DEMYSTEFYING THE EPPP

Rory Feeney, Psy.D., L.P.

Allina Health

10/27/2020

PLAN FOR TODAY

BEFORE WE START (1 to 10)

- How ***motivated*** are you to study for the EPPP?
- How ***confident*** do you feel about your ability to prepare successfully?

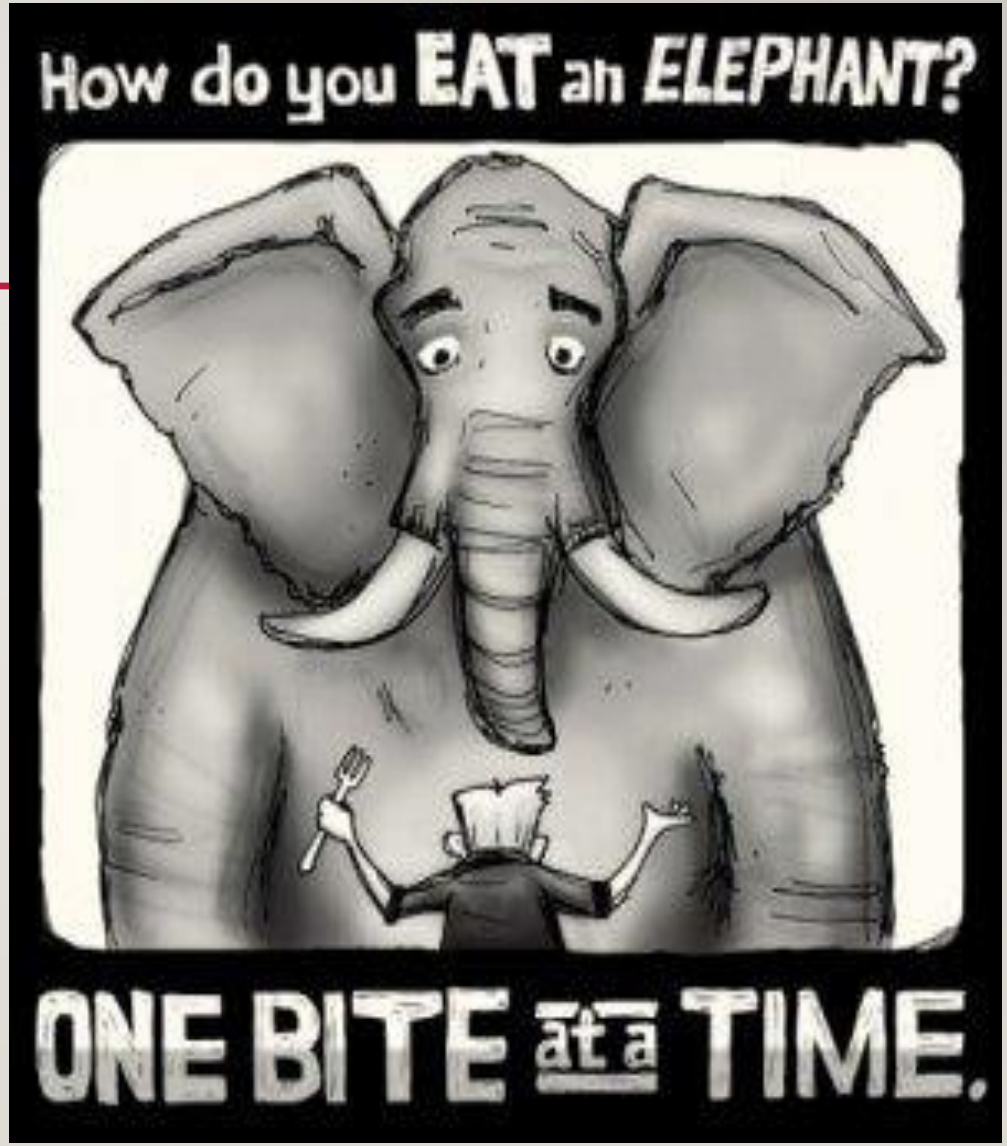
I. TEST BASICS

- EPPP 101, Registration, Test Content, Types of Questions
- Pass Rates & Predictors; Barriers to Passing.

II. STUDY SKILLS & STRATEGIES

- Principles of Success; Developing an Effective Study Plan;
- Mindset & Outlook; Time Management Strategies;
- General Study Strategies; Memory Strategies
- Test Taking Strategies – General & Difficult Items
- Final Tips & Next Steps

III. QUESTIONS & DISCUSSION



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I. TEST BASICS

- **Examination for Professional Practice in Psychology** (**EPPP**) required for ***Licensure*** of ***Psychologists*** in the US and Canada developed by *Association of State and Provincial Psychology Boards* (ASPPB) & *Professional Examination Services* (PES).
  - **Purpose of EPPP** *"Minimum* ***foundational knowledge*** *needed to perform effectively as independent practitioners."*
  - **Purpose of Licensure** Protection of ***Public Safety***.
  - Questions evaluate **knowledge** of essential ***terms***, ***concepts***, ***theories***, and ***research*** and/or ability to ***apply*** knowledge to situations commonly faced by psychologists.
- **225 Items**: 175 towards final score, 50 pretest (try out) items. **475 minutes** (4 hours, 15 mins).
  - *Raw Scores* converted to *Scaled Scores* ranging from **200 to 800**.
  - ASPPB recommends passing score of **500** for independent practice as a psychologist = Roughly **70%**
  - "Unofficial" score immediately. Official Score reported to the Board of MN w/in 10 days.

HOW TO REGISTER

1. Apply for Licensure with Board of Minnesota https://mnit.force.com/license/
2. Board uploads your identifying information into an online EPPP registration system and sends you an email requesting for you to verify your account
3. When you receive email, you have **3 months** to verify account.
4. Once you've done this, you're be required to acknowledge that you read the *Candidate Acknowledgement Statement*, which describes rules for taking EPPP.
5. Then, receive email authorizing you to take practice exams, and complete and submit the ***EPPP Application Form***.
6. Submission of this form generates the EPPP Authorization to Test email, which contains instructions for scheduling your exam.
7. At this time, you'll be required to set up a login account on the Pearson VUE website.
8. When you've logged into the site, you may pay for the EPPP.
9. Once you paid your fees, you'll have a **90 DAY WINDOW**** in which to schedule and complete your exam.
10. Additional information included in the *EPPP Candidate Handbook*. *https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/eppp_cand-handbook-1_16_2019.pdf*

**Note: $687.50 Rescheduling within 24 hours. $87.50 rescheduling fee within 31 days.

TEST CONTENT

- ***1. Biological Bases of Behavior*** (10%)

  (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge

- ***2. Cognitive-Affective Bases of Behavior*** (13%)

  (a) cognition & its neural bases, (b) theories & empirical bases of learning, memory, motivation, affect, emotion, & executive function, & (c) factors that influence cognitive performance and/or emotional experience & their interaction

- ***3. Social and Cultural Bases of Behavior*** (11%)

  (a) intrapersonal, interpersonal, intragroup, & intergroup processes and dynamics, (b) theories of personality, & (c) issues in diversity

- ***4. Growth and Lifespan Development*** (12%)

  (a) age---appropriate development across the life span, (b) atypical patterns of development, & (c) the protective & risk factors that influence developmental outcomes for individuals

- ***5. Assessment and Diagnosis*** (16%)

  a) psychometrics, (b) assessment models & instruments, (c) assessment methods for initial status of & change by individuals, couples, families, groups, & organizations/systems, and (d) diagnostic classification systems & their limitations

- ***6. Treatment, Intervention, Prevention and Supervision*** (15%)

  (a) psychometrics, (b) assessment models & instruments, (c) assessment methods for initial status of & change by individuals, couples, families, groups, & organizations/systems, and (d) diagnostic classification systems & their limitations

- ***7. Research Methods and Statistics*** (7%)

  (a) research design, methodology, & program evaluation, (b) instrument selection & validation, and (c) statistical models, assumptions, and procedures

- ***8: Ethical/Legal/Professional Issues*** (16%)

  (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision---making, and (e) professional training and supervision

Psychology Licensing Exam Scores by Doctoral Program (2017)
https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/2017_Doctoral_Report.pdf

TEST DOMAINS

- **"A, B, and C Topics"** (AATBS)
  - **Category A** (approximately 24-30 questions each)
    - ***Ethics*** and ***Professional Issues; Abnormal Psychology***
  - **Category B** (approximately 18-23 questions each)
    - ***Clinical Psychology***; ***Lifespan Development***; ***Physiological Psychology*** & ***Psychopharmacology***
    - ***Industrial-Organizational Psychology***; ***Learning Theory*** & ***Cognitive-Behavioral Interventions***
  - **Category C** (approximately 5-12 questions each)
    - ***Statistics & Research Design***; ***Test Construction***; ***Social Psychology; Psychological Assessment***
- **"The BIG 6"** (PrepJet)
  - **Clinical Psychology; Psychopathology (Abnormal Psychology)**
  - **Ethics & Professional Issues; Lifespan Development**
  - **Physiological Psychology & Psychopharmacology; Industrial & Organizational Psychology**

TYPES OF QUESTIONS

- **Recall**
  - Retrieve specific stored information from memory, covering broad range of facts, concepts, professional standards, research results, etc.
    - *Sample: T scores have a mean of ___ and a standard deviation of ___.*
      - *A. 0; 1.0* *B. 50; 10* *C. 100; 15* *D. 500; 100*
- **Application** or **"Story problems"**
  - Present topic in context of concrete example; require knowledge about a professional standard, theory, research finding, to analyze or evaluate a situation, reach a conclusion, or choose the most appropriate course of action.
    - *Sample: A therapy client tells you she frequently misperceives things, which has made her anxious about leaving home. For example, she often thinks she sees a mouse or small animal at work when, in fact, the "animals" are actually inanimate objects such as books, coffee mugs, or office supplies. The woman's misperceptions are best described as:*
      - *A. Illusions* *B. Delusions* *C. Hallucinations* *D. Ideas of reference*

TYPES OF QUESTIONS (II)

- **Questions with One Correct Answer**
  - Only one answer accurately describes term, concept, theory or research finding. Assess factual knowledge; recognizing correct response.
    - Sample: *Lewinson's behavioral model attributes depression to:*
      - *A. a low rate of response-contingent reinforcement;*
      - *B. deficient stimulus discrimination;*
      - *C. self-indoctrination*
      - *D. internal, stable, and global attributions for negative events.*
- **Questions with a "Best Answer"**
  - 2 or more plausible answers, or no answers that are complete or precise; However, one will be *best.* Stem will include phrase such as "best" "most appropriate" or "least likely."
    - Sample: *Alan has been seeing Dr. A,, who refers him for Dr. B for psychological assessment. During testing, Alan tells Dr. B he's unhappy with treatment he's receiving from Dr. A. As an ethical psychologist, Dr. B's <u>best</u> course of action would be to:*
      - *A. Tell Alan she cannot see him for therapy since he was referred by and is currently seeing Dr. A.*
      - *B. Make an appt with Alan, but call Dr. A to inform him of Alan's decision.*
      - *C. Make an appt with Alan, but suggest that he call Dr. A to inform him of his decision to begin therapy with Dr. B.*
      - *D. Recommend to Alan that he discuss the matter with Dr. A before making an appt with her.*

EPPP PASS RATES & PREDICTORS

- **GOOD NEWS**!! ***MOST*** candidates pass (Note: ***Base Rate Fallacy****)
  - 76% of candidates overall; **82%-87% of first-time test takers** (2008-2010; 2020).
- Key Findings re: Pass Rates *(Sharpless, 2019; Sharpless & Barber, 2013; Bowman & Ameen, 2018; Macura & Ameen, 2020)*:
  - **PhD** (85-94%) outperformed **PsyD** (70-80%); **Clinical** vs. **Counseling** similar.
    - **Program Prestige** Selectivity (e.g. admission rates); APA accreditation (program, internship). Program Type ("Traditional" vs. Professional). Faculty orientation (CBT vs. psychodynamic, humanistic-existential).
    - **Student Factors** predating graduate training (e.g. intelligence, motivation) esp. ***GRE Scores*** as proxy for standardized test-taking ability.
    - **Demographic Variables** Women (84%) tend to outperform men (81%); White (86-92%) vs. Psychologists of color (62-83%) – potential for **Adverse Impact (80% rule).**
    - **Other Factors** Time Since graduation (within 3 years); # Hours Studied (curvilinear relationship).

If when presented with related **base rate information (i.e. generic, general) and **specific** information (anecdotal), the mind tends to ignore the former and focus on the latter.*

EPPP PASS RATES & PREDICTORS

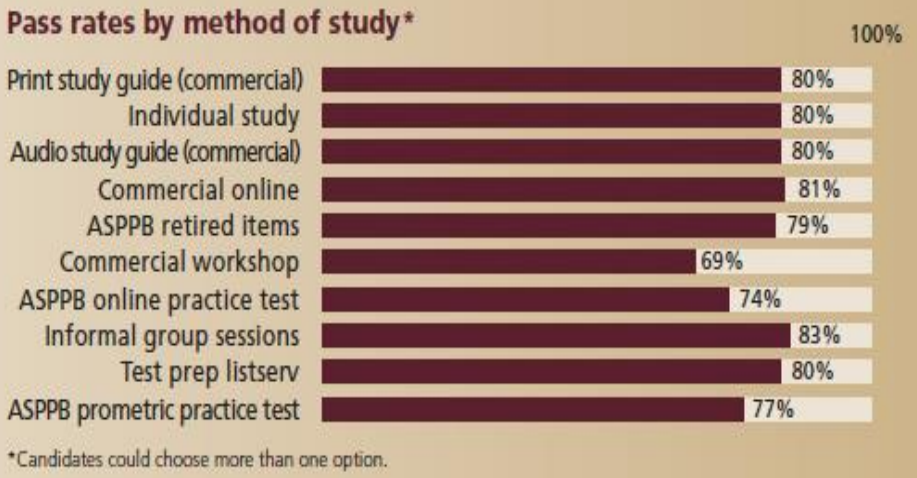


Table 2

Summary of Significant Findings Across Four Recent Articles Examining EPPP Pass Rates

Variable	Current study	Bowman and Ameen (2018)	Sharpless (2019)	Sharpless and Barber (2013)
Race/ethnicity				
White	89%	92%	86%	
Minority	70%	83%		
Black			62%	
Hispanic/Latinx			64%	
Asian			76%	
Gender				
Male	*n.s.*		81%	
Female			84%	
Disability				
Reported	*n.s.*			
None reported				
Degree type				
PhD	88%	94%	85%	86%
PsyD	80%	85%	79%	70%
EdD			83%	
Accredited training				
Doctoral program	85%			
Doctoral and Intern programs	87%			
Neither accredited	71%			
Licensure year				
2008–2013	86%			
2014–2018	91%			
Subfield				
Clinical				77%
Counseling				77%
School				76%
Sample size (*N*)	1,691	2,109	4,892	14,372

Note. EPPP = Examination for Professional Practice in Psychology; *n.s.* = not significant at $p = .05$ level.

Clay, R. (2012). *"Are you studying too much for the EPPP? Research suggests studying more than 400 hours can backfire.* https://www.apa.org/gradpsych/2012/11/eppp-myths

Macura, Z., & Ameen, E. J. (2020, April 9). Factors Associated With Passing the EPPP on First Attempt: Findings From a Mixed Methods Survey of Recent Test Takers. *Training and Education in Professional Psychology*. Advance online publication. http://dx.doi.org/10.1037/tep0000316

WHAT DO YOU THINK MIGHT HAVE BETTER PREPARED YOU TO PASS ON FIRST ATTEMPT?

- **Individual Preparation** (49%)
  - "**Having a consistent, structured study time**" and "**studying more**."
  - Utilizing different prep materials, modifying approach based on content domains.
- **Situational Demands** (35%)
  - **Personal difficulties** (e.g. anxiety, stress, death of loved ones, health issues, job loss, relationship distress, difficulty with self-care, self-defeating beliefs).
  - **Work-study tradeoff**: professional activities negatively impacting study time.
- **Institutional Challenges** (26%)
  - Lack of specific coursework in graduate or internship training (e.g. I/O, stats).
  - Test Accessibility (e.g. English as second language, financial stressors) & Test Validity (e.g. limited *face validity**, concerns exam did not reflect daily practice knowledge, "harder forms" of the test, etc.).

Macura, Z. & Ameen, E.J. (2020). Factors associated with passing the EPPP on first attempt: findings from a mixed methods survey of recent test takers. *Training and Education in Professional Psychology. Advance Online Publication.*

COMMON BARRIERS TO PASSING

- **Underdeveloped Multiple Choice Test Taking Skills**
  - "Taking practice questions while using an *effective* strategy is the best way to develop test taking skills necessary to pass the EPPP."
- **Rote Memorization Without Understanding**
  - In-depth understanding (vs. facts to memorize) + ability to *apply* that understanding to items.
- **Inefficient Studying**
  - Prioritizing C over A & B topics; time-consuming elaborate materials (flashcards, charts, etc.).
- **Difficulty Accurately Assessing Progress and Remediating Problems**
  - Structured plan + clear guidelines for progress, feedback, and remediation.
- **Purchasing or Borrowing Used (or Dated) Study Materials**
  - New materials are expensive; used materials can be outdated (DSM IV vs. V), damaged, incomplete, or marked up.

II. STUDY SKILLS & STRATEGIES

<u>EPPP TEST PREP materials include</u>:

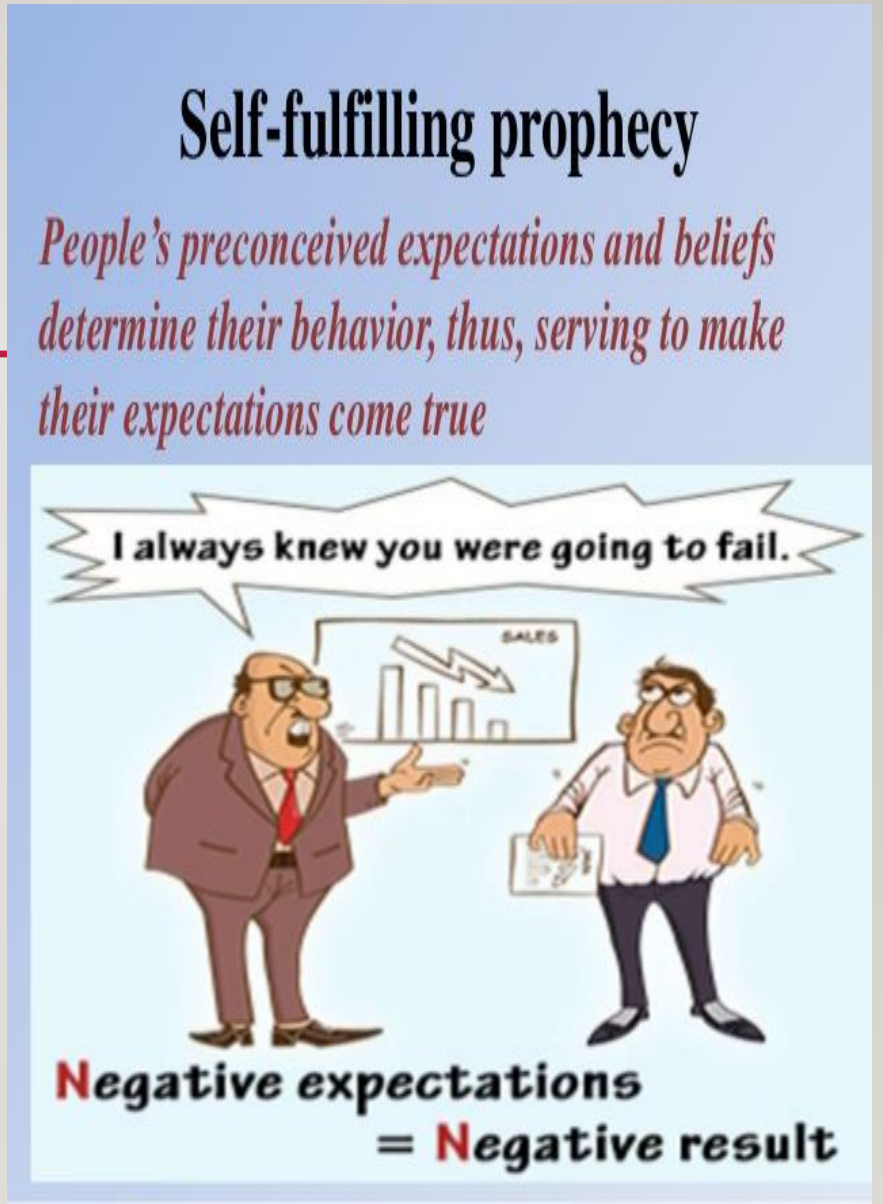
- **<u>AATBS</u>** https://aatbs.com/psychology/eppp/printed-study-tools
- **<u>PREP JET</u>** https://eppp.app.prepjet.net/signup
- **<u>PSYCH PREP</u>** https://psychprep.com/eppp-study-materials/

UPASS METHOD

- **<u>Understand</u>** the EPPP – Content Domains, types of questions, recognizing *subtle* differences between similar concepts. *"Understanding must come before memorizing."*
- **<u>Plan</u>** & Prepare Strategically – Too much content for "cramming." Exam prep needs to be added into existing workload and personal responsibilities.
- **<u>Anxiety</u>** Management – High anxiety can sabotage ability to acquire information when studying, ability to concentrate and recall information during the exam.
  - Important to recognize how & when it's impacting us, and how to manage it.
- **<u>Study</u>** Efficiently & Effectively – Best preparation strategy is deep and thorough understanding of concepts, and ability to apply concepts to exam questions.
- **<u>Skills</u>** Acquisition – Beyond memorization, acquire skills tailored for this exam.

PRINCIPLES OF SUCCESS

- **Commit to Passing** – Self-fulfilling prophecy, perceived self-efficacy.
- **Take Personal Responsibility** – *"**Whether or not you pass the EPPP will depend largely on the choices you make before the exam, and the actions you take based on those choices**…Acknowledge right now that you're responsible for your success on the EPPP."*
- **Overcome Psychological Barriers** – Potential impact of T/trauma on self-efficacy, self-worth, and ability to learn, retain, and recall information.
- **Time Management** – Prioritization competing demands/responsibilities, limit-setting, saying no, overcoming procrastination, social support.
- **Planning & Preparation** – Concrete plan, series of clearly defined test-related goals and tasks. *As a reminder, cramming NOT recommended.*
- **Perseverance** – Adherence to plan despite frustration, variable motivation, competing responsibilities, life stressors.



https://psychologenie.com/what-is-self-fulfilling-prophecy-how-does-it-work
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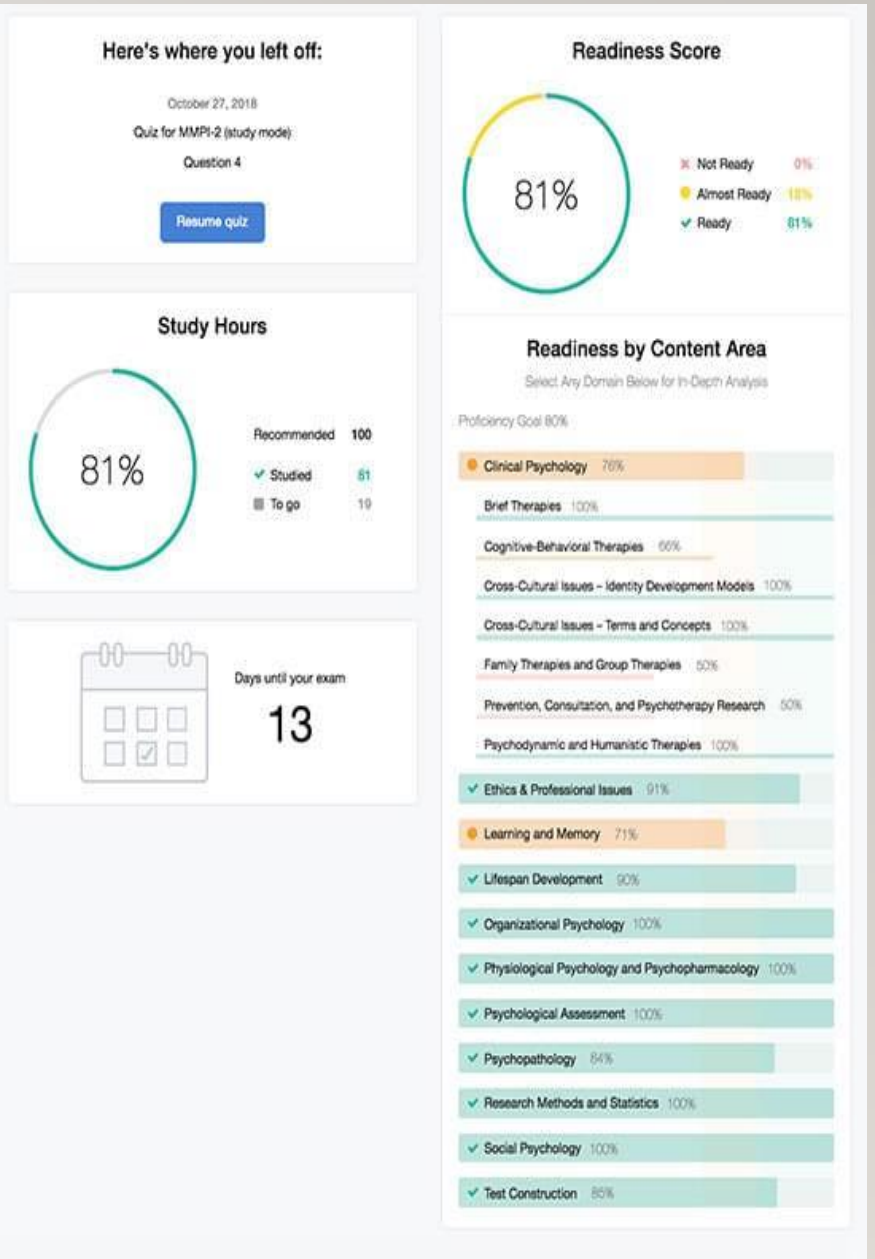
DEVELOPING AN EFFECTIVE STUDY PLAN

- **Individualized** – Customized based on initial knowledge, rate of learning, and familiarity w/ content domains.
- **Invested** – Willing to invest considerable amount of time, effort, and energy.
  - Target = **3 to 6 MONTHS for 10-20 HOURS/week (200-400 hours total)**.
- **Realistic** – recognize limits, constraints, include breaks, sleep, self-care.
- **Clearly Defined Goals & Tasks** – system for tracking what's going to be accomplished during a given chunk of time (e.g. Study Log or Schedule).
- **Reinforcing Activities** – Rewarding activities linked to accomplishing goals/tasks to maintain motivation.
- **Contingencies** – If/when life circumstances prevents adhering to plan.
- **Modified as Necessary** – Practice Test performance informs tasks & topics. Balance reading & reviewing content with taking Practice Exams.

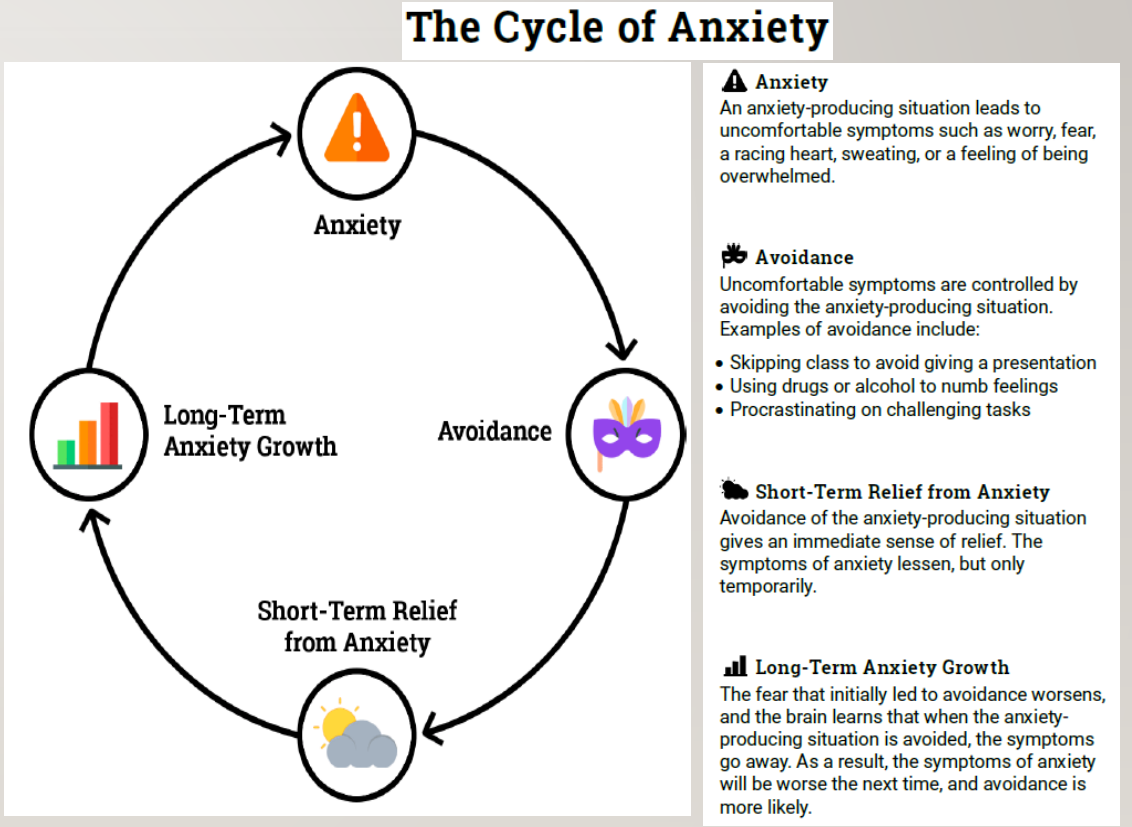


Example of Study Plan Template (PrepJet)

https://www.google.com/search?q=EPPP+study+plan&tbm=isch&ved=2ahUKEwjw0dKwnNrsAhVN66wKHWAMCEgQcCegQIABAA&oq=EPPP+study+plan&gs_lcp=CgNpbWcQAzIECAAQGDoGCAAQBxAeUL6sBFi-sgRg97MEaABwAHgAgAFaiAHwApIBATWYAQCgAQGqAQtnd3Mtd2l6LWItZ8ABAQ&sclient=img&ei=vO2aX_CDK3WswXgmKDABA&bih=591&biw=899&rlz=1C1CHBF_enUS918US918#imgrc=dhV54vzAqc1b-M

MINDSET & OUTLOOK

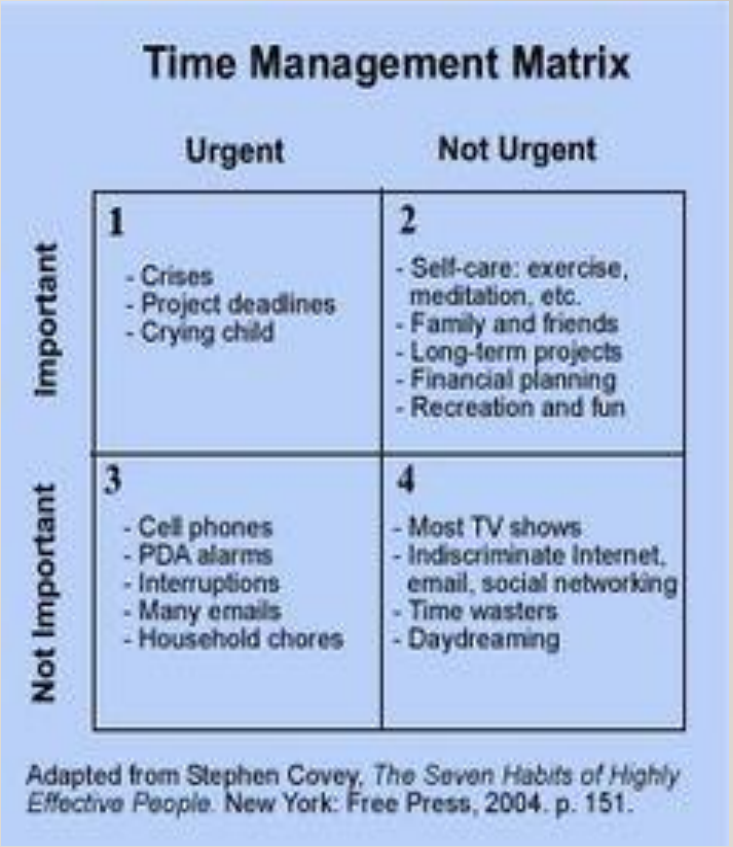
- **Maintain Solution-Focused & Resilient Attitude**
  - *"I will pass this test."* **Humbling** process, especially initially…Confidence builds with time, effort, results.
  - Return on Investment. Foundational knowledge & clinical skillset (*subject matter expert*) vs. "just another stupid hoop."
- **Avoid Self-Defeating Cognitions & Counterproductive Behaviors**
  - ***Test Anxiety*** & ***Procrastination–Avoidance Cycle.***
  - Feelings of self-worth associated with anticipated poor performance.
- **Motivation & Effort**
  - Start small. Use incentives. Alternate between interesting & dry topics.
  - ***Self-Discipline vs. Self-Compassion***
  - Maintain physical & emotional health. Exercise, healthy diet & sleep routine.
- **Aim for OVER-Learning & Being OVER-prepared**
  - ***Adequate Preparation*** = most effective way to increase confidence and overcome test anxiety.



https://www.therapistaid.com/worksheets/cycle-of-anxiety.pdf

TIME MANAGEMENT STRATEGIES

- **Carve out the Time to Study**
  - Prioritize work & personal responsibilities. Carve out consistent chunks of time. Plan ahead, stick to it.
- **Make the Best Use of Your Time**
  - Factor in extra time – aim for 3-4 weeks before exam as buffer against unexpected crisis.
  - Study when you're at your best – recognize body's rhythms, energy & concentration levels.
  - "Study station" – quiet, free from distractions, good lighting, equipped with appropriate stuff.
  - Use "down time" productively – audio for car rides, stuff to read for no-shows, breaks.
- **Enlist Support From Others**
  - "***Getting on the Same Page***." Check-in w/ family & friends re: study plan. Recognize possibility of mixed reactions. Be clear and direct, yet respectful. Remind them (and yourself) it's temporary.
  - "***Remember to Have Fun.***" Social engagement keeps the 'saw sharp' and 'battery charged.'



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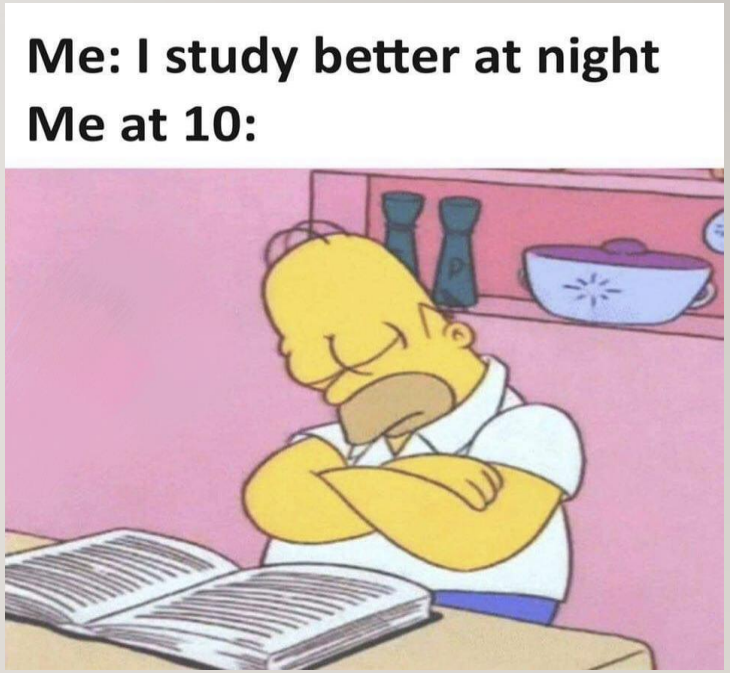
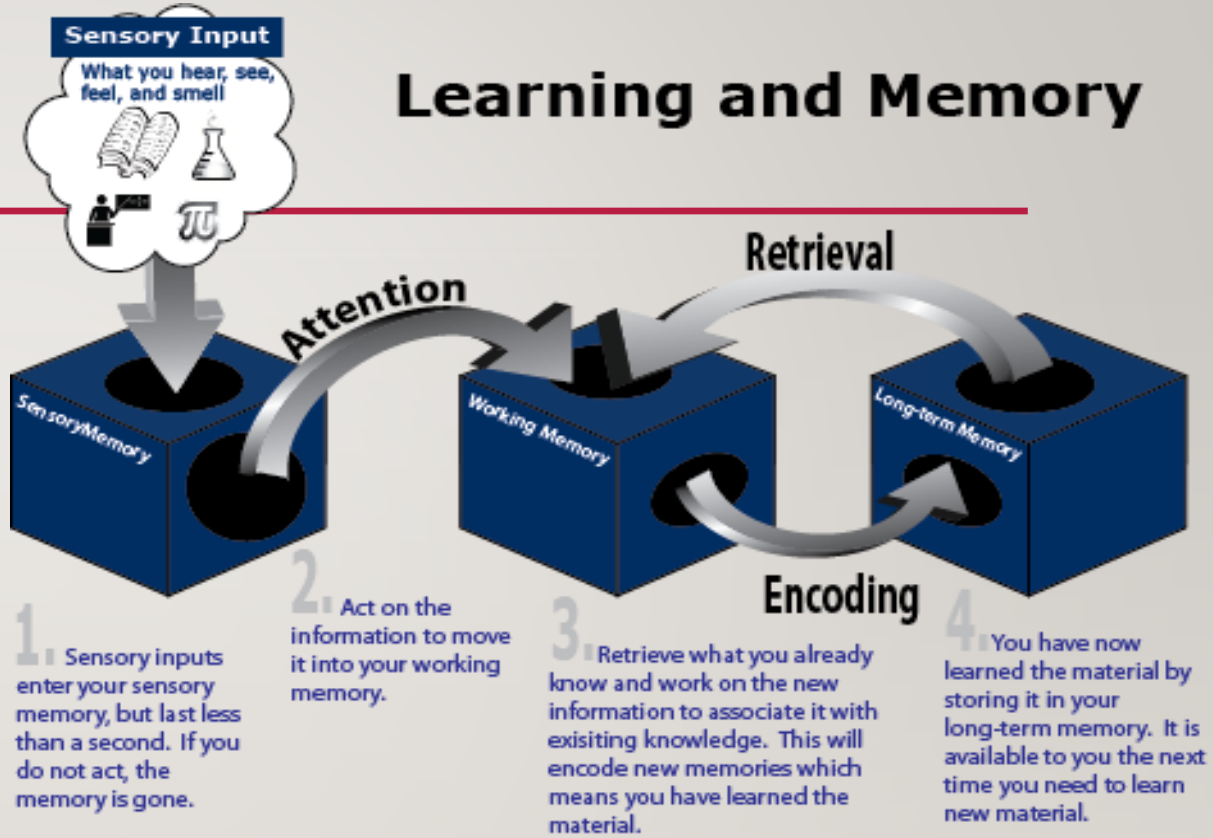
GENERAL STUDY STRATEGIES

- **Focus on "Big Picture" and Details** – Forest → Trees.
- **Acquire Content & Application Knowledge** – Understand enough to apply to concrete examples and/or recognize in unfamiliar contexts.
- **Take Advantage of Learning Style & Preferences** – Visual, Auditory, Kinesthetic.
- **Active Learning Strategies** – Highlighting, tables, section quizzes, concept maps, etc.
- **Monitor Progress** – Review frequently, study rationale & learn from wrong answers.
- **Use Metacognitive Skills** – Self-monitor and modify strategies to enhance comprehension as needed (e.g. when to slow down, re-read, ask for help.)
- **Take Breaks** – 90-120 mins max, even 5-10 min break helps increase efficiency.
- **Study Group/Buddy** – Retention & application (vs. acquisition), difficult concepts, quiz/test items together.



https://www.memedroid.com/memes/tag/study

LEARNING & MEMORY



- ***What does the Research say about Learning?***

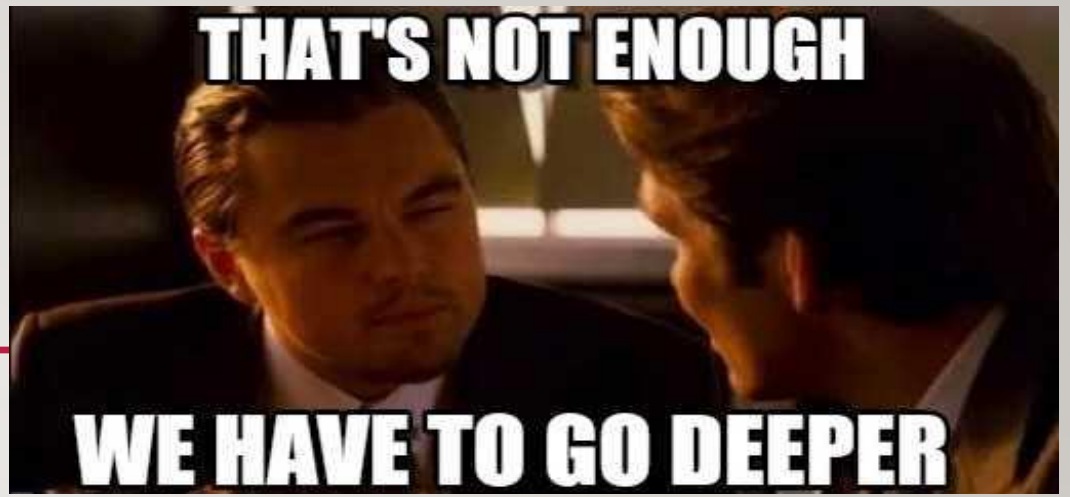
1. **Learning** most **effective** when ***spaced*** vs. ***massed*.**
   - **Study in "Chunks"** vs. one long session.
2. **Optimal Learning Strategy** is **OVER-Learning**
   - Continue reviewing past mastery to ***automaticity***.

Memory Processes

- **Acquisition** – requires attention; sensory memory to short-term memory (STM).
- **Storage** – needs to be ***encoded*** to transfer from short-term to long term memory (LTM).
  - ***Elaborative Rehearsal*** (**Analyze, Summarize, Apply**) increases **MEANINGFULNESS**
- **Retrieval** – enhanced by practice ("Mental Reps") and Organization.

https://sites.google.com/a/leyden212.org/ms-leonard-s-classes/psychology/unit-4-learning-memory-intelligence

MEMORY STRATEGIES



- **Principle of Recitation**
  - **Most Effective** technique for **Transferring** information from **STM to LTM**.
- **Organize Material**
  - LTM as **networks** of **interrelated** information. Use ***Active Study Strategies*** to make **relationships** among **terms** and **concepts *explicit*.**
- **Make Material Meaningful**
  - **Elaborative Rehearsal** – new information made more meaningful by relating to existing knowledge.
  - **"Front Burner Phenomena"** – notice examples of EPPP content everywhere.
    - Incorporate *illustrations* into study plan – and ok to share thoughts aloud ('indulge me' ☺)

https://www.mihaileric.com/static/neural_network_meme-2d98b614a083d918e3cf714c08493946.2d4eb.jpeg

THE BRAIN – ORIENTATION & ORGANIZATION

- **DORSAL/SUPERIOR = TOP → VENTRAL/INFERIOR = BOTTOM**
- **ANTERIOR = FRONT → POSTERIOR = BACK**

HINDBRAIN, MIDBRAIN, and FOREBRAIN

- **HINDBRAIN**
  - **BRAIN STEM (*MEDULLA & PONS*) (+) CEREBELLUM**
    - **MEDULLA –** influences flow of INFORMATION between BRAIN & SPINAL cord
      - Coordinates & regulates **VITAL FUNCTIONS** (breathing, heartbeat, blood pressure).
      - DAMAGE = FATAL.
    - **PONS – connect TWO HALVES** of Cerebellum
      - Role in **INTEGRATION** of **movements** – R & L side of body
    - **CEREBELLUM** – **TIMING & COORDINATION** of acts;
      - **SENSORIMOTOR LEARNING**, and aspects of
      - **COGNITIVE FUNCTIONING** (e.g. ability to SHIFT ATTENTION).
      - **DAMAGE →** associated with
        - **ATAXIA** – **SLURRED SPEECH, SEVERE TREMORS, LOSS OF BALANCE**
          - **EX: Alcohol intoxication –** ALC affects cerebellum

- **MIDBRAIN**
  - **SUPERIOR & INFERIOR COLLICULI; RETICULAR FORMATION/RAS; SUBSTANTIA NIGRA**
    - **SUPERIOR COLLICULI** – routes for **VISUAL** INFO
    - **INFERIOR COLLICULI** – **AUDITORY** info
    - **RETICULAR FORMATION & RAS –** extends from spinal cord through hindbrain – midbrain → hypothalamus → forebrain
      - **RETICULAR ACTIVATING SYSTEM (RAS) –** vital to **CONSCIOUSNESS, AROUSAL, and WAKEFULNESS.**
        - Screens **SENSORY input during sleep and arouses higher order centers when important information needs to be processed.**
      - **DAMAGE → disrupts SLEEP-WAKE CYCLE;** can produce COMA-like state.
    - **SUBSTANTIA NIGRA –** involved in:
      - **MOTOR functioning –** included in **BASAL GANGLIA**
      - **REWARD SYSTEM – MESOLIMBIC & MESOCORTICAL DOPAMINE PATHWAY(s)**
        - **NUCCLEUS ACCUMBENS, VENTRAL STRATIUM, and**
        - **VENTRAL TEGMENTAL AREA (VTA),**

- **FOREBRAIN**
  - **SUBCORTICAL: THALAMUS; HYPOTHALAMUS** *(SCN, Mammalian Bodies);* **BASAL GANGLIA** *(Caudate Nucleus, Putamen, Globus Pallidus, Substantia Nigra);* and **LIMBIC SYSTEM** *(Amygdalae, Hippocampus, Cingulate Cortex).*
    - **THALAMUS – "RELAY STATION"** involved in motor activity, language, and memory
    - **HYPOTHALAMUS – "HOMEOSTATIS" (+) "4 F's"** (*Fight, Flight, Feeding, Fornicating*)
      - **SUPRACHIASMATIC NUCLEUS (SCN)** – mediates **SLEEP-WAKE cycle & CIRCADIAN RHYTHMS,** and involved in **SEASONAL AFFECTIVE DISORDER.**
    - **BASAL GANGLIA –** involved in **PLANNING, ORGANIZING, and COORDINATING VOLUNTARY MOVEMENTS; REGULATING AMPLITUDE/DIRECTION** of **MOTOR ACTIONS.**
      - **DAMAGE –** linked to SEVERAL DISORDERS, including**:**
        - **Huntington's Disease; Parkinson's Disease; Tourette's; ADHD.**
    - **LIMBIC SYSTEM** – primarily associated w/ **MEDIATION of EMOTION>**
      - **AMYGDALAE –** Integrates, coordinates, and directs **MOTIVATIONAL & EMOTIONAL ACTIVITIES;** Attaches **EMOTIONS to MEMORIES & RECALL** of **EMOTIONALLY CHARGED EXPERIENCES.**
        - **Role in CLASSICALLY CONDITIONED RESPONSES (e.g. KLUVER-BUCY).**
      - **HIPPOCAMPUS –** associated with **CONSOLIDATING SHORT-TERM DECLARATIVE TO LONG-TERM MEMORIES**
        - **HM –** bilateral removal → **ANTEROGRADE AMNESIA**
          - **INABILITY to FORM NEW (long-term) MEMORIES,** and
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  - **CORTICAL: CORPUS CALLOSUM; FRONTAL, PARIETAL, TEMPORAL, OCCIPITAL**
    - **CORPUS CALLOSUM –** connects Left & Right hemispheres;
      - **CONTRALATERAL Representation – SENSORIMOTOR functioning (EXCEPT OLFACTION)**
    - **FRONTAL LOBE:**
      - **PRIMARY MOTOR AREA –** located w/in **PRE-CENTRAL GYRUS**
        - Execution of Movement; especially fingers, lips, and jaw.
      - **SUPPLEMENTARY MOTOR AREA:** planning & control of movement
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      - **BROCA'S AREA;** Major Motor Speech Area (damage – Expressive Aphasia)
      - **PRE-FRONTAL CORTEX;**
        - **Dorsolateral –** Higher-order cognitive functioning, judgment, insight, planning, organization, problem-solving, attention, etc.)
        - **Orbitofrontal** – Inhibition, Impulse control, emotional stability, social judgment/insight, etc.

    - **PARIETAL LOBE –** located w/in **POST-CENTRAL GYRUS**
      - **SOMATOSENSORY CORTEX –** contains **PRESSURE, TEMPERATURE, PAIN, PROPRIOCEPTION, and GUSTATION** (TASTE)
      - **DAMAGE →** disturbances in **SPATIAL ORIENTATION**
        - **APRAXIA –** inability to perform skilled movments
        - **SOMATOSENSORY AGNOSIA's**
          - **TACTILE** – inability to recognize by **touch**
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THE BRAIN – ORIENTATION & ORGANIZATION

DORSAL/SUPERIOR = TOP → VENTRAL/INFERIOR = BOTTOM

ANTERIOR = FRONT → POSTERIOR = BACK

HINDBRAIN, MIDBRAIN, and FOREBRAIN

HINDBRAIN

- **BRAIN STEM** (*MEDULLA & PONS*) (+) **CEREBELLUM**
  - **MEDULLA** – influences flow of INFORMATION between BRAIN & SPINAL cord
    - Coordinates & regulates **VITAL FUNCTIONS** (breathing, heartbeat, blood pressure).
    - DAMAGE = FATAL.
  - **PONS – connect TWO HALVES** of Cerebellum
    - Role in **INTEGRATION** of **movements** – R & L side of body
  - **CEREBELLUM** – **TIMING & COORDINATION** of acts;
    - **SENSORIMOTOR LEARNING**, and aspects of **PROCEDURAL MEMORY**
    - **COGNITIVE FUNCTIONING** (e.g. ability to SHIFT ATTENTION).
    - **DAMAGE →** associated with
      - **ATAXIA** – **SLURRED SPEECH, SEVERE TREMORS, LOSS OF BALANCE**
        - **EX: Alcohol intoxication** – ALC affects cerebellum

MIDBRAIN

- **SUPERIOR & INFERIOR COLLICULI; RETICULAR FORMATION/RAS; SUBSTANTIA NIGRA**
  - **SUPERIOR COLLICULI** – routes for **VISUAL** INFO
  - **INFERIOR COLLICULI** – **AUDITORY** info
  - **RETICULAR FORMATION & RAS** – extends from spinal cord through hindbrain – midbrain → hypothalamus → forebrain
    - **RETICULAR ACTIVATING SYSTEM (RAS)** – vital to **CONSCIOUSNESS, AROUSAL, and WAKEFULNESS.**
      - Screens **SENSORY input during sleep and arouses higher order centers when important information needs to be processed.**
    - **DAMAGE → disrupts SLEEP-WAKE CYCLE;** can produce COMA-like state.
  - **SUBSTANTIA NIGRA** – involved in:
    - **MOTOR functioning** – included in **BASAL GANGLIA**
    - **REWARD SYSTEM – MESOLIMBIC & MESOCORTICAL DOPAMINE PATHWAY(s)**
      - **NUCCLEUS ACCUMBENS, VENTRAL STRATIUM, and**
      - **VENTRAL TEGMENTAL AREA (VTA),**

FOREBRAIN

- **SUBCORTICAL: THALAMUS; HYPOTHALAMUS** (*SCN, Mammalian Bodies*); **BASAL GANGLIA** (*Caudate Nucleus, Putamen, Globus Pallidus, Substantia Nigra*); and **LIMBIC SYSTEM** (*Amygdalae, Hippocampus, Cingulate Cortex*).
- **THALAMUS** – **"RELAY STATION"** involved in motor activity, language, and memory
- **HYPOTHALAMUS** – **"HOMEOSTATIS" (+) "4 F's"** (*Fight, Flight, Feeding, Fornicating*)
  - **SUPRACHIASMATIC NUCLEUS (SCN)** – mediates **SLEEP-WAKE cycle & CIRCADIAN RHYTHMS,** and involved in **SEASONAL AFFECTIVE DISORDER.**
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LEFT mediates POSITIVE emotions + Happiness
DAMAGE: Catastrophic Depr/Anx.

RIGHT mediates Sadness, Anger, other NEGATIVE emotions
DAMAGE: APATHY or undue cheerfulness

- **PARIETAL LOBE** – located w/in **POST-CENTRAL GYRUS**
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OLFACTION mediated by several structures, including: Amygdalae; Limbic cortex; Orbito frontal cortex

Orbito frontal cortex: involved in Conscious perception of ODORS

Amygdalae: involved in OLFACTORY MEMORY

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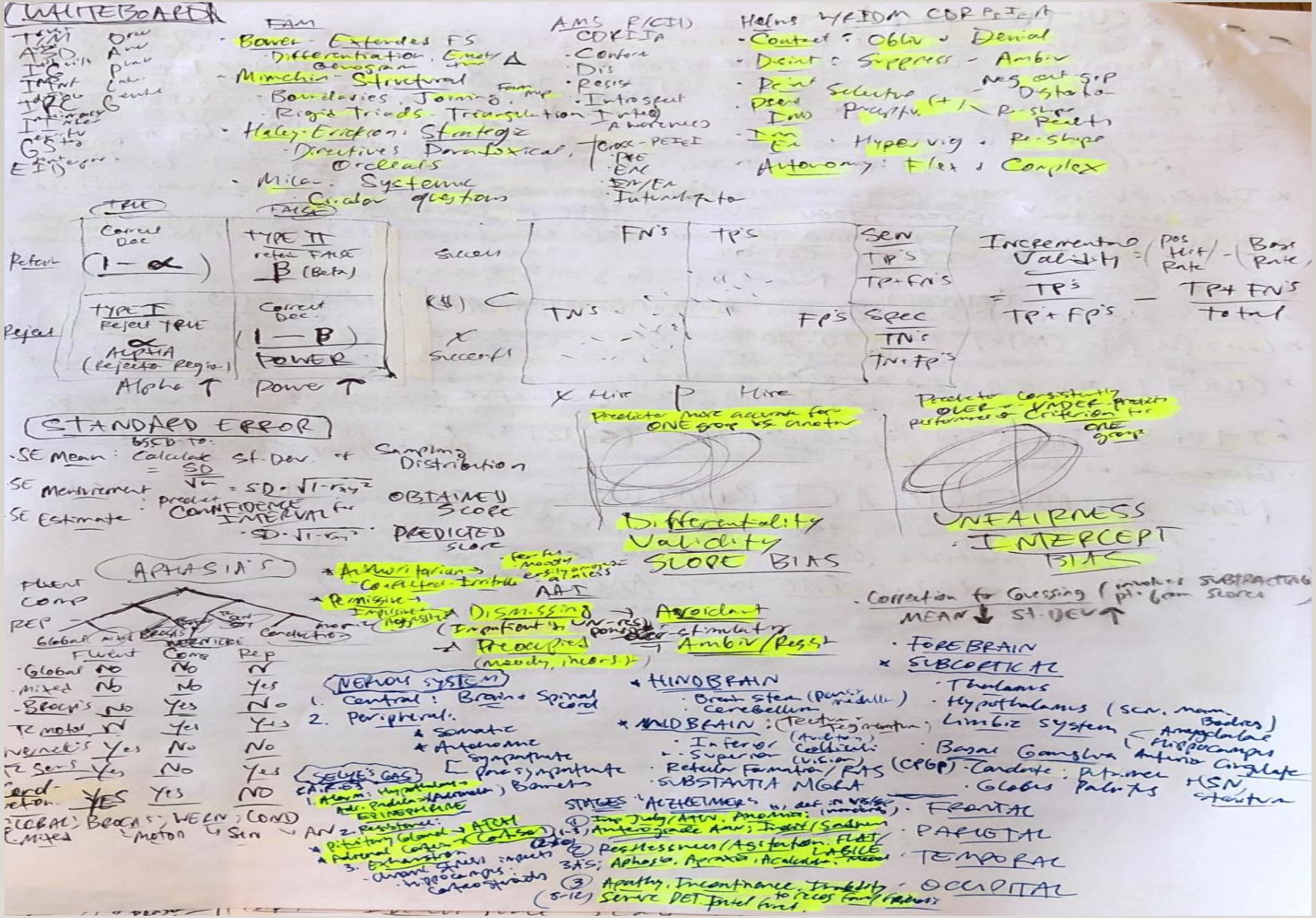
★ACHROMATOPSIA: Inability to distinguish between different Colors.
★COLOR AGNOSIA: Inability to pair particular Color(s) w/ Specific Object

MEMORY STRATEGIES

- **Mnemonic Devices** – components of theory, developmental stages, steps of intervention, etc.
  - ***Acronyms*** – word or phrase using the first letter of each item in the list.
    - ***RAID*** – **R**e-experiencing, **A**voidance, **I**ncreased Arousal, **D**issociative (*PTSD symptoms*)
    - ***DABDA*** – **D**enial, **A**nger, **B**argaining, **D**epression, **A**cceptance (*Kubler-Ross; Stages of Grief*)
    - **CHARLE: C**onsequences & **H**edonism**; A**pproval & **R**ules**; L**aws & **E**thics *(Kohlberg, Moral Development)*
    - **RIASEC** – **R**ealistic, **I**nvestigative, **A**rtistic, **S**ocial, **E**nterprising, **C**onventional (*Holland*)
  - ***Acrostics*** – phrase or rhyme constructed from first letter of each word
    - **S**ee **P**iaget **C**reep **F**orward – **S**ensorimotor, **P**re-operational, **C**oncrete, **F**ormal operational *(Piaget)*
    - **O**rphan **A**nnie was a **P**retty **L**ittle **G**irl – **O**ral (0-1), **A**nal (1-3), **A**nal (3-6), **P**hallic (6-12), **G**enital (12+) *(Freud)*
  - ***Visual Mnemonics***:
    - **Keyword Method** – paired associative tasks, two words/images must be linked
      - Ex: Chaining vs. Shaping; Retroactive vs. Proactive Interference,
    - **Method of Loci** – imagery, items placed in familiar location; recall involves "walking through" and retrieving them.

Reminder: understanding → memorization.

Whiteboard Doc



TEST-TAKING STRATEGIES – GENERAL

- **Read Questions & Responses *Carefully* –** Be aware of *wording*.
  - Avoid Absolutes; Adding information (not included), and making Assumptions
  - Avoid Dwelling on Questions & Skipping Around
- **Be Careful When Changing Answers** – First choice often correct.
  - **Trust your gut, minimize "second guessing."**
- **Systematic Approach** – *Five-Step Process*
  - 1. Read Entire Stem – note if stem includes ***qualifier*** (e.g. not, least, best, exception, etc.).
  - 2. Restate Question & Identify Content Domain.
  - 3. Answer Question in Your Own Words
  - 4. Read and Grade all of the Answers – plus (+), minus (-), or question mark (?)
  - 5. Carefully Mark your Answer – confirm it's response you meant

http://img.memecdn.com/me-during-every-multiple-choice-test_o_3173007.jpg

TEST-TAKING STRATEGIES – DIFFICULT ITEMS

- **Re-Read Stem & Responses**
  - Confirm not missing or misinterpreting a detail, word, or phrase that narrows down choices.
- **When in Doubt, Stay Calm, Take an "Educated Guess"** – no penalty for guessing
  - **Actively Search Memory** – if something looks familiar, try to place it within context to aid recall
  - **Use Retrieval cues** – Mnemonics, Acrostics, Visualize (diagrams, tables).
  - **Use Common Sense** – Many terms (esp. Social & IO) 'sound like' what they mean.
  - **Process of Elimination** – If two responses are ***opposites*** or mutually exclusive, one usually correct. Questions asking *all but,* or *except,* correct response often one that's *different* or doesn't belong.
  - **Assume the Client Advocacy Position** – especially for Ethical issues. **Best guess = *Best Interest of Client*.**
  - **Make Situation Real** – concrete example, visualize perspective of client or clinician.
  - **Keep it Simple** – if stem seems to simple, avoid tendency to over-analyze it. You likely know more than you realize.
  - **Flag It & Return at the end…** Ideally, keep Flagged Items to a minimum (10% or so; approx. 20-25 items)

https://memegenerator.net/instance/57106138/michael-scott-yelling-okay-its-happening-everyone-stay-calm

FINAL TIPS

- **Practice Effects**
  - ASPPB recommends "aiming for a score at least 5-10 points higher that the cut-off on at least two exams you take for the *first* time…and on most exams you take for a second time."
    - Target = consistently, comfortably passing practice exams prior to real exam.
  - **Final Exams** designed to be *more* difficult than Practice Exams. Intended to be taken 3-4 weeks ahead of time. Target ≥ 70% on Final Exam.
- **Day Before**
  - **DO**: Gather everything you need (docs, ID, etc.); plan ahead (location, traffic). Take care of yourself, get a good night's sleep!!
  - **DON'T**: **try to cram and/or stay up super late**!
- **Exam Day**
  - **DO**: Set an alarm, eat, allow for enough time, arrive early, dress comfortably, bring vital docs. **Take deep breaths**, maintain confident & positive attitude. Read directions, use white board. **Take your time.** Stay calm.
  - **DON'T:** be concerned if you're anxious or worried about performance; dwell on difficult questions.

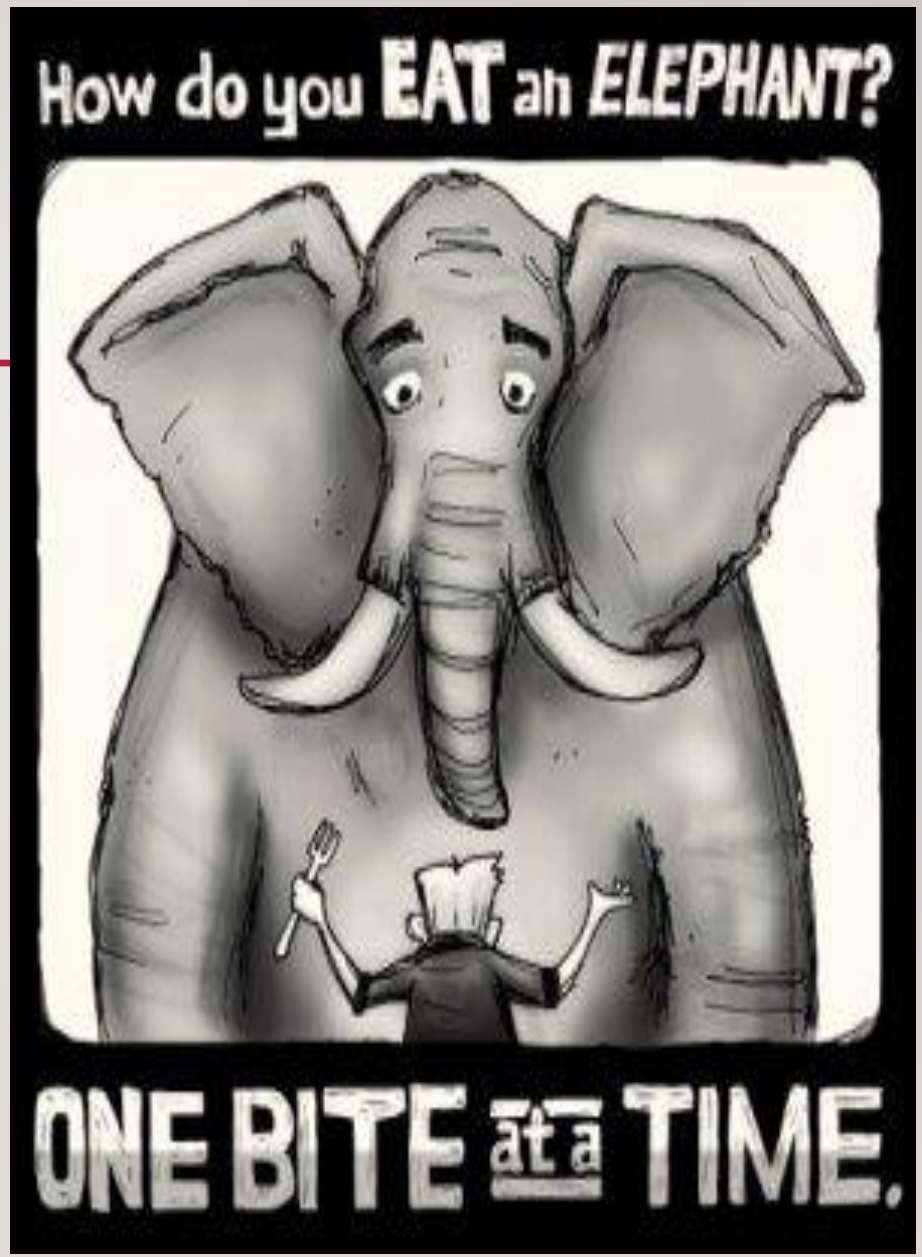
NEXT STEPS

- **If you PASS**
  - *"Savor your victories!"* Take a moment to soak it in. Rest. Recharge. Celebrate!
- **If you Don't**
  - **Practice Self-Compassion**. **NOT** a reflection on your worth as a person and/or capacity as a therapist/clinician.*
  - **Maintain Momentum** – Avoid waiting TOO Long to reschedule (Best Practice = 6-8 weeks).
- **"Home Stretch"**
  - **Professional Responsibility Exam** (**PRE**) – MN Code of Ethics. 60-items, 120-minutes, multiple choice. https://mn.gov/boards/psychology/laws/
  - **Criminal Background Check Program (CBCP)** – *Fingerprinting Appointment*** mn.gov/boards/cbc
  - **JOB HUNT!!!**
  - **Licensure Application** https://mnit.force.com/license/CommunitiesLoginPage?AgencyVar=Psychology

*How Failing the EPPP Made me a Better Person: http://blog.time2track.com/how-failing-the-eppp-made-me-a-better-person/
**COVID Deferment: https://mn.gov/boards/cbc/faqs/defermentfaqs.jsp

DISCUSSION

- **Takeaways**
  - *Part-**Process,** part-**Mindset/Outlook**.*
  - ***Self-Discipline** vs. **Self-Compassion**.* Confidence grows w/ time, effort, 'reps,' and results.
  - During the exam, *"**It's normal to feel like you're not going to pass**"* –and- *"**Go in there confident. You know more than you realize."***
  - **Humbling & Challenging** -and- *extremely **Satisfying*** when you pass."
- **Post-Measure:**
  - How ***motivated*** are you to study for the EPPP?
  - How ***confident*** do you feel about your ability to prepare successfully?
- **Questions?**
  - Biggest Apprehensions, Worries, Concerns,
  - "Horror Stories, "Myth vs. Reality?
- **Feedback for next time?**



https://corymiller.com/wp-content/uploads/2013/08/EatanElephantQuoteSM-300x300.jpg

RESOURCES

EPPP TEST PREP Materials Include:

- **AATBS** https://aatbs.com/psychology/eppp/printed-study-tools
- **Prep Jet** https://eppp.app.prepjet.net/signup
- **Psych Prep** https://psychprep.com/eppp-study-materials/
- **Taylor Study Method** https://www.taylorstudymethod.com/
- **Academic Review** https://www.academicreview.com/psychology

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- **Association of State and Provincial Psychology Boards (ASPPB) Website** https://www.asppb.net/
- ***EPPP Candidate Handbook***
  - *https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/eppp_cand-handbook-1_16_2019.pdf*
- **The EPPP (Part 2 – Skills)**
  - **Updated Overview** https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/updated_overview.pdf
  - **FAQ's** https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf
- **MN Board of Psychology Website** https://mnit.force.com/license/Dashboard
- **Path to Licensure (ASPPB)** *https://cdn.ymaws.com/www.asppb.net/resource/resmgr/Mobility_/Path_to_Licensure_December_2.pdf*
- **Articles & Blogs**
  - ***The Path to EPPP Excellence*** *https://www.apa.org/gradpsych/2007/09/eppp*
  - ***EPPP Myths vs. Reality*** *https://www.asppb.net/page/MythsvsReality?&hhsearchterms=%22myth%22*
  - **Are You Dreading the EPPP? Here's How to Prepare for it** https://blog.time2track.com/are-you-dreading-the-eppp-heres-how-to-prepare-for-it
  - **6 ways to Prep for the EPPP that Don't Involve Studying** *https://blog.time2track.com/6-ways-to-prep-for-the-eppp-that-dont-involve-studying*
  - **How to Stay Positive During your EPPP Journey** *https://blog.time2track.com/how-to-stay-positive-during-your-eppp-journey/*
  - ***What I Learned from Failing the EPPP*** *https://blog.time2track.com/learned-failing-eppp/*

REFERENCES

- Association For the Advanced Training In The Behavioral Sciences (AATBS) (2019). *Preparatory Course for the Psychology Written Exam. Psychology EPPP Preparation, Volume I: Exam Strategies*. www.aatbs.com
- Clay, R. (2012). *"Are you studying too much for the EPPP? Research suggests that more than 300 hours can backfire.* https://www.apa.org/gradpsych/2012/11/eppp-myths
- DeLillo, D. & Tremblay, G. (2009). How Should the Effectiveness of the EPPP Be Judged? *Professional Psychology: Research and Practice, 40* (4), 333-340.
- Macura, Z., & Ameen, E. (2020). Factors Associated With Passing the EPPP on First Attempt: Findings From a Mixed Methods Survey of Recent Test Takers. *Training and Education in Professional Psychology.* Advance online publication. http://dx.doi.org/10.1037/tep0000316
- Ryan, A. & Chan, D. (1999). Perceptions of the EPPP: How do Licensure Candidates View the Process? *Professional Psychology: Research and Practice, 30* (5), 519-530.
- Sharpless, B. & Barber, J. (2009). The Examination for Professional Practice in Psychology (EPPP) in the Era of Evidence-Based Practice. *Professional Psychology: Research and Practice, 40* (4), 333-340.
- Sharpless, B. & Barber, J. (2013). Predictors of Program Performance on the Examination for Professional Practice in Psychology. *Professional Psychology: Research and Practice, 44* (4), 208-217.
- Sharpless, B. (2019). Pass Rates on the Examination for Professional Practice in Psychology (EPPP) According to Demographic Variables: a Partial Replication. *Training and Education in Professional Psychology.* Advance online publication. http://dx.doi.org/10.1037/tep0000301