

Examination Manual for Specialty Board Certification in Geropsychology
American Board of Geropsychology
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Specialty Board Certification in Geropsychology
American Board of Professional Psychology

n. b. Substantial portions of the text in this section have been taken from material found in C.M. Nezu, A.J. Finch, & N.P. Simon (Eds.), *Becoming Board Certified by the American Board of Professional Psychology*. New York, NY: Oxford University Press. It was first adapted for the Police and Public Safety Implementation application and now for the Geropsychology Implementation application

I. About the ABPP

The American Board of Professional Psychology, Inc. (the ABPP or the Board) was incorporated in 1947 with the support of the American Psychological Association. It is a unique, single-umbrella organization with multiple specialty boards and continual quality assurance review that is recognized by the profession as certifying specialty practitioners in psychology. The Council of Specialties in Professional Psychology (CoS) has formally recognized the ABPP as the only national organization of specialty boards to certify specialists in professional psychology. A continuing process of quality review occurs through the ABPP Board of Trustees and its various policies, procedures, and standards, including periodic comprehensive reviews of each of the specialty boards to ensure the on-going quality of its certification process. As a result, the ABPP has distinguished itself as a high-quality, professional certification that inspires public and professional confidence.

The precise competencies assessed through ABPP certification examinations include both *foundational* competencies common to all professional psychologists, and *functional* competencies specific to a specialty. While ABPP board-certified psychologists may not be the *only* professionals who are competent to practice in their specialty area, they all are psychologists who have chosen to demonstrate their competence across important areas of practice through a comprehensive written and oral peer examination process (Nezu, 2009). The developmental level expected for successful completion of board certification is competence within a specialty domain, and the various states of the evaluation process are designed to reflect fidelity to practice; incorporate reliable, valid, and practical methodologies; and enable a multi-trait, multi-method and multiinformant process (Kaslow & Ingram, 2009, p. 43). ABPP board certification “makes it clear to relevant constituencies that competence goes beyond self-proclamation. It comes with peer-reviewed testimony to the relevance of the individual’s personal readiness and of his or her background and training, reputation, and proficiency, as obtained from such an examination process” (Boll, 2009, p. 60).

A specialty is a defined area in the practice of psychology that connotes special competency acquired through an organized sequence of formal education, training, and experience. In order to qualify as a specialty affiliated with the ABPP, a specialty must be represented by an examining board which is stable, national in scope, and reflects the current development of the specialty. A specialty board is accepted for affiliation following an intensive self-study and a favorable review by the ABPP affirming that the standards for affiliation have been met. These standards include a thorough description of the area of practice and the pattern of competencies required therein as well as requirements for education, training, experience, research bases of the specialty, practice guidelines, and a demonstrated capacity to examine candidates for the specialty on a national level.

The purposes and goals of the ABPP are:

a. To serve the public and the profession by certifying that psychologists in various specialty areas of psychology have completed the educational, training and experience requirements of a specialty, including an examination designed to assess the competencies required to provide quality services in

the specialty, and who maintain high ethical standards.

- b. To function as a unitary organization of affiliated, incorporated specialty boards through a Board of Trustees, which includes representation from its Member Boards and the public.
- c. To establish and monitor standards of specialty board certification in psychology and, through its affiliated specialty boards, support the development, validation, and administration of qualifications and examinations leading to certification in a specialty area recognized by the Corporation.
- d. To maintain a central registry for the public dissemination of information about the board certification status of all those psychologists certified by Member Boards.
- e. To establish relationships with the public and the profession, particularly organizations that identify psychologists as providers of service with board certified credentials.
- f. To assist in improving the quality of research, education and training in specialties of professional psychology, including those approving programs for specialties.
- g. To conduct information and education programs designed to make information about the specialty certification process and the status of its board certified psychologists available to the public and the profession.

The ABPP certifies specialists in 14 areas of professional practice: Clinical Psychology, Clinical Child and Adolescent Psychology, Clinical Health Psychology, Clinical Neuropsychology, Cognitive and Behavioral Psychology, Counseling Psychology, Family Psychology, Forensic Psychology, Group Psychology, Organizational and Business Consulting Psychology, Police & Public Safety, Psychoanalysis in Psychology, Rehabilitation Psychology, and School Psychology.

The ABPP recognizes holders of the *Certificate of Professional Qualifications (CPQ)* available through the Association of State and Provincial Psychology Boards (ASPPB) as having met the ABPP generic criteria. The ABPP does not accept applications from individuals who are foreign-trained and who practice outside the U.S., its territories or Canada.

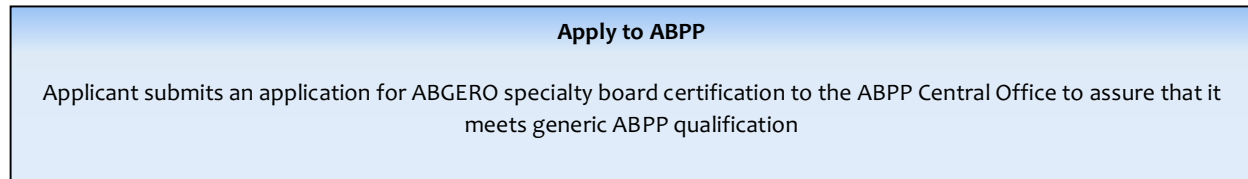
II. About the ABGERO

The specialty of Geropsychology is represented by the American Board of Geropsychology (ABGERO), which was accepted in concept as a specialty in December 2012, and has moved to the Implementation phase of affiliation with ABPP. Geropsychology is the area of research and practice that applies the knowledge and techniques of psychology to help older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. To be recognized as a specialist professional geropsychologist, a psychologist must have knowledge, skill, training, and experience related to aging and late life, particularly related to how the processes of aging and the social and cultural contexts of being old affect older adults' experience, mental health, and well-being.

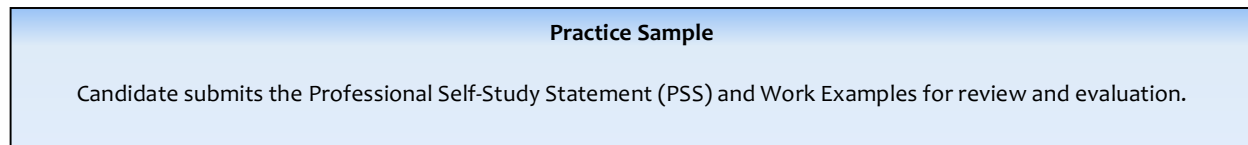
To be eligible for board certification, the applicant must satisfy the generic requirements stipulated by the ABPP, as well as the specific requirements of the specialty board (American Board of Geropsychology; ABGERO), described in the next section below. When a psychologist believes he or she meets the generic and ABGERO eligibility requirements, he or she may apply for candidacy. The process by which the ABPP and the ABGERO certify specialists includes an application and generic qualification review by the ABPP Central Office, a specialty credential review performed by the ABGERO, submission and review of a Practice Sample (PSS and Work Examples), and an Oral Examination.

This process is described graphically in Figure 1 below.

Figure 1. Sequence of review and examination steps toward specialty board certification in Geropsychology



The application is sent to the Geropsychology specialty board (ABGERO) to ensure that the Applicant meets all specialty-specific criteria (i.e., specialty education and experience)



Candidate sits for an Oral Examination of foundational and functional competency in Geropsychology



Upon submission of the application (online generic and specialty materials) and application fee, the Applicant should request that official graduate transcripts be sent directly to the ABPP Central Office. When all necessary documents have been received at the ABPP Central Office, the Executive Officer conducts whatever investigation may be required to affirm, clarify, or supplement the application. This includes sending an inquiry to the state or provincial psychology board(s) with which the applicant is licensed. When all credentials have been assembled, the ABPP will determine whether the applicant meets its eligibility criteria with respect to the educational, internship, and licensure requirements.

Individualized exception reviews are available for individuals with degrees granted outside the U.S. or Canada, doctoral degrees granted prior to 1983, or for applicants claiming equivalent doctoral degree and program requirements. Such exceptions are coordinated through the ABPP Executive Office and the appropriate specialty board. When the ABPP determines that the Applicant has met its generic qualifying standards, his or her application is forwarded to the ABGERO for review in accordance with its specialty board requirements.

Graduate students, interns, or residents are eligible to start the board certification process prior to licensure through the ABPP Early Entry Program (\$25 application fee). To be eligible for the Early Entry Option, an individual must not yet be licensed as a psychologist (at the independent, doctoral level of practice) and must either be a student in, or have graduated from, an APA or CPA-accredited or

ASPPB/NR Designated doctoral program in psychology (see <http://www.abpp.org/i4a/pages/index.cfm?pageid=3558>). **(Revision Point #1)**

III. Generic ABPP Requirements

Applicants for ABPP candidacy in any of the specialty boards must first meet generic requirements applicable to all ABPP applicants, and only then are applicants subject to additional criteria and examination procedures established by each of the specialty boards. Generic ABPP requirements are described in detail in the ABPP generic application materials, and can be found at www.abpp.org. In simplest form, they consist of:

1. A doctoral degree from a program in professional psychology from a graduate program that was accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) at the time the degree was granted, or that offered a curriculum that was the equivalent of APA or CPA requirements.
2. Completion of an appropriate APA- or CPA-accredited internship, or an internship that offered the equivalent of APA or CPA requirements.
3. A minimum of *one year* of postdoctoral experience, completed through formal postdoctoral training, or a minimum of *two years* if obtained under supervision other than in a formal training program. *[Note: Specialty board requirements are in addition to this minimum requirement.]*
4. Licensed at the doctoral level for the independent practice of psychology. Such licensure must be granted by a jurisdiction of the United States, its territories, or Canada. The license must be for *independent practice*; licensure that is dependent on supervision or is restricted for some reason is not acceptable for admission to candidacy for ABPP board certification. *[Individuals who are licensed but have a history of disciplinary action by the governing jurisdiction or of ethical violations (e.g., such as may be determined by the APA) are required to provide details of that history, as well as evidence of acceptable resolution, prior to review of the application.]*

IV. ABGERO Specialty Board Requirements

ABGERO requirements specific to specialization in Geropsychology consist of:

1. Initial Screening for Eligibility as a Candidate by the ABGERO
2. Submission and favorable review of the Practice Sample (PSS & Work Examples)
3. A successful Oral Examination based in part on material presented in the Practice Sample

Initial Screening for Eligibility as a Candidate by the ABGERO

Eligibility criteria specific to the specialization in Geropsychology include the following requirements:

A. Education:

- 1) Evidence of two courses/seminars relevant to Geropsychology at the doctoral, internship, or post-doctoral levels (geropsychology-related dissertation topic = 1 course) OR
- 2) At least 100 hours of documented formal CE coursework relevant to Geropsychology (APA-approved or as deemed acceptable by ABGERO) over a period of no longer than seven years

B. Training:

- 1) Formal training in Geropsychology: One year of formal, full-time supervised training in Geropsychology or its equivalent (2000 hours) as determined by the ABGERO:

Examples:

- One year full-time Geropsychology fellowship
- An internship and post-doctoral fellowship with Geropsychology hours that total 2,000 or more
- An externship/practicum and internship with Geropsychology hours that total 2,000 or more

OR

2) Informal training in Geropsychology: Documented, supervised training in Geropsychology that totals 3,000 hours or more:

Examples:

- Internship rotation plus informal, post-licensure supervised training with Geropsychology hours that total 3,000 or more
- Externship/practicum in Geropsychology plus informal, post-licensure supervised training with Geropsychology hours that total 3,000 or more
- For the latter post-licensure supervision requirement to be met, there should be a minimum of 1/hr./wk of face-to-face supervision and/or telephone consultation (individual or group) conducted by a Geropsychology competent licensed psychologist (as deemed competent by the ABGERO via a review of the supervisors' CV)

C. Experience:

Self-identity as a geropsychologist with at least two years of full-time post-licensure employment (or its part-time equivalent) as a psychologist, with at least one year devoted to professional services to older adults. Such services may include direct independent provision of clinical services (e.g., being in private practice or employed by a geriatric consulting group doing assessment/treatment of older adults); teaching/in service education/supervision of students or geriatric mental health professionals (e.g., teaching gerontological courses in a university; consultation with a long term care institution regarding residents with behavior problems); administrative duties in a geriatric organization (e.g., director of an institute of gerontology; executive leadership within a gerontological organization; active long term membership in professional aging society); conducting applied gerontological mental health research; or other geriatric mental health services as deemed acceptable by the board.

Admission to Candidacy for Board Certification

When the ABPP Central Office determines that the Applicant has met its generic requirements, and ABGERO has determined that the Applicant has met its initial eligibility requirements, the Applicant will be considered a Candidate and will be notified in writing of admission to candidacy. The Candidate will then be instructed to prepare and submit written Practice Sample materials (i.e., PSS and Work Examples) to the specialty board. This submission must occur within 12 months of notification of candidacy.

Important Note: Applicants and Candidates may not indicate to anyone else that they are an Applicant or a Candidate for board certification by the ABGERO and/or ABPP, nor may they do so on a résumé,

C.V., or any written or oral statement of qualifications. Additionally, neither ABGERO nor the ABPP use, authorize, or recognize the term “board eligible.” Applicants and Candidates may not use this term to represent any relationship or status with either Board, nor may Applicants or Candidates represent to any outside person or entity that they have met the minimum requirements as an Applicant or Candidate of the Boards. Once an application has been approved, the Applicant’s status—for purposes of internal communication only—is changed to “Candidate for Specialty Certification.” Until then, all communication with either Board, after submission of the initial application and fee, should use the term “Applicant.” “Applicants” and “Candidates for Specialty Certification” do not have any formal relationship with either Board that they can use other than in communications to the Boards. After they have been notified in writing by the National Chair of Examinations that they have successfully passed the entire board certification process, they may represent themselves as “Certified in the Specialty of Geropsychology, ABPP” or as a “Board Certified Specialist in Geropsychology, American Board of Professional Psychology.” To comply with these requirements, Applicants and Candidates should never advertise or represent themselves as having any relationship to either Board until such time as they are notified that they have passed the entire process (i.e., successful completion of the Oral Examination). Any use of the term “board eligible” by those who have been admitted to candidacy for the examination, or others, is inappropriate and may result in procedures to terminate the Applicant’s candidacy. Any questions about this topic should be directed to the Executive Officer of the American Board of Professional Psychology.

Preparation and Submission of the Practice Sample

The Practice Sample provides the ABGERO with a means by which to assess the Candidate’s demonstration of foundational and functional behavioral anchors at the level of specialty competence. It is not the only means used by the specialty board to assess a Candidate’s competence, but as a written component, the Practice Sample provides an efficient and economical tool for gauging a Candidate’s readiness to sit for the Oral Examination. The required Practice Sample for board certification in Geropsychology consists of a PSS and at least two work examples. The PSS is the same for all candidates.

Requirements for preparation of the **Practice Sample** vary depending upon whether the Candidate chooses the Traditional Option or the Senior Option.

Traditional Option: For candidates applying for board certification with 2-14 years of post-licensure practice experience, the Practice Sample will consist of specific, case-focused material, described in detail below.

Senior Psychologist Option: Candidates who are able to document 15 or more years of continuous and substantial post-licensure activity in the specialty of Geropsychology may qualify for the Senior Psychologist Option if there is evidence of significant contributions to the field of Geropsychology (See Appendix A of Examination Manual under Specialty Board Requirements, Senior Psychologist Option). This option provides an opportunity for senior geropsychologists to present their cumulative experience and professional work to complete the requirements for board certification. However, just as with non-senior applicants, senior applicants must demonstrate competence in the foundational and functional (i.e., Assessment, Intervention, Consultation) domains of geropsychology practice. They will also be expected to show competence (rating of 2 or better) in at least one other functional competency (supervision/teaching, management-administration, advocacy, or research) **{Revision Point #4}**. With this option, in addition to the PSS, a Senior Option Candidate’s additional written material (i.e., Work Examples) will consist of a portfolio (minimum of two separate items) representing the Candidate’s longstanding professional work in Geropsychology. This material may include sample reports; successful proposals and/or RFP responses; examples of presentations; published articles, book chapters, or books; training and/or

other innovative programs, in lieu of a traditional (case-focused) Work Examples. A major role by the candidate should be reflected in the writing or presenting of these work examples. All other specialty board requirements remain the same as those for candidates with under 15 years of postdoctoral specialty experience (i.e., Traditional Option). Candidates who qualify for the Senior Option may nevertheless choose to submit case-focused Work Examples. Using either option, preparation of the Practice Sample constitutes a process of self-examination during which candidates define their professional activities in detail, evaluate their own body of work, and compare that body of work against current scientific bases, professional standards, ethical principles, etc. and then demonstrate and/or document their competence. This information also serves as the basis for discussion and evaluation regarding Assessment, Intervention, and Consultation competencies (and at least one other functional competency i.e., supervision/teaching, management-administration, advocacy, or research) {**Revision Point #4**} in the Oral Examination.

Portions of the material in this section, including Figures 2-4, have been adapted from Police and Public Safety’s adaptation of C.S. Davidson (2009). Preparing the practice sample. In C.M. Nezu, A.J. Finch, & N.P. Simon (Eds.), *Becoming Board Certified by the American Board of Professional Psychology*, (pp. 83-96). New York, NY: Oxford University Press.

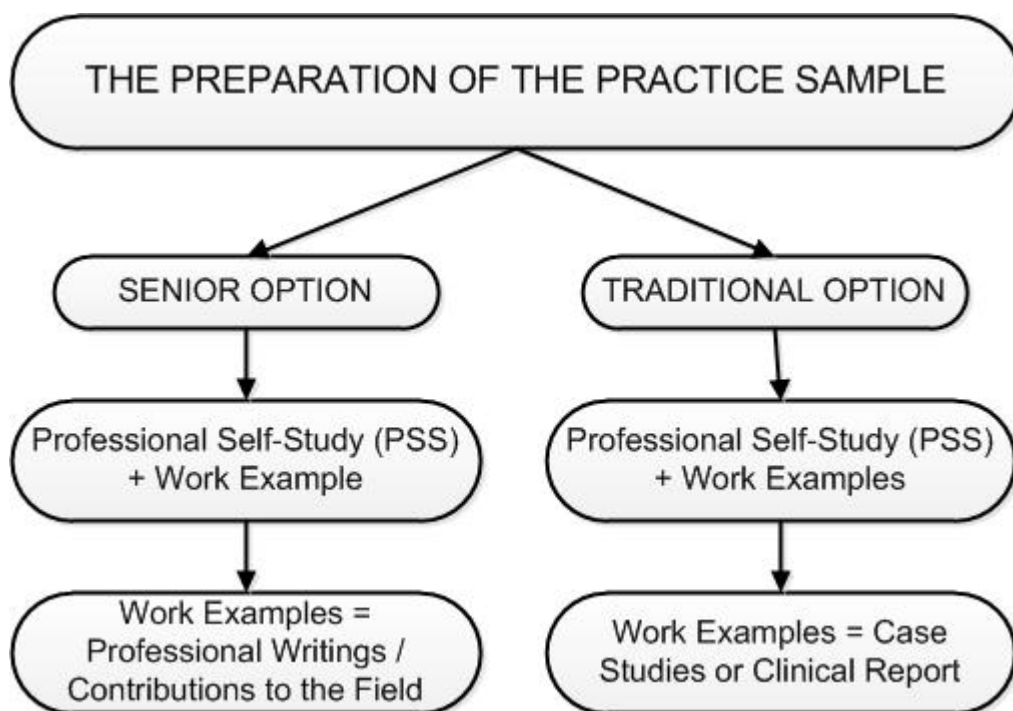


Figure 1 adapted from C.S. Davidson (2009). Preparing the practice sample. In C.M. Nezu, A.J. Finch, N.P. Simon (Eds.), *Becoming Board Certified by the American Board of Professional Psychology*, (pp. 83-96). New York, NY: Oxford University Press.

The Practice Sample—consisting of the PSS and the Work Examples—provides the Candidate with the opportunity to communicate about him/herself as a Geropsychologist as well as to demonstrate conversant knowledge and competence in geropsychology domains that are the Candidate’s

primary area of focus. The Work Examples portion is specifically intended to permit the Candidate to demonstrate the requisite level of competence within the primary functional domains of the specialty and to document the assertions contained in the PSS. Candidates who elect the Traditional Option must submit two Work Examples, each one representing at least one primary functional activity within the Geropsychology functional domains: Assessment, Intervention, and/or Consultation. Candidates who elect the Senior Option are permitted to satisfy the Practice Sample requirement through a portfolio that adequately demonstrates the requisite level of depth of competence in any one (or more) of the three domains of Geropsychology practice (and at least one other functional competency i.e., supervision/teaching, management-administration, advocacy, or research) **{Revision Point #4}**. The PSS and Work Examples must be submitted within one year from the date of notification of advancement to candidacy. Should the Candidate fail to submit an acceptable Practice Sample within the one-year period, the application will be considered to have lapsed. After an application has lapsed, any further action requires that an entirely new set of application materials be submitted, including additional fees based on the fee structure in effect at that time. Thus, it is important that an application be made with consideration of the time frame within which the Practice Sample is due. The two components of the Practice Sample (PSS and Work Examples) are discussed in detail below.

Component #1: Professional Self-Study Statement (PSS)

The PSS is designed to encourage self-examination, enable demonstration of professional maturity, and provide the context in which the candidates will present an explicit and coherent rationale for their work in Geropsychology. It is intended to be a description of a Candidate's professional activities, practices, challenges, and accomplishments, and it should explain and document his or her evolution as a professional, including the Candidate's views and beliefs central to his or her primary domain(s) of practice as well as his or her attunement to ethical, professional, and diversity issues.

The PSS provides an avenue for candidates to look at what has informed their practice, what has shaped them developmentally as psychologists, the biases they bring to their work, and how they evaluate their work (Davidson, 2009). The PSS should describe a Candidate's development as a specialist by examining the major influences, both personal and theoretical, for his or her work. In addition, specific academic, supervisory, or personal experiences that have led candidates to the beliefs and skills they bring to the certification process should be reflected in their PSS. Candidates also need to demonstrate their awareness of, and sensitivity to, multiculturalism and diversity as they impact their specialty services. Diversity includes race, ethnicity, gender, age, sexual orientation, class, and religion; physical and psychological challenges, geographic region of birth and rearing, as well as current residence, linguistic facility, and history.

Although it is not expected that all candidates—whether Traditional or Senior Option—contribute to the scientific literature, candidates should discuss how scientific evidence informs their practices as they formulate and evaluate the work that they do. Candidates who have conducted their own specialty-relevant research should discuss the ways that their research activities inform their practice of Geropsychology.

The PSS is one of two written documents through which the Candidate demonstrates competence in the entire specialty area. Recognizing that most Geropsychologists concentrate their practice activities in one (or several) functional domains but rarely practice equally across all three functional domains of Assessment, Intervention and Consultation, the PSS provides the opportunity for the

Candidate to demonstrate conversant knowledge and competence in those areas that may not be a primary focus of practice. For example, a Candidate who practices primarily in the assessment domain should describe how his or her assessment activities with older adults may be used to facilitate treatment with their older clients (Intervention domain). As another example, the intervention-focused Candidate will be expected to discuss how treatment activities bear on Consultation practice.

The PSS must address each of the following items as organized below using the below-listed headings:

The PSS is designed to enable the Applicant to demonstrate a high level of professional maturity in the general field of professional psychology, and the ability to articulate an explicit and coherent rationale for his or her work in Geropsychology. The Work Example portion is intended to permit the Applicant to demonstrate a requisite level of competence within the specialty. The PSS and Work Examples must be submitted within one year from the date of approval of the application.

PSS - specifics

The PSS is designed to be a description of the Applicant's professional activities, practices, challenges and accomplishments. This statement must address, in separate sections, each of the following items:

A. Professional Activities:

Please describe your professional work, past and current, both within the specialty of Geropsychology and in other areas of professional practice. Include a description of your experience providing services in the Assessment, Intervention, and/or Consultation domains (such a description might include a self-review of your geropsychology competencies via self-administration of the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool). Also, please include a brief statement describing your reasons for wishing to seek board certification.

B. Professional Development:

Describe your development as a Geropsychology specialist by examining the major influences, both personal and theoretical, for your work. In addition, discuss specific academic, training, supervisory, or personal experiences that have led you to the beliefs and skills you bring as a Geropsychologist to the certification process.

C. Services to the Profession:

Description of the services and activities you have provided to the profession of psychology in general, as well as services and activities related specifically to Geropsychology (e.g., participation in aging associations or committees, presentations at gerontological conferences, consultation at the local, state, or national level).

D. Continuing Education:

Description of the APA-approved continuing education you have received and provided in Geropsychology during the preceding five years, including online courses, workshops, and independent readings.

E. Scientific Base:

Please provide evidence of the ways in which you utilize or contribute to the current science base by addressing one of the two following points: (a) the evidence base that informs your practice, including how you determine if your activities as a Professional Geropsychologist are effective; or (b) describe your own current clinical research activities and how these inform your practice. Your discussion should include enumeration of the key scientific issues, key research findings and areas of controversy, design considerations, decision-making models, limitations of current empirical findings, outcome research you rely upon or conduct, and other scientific considerations. If your practice includes use of instruments, please describe the key issues you consider in selecting these instruments, how you evaluate results, and how you make use of your evaluative findings.

F. Ethical Base:

Please describe two or three meaningful and challenging ethical dilemmas that you have personally encountered in your practice of Geropsychology. Your description should include the manner in which these issues relate to specific aspects of the *APA Ethical Principles of Psychologists and Code of Conduct*. Also, please indicate how you chose to resolve and manage the outcome of these dilemmas.

In conjunction with the submission of the PSS, applicants must submit a statement declaring that there are no ethical complaints or judgments against them to facilitate the Board's review of the applicant's ethical standing. *It is the applicant's responsibility to notify the Board of any prior adverse ethical or licensure determinations and any pending allegations and their resolution.*

Note: The Board may suspend action on any Applicant or Candidate who is being investigated by the Ethics Committee of the American Psychological Association, the American Psychological Society, a state board of psychologist examiners, or the ABPP Ethics Committee. It is the Applicant's responsibility to notify the Board of any prior adverse ethical or licensure determinations and any pending allegations and their resolution. The Board may initiate procedures to revoke the certification of an individual if it obtains information indicating that the person may have committed misconduct subject to the Ethics Rules and Procedures of the ABPP. "Sanctions by a licensing jurisdiction and/or the APA may result in adverse action, sanction and/or revocation of the ABPP board certification."

G. Complex Relationships:

Please provide two or three examples of how you have handled complex interpersonal interactions (e.g., challenging relationships with older clients/patients; as a consultant, how do you determine who is your client – is it the establishment that employs you, the family member who pays for treatment, or the older client you are asked to help?) in one or more of the domains of Assessment, Intervention, Consultation, Supervision, Research Inquiry, and Professional Development.

H. Individual & Cultural Diversity:

Please discuss how your work in Geropsychology is informed by an awareness of, and sensitivity to, diversity (i.e., individuals, groups and communities who represent various cultural and personal backgrounds and characteristics in older adults).

I. Self-Assessment:

Discuss how you have evolved, grown and improved as a psychologist in the specialty of Geropsychology, and what improvements you seek to make in your professional functioning.

Component #2: Work Examples

All Applicants are required to submit two Work Examples, with each one representing an area of the Applicant's practice. The Applicant's choice of Work Examples (or other documentation provided by the Senior Psychologist, as discussed below) will help to define those areas covered by the Oral Examination.

Work Examples submitted under the Traditional Option must be based on actual samples or work products of geropsychology practice carried out by the Candidate. The Work Examples must represent an activity that was neither supervised by nor conducted jointly with other professionals.. *For Assessment Work Examples, the candidate must have either conducted the testing or supervised a student or technician who did the testing. The interpretation and writing of the report should substantially reflect the effort and ideas of the candidate. Traditional Option candidates who do not provide Work Example material sufficient to enable the Practice Sample Review Panel to evaluate their functional competency in their primary domain(s) of practice may be required to revise their Work Examples by submitting supplemental case materials.*

The two Work Examples under the Traditional Option are to be chosen from at least two but preferentially all three functional competencies of specialty practice (i.e., Assessment, Intervention, Consultation). For example, a candidate who is a geropsychologist in private practice might submit a video of a first session with an older adult that includes a clinical assessment leading to a DSM diagnosis (Assessment functional competency) and a life review intervention (Intervention functional competency). Alternately, a geropsychologist choosing both Assessment and Intervention competencies might submit a personality assessment (Assessment functional competency) for one patient and detailed case notes of psychotherapy informed by the personality assessment (Intervention functional competency) from another. Alternately, a geropsychologist in private practice who chooses both Assessment and Consultation competencies might submit a summary of an initial cognitive evaluation to inform treatment planning (Assessment functional competency) and an audio tape or a detailed summary of a consultation with the family of an older adult (Consultation functional competency). For all Work Examples, a contextual statement should be included that contains a formulation of the candidate's understanding and approach to the case, a rationale for the service activities, and a summary of the findings/outcomes. The Examination Coordinator is available for consultation to help the Applicant clarify selection of Work Examples and to ensure that the samples represent activities sufficiently distinct from one another. Applicants are strongly advised to take advantage of this consultation.

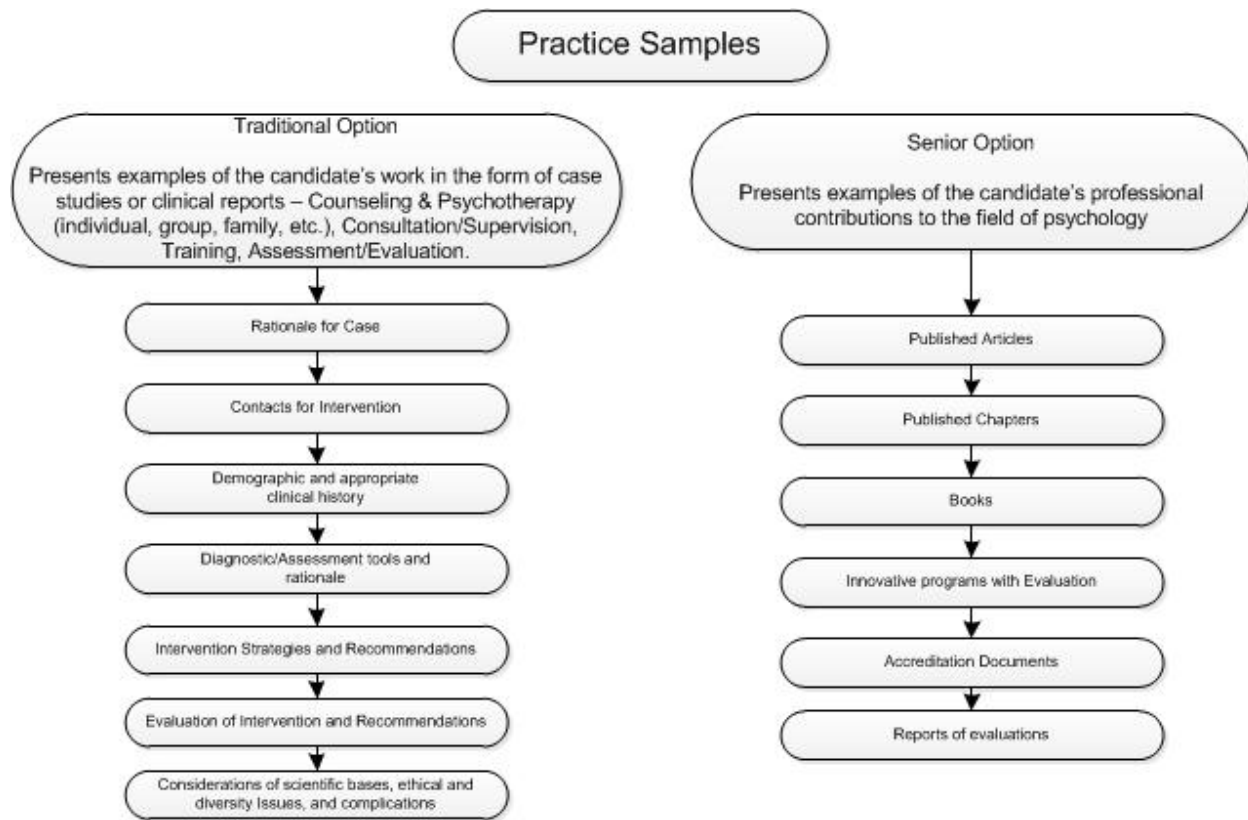


Figure 2 from C.S. Davidson (2009). Preparing the practice sample. In C.M. Nezu, A.J. Finch, N.P. Simon (Eds.), *Becoming Board Certified by the American Board of Professional Psychology*, (pp. 83-96). New York, NY: Oxford University Press.

Details of Work Examples submitted under the Traditional option:

In most cases of assessment Work Examples, all personal identifying information **must** be redacted. Submitted material must include, in addition to the written assessment report:

- a. Psychological test data (interview and/or formal testing) and the applicant's interpretation;
- b. Relevant background and/or life history information gathered personally by the Candidate;
- c. Consent and/or disclosure forms;
- d. The report provided to the referring agency.

In most cases of intervention-based Work Examples, the Candidate is required to include the following:

- a. Detailed historical information including a statement with dates of client/patient contacts (and/or critical incident if applicable), current session number in total sequence, non-identifying descriptive information and history, problem, course of treatment, DSM diagnosis (not applicable to critical incident initial interventions)
- b. Theoretical and empirical rationale for interventions used and goals for present intervention
- c. Formulation and discussion of the intervention in terms of identified theory of practice and relevant research
- d. Discussion of the individual and cultural diversity and ethical/legal considerations involved
- e. A brief summary of the case that includes a reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample

- f. Attestation that written informed consent was obtained
- g. For those who cannot supply a video, audio, or process notes of the intervention, the work example needs to be written up as one would formulate a case report showcasing competence in the intervention(s) with the older adult by addressing the above points

In most cases of consultation-based Work Examples, the Candidate must submit a full description of this activity with all personal information redacted, as well as the following:

- a. Detailed statement with dates of consultation contacts, non-identifying descriptive information of the consultation context, purpose and goals of consultation, brief history of consultation.
- b. Theoretical and empirical rationale for consultation activities used, goals for present consultation, and recommendations.
- c. Formulation and discussion of the consultation in terms of identified theory of practice and relevant research.
- d. Discussion of the individual and cultural diversity and ethical/legal considerations involved.
- e. Copy of the full written report (if applicable) with any confidential identifying information redacted.

In special circumstances for geropsychologists who do not qualify for the senior option but who are working in administrative, research, or non-traditional positions, other work examples might include a write-up of a description of a specific testing procedure or intervention that reflects their mastery of the literature and their expertise in the assessment or treatment of older adults; the development of an intervention and its dissemination within an organization; or consultation to an agency implementing a particular screening procedure. Decisions regarding whether a work example is appropriate will to a large extent be determined by whether it provides data reflecting competence in at least one of the geropsychology-specific functional domains of assessment, intervention, and consultation for which the candidate will be further questioned during the oral examination. The candidate should therefore make every effort to show how the work examples they submit reflect their foundational and functional competencies

Work Examples by Senior Psychologists:

As aforementioned, applicants applying under the Senior Psychologist Option are permitted to waive the requirement to submit specific Work Examples of geropsychology practice per se, and their Work Examples may provide documentation of practice competence in other ways. These include, but are not limited to, high impact books, book chapters, articles, presentations, or other treatises authored by the Applicant that articulate or describe the Applicant's approach to important aspects of his or her practice with older adults; responses to Requests For Proposal (RFPs) that detail the Applicant's approach to the provision of psychological services within Geropsychology; materials used by the applicant in connection with the teaching and training of Geropsychology (e.g., course syllabi), advocacy activities, and program development, or other evidence of substantial and competent practice within Geropsychology. The work examples for those candidates opting for the Senior options should include a contextual statement highlighting how the candidate believes that the submitted material reflects the functional competencies of assessment, intervention, consultation, and one other (teaching, research, advocacy) vis a vis older adults. Work Examples provided under the Senior Psychologist Option should not exceed 100 pages.

Advanced Candidacy:

Technical Requirements of the Practice Sample:

Whether using the Traditional or Senior Option, Candidates are required to submit their Practice Sample using the following organization. Submissions that do not conform to these requirements may be returned to the Candidate by the National Chair of Examinations for revision.

- a. The Practice Sample must include a cover or title page with the Candidate's name, address, telephone number, fax number, and e-mail address.
- b. The Practice Sample must include a Table of Contents that clearly indicates, at a minimum, the location of each required element (i.e. PSS and Work Examples).
- c. The Practice Sample must be submitted as digital media (e.g., Acrobat PDF, QuickTime video, MP3, or other common digital reading format).. Consult the Examination Coordinator for any questions regarding this requirement.
- d. Practice Sample (Two Work Examples + PSS) materials must not exceed 100 (8 1/2 x 11 inch) pages, inclusive of all attachments and exhibits, unless a written waiver of this requirement has been provided by the Examination Coordinator . ABGERO values quality of the submission materials versus quantity.
- e. Work Examples presented under the Traditional Option must have been executed/completed within two years **{Revision Point #10d}** prior to their submission and be submitted within one year after advancement to candidacy. There is no time limit for when the work examples were produced under the senior option.
- g. Material must be edited for grammatical, spelling, and typographical errors. Work Examples may be disqualified because of careless presentation.
- h. All pages must be clear and legible.
- i. The Work Examples and the products upon which they are based must be the Candidate's own effort. Supervisory input and the participation of coworkers or assistants must not represent substantive contributions to the Candidate's completed product.
- j. If any portion of the Work Examples has multiple authors (e.g., a published article, book chapter, proposal, training program), the Candidate must clarify and document that his or her contribution to the Work Examples were substantial and significant.
- k. Any material reflecting confidential information (e.g., clinical test results, treatment protocol) **must** disguise identifying information, either by deleting or blacking out names or by assigning fictitious identities. **A Work Example will be disqualified if confidentiality, privacy, and privilege are not adequately protected.**

Evaluation of the Practice Sample:

The material presented by the Candidate in the Practice Sample (i.e., PSS and Work Examples) is reviewed first by the Examination Coordinator or Chair of the Practice Sample subcommittee to ensure that it is complete. Once it is deemed to be complete, a Practice Sample Review Panel consisting of two members of the Practice Sample subcommittee is given the Work Examples material to evaluate against the behavioral anchor criteria, which are described under "Examination Evaluation Criteria". The Practice Sample material is evaluated by the review panel against behavioral anchors tied to each of the foundational domains and the relevant functional domains (see Appendix A). Both reviewers can ask for revisions and clarifications, but ultimately must provide a 'pass' rating for the Candidate to proceed to the Oral examination phase.

The Practice Sample component of the examination process is complete once the Candidate receives formal notification of a *pass* or *fail* rating. Upon successful review of the practice Sample, and upon receipt of properly endorsed ethical clearance forms, an invitation to sit for the Oral Examination will be issued in writing to the Candidate. Because the Oral Examination is the final component of the

examination process, Candidates are not advanced unless a successful Oral Examination is anticipated on the basis of the material presented in the Practice Sample.

Oral Examination

Once the Practice Sample is rated by the Practice Sample Review Panel as *pass*, the Candidate is eligible to sit for the Oral Examination, which is the final phase of the ABGERO credentialing process. The Oral Examination process is designed to provide candidates an opportunity to demonstrate, and examiners the opportunity to evaluate, both the breadth and the depth of candidates' professional knowledge and functioning. The examiners will work to discover how the Candidate thinks about, evaluates, resolves, and/or manages the problems presented to geropsychologists in the course of their practice. Following receipt of the invitation to sit for the Oral Examination, the Candidate works with the Examinations Coordinator or Coordinator for Oral Examiner Selection and Evaluation or a designated Oral Examinations Coordinator (OEC) to determine a time frame for scheduling the Oral Examination; to select a geographical region, date, and location of the Oral Examination; and to identify any current ABGERO Oral Board Examiners whose participation in the Oral Examination might constitute a conflict of interest or who have had substantial personal or professional contact with the Candidate to a degree that would impair objectivity. The Examinations Coordinator or Coordinator for Oral Examiner Selection and Evaluation impanels a three-member Oral Examination Committee consisting of a Chair and two Co- Examiners, giving weight to oral examination experience, experience in the Candidate's primary area of practice, geographical location, and availability. An "Observer" (an ABGERO Specialist in training to participate in future Oral Examinations) may also be invited to attend.

Oral Examination Confidentiality

All candidates who are present at the Oral Examination congregate before the examination, between examination exercises, and at the conclusion of the examination in a room that is reserved for them. One or more members of the Oral Examination team meet with the candidates prior to the start of the examination. Before the examination begins, candidates will be asked not to (1) discuss specifics of the Oral Examination or reveal its contents to others at any time, either during or after the examination, (2) reveal the identity of any other Candidate who is scheduled for examination, or (3) remove any examination materials from the room. However, this does not preclude discussion of the Oral Examination procedures as they are outlined in this manual.

Throughout all phases of the ABGERO review process, the onus is on the examinee to showcase geropsychology foundational and especially the functional competencies i.e., the written materials they provide should endeavor to address all components of assessment, intervention, and consultation competencies; the candidates' responses to oral examination questions should reflect such competencies etc.

Oral Examination Procedures

The Oral Examination is administered in three stages, in succession, with each stage conducted by a different examiner. Each of the three Oral Examination stages begins with the examiner greeting the

Candidate in the waiting area and escorting the Candidate to an examination room that is separate from other candidates. The time that is allotted for each stage is 50 to 55 minutes. Candidates may bring a pen and paper to each examination exercise, but any notes that are made during an exercise must be given to the examiner at the end of that stage. No other material may be brought to the examination. However, candidates may bring to the Oral Examination a copy of their Practice Sample and any other material relevant to the Practice Sample..

Summary Schedule for Oral Examination

The Oral Examination lasts approximately three hours, during which time the Candidate receives an orientation and is examined individually by one of three examiners in three 50-55 minute stages. Each stage is focused on a specific component of the examination process (PSS Review, Ethical Reasoning Review, Work Examples Review). Prior to the Oral Examination, each examiner will read and familiarize her/himself with the Candidate's Practice Sample. Each examiner will then individually and independently examine the Candidate during the respective stage. At the end of the Oral Examination, the examiners will meet, discuss findings, and make a collective determination as to whether the Candidate passed or failed the examination.

The elements of the Oral Examination are:

1. Orientation Session
10-15 minutes of introduction to the examiners and orientation to the examination process
2. Stage 1: Review of the PSS
Approximately 50-55 minute discussion, followed by an approximately 10-minute break
3. Stage 2: Review of Ethical Reasoning
Approximately 50-55 minute discussion, followed by an approximately 10-minute break
4. Stage 3: Review of the Work Examples
Approximately 50-55 minute discussion, followed by an approximately 10-minute break
5. Debriefing & Feedback Session
10-15 minutes of discussion with the examiners to ask questions and provide feedback about the examination process
6. Examiner Deliberations
Discussion of each Candidate's performance across the three stages, culminating in a pass-fail decision by majority vote of the three examiners

The Oral Examination is designed to determine the Candidate's quality of practice and professional competencies in areas exemplified by the Practice Sample (i.e., PSS and Work Examples), as well as to determine that the Candidate understands and correctly applies ethical standards and professional guidelines associated with the specialty. To assure that all the functional competencies of assessment, intervention, and consultation are adequately examined, an Oral Examination team will be chosen by the Coordinator for Oral Examiner Selection and Evaluation whereby at least one of the examiners will have a matching expertise in the candidate's area of expertise. **{Revision point #7}**

The format of the Oral Examination is designed to allow examination of up to three candidates by three examiners (each examiner examining one candidate separately for one hour) in a three-and-a-half hour period:

Initial 10-15 minutes; Hour #1; Hour #2; Hour #3; Final Segment

Oral Examination Component Orientation

Stage 1:

Review of PSS

Stage 2:

Review of Ethical Reasoning
Stage 3:
Review of Work Examples

Examination Committee Composition

The Examination Committee is a committee of three board certified specialists in Geropsychology, one of whom serves as Chair. As much as is feasible due to the relatively small community of geropsychologists, attempts will be made to limit committee members to those who have not had significant prior or current personal, professional, or administrative relationship with the Candidate or the clients/patients in the Work Examples.

Examiners' Responsibilities

Subsequent to reviewing the Work Examples, the Examiners vote to pass/fail, thus completing this component of the examination process.

The ABGERO requests that the oral examination be conducted in a courteous, professional, and collegial manner consistent with the policies and procedures stated in this manual. An examiner serves as a representative of ABGERO and accepts responsibility to protect the welfare of the Candidate, the confidentiality of the Work Examples and the integrity of the examination. The relationship between the Candidate and the examiners should be considered a collegial one in which the Candidate is treated as a mature professional psychologist. Examiners should recognize that many Candidates will experience anxiety in a face-to-face situation in which they are being evaluated by peers. This anxiety will be more apparent in some than in others. Each Examiner should be supportive and create a comfortable environment as much as possible in order that the Candidate may demonstrate his/her specialized clinical competencies.

Prior to the Oral Examination, Examiners should:

- Become familiar with the Candidate's Practice Sample (PSS & Work Examples)

- Prepare meaningful questions that relate to each competency domain as related to the Candidate's Practice Sample, including the PSS & Work Examples. Examiners will meet 30 minutes prior to the exam to discuss any concerns and highlight areas that will be emphasized during the examination to assure the candidate is given the opportunity to reflect competence in those areas of relative weakness. If a concern arises during any early stage of the process, the examiners will confer and discuss to see if the concern could be more intensively addressed at other stages of the process.

The examination is a confidential and professional process. An Examiner will not disclose what is learned about a Candidate during the examination, except in the official report to the ABPP Central Office. All communications concerning the results of the examination shall be addressed to ABPP via the Chair of the Examination Committee. It is not appropriate for a Candidate to make inquiries of the Examiners about the outcome of the examination prior to receiving information about the outcome from the Central Office. If an Examiner receives a written communication from a Candidate, it should be forwarded to ABPP via the Committee Chair.

Stage 1 of the Oral Examination: *PSS Review*

During this stage of the Oral Examination, the examiner will meet with the Candidate to discuss each of the areas of the PSS (Professional Activities, Service to Profession, Continuing Education, Scientific Base, Ethical Base, Legal Base, Complex Relationships, Individual/Cultural Diversity, and Self

Assessment) with specific reference to each of the foundational and functional competency domains. Note: This stage of the Oral Examination will include discussion and questioning in all areas of functional competence (Assessment, Intervention, and Consultation) but with in-depth emphasis on competence domains described by the Candidate as primary in Section A (Professional Activities) of the PSS. In this regard, the Candidate is expected to be *conversant* in all functional areas of Geropsychology. As such, this stage of the Oral Examination will include discussion of issues relevant to the intersection of the Candidate's primary functional activities with the entire specialty and/or demonstration of conversant knowledge of functional activities in all other domains.

Stage 2 of the Oral Examination: *Ethical Reasoning Review*

A file of prepared vignettes is maintained for standardization of the Ethical Reasoning Review segment of the Oral Examination. Two vignettes will be selected by the oral examination team that may pose particular dilemmas for the Candidate after consideration of any areas of concern upon review of the Practice Sample. Copies of each vignette, with points to be addressed, are provided by the Oral Examination Team Chair to be distributed to the examiner, and one copy of each vignette, without important points, is to be given to the Candidate. The candidate is to read over each vignette for 5 minutes, and told to choose one to be queried on after the examiner leaves the room. If there are concerns with the candidates' responses to the first vignette, the examiner may choose to examine the candidate on the second vignette. Specification of the exact APA principles or ethical concepts are viewed positively but not required. However, adequate reasoning reflective of these principles and concepts are required for a passing score as reflected in each ethical vignette's scoring criteria. The Candidate has also submitted, in the PSS, a non-identifying ethics quandary from his or her own professional experience. The examiner assigned to examine the Candidate in the ethics section will also familiarize his/herself with the ethical material submitted by the Candidate in the PSS, Part E (Ethical Base) for the purpose of discussion during this stage.

The candidate will be expected to discuss in detail the ethical issues reflected in the scenarios. The Oral Examination Committee does not necessarily expect a "right" answer to any particular ethics question, but anticipates that the Candidate will present relevant options and demonstrate the ability to thoughtfully weigh them in the light of the APA *Ethical Principles for Psychologists and Code of Conduct* and geropsychology professional practice standards and guidelines (e.g., Pikes Peak model). The Oral Examination Team will query the candidates regarding their responses to determine if they adequately address the criteria needed for a passing score. The Candidate will be queried regarding his or her own vignette (from PSS, Part E) in the same manner and will be queried similarly. No outside materials can be used to aid the Candidate during this stage of the Oral Examination, and any notes that are made by the Candidate during the Oral Examination must be given to the examiner before leaving the examination room, after which they are to be destroyed. At the conclusion of the Oral Examination, all copies of the Ethics vignettes are collected by the Chair. The use of each vignette will be tracked so that in the case of a Candidate's failure, a new vignette will be used for reexamination. *Examiners and Candidates will treat the vignettes as confidential.*

Stage 3 of the Oral Examination: *Work Examples Review*

The examiner assigned to examine the Candidate in the Work Examples Review stage will familiarize her/himself with the Work Examples submitted by the Candidate. In the case of the traditional option, this stage of the Oral Examination will focus on the Candidate's performance with reference to the functional domain(s) and specific functional activities represented by the submitted Work Examples. In the case of the senior option, the examination will focus on the whole of the practice portfolio submitted by the Candidate with specific reference to those functional domains and

behavioral anchors designated as primary in the Candidate's Work Examples. The foundational competency domains are assessed equally throughout all three stages of the Oral Examination.

Note: Although focused on the primary domain(s) of competence as described by the Candidate, the examination will include discussion and questioning in all areas of functional competence (Assessment, Intervention, and Consultation) with in-depth emphasis on competence domains described by the Candidate as primary and/or in areas represented by the Candidate's Work Examples. However, the Candidate is expected to be conversant in all functional areas of Geropsychology. As such, the Oral Examination will include discussion of issues relevant to the entire field.

Post-Examination Deliberation and Voting

The three individual examiners meet as an Examination Committee to discuss each Candidate whom they have examined. Although each examiner will have assessed the Candidate during his/her particular stage of the examination, the decision to pass or fail is an overall decision of the Examination Committee, reached after a thorough discussion of the Candidate's performance across all three stages of the Oral Examination. The Candidate does not pass or fail the individual stages of the Oral Examination.

ORAL EVALUATION OF COMPETENCY

- 0 = Poor skill/quality. Candidate evidenced no skill in competency.
 - 1 = Low skill/quality. Candidate evidenced little skill in competency or with significant flaws.
 - 2 = Adequate skill/quality. Candidate evidenced competency with some skill.
 - 3 = Good skill/quality. Candidate evidenced competency at good level of skill.
 - 4 = Excellent skill/quality. Candidate evidenced competency at a high level of skill.
- Competence for each area is defined as a rating of *Adequate Skill/Quality (2)*.

To be acceptable, Candidate must evidence average ratings of 2 or better on all the Foundational Competencies.

To be acceptable, Candidate must evidence average ratings of 2 or better on all the Functional Competencies.

Each examiner will provide an overall rating of Pass or Fail for the oral examination, and the final designation of Pass or Fail will be ultimately based on deliberation between examiners about their individual ratings. The standard is whether the examinee is rated as adequate on all the Foundational and Functional competencies based on what the examiner believes is competent for an individual who is two years post-licensure. Candidates should be rated as *Adequate skill/quality (2)* or higher on each rated Foundational and Functional competency area in order to be rated as Pass overall.

The specifics of this process are: 1) Each examiner rates the examinee on all the Foundational and Functional competencies; 2) A preliminary vote is taken of all the examiners regarding whether each examiner passed or failed the examinee based on whether the examiner rated the person as at least adequate (2 or greater) on all the Foundational and Functional competencies. 3) If even one examiner fails the candidate on a Foundational or Functional competency (i.e. <2), a discussion is triggered regarding whether the examinee should be passed or failed. These deliberations should incorporate an evaluation of whether the examinees have been able to

explicitly justify their answers to examiner queries. 4) After the discussion is completed, a final vote is taken and a majority wins.

Notification of Candidates

Each Candidate will receive written notification of the judgment of the Oral Examination Committee within 30 days of the examination. Candidates who pass also will receive notification of receipt of 10 continuing education credits from ABPP, which is approved by the APA to offer continuing education in psychology.

Reexamination Following a Failed Oral Examination

Candidates who fail the Oral Examination may request a second Oral Examination within one year from the date of notification of the initial fail decision. This request must be made in writing and directed to the Executive Officer of the ABPP, along with a new Oral Examination fee. The candidate must address the issues raised in the letter sent to the person regarding the failure and how it could be remedied. A new PSS or work example could be requested which then must be approved by the Practice Sample subcommittee before a re-examination date should be set. A new Oral Examination Committee will be formed, and attempts will be made to have it composed of at least one examiner (but preferably all three) who was not a member of the original oral examination committee. A date will be set within six months in coordination with the Candidate, but not within 60 days of the initial examination. If the examination has been twice taken unsuccessfully, the Candidate must wait three years before reapplying for a third and final examination. Evidence of continuing education in the Candidate's area(s) of practice may be required by the ABGERO before the third examination will be scheduled.

Conferring of Diplomas

Diplomas will be conferred on successful candidates either at a convocation held during the annual convention of the American Psychological Association or by mail within a reasonable time after the convocation.

V. Examination Evaluation Criteria

Each of the examination components (Generic/Initial Eligibility Screening, Practice Sample, and Oral Examination) is evaluated successively before proceeding to the next, thereby permitting the Candidate to identify and remedy any deficiencies in preparation before committing additional resources—including both time and money—to the next phase.

As noted earlier, a Candidate's performance on the Practice Sample will be evaluated against the functional competencies relevant to the material submitted as well as all foundational competencies (see Appendix A for a complete description of the foundational and functional competencies and behavioral anchors). The Candidate's performance on the overall Oral Examination will be evaluated against all foundational and functional competencies, with a particular focus on those functional competencies that are pertinent to the Candidate's area(s) of practice and that are designated as essential and distinctive to the specialty (i.e., Assessment, Intervention, Consultation)

Each element of the examination is intended to provide incremental evidence of the following *foundational* and *functional* behavioral anchor competencies. Examiners will independently assess

the Candidate's performance with reference to the specific behavioral anchors associated with each foundational and functional competency and/or activity assessed.

Foundational Competencies:

- A. **Professionalism:** Professional values and ethics as evidenced in behavior and comporment that reflects the values and ethics of psychology, integrity, and responsibility.
- B. **Reflective Practice/Self-Assessment/Self-Care:** Practice conducted with personal and professional self awareness and reflection; with awareness of competencies; with appropriate self-care.
- C. **Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
- D. **Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.
- E. **Individual and Cultural Diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics.
- F. **Ethical/Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
- G. **Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Functional Competencies:

- A. **Assessment:** Defining, assessing, diagnosing, and conceptualizing client problems, capabilities and issues associated with older adults.
- B. **Intervention:** Developing, implementing, and evaluating various interventions designed to alleviate suffering and to promote health and well-being of older adults.
- C. **Consultation:** Analysis, consultation, and assistance provided to supervisors, managers, groups, families and/or agencies for purposes of improving group or organizational functioning in geriatric settings.

VI. Examination Appeal Procedure

The ABGERO expects that the conditions of each examination phase will be consistent with the principles and standards stated in the *Examination Manual*. Recognizing that exceptions may occur, the ABGERO extends the right of appeal to any Candidate who believes that the examination was not conducted in accord with the Specialty Board's examination procedures. A formal appeal should be submitted to the ABGERO President within 30 days of a notice that the Candidate did not successfully pass the examination. It shall include a specific statement of factors and conditions considered by the Candidate as inconsistent with the Specialty Board's examination procedures. The Specialty Board's consideration of the appeal may have two possible outcomes: (1) nullification of the examination, or (2) a confirmation of the Fail decision. A Candidate cannot be awarded specialty board certification as a result of the review. The following policy will apply to appeals:

Appealable Decisions:

The following decisions of the Specialty Board may be appealed:

- a. Denial of meeting specialty-specific qualifications (Initial Eligibility Screening component)
- b. Non-approval of the PSS and/or Work Examples
- c. Failure of the Oral Examination (Oral Examination component)

Note: Appeals are only to be based on procedural error. Differences of opinion about quality or style or work are not grounds; the only grounds for an appeal is if the board did not follow its procedures. An appealable decision shall not be final until the appeal process has been completed.

Filing an Appeal:

The Candidate may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The Candidate must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be a violation of the Specialty Board's procedures. The appeal should be addressed to the President of the ABGERO who, in turn, shall refer it to the Coordinator of Appeals who will appoint an *ad hoc* Appeals Committee. The Appeals Committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter. Appeals related to the denial of meeting generic requirements for candidacy shall be forwarded to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

Scope & Conduct of the Appeal:

The procedural issues addressed by the Appeals Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue. If legal issues appear to be involved, the Appeals Committee may consult with the ABPP legal counsel. The Appeals Committee shall implement a process of review primarily based upon information before the Specialty Board at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the Oral Examination team, the Credentials Review Committee, the Practice Sample subcommittee, the Candidate, or others as appropriate to the issues raised. The process is not a *de novo* review, but a review of the challenge to the Specialty Board decision. The Appeals Committee shall deliberate as soon as possible upon the Specialty Board's receipt of the Candidate's letter requesting an appeal and shall complete its review and decision addressing each issue(s) raised by the appellant, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the Board of Trustees for resolution.

Decision and Report of Appeals Committee:

The decision of the ABGERO should be affirmed unless there was a failure by the Specialty Board to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision. The Appeals Committee, however, may not "pass" a Candidate or re-grade an examination. If the Candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the Candidate in a material way, the Appeals Committee shall provide a remedy. The remedy will ordinarily be to void an Oral Examination, or Practice Sample review, and offer a new Oral Examination or Practice Sample review with no additional fee assessed to the Candidate, or to refer the matter back to the Examination Committee, Practice Sample subcommittee, or Credentials Committee, as appropriate. From the time the new Committee is established, there will be 60 days for the examination or review to be conducted, which will be stated in the letter from the ABPP Central Office. In extraordinary circumstances, other remedies may be provided. The report of the Appeals Committee shall address each issue raised by the Candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the ABPP Executive Officer through the ABGERO President. The report shall then be forwarded to the Candidate under the Executive Officer's signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the Executive Officer if necessary.

VII. Individuals with Disabilities

The Board encourages qualified individuals with disabilities to apply for Specialty Board status. The Board recognizes that these individuals may encounter unusual difficulties and will make efforts to provide reasonable accommodations for these applicants. The ABGERO will consider individual requests for accommodations by qualified individuals with disabilities. A qualified individual with a disability can request reasonable accommodation by directing a formal written request to the

Coordinator of the Examination Committee and supporting the request with documentation confirming the need for reasonable accommodation and a description of how the requested accommodation is expected to enable the applicant to successfully perform the examination. Denial by the Coordinator of the Examination Committee of an applicant's formally requested accommodation may be appealed to the Specialty Board through the ABGERO President if provided in writing within 30 days of written notice of the denial.

VIII. Application Periods

Applications are accepted throughout the year. Submission of the Practice Sample must occur within a year of generic and gero-specific application approval, and the Oral Examination must be scheduled within one year of satisfactory review of the Practice Sample. Short extensions may be obtained, for good cause and by written request, from the Chair of the Examination Committee. Graduate students, interns, or residents are eligible to start the board certification process prior to licensure through the ABPP Early Entry Program for a \$25 application fee (see <http://www.abpp.org/i4a/pages/index.cfm?pageid=3558>). **{Revision Point #1}**

IX. Annual Fees & Attestation

Candidates who pass the examination are board certified in the specialty of Geropsychology. They will be required to submit an attestation annually that they remain licensed in good standing, have not been found to have violated the APA Ethics, and pay an annual fee until they have retired from all practice of psychology. Fees are currently set at \$185 per year; \$50 for retired Specialists.

X. Schedule of Fees

The total fee for application, evaluation and award of the diploma is currently payable as follows:

Application & Initial Eligibility Screening: \$125

Practice Sample Review Fee: \$250

Oral Examination Fee: \$450

The Board reserves the right to change its schedule of fees at any time during the course of candidacy. **Fees are not refundable.**

Inquiries concerning candidacy and requests for further information should be sent to:

American Board of Professional Psychology

600 Market Street, Suite 300

Chapel Hill, NC 27516

919-537-8031

info@abpp.org

www.abpp.org

APPENDICES

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APPENDIX A – FOUNDATIONAL & FUNCTIONAL COMPETENCIES IN GEROPSYCHOLOGY

MUCH OF THIS MATERIAL IN THIS APPENDIX IS DERIVED FROM THE APA SPECIALTY APPLICATION FOR PROFESSIONAL GEROPSYCHOLOGY (BOB KNIGHT – LEAD AUTHOR), AND THE TOOL TO ASSESS COMPETENCE IN GEROPSYCHOLOGY (KAREL ET AL., 2012)

Karel, M. J., Holley, C., Whitbourne, S. K., Segal, D. L., Tazeau, Y., Emery, E., Molinari, V., Yang, J., & Zweig, R. (2012). Preliminary validation of a tool to assess knowledge and skills for professional geropsychology practice. *Professional Psychology: Research & Practice*, 43(2), 110-117.

Examination Evaluation Criteria

Each of the examination components (Generic/Specialty Eligibility Screening, Practice Sample, and Oral Examination) is evaluated successively before proceeding to the next, thereby permitting the Candidate to identify and remedy any deficiencies in preparation before committing additional resources—including both time and money—to the next phase.

A Candidate's performance on the review of the Practice Sample (PSS & Work Examples) will be evaluated against the functional competencies relevant to the work submitted as well as all foundational competencies. The Candidate's performance on the Oral Examination will be evaluated against all foundational and functional competencies, but the different portions of the examination will focus on specific competencies. Review of the PSS will emphasize the foundational competencies, probing of the ethical principles in the ethics vignette(s) will focus on this important foundational competency, and the discussion of the Work Examples focus on the functional competencies, with a particular emphasis on those functional competencies that are pertinent to the Candidate's area(s) of practice and that are designated as essential and distinctive to the specialty. Each element of the examination is intended to provide incremental evidence of the following *foundational* and *functional* benchmark competencies. Examiners will independently assess the Candidate's performance with reference to the specific behavioral anchors associated with each functional and foundational competence and/or activity assessed.

Foundational Competencies: Applied to all candidates regardless of specialty practice areas

Foundational Competencies as applied to Geropsychology: General

1. Understand and apply ethical and legal standards, with particular attention to aging-specific issues, such as informed consent, confidentiality, capacity/competency, end-of-life decision making, and elder abuse and neglect.
2. Understand cultural and individual diversity as relevant to Assessment, Intervention, and Consultation and apply to practice with diverse older adults.
3. Practice self-reflection, self-assessment (e.g., self-awareness of ageist assumptions/biases; recognition of boundaries of competence and when/how to refer elsewhere).
4. Apply scientific knowledge to Geropsychology practice.

Foundational Competencies as applied to Geropsychology: Specific

A. Professionalism: *Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.*

Given the varied attitudes, knowledge and skill set required of psychologists to work competently with older adults in a variety of activities across diverse settings, geropsychologists articulate professional values and are careful to practice within their range of competence. **{Revision Point #3}**

Behavioral Anchors:

Practices within the scope of one’s competence in working with older adults
Demonstrates respect for and protection of confidentiality in private communications
Is aware of areas of potential conflict and maintains appropriate professional boundaries
Articulates professional values
Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions
Acts to benefit the welfare of others, especially those in need
Demonstrates integration of science in professional practice
Keeps up with advances in the profession and specialty
Contributes to the development and advancement of the profession, the specialty, and colleagues
Evidences continuous improvement and enhancement of knowledge, skills, and productivity
Takes independent action to correct situations that are in conflict with professional values
Recognizes the host of professional issues that may occur when consulting in geriatric settings where the client may not be fully competent to consent to treatment or research

B. Reflective Practice/Self-Assessment/Self-Care: *Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.* Professional geropsychologists undergo ongoing reflective self-assessment. Given the continued advances of knowledge in the aging area, they constantly strive to evaluate their own competencies in working with older adults across a variety of professional activities. They are aware of personal biases that might influence their behavior towards older adults, and seek consultation or education when necessary.

Behavioral Anchors:

Demonstrate awareness of personal biases, assumptions, stereotypes, and potential discomfort in working with older adults particularly those of backgrounds divergent from the psychologist
Monitor internal thoughts and feelings that may influence professional behavior, and adjust behavior accordingly in order to focus on needs of the patient, family, and treatment team
Demonstrate accurate self-evaluation of knowledge and skill competencies related to work with diverse older adults, including those with particular diagnoses, or in particular care settings
Initiate consultation with or referral to appropriate providers when uncertain about one’s own competence
Seek continuing education, training, supervision, and consultation to enhance Geropsychology competencies related to practice

C. Scientific Knowledge and Methods: *Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.* Professional geropsychologists regularly update their scientific knowledge of the aging process and keep current with the latest developments in life span research methodology.

Behavioral Anchors:

Demonstrate awareness of scientific knowledge base in adult development and aging; biomedical, psychological, and social gerontology; and geriatric health and mental health care. Incorporate this knowledge into geriatric health and mental health practice
Apply review of available scientific literature to case conceptualization, treatment planning, and intervention
Acknowledge strengths and limitations of knowledge base in application to individual cases
Demonstrate ability to cite scientific evidence on aging to support professional activities in academic, clinical and policy settings

D. Relationships: *Relate effectively and meaningfully with individuals, groups, and/or communities.* Professional geropsychologists continue to enhance their understanding of how best to foster relationships with older adults by confronting ageist myths based on outdated stereotypes rather than the latest demographic and gerontological research.

Behavioral Anchors:

Use rapport and empathy in verbal and nonverbal behaviors to facilitate interactions with older adults, families, and care teams
Form effective working alliance with wide range of older clients, families, colleagues, and other stakeholders
Communicate new knowledge to patients and families, adjusting language and complexity of concepts based on the patient and family's level of sensory and cognitive capabilities, educational background, knowledge, values, and developmental stage
Demonstrate awareness, appreciation, and respect for older patient, family, and team experiences, values, and conceptual models
Demonstrate appreciation of client and organizational strengths, as well as deficits and challenges, and capitalize on strengths in planning interventions
Tolerate and understand interpersonal conflict and differences within or between older patients, families, and team members, and negotiate conflict effectively

E. Individual and Cultural Diversity: *Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics.* Professional geropsychologists recognize that cultural and individual diversity is a constant feature of aging; indeed some people believe older adults to be a minority group. Older adults are the most heterogonous age group on a variety of social and economic dimensions, and respect for the unique nature of the aging process is a necessity.

Behavioral Anchors:

Recognize gender, age, cohort, ethnic/racial, cultural, linguistic, socioeconomic, religious, disability, sexual orientation, gender identity, and urban/rural residence variations in the aging process
Articulate integrative conceptualizations of multiple aspects of diversity influencing older clients, psychologists, and systems of care
Adapt professional behavior in a culturally sensitive manner, as appropriate to the needs of the older client
Work effectively with diverse providers, staff, and students in care settings serving older adults

Demonstrate self-awareness and ability to recognize differences between the clinician's and the patient's values, attitudes, assumptions, hopes and fears related to aging, caregiving, illness, disability, social supports, medical care, dying, grief
Initiate consultation with appropriate sources as needed to address specific diversity issues

F. Ethical/Legal Standards: *Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.* Given the existential issues of disability and death more frequently faced by older adults, professional geropsychologists are acutely aware of the ethical issues and decision-making dilemmas triggered by the competing ethical principles of beneficence, autonomy, and justice.

Behavioral Anchors:

Identify complex ethical and legal issues that arise in the care of older adults, analyze them accurately, and proactively address them, including:
Recognize tension between sometimes competing goals of promoting autonomy and protecting safety of at-risk older adults
Decision making capacity and strategies for optimizing older adults' participation in informed consent regarding a wide range of medical, residential, financial, and other life decisions
Surrogate decision-making as indicated regarding a wide range of medical, residential, financial, end of life, and other life decisions
Knowledge of state and organizational laws and policies covering elder abuse, advance directives, conservatorship, guardianship, multiple relationships, and confidentiality

G. Interdisciplinary Systems: *Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.* Research strongly suggests that coordinated systems of interdisciplinary care yield more favorable health outcomes, especially for older adults. Geropsychologists are aware of the unique knowledge base of the different disciplines in health care settings, and as experts in human relationships take a leadership role and foster team development.

Recognize importance of teams
Understand the theory and science of geriatric team building
Value the role that other providers play in the assessment and treatment of older clients
Demonstrate awareness, appreciation, and respect for team experiences, values, and discipline-specific conceptual models
Understand the importance of teamwork in geriatric settings to address the varied bio-psycho-social needs of older adults

Geropsychology Functioning (Functional Competencies as applied to Geropsychology)

a. Assessment Competence: Defining, diagnosing, and conceptualizing client problems, issues, or possibilities. Geropsychologists use clinical interviewing, self-report measures, cognitive testing, direct behavioral observation, and psychophysiological techniques to assess the needs of older adults in clinical practice and in research. They must be aware of, or be able to develop, valid and reliable assessment devices standardized on older adults, and to know when standard assessment approaches will and will not work the same with older adults as they do with younger adults. A

critical aspect of working with individuals in late life is understanding the need to assess change over time. Because of the settings in which older adults are found, and the complexity of their presenting problems, multidisciplinary assessment is frequently required to determine interrelationships among problems. Thus professional geropsychologists are aware of the appropriate disciplines to involve, and have knowledge of how best to work with these other disciplines.

Assessment Behavioral Anchors:

1. Conduct clinical assessment leading to DSM diagnoses and other clinically relevant problems, to formulation of treatment plans and, specifically, to differential diagnosis (common problems and issues include but are not limited to depression, anxiety, grief, delirium, dementia; and medication and physical disorders and their effects on functioning).
2. Use psychometrically sound screening instruments for cognition, psychopathology, and personality to inform treatment planning and to refer for neuropsychological, neurological, psychiatric, medical or other evaluations as indicated.
3. Use cognitive assessments and/or neuropsychological reports to clarify clinical issues and to inform treatment planning.
4. Evaluate decision-making and functional capacities (e.g., for managing finances, independent living, driving, making health care decisions).
5. Assess risk (e.g., suicidality, self-neglect, elder abuse).

b. Intervention Competence: Developing, implementing, and evaluating various interventions designed to produce client change. The professional geropsychologist is knowledgeable and skillful in implementing individual, group, couples, family, and environmental psychotherapeutic interventions that can be applied to problems presented by older adults, emphasizing those with established efficacy for older adults and including established age-specific adaptations of these approaches.

Intervention Behavioral Anchors:

1. Apply individual, group, and family interventions to older adults using appropriate modifications to accommodate distinctive biopsychosocial functioning of older adults and distinct therapeutic relationship characteristics.
2. Use available evidence-based treatments for older adults and when unavailable develop psychotherapeutic interventions based on empirical literature, theory, and clinical judgment.
3. Be proficient in using commonly employed specifically developed for late-life interventions such as those focusing on life review, grief, end-of-life care, and caregiving and those that enhance health of diverse elderly persons (e.g., chronic health problems, healthy aging, cognitive fitness).
4. Demonstrate ability to intervene in settings where older adults and their family members are often seen (e.g., health services, housing, community programs) with a range of strategies including those targeted at the individual, family, environment, and system.

c. Consultation Competence: Providing expert advice or professional assistance to consultees concerning assessment, intervention, training or other professional activities. Professional geropsychologists participate in consultation with other professionals, families, self-help and support

groups, institutions, medical practices, agencies, and community organizations in the routine care of older adults. The knowledge base for these consultations includes an awareness of the particular needs and perspectives of family members and of professionals and paraprofessionals working in these different settings, and how these needs and perspectives interact with the needs and perspectives of the older adult clients. Awareness of institutional structures within primary care and long-term care settings is especially important.

Consultation Behavioral Anchors:

1. Consult to families, professionals, programs, health care facilities, legal systems, and other agencies/organizations that serve older adults.
2. Collaborate and coordinate in an interdisciplinary manner with other agencies and professionals that serve older adults and, as needed, communicate psychological conceptualizations to other professionals in a concise and useful manner.
3. Recognize and negotiate multiple roles in older adult consultation settings.

MEASUREMENT OF COMPETENCY

- 0 = Poor skill/quality. Candidate evidenced no skill in competency.
- 1 = Low skill/quality. Candidate evidenced little skill in competency or with significant flaws.
- 2 = Adequate skill/quality. Candidate evidenced competency with some skill.
- 3 = Good skill/quality. Candidate evidenced competency at good level of skill.
- 4 = Excellent skill/quality. Candidate evidenced competency at a high level of skill.

Competence for both the foundational and functional domains is defined as a Pass or Fail rating of *Adequate Skill/Quality (2)* based on what the examiner believes is competent for an individual who is two years post-licensure. As a general rule, candidates should be rated as *Adequate skill/quality (2)* or higher on each rated Foundational and Functional competency area by a majority of the examiners in order to be rated as an overall Pass.

The specifics of this process are: 1) Each examiner rates the examinee Pass or Fail on all the Foundational and Functional competencies; 2) A preliminary vote is taken of all the examiners regarding whether each examiner passed or failed the examinee based on whether the examiner rated the person as at least adequate (2 or greater) on all the Foundational and Functional competencies. 3) If even one examiner fails the candidate on one Foundational or Functional competency (i.e. <2), a discussion is triggered regarding whether the examinee should be passed or failed. These deliberations should incorporate an evaluation of whether examinees have been able to explicitly justify their answers to examiner queries. 4) After the discussion is completed, a final vote is taken regarding whether the person Passed or Failed overall and a majority wins.

Inquiries concerning candidacy and requests for further information should be sent to:
American Board of Professional Psychology, Inc.
600 Market Street, Suite 300
Chapel Hill, NC 27516
919-537-8031
www.abpp.org

Address for Sponsoring Organization (CoPGTP):

Elizabeth S. Sutherland, PsyD

Secretary, Council of Professional Geropsychology Training Programs (CoPGTP)

Department of Geropsychiatry

San Francisco VA Medical Center

4150 Clement Street (181 NH)

San Francisco, California 94121

Tel: (415) 221-4810 x3926

Fax: (415) 750-6979

E-mail: Elizabeth.Sutherland@va.gov

Appendix B – ABGERO Application (modified for online use)

Name of Applicant:

Email:

Address:

Phone Number:

Fax Number:

A. Specialty-specific educational background in Geropsychology:

Please document relevant coursework in geropsychology at the graduate level

Please document relevant continuing education coursework in geropsychology over the last 7 years

Please document formal supervised training in geropsychology you may have received at the externship, internship, post-doctoral fellowship, and/or post-licensure levels. Indicate: (1) Name of institution, (2) Dates of training experience, (3) Total accumulated hours in setting, (4) Name of supervisor(s), and (5) Nature of supervision (e.g., usual duration of supervision, format, typical content):

Externship training experiences with older adults:

Internship training experiences with older adults:

Post-doctoral fellowship training experiences with older adults:

Post-licensure training experiences with older adults:

Experience in Geropsychology:

Please provide the date of your doctoral degree and estimate the length of time that you have been practicing clinical geropsychology:

- a. Date of receipt of doctoral degree
- b. Work experience with older adults (institution, position, setting, roles & job responsibilities)

Attach Curriculum Vitae

B. Generic ABPP requirements:

Official doctoral transcripts sent directly from the institution

Complete online application: http://www.abpp.org/i4a/ams/public/memberapp_description.cfm

Appendix C – Informed Consent

Voluntary Consent Agreement

American Board of Professional Psychology (Geriatric Psychology)

I/We the undersigned authorize and agree to participate in a psychological service activity (assessment, intervention, consultation, or supervision) with Dr. _____. I/we understand that this may include the audio and/or video taping of the psychological service activity, which I/we also hereby authorize. I/we will be informed in advance if audio/and or video recording will be conducted.

I/we are aware that a written case report, without any identifying information, based on this psychological service activity will be written by Dr. _____, and submitted to the American Board of Professional Psychology (ABPP) for review by three other psychologists, as part of Dr. _____'s examination for Board Certification in Geriatric Psychology (Geropsychology). If the psychological service activity is audio and/or video taped, I/we authorize copies of these to be submitted for review by ABPP as well.

I/we understand that no other use or distribution of this material will occur, and the materials will be returned to Dr. _____ for proper disposal immediately after the ABPP Board examination.

I/we acknowledge that participation in this process is entirely voluntary, without compensation of any form, and that agreement to participate is in no way required in order for me/us to receive psychological services. I/we understand that I/we may retract this consent at any time prior to submission of the materials to ABPP, without any adverse consequences. I/we have been told that I/we will receive a copy of this consent form, and have had opportunity to address any questions that I/we have.

For additional information I/we may contact:

American Board of Professional Psychology;

600 Market Street, Suite 300;

Chapel Hill, North Carolina 27516

(919) 537-8031 Fax: (919) 537-8034;

email: office@abpp.org

By signing below I/we indicate that I/we have read the information above, understand it, have no questions, and provide informed consent to participate in the psychological service activity under the conditions described.

Name Date

Name Date

Psychologist Date

CANDIDATE: keep this form with your records only. **DO NOT** mail it or any copies of it with your practice samples. Sending a signed copy constitutes a breach of confidentiality and will be grounds for rejection of the work sample.

Supervision Competence: Taking responsibility for and/or training others as they provide assessment, intervention, or other professional services. An essential part of training in Geropsychology is supervised clinical experience with older adults. The supervision must be by a specialist in Geropsychology. Professional skills in rapport building, in assessment, in appropriate therapeutic technique, and in handling therapeutic relationship issues with older clients all require direct clinical teaching through supervision. Appropriate settings for completion of this work include: psychiatric or medical hospitals, outpatient mental health clinics, private practice, programs serving older adults within their own homes, extended care, nursing homes, retirement communities, senior citizen centers, or other settings for delivery of services to older adults. Professional geropsychologists are prepared to offer specialized supervisory training in Geropsychology to students at various levels from predoctoral trainees to professional colleagues who request consultation or peer supervision.

Research and Inquiry Competence: Producing and/or utilizing scientific knowledge relevant to areas of professional practice. Professional geropsychologists are thoroughly grounded in research methods in psychology, especially in those methods related to the development of basic knowledge about psychopathology and those related to the development and evaluation of psychological tests and interventions. In addition, professional geropsychologists are knowledgeable of the research methodologies associated with life span developmental psychology, including longitudinal research designs, sequential research designs and the associated analytic tools that permit the separation of aging effects from cohort and time of measurement effects. Gerontologists are aware of special recruitment issues related to incorporating older adults into research samples.

Consumer Protection Competence: Being aware of and appropriately exercising legal, professional, and ethical issues and standards that protect client welfare.

Work with older adults involves adherence to ethical principles and consumer protection issues general to all adult populations and also involves special issues related to physical and cognitive frailty in later life which are more prevalent among older adults although not unique to them. These special issues include (but are not limited to: possible role conflict in nursing homes, competing interests between older adults and family members, and informed consent with cognitively impaired elders).

Professional Development Competence: Participating consistently in continuing education and other professional activities that enhance practitioner competence. Geropsychology involves a commitment to lifelong learning. While true of all specialties, it is perhaps especially urgent in a relatively new specialty in which the rate of increase of knowledge is very steep. Practicing professional geropsychologists will need to pursue continuing education. Appropriate settings for completion of this work include: psychiatric or medical hospitals, outpatient mental health clinics, and programs associated with national, state, and local professional and scientific associations in psychology and gerontology.