

72| Characteristics of Neuropsychologists: The Salary Survey – With Dr. Jerry Sweet

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Speakers: Jerry Sweet, John Bellone, Ryan Van Patten



Intro Music 00:00



John Bellone 00:17

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Ryan Van Patten 00:25



...and I'm Ryan Van Patten. As a quick reminder, select NavNeuro episodes are available for CE credits through INS. We now have a total of 30 individual episodes that have been approved for CEs so there are a wide variety of topics to choose from. If you're interested and need some CEs visit navneuro.com/INS.

John Bellone 00:48



Today we speak with Dr. Jerry Sweet about the salary surveys. Jerry is a board certified clinical neuropsychologist, and he has literally been working on these surveys for decades. Because the surveys are released about every five years, there are now multiple data points to look at and we talked to Jerry about important trends in the data. So if you're interested in knowing more about characteristics of neuropsychologists, then we think you'll like this episode. And, with that, we give you our conversation with Jerry.



Transition Music 01:16



John Bellone 01:25

Okay, Jerry, welcome to NavNeuro. We are so excited to have you.



Jerry Sweet 01:28

Oh, yes. I'm actually very excited to be here. Thanks a lot for asking me.



John Bellone 01:32

Of course. Before we get into our questions, Jerry, you had mentioned that you wanted to take time to thank your co-authors and other people who have helped with the survey over the years.

Jerry Sweet 01:42



Yeah, I really do because although I get a lot of credit for being the "survey guy", this is a really group effort and I've had so many outstanding collaborators over the years. I mean, as we continue on, I'm sure I'll be mentioning Paul Moberg a lot. He's done every single survey that I've done, which is, I think, eight surveys except one. Also, you'll hear the name Nat Nelson a lot, because he's done this multiple times. He was one of our Northshore residents who's gone on to do a lot of research with me. And for our postdocs - we call them residents rather than fellows - but for our postdocs, this was a big part of their two year stay with us. In fact, it got

to be so big that during the search process for a postdoc, when we knew they were going to have to do this, we would drill down into you know, how good were their SPS skills? How interested were they? Because this was going to be the biggest project they would do with us. So we had people like Cindy Westergaard, Yana Suchy, Laura Benson, Catherine Lee, Kristen M. Klipfel. These are all postdocs who were absolutely essential and without whom we could not have done these enormous database projects that we did. So, yeah, I want to thank all those folks right up front.

John Bellone 03:09



It's quite a group effort to do a project of this size. There's a history to this so-called "salary survey" that goes back all the way to a paper from the late 1980s. Can you tell us about the genesis of this project?

Jerry Sweet 03:26



Sure. It was really around 1984 or so that our specialty was really beginning to coalesce in a lot of concrete ways, one of which was board certification. I was seriously considering taking that exam, which made me wonder, you know, what are the mainstream beliefs? What are the mainstream practices? Because I assumed that those would show up on a board certification exam. So I had a grad student named Michael Shane and he and I formulated a survey to find out what was going on in the mainstream. Unfortunately, that project was a colossal failure. We did a very detailed job, I think it was seven pages long. Of course this was the pre-internet, pre-personal computer era. We did it all by paper and there were so many questions that got down into specific diagnostic conditions that hardly anybody completed the survey. Hardly anybody wrote back to us. An interesting angle on that, long after we were hopeful and we'd given up on the project, I got a mailing that was very thick. I opened it up and it actually had the person's name on it. One single person completed the entire very long, detailed survey.

Ryan Van Patten 04:37



[laughs]

Jerry Sweet 04:38



Really it was so uplifting to me, because this was a legendary person who had signed his name. It was Nelson Butters.



Ryan Van Patten 04:46

Wow.

Jerry Sweet 04:47

I was so impressed that he thought it was important enough to do, so the idea stayed alive. About four years later, I was working with Paul Moberg, who was a grad student. So I have already taken the board exam, but I was still curious, you know, what's the mainstream of our beliefs and practices? Now I'm wondering, now that we have a cohort of board certified people, are they different between people who are board certified and not? So that became the focus for me and Paul for the next three surveys. I had learned something from the big failure, which was [that] we got to really make this short. We had 21 items and we repeated those. We started in 1989, then again in '94, then again in '99, just so that we could see the trajectory of change if there was one, and also differences between those boarded and those not. A funny part of that first survey, though, was we knew we were going to try to publish this in TCN, and one of our questions was, "What journals do you read and what journals do you subscribe to?" And we forgot to put TCN as an option.



Ryan Van Patten 05:57

Oh no. [laughs]



Jerry Sweet 05:59

But, thankfully, there were a lot of write in votes and TCN turned out to be the most widely read, even then, without having primed the pump with the name of the journal. But that's really how surveying in general got started.



John Bellone 06:14

Putnam was the sole author of the '89 paper.



Jerry Sweet 06:19

In fact, he was the person who started to use the term "TCN salary survey". At the same time, Paul and I were doing this short, narrow survey. Steve, over in Michigan, was doing a separate survey in 1989 that was quite elaborate and really got into money. Paul and I had assumed that that's a question we shouldn't ask people for some reason. But here was Steve simultaneously asking it, exhaustively covering it. In the years that followed, we just simply decided not to include anything about finances whilst Steven was still doing his TCN salary survey. So by



the early 2000s, at which point I had been diverted in surveying by NAN and Division 40, they invited me to do a survey project, a big one, and had also asked Ted Peck, who I didn't know at the time, turned out to be a great guy. Ted and I did a really nice detailed job of looking at the business practices back in the early 2000s. But it was around 2005, when Paul and I were again going to do our simple survey, we figured Steve had given up years earlier on doing repetitions of his salary survey, and I called him up just to make sure it was okay. He said absolutely, he's not going to do it anymore, we should take it over. It was really 2005 when our group became the salary survey folks. And then we repeated that project 2005, '10, '15, and then most recently, in 2020.

Ryan Van Patten 07:56



It's impressive that you've been working on iterations of this project for 30, going on 40 years, really. There's a lot of power to good standardized survey items that are repeated over time, as we'll get into, looking at trends in neuropsychology. But before we get into those nuts and bolts, I'd like to step back and get your thoughts on the importance of these surveys to the field more broadly, selling the importance of the survey to the listeners. So, in my mind, if we don't have these data, we are all subject to our own biases, our own anecdotal experiences, and we can potentially misrepresent what our own field looks like in our minds. As one small example of this, I think that trainees sometimes have an outsized view of the number of neuropsychologists at universities and academic medical centers because that's where the majority of our education happens to take place. So we don't typically think of neuropsychologists in private practices or in the prison system, for example, because we don't see them when we're trainees, we don't see neuropsychologists in those settings. So talk about how the surveys can benefit neuropsychology.

Jerry Sweet 09:07



That's a great question. You've already started with good examples. So there were some really concrete clinical examples that came along. One of our early questions that we repeated, until we finally got to the point where it seemed like everyone agreed, was the controversial long standardized battery that was promoted in the '70s during my training and early '80s in my early career versus a more flexible battery. So we had the standardized battery people saying, "You've got to give the same test. It's got to be a long battery to everyone," as though we had one tool in the toolkit. The expression is "if you only have a hammer, the world looks like nails". That was that approach. Then there was the flexible battery approach which was different tests for different kinds of patients. And, as it turns out, that philosophy

changed dramatically to the point where the flexible battery really was, despite the appearance of research published at the time, the clinical practice that was accepted.

Another good clinical example, I think, of survey importance was in the mid '90s when there were an awful lot of attempts by Medicare and the first iteration of health care reform, which was managed care in the mid '90s, to really pull us back and sort of shorten what we were doing, pay less for it, to insist that a mental status exam and interview was equivalent so we didn't need to do all these tests. It was really data like ours that showed the nationwide acceptance of longer evaluations that allowed our specialty to push back and maintain some reasonable thresholds. More recently, when, in 2019, a long process led to revision of CPT codes, it was data like ours that APA was able to use to effectively create new codes that were at least thought to be better and redefined old codes in a direction that we thought was justifiable. It is a very big bureaucracy that we face at times like that and those bureaucracies, no matter how strong the argument, won't yield or move in our preferred direction without strong data to support that. I can't tell you how many times Neil Postman reached out to me during his negotiations to find out the latest, to tell him on survey data that would justify what we were proposing for CPT codes.

Then, of course, along the way, there's the many people who needed to know what a starting salary was and we had that data. It varied from urban to rural areas, from one state to another, but we had real data. There's all those folks who, whenever you ask about income, there are some who are underpaid and then who turn around and use our data for individual gain, if you will, to get raises. So in a lot of different ways, surprisingly, our data has been useful.

Ryan Van Patten 12:23



Yeah, those are good examples. You touched on something really important, several things. But I wanted to follow up on one, which is how we, as early career neuropsychologists, might use the data from the salary survey in job negotiations, like when we're negotiating our own salaries. It sounds like you suggest that data from your surveys can be useful for us when we're in negotiations with employers.

Jerry Sweet 12:49



Occasionally you have the candidate who has an overestimation of what they should be paid and occasionally you have the employer who has underestimation. And really for both sides to figure out more objectively, in our regional area, what's a reasonable starting salary. That's been helpful. Literally, I can say it that way.

Because a lot of folks on both sides of that equation have come to me and then given me feedback about it.

John Bellone 13:20



Yeah, I know I have used it, too. So I thank you for that. I wanted to get into the methodology a bit. I'm interested in item development for the survey. You retain most items from prior versions of the survey because that allows for direct comparisons across time and because they're just more efficient, but you do change the content when relevant. So can you quickly talk through the process for item development and modification?

Jerry Sweet 13:50

I like to point out we often retain a lot of our items for comparison's sake. Whether we retained an item really comes down to whether it has value either statistically or informationally to be retained. There's some items we're always going to ask about, like age, gender, the work setting, simply because we have to be able to describe the current sample. But interestingly, some of those items change a lot over time, like gender. Then there's the "we live in interesting times view", which leads to our noticing that there are issues suddenly that weren't there before for practitioners that we could ask about. Or we have colleagues who really come to us and say, "Look, here's an important issue and you haven't asked about it before. Considering your survey is coming up, maybe you should do that now." That's been helpful.



There are indications of change over time. So let's say a variable is showing change over time. We're probably going to include that if it's important. For example, we've asked every single time, "What type of degree do you have?" Well, initially, it was almost always a PhD. But increasingly there's a growing percentage of PsyDs. That's a real shift, potentially, in our persona, if you will. We have stopped asking questions, as I already mentioned, about the standardized versus flexible battery because it reached a dead end. We no longer asked questions about projective personality testing because that got down to the point where really no one was doing it. I can see from the latest survey, which is the second time we asked about validity testing, there is such a universal acceptance and support for validity testing now among practitioners and among postdocs that we probably don't need to ask that question again. Occasionally, we've come up with questions, like we did in 2015, thinking that perhaps there was going to be a big bolus of folks who would retire, the so called "boomers", actually people in my age range [laughs], so we asked about that thinking, "Wow, that would really affect the field if suddenly a large group of folks retired." But it turned out very clearly from the answers we got

that that wasn't going to occur. So in 2020, we had no items at all related to retirement.

I guess the other example I would give is we worked really hard with the APA office, health care financing office, this past time knowing that in the CPT revision and creation process this data had been so useful and that there would be future need for even more detailed business operations data. So I worked directly with the director there, Steven Gillespie, to come up with items that probably only APA would have strong interest in including. I think that's just part of wanting to be timely and useful in the future. So there are many different ways that items get judged and it is a process.

Ryan Van Patten 17:09



Right. A bit like a neuropsych battery. You have a core that typically stays the same, but then around the edges, there's flexibility. So you try to keep as many of the items as you can across time to look at trends, but where the situation calls for it you also show flexibility and substitute items in and out. I think that approach makes sense.



Jerry Sweet 17:31

That's a very good analogy. Excellent.

Ryan Van Patten 17:34



I'd like to move into sampling, both the response rate of the survey and how representative it is of our field broadly. Then what that can tell us about how many neuropsychologists there are out there in the United States. So your final US sample included 1677 neuropsychologists. And then your best estimate of the response rate, I know this was an estimate, it was about 31%, I believe, or 1677, of about 5,359 unique names and mailing addresses. This is somewhat consistent with work from Chris Morrison, where she independently looked at this question of how many neuropsychologists there are in the US and her best estimate is about 5765. So I'm wondering if you can talk about survey response rates, the challenge of answering this seemingly simple and straightforward question about how many neuropsychologists there are in the United States? Then the related question of the response rates for your survey and how representative it is of neuropsychologists.



Jerry Sweet 18:43

This is a really big focus for everyone who does survey research. The question is, basically, how can we ensure the representativeness of the sample that we're going

to report on? For us in particular in neuropsychology, as you've already pointed out, we really don't know exactly how many neuropsychologists there are. So figuring out the denominator is always difficult. This time we did our own estimate based on - what we do is we collect organizational membership lists, we integrate them all and look for then the number of unique names and, as you pointed out, Dr. Morrison had done almost simultaneously an attempt to figure out what is the denominator, you know, how many of us are there? So, those are only estimates. We really go through every step we can think of. It started out years ago as just paper and pencil through the mail. But nowadays, the way to really reach people is electronically. So we have repeated listserv announcements. We reach out to regional groups, to city groups, anyone we know, special interest groups and ask them to put it on their lists. We use email blasts using the emails that we collect from organizations from their members. We also still send through US mail postcard invitations, physical addresses that we get from professional organizations. And then there's word of mouth. We encourage along the way that all of the above should be forwarded to friends and colleagues widely. So at the end of all that process we never know how many people actually heard about our survey - how many people were notified and then chose to either participate or not. That number would be useful to know, but it's so hard to estimate.

What we can get much more specific about is there are subgroups that have a definite finite number of members. For example, the board certified ABCN colleagues, we know exactly the number that have been board certified and we can contact, see how many of those are active as opposed to retired or perhaps deceased. So we're able to, for some groups, convince ourselves that we've done a good job. In the example of ABCN, we have 56% of all the ABCN folks, the largest board certification organization by far, in our last sample. We also have a pretty good indication of how many VA neuropsychologists there are since we asked the question of "Where do you work?", and the VA was one option, we can get a very specific percentage there. We have also relied on just comparing our absolute numbers over time. So we know that in 2015, the number of people who participated was about 5 or 6% higher than in 2010. And, this time, it was, I think, maybe 6% higher than it was in 2015. So we have a sense from those different vantage points of how representative our sample is, but it still continues to be true and may always be true that we'll never exactly know whether the 31% or so that you mentioned that we believe have participated overall among US neuropsychologists in this case is really the right percentage.



John Bellone 22:24

Well, Jerry, now that you're on NavNeuro, your next survey is going to get a 100% response rate. [laughs]



Ryan Van Patten 22:30

[laughs]



Jerry Sweet 22:30

That'd be awesome. I'm going to write that down and cite you. [laughs]



Ryan Van Patten 22:36

[laughs]



John Bellone 22:36

I'm curious what general advice you have for neuropsychologists and trainees who want to do survey research? Are there a couple pearls of wisdom or any formal or informal ways that we can educate ourselves in this modality?

Jerry Sweet 22:52

So I'm going to start with, is your topic really worthy? Because I think we are facing a neuropsychology survey fatigue. We are surveying ourselves an awful lot. I'm a little bothered by the fact that at some graduate programs a simple short survey that probably covers the same ground that someone else has already covered, apparently qualifies as a dissertation. Such a project just has no chance of contributing to our knowledge base. So I'm not generally encouraging "let's all go out and do surveys." [laughs]



But for those who have good topics and really have something that's going to make a difference potentially to our field, then I think there are some good ideas. Two of the publications last year in TCN speak directly to this. This was Bernice Marcopulos and colleagues who did some really nice papers that I've cited, I think, in all of our manuscripts this year. But one was a review of typical problems and suggested solutions when neuropsychologists do surveys. The other was actually a systematic review of neuropsychologist research on surveys. And right there is something to really think about. You know, there are so many surveys done by neuropsychologists about neuropsychology that it is now possible, a systematic review has been done. That means that dozens and dozens and dozens have

reached publication. Think of all the other surveys that didn't. That's a lot of surveying.



John Bellone 24:33

Right.



Ryan Van Patten 24:34

So, Jerry, I also wanted to ask you about your organization of the papers. There's just so much survey data to present in the main paper - there are no less than 62 tables. Again, that's just one of your four papers that's being released in this survey. So that's very impressive. There's so much data to present and, in reading it, I found it to be very well organized overall. Can you give us a brief rundown of the planning and execution of these papers?



Jerry Sweet 25:04

Really, it gets bigger every time. I start two years before we actually do the survey for a couple reasons. One, we want to start thinking seriously about content. But two, in recent years, this has become such a big project that we really have to have funding to accomplish it. So I start contacting the organizations, in this case, NAN and AACN and the Society for Clinical Neuropsychology, Division 40, to solicit their participation through both funding and then also giving us their membership lists and contact information. And that takes a long time. But we're also trying to figure out what our content is going to be and we're going back over, in the same way that we've already discussed today, the decisions of what will stay and what will be new. And what questions might we ask but in a different format. You know, sometimes we ask a question about frequencies when we should have asked about percentages. And so there's a lot of thought process that goes into that.

It is a very long construction of the instrument that takes us months, a big part of which is building. First we build it in Word as the document, but then we build it online at the PsychData website that we've used over time. PsychData, by the way, is a company at Penn State University of psychologists who built this online surveying tool that is, I think, quite user friendly and reasonably priced. So we've used that now, I think, three or four times. Then, this time, we really did things structurally differently. So almost always, we had one single publication before that was always in TCN. This time, we decided to do it differently, we're going to have four - we've already gotten two. One of those went to the Archives of Clinical Neuropsychology. And we decided we could drill down into topics like gender and

diversity by having a separate manuscript. So yeah, there were a lot of decisions. It takes a long time.

Ryan Van Patten 27:23



It's good for listeners to have an appreciation of the amount of time and effort that goes into these papers and we'll definitely drill down into some more of the details. With that in mind, we can transition now and start to talk about the survey results. I should caveat this to say that these surveys present a lot of descriptive data in tables and in text and we don't want to just ask you to pare it back, percentages and descriptive data. So some of this will involve you summarizing trends for us in the papers. Certainly feel free to extrapolate from the data and give us your opinions. You've done this for so long, so your impressions are very valuable to us. So, with that in mind, my question is, if someone in the street stopped you and asked you how you would describe a typical neuropsychologist in 2020 or 2021, based on the results of your most recent survey, what would you tell them? What are important characteristics of the people in our field? Things like the type of doctoral degree, adult versus pediatric focus, age, gender, race, work setting, etc.

Jerry Sweet 28:33



These days, a typical neuropsychologist is a woman, who's in her 40s, who's earned a PhD in an APA accredited clinical psychology graduate program where there was likely to have been a lot of specializing already in the doctoral program in terms of clinical neuropsychology. Then that woman likely went on to a one year APA accredited internship in clinical psychology, again, with a lot of specialization, I think usually more than 50% in clinical neuropsychology. And then typically two years of specialization at the post doctoral level that's fully neuropsychology based. Typically, I think for two-thirds of folks at an APPCN - APPCN being the Association of Postdoctoral Programs in Clinical Neuropsychology training site. And the woman after completing training is likely to be working full time at an institution where she evaluates adult patients. Those are the most typical characteristics these days.

John Bellone 29:43



I'm also interested in demographic trends in our field over time. So from 1989, that first one by Putnam, to present day and then just my highlights from reading the survey, age has been fairly stable as you've mentioned. Seems like the field stays young because we have an influx of new, trained neuropsychologists each year while white neuropsychologists have become slightly less prevalent. So white people are now about 85% of neuropsychologists, which is down from 93% in 2005. From your paper, it seems like this has been driven by small increases in people

identifying as Asian or Pacific Islander or Latinx. But these values are far from the census data still, meaning that neuropsychologists are still not representative of the larger population in terms of race and ethnicity. The proportion of women has increased much more dramatically over time from being a minority initially to now the majority, like you mentioned. Also, you mentioned how PsyDs have increased - used to be 10% in 2005, now about 22% in 2020. Can you tell us what highlights you see in terms of these trends overall?

Jerry Sweet 31:08

I think you touched on one of the highlights. When I started my career, which was 10 years before Paul and I started to do those surveys in '89, this was a male dominated field - there's no question about it. Now looking at the percentage for a number of years of our postdocs who are women we're up to about 70-80%. This is a huge change. And it's not a change that occurs in isolation. All PhDs in psychology became given to women more often than men decades ago. It was years later that we saw that effect begin to trickle into neuropsychology and now it's there in a very big way. I don't think there's any question this will continue. The nationwide trend is that women are now more highly educated than men. They earn more bachelor's degrees, master's degrees, more doctoral level degrees, which include MD, PhD, JD - so that's not going to change. The implications of that are interesting when you follow it through. So, for example, among pediatric neuropsychologists, there have always been more women than men. Well it's now gotten to the point that about 80% of pediatric neuropsychologists are women. And every time we do a survey, the percentage of men decreases. At some point in the future, it's going to be hard to find, if you need one, a male pediatric neuropsychologist.



In terms of age, you're right to think that the constant influx makes a big difference and keeps that average age for our specialty in the mid 40s. If you compare that piece of information to, let's say APA, APA has a decreasing membership that is aging in place. The latest data I was able to get from APA was 2019 data, which showed that more than half of APA division members were over the age of 60. So the median is somewhere around the low 60s. The median for our latest survey data age wise was 44. This is a huge difference. We have a specialty that is growing as a lot of young people come into it and that's an awesome thing.

When it comes to diversity, you've already pointed out that, you know, especially when I started out my career, this was mostly white men. It's changed over time. It's now mostly white women. And yet there is absolute indication that diversity is occurring especially if you look at the postdocs, again, who are our future. There, I

believe the percentage of whites is perhaps as low as 75%, maybe 78%. So there is diversity. And, quite honestly, I'm still a student learning a lot about things like this. So at some point, you have to ask yourself, are we going to approach the national classifications in terms of percentages of whites, blacks, Hispanics, and so forth? Or is there a reason that we won't, such as fewer than 1%, less than 1% of US citizens attain a doctorate. So maybe there's a very different ethnic/racial categorization for those folks that might be more what we're going to attain.

John Bellone 34:57



You mentioned postdocs, and if we look at them that pretends what's going to come in the future to some degree because, like you said, there are even fewer whites. The percentage of white postdocs in our field is less than overall professionals. So maybe that further suggests that this trend is going to continue where the field will be more diverse. Again, it's not close to the census data. We're not fully representative, but it is a trend in that direction, it seems.

Jerry Sweet 35:31



Yes. You know, when you talk about gender, what we did was in 2018, we looked back at our 2015 data and did a special, very detailed article, or a special issue of TCN, on gender. A big part of that article was looking at the topic of gender earnings and the gap between men and women. You know, every time there's an election year, the politicians will out there on the stump and start yelling loudly about how unfair and illegal and so forth, which gives the wrong impression, I think, that this is simply obvious illegal discrimination, when in fact, that variable was taken out of the mix in a big way in the 1970s. Really, there have been so many serious studies of the gender earnings gap by world famous economists and it's just fascinating to drill down into. I'd encourage your listeners, if they want to understand at least what goes on within neuropsychology, to look at that 2018 paper we did in TCN and the paper we're now working on to update that, which I think argues a lot for the disproportionate family burden that we place on women. And that's partly related to policy. You'll notice that an awful lot of businesses now are giving men the kind of maternity leave benefits that allow for better sharing of responsibilities at home as people are establishing families. But also, I think, there will have to be a socialization change for this to really go away. I mean, people probably look at our survey and think the next time we look at the gender earnings the gap is probably going to be smaller than it was before. It hasn't decreased over time. And my prediction for the next five year interval will be that it will actually get larger because the people who are in the large sample of women versus large sample of men are younger, are earlier in their careers, and are in the early and mid

career points in time when, in fact, women report obstacles related to dual career family and other family issues that get in the way of things like income satisfaction, job satisfaction, work life balance satisfaction.

In some ways, this is a social issue as well. By the way, it's worldwide. It's found in every country that's been looked at. Within the United States, it varies from state to state considerably. There are states like Louisiana, where it's the largest. Other states like we have New York, Massachusetts, where it's much, much smaller. Washington DC, much, much smaller. There are reasons for this, of course, but it's everywhere. It's not just in neuropsychology. It's not just something that we alone can expect to fix internally.



John Bellone 38:45

We look forward to your upcoming paper, and we'll link to that one and the 2018 one in our show notes as well.



Ryan Van Patten 38:52

I like the strategy you've used this time around of separating your data into these new papers with the one that we're talking about now specifically focused on issues of diversity, gender pay gap, race, ethnicity. So as we speak in April of 2021, it's not released, but probably by the time that listeners are hearing this, it will be. So yeah, we'll link to that and people can look to your papers for more info on these topics. I also wanted to ask about another important variable related to neuropsychologists, which is our own geographic distribution across the US. So where are we? [laughs]



Jerry Sweet 39:30

That's actually an easy question to answer. If you were to rank states by population size, and then ranked states by where neuropsychologists practice, it's pretty much a one to one. We tend to practice where most of us live. So you'll find the most populous states will have - let's say California, New York, Florida, Texas - will have the highest number of neuropsychologists. The least populated states - let's take Montana, Idaho, Utah - places like that will have the fewest.



John Bellone 40:01

Makes sense. Board certification is becoming more and more important in our field. I'm curious what the data reveal about trends and the emphasis placed on becoming board certified in neuropsychology. It sounds like this was maybe what got you interested in surveys from what you said earlier just to begin with. So I'm curious what you found here.

Jerry Sweet 40:23



There's no question that within neuropsychology, we have taken board certification much more seriously than other applied areas. I think ABPP has now 15 or 16 specialties. We are, neuropsychology, the shining star in terms of saturating our potential market. In fact, at this point, in 2020, when we collected that survey data, 45% of the people who responded had some version of board certification - far and away the biggest representation was ABCN. But we've never had that large a percentage before and every single time it grows. I can tell you that, based on just general facts, we know that we'll never have 100%. For example, if you look at medicine, most people think, "Well, all physicians are board certified," and that's not really true. The vast majority are and most hospital systems require it, but there are always some physicians who we can say aren't in the mainstream, who aren't board certified physicians. That will happen in neuropsychology, too. But what I can say is, it looks to me like in the mainstream of neuropsychology, there will be complete saturation of board certification. I don't think there's any question about the need to compare those board certified with those not board certified in terms of practices and beliefs. It's going to disappear when the board certified group gets so large that essentially they represent almost everyone. We know that that can happen. We asked the postdocs this time, you know, how interested are you in board certification and that sort of thing, and I think we had close to 100% of the postdocs saying that they absolutely intended to become board certified. So we're beyond the, you know, "I'll think about and then maybe I'll do it because my mentor thought it was important." It's really part of the mindset of the early career. "I'm going to get licensed, I'm going to get board certified. And that's part of my early career launch."

John Bellone 42:35



Yeah, that's how I approached it. Ryan and I are both very early career, but it was just like another step after I got licensed and started practicing. It wasn't like I thought I was going to go for board certification in 10 years. I started as soon as I could. I think from talking with my colleagues and friends, it seems like that's the trend now, too. I know Ryan is taking his exam soon. So we're part of that trend.

Ryan Van Patten 43:03



Yeah, that's been my experience. It's expected in our age cohorts. I think it's a good thing overall. I'm sure we could have a very long conversation about all the pros of board certification. I think the three of us in this conversation are all pro.



John Bellone 43:18

I'm curious, since you had such a large percentage of respondents who were board certified, can you compare boarded and non-boarded individuals along any relevant dimensions - income, job satisfaction, anything you want to highlight?



Jerry Sweet 43:37

There are a couple of things. But one thing I would say is, there aren't as many differences as there used to be. The similarities, I think, now are getting pretty strong. Typically, though, those who are board certified tend to use psychometricians or technicians more often. They tend to do more forensic work. They tend to be a little bit older. They tend to make more money. But I would say that other differences have eroded over time because I think what I'm really trying to say is, those who are board certified are becoming the mainstream. So people who are in the mainstream are becoming like them and I think that will increase over time.



Ryan Van Patten 44:28

In comparing the current boarded neuropsychologists to non-boarded neuropsychologists, I'm wondering if age is a confound. Like, because more younger neuropsychologists are boarded, and some older people are but some aren't, that might be something we want to take into account - that age could confound that relationship.



Jerry Sweet 44:48

Yes, I think so too. Yeah.



Ryan Van Patten 44:51

So let's continue moving forward and talk about work settings. What are the most common settings in which neuropsychologists work?



Jerry Sweet 45:03

So, it's interesting. There has been a little bit of a shift in the last 10 years. Institutions have always been highly represented. So, currently, about 55% of our respondents are working in institutions and another 21% are working in an institution and also working in a private practice. Typically, that relationship is that the institution is the primary job and the private practice part is less timewise, more part time to augment salary. But it really does mean that institutions are a primary focus, even now after all these years. But back between 2005, or up to 2005, and

then including 2010 I thought I saw a trend and, in fact, it was a trend of increasing private practitioners and decreasing institutional employment. That has shifted. Around 2015, that changed and it's changed even more in 2020. It's not just in neuropsychology. In fact, I think neuropsychology is just doing what other healthcare disciplines are doing, particularly most medical specialties. The healthcare policy and reimbursement implications have been to reward large practices that tend to be organized by hospital systems, which are institutions. So you see more and more physicians not starting out their careers in private practice, but starting out their careers in institutions. We see more and more neuropsychologists working in institutions. So I think that's a trend that probably will continue. I know that many healthcare forces are going to change in the other direction, but for a while, it really did seem like we were going to have a much bigger group of folks working in private practice, which I think currently runs about 23-24%.

Ryan Van Patten 47:05



That's great. It's helpful how you are giving us big picture takeaways in response to these questions. That's what I'd like for my next question, which gets at income. We are talking about the salary survey, after all. I'm interested in hearing your elevator pitch, what you would say to someone who asked, "How much money does a neuropsychologist make?" You can moderate that by years of experience or setting or gender, whatever makes the most sense.

Jerry Sweet 47:33



There is just so much that can be said about incomes. I think it's, first of all, true for all disciplines that offer both institution versions of employment and private practice versions of employment, that those in private practice are going to make more money. I don't think there's ever been a single piece of data that I've ever seen that suggested otherwise. I have private practice colleagues who like to downplay the issue that they're making more money and get little defensive about it, but that is absolutely true. By the way, you may notice when we ask questions in our surveys about income, we make it very clear that we're not talking about what you build. We're not talking about your revenue to either group or individual practice. We're talking about revenue minus expense, so your net income. What you actually took home as an individual only from your psychology work - not from investments or Google or whatever.

Ryan Van Patten 48:35



Right.



John Bellone 48:36

No Bitcoin income included here. [laughs]



Ryan Van Patten 48:38

[laughs]

Jerry Sweet 48:40

No, very specific. In fact, we want it to be what you report to the IRS. We don't quite say it that way. So private practice folks clearly make more money, especially those folks who have a substantial forensic practice. Forensic practice, whether you're in an institution where you do less of it or private practice where you're likely to do more of it, is the second highest correlate of income. The first highest correlate is the years you are in practice. So, that makes sense. You're going to make more money over time, typically the longer you are in practice.

The other thing about private practice, which is kind of a way of explaining is, if you're a solo practitioner, which most folks in private practice are, you get to control your expenses. I have a lot of colleagues who don't have a secretary, who don't have somebody who schedules for them, who do their own billing. I mean, that's a lean way to run a business, but it's also the most profitable way to do that. You look at institutions and you have layers upon layers of overhead and expense, which are uncontrollable - things like human resource departments, and coding and compliance people who make sure that we're doing our billing properly and that Medicare doesn't come and fine the institution. So there are lots of reasons why this occurs.



Interestingly enough, every time we ask about incomes, incomes have gone up. This was even true in 2010, which followed right on the heels of a national huge economic recession in the United States and in most of the world, leading me to believe that neuropsychology is recession proof. We tend to have full employment. We tend to have jobs that are pretty stable. And we tend to be happy at those jobs. I now wonder, given that we're still in the midst of this pandemic, that perhaps we're also pandemic proof. I mean, we turn out to be essential workers, I think, at the end of the day, when many of us probably didn't realize that when we started the pandemic.

Thinking about how much money people make, we can ask the question that we have done now a couple times, what's the basis for determining how much money? Is it the amount that you bill? Is it the amount that you collect? Is it RVUs, you

know, relative value units? Or what? It turns out, surprisingly, the largest group who reported back to us basically said productivity doesn't matter. So not billables, not collectibles, not RVUs, some other guaranteed income. Now, not surprisingly, these people earn the least amount of money. The people who say, "My income is based on the amount of money I collect" make the most money. So operating on a real money budget. The second highest is billable hours - "I get paid by the number of billable hours". The higher they go, the more I get paid. Interesting. It turns out too, you see our discussions on the listserv and sometimes you think, "Wow, a lot of people must be paid based on RVUs." But it really isn't true. It's only about 10 to 12% of individuals report that RVUs are the determining factor in their income. That's a pretty small number.

John Bellone 52:10



You mentioned that in private practice, people can control their expenses - that makes complete sense. To what extent do you think it is the higher fees associated with forensic practice that might explain the increased income for individuals in private practice.

Jerry Sweet 52:28



In general, if you take forensic practice out of the equation, private practitioners are still making more money. But those who are really making more money, greater discrepancy between themselves and those employment institutions, it really does come down to forensic practice. But typically, a forensic hour is worth more than a clinical hour. That is, it's billed at a higher level. But the real distinction is there's no discount. You know, if a lawyer has hired you or an insurance company has hired you, they're paying you 100% of what you agreed on in terms of your billable hour, whereas Medicare and insurance companies are, you know, they're starting with that and then they're taking off 10, 20, 40%. I mean, I know of institutions where they literally expect about 35 to 45% of a clinician's billable hour to actually be collected. Now, in private practice, whether you're doing therapy or testing or whatever, you're typically expecting to get 100% unless you've agreed to some insurance company scenario. A lot of private practitioners are paid upfront and then they help their patients get reimbursed. But they don't wait for the insurance reimbursement, they get paid upfront. Quite different contingencies.

John Bellone 53:51



Yeah, and completely variable based on the private practice. But these trends definitely are interesting. Just to put a number to the income, what I saw from this survey is that neuropsychologists who are just starting to practice independently,

can expect about \$100,000 for the first few years, and then that number continues to climb pretty substantially over the next couple decades. Is there anything you wanted to say about the precise numbers?

Jerry Sweet 54:25



I don't have those right in front of me, but I think you're right - \$100,000 is the starting salary in most urban environments for sure. Could be a little higher in the really competitive urban environments. I would say, probably Boston, New York, Chicago, LA, places like that. And different in smaller cities, certainly different in rural environments. But there is a big swing upward in what we'll call the early career, which is the first 10 years. After that, it really makes a difference in your choices. So, for example, if you're a woman and you've paused or put some degree of hold on your career to have a family, the data show both nationally and within neuropsychology that you're not necessarily going to catch up to where people who have not interrupted their careers will be. Sometimes that difference is very large. For those, let's say, men, just as an example, who don't take a family break of some sort, the trajectory often is pretty predictable. At some point, a number of men will switch over from an institution job to private practice or they'll combine the two. The combination of the two turns out to be very effective, I guess, financially. Those folks tend to be among the highest income earners. As I've suggested, I think it's because they have a solid long term number of years in an institution and they're augmenting that with forensic work, which is high paying in private practice at the same time. That seems to work pretty well.

Interestingly, lifespan people, people who see the entire age range, often make more money. I've never been able to quite figure out why that is. The percentage of folks who identify as lifespan is going down over time, which kind of makes sense to me. I think the demand for lifespan services would be greater in rural areas where you have fewer practitioners. In the big cities, you have a lot of pediatric folks, you have a lot of adult folks, and you can specialize. But it may be the combination of increased demand, rural setting, where you can do almost anything that you're asked to do that helps.

John Bellone 56:56



Like you said, the mean is a little bit misleading because there's so many variables that affect income - you alluded to geography, in particular, setting, the age group that you work with. You do a great job in the paper of breaking down those various variables, so listeners can go look at their specific geographic location and setting and all the other details to see what the mean is for their situation. I'd like to talk

about the practice of neuropsychology a little bit and what the data showed. One variable that I think might be interesting quickly to talk about is just the use of psychometrists. Can you give us an overview of the data there?

Jerry Sweet 57:37



You know, it's funny. When I started my career, and for a long time, that was a controversial thing. The question was one of quality control. Could an evaluation be conducted and have the same quality outcome when the neuropsychologist isn't a big part of face to face time with the patient? When somebody else that is of a much lower educational level was doing that? There's never been data to support that there's a difference. In fact, our data suggests there's a stable use of technicians. That use is often around 50% or so. It's higher among those people who work in institutions. It's higher for those who are board certified. I think about 66% of board certified folks rely on psychometricians and technicians. We did ask this time, "Why do you do that?" Because we don't think we've ever asked that before. The number one answer was to basically allow an increase in productivity. To allow more patients to be seen, which makes sense. It wasn't the only reason. Several people are doing it so that they can free up time for teaching or free up time for research. But, in general, it's to be able to see more patients.

Ryan Van Patten 58:55



How long are typical neuropsych evaluations these days? What are a few important factors that might moderate assessment length?

Jerry Sweet 59:03



You know, it depends on the referral circumstances. So, for example, inpatient diagnostic evals are probably three to four hours, whereas outpatient diagnostic evals tend to be six or seven. Forensic evals, obviously, are much longer. They're closer to, I think, a mean of 14 hours. So the purpose, the type of patient you're seeing makes a difference. We have begun to ask recurrently because we know there are factors that you plan an evaluation and then something comes up that affects the length of that evaluation. It's often patient related, but sometimes not. So among the high frequency factors are things like age, and that's at both ends. So very young children, shorter evaluation; very old adult, shorter evaluation. Stamina at whatever age makes a huge difference. Let's say we planned four hours, but this person only has enough energy and stamina for two. That's going to make a big difference. Then there's the the presence of sensory impairments - if the person's hard of hearing or blind, presence of motor impairments if they can't use both upper extremities or one upper extremity, that's going to affect, let's say, they're right hand

dominant, but they can't use the right hand anymore. Then the type and degree of cognitive impairment makes a big difference. Obviously, with greater impairments being a problem and type of impairment might be. If the person can really no longer use language, there are a limited number of tests that we're probably going to end up doing. At the low frequency - I'm happy to say these are the low frequency end - we have things that are not patient related. So things like reimbursement issues - some third party payer has limited the number of hours we're going to be reimbursed. Or the employer says, "We have a lot of people to see, you can only spend three hours with a patient" or "Only spend four hours with a patient". Less so over time, but still meaningful, the scarcity of relevant norms for some patients. It is so important that our specialty is currently focusing a lot of attention on improving norms. The whole race or relevance initiative, we have to be better at figuring out how to match up the demographic of the patient we're seeing with reasonable relevant norms. But, at the moment, that can affect the length of the evaluation.

Ryan Van Patten 1:01:39



Great info. One quick clarifying question. When you ask this question on your survey about the length of neuropsych evaluations, what are you including within that? Is it just the interview and testing? Does it also include medical records review and feedback? Or something else?

Jerry Sweet 1:01:56



We were trying to get people to say how much face to face time, how much report writing. So really, the fundamentals of evaluation, which would include gathering information from medical charts, for example. We were trying this time to separate feedback. We did have separate questions this time about feedback. Things like telehealth, these were things that had come up in the last 5 years that had not really been questioned previously. So yeah, we were really trying to get at just the basic nuts and bolts of evaluation time.

Ryan Van Patten 1:02:32



Got it.

John Bellone 1:02:33



My read of the paper suggests that for either, I guess, pediatric or adults coming from neurologists as the primary referral source. And then for adults, it's mainly dementia types of evaluations versus pediatric neuropsychologists, it's mainly ADHD, at least in terms of the highest frequency referral question, is that right?

Jerry Sweet 1:03:00



Yeah, I mean, there's a number of ways we can think about this. So, in general, since 1989, if we take the whole sample each time, put it all together, neurology is the number one referral source followed closely by psychiatry. But when you start looking at other factors, as you mentioned, professional identity could be pediatric neuropsychology. So referrals are going to include schools, pediatricians, and a higher number of self referrals. Whereas if you look at the work setting, as maybe I've already mentioned, if you're in private practice, attorneys might be among your very highest referral sources. I think this time attorneys were number two, that's not the first time they've been that high. It's a stable finding, actually. So there are differences if you break it down. But neurology, followed by psychiatry and some form of primary care physician, are very high referral sources over time, along with attorneys.

John Bellone 1:04:01



We need to keep our neurology colleagues very happy. [laughs] We have to keep everybody happy, but especially the neurologists because they're the ones who we work more closely with.

Jerry Sweet 1:04:10



Well, and in fact, if you look at when you're employed in an institution, which department is it, it's most likely going to be neurology or psychiatry.

John Bellone 1:04:18



Yeah. Makes sense.

Ryan Van Patten 1:04:20



To go in a different direction just for a moment, how scientifically productive are most neuropsychologists? Publications, grants, and anything else you may have measured?

Jerry Sweet 1:04:30



You know, it's amazing to me how scientifically productive neuropsychologists are. In fact, sometimes we've looked at our data and thought, "Well, this can't be right. The numbers are too high." Most people know that, even though PhD is a scientific research degree, psychologists in general for decades have been produced with PhDs who don't ever go on to publish. The modal number of publications for a psychologist is zero. But in neuropsychology, it's quite different. We have, of

course, some folks that are zero. But we have plenty of folks who are much higher - over 100 publications, over 200 publications. It is a very skewed distribution. But if you look at medians, I think the median for adult neuropsychologists, which is the largest group, identity wise is about 6. I think among that same group, you'll find that about 10 conference presentations are recorded on average. So really, we are scientist practitioner types, for the most part. We continue to act that way as we get out in our careers, which I think is great.

Ryan Van Patten 1:05:45



Couldn't agree more. A lot of people who are listening are likely to be interested in job satisfaction. We're talking about things like income and what the field of neuropsychology looks like and the job of a neuropsychologist. A very important variable is how much we enjoy our jobs. I know the whole reason I went into this field is because I like it more than because it made the most money. You measured career satisfaction in terms of income, job, work life, and overall. How satisfied are neuropsychologists with their careers?

Jerry Sweet 1:06:23



I'm pleased to say that we're pretty satisfied. I think it was in 2015, that we asked the question, "Are you so unhappy that you would consider leaving your current job? Are you so unhappy that you would consider leaving the profession altogether?" And so few people said yes to that that we stopped asking that question. On the flip side of that we have repeatedly asked on a 0 to 100 scale, and sometimes more categorical, maybe six different options, "How satisfied are you?" If you look at our numbers, compared to other disciplines that have done similar things in their own surveys, we are easily as satisfied and happy. And importantly, as we look at this over time, there's no downward trend. There is a stable degree of satisfaction. Now, it's not the same as you drill into which group might be different from another group. People in private practice seem to have a higher job satisfaction, not surprising. There are sometimes differences between men and women. But, really, even those differences are not huge. It's not like we can say women are unhappy and men are happy. Both are sort of satisfied in their job and income, work life balance - women a little less so, which is not to say that they're dissatisfied. I'll tell you an interesting little factoid that happened in the last survey and this one. We had a categorical, I think it's six categories ranging from completely satisfied to completely dissatisfied. If you look at the incomes related to this, now we're talking about income satisfaction. There's a group of completely dissatisfied people with regard to their incomes who make a lot more money than most of the other categories. I find this interesting.



John Bellone 1:08:22

Right. Maybe the remedy is just work a little bit less, earn a little bit less, but be much more satisfied it sounds like.



Jerry Sweet 1:08:29

Although I think, you know, we're all psychologists. At some point, personality makes a difference. I think there are personality differences in that group.



John Bellone 1:08:40

Yeah. Good point. Are there any major obstacles to career satisfaction that you see?

Jerry Sweet 1:08:46

You actually spend a lot more time in recent surveys asking about those sorts of things. Interestingly, men tend to report that major psychosocial stressors have an impact on them. They will report that a family member's health problem has an impact on them as an obstacle. Women tend to report the dual career family as an obstacle. If you get down to "Why have you changed jobs, if you have changed jobs?", if there's a certain percentage, I'm pleased to see that it's pretty small that they feel like they were mistreated in a particular job. For women, that kind of mistreatment often comes down to sexual harassment. But I would say that, in most cases, the obstacles that are reported are relatively few.



John Bellone 1:09:42

It seems like turnovers are not very high overall. So that's, I guess, a good sign as well.

Jerry Sweet 1:09:49

Yeah, there's not a lot of job changing. There are a small group of people who seem to have had a lot of different jobs, but the vast majority in their career, have three or fewer jobs.



Ryan Van Patten 1:10:02

Thus far, we've been focused primarily on the US data. But, importantly for our listeners to know, you also included Canadian neuropsychologists for the first time in 2020. Related to that, you have a paper, it's currently under review I believe, and it's based solely on a Canadian survey data with 111 respondents. What do we

know about neuropsychology in Canada? Can you label and discuss a few important trends? How did the Canadian data differ from the US data?

Jerry Sweet 1:10:34

It's been interesting. Each time we did a survey, a number of my Canadian colleagues would contact me to say, "Hey, can we participate?" Or, "Why can't we participate?" And my answer was always "Well, you have a different monetary system so that we can't correctly co-mingle the income information." And, "You have what we perceived to be socialized medicine, whereas we don't. So it's a different health care delivery system." But, really, the more I thought about that, it wasn't the case that we needed to co-mingle the data. We could structurally keep it separate. So this year, we just did that. One of the early questions was, "Is any part of your practice in Canada?" If the answer was yes, then questions you then saw were formulated with the assistance of a panel of consultants who are Canadian neuropsychologists of different questions.



So let's start out with some things that were helpful for me to find out. Canada is the second largest geographic country in the world. I did not know that. I knew it was big - second largest. It is the 39th in terms of population size. They have vast regions where there aren't very many people and therefore not many psychologists or neuropsychologists. So overall, the first take home message is the number of neuropsychologists we can identify in Canada is much, much smaller than in the US. We went to some trouble to estimate that in our manuscript, which, as you say, is under review. But it is a much smaller number. It turns out that 111 people that we got to participate doesn't sound like a lot, but it could represent a much higher percentage than we would imagine of their practitioners.

So, by comparison - well, first of all, they have 10 provinces and the laws differ. So doctoral level practice is not required, you don't have to have a doctorate in all provinces. There are some provinces in which you get a master's degree and operate independently doing neuropsychological work. There are far fewer PsyDs than we have in the United States. There is a higher percentage of specialized degrees in neuropsychology. Here in the US, we tend to get a clinical psychology PhD or PsyD, with specialization within that in neuropsychology. But in Canada, they have more people who actually have a degree in neuropsychology.

And regarding diversity, the percentage of white Caucasian neuropsychologists is higher than in the US, as is the percentage of women practitioners - higher than US. They tend to have fewer individuals who practice exclusively in institutions. They have a higher number of folks who combine institution work with private

practice work presumably to augment income. And the time they spend per evaluation appears to be longer than in the US. I'm not quite sure I can explain that. I would say that forensic practice is very common in Canada, and a strong contributor to income, very common in private practice.



John Bellone 1:13:40

I'm sorry, did you mention income overall? I know it varies based on the provinces, but just give us a sense of how it may compare to the US?



Jerry Sweet 1:13:50

Well, in Canadian dollars, you have to account for the difference, but it seems to be, I don't have those numbers directly in front of me, but certainly they were in the six figures. I think those in institutions - \$130,000 has been a mean I saw for part of that group. With a smaller sample, we can't drill down into it as much as we can in the US.



John Bellone 1:14:13

Okay. The timing of your survey was quite serendipitous with respect to the COVID-19 pandemic and telehealth in our field. Most people have completed the survey before the March 13 nationwide pandemic declaration, but there were a few 100 people who completed the survey on or after that date. So there are a couple different ways we can go but I'm specifically curious about how teleneuropsychology usage differed in this post-pandemic era. It seems obvious that it would have increased quite a bit, right?



Jerry Sweet 1:14:49

Yes, it was actually also fortuitous that because of APAs interest, we were asking about telehealth to everyone and so then we could separate the days before and after the pandemic announcement to see if telehealth reporting or service providing those higher and sure enough it was about 15% before the pandemic was announced. Even in the last three weeks of our survey being open, which was really the only three weeks after the pandemic was announced, that number shot up to over 40%. I'm sure it went much higher than that. Fortunately, there have been surveys focused specifically on changes due to the pandemic in our practice patterns and telehealth services really skyrocketed, not just for neuropsychology, but for all healthcare disciplines.

Ryan Van Patten 1:15:42



We've been touching on trends over time, that's been part of our conversation. But I'd like to extend that and, Jerry, give you leeway to make predictions about the future based on your data. Obviously, we're out on a limb here, just give us your thoughts as to what you think might happen in 2025 and 2030. For example, what are a few important predictions that you can make about the future of neuropsychology? What might the next two salary surveys show?

Jerry Sweet 1:16:11



I think our specialty is going to continue to grow just in terms of absolute numbers. I think incomes will also grow based on the fact that they've never stabilized, they've never gone down when we've asked before. I think it means that we are plugged into the really multidisciplinary landscape when it comes to research that's relevant to our field, and also to the providing of services in tandem with various medical specialties. I think we really have carved out a niche that other groups don't have in terms of the kind of behavioral accounting that we do and the depth and breadth of study that we can give to brain behavior relationships. I think, as we've already alluded, board certification will continue to grow percentage wise. I think it will eventually become, at least among mainstream practitioners, pretty universal. I think it'll be interesting to track the Canadians over time because there are differences. For example, there is much less interest in Canada in board certification. So as we become more and more sort of a specialty that almost requires it, I don't think that's going to happen in Canada and I'm not sure whether there are other implications that will go along with that. Diversity, I think will continue to evolve, probably at a slow pace, as we've said. I honestly think that our career satisfactions will continue to be high. I think it is both that we can provide a comfortable living, our incomes tend to be higher than other specialties in psychology, but also I think what we do is apparently inherently satisfying to us and I think there's no reason to think that either of those things will change.

John Bellone 1:18:07



Excellent. Well, that is good news for all the trainees who are listening to this and all the early and mid career professionals. It's nice to know that all the data suggests really optimistic trends. Obviously, thank you and your colleagues for putting this all together. It is such a good resource for the field and a lot of work that you put into it, like we mentioned earlier. So, thank you, both for talking to us and just for tackling this giant project.



Jerry Sweet 1:18:38

You're very welcome. I honestly believe that this is quite an honor and privilege to have been the surveyor of our specialty. To be able to provide the information. I've learned so much. And as we've been talking about, a lot of what the surveys have produced is truly useful. So yeah, it's been a good experience both ways.



Ryan Van Patten 1:19:00

Well, again, thank you, Jerry, for giving us that tour of the salary survey. We will, of course, refer all the listeners to your papers to get more information. We've only just scratched the surface in terms of all the data that you present.

So now we'll transition and ask you a few quick bonus questions. These are related to the field of neuropsychology broadly. So they could also be related to the salary surveys, but they don't necessarily have to be. The first question is if you can improve one thing about the field of neuropsychology, what would it be?



Jerry Sweet 1:19:32

Yeah, that's one that requires a fair amount of head scratching and thought.



Ryan Van Patten 1:19:38

[laughs]



Jerry Sweet 1:19:38

But I have given a little bit of thought here and it seems to me that if we could somehow - and this is idealistic and totally unrealistic - but if we were to somehow remove the constant pressure or the changing factors that relate to the business of neuropsychology, it would be awesome. So, for example, if we could just simply provide what we, as clinicians, believe is high quality service without having to constantly spend our time documenting and justifying and especially adjusting the pressures that want to decrease the dollar value of our services, that would be kind of dreamy to me. Totally unrealistic. But, yeah.



John Bellone 1:20:24

Are you thinking about something like universal health care? Or how do you envision that?

Jerry Sweet 1:20:30



Probably there's no realistic way to do it. I mean even in universal health care, but that might be a step in the right direction. For me, I just can't understand how we can continue to apply capitalism to something like health care. Capitalism works in almost every aspect of your business operation and economics, but when it comes to healthcare, then we're putting people at odds. We're putting doctors at odds with insurance companies. We're putting both at odds with patients at times. And really, we all need to be on the same page if we're talking about health care. Universal health care would definitely make a difference, but even then, there has to be - there's huge economic pressures. We spend so much money in this country on health care and yet our health care outcomes are not necessarily better than countries that spend much less money. So the capitalism part really is a problem. And I'm not sure. No one knows how to solve that, but we need to work toward it.

John Bellone 1:21:34



For the second bonus question, what's one bit of advice that you wish someone had told you when you were training, or maybe somebody did tell you that really made a difference? Just an actionable step that trainees can take that they might not have thought of.

Jerry Sweet 1:21:49



I don't know if anyone ever told me this, but I guess I figured it out. I certainly have told many, many of my own trainees over time. That really, you need to make it a conscious goal to participate in the mainstream of our specialty while you're still training. I have like, five or six ideas about what that really means. So, for example, attend major professional meetings. We have INS, we have AACN, we have NAN, we have Division 40 - places where you can go and get quality CE from national experts. Now, even if you're hooked up with a great mentor who's just really brilliant, it's likely that your training and your worldview is not as broad as it could be. It's so easy to go to meetings and get exposed to national experts on many important topics. So that's number one.

Number two, I would suggest you get your supervision at established training centers that have a track record for quality training. I think it's a mistake when people arrange through some personal connection to go into a private practice that's never had training before and try to get supervised training. I don't think that's the right way to do it. I think clinical training ought to be from board certified supervisors, which is much easier to do today than it used to be. When I started giving that advice, it was sometimes hard because there weren't that many of us

around. I think you ought to seek clinical training from multiple supervisors, and again, it's a breadth of views and it's different views that you want to get exposed to. I occasionally come across a trainee who said only one supervisor, and while that supervisor was smart and pretty good at what they did, it was a very narrow view and ended up being the personal biases of whoever that supervisor was.

I think to the extent possible, you participate in some kind of research that's related to neuropsychology - even if it's just to present a poster at a meeting, you know, a weak study that's never going to be published. I think people learn from it and they become a better part of the mainstream if they have that experience.

I think really importantly, when you're still in the graduate program and picking out your dissertation, that you pick out a relevant and timely topic - not just the esoteric topic that your advisor happens to do that aims at testing some null hypothesis that doesn't matter to anybody. I will give a specific example of a local graduate school that I don't want to do too specifically, but let's just say there are psychopathology researchers who will never get to the end of their study and probably not make a difference in psychopathology because they're tracking down minor characteristics of personality that aren't even clinical and then doing null hypothesis testing, which is just not useful in terms of somebody's neuropsychology career. So those kinds of mainstream opportunities make the difference. That's what I would advise.

Ryan Van Patten 1:25:03



Yeah, I like that answer. If I could just add one additional way to stay connected with neuropsychology as a student would be to listen to any neuropsych podcast you might be aware of, because... [laughs]

John Bellone 1:25:16



Or read any books by great podcasters. [laughs]

Ryan Van Patten 1:25:20



I was going to say, you know, in these podcasts we have wonderful guests such as you can hear Jerry Sweet where you may not have otherwise gotten the chance to hear him speak.

Jerry Sweet 1:25:29



I appreciate that. But as you say that I literally didn't think because of probably is a more recent development, we now have student oriented groups for

neuropsychology students that are still in training, and to affiliate with those. Like ANST, the Association of Neuropsychology Student Trainees or something?



Ryan Van Patten 1:25:51

Yeah, students in training. Yeah.

[Transcribers note: ANST is the Association of Neuropsychology Students and Trainees]



Jerry Sweet 1:25:53

I mean, I think those are wonderful resources. We didn't have those early on in my career, students couldn't do that sort of thing. That's really awesome.



Ryan Van Patten 1:26:05

Good advice. Well, Jerry, thank you so much for the time. We've taken up an hour and a half of your time. We really appreciate all the work you're doing with the salary surveys and everything else. And certainly, for you to speak with us today.



John Bellone 1:26:19

You made it through all of our questions. [laughs] The many, many questions that we had listed for you. So it was efficient.



Jerry Sweet 1:26:27

Well done. And, again, I think you guys are doing a terrific job in putting this series together. My hat's off to you for having thought of it and really doing such a diligent job. It's just great.



Ryan Van Patten 1:26:37

Yeah, thank you very much.



John Bellone 1:26:38

That means a lot to us.



Ryan Van Patten 1:26:39

Yeah.



John Bellone 1:26:39

All right. Thanks again.



Ryan Van Patten 1:26:40

Take care.



Jerry Sweet 1:26:41

Bye bye.



Transition Music 1:26:42



Ryan Van Patten 1:26:46

Well, that does it for our conversation with Jerry. Upcoming NavNeuro episodes include several more pediatric Bites with Lana Harder, as well as individual episodes on aerospace neuropsychology and global neuropsychology. So stay tuned for those. And, as always, thanks so much for listening, and join us next time as we continue to navigate the brain and behavior.



Exit Music 1:27:10



John Bellone 1:27:33

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Ryan Van Patten 1:27:45

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