DEMYSTIFYING THE EPPP

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Allina Health
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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

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/](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.

**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
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 best 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

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

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Table 2
Summary of Significant Findings Across Four Recent Articles Examining EPPP Pass Rates

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<td>Sample size (N)</td>
<td>1,691</td>
<td>2,109</td>
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<td>14,372</td>
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*Note.* EPPP = Examination for Professional Practice in Psychology; n.s. = not significant at p = .05 level.

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.).

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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

UPASS METHOD

- **Understand** the EPPP – Content Domains, types of questions, recognizing *subtle* differences between similar concepts. “Understanding must come before memorizing.”

- **Plan** & Prepare Strategically – Too much content for “cramming.” Exam prep needs to be added into existing workload and personal responsibilities.

- **Anxiety** 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.

- **Study** Efficiently & Effectively – Best preparation strategy is deep and thorough understanding of concepts, and ability to apply concepts to exam questions.

- **Skills** Acquisition – Beyond memorization, acquire skills tailored for this exam.

**EPPP TEST PREP materials include:**
- AATBS [https://aatbs.com/psychology/eppp/printed-study-tools](https://aatbs.com/psychology/eppp/printed-study-tools)
- PREP JET [https://eppp.app.prepjet.net/signup](https://eppp.app.prepjet.net/signup)
- PSYCH PREP [https://psychprep.com/eppp-study-materials/](https://psychprep.com/eppp-study-materials/)
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.

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.
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.

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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[Image: Time Management Matrix]

[Graph: Time Management Balance]
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.

Me: I study better at night
Me at 10:

https://www.memedroid.com/memes/cg/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’ 😊)

[Image: https://www.mih-eric.com/static/neural_network_meme-2a78b416a66353f186ef7d0a804400740-204e.jpg]
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 COLICULI — routes for VISUAL INFO
  - INFERIOR COLICULI — AUDITORY info
  - RETICULAR FORMATION & RAS — extends from spinal cord through hindbrain — midbrain — hypothalamus to 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.
  - SUBSTANIA NIGRA — involved in:
    - MOTOR functioning — included in BASAL GANGLIA
    - REWARD SYSTEM — MESOLIMBIC & MESOCORTICAL Dopamine PATHWAY(s)
      - NUCLEUS 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 (Amygdala, Hippocampus, Cingulate Cortex).

THALAMUS — “RELAY STATION” involved in motor activity, language, and memory
HYPOTHALAMUS — “HOMEOSTATICS” (+) “4 Fs” (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 VOLLUNTARY 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. KLLUVER-BUCY).

HIPPOCAMPUS — associated with CONSOLIDATING SHORT-TERM DECLARATIVE TO LONG-TERM MEMORIES
  - HM = bilateral removal → ANTEROGRAD E AMNESIA
  - INABILITY to FORM NEW (long-term) MEMORIES, and
  - RETROGRAD E amnesia — inability to REM ≤ 3 yrs pre-event
CINGULATE CORTEX — involved in ATTENTION, EMOTION, PERCEPTION & SUBJECTIVE EXPERIENCE of PAIN
  - ANTERIOR CINGULATE — TRANSMISSION of PAIN SIGNALS; role in EMOTIONAL RESPONSE to PAINFUL STIMULI (“MISERY INDEX”)

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
  - MEDIATES MOTOR IMAGERY (i.e. mental REPRESENTATION of MOVEMENT)
  - PRE-MOTOR CORTEX: important for CONTROL of MOVEMENT in response to EXTERNAL (SENSORY) STIMULI
  - 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.
    - Orbifrontal — 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 to disturbances in SPATIAL ORIENTATION
    - APPARAXIA — inability to perform skilled movements
    - SOMATOSENSORY AGNOSIA’s
      - TACTILE — inability to recognize by touch
      - ASOMATOPSIS — “...parts of own body.
      - ANOSOGNOSIA — “...one’s symptoms.
    - LESIONS — RIGHT-sided — contralateral NEGLECT
    - LESIONS — LEFT-sided:
      - IDEATIONAL APPARAXIA: inability to carry out series of actions)
      - IDEOMOTOR APPARAXIA: “...carry out simple action in response to command.
    - GESTALTMAIN’S SYNDROME: FINGER AGNOSIA; R/L confusion; AGRAPHIA; ACALCULIA.

TEMPORAL LOBE — AUDITORY CORTEX & WERNICKE’S AREA
  - ROLE in LEARNING & MEMORY
    - MEDIATE ENCODING, RETRIEVAL & STORAGE of LONG-TERM DECLARATIVE MEMORIES.
    - LESIONS → ANTEROGRAD & RETROGRAD AMNESIA FOR
      - DECLARATIVE (I.E. SEMANTIC & EPISODIC) MEMORIES
  - OCCIPITAL LOBE — VISUAL CORTEX: VISUAL PERCEPTION, RECOGNITION, MEMORY
    - POSTERIOR — CENTRAL VISION
    - ANTERIOR — PERIPHERAL VISION
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** — Re-experiencing, Avoidance, Increased Arousal, Dissociative (PTSD symptoms)
    - **DABDA** — Denial, Anger, Bargaining, Depression, Acceptance (Kubler-Ross; Stages of Grief)
    - **CHARLE:** Consequences & Hedonism; Approval & Rules; Laws & Ethics (Kohlberg, Moral Development)
    - **RIASEC** — Realistic, Investigative, Artistic, Social, Enterprising, Conventional (Holland)
  - **Acrostics** — phrase or rhyme constructed from first letter of each word
    - See Piaget Creep Forward — Sensorimotor, Pre-operational, Concrete, Formal operational (Piaget)
    - Orphan Annie was a Pretty Little Girl — Oral (0-1), Anal (1-3), Anal (3-6), Phallic (6-12), Genital (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.
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

![Image](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)
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?
RESOURCES

- Association of State and Provincial Psychology Boards (ASPPB) Website [https://www.asppb.net/](https://www.asppb.net/)
- EPPP Candidate Handbook
- The EPPP (Part 2 – Skills)
  - FAQ’s [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp_part_2-skills_faq_s_1.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp_part_2-skills_faq_s_1.pdf)
- Path to Licensure (ASPPB) [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/Mobility_/Path_to_Licensure_December_2.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/Mobility_/Path_to_Licensure_December_2.pdf)
- Articles & Blogs
  - EPPP Myths vs. Reality [https://www.asppb.net/page/MythsVsReality?&hhsearchterms=%22myth%22](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](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](https://blog.time2track.com/6-ways-to-prep-for-the-eppp-that-dont-involve-studying)
  - What I Learned from Failing the EPPP [https://blog.time2track.com/learned-failing-eppp/](https://blog.time2track.com/learned-failing-eppp/)

EPPP TEST PREP Materials Include:
- AATBS [https://aatbs.com/psychology/eppp/printed-study-tools](https://aatbs.com/psychology/eppp/printed-study-tools)
- Prep Jet [https://eppp.app.prepjet.net/signup](https://eppp.app.prepjet.net/signup)
- Psych Prep [https://psychprep.com/eppp-study-materials/](https://psychprep.com/eppp-study-materials/)
- Taylor Study Method [https://www.taylorstudymethod.com/](https://www.taylorstudymethod.com/)
- Academic Review [https://www.academicreview.com/psychology](https://www.academicreview.com/psychology)
REFERENCES


