

69| Becoming a Neuropsychologist – With Dr. Jeremy Sharp

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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: Jeremy Sharp, Ryan Van Patten, John Bellone



Intro Music 00:00



Ryan Van Patten 00:17

Welcome, everyone, to Navigating Neuropsychology: A voyage into the depths of the brain and behavior, brought to you by INS. I'm Ryan Van Patten...



John Bellone 00:25

...and I'm John Bellone. We have two brief housekeeping items to get to today before giving you our content. First, our production coordinator, Leslie Gaynor, is

moving on to bigger and better things as she transitions into her postdoctoral fellowship. Leslie has been a huge help in her time at NavNeuro, and Ryan and I have had a great time working with her. She will undoubtedly have an outstanding career and be a leader in the field, and we wish her the very best on fellowship and beyond.

Ryan Van Patten 00:52



Our second bit of news today is that John and I are very excited to formally announce the release of our book, published by Springer, and called “Becoming a Neuropsychologist: Advice and Guidance for Students and Trainees”. The goals of the book are to: first, explain neuropsychology to anyone and everyone who might be interested in learning about the ins and outs of the field - what it is, why people choose this career, where neuropsychologists work, and the challenges of our field. And then to provide a step-by-step guide for how to become a neuropsychologist from high school and college all the way through board certification and beyond. John and I both care deeply about our field and we feel strongly that we want neuropsychology to be available to people of all cultural and socioeconomic backgrounds, so we want to help build a pipeline to encourage diversity in our profession. One way to do that is to demystify the training process and to make it as straightforward as possible for people to pursue this as a career if they so choose. So if you're interested in the book, you can search “Becoming a Neuropsychologist” online at [Amazon](#) or [Barnes and Noble](#), or visit our website for the book at navneuro.com/book. If you read it and enjoy it, we'd be extremely grateful if you would leave us a positive Amazon review. We also want to take this opportunity to thank everyone who contributed quotes for the book and/or who advised us, provided us with feedback, and helped us in our own professional development. And we want to thank all of the students who listened to NavNeuro and then emailed with questions about how to become neuropsychologists. You were the inspiration for us to write the book in the first place. So, thank you.

John Bellone 02:38



Yeah, we are deeply grateful to everyone who helped make the book possible. It so happens that today's NavNeuro episode is also on the topic of becoming a neuropsychologist. This episode is different than most other episodes because Ryan and I are actually the interviewees rather than the interviewers. We are guests of Dr. Jeremy Sharp on his podcast, “[The Testing Psychologist](#)”, and we talked to him about our book and related topics that we're going to get into momentarily. Jeremy is a licensed psychologist in private practice in Colorado. His show, “The Testing Psychologist,” focuses on the nuts and bolts of psychological

testing, particularly as it relates to private practice settings. Jeremy interviews a variety of guests on topics related to assessment, such as diagnostic interviews, trauma-informed assessment, and many others. He also discusses a variety of practical issues related to the business of private practice in testing psychology.

Ryan Van Patten 03:37



We're very grateful to Jeremy for having us on his show to talk about our book, and we wanted to release the audio of that conversation on NavNeuro as well because we think our listeners will enjoy it. Also, this episode, and our book, could be a helpful resource for any of you who have friends, family members, colleagues, or patients who want to learn more about the field.

John Bellone 03:57



A few of the topics we cover in this episode with Jeremy include defining neuropsychology, how our field differs from other specialties within psychology, and how to re-specialize in neuropsychology among lots of other topics. Just one more quick note, we recorded this episode in the fall of 2020. So our book hadn't yet been released and I was not yet board certified. But our book is now out and, thankfully, I am finished with the boarding process. And, with that, we give you our conversation with Dr. Jeremy Sharp.



Transition Music 04:30



Jeremy Sharp 04:39

Ryan, John, welcome to the podcast.



Ryan Van Patten 04:42

Thanks so much for having us. This is great.



John Bellone 04:44

Yeah, I'm really happy to be here. I'm a longtime listener, first time caller. [laughs]



Jeremy Sharp 04:47

[laughs] Yeah, I love it. I know we've had these circling orbits for several months now and I'm just grateful and excited to be able to talk with y'all in person and do some overlapping here. It's really exciting.



Ryan Van Patten 05:05

It's impressive that you're this one-man show, Jeremy. It takes two of us to do NavNeuro.



John Bellone 05:09

[laughs]



Jeremy Sharp 05:11

It's wild. I mean, I couldn't live without my VAs and support from other people for sure. But, it's funny, on the other side though, I'm like, "Oh, my gosh, if I had to run all these decisions by somebody else, we'd never get anything done."



Ryan Van Patten 05:25

[laughs]



John Bellone 05:28

There's plenty of that on our end. [laughs]



Jeremy Sharp 05:31

[laughs] Sure.



Ryan Van Patten 05:32

You have no idea how many headaches I've had running things by John.



Jeremy Sharp 05:36

I can only imagine.



John Bellone 05:38

And mistakes that I have averted because of that. [laughs]



Jeremy Sharp 05:42

Thank goodness, right. And yet, despite all of that, you have managed to write a book together as well.



John Bellone 05:47

Yeah, we're masochistic enough to take on that challenge. [laughs]



Ryan Van Patten 05:51

[laughs]

Jeremy Sharp 05:51

Yeah, that's pretty incredible. That's a big part of the interview today and a framework for what we're going to be talking about. Y'all have this book coming out, which is really, I think, a needed addition to the field. I know you said this in the introduction of the book, but it's something that I wish had been around when I was going through grad school because I think my trajectory would have been quite different if I'd come upon a resource like this. So I'm excited to talk with you all about it. It's a great piece and there's a lot of good info in there. So we're ready to dive in.



John Bellone 06:34

Excellent.



Jeremy Sharp 06:35

I'm curious, just right off the bat, I think it's safe to say you are early in your career at this point.



John Bellone 06:45

Yes.



Ryan Van Patten 06:45

Definitely.



Jeremy Sharp 06:46

So tell me, how do you start to undertake something like this at this point in your lives?



Ryan Van Patten 06:54

Go ahead, John.



John Bellone 06:55

Undertake the podcast or the book or everything?



Jeremy Sharp 06:58

Yeah, the book.

John Bellone 06:59

Right. Well, so we have been doing the podcast, Navigating Neuropsychology, for a couple years and we have been getting lots of emails and questions from student listeners, asking us about how they could pursue a career in neuropsychology. And we got tired of saying, "Well, there's really no comprehensive resource that really describes the process from the ground up." So after I don't know how many emails we got, we decided, "You know what, let's just write the book on it and solve the problem ourselves." We wanted to provide a North Star, so to speak, to guide students through the process. I don't know in terms of finding time for this. At the time, neither of us had families or children. So we had a little bit more time. I don't really have a good answer for that. [laughs] We just saw the niche that needed to be filled. Like you had said, we would have wanted something like this when we went through the process so we wanted to provide this to students. We took on nights and weekends of writing as usual. I don't know, Ryan, what's your thought?



Ryan Van Patten 08:19

I think we have the right amount of mixture of interest and nerdiness and stupidity in order to do something like this.



John Bellone 08:28

Perfect combination. True.



Ryan Van Patten 08:29

But more seriously, I think neuropsychology is a fairly well-delineated field with professional organizations, journals, board certification, and there's an APA division, Division 40, of neuropsychology. We're very proud of that. But to become a neuropsychologist, to get into the field, is not so well-delineated. John and me, and everyone we know or that we talked to, they all say, "Well, I just got lucky. I took the right course. I took a biopsychology course. I happened to learn about it through indirect means. I was in the right place at the right time." That's concerning because that means we're missing people who otherwise would be very interested in neuropsychology. In undergrad, in particular, students don't learn about the field because it's not in the zeitgeist. It's not talked about the way psychiatry is - people know the terms "psychiatry" or "psychology" more broadly. So we're hoping that this book can make it easier for people who are interested and motivated, no matter their demographic background or socioeconomic status, the chance to pursue



neuropsychology. We both love the field and find it fascinating and interesting, so we want more people to have the chance to become a neuropsychologist.

John Bellone 09:57



I'll add that we're particularly missing people who are less privileged and underrepresented, like Ryan alluded to. So we hope that this will also help diversify the field which is much needed.

Jeremy Sharp 10:10



Yeah, I'm glad that you brought that up. I was going to touch on that as we went along, but here we are so we can dive into that. As far as the content of the book and maybe more marketing of the book, if you've gotten that far, how are you planning to widen the net and find more folks who might not otherwise be exposed to neuropsychology?

John Bellone 10:35



A lot of this is on our editor and the publishing company. One of the reasons why we went with a well-known publishing company is so that they could adequately market and get it where it needs to be. We're hoping it'll be in all university libraries and public libraries and widely distributed. It'll be available, hopefully, on Amazon and everywhere you can buy books. In terms of getting the word out, we're active on social media. Well, some of us more than others, Ryan.

Ryan Van Patten 11:07



[laughs]

John Bellone 11:09



We're also planning on trying to get the word out to students. We know a lot of students are in Facebook groups, on Twitter, and on Instagram, things like that.

Jeremy Sharp 11:18



Yeah, absolutely.

Ryan Van Patten 11:20



I think it would be really beneficial if we can get this into universities so that undergraduates can learn about it. I hope it would be helpful to graduate students, but even earlier on. For me, as a senior in high school or as a first year college

student, that's when it would have been most beneficial. So, hopefully, we can promote the book in those settings.

John Bellone 11:47



It's also a way for people to know if they don't want to choose the field. We laid out all the pros and cons, as I'm sure we'll get into - the reasons to choose it and some challenges to working in this profession so that a student who stumbles across the book can have an educated opinion of whether or not they think that this will be a good path to pursue before they take on the student loans or get too far into it only to realize later that is not the best fit.

Ryan Van Patten 12:17



Our primary audience potentially would be undergrads and grad students, but we're very appreciative of the chance to come on your podcast, Jeremy, because we think that it's not just college students who would benefit. Psychologists or people who are already established in the field might want to retread or might find that they're very interested in neuropsychology, even if their specialty training was not in neuropsychology. I think they could really benefit. It's never too late.

Jeremy Sharp 12:52



Right. Yeah, I'm excited to get into that portion of it and I'm glad that y'all are happy to talk through that. We do get a lot of questions about that in our Facebook group - just how do you go back? How do you basically rewind time? That isn't possible, so in lieu of doing that, what can we do? I think about going into undergrad myself, I knew that I wanted to be a psychologist but I really didn't have any idea what that meant. I didn't know that assessment was even a possibility until I got to grad school. And even then, even though we have advisors, they're not advisors like in high school or college where they tell you, "Here's how you pick a career path, exactly. And here's how you go about doing that." You kind of get locked into whatever your advisor does. If that person isn't a neuropsychologist, then you might be out of luck. Then it's almost too late, right? So yeah, I think it's going to be super valuable. You talked about your target audience for the book as undergrad and graduate students, Ryan. There is quite a bit of material for folks who are already psychologists just to wade through in terms of the state of the field of neuropsychology and what it is.

John Bellone 14:16



We broke the book up into two parts. The first part is more of a background on the field. What is neuropsychology? What kinds of cognitive domains do we test? What

patients do we see? What settings do we practice in? So it's really an overview of the field for someone who maybe is interested in it and doesn't know much about it. Then the second part is really the roadmap, or the blueprint, for how to get from undergraduate all the way through advanced training, postdoc, and beyond. So even for people who don't necessarily want to pursue this field, I think part one could be helpful in laying out all the ins and outs of the field.



Jeremy Sharp 14:59

Absolutely. I'm curious about y'all's personal story. For each of you, how did you find your way into neuropsychology? And why do it?



John Bellone 15:12

Ryan was a produce boy before he went into neuropsychology. So he has an interesting story.



Ryan Van Patten 15:21

Yep.



Jeremy Sharp 15:21

Produce? Like at a grocery store?



Ryan Van Patten 15:23

Yep. Yeah.



Jeremy Sharp 15:24

Okay. Solid foundation.



John Bellone 15:25

[laughs]



Ryan Van Patten 15:26

Right, right. You've got to know the difference between the sweet potatoes and the red potatoes and the yams...



Jeremy Sharp 15:32

[laughs]

Ryan Van Patten 15:32



Very good life skill to have. I can go first. I think my story is similar to a lot of people in neuropsychology. In undergrad, I was a psych major and I was also pre-med - my plan was to go into neurology. I was very interested in the brain and in behavior but I had no idea that neuropsychology existed for most of my undergrad. And then I just so happened to take a course in biopsychology. I was fortunate enough that my wonderful professor spent about 15 minutes during one class period talking about careers that use neuroscience and biopsychology, and he happened to mention neuropsychology. He showed one of our tests, the Wisconsin Card Sorting Test, on a slide and I was immediately so fascinated. It was the perfect blend of my interests, and I had no idea it was even available. So from there, I really pursued it. Even though there weren't neuropsychologists at my undergrad institution, I got lucky enough to get into a grad program that had a neuropsych concentration.



John Bellone 16:47

Those 15 minutes were enough for you, Ryan. Right?



Ryan Van Patten 16:50

That was it. Yeah. I'm really glad I went to class that day and didn't oversleep. [laughs]



John Bellone 16:55

[laughs] The one class you went to. Yeah.



Ryan Van Patten 16:56

[laughs]



Jeremy Sharp 16:58

That's great.



John Bellone 16:59

I guess my story is similar to Ryan's and the traditional route. Early on, I was really interested in both philosophy and neuroscience, which is a whole other story. I'll give you the short version of my path. [laughs] But I was interested in philosophy and neuroscience and I took a biopsychology course in college and I found that it was the perfect blend of those two fields. My professor really focused on the philosophical aspects of neuroscience - like consciousness, and whether or not we have freewill, and the engram, and I just love that. It was such a good blend of my

two interests. That class, coupled with a research lab that I had gotten involved with, led me to apply to psychology Ph.D. programs that had a neuropsychology emphasis. And then grad school just further solidified my passion for the field. The fact that I could continue to study the brain, contribute to scientific knowledge, make a profound direct impact in people's lives, and then make a pretty good salary while doing all that? I just couldn't beat it.

Jeremy Sharp 18:08



Right, right. Yeah. It's amazing when you find that perfect overlap of all the Venn diagram circles, right? That's super cool. Both of y'all at this point are doing some research and some practice, right? Am I remembering that right?

John Bellone 18:23



Ryan's doing both.

Ryan Van Patten 18:25



I'm more research focused and John is more clinically focused. We're both interested in both, but right now I would say I'm on the research side and John is on the clinical side more so.

Jeremy Sharp 18:37



I see. That's one of the benefits of this degree, I think, is the flexibility and that you can work in a variety of settings. So, can y'all run down some of the common places that a neuropsychologist might end up?

Ryan Van Patten 18:52



Great question. So we have a chapter on where you might find neuropsychologists out there in the world. There are many answers to this question, but there are probably three settings that are most common: universities, private practice or group practice settings, and hospitals. Then, within hospitals, there are a lot of specific types of hospitals that end up being very important for what the job of a neuropsychologist looks like. There are academic medical centers, which are the hospitals that are affiliated with a university. There are VA hospitals, where we're working with veterans. Rehabilitation hospitals, where neuropsychologists are part of interdisciplinary teams and work with patients with brain injuries such as traumatic brain injury and stroke doing a lot of cognitive training and assessment. Psychiatric hospitals where we're working with people who have pretty severe mental illness. So our job looks different at each one of those individual settings.

We discussed in the book how neuropsychology is an amalgam of many different things. There are different pieces to the training and depending on where you work, you might capitalize on one aspect of training more so than another. If you're at a psychiatric hospital, then you're really drawing on that training in psychopathology, mental illness, those types of things. If you're at a rehabilitation hospital, you're drawing on training that you received in cognitive rehabilitation, how to help people recover as best as they can. I think it's helpful to get a lay of the land in terms of all these different types of places where we can end up.

Jeremy Sharp 20:50



You know, the variety of hospitals is striking. You never think there are that many hospitals, but there's a lot of hospitals out there that we can end up in. So yeah, suffice it to say that there's any number of situations that we might find ourselves in. My question is, we could - I say "we", I switch back and forth with the Facebook group. It's like this royal, "we", I guess -



John Bellone 21:18

[laughs]

Jeremy Sharp 21:18



But there are a lot of questions about how to do research in private practice. I'm curious if you have run across any folks who have managed to bridge the gap between those two? And if not, that's okay. But that's something that popped into my mind. It's a topic that's come up before and I've never had a great answer or a great model for how to do that.



Ryan Van Patten 21:39

You're wondering how a clinician in private practice might also do research?



Jeremy Sharp 21:44

Right.



Ryan Van Patten 21:44

Yeah, great question. I think the first idea that comes to mind is, if a clinician in private practice can also affiliate with a nearby university, that's a great way to then become involved in what's going on at that university. Or a large hospital might be running a randomized clinical trial. If, in your community, you have an institution to affiliate with, that's a great option. If not, I've seen people in private practice, who

develop very large clinical datasets based on all the patients they see. It takes a long time, you know, it takes years. But imagine you've been in this setting for 10 years and if you are methodically tracking the patients you see, you could start to develop a large neuropsych dataset with lots of demographic and cognitive data that could be really useful for research.

John Bellone 22:44



That's actually something that I plan to do. I track every patient that comes in. I have a spreadsheet that's de-identified and has the diagnosis, the etiology, and some other relevant factors. I'm pretty early in my career, but I plan on using that data set eventually. As part of my informed consent for each patient that I see I have them sign something to say that I can use their data in aggregate in a future research endeavor if I wanted to. So I'm planning ahead for that but the data is just not developed sufficiently at this point.

Ryan Van Patten 23:24



Independent testing psychologists could even collaborate together. If John develops this dataset, and, Jeremy, if you had your own testing data set, and if I had one, theoretically, we could go the route of big data and put them together if we gave similar measures. Multi-institution research is always preferred, if possible - better generalizability, larger sample sizes. So that's something I would encourage people to think about.

Jeremy Sharp 23:55



That's a great point. Yeah. I wouldn't be surprised if some folks started to get on board with that or if you got some outreach around that. I know that there are a lot of folks who miss that research component. When you go into private practice, I feel like a lot of us just say goodbye to research and that's a shame. I know that there are ways to do it but there may be more hurdles when you're in private practice than if you're embedded in a hospital or academic institution. These are good ideas.

Well, I wanted to talk with you and really get into the nuts and bolts. One of the pieces that y'all tackle in the book is not just how you define neuropsychology but then you also make the distinction and kind of go further with the definition of a clinical neuropsychologist. So I wonder if you could talk through both of those. Then I would love to lead into how those differ from just a "normal testing psychologist" and see where that takes us.

John Bellone 24:58



Maybe we should put a couple disclaimers before we start this. Ryan and I are not representing any larger organization here and certainly not all neuropsychologists. We'll give you our opinion and this is based on talking with many of our colleagues and really thoroughly reviewing the literature and the relevant organizations, but we do not represent anyone else. Also the information that we're going to give is specific to the US because the training and requirements for becoming a neuropsychologist really vary drastically from country to country. Jeremy, I know that you recently did a few episodes on international testing psychology, which I found really interesting, but it's clear that there are differences in training.



Jeremy Sharp 25:49

Certainly.



John Bellone 25:51

So if there are any international listeners, Jeremy, your episodes are great. We also have a resource specific to neuropsychology training in different countries. They can go to navneuro.com/global, and we broke it down by country. We have different articles and links to organizations.



Jeremy Sharp 26:11

That's great. I'll put that and all other links and resources we talked about in the show notes for people to check out.



John Bellone 26:19

Excellent. Ryan, do you want to talk about the definition of neuropsychology first, and then we can talk about a clinical neuropsychologist?



Ryan Van Patten 26:25

Sure, yeah. So there are different definitions of neuropsychology out there, but the one we use for the book that's broad, pretty simple, and a good place to start would be: the scientific study of how the brain produces behavior, and then how behavior is altered if something atypical happens to the brain. This is often called the brain-behavior relationship. When you think of neuropsychology, think of the brain-behavior relationship. Then there's the science of that and the clinical practice of that. I would say that's neuropsychology. John, do you want to tackle clinical neuropsychology?

John Bellone 27:06



So the field can be broken up broadly into two arms: research and clinical, and they overlap a lot. There are neuropsychologists who practice solely in clinical settings, and there are some that do just research. Most of us do some combination of the two as we kind of alluded to before, Jeremy, with your question. But in terms of the definition of a clinical neuropsychologist, it's important to know that not only does this vary country to country, but even within the US, the term "neuropsychologist" is not unanimously agreed upon. It's not a protected term, either. So, as far as I know, in all states and provinces in Canada you must hold a license in order to call yourself a "clinical psychologist" - it's a protected term. "Neuropsychologist" is not protected in the same way. There's no license associated with it. Jeremy, when you talked with Dr. Debbie Anderson about Australia, she alluded to how this is contentious and this can be a thorny topic. And I think that's the case everywhere.



Jeremy Sharp 28:23

Right.



John Bellone 28:24

Ryan, do you want to talk about our approach in the book a little bit more?



Ryan Van Patten 28:30

Yeah, so...



John Bellone 28:31

Oh, sorry, Jeremy. We're taking over! We're podcasters, so you're going to have to jump in to interrupt us. [laughs]



Jeremy Sharp 28:40

[laughs] Sure, sure. No, this is all good. So the "clinical" part of the term designates those who focus and actually practice versus those doing research?



Ryan Van Patten 28:52

Right. So our conservative approach to defining a clinical neuropsychologist in the US would be: this is someone who is eligible for board certification in the field. So there are a lot of organizations to become familiar with and acronyms related to board certification in neuropsychology, but the American Academy of Clinical Neuropsychology, or AACN, is an advocacy organization that really pushes and sponsors board certification. The American Board of Professional Psychology, or

ABPP, is the larger board that provides board certification in psychology. And the American Board of Clinical Neuropsychology, ABCN, is the specialty board for our field.



John Bellone 29:42

Now, it's alphabet soup here. [laughs]



Jeremy Sharp 29:45

Oh, absolutely. Yeah, it wouldn't be our field without a bunch of acronyms.



Ryan Van Patten 29:49

Right. So to reiterate, we consider a clinical neuropsychologist as someone who is eligible for board certification. Then there are a lot of rules and hurdles that must be crossed in order to be eligible - doesn't mean you're board certified yet, but you can be board certified and we can get into that if it's helpful.



John Bellone 30:09

My hunch is that in the next 10 or 20 years, it will be the case where only people who are board certified in clinical neuropsychology are going to be able to call themselves a clinical neuropsychologist. It seems as though we're inching towards protecting the term in that way, which I fully support. But we're definitely not there yet. But from our perspective, at present, like Ryan mentioned, we feel that only people that are very likely to pass that credential review process should be called clinical neuropsychologists, and that's the threshold that we set in our book. So we can jump right into discussing what it takes to pass the credential review, Jeremy, or we can take it however you want.



Jeremy Sharp 30:52

Yeah, I think it'd be helpful to define that. I would guess that people are familiar with the Houston Conference guidelines, for the most part, but I'm sure there are some folks out there who aren't and would really benefit from knowing about that. So let's talk through that a bit. What are those eligibility guidelines that we should be aware of?



Ryan Van Patten 31:17

John, can I jump in real quick?



John Bellone 31:18

Yeah, sure.



Ryan Van Patten 31:19

Just a caveat, before we get into the Houston Conference guidelines. We defined a clinical neuropsychologist, but that is different from a research neuropsychologist. I think there are a lot of clinical scientists or research neuropsychologists out there who may not be eligible for board certification because their interest is primarily or solely a research career. They are doing work relevant to neuropsychology, so in my opinion, it's very valid for them to call themselves research neuropsychologists or just neuropsychologists. That's separate from board certification, which is a clinical credential.



Jeremy Sharp 32:01

Thanks. Yeah, it's nice to specify.



John Bellone 32:03

Yeah, the term is clinical neuropsychologist to distinguish between the two. Jeremy, to go to your question about the Houston Conference guidelines. These are really drawn on heavily by the credentialing boards to determine eligibility for board certification. So in 1997, there were prominent members of the profession that held a conference in order to determine a model of integrated education and training in the specialty of clinical neuropsychology. The resulting policy statements, which is commonly referred to as the Houston Conference guidelines, laid out what's expected at different levels of training. The most concrete recommendation was that a two-year structured postdoctoral fellowship in clinical neuropsychology is necessary in order to practice clinical neuropsychology. In this two-year, formal postdoc would include mostly clinical work pertinent to neuropsychology, but also formal didactics and research training as well. The guidelines also recommended that graduate students begin developing the foundation of brain-behavior training to, in their words in the guidelines, "a considerable degree". So already in doctoral training, we expect people to get neuropsychological training, and then to further specialize with the capstone experience in that two-year postdoc at the end. The documents are really easy to read, so we would highly encourage any listeners who are interested in these guidelines, or in the field, to read the full five pages. It's easy to Google Houston Conference guidelines and we also have a direct link at navneuro.com/HCG. We can include that in the reference list or if you have your own link, Jeremy.



Jeremy Sharp 33:58

Sure. Yeah, I can put that in there. I feel like the Houston Conference guidelines have been pretty well known, but then y'all also talked about in your book the taxonomy for education and training in clinical neuropsychology, which was new to me. I would love to hear more about that.



John Bellone 34:15

So the Houston Conference was in 1997 and the guidelines were published in 1998. But, the field didn't do much in terms of advancing training, or laying down specifics on paper until very recently. It was APA, the American Psychological Association, that made it mandatory for each of the specialties within psychology that offer board certification, to lay out a taxonomy that could help clarify to prospective students what training a specific graduate program or training experience offered. And so, they laid out different levels of specialty training - this is the taxonomy. There are different degrees of intensity: "major area of study" being the most heavy in terms of that specialty, then the next level would be an "emphasis", then an "experience", and then just "exposure". So a "major area of study" means that the program is focused in neuropsychology. "Exposure" means that maybe you have a class in neuropsychology or, there are certain criteria, but it's a very small amount of training. This taxonomy has not caught on just yet because it's so new. The paper was published in 2019 by Glenn Smith and the Clinical Neuropsychology Synarchy, and this really laid out the taxonomy in detail and some competency areas and other things in the field. This was going off of another article by Sperling and colleagues in 2017. We can include these in the show notes, but it's really a way for students to know exactly what they're getting in terms of a program. So if a program says in their materials, "We offer a major area of study in neuropsychology", then students know, "Okay, I'm getting at least 50% neuropsychological training and this is lining me up for a certain career path", versus programs are saying they have a "concentration" or that they offer "neuropsych training", which is a little vague and not uniform across programs.



Jeremy Sharp 36:56

I see.



Ryan Van Patten 36:56

So the Houston Conference guidelines are the framework, and the taxonomy is very consistent with these guidelines and adds to them. It provides more specifications, like John said, for training programs to use in order to implement the guidelines.



Jeremy Sharp 37:17

I see. So it's not like the taxonomy is going to replace the guidelines by any means. It's more elaborating or filling in the gaps and defining what's laid out in the guidelines. Is that a good way to understand it?



Ryan Van Patten 37:31

Very much so.



John Bellone 37:33

Yeah. Now, there are other guidelines in addition to the Houston Conference guidelines, which are set out by ABCN, the American Board of Clinical Neuropsychology. So that's the board that operates the board certification exam in neuropsychology, and they have some other requirements in addition to the Houston Conference guidelines, which I can run through pretty quickly if you want me to, Jeremy.



Jeremy Sharp 38:00

Yeah, I think it'd be helpful. Go ahead.



John Bellone 38:01

In order for someone to be board eligible, the fellowship must reflect a "structured and sequenced set of clinical and didactic experiences" - that's the language that they use. The fellowship has to provide on-site supervision of all clinical cases. They have to put the learning needs of the postdoc ahead of the operational needs of the program. So it's not something that you can do while working in your normal practice and say, "Oh, yeah, I was getting supervision." You have to demonstrate to the board that this was a formal structured program and that you were doing more than what someone would do in a private practice or group practice.



Jeremy Sharp 38:43

Can I jump in for a second?



John Bellone 38:45

Yeah. Sure.



Jeremy Sharp 38:46

I think that's an important question. My perception is that there's a lack of formal postdocs and fellowships and a lot of folks do end up in a private practice setting,

even if they are headed in the direction of getting boarded. Do y'all have thoughts or ideas about how they can vet private practices? What might they need to ask for if they're going that route to make sure that it's as structured and formalized as possible?

John Bellone 39:22

In the book, we mentioned that it is possible. Many people do end up creating their own fellowship that provides the requisite training and that's fine as long as you meet all the criteria. It's very important, the onus is really on you in these situations. If you go to a formal established program, like one that's an ABCN member, APPCN member, or if it's APA credited in neuropsychology, it's obvious to the board that you meet the training criteria. There's an extra burden, so to speak, on the person who does create their own fellowship, because the board wants to know that you're really following the guidelines. So the most common approach is to find an open position at a local group practice, and be under the guidance of the staff neuropsychologists at the practice. It's really important that you get the requisite didactics - you get some scholarly activity, you get interdisciplinary interactions with nearby universities or at the practice itself. So, if you want to go that route, we really recommend that you document all of your training in case the board asks for it. You document your didactics - you keep syllabi or email exchanges from professors or the people who you got didactics from. You get it in writing, up front, from your supervisor, that they're going to adhere to all aspects of the Houston Conference and ABCN guidelines and criteria. We think that's really important, because the supervisor might say, "Oh, yeah, we ascribe to the Houston Conference guidelines...", and then it becomes obvious that they're actually not following them to a T. So getting that in writing, I think is important. People that are interested in this can also consider emailing the ABCN credential review committee chair directly if questions remain after they look through the guidelines, the ABCN application, and other website materials. This is definitely an option. Like you said, Jeremy, there are not many neuropsychology postdocs. They might be hard for people to find, especially if they're geographically restricted. I will say it's a little bit easier to create your own fellowship if you are in a metropolitan area where there are lots of neuropsychologists and universities that you can do didactics at and things like that.



Ryan Van Patten 42:40

That was a good answer, John. I would maybe boil it down to say that if someone is considering a fellowship at a private practice, where it's not so clear that the path to board certification is straightforward, the two resources I would start with would be



the Houston Conference guidelines and the web page of ABCN, the American Board of Clinical Neuropsychology. That is where you can find the criteria that will specify what your fellowship needs to have in order for you to be eligible for certification.

Jeremy Sharp 43:19



Sure, sure. That's helpful. I think there's some embedded advice there for any boarded folks who are trying to create or run a postdoc in private practice as well. I know there are those listeners out there, too.

John Bellone 43:37



Yeah, that's definitely possible. There's nothing inherently wrong with that. As long as you're getting all the training and you're meeting these criteria. There's nothing wrong with that.

Jeremy Sharp 43:47



So we've been talking a lot about the training and the boarding process. I'm not going to get into the whole exam process and what's involved there. I think there is some great info in your book and there are other books about how to do that. But I do want to try to tackle this question that I hear so much, which is how are clinical neuropsychologists different from someone who just does a lot of testing and as an assessment specialized psychologist? So y'all can take that in any direction you want, and we'll see where it goes.

Ryan Van Patten 44:30



Yeah, that's a really good question. I imagine you get that a lot, Jeremy, given your podcast, "The Testing Psychologist", right? So I think I would first differentiate between psychological tests and neuropsychological tests on the one hand, and psychologists and neuropsychologists on the other hand. So, in my mind, neuropsychological tests typically describe tests of cognition - attention, processing speed, working memory, etc. Psychological tests are often used by neuropsychologists but these also might be called broad-band inventories of personality and psychopathology, something like the MMPI or the PAI. So these tests are often self-report, there are some projective tests like the Rorschach, but they're typically measuring psychological symptoms - depression, resilience, anxiety, stuff like that. Again, definitions are never ubiquitous, but neuropsych tests are often synonymous with cognitive tests. Then there are psychologists and neuropsychologists. Neuropsychologists are all psychologists. Neuropsych is a subspecialty underneath psychology and we've talked about how we define and

clarify who would be a clinical neuropsychologist - that's someone who is eligible for board certification in clinical neuropsych or who is board certified. So to get to the heart of your question, Jeremy, you could have psychologists who are not yet eligible for neuropsychology who are doing a fair amount of testing and that can look different depending on the setting. They might do psychoeducational testing, like for ADHD and learning disabilities, testing those academic skills. They may do psychological testing to inform treatment, in which case, it may be those psychological tests that I mentioned, like MMPI and PAI. They also might do screening if not some more cognitive testing. I would say that both psychologists and neuropsychologists can do both types of testing. If a testing psychologist is very interested in being assessment focused, and especially doing cognitive assessment heavily, then, in my opinion, I would recommend that they work toward board certification. Because the training that neuropsychologists get - the cognitive tests, psychometrics underlying them, brain-behavior relationships, functional neuroanatomy, psychopharmacology - all those areas are really helpful if someone is doing a fair amount of cognitive and neuropsychological testing.



John Bellone 47:39

I can add to that, Jeremy, if you...



Jeremy Sharp 47:41

Of course, yeah.



John Bellone 47:43

I would say that all neuropsychologists are testing psychologists but not all testing psychologists are neuropsychologists necessarily. The difference really lies in the degree of training in brain-behavior relationships, as Ryan just laid out. Both coursework and clinical experience, and really the formal, two-year postdoc that followed the criteria that I mentioned before. I sort of liken this to the difference between a primary care physician and a neurologist. The PCP will have some degree of familiarity with brain pathology, they probably conduct aspects of neurological examination, they often incorporate that into their wellness visits. But this is the area that the neurologist specializes in and has completed a formal residency and fellowship in. So it's really the fellowship that specializes the neurologist relative to the PCP. I know it's really a fine line. I'm sure there are many people who have received general assessment-heavy training that might be able to pass the ABCN credential review, and would be just as good as a neuropsychologist at the clinical work. But, if we're going to lay down definitions to

protect the quality of the field, I think we need to know what the field has distinguished as meeting criteria. It's really that formal postdoc in neuropsychology.

Jeremy Sharp 49:35



Sure, sure. Yeah. I appreciate y'all diving into this. It's a tricky topic. I'm like what word describes this... [laughs] I settled on "tricky". But it's fraught. There's a lot of discussion, y'all. I don't know maybe y'all are a little bit protected from some of this because you are clinical neuropsychologists. In my world, I think there's a lot more diversity in terms - there are neuropsychologists, there are testing psychologists, there are school psychologists who do a lot of testing, there are school neuropsychologists. So there's a lot of discussion about what exactly is different. I wonder if we could drill down a little bit into the training, because that's the piece that seems to really distinguish the fields or the specialties, right?. I know that this is going to vary depending on setting and supervisor and any number of variables, but I wonder if you can talk at all about what is happening in that fellowship that is different from other assessment-heavy training settings where someone might be administering the same tests and making the same diagnosis. Is there any way to describe what is different in the fellowship?



John Bellone 51:01

There's neuropsychology dust in the water that we drink on fellowship. [laughs]



Jeremy Sharp 51:08

[laughs] So are you selling that? That's the next question.



John Bellone 51:11

We should bottle that up. Like you alluded to, it's going to vary based on the setting and the supervisors. I'll say a couple of things and then Ryan, you can add. We can speak about our own experiences on fellowship, and what we know about our colleagues about this - we've talked to many of them for the podcast and for the book as well. But I mentioned the degree of neuroscience specific training is really important - that 50% is very important. By definition, people who don't get that 50% neuropsychology specific training on fellowship, wouldn't be eligible for board certification. So there's that. Part of that means that the patient populations that you're seeing are usually more neurologically-oriented. So we see a lot of stroke patients, a lot of epilepsy, traumatic brain injury, multiple sclerosis - things that affect the CNS primarily. We do see broad psychopathology and the gamut of emotional and behavioral disorders and disturbances, but really, we are seeing mostly neurological types of diseases and injuries. There's also the structured

didactics specific to neuropsychology. That's one distinguishing aspect that general psychologists don't typically get. We have seminar series in neuropsychology - we have often opportunities for grand rounds in neurology and neuroradiology, I had that on my fellowship. I had the opportunity to shadow a neuropathologist and do brain cuttings all throughout my training. So, those are just a couple of ideas that I have. There's also typically neuropsychology-related research components to a fellowship, which also helps solidify the neuropsychology aspect.



Jeremy Sharp 53:27

Sure.

Ryan Van Patten 53:29

To add to that, I would emphasize what you said, John, about brain disorders. I think that is such a large part of neuropsych training. We spend a lot of time, of course, on our assessment measures - the psychometrics, standardization, and what it means to test someone's thinking, memory, emotional functioning. But we also then become very familiar with the brain disorders - Alzheimer's disease, epilepsy, the symptom profiles, the way they look cognitively, what's going on in the brain, the neuropathology and neuroanatomy. The "neuro" part of neuropsychology certainly comes out a lot during fellowship. One other thing I'll add in terms of clinical psychologists broadly is that I think neuropsychologists have a lot to offer. For someone who specializes in treating depression or trauma, we have a lot to offer them in terms of assessment, as we've been saying. Clinical psychologists often do a lot of intervention and they also have a lot to offer us in terms of us becoming more intervention-oriented. More neuropsychologists are becoming interested in cognitive training in addition to assessment. Any treatment we can provide to these patient populations - and we draw a lot from cognitive behavioral therapy, motivational interviewing, and other psychological interventions - these are pioneered by clinical psychologists of other specialties. So I think there's a great back and forth, and we work well together and inform each other. Getting back to your specific question, Jeremy, to be honest, I'm not aware of what an assessment-heavy fellowship might look like if it's not a neuropsych fellowship. Do you have experience with that? Or do you know people who are in assessment-heavy fellowships that aren't neuropsych?



Jeremy Sharp 55:40

Yeah, that's a good question. I've heard of folks going through a postdoc where it's not necessarily marketed as a neuropsych fellowship or neuropsych postdoc, but they're doing a lot of testing and they're doing a lot of assessment. Maybe that's just



a semantic issue. Maybe it is the same, they're just not calling it that or describing it that way.

John Bellone 56:14



Maybe those people would be eligible for board certification. Just because the fellowship didn't call itself a neuropsychology fellowship doesn't mean that the board won't pass you through. You can look at the Houston Conference guidelines and the other criteria and see if your fellowship did meet that. I think it's a very fine line that we're drawing between assessment-heavy and neuropsychology. Typically, the distinction that we see is between general psychologists. Every psychologist has had some exposure to assessment, but usually it's just in grad school, and then they just focus on therapy, and that's what they specialize in. There's a much clearer distinction between a general psychologist who mainly practices psychotherapy versus a neuropsychologist.

Ryan Van Patten 57:13



When I think of an assessment-heavy fellowship that's not neuropsych, for some reason, I just imagine someone administering like 150 Rorschachs.

Jeremy Sharp 57:20



[laughs]

John Bellone 57:24



That would be my personal nightmare. [laughs] That's the 12th ring of hell that Dante described, just giving Rorschachs all day. I will also say, Jeremy, though, I think the other thing that a postdoc gives you is the eligibility to go through the board certification process. And going through the ABCN certification process itself makes you a better neuropsychologist.

Jeremy Sharp 58:03



How so?

John Bellone 58:04



I can speak personally to that. I know we don't want to get into the ins and outs of the board certification process. But, after the credential review, once you pass that, then you have a written exam where it's specific to neuropsychology, and that was quite a process to study and pass that exam. Then you submit two sample reports

to neuropsychologists to vet, which is also a process to go through that. I just passed that recently. And now I'm preparing...



Jeremy Sharp 58:41

Congrats.

John Bellone 58:42

Thanks. I'm preparing now for the oral examination and going through all the diseases again - all the symptomatology, all the pathognomonic features of each disease process, the underlying neuropathology, the functional neuroanatomy - and it's further solidifying my knowledge in neuropsychology. I think that process, in itself, going through the board certification process, has already made me a better neuropsychologist. And when I'm finished, it will have made me a much better neuropsychologist than I could have been otherwise. That's why I said earlier that I think, eventually, we're going to have a protected term of "clinical neuropsychologist" where it's going to mean that you have gone through a board certification process.



Jeremy Sharp 59:31

Yeah, it just makes sense. It seems like we're headed in that direction, certainly. So I wonder, can y'all speak about how that training informs interpretation and intervention or recommendations? Because I hear that a lot, too. You know, this idea, "We're giving the same tests, we're making the same recommendations - where's the distinction here?" It seems like a lot of it rests in this background knowledge and training that isn't necessarily right in the forefront of a report. Does that make sense? I think it'd be helpful for people. I'm really trying to help y'all validate this [laughs]. Because people are like, "I think I do it. I think I'm a neuropsychologist." I'm like, "I don't, I don't know", you know.



John Bellone 1:00:24

[laughs]



Jeremy Sharp 1:00:24

So what I'm trying to really drill down is how this training is different, and then how it shows up in your interpretation or report writing or recommendations?



Ryan Van Patten 1:00:37

That's a great question, Jeremy. Like John has said, I think some of those people might be eligible or very close to being eligible if they have a lot of assessment experience. We're not here to say that they are not eligible. I would definitely encourage those people to check out the ABCN and Houston Conference guidelines to see where they're at.



I think one thing that thus far we have underrepresented is neuropsych report writing. That's something that we're doing extensively in fellowship. We're learning all the steps to this process - the testing, the interview, the behavioral observations, that's a skill in itself. Then, really importantly, is putting this all together in a package that our medical colleagues or the referral source can really digest. I would say learning report writing is a huge skill that comes along in neuropsych. A big part of that, as you mentioned, is recommendations. A lot goes into recommendations, I think everything we have touched on thus far - you know, knowledge of brain diseases, the specific brain disease that this person may have, interpreting neuropsych data, and then going from your conclusions and your interpretations to how can we use this to help this person as best as possible. Being aware of resources in your local community, and then larger national resources, something like the Alzheimer's Association. This is just all stuff that we spend a lot of time working on, thinking about, talking about, going to lectures on. There's nothing that I'm saying that your listeners may not already have. That's why we say that we're not here to exclude people. But we know from experience that if you go through the process of neuropsych training, you will get a lot of exposure to this stuff - you'll talk and hear and learn so much about providing the recommendations that could be as helpful as possible to the individual patient you have. I would say that's a huge part of neuropsych.

John Bellone 1:03:16



I can add, just to further hammer in, we are not the gatekeepers. We're just the messengers of the guidelines and criteria that have been laid out by the heads of our field and the organizations. But I'll add to what Ryan said that it's not just the report writing process. Absolutely, we lend our more specialty neurocognitive knowledge to that process, but maybe even more so, it's in the feedback sessions that I find myself really tapping into the functional neuroanatomy knowledge. Whether it's talking about Alzheimer's disease and - you know, sometimes patients don't have any interest in understanding the underlying etiology and neuropathology, but every so often I get patients who are really interested. Or they have an adult child who's really interested in the brain disease process, and the prognosis for how quickly this disease is going to progress, and what distinguishes

Alzheimer's disease from Lewy body dementia or frontotemporal dementia. Or maybe they've done a Google search and they've looked into or are considering a particular medication and, although we don't prescribe and that's not our specialty, we have knowledge in the medications that are specific to cognition - I'm thinking of the acetylcholine esterase inhibitors and NMDA antagonists, things like that. So, I find that my knowledge not only applies to the report writing process and talking with referral sources, but also in the feedback sessions themselves quite frequently.

Jeremy Sharp 1:05:05



Right, right. Yeah. I think it's good to have some of these examples. I want to pause and I just want to say I really appreciate y'all's willingness to talk through this because I think it's hard to set it up without it becoming sort of a "us" versus "them" conversation. That's not my intent by any means and I know it's not y'all's intent, but these are questions that come up. I think it is important to really illustrate what is different here. Because it is, it is different.

John Bellone 1:05:40



Right. We're not establishing a hierarchy, there's no valence here. There are different specialties within psychology and neuropsychology is one of them. In order to be a specialty, you have to have some definition of your field and some training criteria. We're just laying them out here.

Jeremy Sharp 1:05:59



Of course, yeah. Yeah. I've interviewed a woman named Stephanie Nelson, who y'all may know of or not. She's a pediatric neuropsychologist - she was on my podcast and she posts often in our Facebook group. And there are those moments when I catch myself thinking, "You know, this is pretty comparable. Like, I have a pretty similar skill set." And then, she in particular - there are others, but she in particular - will offer some explanation of a question, and I'm like, "Oh, goodness, this is way different. She is coming at this from a totally different place." And we have to honor that. There's some pretty extensive knowledge going on there.

Ryan Van Patten 1:06:46



Yeah, thanks. I have that experience with so many other experts and professionals, like a trauma psychologist. I'm interested in PTSD and have some rudimentary knowledge of treatment and such, but I could sit down and have a conversation with a friend of mine who works primarily treating people with PTSD and be blown away by their knowledge and the connections they make that I wouldn't. So I definitely understand where you're coming from, Jeremy.

Jeremy Sharp 1:07:14



Yeah. It's nice to see that we all have our specialties, right? I wanted to maybe close or start to close with this question of, "Okay, so we've walked through kind of a traditional path for boarding. That is fantastic. Now, what about those of us who totally missed the boat?" And this is very personal for me as well. I mean, I did not do even a neuropsych heavy internship or postdoc, but came to it later in post-grad training. Now I'm left in this weird gray space. Is there a path to board certification if you missed the boat on those couple of things initially?

John Bellone 1:08:07



Yes, there definitely is. It's encouraged by the board, and we would fully support people who wanted to re-specialize. If someone listening wanted to go that path, the steps that they would take depend on what specific degree they have - whether it's even in psychology or if it's experimental psychology versus clinical psychology. So, first, the degree. And then what training they have already received and what experience they have. Obviously, the closer to neuropsychology and to clinical work those experiences are, the easier that the process would potentially be. There are different ways to think about it at each level, right? There's different ways to re-specialize. But, I'm assuming that most people listening are licensed psychologists.

Jeremy Sharp 1:08:59



I think that's true. Yeah. Most people, if they have an interest in this podcast, I would imagine are kind of like me - got a PhD in a clinical psych program, maybe had a neuropsych practicum or two or three. They didn't do the formal fellowship, but they do a lot of testing and have testing knowledge. Maybe we could confine it to that subset because I'm imagining that's what our listeners primarily are.

John Bellone 1:09:34



Okay, great. In our book, we list the different levels so if anyone else, maybe a psychometrist, is listening to this and they're interested in pursuing the field we lay it out in the book. But for someone who's a licensed psychologist, you've already done the vast majority of the work and training. You would likely easily pass the ABPP general review process, which is the first thing you have to do for any of the specialties in psychology. That's an easy process, supposedly.

Jeremy Sharp 1:10:11



[laughs]

John Bellone 1:10:12



It's not super easy, but everyone who's a licensed psychologist should be eligible for ABPP, generally. Once it passes that, then it gets kicked down to the specific specialty board. For neuropsychology, that's ABCN. So someone who doesn't have a postdoc in neuropsychology would not pass that ABCN credential review process. It would take a formal neuropsych postdoc to meet criteria. And to make it super clear, ABCN and other organizations have said explicitly that just doing CE, or continuing education workshops, and occasionally consulting or getting supervision on the side, is not sufficient. The boards are very clear on that. So it really is that postdoc experience. Before someone does that, though, I would encourage them to look at the guidelines and the criteria to see if they feel like they might make a case that they meet those criteria. And if so, then email the board and see. Or maybe even submit your application before you go through the whole process of another postdoc. It wouldn't hurt to just submit it to the board, I would think.

Jeremy Sharp 1:11:20



I like that. Yeah. Does that seem like a viable question to ask? Are there folks who will actually answer that question for you? Like, if I were to get off our podcast, and go email someone and say, "Hey, here's what my training looked like. Should I go back? Or should I...?" Like, is there someone who will answer that question somewhere?

John Bellone 1:12:01



Yeah. We actually had the current chair of the ABCN credential review committee review our book - Kathleen Fuchs, she's going to be the incoming president soon, at the end of this year I think she takes over. So she reviewed our book and we actually had the wrong email address. She said, "No, no, it's this one. Make sure you put this one in the book," because it's specifically for the committee chair to answer emails. And, Ryan, I know when you were going through your postdoc, you had a question about whether some of your research experience would apply to your eligibility and she answered you right away, right?

Ryan Van Patten 1:12:38



Yeah. I didn't know her at the time but Kathleen is great. Everyone who I've interacted with, who's part of the ABCN board, has been great. Very helpful and generous with their time. So, to answer your question, Jeremy, I would say yes, definitely. If you look at the Houston Conference guidelines and the ABCN website, and you think, "Huh, based on my fellowship and my training record, I think I have a case but I'm not sure." Definitely reach out to them and lay out your case - your

training, your position, your questions. Our experience has been that they're incredibly helpful.



Jeremy Sharp 1:13:16

That's great.



John Bellone 1:13:17

I hope us neuropsychologists don't come off as a snobby group or off putting. My experience with my colleagues, and even with the people who are very high up in the organizations, is that they've been so kind and generous, like Ryan said.



Ryan Van Patten 1:13:33

Right, yeah. I mean, we are clinical psychologists, right? I am incredibly proud and happy to be that and the generalist training that we received. Everyone has their general training, their specialty, their subspecialty and we share so much of our training with other clinical psychologists. I appreciated your question, Jeremy, about whether this an "us versus them". It can feel like that, but I think all three of us agree that it is definitely not.



John Bellone 1:14:03

Yeah, yeah.



Jeremy Sharp 1:14:04

Right.



John Bellone 1:14:05

I know we're talking about postdoc as if it's, "Oh yeah, just go do a postdoc. It's super easy", right? [laughs]



Jeremy Sharp 1:14:13

Sure. Yeah. [laughs]



John Bellone 1:14:15

I wanted to say that we completely understand that it would be difficult - mentally, emotionally, financially - to pivot to another career path. For people listening who wanted to pursue that they might consider challenges like uprooting themselves from a good job and uprooting their family potentially. They might have to move

across the country to find training. They're going to be serving as a trainee and a supervisee for maybe longer than they expected. It would be hard to go back into that trainee role after practicing for a while. They might be waiting years to get back into the practice. So, we completely acknowledge that it's not an easy thing to do. But I think if neuropsychology is the career that is calling to you and it's going to lead to a more fulfilling work and life, then, in my mind, the cost is almost certainly worth it.

Jeremy Sharp 1:15:16



I think you raise a really important point that a lot of us have to consider if you're thinking about re-specializing. The real question is why, right? Why would you want to do this? Is it just for personal gratification? Is it for pride? Is it for clinical experience? Is it financial? I mean, there are a lot of components to really think through because it's a huge choice. For those of us who are “set”, in an established practice, things are going well, like you said, it's a big sacrifice in many ways to go back - emotionally and financially and logistically. So really thinking through that question of why you might want to do this is very important.

John Bellone 1:16:01



I agree. A whole chapter in our book is “Why Neuropsychology”, and we lay out all the different reasons why our colleagues have told us that they have chosen this field and our own reasons as well. So if anyone's not quite sure they can look at that chapter.

Jeremy Sharp 1:16:20



That's great. Well, I appreciate y'all talking through everything that we've talked about. A lot of our discussion has mirrored your book, which is either out or going to be out by the time this releases. We'll make sure to have that accessible in some way that's very obvious to folks who want to pick it up. I was fortunate enough to be able to look through the advanced copy and I wish I had had it. That's the highest praise I could give. You know, it's really valuable and I think it'll help a lot of folks along their journey here. So thank y'all.

John Bellone 1:16:58



Thank you. That was one of the reasons why we wrote it, so we're really happy to hear that.



Ryan Van Patten 1:16:59

Thank you, Jeremy. For the time and for speaking with us. It's been great.



Jeremy Sharp 1:17:07

Yeah. Likewise. So, how's the baby? Got to ask about the baby.



John Bellone 1:17:12

Oh, good. Yeah, she's sleeping a little bit better. She's eating a little better. It's funny, I listened to your recent episode on parenting as developmental stages.



Jeremy Sharp 1:17:26

Yeah.



John Bellone 1:17:27

I think I've already gone through all the stages. All these stages of grief, the Kubler Ross stages. Already, in three months.



Jeremy Sharp 1:17:38

For sure. It's incredible. Yeah. And you'll probably go through them all like 50 more times over the next years.



John Bellone 1:17:45

Yeah. You have a couple of kids, right?



Jeremy Sharp 1:17:47

Yeah, yeah, mine are 7 and 9.



John Bellone 1:17:50

Ah, great. Great.



Jeremy Sharp 1:17:50

Yeah. So it's wild. I mean, everybody says this. It's just harder and more amazing at each stage.



John Bellone 1:17:58

Right, that's what I hear. It's different. It's not easier, it's just different. [laughs]



Jeremy Sharp 1:18:01

Exactly. Exactly. But yeah, I'm glad that your baby's healthy. And you seem pretty lucid. So kudos.



John Bellone 1:18:08

Yeah. Surprisingly, with the lack of sleep. It usually affects me.



Jeremy Sharp 1:18:13

That's awesome.



John Bellone 1:18:13

I'm going to crash right now, I'm sure. [laughs]



Jeremy Sharp 1:18:16

Well, I really appreciate it. This is awesome, guys.



Transition Music 1:18:18



Ryan Van Patten 1:18:22

Well, that does it for our conversation with Jeremy Sharp. If you'd like more information on our book, you can visit navneuro.com/book. Because the book is specific to neuropsychology in North America, we provide some resources about global neuropsychology on the website. We also provide additional resources for students such as example CV templates and example spreadsheets for organizing grad school and internship applications. And, as always, thank you so much for listening, and join us next time as we continue to navigate the brain and behavior.



Exit Music 1:18:56



John Bellone 1:19:20

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Ryan Van Patten 1:19:32

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