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Brief report

Introduction to the NAN 2001 Definition of a Clinical Neuropsychologist NAN Policy and Planning Committee

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At the request of the membership, and at the direction of the President, Dr. Barbara Uzzell, and the Board of Directors (BoD), the National Academy of Neuropsychology (NAN) Policy and Planning Committee has developed the following 2001 Definition of a Clinical Neuropsychologist, as part of NAN's White Paper series on Professional Policy and Practice. The entire NAN membership has had an opportunity for input to this definition, and it has been clearly endorsed by our membership and the BoD. We believe that the 2001 NAN Definition incorporates the best aspects of the previous work on Definitions of a Clinical Neuropsychologist, if one keeps in mind that the intent is to provide information to managed care and third party payers regarding general neuropsychological practice and minimal educational, experiential, and licensure requirements.

An inclusive, expanded, and updated definition referencing the 1989 and 1984 definition articles, published by Division 40 (Clinical Neuropsychology) of the American Psychological Association (APA) was considered necessary as an internal NAN reference document. This 2001 NAN Definition of a Clinical Neuropsychologist underwent three major Policy and Planning Committee revisions, one full membership review and one membership vote (81% endorsement out of 789 votes), and two NAN BoD comprehensive discussions, resulting in unanimous approval by a formal vote of the Board of Directors on May 5, 2001.

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This 2001 definition expands upon and modifies the Definition of a Clinical Neuropsychologist (1989) approved by APA Division 40, and published in *The Clinical Neuropsychologist*. It also references the previous 1984 definition which appears in the Report of the APA Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing, and which can be found in the Report of the Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing (1984). Three other documents were considered in the development of the NAN 2001 Definition: (1) the 1994 definition originally proposed by Dr. Antonio Puente, later modified and approved by the NAN Board of Directors (Definition of a Clinical Neuropsychologist, 1994), and since rescinded by the NAN BoD after approval of the 2001 Definition; (2) the 1996 definition developed by the APA Division 40/INS Task Force on Education, Accreditation, and Credentialing, and never officially published or approved by APA or INS; and (3) the Houston Conference Definition (Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology, 1998).

What seems like a simple task of describing one's profession and qualifications for practice, becomes infinitely more complex when one considers why we require such definitions. Past and present attempts to define the profession have all considered, to greater or lesser degrees, present and future education and training guidelines, and the need for licensure and certification criteria, in order to validate professional status and to promulgate future credentialing criteria and guidelines. The Houston Conference document, for example, offers a very simple and straightforward Definition of a Clinical Neuropsychologist: "A clinical neuropsychologist is a professional psychologist trained in the science of brain behavior relationships. The clinical neuropsychologist specializes in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to normal and abnormal functioning of the central nervous system." (p. 161). This definition may stand alone as a very general description of a Clinical Neuropsychologist, however, it takes almost six more pages to provide the aspirational guidelines and detailed blue print for the present and future training in our profession.

To briefly summarize the Clinical Neuropsychologist definition history, the 1984 APA Division 40 definition recognized the lack of formal doctoral and postdoctoral training programs in the discipline at that time, and it recommended a state or provincial license and minimal hours (4,800) of postdoctoral experience in a neuropsychological setting (involving a minimum of 2,400 h of direct clinical service) for individuals receiving their training prior to 1981. For those who completed training after 1981, a license to practice psychology was also a prerequisite and 1,500 h of clinical neuropsychological experience supervised (at the pre- or postdoctoral level) by a clinical neuropsychologist, were also recommended. This definition was embedded in a 1984 *Division 40 Newsletter* document (p. 7), which addressed additional practice issues and educational models.

The 1989 APA Division 40 definition emphasized (in addition to licensure) "systematic didactic and experiential training in neuropsychology and neuroscience at a regionally accredited university (and) 2 or more years of appropriate supervised training applying neuropsychological services in clinical setting" (p. 22). These guidelines were to be applied to individuals receiving their training after 1989. With this definition, APA Division 40 had updated training guidelines to reflect the new availability of educational options in clinical neuropsychology

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post-1989, while continuing to endorse necessarily different training criteria for the pre-1981 and post-1981—pre-1989 eras.

With the introduction of the 1989 definition came the mention and endorsement of the “Board Certification Model” as evidence of competency as a clinical neuropsychologist. Most would agree that board certification of education, training, and experience, and peer examination/review is a positive development in our field. Certification helps to verify and validate the specialty nature of clinical neuropsychology, and it follows the successful credentialing model developed in the field of medicine. Its mention in the 1989 definition became controversial since it exclusively mentioned the American Board of Professional Psychology Diploma in Clinical Neuropsychology (ABPP/CN) without mention of the other existing boards (e.g., the American Board of Professional Neuropsychology—ABPN). Although ABPP/CN-based certification was not regarded as necessary for the practice of clinical neuropsychology by this definition, it was felt at the time to be “the clearest evidence of competence as a clinical neuropsychologist, assuring that all of these (definitional) criteria have been met” (p. 22).

In an attempt to address this issue and provide some standards for insurance representatives, the NAN BoD, at its 1993 meeting, adopted a new Definition of a Clinical Neuropsychologist which included a reference to board certification or board eligibility by APBB/CN or ABPN. This definition was published in the NAN bulletin (1994) and was eventually rescinded by NAN BoD vote following approval of the 2001 NAN definition.

Nineteen ninety six saw a new proposed revision to the Definition of a Clinical Neuropsychologist and extensive documentation of inter-organizational discussion by the APA Division 40/INS Task Force on Education Accreditation and Credentialing. The proposed revisions included, “2 or more years of appropriate full time supervised training by a clinical neuropsychologist applying neuropsychological services in a clinical setting. One year of training may be on the predoctoral internship . . . 2 consecutive years of half-time training may be substituted for each year of full-time training” (p. 3, unpublished). This new definition, while referring to board certification as the “clearest evidence that all of these criteria have been met” (p. 6), specifically did not identify any board organization by name, but rather reference “formal examination by a board dedicated to the guidelines of Division 40 of the APA” (p. 6, unpublished). Although the Executive Committee of APA Division 40 accepted the task force report, the revised definition was never formally published as an official APA document, since APA required their own full review of any official positions taken by their Divisions, and at that time, there was a moratorium on such actions.

Finally, the Houston Conference document, complete with a brief description of the specialty of clinical neuropsychology, and aspirational educational and training guidelines, was published in the *Archives of Clinical Neuropsychology* in 1998. Although this document is not without its controversies, it does provide reasoned guidelines for future training of clinical neuropsychologists. It has the added benefit of having been developed by 40 neuropsychologists representing a wide range of backgrounds and interests in education, training, and clinical practice. This diversity, or lack thereof, has been criticized by some, yet if we place this development process in perspective, we will find that it is superior to the process used to develop previous definitions and guidelines (usually carried out by limited committees and task forces). The Executive Committee of APA Division 40 later endorsed these aspirational guidelines and

NAN President as aspirational, and NAN President, Dr. George Prigatano, reported in a letter to the organizer of the Conference, Dr. Julia Hannay, that the BoD “clearly supports and endorses this view of education and training, . . . and that 62% of NAN members who responded to a survey endorsed the document.”

Finally, the question arises as to whether another definition is necessary or desirable at this time in our young clinical neuropsychology history? We believe that the answer to this question is yes! The National Academy of Neuropsychology is the largest, independent organization solely representing neuropsychology in this country today. Our membership has asked for this definition, as well as other position (white) papers to assist in their daily practices. We believe that there is room for several definitions of a Clinical Neuropsychologist, since each may have a different utility. At the same time, we believe that we should avoid inconsistency and contradiction between definitions and professional organizations wherever possible. We believe the 2001 NAN Definition meets all of these criteria and adds strength to the Academy and the profession.

Appendix A. NAN DEFINITION OF A CLINICAL NEUROPSYCHOLOGIST 2001

A.1. Official Position of the National Academy of Neuropsychology

This 2001 definition expands upon and modifies the 1989 definition by Division 40 of the American Psychological Association, which was used as the foundation for this updated document.

A clinical neuropsychologist is a professional within the field of psychology with special expertise in the applied science of brain–behavior relationships. Clinical neuropsychologists use this knowledge in the assessment, diagnosis, treatment, and/or rehabilitation of patients across the lifespan with neurological, medical, neurodevelopmental and psychiatric conditions, as well as other cognitive and learning disorders. The clinical neuropsychologist uses psychological, neurological, cognitive, behavioral, and physiological principles, techniques and tests to evaluate patients’ neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning. The clinical neuropsychologist uses this information and information provided by other medical/healthcare providers to identify and diagnose neurobehavioral disorders, and plan and implement intervention strategies. The specialty of clinical neuropsychology is recognized by the American Psychological Association and the Canadian Psychological Association. Clinical neuropsychologists are independent practitioners (healthcare providers) of clinical neuropsychology and psychology.

The clinical neuropsychologist (minimal criteria) has:

- A doctoral degree in psychology from an accredited university training program.
- An internship, or its equivalent, in a clinically relevant area of professional psychology.
- The equivalent of 2 (full-time) years of experience and specialized training, at least one of which is at the postdoctoral level, in the study and practice of clinical neuropsychology

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References

- Definition of a Clinical
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¹ Individuals receiving
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and related neurosciences. These 2 years include supervision by a clinical neuropsychologist.¹

- A license in his or her state or province to practice psychology and/or clinical neuropsychology independently, or is employed as a neuropsychologist by an exempt agency.

At present, board certification is not required for practice in clinical neuropsychology. Board certification (through formal credential verification, written and oral examination, and peer review) in the specialty of clinical neuropsychology is further evidence of the above advanced training, supervision, and applied fund of knowledge in clinical neuropsychology.

References

- Definition of a Clinical Neuropsychologist. (1989). *The Clinical Neuropsychologist*, 3(1), 22.
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- Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. (1998). *Archives of Clinical Neuropsychology*, 13(2), 161.
- Report of the Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing. (1984). *Division 40 Newsletter*, 2(2), 3–8.

¹ Individuals receiving training in clinical neuropsychology prior to this 2001 definition should be subject to the educational and experiential guidelines published by Division 40 of the American Psychological Association (APA, 1984, 1989). The 2001 definition should not be interpreted as negating the credentials of individuals whose education and experience predates the Division 40-APA definitions. Individuals meeting these prior criteria are and continue to be clinical neuropsychologists under this 2001 definition.