Taxonomy for Education and Training in Clinical Neuropsychology

	Doctoral[1]	Internship[1]	Postdoctoral[1]	Post-licensure[1]
Major Area of Study	Minimum of 1) Three neuropsychology[2] courses, 2) two clinical neuropsychology practica[3], 3) additional coursework, practica, or didactics in clinical neuropsychology[4], AND 4) dissertation or research project in neuropsychology	1) At least 50% of training time in clinical neuropsychology AND 2) didactic experiences consistent with Houston Conference guidelines for knowledge[5] and skill[6].	11) Two-years full-time (or the equivalent) of formal training in clinical neuropsychology, with relevant didactic, clinical, and research activities (including assessment and intervention that incorporate neuropsychological theories, perspectives, or methods and exposure to related healthcare disciplines).	N/A
Emphasis	1) Two neuropsychology courses[2] AND 2) two clinical neuropsychology practica[3]	>30% and <50% of experience in clinical neuropsychology supervised by a clinical neuropsychologist.	N/A	N/A
Experience	1) One or two neuropsychology course(s)[2] AND 2) one clinical neuropsychology practicum[3]	>10% and <30% of supervised experience in clinical neuropsychology	N/A	N/A
Exposure	1) One neuropsychology course[2] OR 2) one clinical neuropsychology practicum[3]	5% - 10% of supervised experience in clinical neuropsychology and/or didactic training.	N/A	Any hours of CE in clinical neuropsychology

NOTE: As per APA guidelines all supervision in clinical neuropsychology must be provided by persons with competencies in clinical neuropsychology, aka, a clinical neuropsychologist.

[1]At the doctoral and internship training levels, it is recognized that all programs must meet the broad and general requirements for accreditation by the American Psychological Association (APA) or the Canadian Psychological Association (CPA). At the postdoctoral training level, it is recognized that the Major Area of Study is consistent with training standards for specialty accreditation in clinical neuropsychology through the APA. Regarding all levels of training, guidelines for specialty education and training in clinical neuropsychology are specified in the Houston Conference Guidelines, Hannay, JH, Bieliauskas, LA, Crosson, BA,

Hammeke, TA, Hammsher, K. deS., & Koffler, SP. (1998). Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology, *Archives of Clinical Neuropsychology, 13,* 157-250.

[2]To be a neuropsychology course, the course content must prominently address areas outlined in the Houston Conference Guidelines policy statement, Section VI.3 and Section VI.4. Additionally, the number of courses listed above assumes that courses are 3 credit hours each, within a semester system. As such, the Major Area of Study would require a minimum of 9 semester credit hours or 13.5 quarter credit hours, the Emphasis would require a minimum of 6 semester credit hours or 9 quarter credit hours, and the Experience and the Exposure would require a minimum of 3 semester credit hours or 4.5 quarter credit hours.

[3]Defined by practicum experience for equivalent of one academic year (e.g. 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, with at least 50% clinical contact with patients in the provision of neuropsychological services. Consistent with

[4]Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, grand rounds, etc. and should be consistent with the guidelines for specialty education and training that are specified in the Houston Conference policy statement.

[5]Knowledge base. Clinical neuropsychologists possess the following knowledge. This core knowledge may be acquired through multiple pathways, not limited to courses, and may come through other documentable didactic methods.1. Generic Psychology Core: A. Statistics and methodology B. Learning, cognition and perception C. Social psychology and personality D. Biological basis of behavior E. Life span development F. History. G. Cultural and individual differences and diversity 2. Generic Clinical Core: A. Psychopathology B. Psychometric theory C. Interview and assessment techniques D. Intervention techniques E. Professional ethics 3. Foundations for the study of brain-behavior relationships: A. Functional neuroanatomy B. Neurological and related disorders including their etiology, pathology, course and treatment C. Non-neurologic conditions affecting CNS functioning D. Neuroimaging and other neurodiagnostic techniques E. Neurochemistry of behavior (e.g., psychopharmacology) F. Neuropsychology of behavior 4. Foundations for the practice of clinical neuropsychology: A. Specialized neuropsychological assessment techniques B. Specialized Neuropsychological intervention techniques C. Research design and analysis in neuropsychology D. Professional issues and ethics in neuropsychology E. Practical implications of neuropsychological conditions

[6]Skills. Clinical neuropsychologists possess the following generic clinical skills and skills in clinical neuropsychology. These core skills may be acquired through multiple pathways, not limited to courses, and may come through other documentable didactic methods. Domains of skills and examples are: 1. Assessment: Information gathering. History taking. Selection of tests and measures. Administration of tests and measures. Interpretation and diagnosis. Treatment planning. Report writing. Provision of feedback. Recognition of multicultural issues. 2. Treatment and Interventions: Identification of intervention targets. Specification of intervention needs. Formulation of an intervention plan. Implementation of the plan. Monitoring and adjustment to the plan as

needed. Assessment of outcome. Recognition of multicultural issues. 3. Consultation (patients, families, medical colleagues, agencies, etc.): A. Effective basic communication (e.g. listening, explaining, negotiating) B. Determination and clarification of referral issues C. Education of referral sources regarding neuropsychological services (strengths and limitations) E. Communication of evaluation results and recommendations F. Education of patients and families regarding services and disorder(s) 4. Research: Selection of appropriate research topics. Review of relevant literature. Design of research. Execution of research. Monitoring of progress. Evaluation of outcome. Communication of results. 5. Teaching and Supervision: Methods of effective teaching. Plan and design of courses and curriculums. Use of effective educational technologies. Use of effective supervision methodologies (assessment, intervention, and research).

[7]The residency experience must occur on at least a half-time basis.