

## **GUIDELINES FOR PRACTICE SAMPLES IN CLINICAL NEUROPSYCHOLOGY**

### **A. FORMAT**

A Practice Sample (PS) submission consists of two neuropsychological evaluations. It is acceptable for technicians or trainees to administer the test battery under the supervision of the candidate. However, trainees should not be involved in the cases beyond a technician role. The clinical report must be the complete and original work of the candidate, not an edited version of a trainee's report and not the candidate's work completed under someone else's supervision. Furthermore, the report should be a stand-alone work product and not a multi-disciplinary document, signed by several other professionals, because it would not be possible to determine what part or how much of the case formulation was the candidate's versus that of the rest of the team.

It is permissible to submit reports on evaluations that were conducted in Spanish, including protocols and responses written in Spanish, if that represents common and standard work in the candidate's practice. At this time, however, the reports themselves must be written in English. In the future, we hope to be able to accept reports that are written in Spanish but are not able to do so at this time.

ABCN uses the ABPP portal for submission of practice samples and accompanying information: <https://abpp.org/>

For each case, the following materials must be uploaded:

1. A copy of the original report (with appropriate confidential and identifying information obscured). The report may be modified only to the extent that information identifying the patient and other individuals is removed (identifying information includes patient name and address including city and state, birthdate [please substitute age], any other Protected Health Information, name of patient's employer and in some cases a specific occupation, and names of referral sources). Obscuring of HIPAA-protected information should be done by either substituting generics (e.g., Mr. Patient) or by using dark markers on printed and scanned documents. Candidates should not try to de-identify reports or test data digitally (e.g., by placing dark-colored bars over typed material in the body of the text), because such bars can potentially be removed by the reader.

Practice Samples must also be masked, i.e. with information deleted which can identify the candidate by name or institution (e.g., signature line, letterhead, etc.).

2. A test score summary table that contains test name, raw score, transformed normative score and normative source. If abbreviations are used, there must be one place in which a key is provided relating all abbreviations to the full test titles. The type of score must be identified (e.g., raw scores, percentile ranks, standard scores, T-scores, or other type scores). It is acceptable (and sometimes preferred) to profile certain test results, especially if they are commonly presented in a profiled format (e.g., MMPI-2).
3. Scanned copies of the raw data (e.g., test protocols, drawings, writing samples) MUST be provided as well. Please make sure identifying information is removed.

4. Optional: Up to three pages in total (double-spaced in 12-point font) of supporting material that addresses issues not included in the report (e.g., differential diagnosis, the constraints of the clinic population affecting case selection, the range of clinical decisions considered in the cases selected, etc.). Although this is optional, ABCN strongly recommends that candidates use these materials to clarify decision-making and specific practice circumstances (see C. Content below).

In addition to the items above, a Professional Data Sheet must be submitted with the cases (see G below).

## **B. SUBJECT MATTER OF THE PRACTICE SAMPLE**

In order to obtain a balanced and comprehensive examination of this aspect of the candidate's clinical skills, the two cases need to demonstrate the candidate's breadth of knowledge and practice. Typical cases are two different neuropsychological evaluation reports of separate clinical disorders that address different clinical questions. A case may have an intervention/treatment emphasis, but the case must include the neuropsychological evaluation and report how the findings help form the conceptual basis for the interventions employed. Such cases should also provide evaluation of the efficacy of the interventions. Research cases should be avoided as they usually do not permit a basis for the reviewers to evaluate the candidate's clinical approach to assessment and diagnosis.

## **C. CONTENT**

The two submitted cases should be different; i.e., they should consist of evaluation of two separate clinical conditions. A candidate should not, for example, submit two cases of evaluation of patients with Alzheimer dementia. The two cases should differ in that they involve different clinical questions, bodies of relevant research literature, choice of evaluative procedures and techniques, treatment/therapeutic recommendations, disposition issue/options. It is usually best if the patients in each case differ reasonably in age, neurobehavioral syndrome, and presumed etiologic mechanism. If a candidate works in a specialty clinic with a restricted range of patient referrals, the candidate should choose cases that demonstrate a range of assessment and disposition issues. In this case, the candidate should definitely utilize the optional three pages of supplementary material to explain the constraints of their clinic population and also highlight the range of clinical decisions displayed in the cases selected.

Practice Sample cases should lend themselves to a neuropsychological conceptualization and consideration of brain-behavior-diagnostic relationships. Cases that provide less than an ideal opportunity to demonstrate a candidate's skills in neuropsychological case conceptualization (e.g., individuals who are cognitively intact and where there are no notable diagnostic differentials) should be avoided. The candidate needs to be able to demonstrate a level of neuropsychological conceptualization that typically would not be present in general mental health or psychoeducational evaluations, or evaluations with normal findings.

Either in the original report or in the supplementary material, the candidate should identify the relevant characteristics of the patient, the background information provided by other professionals (or in the medical records reviewed), salient aspects of an informant interview (i.e., patient, significant other, or both) obtained by the candidate, and brief summaries of medical, social service agency, school, and employment records that were reviewed. It is desirable, but not required, to have follow-up knowledge of the case in question.

The candidate should submit a typical report for their practice – it is not expected to be a treatise or contain a review of the literature. Most clinical reports do not include citation references or a detailed exploration/discussion of potential differential diagnoses. If the candidate's work setting requires short reports, that is fine. In that case, it is advisable to include the optional three-page supplementary material (in total across the two cases) where the candidate makes explicit their clinical decision making and analysis including: pertinent history of the present illness, test selection and interpretation, diagnostic formulation with differential, and any additional comments on management/disposition.

#### **D. QUALITY OF PRACTICE SAMPLES SUBMITTED**

The Practice Sample should demonstrate that the candidate is practicing Clinical Neuropsychology at the specialist level of competence. Clinical Neuropsychology is not merely the administration, scoring and reporting of neuropsychological evaluation techniques in a clinical setting; rather, it is a specialty practiced by a psychologist who can demonstrate to ABCN the integrated application of the broad range of neuropsychological, neurological, and allied clinical and research literature and concepts required of the practitioner in this field. The Practice Sample should reflect this ability and should also reflect a high level of professional skill and maturity. The Practice Sample should demonstrate that the candidate possesses a coherent rationale for the work he/she is doing. The Practice Sample must be in compliance with APA ethical and professional standards.

#### **E. TIME TABLE FOR THE SUBMISSION OF PRACTICE SAMPLES**

All ABCN candidates have seven years in which to complete the examination process once their credentials have been approved. No intermediate deadlines will be set with respect to the submission of Practice Samples, although candidates are urged to submit samples in a timely fashion.

#### **F. EVALUATION OF PRACTICE SAMPLE**

A Practice Sample consists of two cases. The Practice Sample will be reviewed by three ABCN Diplomates designated by the ABCN central office. To proceed to the oral phase of the examination, it is necessary for two separate reviewers to accept your entire Practice Sample. In cases of a split decision of non-acceptance among the 3 initial PS reviewers (2 unacceptable, 1 acceptable), a 4<sup>th</sup> review is conducted to provide the final determination of whether the candidate can move on to the oral examination.

If a Practice Sample is not accepted, the candidate is so notified along with a description of its weaknesses and recommendations for improvement, if any. The candidate may submit a new Sample without prejudice, upon resubmission of the then current examination fee. The above

procedures repeat themselves until a candidate's Practice Sample is rated as acceptable for use at the oral exam. Whenever a Practice Sample is not accepted, the candidate may continue to submit a new Practice Sample (always using two new cases) until such time as a Practice Sample is accepted or the seven-year period of candidacy expires.

Practice Sample Reviewers who rate a Practice Sample as unacceptable are requested to provide suggestions designed to help the candidate with subsequent Practice Sample submissions. Candidates are encouraged to review their Practice Sample with an ABCN/ABPP Diplomate prior to formal submission. Candidates whose Practice Samples are accepted by at least two Practice Sample reviewers will be informed about the date for the next available Oral examination. Acceptance of the Practice Sample at this stage indicates that reviewers believe the candidate's clinical practice is potentially defensible to oral examination. It does not imply that cases were flawless or that reviewers agreed with the clinical practices demonstrated in the Practice Sample.

#### **G. THE PROFESSIONAL DATA SHEET**

Only the Chair of the ABCN Examination Committee will have had access to your ABPP application at the time of oral examination. Thus, you are being asked to prepare a professional data sheet to be distributed to the members of your Oral Examination team. The data sheet should include the following information: your name; doctoral degree, institution and date awarded; institution where you completed your internship; and a list, with inclusive dates of positions you have held since the award of your doctoral degree. This data sheet should also include an outline of the various activities performed in your present work situation, and should indicate the percentage of time spent in these activities, along with the types of patients or clients you are now serving. There is no formal form for this data sheet but it typically no longer than 1-2 pages.

#### **H. CRITERIA TO BE USED BY REVIEWERS FOR JUDGING THE ADEQUACY OF EACH CASE**

1. Although trainees may have administered the test battery under the supervision of the candidate, the clinical report must be the original, independent, unsupervised work of the candidate. It must also not be an edited version of a trainee's report.
2. Sufficient diversity is presented in the Practice Sample to demonstrate the Candidate's breadth of clinical proficiency.
3. The referral source is specified.
4. There is a reasonable presentation of the history of the present illness; the report captures the context of the symptoms, illness, or dysfunction; there is some coverage of relevant past history and background as appropriate.
5. The assessments in each case reflect a reasonably comprehensive approach sufficient to address the diagnostic and management issues inherent in the case. Important cognitive and

psychological domains are adequately assessed (e.g., language, visuospatial, attention/concentration, learning/memory, executive, and psychological functioning).

6. Tests were correctly administered and scored, and test data are accurately reported and clearly presented.

7. There was a proper selection of a normative reference group with a reasonable match between the patient and the normative reference sample.

8. Interpretation demonstrates knowledge and integration of brain-behavior relationships, addresses the clinical question and meets the needs of the identified consumer. (Practice Sample cases should lend themselves to a neuropsychological conceptualization and consideration of brain-behavior-diagnostic relationships.)

9. Conclusions are supported by the data and reflect current standards of evidence-based neuropsychological practice. Relevant historical and medical risk factors are identified and inform the diagnostic formulation and recommendations.

10. Treatment recommendations include suggestions for further diagnostic work-up where appropriate and reasonable suggestions for therapeutic interventions, psychosocial adaptations, and other follow-up given in sufficient detail to foster their implementation.

11. Emotional and psychopathological factors are appropriately assessed and incorporated into the report.

12. Individual and cultural diversity issues are taken into account in test selection, normative references group used, and case formulation.

13. Any legal/ethical issues raised in the evaluation are identified and managed appropriately.

14. Any consultations with other professionals were appropriate and documented accordingly. Appropriate referrals for other consults are recommended.

15. The clinical report is written in a clear, professional style tailored to the background and needs of the identified primary consumer of the report.

## **I. CANDIDATE CHECKLIST FOR THE SUBMISSION OF PRACTICE SAMPLES**

General:

\_\_\_\_\_ The clinical report is the original, independent, unsupervised work of the candidate, not an edited version of a trainee's report or a multidisciplinary, multi-authored report.

\_\_\_\_\_ Case #1

\_\_\_\_\_ Case #2 (each with the following)

- \_\_\_\_\_ Original clinical report with identifiable information redacted (i.e., patient's, applicant's, and any other providers' names or personally identifiable information)
- \_\_\_\_\_ Summary Table of test scores: (a) Test name, (b) Raw score, (c) Transformed normative score and (d) Normative source
- \_\_\_\_\_ Copies of all test protocols (i.e., all raw data).
- \_\_\_\_\_ Optional supplementary material (not to exceed 3 pages of double-spaced in 12 point font) that describe specifics about the history and the clinical decision making underlying the approach to assessment, formulation, differential diagnoses considered, and any special features related to recommendations or case follow-up not covered in the original report. Note: The 3-page limit applies to the entire Practice Sample. Candidates should **not** submit 3 pages of supplementary materials for each case.
- \_\_\_\_\_ Professional Data Sheet
- \_\_\_\_\_

I have:

- \_\_\_\_\_ Retained my own copy of the Practice Sample submission for my own use during the oral examination.
- \_\_\_\_\_ Sent the required fees with the Practice Review Forms to the Central Office. Determined that boxes not checked above have reasons for their not being checked. Those reasons are explained in the Supporting Material for each case.