigid than I would be as an examiner. So I might not give all the information because I wanted them to experience the "Oh my gosh, I didn't ask that." And then figure out how to recover. So if you expose yourself to that, it's going to make it a lot easier going through. The other piece to remember is, the examiners genuinely want you to pass. The examiners are just as anxious as you are about making this a fair experience, about making sure that they create a situation where they can help you to maximize your ability to demonstrate your knowledge. They are not out there to trip you or make you make stupid mistakes. They really want you to pass. They're going to help you as much as they can within the confines of the exam. But they're there to listen to you show your stuff.



Ryan Van Patten 1:05:48

For our listeners who haven't started going through mock fact-finds. Can you just briefly describe what that looks like?



Kira Armstrong 1:05:54

So in the fact-finding, you are presented with a case - usually 1-3 sentences. You know, "Johnny's a 16-year-old boy presenting to the clinic with complaints of blah." That's all you got. And you've got 45 to 50 minutes to elicit all of the data,

summarize the neurocognitive data, and come up with the conceptualization of etiology, and ideally, put together some recommendations. Within that, you need to know that there are questions that you might ask that they're not going to necessarily tell you right away. If you say, "Hey, you know, what did the neuroimaging show?" You might get a comment like, "Huh? Neuroimaging? Yeah, we don't have that, yet." Because that gives you the answer, right? They want to know, well, what information would let you know what kind of neuroimaging would be important? What kind of symptoms, progression, and presentation did you see? And I use the metaphor in the book as kind of like, you feel like you're running a marathon with your shoes on the wrong feet. It can feel really odd and it can feel really intimidating, except that this is what you do every day, right? You're not always handed the entire file. You're handed a limited amount of information. And that's exactly what you have to do. What information do I need? Wait, there were staring episodes? I need to find out if there were seizures. Wait, there are sensory issues? What kind of sensory issues? Are they lateralizing? Are they not lateralizing? When did they present? When did the symptoms occur? That's what we do, right? So if you think about it that way, it actually isn't too foreign of an idea. But, you need to create a template. You need to say these are the questions I'm going to ask or these are the domains that I want to capture during that process to make sure that you don't forget certain things. So you don't forget to ask for IQ testing [laughs].



John Bellone 1:07:58

And you do that right up front, right? In the first five minutes?



Kira Armstrong 1:08:00

Yeah, most people will just sit down and they'll just write their, you know, mnemonics in terms of what they want to be able to remember to ask.



John Bellone 1:08:07

And pace yourself through it, right? You want to go at a quick pace...



Kira Armstrong 1:08:11

Yeah, your job is to pace yourself. If you're really falling behind you might get a nudge from your examiner because, again, they want you to pass. But there's only so much that they're allowed to do in terms of guiding you on that.

John Bellone 1:08:24



And it's really important, I've heard, to talk through the process, right? You're not keeping your thoughts in your head. You want to say, "Okay, based on this new bit of information, now I'm thinking this." Or, "Okay, now I just found out that it's an acute injury, so I'm thinking traumatic brain injury or I'm thinking maybe a stroke." Right? You're talking through that out loud.

Kira Armstrong 1:08:43



Exactly. So I'll answer that in two ways, too. So one, is yeah, you want to talk aloud with the understanding that you can't say anything wrong, unless you say something like, "Well, gee, I know that language is mediated by the right occipital lobe." [laughs]. But, you know, you can't say anything wrong in terms of the data because you're talking about what you know to this point. So you might say, "Well, gee, I'm thinking it sounds like this is an acute injury. I'm going to rule out a TBI. I want to rule out a CVA." You know, whatever might be, and then if you get later information that makes it look like it's much more chronic or much more slow in its progression, you might say, "Oh, well actually that doesn't sound like an acute injury after all. Now, I'm leaning more towards X." So you know, don't feel like, "Oh, man, I totally blew it when I said that." No, you said it based on the data you had at the time, now you have new data. Or you did blow it, and you could say, "Ah, shoot, I misspoke when I said that. What I really should have said was blah, blah, blah, blah, blah", right? That's the advantage of speaking aloud. The examiner wants to know the process that you're taking in your head to get from A to B. The one caveat I will give is sometimes candidates will talk too much. They'll talk so much that they run out of time and they're not really able to process what they need to. Same thing with the questions. So instead of saying, "Is this patient taking any medications that are relevant?" They might say, "Is the patient taking a beta blocker? Is the patient taking an AED? Is the patient..." If they need you to be more specific, they'll tell you. So start broad and then narrow in.

John Bellone 1:10:31



That's good advice. Yeah. Any tips for the other steps of the process? The ethics and the review sample?

Kira Armstrong 1:10:41



I'll start with ethics. As a group, you know, stereotypically, it's the easiest one. But that doesn't mean that you can glide on just kind of remembering what you learned about ethics in your graduate program whenever that was. You really do want to know your ethics backwards and forwards. You need to be able to speak about

them fairly eloquently. Even if you have word-finding problems like myself, you just need to be able to speak to them. But the other part of it is just describing who you are, what your practice is, what you do. And so it is kind of an easier portion of the examination. But you're looking at a case - so you'll be given an ethics vignette and you'll be asked to read through the vignette. You can't write on any of the materials that they give you - you can take notes, but you can't write directly on them. I think that's important for you to note when you're preparing, so it doesn't throw you for a loop. "But I wanted to highlight!" - yeah, well, it's not going to happen. So, you know, be aware of that. But you're going to be handed a vignette that is riddled with ethical problems and then you're going to be asked to present those ethical issues. Some people do that chronologically, some people do it based on the severity of grievances. But you want to try to capture as many of them, if not all of them, as you can.



John Bellone 1:11:56

This is a very specific question. I read somewhere that we get 20 hours of continuing education for going through this process. Is that right?



Kira Armstrong 1:12:04

You get CE credits for the oral exam. I cannot tell you the specific numbers. Was it in the book? Do you remember?



John Bellone 1:12:11

No, I don't know where I heard it or if I read it in your book. I don't remember. And I wasn't sure when you got that either. I'm trying to plan out my next year CEs. [laughs]



Kira Armstrong 1:12:21

Yeah, it's actually at the oral exam or when you take the oral exam, then you will get the CE credits.



John Bellone 1:12:27

Okay.



Kira Armstrong 1:12:27

Off the top of my head, I can't remember the exact number. But yes, that is not a myth.



John Bellone 1:12:33

Good. Saves me time.

Kira Armstrong 1:12:40

Practice samples. An important thing. So when you do the practice sample portion of the exam, you will speak about both reports. It may not be evenly divided, it might not be 20 minutes on this report and 20 minutes on that report, but you will speak about both reports. This is the part that at least when I took the exam wasn't super structured in terms of every examiner is going to ask you X, Y, and Z because every report is going to be different, right? When I was an examiner, one of the things that I took to heart was - listen, my book was out and it tells you everything that you need to know. You should be able to defend your practice sample backwards and forwards, inside and out. There shouldn't be a question that I can ask you that you can't answer. You've had plenty of time to prepare for this. So I would certainly ask questions about the report, but then I'd go off script. "Okay, well, what if the kid was 14 instead of 2? How would this data be interpreted? What would this data mean? What would this progression mean?" Right? "If we flip the profile, so the language scores were higher rather than the visual spatial scores, what would that mean?" Right? So you know, realize that the idea of the practice sample is to use it as a vehicle to understand your clinical knowledge. And that may not necessarily be me letting you rotely review what you should hopefully have already studied inside and out and had people tear apart before you got there. I've had people who submitted cases that are three years old because they moved on, and now they're doing research, for example. Or now they're supervising and they don't have as much clinical work as they can. And even when they pick those reports, they are like, "Ah, I don't know, I should have gone this way or should have gone that way." If that's what you think, say it, because there's a good chance the examiner's thinking that too. I actually had a case where somebody came and said, "Well, you know, as I was preparing for the case, I was really kind of wondering about some of the things I thought about", and I went, "Oh, do tell" [laughs]. Because I was worried about those same things and I needed to know that she knew it. So there's nothing wrong with that.



Ryan Van Patten 1:15:01

Yeah, that's very helpful. Well, thank you so much, Kira, for talking us through all these aspects of board certification. Before we end, we'd like to ask you our two bonus questions that we ask everyone. So these are not specific to board certification. They're about neuropsych more broadly. The first one is if you could improve one thing about the field of neuropsychology, what would it be?



Kira Armstrong 1:15:24



If I had a magic wand, I would like to remind all neuropsychologists that we're psychologists first and neuropsychologists second. I find that the clinical experience and the psychology of patients can be overlooked by a certain subset of our colleagues. I think that that ends up leading to either findings or recommendations that cannot take the patient as far as we should be able to take them.

John Bellone 1:15:56



Excellent. And what's one bit of advice you wished someone had told you or maybe they did tell you when you were training that really made a difference? Just looking for an actionable step trainees can take.

Kira Armstrong 1:16:07



So the most valuable thing that I had as a trainee was when my postdoc supervisor, John Beetar, about two months before I was done with postdoc stopped supervising me. He made me write the reports and then he supervised them and it was terrifying. But it gave me a safety net. It gave me the opportunity to be a grown-up psychologist, where I still was supervised. I think one of the biggest flaws of our training programs is that we treat trainees in neuropsychology as being supervisees for way too long. And then when we get out by ourselves, that can be a horrifying, terrifying experience. So I think that if trainees can work with their supervisors to make them be more independent with a safety net, sooner rather than later, that will make them stronger clinicians in the long run.

Ryan Van Patten 1:17:05



It's a scaffolding approach, where you initially provide full training wheels and a lot of support, but then over time, you're pulling that back and allowing that person to grow.

Kira Armstrong 1:17:14



Right, and taking them entirely away before they leave, not when they leave.

John Bellone 1:17:21



And now that we've covered advice for trainees, we'll just finish by asking for advice for early career professionals. Specifically, the healthcare landscape is rapidly changing and we want neuropsychology to remain relevant and useful for decades to come. Once we're established as neuropsychologists, what are some steps or

what's a step that we can take to ensure that we're providing cutting edge clinical services for decades?

Kira Armstrong 1:17:44



I think we, as a field, need to do a lot better at documenting our utility and demonstrating that what we do is useful and adds value. Again, going back to Neil Pliskin, who was one of the people who really kind of started beating that drum so long ago. I think that we need to be donating to our foundation. We need to be documenting the utility of neuropsychology - and we can do that through papers, we can do it with colleagues, we can do it at rounds, but we need to demonstrate it. We know we have something that enhances clinical care, but not everybody else does. Not everybody knows who the heck we are.

John Bellone 1:18:25



Yeah, okay. Well, any final words of encouragement for all of our listeners who are going to take the ABPP exam soon or in the near future?

Kira Armstrong 1:18:32



Congratulations! If you've trained and if you've done your due diligence, just know that you've got the background to do it, you just have to do it. And then after every step, before you get your results, go celebrate it. Just doing it is an achievement, even if you don't get the result that you want, which of course obviously isn't cause for celebration, but doing it is an achievement. Give yourself credit for that.

John Bellone 1:19:03



That's true. Ryan said he's gonna take me out for fancy dinners every time I pass a certain step. [laughs]

Ryan Van Patten 1:19:09



But if you fail, then you have to take me out for fancy dinner.

John Bellone 1:19:11



An expensive dinner [laughs].

Ryan Van Patten 1:19:13



More incentive to study. [laughs]



John Bellone 1:19:15

Fair enough. That'll be a good incentive for me [laughs].



Ryan Van Patten 1:19:18

Thank you so much, Kira, for your time and generous offering. This has been great for us, and our listeners I'm sure, to help us prepare and feel a little less anxious about the process.



John Bellone 1:19:27

Yeah.



Kira Armstrong 1:19:28

Excellent. And just remember, there's tons of resources out there, so use them.



John Bellone 1:19:32

Yeah, our listeners should definitely read your book, "Board Certification in Clinical Neuropsychology." We highly recommend it.



Ryan Van Patten 1:19:38

Agreed.



John Bellone 1:19:38

Yeah.



Ryan Van Patten 1:19:39

And I want to say again, Kira, you've been so generous with your time, like reading over the questions, giving us feedback, the phone call that we had at the beginning, all the emails...



John Bellone 1:19:47

We will be buying you a beer when we see you [laughs].



Ryan Van Patten 1:19:49

Definitely.



Kira Armstrong 1:19:50

You guys are doing great work. I think this is awesome. So it was a pleasure to be a part of it.



Ryan Van Patten 1:19:55

Likewise.



John Bellone 1:19:56

Thanks again.



Ryan Van Patten 1:19:56

All right. Take care.



Kira Armstrong 1:19:57

All right. Thanks guys.



John Bellone 1:20:00

So that's all for our discussion with Kira. Before we go, Ryan, I'm curious about how you approach studying?



Ryan Van Patten 1:20:07

Yeah, if I was studying for board certification, I would use the same strategies I've used in other scenarios. I really like to start early, as early as possible, and then not put a lot of pressure on myself to study a lot at any one time. But when I can, here and there, just be studying a little bit over a longer period of time. I try to capitalize on the data out there on spaced practice. You know, cramming really doesn't work for long-term retention. I'm interested in this material, I want to remember it. So that's why I try to start early and just study a little bit at a time over a longer period of time. I also really cultivate interest in what I'm studying. You know, I want to be interested in it because then it's easier for me to remember and it makes the studying process easier for me. I don't think about studying as learning information just for the test and then letting it slip away. I want to work it into frameworks that I already have and then hold on to it even after the test is over. And I found that to work well for me. Of course everyone has their own models. What do you do, John?

John Bellone 1:21:15



Yeah, especially for this exam where it's really for the benefit of our practice and our patients and our profession. I think it's extra important to really put in the effort to fill in the gaps in your knowledge base. And, for me, repetition helps, spacing the studying helps, getting a good night's sleep after studying, conceptualizing and visualizing different neuroanatomy that helps me the most. I know everyone has their own way to study. Please feel free to go to navneuro.com to let us know what you found helpful. Or if there's any other caveats that we didn't quite get to cover about the ABPP process or board certification, you can find us either on our website or on Twitter [@NavNeuro](https://twitter.com/NavNeuro).

Ryan Van Patten 1:22:05



Well, that does it for our episode with Kira. Be sure to join us next time as we continue to navigate the brain and behavior.



Exit Music 1:22:12

John Bellone 1:22:35



The Navigating Neuropsychology podcast and all the linked content is intended for general educational purposes only, and does not constitute the practice of psychology or any other professional healthcare advice and services.

Ryan Van Patten 1:22:47



No professional relationship is formed between us, John Bellone and Ryan Van Patten, and the listeners of this podcast. The information provided in Navigating Neuropsychology in the materials linked to the podcasts are used at listeners' own risk. Users should always seek appropriate medical and psychological care from the appropriate licensed healthcare provider.

End of Audio 1:23:05