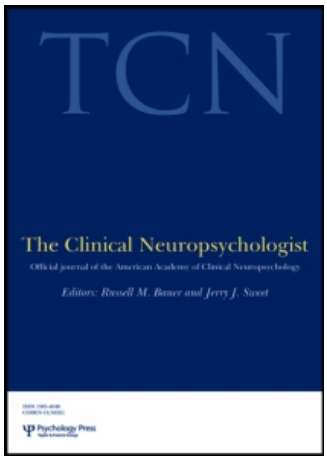

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THE TCN/AACN 2005 "SALARY SURVEY": PROFESSIONAL PRACTICES, BELIEFS, AND INCOMES OF U.S. NEUROPSYCHOLOGISTS

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Doctoral-level members of Division 40 (Clinical Neuropsychology) of the American Psychological Association and other neuropsychologists were invited to participate in a web-based survey in early 2005. Response rate was estimated to be between 28.5 and 31.3%. The range of years postdoctorate was 1–51. Demonstrating the substantial proportional change in gender taking place in the field, 7 of 10 postdoctoral residents were women. Whereas the median age of APA members has been over 50 since the early 1990s, the current median age of clinical neuropsychologists is 47 and has essentially remained unchanged since 1994, indicating substantial entrance of young psychologists into the field. Use of testing assistants remains commonplace. The "flexible battery" approach has increased in popularity and predominates, whereas endorsement of the "standardized battery" approach continues to decline. More than 90% of respondents are engaged in full-time or full-time plus part-time employment. Incomes from 2004 vary considerably by years of clinical practice, work setting, amount of forensic practice, and region of country. Job satisfaction has little relationship to income and is comparable across most variables (e.g., work setting, professional identity, amount of forensic activity), whereas income satisfaction has a stronger relationship to actual income, at least at the higher income levels. Job satisfaction of neuropsychologists in general is higher than reported for other U.S. jobs. Fewer than one in five respondents is considering changing job position and very few individuals are considering leaving neuropsychology or psychology for a different field. More than 8 of 10 respondents experienced an income increase in the last five years, whereas fewer than 1 in 10 experienced a decrease. While higher than reported by other types of psychologists, neuropsychology incomes have lagged behind inflation when compared to 1992 data. Numerous breakdowns related to income and professional activities are provided.

INTRODUCTION

Surveys of clinical neuropsychologists have provided interesting information regarding the characteristics of practice, teaching, research, and incomes within the field. The first and only true "salary surveys" were conducted in the 1980s and early 1990s (Putnam, 1989; Putnam & Anderson, 1994; Putnam & DeLuca,

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1990a, 1990b; Putnam, DeLuca, & Anderson, 1994), with the most recent of these describing income data from 1992. Although income data were obtained in the 2000 professional practice survey co-sponsored by Division 40 (Clinical Neuropsychology) of the American Psychological Association (APA) and the National Academy of Neuropsychology (NAN), specific information pertaining to breakdowns of such parameters as academic rank, department affiliation, and type of institution, as well as whether in private practice one was an owner, employee, or contractor was not gathered (Sweet, Peck, Abramowitz, & Etzweiler, 2003). Therefore, as detailed breakdowns of incomes by very specific practice setting parameters had not been gathered since the last "TCN Salary Survey" performed in 1992, we sought to resurrect this type of survey.

In keeping with the current status of TCN as the official journal of the American Academy of Clinical Neuropsychology (AACN), in 2004 we proposed a joint TCN/AACN income and professional practice survey to the AACN Board of Directors. The Board agreed to fund a primarily web-based survey that would include income and professional practice content and that would repeat the survey content used initially in 1989 (Sweet & Moberg, 1990) and repeated in 1994 (Sweet, Moberg, & Westergaard, 1996) and 1999 (Sweet, Moberg, & Suchy, 2000a, 2000b).

METHOD

Various electronic and web-based approaches were considered. Ultimately, the commercial web-based survey company PsychData (http://psychdata.com/) was selected. This company allows survey researchers to use their site to construct and completely control item content and structure. Data entered online at the PsychData website is downloaded directly to SPSS files, thus precluding any data entry errors.

Prior survey experience had demonstrated a very large overlap between neuropsychology membership organizations, with the largest number of U.S. clinical neuropsychologists belonging to Division 40 of APA, and thus this organization was selected. Initially, the desire to calculate an exact rate of return led to using a postcard invitation to alert individuals to the survey. Inasmuch as there was no desire to exclude non-Division 40 members, and in fact we desired to include as many U.S. clinical neuropsychologists as possible, we invited interested individuals who were not members of Division 40 to contact the third author to receive instructions on how to complete the survey. This method was chosen to allow the survey team to keep track of the number of individuals completing the survey who were in addition to those originally contacted by postcard.

Initial postcards to all 3471 Division 40 doctoral-level members were mailed in February 2005. Reminder postcards were mailed approximately four weeks later. The postcard instructions included information relevant to completion of the survey on the website or, if preferred, how to obtain a paper-and-pencil version. Due to postcard delivery problems apparently associated with non-profit bulk mail rates, which caused long delays and non-delivery in many cases, numerous e-mail listserv announcements were made beginning on May 1. All completed surveys received by the evening of May 31 were examined for usability.

RESULTS

Response Rates

From the initial mailing, 37 postcards were undeliverable, 3 members were determined to be deceased, and 3 were returned with notations that the individuals were retired from the field and not interested. There were also 15 individuals who were not Division 40 members who completed the survey. On May 1, considering the preceding information, the response rate was 731/3444, or 21.2%. Because of the problem of many potential respondents not receiving the postcards, e-mail list-serv announcements were distributed broadly on May 1. At the May 31 cutoff for completion of the survey, 1081 individuals had completed the survey. Of these, two were determined to be master's-level practitioners and one survey contained no responses. Thus, the actual return rate at that time was 1078/3444, or 31.3%. Inasmuch as we had broadened the invitations to include more than Division 40 members, the final tally of respondents surely included an unknown number of individuals being added to the denominator used to compute the return rate. Estimating that perhaps 10% of the 347 individuals who completed the survey between May 1 and May 31 were not Division 40 members, the overall return rate for the survey would be 31%.

General Sample Demographics and Characteristics

For 1068 respondents who provided their age, mean age was 45.8 ($SD = 10.2$), with a range of 26–82. Table 1 shows that the current sample primarily holds a Ph.D, with the largest number having clinical psychology as their doctoral field of study.

Table 1 Characteristics of general sample of respondents[a]

Demographics	Frequency	Precent
Degree		
Ph.D.	944	88.6
Psy.D.	107	10.0
Ed.D.	9	.8
More than one	2	.2
Other	6	.6
Gender		
Male	463	49.7
Female	469	50.3
Ethnicity		
African American/Black	15	1.4
American Indian/Alaskan Native	3	.3
Asian or Pacific Islander	17	1.6
Hispanic/Latino	30	2.8
Caucasian/White	974	92.3
Chose not to disclose	16	1.5
Field of doctoral study		
Clinical psychology	746	70.0
Neuropsychology	108	10.1

(*Continued*)

Table 1 Continued

Demographics	Frequency	Precent
Counseling psychology	80	7.5
School psychology	32	3.0
General/experimental psychology	22	2.1
Educational psychology	18	1.7
Neurosciences	12	1.1
Physiological psychology	9	.8
Clinical/health psychology	7	.7
Rehabilitation	4	.4
Other	27	2.5
Work status		
Full time	899	85.3
Part time	70	6.6
Combined (full time + part time)	73	6.9
Retired	9	.9
Unemployed	3	.3
Employment setting		
Institution only	402	41.5
Private practice only	225	23.2
Institution *and* private practice	246	25.4
Postdoctoral residency	96	9.9
"Do you use a technician/psychometrician to collect test data from patients?"[bc]		
Yes	497	53.4
Paid paraprofessionals	387	21.3
Paid doctoral level staff	68	13.7
Paid postdoctoral residents or fellows	167	33.9
Paid predoctoral trainees	207	41.7
Unpaid postdoctoral residents or fellows	18	3.7
Unpaid trainees	143	29.0
No	434	46.6
Professional identity[c]		
Adult neuropsychologist only	458	51.0
Pediatric neuropsychologist only	121	13.5
Both adult/pediatric neuropsychologist	253	28.2
Not a clinical neuropsychologist	66	7.3
Board certification of any kind[c]	301	30.7 (of 981)
ABPP (of any kind)	273	90.7 (of 301)
ABPP-CN	243	80.7 (of 301)
ABPP-CN only (without other ABPP or ABPN)	208	69.1 (of 301)
ABPP-CN (without other ABPP) plus ABPN	15	5.0 (of 301)
ABPP-CN (plus other ABPP without ABPN)	12	3.9 (of 301)
ABPP-CN (plus other ABPP) plus ABPN	3	.9 (of 301)
ABPP (not CN) without ABPN	24	8.0 (of 301)
ABPN	51	16.7 (of 301)
ABPN only (without any ABPP)	28	9.2 (of 301)

Note. Useable $N = 1078$.

[a]Includes all licensed and non-licensed respondents.

[b]As respondents were allowed to check multiple types of technicians, sums of technicians will not be equal to the total number who use technicians (497).

[c]Postdoctoral residents were excluded from analyses pertaining to testing assistants, board certification, and professional identity. See Tables 5 and 6 for more information pertaining to residents.

The sample is evenly divided into half men and half women. The vast majority are Caucasian, with the next largest subset being Hispanic/Latino at only 2.8%. The majority (85.3%) of the sample works full time, whereas 6.6% work part time, and 6.9% have both full-time *and* part-time positions. Employment settings were 41.5% in institutions, 23.2% in private practice, and 25.4% in *both* settings. Approximately 10% of respondents were postdoctoral residents.

A few general questions were asked of the entire sample. As shown in Table 1, excluding postdoctoral residents from consideration, when self-identifying professional identity, 51% viewed themselves as adult neuropsychologists, 13.5% as pediatric neuropsychologists, and 28.2% as having a combined adult *and* pediatric identity. Interestingly, 7.3% of the sample did not view themselves as clinical neuropsychologists. A greater number of respondents reported using testing assistants, with 53.4% indicating such usage when conducting evaluations. Board certification was well represented in the sample, with 30.7% holding some form of board certification, the largest proportion of which was the ABCN diplomate, at 80.7%.

Table 2 lists the state of licensure and primary employment of the respondents. The top ten states on the list account for 55.7% of the sample, whereas the bottom 20 account for less than 10% of the sample.

Table 2 Respondent state of licensure and primary employment

State	*n*	%	Cum.%
California	88	9.5	9.5
New York	70	7.5	17.0
Florida	60	6.5	23.4
Texas	60	6.5	29.9
Illinois	47	5.1	34.9
Pennsylvania	44	4.7	39.7
Massachusetts	40	4.3	44.0
Michigan	40	4.3	48.3
Wisconsin	39	4.2	52.5
Ohio	30	3.2	55.7
Minnesota	27	2.9	58.6
Virginia	27	2.9	61.5
Washington	27	2.9	64.4
Maryland	24	2.6	67.0
North Carolina	22	2.4	69.4
Missouri	19	2.0	71.4
Arizona	17	1.8	73.2
Colorado	17	1.8	75.1
Connecticut	17	1.8	76.9
New Jersey	17	1.8	78.7
Georgia	16	1.7	80.4
Tennessee	13	1.4	81.8
Utah	13	1.4	83.2
Alabama	12	1.3	84.5
Indiana	12	1.3	85.8
Louisiana	10	1.1	86.9
New Hampshire	10	1.1	88.0

(*Continued*)

Table 2 Continued

State	*n*	%	Cum.%
New Mexico	9	1.0	88.9
Rhode Island	9	1.0	89.9
Iowa	8	.9	90.8
West Virginia	8	.9	91.6
Arkansas	7	.8	92.4
Maine	7	.8	93.1
Oregon	7	.8	93.9
District of Columbia	6	.6	94.5
Nebraska	6	.6	95.2
South Carolina	6	.6	95.8
Kansas	5	.5	96.3
Hawaii	4	.4	97.3
Montana	4	.4	97.7
North Dakota	4	.4	98.2
Oklahoma	4	.4	98.6
Mississippi	3	.3	98.9
Vermont	3	.3	99.2
Alaska	2	.2	99.5
Nevada	2	.2	99.7
Delaware	1	.1	99.8
Puerto Rico	1	.1	99.9
Wyoming	1	.1	100.0

Note. If licensed in more than one state, respondents were asked to provide state of primary employment. Of 1078 respondents, 930 provided this information.

As shown in Table 3, the present sample, on average, completed their doctoral degree approximately 16 years ago and been practicing approximately 14 years. The most common weekly professional activities, in descending order, are clinical practice, research/writing (funded), teaching/training, and non-clinical administration. Clinical practice is by far the most frequent weekly activity, comprising an average

Table 3 Age of licensed practitioners, years since doctoral degree obtained, and years since licensed[a]

	n	Range	Mean	Median	*SD*
Age of licensed practitioners	937	29–82	47.1	47.0	9.2
Years since degree	940	1–51	15.8	14.0	8.9
Years since licensed	930	0–48	14.3	13.0	8.7
Years practicing	918	.5–52	13.7	13.0	8.9
Percent weekly time devoted to:					
Clinical practice	888	0–100	64.3	75.0	29.6
Teaching/training	757	0–90	11.5	8.0	13.8
Research/writing (funded)	605	0–100	14.9	2.0	24.1
Research/writing (unfunded)	633	0–100	7.0	5.0	10.2
Supervision of support personnel	664	0–45	4.7	5.0	5.2
Non-clinical administration	747	0–100	10.4	5.0	12.7

[a]Excludes postdoctoral residents.

Table 4 Hours needed to complete evaluations related to referral questions and referral context

Referral question	*n*	Mean	Median	*SD*	Percentile 25	75	95	99	Range	Not applicable %
Determination of diagnosis (inpatient)	776	4.2	3.0	4.2	2.0	5.0	12.0	25.0	.5–25.0	35.8
Determination of diagnosis (outpatient) in hours	798	7.9	7.0	5.7	4.0	10.0	20.0	25.0	.5–25.0	7.8
Treatment planning (inpatient)	743	3.3	2.0	4.4	1.0	4.0	12.0	25.0	.5–25.0	44.1
Treatment planning (outpatient)	761	5.0	3.0	5.0	1.0	8.0	15.0	21.4	.5–25.0	17.5
Establish baseline of function with probable subsequent testing (inpatient)	755	4.4	3.0	3.9	2.0	6.0	10.0	25.0	.5–25.0	40.5
Establish baseline of function with probable subsequent testing (outpatient)	768	6.4	6.0	4.4	3.0	8.0	14.0	25.0	.5–25.0	18.6
Educational evaluation (excludes educational due process)	758	7.6	7.0	5.3	4.0	10.0	18.2	25.0	.5–25.0	34.6
Forensic evaluation	772	10.9	10.0	6.5	6.0	15.0	25.0	25.0	.5–25.0	21.8

Note. Excludes postdoctoral residents. The maximum allowable number of hours for any referral question was 25 hours.

of 64.3% and median of 75% of weekly activities. Table 4 depicts hours required to complete evaluations that differ by referral question or context. As is evident, the specific referral question and referral context greatly impact the number of hours needed to complete an evaluation. Subsequent analyses of time required for evaluations will appear in additional tables to follow. The results of these time-based analyses vary depending upon the variable of interest, such as the relationship to use of testing assistants and the particular sample responding to given survey items. In general, present results are consistent with past surveys in showing a very wide range of times per evaluation. These broad ranges can in some instances be due to the influence of an individual patient's clinical condition, fatigue, cooperation, etc.—variables that are not under the control of the examiner.

Postdoctoral Residents

Comparison of clinical neuropsychologists in the field with current postdoctoral residents allows a view of possible changes within the profession. In Table 5 it seems that a slightly higher percentage of residents have a Psy.D., though still a minority. More substantial is the very high proportion of women, at 70.7%. Even though 45.8% were beyond their first year of residency, only 29.2% of residents were licensed. As might be expected, the vast majority of residencies are found within institutions. Professional identity as a pediatric neuropsychologist is much higher among residents compared to neuropsychologists in the field, and not surprisingly the percent of residents self-identifying as an adult *and* pediatric

Table 5 Demographics of postdoctoral residents[a]

Demographics	Mean	*SD*	Range
Age	31.3	*3.4*	26–48
	Frequency	Percent	
Degree			
Ph.D	81	84.4	
Psy.D	14	14.6	
Other	1	1.0	
Gender			
Male	27	29.3	
Female	65	70.7	
Year of postdoctoral residency			
1	52	54.2	
2	41	42.7	
>2	3	3.1	
Licensure status			
Licensed	28	29.2	
Non-licensed	68	70.8	
Work status			
Full time	90	95.7	
Part time	2	2.1	
Combined (full-time/part-time)	2	2.1	
Setting			
Institutional only	85	93.4	
Private practice only	2	2.2	
Combined (institutional/private practice)	4	4.4	
Professional identity			
Adult neuropsychology only	50	54.9	
Pediatric neuropsychology only	21	23.1	
Adult and pediatric neuropsychology	17	18.7	
None	3	3.3	

[a]$n = 96$.

neuropsychologist is lower. Very few residents had not yet developed this type of professional identity. Resident salaries, shown in Table 6, are wide ranging, especially in the second year, but with means and medians within the low $30,000 range for years one and two.

Table 6 Salaries of postdoctoral residents by year of residency[a]

					Percentile				
	n	Mean	Median	*SD*	25	75	95	99	Range
Year of residency									
1	38	30.5	31.5	8.6	25.6	35.6	44.0	44.4	0–44.4
2	35	33.3	32.0	10.7	29.0	37.5	50.8	74.0	0–74.0
Combined	73	31.8	32.0	9.7	28.0	36.5	44.1	74.0	0–74.0

[a]Includes postdoctoral residents working full time or more within institutional settings only. Salaries are in thousands of dollars.

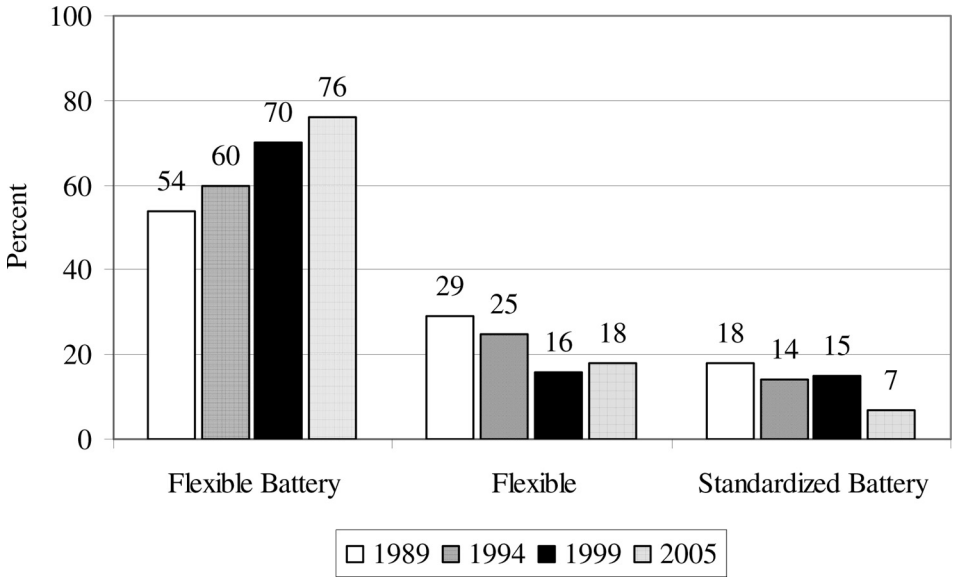

Figure 1 Primary philosophical approach toward test selection. *Note*. "Flexible Battery" = variable but routine groups of tests for different types of patients, such as head injury, alcoholism, elderly, etc.; "Flexible" = based upon the needs of an individual case, not uniform across patients; "Standardized Battery" = routine group of tests uniform across patients such as the Halstead-Reitan, Luria-Nebraska, Benton, or other standard battery.

Philosophical Approach toward Test Selection

Figure 1 demonstrates the historical and current viewpoint of clinical neuropsychologists regarding their approach toward test selection. Quite apparent in the chronological survey data is the trend from 1989 to 2005 for more individuals to align with the flexible battery approach, to the point that 3 of 4 currently identify with this philosophical position. In contrast, proponents of the standardized battery approach have continued to decrease proportionally, currently accounting for only 7% of clinical neuropsychologists.

Income from Neuropsychological Activities

Correlates of income. Some significant correlates of income are presented in Table 7. Involvement in forensic work, years in clinical practice, and board certification have moderate relationships to income. Note that job satisfaction has a statistically significant, but weak, relationship to income. Throughout the remainder of the article we will continue to present variables in a way that elucidates whether they appear to be related to income.

Testing assistants. The broad impact of using testing assistants is shown in Table 8. Clinical neuropsychologists who use testing assistants invest significantly briefer evaluations, have greater incomes, charge higher hourly fees, have greater

Table 7 Significant correlates of income

Variable	*n*	*r*
Hours of forensic practice each week	589	.43*
Years in clinical practice	582	.40*
Percentage of forensic practice	590	.37*
Any form of board certification	588	.30*

Note. Includes licensed clinicians who work full-time or more; excludes postdoctoral residents and income outliers (<$30,000). Non-significant income correlates were observed for percentage of time in clinical practice, percentage of professional time devoted to research/writing, percentage of supervision of clinical/support personnel, percentage of non-clinical administration, and type of doctoral degree.

*$p < .001$.

income satisfaction and greater job satisfaction, and spend fewer hours in clinical activities per week. As with other estimates of time needed to complete evaluations, estimates related to use of testing assistants are wide ranging. Again, such estimates are undoubtedly influenced by numerous patient variables and also the purpose of the evaluation (the effects of which are shown in Table 4).

Starting salaries. Table 9 shows the mean annual incomes in the first few years of practice. While the means and medians provide reasonable guidance in terms of offering salaries to recent graduates, there is considerable variability, even with outliers removed.

Table 8 Effects of utilizing a testing assistant

	"Do you use a technician/psychometrist or other assistant to collect test data from your patients?"								
	Yes				No				
	n	Mean	*SD*	Range	*n*	Mean	*SD*	Range	*t*
Number of hours for a single evaluation[b]	482	8.7	4.6	0–25	421	10.3	5.7	0–25	4.9**
Estimated gross psychology income[a]	328	118.5	70.7	30–500	264	98.9	54.2	32–465	3.7**
Hourly clinical fee[a]	280	191.9	60.1	31–500	216	172.1	69.5	50–600	3.4**
Income satisfaction[b]	455	70.4	23.8	0–100	397	65.8	26.6	0–100	2.7**
Job satisfaction[b]	454	78.7	19.6	0–100	395	74.7	23.7	0–100	2.7*
Number of weekly clinical hours	326	30.3	14.6	0–60	262	33.4	14.0	0–60	2.6*

Note. Comparison with Table 4 shows different estimates of required evaluation time, likely related to varying purposes of evaluations.

[a]Includes all licensed clinicians who work full time or more in either institutional, private practice, or combined institutional/private practices. Excludes postdoctoral residents and income outliers (<$30,000). Incomes are in thousands of dollars.

[b]Excludes postdoctoral residents only.

*$p < .01$, **$p < .001$.

Table 9 Mean annual Incomes in initial years of clinical practice[a]

Years in practice	*n*	Mean	Median	*SD*	Percentile 25	75	95	99	Range
<1	13	64.5	67.0	18.6	47.5	73.0	105.0	105.0	37.0–105.0
1	15	64.3	65.5	14.5	55.0	68.0	94.0	94.0	36.0–94.0
2	20	74.7	69.3	20.6	60.5	80.0	129.5	130.0	54.0–130.0
3	39	73.5	71.0	20.2	58.0	87.5	115.0	115.0	31.5–115.0
<1–3	87	70.8	68.0	19.4	58.0	80.0	111.0	130.0	31.5–130.0

[a]Includes licensed clinicians who work full-time or more, excluding post-doctoral residents and those earning < $30,000 annually. Included 56 institutional, 14 private practice, and 17 combined institution/private practice respondents. Amounts are in thousands of dollars. Two outliers, one reporting an income of $150,000 in the <1 year of clinical practice category and another reporting $180,000 from the 2 years of clinical practice category, were excluded.

Years in clinical practice. Table 10 shows years of clinical practice and incomes. The data suggest a large increase between the averages for the first 5 years and second 5 years of practice, and again after 15 years of practice. Across all years of practice, the average income of clinical neuropsychologists is $109,800 ($SD = 64{,}700$). It appears that after 15 years in practice, the majority of clinical neuropsychologists earned between $100,000 and $200,000 in 2004.

Income satisfaction. Respondents were asked to identify satisfaction with their incomes on a 0 to 100 scale (with 0 being completely dissatisfied and 100 being completely satisfied), as well as on a six-point categorical scale that ranged from being completely satisfied to being completely dissatisfied. Table 11 shows a mean income satisfaction of 67.6 ($SD = 25.2$) and a median income satisfaction of 75. Categorically, 39.2% were ''mostly satisfied'' and 9.3% were ''completely satisfied.'' Combining all relevant categories, a total of 67.4% endorsed some degree of satisfaction with their incomes. Table 12 shows that the correlation

Table 10 Income at varying intervals of years in clinical practice[a]

Years in practice	*n*	Mean	Median	*SD*	Percentile 25	75	95	99	Range
<1–5	143	76.2	70.0	25.4	62.0	87.0	124.0	182.8	31.5–185.0
6–10	115	103.4	90.0	42.7	76.0	120.0	200.0	271.0	45.0–275.0
11–15	125	104.5	90.0	50.2	76.0	122.5	200.0	317.7	35.0–320.0
16–20	82	130.5	101.5	73.2	85.0	142.0	308.3	465.0	30.0–465.0
21–25	69	143.6	110.0	98.6	85.0	150.0	430.0	500.0	40.0–500.0
>25	48	155.0	126.5	85.7	100.8	196.3	355.5	450.0	40.0–450.0
All years	582	109.8	90.0	64.7	72.0	125.0	246.8	408.5	30.0–500.0

[a]Includes licensed clinicians who work full time or more, excluding postdoctoral residents and those earning <$30,000 annually. Included 272 institutional, 147 private practice, and 163 institutional/private practice respondents.

Table 11 Overall job and income satisfaction

Continuous satisfaction variable	*n*	Mean	Median	*SD*
Income satisfaction (0–100)[a]	585	67.6	75.0	25.2
Job satisfaction (0–100)	938	76.7	85.0	21.6
Categorical satisfaction variable	***n***		**Percent**	
Income satisfaction[a]				
Completely dissatisfied	22		3.8	
Mostly dissatisfied	59		10.0	
Somewhat dissatisfied	109		18.7	
Somewhat satisfied	110		18.9	
Mostly satisfied	228		39.2	
Completely satisfied	54		9.3	
Interest in leaving current position				
Not interested; will stay in present position	455		55.2	
Ambivalent; unclear given both positive and negative feeling	174		21.1	
Somewhat interested; will at least seek information from other position	139		16.9	
Very interested; will actively seek a new position	56		6.8	

[a]Includes licensed clinicians who work full time or more; excludes postdoctoral residents and income outliers (<$30,000).

between income satisfaction and actual income is modest. Table 13 shows a higher correspondence between highest *mean* incomes and categorical income satisfaction and a more linear relationship between *median* income and income satisfaction.

Table 14 shows categorical income satisfaction broken down by gender, work status, and specific work setting. The percentages of men and women who are to some degree dissatisfied with income are comparable, whereas it appears that men are more highly represented in the highest categories of income satisfaction. There do not appear to be any trends regarding work status and income satisfaction. Given the widely varying percentages of individuals employed in specific work settings, no differences in income satisfaction appear related to this variable.

Table 12 Correlations of years licensed, psychology income, income satisfaction, and job satisfaction

Variable	Years licensed	Income satisfaction	Job satisfaction
Income satisfaction	.09		
(*n*)	(584)		
Job satisfaction	.05	.60*	
(*n*)	(581)	(582)	
Psychology income	.39*	.37*	.19*
(*n*)	(591)	(585)	(582)

Note. Includes licensed clinicians who work full time or more; excludes postdoctoral residents and income outliers (<$30,000).

*$p < .001$.

Table 13 Gross psychology incomes and income satisfaction

	Estimated gross psychology income in dollars			
	n	Mean	Median	*SD*
Completely dissatisfied	22	96,205	65,250	81,292
Mostly dissatisfied	59	79,824	76,752	28,800
Somewhat dissatisfied	109	92,299	78,000	53,941
Somewhat satisfied	110	98,358	86,000	47,504
Mostly satisfied	228	115,798	100,000	52,878
Completely satisfied	54	184,204	162,500	111,006

Note. Excludes postdoctoral residents. Includes licensed clinicians that work full time or more and earn more than $30,000.

The amount of money needed to create complete income satisfaction is shown in Table 15. Across all general work settings, nearly $40,000 is reported as the amount of income increase that would result in complete income satisfaction. There are significant differences by general work setting, with those working in institutions needing much less than those in private practice, and those in combined institution/private practice positions in between.

Table 14 Categorical income satisfaction by gender, work status, and specific work setting

			Income satisfaction											
			Completely dissatisfied		Mostly dissatisfied		Somewhat dissatisfied		Somewhat satisfied		Mostly satisfied		Completely satisfied	
Variable	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Gender														
Male	390	53.1	12	3.1	40	10.3	64	16.4	59	15.1	175	44.9	40	10.3
Female	345	46.9	14	4.1	40	11.6	70	20.3	78	22.6	117	33.9	26	7.5
Work status														
Full time	713	84.7	26	3.6	71	10.0	132	18.5	135	18.9	275	38.6	74	10.4
Part time	59	7.0	1	1.7	7	11.9	10	16.9	12	20.3	24	40.7	5	8.5
Full + part time	64	7.6	1	1.6	12	18.8	6	9.4	12	18.8	30	46.9	3	4.7
Retired	4	.5	0	0.0	0	0.0	0	0.0	0	0.0	2	50.0	2	50.0
Unemployed	2	.2	1	50.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0
Specific work setting[a]														
Medical	310	37.2	8	2.6	34	11.0	60	19.4	57	18.4	118	38.1	33	10.6
Private/group practice	269	32.3	10	3.7	32	11.9	35	13.0	45	16.7	113	42.0	34	12.6
Psychiatric	36	4.3	2	5.6	3	8.3	11	30.6	3	8.3	16	44.4	1	2.8
Rehabilitation	110	13.2	5	4.5	11	10.0	19	17.3	26	23.6	43	39.1	6	5.5
College/university	57	6.8	3	5.3	4	7.0	12	21.1	12	21.1	21	36.8	5	8.8
Other	52	6.2	1	1.9	6	11.5	11	21.2	12	23.1	16	30.8	6	11.5

Note. Excludes post doctoral residents.
[a]Setting in which respondents perform the majority of neuropsychological work.

Table 15 Amount of added income that would result in complete income satisfaction[a]

	n	Mean	Median	*SD*	*F*
Work setting					7.0
Institution only	255	33.1	20.0	49.5	
Private practice only	127	51.5	40.0	50.0	
Institution + private practice	150	41.3	35.0	33.4	
Total	532	39.8	25.0	46.1	

[a]Includes licensed clinicians who work full time or more; excludes post doctoral residents and income outliers (<$30,000).

Job satisfaction. Respondents were asked to identify their satisfactions with their present employment positions on a 0 to 100 scale (with 0 being completely dissatisfied and 100 being completely satisfied), and also by expressing degree of interest in leaving their present positions. Table 11 shows a mean job satisfaction of 76.7 ($SD = 21.6$) and only 6.8% very interested in leaving their present position and actively seeking a new position. An additional 16.9% expressed some interest in leaving their position and were open to examining information on a new position. More than half were not at all interested in leaving their current positions. Table 12 shows that the correlation between job satisfaction and income satisfaction is high ($r = .60$), whereas job satisfaction is not correlated with years in practice.

Board certification. Respondents board certified by the American Board of Clinical Neuropsychology (ABCN) are compared to those not board certified by ABCN in Table 16. Psychology income, job satisfaction, and income satisfaction are all significantly greater in those board certified by ABCN. Though a variety of variables affect income, board certification appears to be one of the few variables associated with a meaningful difference in both job and income satisfaction.

At the time of the present survey, there were 515 AACN members, with 243, or 47%, of the total group completing the present survey. In addition to the information in Table 16, a *thumbnail sketch* of clinical neuropsychologists board certified

Table 16 Mean differences of income, income satisfaction, and job satisfaction for ABCN and non-ABCN respondents

	ABCN status						
	ABCN certified			Not ABCN certified			
Variable	*n*	Mean	*SD*	*n*	Mean	*SD*	*t*
Gross psychology income[a]	155	134.7	78.3	437	100.9	56.4	16.0*
Income satisfaction (0–100)[b]	225	74.7	22.5	627	65.9	25.8	4.5*
Job satisfaction (0–100)[b]	224	80.9	19.3	625	75.4	22.3	3.3*

[a]Includes licensed clinicians who work full time or more; excludes post doctoral residents and income outliers (<$30,000).

[b]Excludes post-doctoral residents only.

*$p < .001$.

Table 17 Income by region of United States[a]

Region	*n*	Mean	Median	SD	Adjusted income[b]
Pacific	71	$127,652	97,000	85,101	125,409
Mountain	38	90,453	76,500	45,763	91,372
West N Cent	55	98,227	87,000	48,266	104,467
East N Cent	105	101,662	85,000	51,648	104,652
Mid Atlantic	71	131,771	98,000	93,444	119,910
New England	62	108,260	91,000	55,189	97,197
West S Cent	56	101,200	89,500	36,899	110,531
East S Cent	21	100,059	80,000	42,278	108,261
S Atlantic	102	113,593	90,500	67,762	121,196

[a]Includes licensed clinicians working full time or more; excludes post doctoral residents and income outliers (individuals earning < $30,000).

[b]Cost-of-living adjustment from Friar and Leonard (1997).

as of 2005 by ABCN would include the following: mean age = 48.7; gender = 35% women; doctoral degree of Ph.D. held by 93%; mean years in clinical practice = 17.3; working either full time or full time plus part time = 95%; working in institutions = 44%, in private practice = 21%, and in both settings simultaneously = 34%; professional identity of adult neuropsychologist = 56%, pediatric neuropsychologist = 13%, and both adult and pediatric = 31%; and, finally, related to incomes and not shown in Table 18, range of income = $40,000–$500,000 with median income = $110,000. Interestingly, of 243 individuals with ABCN board certification, 6.2% are also board certified by ABPP in one or more additional specialties. Because the proportion of board-certified neuropsychologists in the present sample is slightly higher than in the population, readers should be mindful of the related slightly heavier weighting of certain characteristics described above that are associated with board certification.

Region of United States. Using the official composition of states into regions as judged by the federal government for census purposes, Table 17 shows psychology income by region in which respondents were licensed and practicing. Additionally, seeking to correct for known differences in cost of living, Table 17 also includes cost of living adjustment figures, as derived by Friar and Leonard (1997). With and without adjusting for cost of living, the Pacific region has the highest reported psychology incomes.

State of licensure and practice. Because regions can have very different incomes in neighboring states, individual states and associated incomes are reported in Table 18. This table also shows income and job satisfaction by state, as well as increases and decreases in income compared to five years earlier. Note that Connecticut and Ohio are far apart in reported incomes and though differing in reported income satisfaction, report nearly identical levels of job satisfaction. Also, all states reported a much greater percentage of five-year income increase compared to those who experienced a decrease.

Professional identity. Respondents were asked to self-identify as adult neuropsychologist, pediatric neuropsychologist, adult *and* pediatric neuropsychologist,

Table 18 Incomes, income changes, income satisfactions and job satisfactions by state of licensure and primary employment

					Respondents reporting five-year income change[a]				Satisfaction variable			
	Gross psychology income				Increase		Decrease		Income		Job	
State	*n*	Mean	Median	*SD*	*n*	%	*n*	%	*n*	Mean	*n*	Mean
Connecticut	12	142.8	122.0	57.6	9	75.0	1	8.3	12	73.8	12	82.0
California	46	139.3	100.0	99.3	38	82.6	2	4.4	46	67.3	46	76.5
New York	31	136.3	100.0	103.4	30	96.8	1	3.2	31	68.9	31	76.4
New Jersey	10	131.0	98.0	74.5	8	80.0	2	20.0	10	65.9	10	78.1
Maryland	16	130.0	102.5	84.6	15	93.8	1	6.3	16	67.1	16	70.9
Pennsylvania	30	127.4	91.9	90.9	27	90.0	1	3.3	29	71.9	29	78.3
Florida	34	121.3	93.0	83.3	29	85.3	2	5.9	32	66.6	32	78.3
Georgia	12	117.7	95.0	59.7	8	66.7	1	8.3	12	58.5	12	72.5
Virginia	16	111.1	105.0	49.1	14	87.5	0	0.0	16	72.5	16	80.8
Massachusetts	26	110.4	97.0	61.9	20	76.9	3	11.5	25	60.9	25	70.7
Illinois	34	108.0	94.0	49.7	30	88.2	3	8.8	34	67.1	34	71.0
Michigan	22	106.6	75.0	69.5	17	77.3	2	9.1	22	67.1	22	80.9
Arizona	12	105.3	86.5	55.2	9	75.0	1	8.3	12	64.7	12	81.7
Wisconsin	24	104.0	83.5	53.9	22	91.7	2	8.3	24	74.2	24	79.5
Minnesota	19	100.6	90.0	43.8	18	94.7	1	5.3	19	64.7	19	78.9
Texas	41	97.5	88.0	34.9	34	82.9	4	9.8	39	71.2	39	79.1
North Carolina	13	95.6	84.5	38.7	13	100.0	0	0.0	13	64.1	13	77.0
Washington	18	92.8	84.5	26.0	18	100.0	0	0.0	18	73.6	18	79.3
Missouri	16	85.5	79.5	29.2	14	87.5	2	12.5	15	70.7	15	76.8
Ohio	19	85.4	82.0	28.8	17	89.5	2	10.5	19	62.5	19	82.2
Colorado	11	80.5	71.0	32.2	9	81.8	1	9.0	11	60.9	11	66.1

Note. States with <10 respondents are not reported.

[a]Represents % income increase or decrease in the last 5 years. Dollars are in thousands.

or no identity. Results of this categorization of professional identity are shown in Table 19, as a function of gender, use of testing assistants, work status, specific work setting, and general work setting. Approximately half are adult neuropsychologists, who are more likely to work in institutional settings. Among the much smaller number of pediatric neuropsychologists, women outnumber men two to one, and part-time work is overrepresented. A surprisingly high number, slightly more than one fourth, consider themselves pediatric *and* adult neuropsychologists. This latter group has a higher presence in private practice and is less likely to use a testing assistant.

Additional information pertaining to professional identity can be seen in Table 20, which shows age, years in practice, amounts of time engaged in various professional activities, fees, and income and job satisfaction. The group with no identity is older and appears to engage in much less neuropsychological evaluation and treatment time per week, though they are frequently engaged in other clinical work. The pediatric-only and adult-only identities appear associated with fewer years in practice. Pediatric neuropsychologists are much less involved in forensic activities per week, invest considerably more hours in a single evaluation, and charge a higher hourly fee. Regarding time per evaluation, as the note for Table 20 indicates, there was again a wide range, reflecting the fact that numerous variables affect

Table 19 Professional neuropsychology identity by gender, use of technicians, work status, work setting, and income setting

			Professional neuropsychology identity							
	Total		Pediatric only		Adult only		Pediatric/adult		None	
Variable	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Gender										
Male	410	52.9	38	9.3	210	51.2	130	31.7	32	7.8
Female	365	47.1	67	18.4	179	49.0	94	25.8	25	6.8
"Do you use a technician or psychometrician to collect test data from patients?"										
Yes	480	53.5	64	13.3	264	55.0	135	28.1	17	3.5
No	418	46.5	57	13.6	194	46.4	118	28.2	49	11.7
Work Status										
Full time	756	84.8	102	13.5	387	51.2	215	28.4	52	6.9
Part time	59	6.6	11	18.6	32	54.2	11	18.6	5	8.5
Full + part time	66	7.4	7	10.6	36	54.5	21	31.8	2	3.0
Retired	7	.8	0	0.0	2	28.6	1	14.3	4	57.1
Unemployed	3	.3	0	0.0	1	33.3	1	33.3	1	33.3
Work setting[a]										
Medical	326	37.0	65	19.9	186	57.1	70	21.5	5	1.5
Private/group practice	280	31.8	29	10.4	102	36.4	131	46.8	18	6.4
Psychiatric	43	4.9	3	7.0	24	55.8	10	23.3	6	14.0
Rehabilitation	113	12.8	4	3.5	76	67.3	24	21.2	9	8.0
College/university	59	6.7	8	13.6	32	54.2	9	15.3	10	16.9
Other	60	6.8	10	16.7	30	50.0	8	13.3	12	20.0
Income setting										
Institution only	402	46.0	69	17.2	243	60.4	56	13.9	34	8.5
Private practice only	225	25.8	18	8.0	90	40.0	100	44.4	17	7.6
Institution + private practice	246	28.2	31	12.6	113	45.9	90	36.6	12	4.9

[a]Setting in which respondents perform the majority of neuropsychological work.

such information. Also note that in Table 20, the sample sizes are quite different than in Tables 4 and 8, which also show time-based information, due to the requirement that a greater amount of information from multiple survey items had to have been completed by all respondents in Table 20. Income satisfaction is very comparable across types of professional identity, as is job satisfaction, except for the no-identity group, which is lower in job satisfaction.

Table 21 shows a breakdown of age groupings of patients as a function of professional identity. Interestingly, substantial numbers of the adult-only identity group work with young children and adolescents, though these percentages are much lower than the pediatric-only and the combined pediatric/adult group.

Finally, with regard to professional identity, Table 22 shows associated incomes. The combined pediatric/adult identity reported much higher incomes than the other identities, with the pediatric identity reporting the lowest mean income.

General work settings. Gender, use of testing assistants, and work status across general work settings are depicted in Table 23. Substantially fewer women

Table 20 Professional neuropsychology identity basic demographics and time spent in professional activity

	Professional neuropsychology identity											
	Pediatric only			Adult only			Pediatric/adult			No identity		
Variable	*n*	Mean	*SD*	*n*	Mean	*SD*	*n*	Mean	*SD*	*n*	Mean	*SD*
Age	120	46.0	10.6	457	46.2	8.7	251	47.9	9.0	63	52.6	11.3
Years in clinical practice	118	11.8	9.2	447	12.9	8.4	247	14.7	8.4	59	15.8	11.8
Percentage clinical time for neuropsych eval/treatment	117	74.6	31.6	443	67.6	32.8	244	72.5	29.0	62	14.0	18.2
Forensic neuropsychology hours/week	121	1.7	3.9	456	4.0	7.7	249	6.9	10.0	63	3.4	8.6
Percentage of professional time to clinical practice	117	61.5	29.2	441	61.0	30.3	247	72.5	26.4	51	63.4	31.2
Percentage of professional time to teaching/training	108	12.6	13.6	387	11.2	13.0	191	10.4	13.5	49	15.0	19.3
Percentage of professional time to research/writing (funded)	84	16.7	22.0	326	18.0	26.6	137	7.6	16.5	38	12.5	24.4
Percentage of professional time to research/writing (unfunded)	94	6.7	7.2	325	6.9	9.3	159	7.1	14.1	39	9.3	14.4
Percentage of supervision of clinical/support staff	89	3.4	3.3	348	4.6	4.5	170	5.4	6.4	36	4.0	6.4
Percentage of non-clinical administration	99	10.4	11.9	372	9.8	11.5	196	9.2	9.5	50	15.0	22.4
Hours spent doing a single neuropsychological eval[a]	119	12.4	4.8	449	8.2	4.3	248	10.8	5.5	62	7.4	6.5
Average outpatient eval time (hours) for diagnosis[a]	106	8.3	6.3	413	7.0	5.7	227	8.0	5.7	51	4.1	6.0
Average outpatient eval time (hours) for treatment planning[a]	101	4.8	5.5	395	3.8	4.5	214	4.6	5.2	50	2.5	5.3
Average outpatient eval time (hours) for baseline testing with probable later testing[a]	100	6.0	4.9	397	5.1	4.4	220	5.8	5.0	50	2.0	3.5
Average educational eval time (hours)[a]	104	7.9	6.4	382	3.1	4.3	220	7.4	5.8	51	2.8	4.5
Average forensic eval time (hours)[a]	99	8.2	8.1	397	7.9	6.9	223	10.6	7.1	51	5.0	7.2
Percentage of practice that is forensic	121	5.8	12.2	456	12.0	19.8	250	20.8	25.5	61	20.5	33.6
Hourly clinical fee	100	204.7	61.5	340	184.3	69.6	216	172.3	60.2	35	145.8	43.1
Income satisfaction	114	68.9	24.1	436	68.0	25.2	241	68.9	25.5	61	66.2	26.5
Job satisfaction	113	76.9	20.6	434	77.4	21.4	241	77.2	21.3	61	71.7	26.7

[a]Time estimates will vary from Tables 4 and 8 due to numerous patient variables and evaluation purposes, as well as a smaller number of and different respondents to the items above. The wide range of time estimates is exemplified by the large standard deviations for time estimates.

work in a private practice setting, whereas a majority of women work in institutional settings, where they slightly outnumber men. Use of testing assistants is much more common in institutions than in private practice. Part time work appears slightly more often in private practice.

Table 21 Professional neuropsychology identity by percentage of time spent with various age cohorts

			Professional neuropsychology identity							
	Total		Pediatric only		Adult only		Pediatric/adult		None	
Percent of time spent with:	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Children (ages 6–11)										
0%	370	48.5	1	.3	321	86.8	16	4.3	32	62.7
1–25%	202	26.5	9	4.5	32	15.8	151	74.8	10	5.0
26–50%	102	13.4	41	40.2	2	2.0	50	49.0	9	8.8
51–75%	76	10.0	57	75.0	0	0.0	19	25.0	0	0.0
76–100%	13	1.7	12	92.3	0	0.0	1	7.7	0	0.0
Adolescents (ages 12–18)										
0%	212	27.0	1	.5	181	85.4	5	2.4	25	11.8
1–25%	420	53.5	40	9.5	185	44.0	177	42.1	18	4.3
26–50%	135	17.2	65	48.1	4	3.0	59	43.7	7	5.2
51–75%	14	1.8	9	64.3	0	0.0	5	35.7	0	0.0
76–100%	4	.5	4	100.0	0	0.0	0	0.0	0	0.0
Young adults (ages 19–39)										
0%	72	8.6	24	33.3	33	45.8	4	5.6	11	15.3
1–25%	433	51.9	65	15.0	216	49.9	125	28.9	27	6.2
26–50%	282	33.8	2	.7	169	59.9	100	35.5	11	3.9
51–75%	45	5.4	0	0.0	27	60.0	13	28.9	5	11.1
76–100%	3	.4	0	0.0	2	66.7	0	0.0	1	33.3
Older adults (40–65)										
0%	100	12.2	59	59.0	17	17.0	10	10.0	14	14.0
1–25%	272	33.2	10	3.7	115	42.3	125	46.0	22	8.1
26–50%	369	45.0	0	0.0	266	72.1	88	23.8	15	4.1
51–75%	74	9.0	0	0.0	50	67.6	17	23.0	7	9.5
76–100%	5	.6	0	0.0	4	80.0	1	20.0	0	0.0
Geriatrics (>65)										
0%	145	18.4	65	44.8	26	17.9	33	22.8	21	14.5
1–25%	304	38.6	3	1.0	149	49.0	132	43.4	20	6.6
26–50%	199	25.3	0	0.0	149	74.9	44	22.1	6	3.0
51–75%	97	12.3	0	0.0	79	81.4	12	12.4	6	6.2
76–100%	42	5.3	0	0.0	39	92.9	1	2.4	2	4.8

Table 22 Mean annual incomes by professional neuropsychology identity[a]

					Percentile				
Neuropsychology identity	*n*	Mean	Median	*SD*	25	75	95	99	Range
No identity	30	101.7	80.0	51.5	71.5	114.8	241.8	250.0	38.0–250.0
Pediatric only	79	92.7	85.0	34.2	68.0	115.0	180.0	190.0	36.0–190.0
Adult only	321	103.7	88.0	54.9	72.5	119.0	212.7	339.0	30.0–00.0
Pediatric/adult	162	131.6	100.0	86.9	76.6	150.0	319.3	462.5	40.0–465.0

[a]Includes licensed clinicians who work full time or more, excluding postdoctoral residents and those earning <$30,000 annually. Incomes are expressed in thousands of dollars.

Table 23 Gender, use of technicians, and work status across employment settings[a]

			Employment setting					
	Total		Institution only		Private practice only		Institution + private practice	
Variable	*n*	%	*n*	%	*n*	%	*n*	%
Gender								
Male	398	52.7	164	46.6	119	61.0	115	55.3
Female	357	47.3	188	53.4	76	39.0	93	44.7
"Do you use a technician or psychometrician to collect test data from patients?"								
Yes	465	53.3	250	62.2	86	38.2	129	52.4
No	408	46.7	152	37.8	139	61.8	117	47.6
Work status								
Full time	734	84.1	361	90.9	197	87.9	176	71.8
Part time	59	6.8	22	5.5	23	10.3	14	5.7
Full + part time	65	7.4	11	2.8	3	1.3	51	20.8
Retired	6	.7	1	.3	1	.4	4	1.6
Unemployed	2	.2	2	.5	0	0.0	0	0.0

[a]Excludes postdoctoral residents.

Mean and median annual incomes vary by general work setting, as shown in Table 24. Median incomes are highest for those working in both institutions and private practice. Those working in institutions only show much lower mean and median incomes, with a much smaller standard deviation. The top range of incomes is more than double that of institutions in the other two general work settings.

The combined influences of general work setting and years in clinical practice are shown in Table 25. Incomes within institutions nearly asymptote after 15 years, whereas in the other general work settings considerable gains are achieved after 15 years.

Specific work settings. Table 26 shows the frequency of employment in specific institutional work settings. Nearly half of those working in institutions are employed in primary university hospital and medical centers or academically affiliated hospitals and medical centers. Slightly more than half of department affiliations within institutions are in either psychology departments or psychiatry

Table 24 Mean annual incomes by work setting[a]

					Percentile				
Work setting	*n*	Mean	Median	*SD*	25	75	95	99	Range
Institution only	281	87.2	82.0	27.9	69.3	95.0	146.8	195.3	37.0–200.0
Private practice only	147	130.0	100.0	89.2	73.0	150.0	338.0	463.1	30.0–465.0
Institution/private practice	164	130.2	110.0	70.5	88.3	150.0	275.0	467.5	36.0–500.0

[a]Includes licensed clinicians who work full time or more, excluding postdoctoral residents and those earning < $30,000 annually.

Table 25 Mean and median incomes by general work setting and years in clinical practice[a]

	General work setting							
	Institution		Priv practice		Institution/PP		All settings	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
<1–5	71,672	69,000	82,683	74,000	84,875	82,000	76,198	70,000
(*n*)	*89*		*30*		*24*		*143*	
6–10	83,486	80,000	108,129	110,000	129,453	117,500	103,389	90,000
(*n*)	*55*		*22*		*38*		*115*	
11–15	93,584	85,000	119,829	90,000	109,386	100,000	104,500	90,000
(*n*)	*58*		*29*		*38*		*125*	
16–20	102,170	95,000	159,809	130,000	142,035	125,000	130,544	101,500
(*n*)	*33*		*21*		*28*		*82*	
21–25	102,053	91,750	170,156	128,000	157,707	132,500	143,582	110,000
(*n*)	*24*		*29*		*16*		*69*	
>25	108,346	107,000	156,688	125,000	185,368	160,000	154,948	126,500
(*n*)	*13*		*16*		*19*		*48*	
All years	6,867	81,000	130,149	100,000	129,755	110,000	109,776	90,000
(*n*)	*272*		*147*		*162*		*581*	

[a]Includes licensed clinicians who work full time or more, excluding postdoctoral residents and those earning <30,000$ annually.

Table 26 Breakdown of specific settings, departments, academic ranks, and position titles[a] within institutions

	Frequency	Percent
Institutional setting		
Primary university hospital/med center	272	38.0
Academic affiliate hospital/med center	83	11.6
Public general hospital (non-academic)	29	4.1
Private general hospital (non-academic)	37	5.2
Public specialty hospital	25	3.5
Private specialty hospital	61	8.5
Outpatient free-standing general clinic	13	1.8
Outpatient free-standing specialty clinic	20	2.8
VA hospital/med center (academic affiliated)	29	4.1
VA hospital/med center (non-academic affiliated)	16	2.2
Military hospital	7	1.0
Military service (outside of hospital)	3	.4
Governmental/municipal hospital/clinic	9	1.3
College, 2-year, (non-medical)	2	.3
College/university, 4-year, no doctoral program	10	1.4
College/university, 4-year, with doctoral program	43	6.0
Professional school of psychology	5	.7
Research foundation (non-hospital)	5	.7
Federal prison	2	.3
Other	45	6.3
Institutional department		
Psychology	193	27.0

(*Continued*)

Table 26 Continued

	Frequency	Percent
Psychiatry	177	24.8
Rehabilitation/physiatry/physical medicine	99	13.9
Neurology	88	12.3
Neuropsychology	71	6.6
Pediatrics	18	2.5
Neuroscience	15	2.1
Primary care/family medicine/internal medicine	5	.7
Neurosurgery	4	.6
Not applicable	4	.6
Other	40	5.6
Institutional academic rank		
Lecturer/instructor	49	6.9
Assistant professor	154	21.8
Associate professor	120	17.0
Professor	67	9.5
Emeritus	3	.4
Not applicable	314	44.4
Institutional position title		
Staff neuropsychologist/psychologist	344	49.8
Clinical program director	89	12.9
Research program director	25	3.6
Clinical training director	22	3.2
Division head	41	5.9
Vice or associate or assistant chair	5	.7
Department chair	19	2.7
Other	146	21.7

[a]Includes all respondents who work in institutional and combined institutional/private practices.

departments, with approximately one fourth in either rehabilitation or neurology departments. Academic rank was most frequent at the assistant and associate professor levels in institutions, with approximately one in ten at the rank of full professor. Academic rank was not applicable to 44.4% of respondents who answered this question. The most common position title is staff neuropsychologist/psychologist. Neuropsychologists also serve as program directors, division heads, vice and associate chairs, and department chairs.

Incomes associated with specific institutional settings, departments, academic ranks, and position titles are presented in Tables 27–30, respectively. The highest mean incomes are associated with employment in VA hospital and medical centers and neuroscience departments, and associated with the academic rank of full professor, and holding divisional or departmental administrative responsibility.

Incomes related to specific roles in private practice settings are presented in Table 31. Sole proprietors represent 66% of private practitioners and report the highest mean incomes, with the exception of the "other" category, which has a very large standard deviation for incomes. Median incomes are highest in the "other" category. Seventeen percent of those in private practice are employees of a practice, but nevertheless have mean and median income of over $90,000 annually.

Table 27 Mean annual incomes by specific institutional setting[a]

Institutional setting	*n*	Mean	Median	*SD*	Range
VA hospital or medical center (with or without academic affiliation)	32	119.6	99.5	56.2	50.0–315.0
Outpatient free-standing clinic (general or specialty)	24	112.1	93.3	48.2	38.0–248.0
Four-year university/college (with or without doctoral psychology program)	30	105.7	77.5	65.6	47.0–350.0
Primary university hospital or medical center	151	104.1	86.0	60.5	40.0–500.0
Academic affiliate hospital or medical center	47	101.8	85.0	43.7	58.0–240.0
Private general hospital (non-academic)	28	98.8	89.5	42.1	45.0–275.0
Private specialty hospital	43	97.9	90.0	47.5	37.0–311.0
Public general hospital (non-academic)	21	85.4	82.0	17.0	67.0–140.0
Public specialty hospital	16	84.3	77.5	29.0	56.0–174.0
Other	28	102.7	88.0	48.9	54.0–275.0

[a]Includes all licensed clinicians who work full-time or more in either institutional or combined institutional/private practices. Excludes postdoctoral residents and income outliers (< $30,000). Incomes are in thousands of dollars.

Table 28 Mean annual incomes by institutional department[a]

Institutional department	*n*	Mean	Median	*SD*	Range
Neuroscience	13	122.5	100.0	60.8	54.0–275.0
Neurology	42	109.5	89.5	49.0	54.0–250.0
Neuropsychology	41	91.1	90.0	36.4	37.0–225.0
Pediatrics	11	95.7	85.0	29.9	70.0–165.3
Psychiatry	101	107.1	93.0	59.8	40.0–500.0
Psychology	132	103.3	89.5	50.9	38.0–315.0
Rehabilitation/physiatry/physical medicine	67	98.2	85.0	53.7	54.0–450.0
Other	22	87.1	81.5	26.1	53.0–160.0

[a]Includes all licensed clinicians who work full time or more in either institutional or combined institutional/private practices. Excludes postdoctoral residents and income outliers (< $30,000). Incomes are in thousands of dollars.

Table 29 Mean annual incomes by institutional academic rank[a]

Institutional academic rank	*n*	Mean	Median	*SD*	Range
Lecturer/instructor	24	98.4	76.9	66.9	37.0–350.0
Assistant professor	114	87.9	80.0	35.4	47.0–311.0
Associate professor	85	108.1	91.0	43.3	40.0–275.0
Professor	41	159.4	134.0	89.5	65.0–500.0
Not applicable	168	99.5	89.5	43.8	38.0–315.0

[a]Includes all licensed clinicians who work full time or more in either institutional or combined institutional/private practices. Excludes postdoctoral residents and income outliers (< $30,000). Incomes are in thousands of dollars.

Table 30 Mean annual incomes by institutional position title[a]

Institutional position title	*n*	Mean	Median	*SD*	Range
Staff neuropsychologist/psychologist	242	87.6	83.0	40.5	38.0–315.0
Clinical program director	57	109.7	90.0	66.3	37.0–463.0
Research program director	14	118.5	109.5	55.1	65.0–280.0
Clinical training director	18	98.9	83.5	41.6	67.0–240.0
Division head	33	135.6	114.0	52.3	65.0–275.0
Department chair	15	130.8	120.0	46.8	63.5–225.0
Other	42	102.8	90.0	50.3	47.0–275.0

[a]Includes all licensed clinicians who work full time or more in either institutional or combined institutional/private practices. Excludes postdoctoral residents and income outliers (<$30,000). Incomes are in thousands of dollars.

Table 31 Psychology incomes and private practice roles

				Gross psychology income				
Private practice role	n^a	%	Cum %	n^b	%	Mean	Median	*SD*
Sole proprietor	144	65.8	65.8	106	63.1	127.3	91.5	94.8
Partner	24	11.0	76.7	21	12.5	114.7	95.0	88.9
Employee	37	16.9	93.6	29	17.3	95.2	80.0	75.8
Outside contractor	7	3.2	96.8	6	3.6	91.0	92.5	35.5
Other	7	3.2	100.0	6	3.6	158.0	103.0	151.7
Total	219	100.0		168	100.0	120.0	90.0	92.3

[a]Excludes postdoctoral residents; includes licensed clinicians.

[b]Includes licensed clinicians who work full time or more; excludes postdoctoral residents and income outliers (<$30,000).

As we have seen from earlier tables, those working in combined institutional *and* private practice settings appear to be quite successful in terms of income and may have unique characteristics. Table 32 shows weekly clinical hours and incomes of individuals who have combined employment, with different portions of their work week spent in institutions. The greater the time spent in institutions (and therefore the less in private

Table 32 Weekly clinical hours and psychology income for respondents working in institution and private practice

	Weekly percentage of combined job time spent in institution									
	1 to 30%			31 to 75%			76 to 99%			
	n	Mean	*SD*	*n*	Mean	*SD*	*n*	Mean	*SD*	*F*
Number of weekly clinical hours[b]	37	36.9	15.9	55	29.7	12.3	138	26.9	15.4	6.7**
Psychology income[a]	24	155.6	101.0	37	140.5	69.8	96	118.2	47.7	4.1*

[a]Includes all licensed clinicians who work full time or more in combined institutional/private practices. Excludes postdoctoral residents and income outliers (<$30,000). Incomes are in thousands of dollars.

[b]Excludes postdoctoral residents only.

*$p < .01$, **$p < .001$.

Table 33 Incomes for respondents working in combined institution/private practice[a]

	Work setting							
	Institution				Private practice			
Income activity	*n*	Mean	Median	*SD*	*n*	Mean	Median	*SD*
Clinical practice income (excludes forensic)	103	66.0	75.0	29.3	98	44.6	24.5	53.7
Forensic practice income (excludes clinical)	16	42.6	46.5	30.3	98	36.5	20.0	44.0
Percent of total practice time spent	161	70.4	80.0	29.3	159	29.6	20.0	29.2

[a]Includes all licensed clinicians who work full time or more in combined institutional/private practices. Excludes postdoctoral residents and income outliers (<$30,000). Incomes are in thousands of dollars. Breakdowns of income for administration, teaching, research, honoraria, royalties, and publishing were not reported because of limited frequencies.

practice), the lower the reported incomes and the fewer number of clinical hours per week. Table 33 shows a breakdown of clinical and forensic practice times in the two different settings for neuropsychologists who work simultaneously in institutions *and* private practice. The modal individual in combined employment spends the greater amount of practice time in the institution and earns more practice income there.

Forensic practice. As described above, forensic practice involvement is positively correlated with income. Tables 34–36 provide additional information

Table 34 Demographic variables and percentage of forensic practice[a]

		Percentage of forensic practice			
	n	Mean	Median	*SD*	*F*
Gender					27.4*
Male	430	16.8	5.0	23.6	
Female	391	9.1	2.0	17.6	
General employment setting					67.1*
Institution only	399	5.5	1.0	12.5	
Private practice only	222	23.5	10.0	26.7	
Institution/private practice	243	20.7	10.0	26.0	
Specific employment setting					19.6*
Medical	343	8.5	3.0	15.7	
Private or group practice	278	23.9	10.0	26.6	
Psychiatric	47	18.6	5.0	30.4	
Rehabilitation	114	7.6	5.0	11.9	
College/university	59	9.8	1.0	18.1	
Other	35	19.0	.5	35.7	
Neuropsychology identity					16.8*
Pediatric only	121	5.8	2.0	12.3	
Adult only	456	12.0	5.0	19.8	
Both pediatric/adult	250	20.8	10.0	25.5	
No identity	61	20.5	2.0	33.6	

[a]Excludes postdoctoral residents.
*$p < .001$.

Table 35 Incomes and frequencies at various levels of forensic activity

				Gross psychology income				
Forensic activity (%)	n^a	%	Cum %	n^b	%	Mean	Median	*SD*
0	208	21.8	21.8	108	18.3	83.8	78.0	27.4
.01–.99	68	7.1	28.9	41	6.9	86.9	80.0	21.8
1–19	460	48.2	77.1	315	53.4	105.8	91.0	50.4
20–39	97	10.2	87.2	60	10.2	125.7	100.0	63.1
40–59	51	5.3	92.6	25	4.2	157.8	125.0	110.5
60–79	33	3.5	96.0	19	3.2	193.4	150.0	132.8
80–100	38	4.0	100.0	22	3.7	166.8	99.0	127.7
Total	955	100.0		590	100.0	109.8	90.0	115.0

[a]Excludes postdoctoral residents.
[b]Includes licensed clinicians who work full time or more; excludes postdoctoral residents and income outliers (< $30,000).

regarding gender, work settings, professional identities, incomes, and job and income satisfaction as these variables pertain to involvement in forensic practice. Forensic involvement varies by gender, general and specific work setting, neuropsychology identity, and years in clinical practice. Mean and median incomes are highest in the group whose forensic practice represents 60–79% of their professional activities. For the entire sample, forensic involvement is a mean of 4.5 hours per week (*median* = 1; *SD* = 8.4) and a mean practice percentage of 14.3 (*median* = 5; *SD* = 22.6). Having zero versus "some" forensic involvement does *not* have a significant impact on job satisfaction or income satisfaction.

Table 36 Forensic activity: Extent, years in clinical practice, job satisfaction, income satisfaction, and income

	n	Mean	Median	*SD*
Percentage of forensic practice[a]	955	14.3	5.0	22.6
Forensic hours/week[a]	921	4.5	1.0	8.4
Years in clinical practice[a]				
Zero forensic involvement	199	9.8	8.0	8.6
Some forensic involvement	732	14.6*	13.0	8.8
Job satisfaction[a]				
Zero forensic involvement	179	75.2	81.0	23.4
Some forensic involvement	662	77.5	85.0	21.0
Income satisfaction[a]				
Zero forensic involvement	179	65.7	75.0	25.8
Some forensic involvement	666	68.9	77.0	25.0
Income[b]				
Zero forensic involvement	108	83.8	78.0	27.4
Some forensic involvement	482	115.6*	93.0	69.0

[a]Excludes postdoctoral residents.
[b]Includes licensed clinicians who work full time or more; excludes postdoctoral residents and income outliers (< $30,000).
*$p < .001$.

Table 37 Institutional income, income satisfaction, job satisfaction, and hourly fee by level of clinical productivity

	Gross psychology income[a]				Hourly fee				Income satisfaction			Job satisfaction		
Productivity	*n*	Mean	Median	*SD*	*n*	Mean	Median	*SD*	*n*	Mean	*SD*	*n*	Mean	*SD*
"Is your income based on a quota or clinical productivity expectation?"														
Yes	168	104.0	89.5	45.0	151	202.1	200.0	67.4	167	68.1	24.5	166	73.9	22.0
No	168	100.1	87.0	58.1	130	187.9	180.0	65.3	168	67.5	24.8	168	77.6	19.0
Total	336	102.0	88.5	51.9	281	195.9	200.0	66.7	335	67.8	24.6	334	75.8	20.6
"Does your clinical productivity allow you to *increase* income?"														
Yes	99	112.0	94.0	63.0	93	195.6	200.0	73.1	98	68.6	24.1	98	7.5	18.8
No	237	97.9	87.0	46.1	188	195.5	200.0	63.5	237	67.4	24.8	236	75.0	21.3
Total	336	102.0	88.5	51.9	281	195.5	200.0	66.7	335	67.8	24.6	334	75.8	20.6
"Could your clinical productivity result in a *decrease* in income?"														
Yes	82	113.0	95.0	64.3	75	200.9	200.0	76.8	82	67.4	24.9	82	74.1	20.1
No	254	98.5	87.0	46.9	206	193.6	197.5	62.7	254	67.9	24.5	252	76.3	20.8
Total	336	102.0	88.5	51.9	281	195.5	200.0	66.7	336	67.8	24.6	334	75.8	20.6

[a]Incomes are in thousands of dollars. Included institutional and institutional/private practice respondents only.

Clinical productivity expectations. Increasingly, incomes of healthcare practitioners are being judged and sometimes altered by productivity standards. As shown in Table 37, of 336 individuals who responded to this question, exactly half indicated that their incomes were based on a quota or productivity indicator. Mean and median incomes of those who responded "yes" and "no" to this question were very similar. Smaller numbers of individuals indicated that their incomes could be increased or decreased contingent upon productivity. These individuals reported substantially higher incomes than those with no contingencies in effect. Mean and median hourly fees were higher in those working under quotas or productivity expectations. Income satisfaction and job satisfaction appeared unrelated to presence or absence of quotas or contingencies.

Table 38 shows categorical income satisfaction for individuals experiencing five-year increase, decrease, or no change in income, as well as presence or absence of productivity standards and ability to positively or negatively influence income through productivity. Those experiencing increased income in the last five years are much more likely to be "mostly" or "completely" satisfied. There is not an obvious effect of presence or absence of productivity expectations on categorical income satisfaction, nor is there a consistent effect of negative or positive productivity contingencies on categorical income satisfaction.

Interest in leaving present position. A different perspective on comfort and satisfaction with one's job position comes from considering one's degree of

Table 38 Categorical income satisfaction by 5-year income comparison and clinical productivity

			Income satisfaction											
			Completely dissatisfied		Mostly dissatisfied		Somewhat dissatisfied		Somewhat satisfied		Mostly satisfied		Completely satisfied	
Variable	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Five-year income change														
Increase	696	82.3	14	2.0	59	8.5	104	14.9	137	19.7	303	43.5	79	11.4
Decrease	76	9.0	9	11.8	21	27.6	24	31.6	11	14.5	9	11.8	2	2.6
No change	74	8.7	6	8.1	11	14.9	21	28.4	11	14.9	20	27.0	5	6.8
"Is your income based on a quota or clinical productivity expectation?"														
Yes	219	48.1	4	1.8	32	14.6	41	18.7	49	22.4	69	31.5	24	11.0
No	236	51.9	7	3.0	20	8.5	46	19.5	39	16.5	108	45.8	16	6.8
"Does your clinical productivity allow you to *increase* income?"														
Yes	142	31.2	1	.7	19	13.4	25	17.6	26	18.3	53	37.3	18	12.7
No	313	68.8	10	3.2	33	10.5	62	19.8	62	19.8	124	39.6	22	7.0
"Could your clinical productivity result in a *decrease* in income?"														
Yes	112	24.6	1	.9	18	16.1	23	20.5	23	20.5	33	29.5	14	12.5
No	343	75.4	10	2.9	34	9.9	64	18.7	65	19.0	144	42.0	26	7.6

interest in leaving the position. Table 39 shows varying levels of interest in leaving current position, broken down by the type of setting within which the respondents work. Interestingly, those who were only able to describe their work setting as

Table 39 Interest in leaving present position by work setting

			Interest in leaving present position							
			Not interested; will stay in present position		Ambivalent; unclear given both positive and negative feeling		Somewhat interested; will at least seek info from other position		Very interested; will stay in will actively seek a new position	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Work setting[a]										
Medical	289	39.1	150	51.9	62	21.5	58	20.1	19	6.6
Private/group practice	217	29.3	152	70.0	36	16.6	22	10.1	7	3.2
Psychiatric	34	4.6	14	41.2	10	29.4	8	23.5	2	5.9
Rehabilitation	99	13.4	52	52.5	28	28.3	13	13.1	6	6.1
College/university	54	7.3	28	51.9	13	24.1	10	18.5	3	5.6
Other	47	6.4	19	40.4	14	29.8	8	17.0	6	12.8

[a]Setting in which respondents perform the majority of neuropsychological work.

Table 40 Work status and gross psychology income by interest in leaving current neuropsychological position

Interest in leaving current position			Work status						Gross psychology income[a]			
			Full time		Part time		Full + Part time					
	n	%	*n*	%	*n*	%	*n*	%	*n*	Mean	Median	*SD*
Not interested; will stay in present position	420	56.0	360	85.9	30	7.2	29	6.9	289	113.7	92.0	63.3
Ambivalent; unclear given both positive and negative feeling	164	21.9	138	85.2	9	5.6	15	9.3	117	101.4	83.0	63.9
Somewhat interested; will at least seek information from other position	123	16.4	104	86.0	9	7.4	8	6.6	90	95.9	84.5	51.4
Very interested; will actively seek a new position	43	5.7	33	78.6	3	7.1	6	14.3	29	81.5	71.0	30.8

[a]Incomes are in thousands of dollars. Two unemployed individuals were excluded; one was somewhat interested and another was very interested in seeking a new employment position.

"other" appear to have more than twice as many individuals very seriously seeking a new position. Respondents in private practice appear to have the least amount of interest in leaving their positions. Table 40 examines interest in leaving current position from the perspectives of working full and part time, as well as amount of income reported. The former variable does not appear to affect interest in leaving current position, whereas the latter does.

Respondents were also asked to identify the type of position that would be preferred, *if* they left their current positions. Private practitioners were more likely to state an interest in leaving psychology altogether, but Table 41 shows that the majority of clinical neuropsychologists responding to this question would not leave psychology, and in fact would not leave neuropsychology. More than half of respondents working only in institutions would move to another institution, and one fifth would move to a combined institution/private practice position. Approximately one third of private practitioners would move to another private practice, and one fourth would move to combined institution/private practice. Among those already in combined positions, one third would more to a different combined position, one fourth would change institutions and keep their current private practices, whereas one fifth would change private practices and keep their intuitional positions.

Supplementary non-psychology income. All income information presented thus far has referred to gross personal annual income generated by activities as a psychologist. Table 42 shows supplementary income earned annually as a result of activities *unrelated* to being a psychologist. Mean supplementary incomes are different between those working in institutions versus private practice, with the latter group earning significantly more. However, for both groups, the amount of supplementary income from non-psychology activities is a small percentage of overall annual income.

Table 41 Position preferred over current position by work setting

"If I were to leave my current position, I would move to . . ."	*n*	%
Institutional respondents only		
Another institution	190	53.5
Private practice	42	11.8
Combined private practice/institution	70	19.7
Leave neuropsychology, stay in psychology	4	1.1
Leave psychology, enter different field	19	5.4
Other	30	8.5
Total	355	100.0
Private practice respondents only		
Another private practice	58	32.4
Institution	12	6.7
Combined private practice/institution	49	27.4
Leave neuropsychology, stay in psychology	10	5.6
Leave psychology, enter different field	33	18.4
Other	17	9.5
Total	179	100.0
Institutional + private practice respondents		
Change to different institution and different private practice	74	33.5
Change institution to different institution, keep private practice	57	25.8
Leave institution, remain in private practice	44	19.9
Change private practice to different private practice, keep institution	8	3.6
Leave private practice, remain in institution	7	3.2
Leave neuropsychology, stay in psychology	2	.9
Leave psychology, enter different field	8	3.6
Other	21	9.5
Total	221	100.0

Note. Excludes postdoctoral residents.

Most Common Diagnoses of Examinees

Prior surveys have generally not inquired regarding diagnoses commonly encountered by neuropsychologists. As these can be expected to vary by age, Table 43 depicts the top five most frequently mentioned diagnoses by neuropsychologists who specialize

Table 42 Supplementary income beyond psychology income by employment setting[a]

	Income setting						
	Institution			Private practice			
	n	Mean	*SD*	*n*	Mean	*SD*	*t*
Total personal income minus psychology income	269	1390.3	6123.6	135	3428.3	9957.4	2.5**

[a]Includes all licensed clinicians who work full time or more in combined institutional/private practices. Excludes postdoctoral residents, income outliers (< $30,000), and income discrepancy outliers (individuals with no added income beyond psychology income, and those at >99th percentile for added income beyond psychology income).

**$p = .01$.

Table 43 Top five rankings of diagnostic conditions evaluated in neuropsychological assessment by professional identity[a]

Diagnostic condition	Professional identity
	Pediatric neuropsychologist ($n = 121$)
Learning disability	2.78
Attention-deficit hyperactivity disorder	2.63
Pervasive developmental disorder	2.07
Closed head injury/traumatic brain injury	1.43
Seizure disorder	1.41
	Adult neuropsychologist ($n = 458$)
Elderly dementias	3.05
Closed head injury/traumatic brain injury	2.96
Stroke or cerebrovascular accident	2.09
Mood disorder	.82
Seizure disorder	.62
	Both pediatric/adult neuropsychologist ($n = 253$)
Closed head injury/traumatic brain injury	2.96
Attention-deficit hyperactivity disorder	2.36
Learning disability	1.77
Elderly dementias	1.70
Stroke or cerebrovascular accident	1.13

[a]Excludes postdoctoral residents. Above data represent mean rankings of diagnostic conditions from one to five, with five being the most frequent. Pediatric respondents were given a choice of 17 diagnostic conditions, adult respondents were given a choice of 19, and pediatric/adult respondents were given a choice of 22.

in pediatric versus adult patients, and those whose patients span the age range. Among pediatric neuropsychologists, congenital conditions predominate; learning disability, attention-deficit hyperactivity disorder, and pervasive developmental disability are the top three diagnoses. In contrast, the top three diagnostic conditions seen be adult neuropsychologists are acquired conditions; elderly dementias, closed head injury/traumatic brain injury, and stroke are by far the most frequent. Neuropsychologists whose patients span the age range have both acquired and congenital conditions in the top three, with closed head injury/traumatic brain injury, attention-deficit hyperactivity disorder, and learning disability constituting the top three.

Most Common Referral Sources

Referrals to clinical neuropsychologists can originate from many sources. Table 44 shows the most common referral sources by type of work setting (i.e., institution, private practice, combination of institution and private practice) and by professional identity (i.e., pediatric, adult, combination of pediatric and adult). Across work settings, neurology and psychiatry are first and second, respectively. Those who have full-time or part-time private practices have law (attorney) as more frequent referral sources than those who work solely in institutions, who receive more frequent referrals from neurosurgeons and from physiatry (i.e., rehabilitation medicine), medical specialties that are more likely to be inpatient based.

Table 44 Top five rankings of referral sources evaluated in neuropsychological assessment by work setting and professional identity[a]

	Work setting			Professional identity		
Referral source	Institution ($n = 402$)	private practice ($n = 225$)	Institution/ private practice ($n = 246$)	Pediatric ($n = 121$)	Adult ($n = 458$)	Pediatric/adult ($n = 253$)
Neurology	1	1	1	2	1	1
Psychiatry	2	2	2	5	2	2
Rehabilitation (rehab nurse, Counselor, or other rehab specialist	—	—	4	—	5	
Law (attorney)	—	4	3	—	—	4
Neurosurgery	3	—	—	—	—	—
Internal Medicine	4	5	—	—	3	—
School System	—	—	—	3	—	—
Physiatry	5	—	—	—	—	—
Pediatrics	—	—	—	1	—	3
Self-referral	—	—	—	4	—	—
Family (general medicine)	—	3	5	—	4	5

[a]Excludes postdoctoral residents. Other choices that were not selected in any of the top five rankings were alcohol/drug facilities, cardiology, family (general medicine), occupational medicine, and psychology.

Across professional identity there appears to be less overlap, with pediatric neuropsychologists ranking pediatrics first and psychiatry fifth compared to adult and combined identity neuropsychologists, who ranked neurology first and psychiatry second. Additionally, unique to pediatric neuropsychologists, school systems, and self-referrals are ranked in the top five. The only professional identity associated with a top five ranking of law (attorney) as a referral source is the combined pediatric/adult identity.

Journals "Subscribed to" and "Read Regularly"

Following up on prior surveys, the present survey inquired regarding which journals respondents subscribed to and which journals respondents did not subscribe to but read with regularity. Results are presented in Table 45. Unlike past surveys, the present electronic format ensured that responses could not appear in both categories of journal usage. Present data indicate once again that membership-based subscriptions (i.e., subscriptions that are part of professional society membership dues) are the most frequently reported, with *Journal of the International Neuropsychological Society* and *Archives of Clinical Neuropsychology* ranked first and second, respectively, among psychology journals. The next three ranked psychology journal subscriptions are not membership-based and in order were *Neuropsychology*, *The Clinical Neuropsychologist*, and *Journal of Clinical and Experimental Neuropsychology*. The top five rankings of psychology journals "read regularly" but not subscribed to were, in order: *The Clinical Neuropsychologist*, *Archives of Clinical Neuropsychology*, *Journal of Clinical and Experimental Neuropsychology*, *Neuropsychology*, and *Journal of Head Trauma Rehabilitation*.

Table 45 Psychology and medical journals subscribed to or read regularly

	Subscribed to			Read regularly			Either subscribed to or read regularly		
Journal	*n*	%	Rank	*n*	%	Rank	*n*	%	Rank
Psychology									
Applied Neuropsychology	71	7.6	10	74	7.9	14	145	15.6	10
Archives of Clinical Neuropsychology	442	47.4	2	209	22.4	2	651	69.8	1
Assessment	59	6.3	12	78	8.4	13	137	14.7	12
Biological Psychology	2	.2	27	26	2.8	27	28	3.0	27
Brain and Cognition	11	1.2	23	95	10.2	11	106	11.4	16
Brain and Language	7	.8	25	41	4.4	20	48	5.2	23
Brain Injury	20	2.1	17	108	11.6	9	128	13.7	14
Child Neuropsychology	78	8.4	8	117	12.6	8	195	20.9	6
Cognitive Rehabilitation	13	1.4	21	33	3.5	24	46	4.9	24
Developmental Neuropsychology	33	3.5	14	79	8.5	12	112	12.0	15
Journal of Abnormal Psychology	15	1.6	20	35	3.8	22	50	5.4	21
Journal of Clinical Child/Adolescent Psychology	9	1.0	24	35	3.8	22	44	4.7	26
Journal of Clinical Psychology	16	1.7	18	37	4.0	21	53	5.7	20
Journal of Clinical and Exp. Neuropsychology	176	18.9	5	200	21.5	3	376	40.3	5
Journal of Consulting and Clinical Psychology	25	2.7	15	62	6.7	16	87	9.3	18
Journal of Forensic Neuropsychology	53	5.7	13	50	5.4	18	103	11.1	17
Journal of Head Trauma Rehabilitation	62	6.7	11	126	13.5	5	188	20.2	7
Journal of International Neuropsych. Society	490	52.6	1	123	13.2	6	613	65.8	2
Journal of Pediatric Psychology	23	2.5	16	32	3.4	25	55	5.9	19
Journal of Personality Assessment	16	1.7	18	30	3.2	26	46	4.9	24
Neuropsychologia	12	1.3	22	120	12.9	7	132	14.2	13
Neuropsychology	423	45.4	3	182	19.5	4	605	64.9	3
Neuropsychology Abstracts	111	11.9	6	61	6.5	17	172	18.5	9
Neuropsychological Rehabilitation	7	.8	25	43	4.6	19	50	5.4	21
Neuropsychology Review	80	8.6	7	96	10.3	10	176	18.9	8
Perceptual and Motor Skills	0	0.0	28	13	1.4	28	13	1.4	28
Psychological Assessment	72	7.7	9	69	7.4	15	141	15.1	11
The Clinical Neuropsychologist	293	31.4	4	252	27.0	1	545	58.5	4
Neurology/medicine/psychiatry									
American Journal of Psychiatry	8	.9	9	111	11.9	7	119	12.8	8
Annals of Neurology	4	.4	14	134	14.4	4	138	14.8	5
Archives of General Psychiatry	2	.2	17	99	10.6	8	101	10.8	10
Archives of Neurology	12	1.3	5	221	23.7	2	233	25.0	2
Archives of Physical Medicine and Rehabilitation	9	1.0	8	95	10.2	11	104	11.2	9
Biological Psychiatry	3	.3	16	67	7.2	13	70	7.5	15
Brain	8	.9	9	132	14.2	5	140	15.0	4
Cortex	1	.1	21	52	5.6	16	53	5.7	16
Epilepsia	29	3.1	3	60	6.4	15	89	9.5	13
International Journal of Neuroscience	5	.5	12	22	2.4	21	27	2.9	21
Journal of the American Medical Association	4	.4	14	96	10.3	10	100	10.7	11

(*Continued*)

Table 45 Continued

Journal	Subscribed to			Read regularly			Either subscribed to or read regularly		
	n	%	Rank	*n*	%	Rank	*n*	%	Rank
Journal of Clinical Psychiatry	2	.2	17	20	2.1	22	22	2.4	22
Journal of Nervous and Mental Disease	1	.1	21	45	4.8	17	46	4.9	17
Journal of Neurology, Neurosurgery, and Psych	5	.5	12	130	13.9	6	135	14.5	6
Journal of Neuropsych and Clin Neurosciences	21	2.3	4	64	6.9	14	85	9.1	14
Neuropsychiatry, Neuropsychology, and Behavioral Neuroscience (now Cognitive and Behavioral Neurology)	10	1.1	6	80	8.6	12	90	9.7	12
Journal of Neuroscience	10	1.1	6	29	3.1	20	39	4.2	19
Neurology	33	3.5	1	235	25.2	1	268	28.8	1
Neurorehabilitation	2	.2	17	35	3.8	19	37	4.0	20
Neuroscience	2	.2	17	40	4.3	18	42	4.5	18
New England Journal of Medicine	8	.9	9	135	14.5	3	143	15.3	3
Science	30	3.2	2	97	10.4	9	127	13.6	7

Note. $N = 932$. Respondents were excluded if they did not endorse a single journal either "subscribed to" or "read regularly." Columns for "subscribed to" and "read regularly" are mutually exclusive.

Medicine, neurology, and psychiatry journals are subscribed to by clinical neuropsychologists much less frequently than psychology journals, as exemplified by the first ranked *Neurology*, with only a 3.5% subscription rate. However, neuropsychologists are much more likely to read such journals without subscribing, as exemplified by the number one ranking of *Neurology* in this regard, which 25.2 % of respondents read regularly.

DISCUSSION

The present survey updates information regarding characteristics of clinical neuropsychologists and their practices and provides information on new topics that were not previously addressed. Because of the very sizeable amount of information generated by this type of professional practice survey, we will depart from the usual article format and selectively address our summary and inferential comments within topical sections. Moreover, we will not exhaustively discuss all of our findings, as doing so would take inordinate space, and frankly, some survey data simply do not need explanation, as their meaning is apparent.

Stability and Change Across Time

With regard to evaluating stability versus change across time, some of the present data can be compared directly to the most recent recurrent five-year practice

survey conducted by Sweet, Moberg, and Suchy (2000a, 2000b). With comparable data from 1989, 1994, 1999, and 2005 to examine, it is evident that some changes have occurred. For example, clinical neuropsychologists increasingly are women. Average age has increased only three to four years across the 16-year interval from 1989 to 2005, indicating a vibrant specialty that continues to attract many young individuals into its ranks. Comparison of related data from APA supports this view in that the median age of APA members from 1989 to 2004 increased eight years, whereas the median age of Division 40 members during the same interval of time increased only four years (Halpern, 2004). The percentage of clinical neuropsychologists whose doctoral degrees are in clinical psychology has *increased* from 1989 to 2005; the related philosophical position that clinical neuropsychologists *should* be clinical psychologists with specialty training has remained a very stable and predominant viewpoint across this time interval. Those who favor involvement of clinical neuropsychologists in research and teaching activities will be disappointed to see substantially less involvement in these activities in 2005 compared to 1989. Conversely, as might be expected during times of arguably less favorable healthcare economics, practice hours have increased substantially across time. Compared to 1989, in 2005 a greater proportion of practice time is spent serving geriatric populations.

No prior survey of neuropsychologists has inquired regarding job satisfaction and thus no comparisons across time can be made. However, Putnam et al. (1994) inquired in 1992 regarding "compensation" satisfaction, which appears conceptually the same as income satisfaction in the present survey. As only categorical ratings broken down by board certification were published by Putnam et al., we are limited in comparing past and present income satisfaction and note only that in 1992 and again in 2005, those who are board certified reported a higher income satisfaction.

We have noted with interest since collecting our first data in 1989 how much the data regarding philosophical approach toward test selection has been the subject of discussion among colleagues and mentioned within our professional literature. It is difficult to imagine that the trends within this data from 1989 to 2005 could be more striking in showing meaningful increase in the proportion favoring a flexible battery approach and decreasing proportions favoring flexible *and* standardized battery approaches. Differently, the proportion of practitioners supporting a standardized battery approach, which arguably was the historical bedrock foundation of American clinical neuropsychology scientific knowledge base and practice methods, is now *less* than one tenth.

Understanding Professional Incomes

Typically, a starting point in understanding income data is to compare current data with past data. In fact, in the last meaningful survey of income data, Putnam and Anderson (1994) noted that data collected in 1992 showed a 7% increase in median earnings of clinical neuropsychologists when compared to previous data collected in 1988. In turn, comparison of present data to Putnam's 1992 data shows median and mean incomes rising from approximately $76,000 and $100,000 to $90,000 and $110,000, respectively. It appears then, based upon the current data that excluded income outliers (i.e., individuals earning less than $30,000 annually), that

neuropsychology incomes have increased between 18.4 and 22.0% in the last 12 years. However, changes in annual earnings across time are only meaningful when contrasted with inflation. Data obtained from the U.S. Bureau of Labor Statistics (2005, http://www.bls.gov/cpi/) indicates that the mean Consumer Price Index (CPI) from 1992 to 2004 was above 2.5% annually, for an overall inflation effect of 33–35% over this interval of time. Based upon this rate of inflation, a 1992 median annual salary of $76,022 is equivalent to a 2004 median annual salary of $102,355, while the mean 1992 annual salary of $95,955 approximates a mean 2004 annual salary of $129,193. Controlling for inflation, then, *actual* 2004 annual incomes in the current sample have between 12.1 and 15.0% *less* buying power than the 1992 annual incomes.

The incomes of neuropsychologists can also be compared to incomes of other psychologists. There are several sources of income information concerning psychologists as a general group and select psychologist groupings that are closer to being true peers of clinical neuropsychologists. Unfortunately, U.S. Bureau of Labor Statistics data, as represented in the July 2004 National Compensation Survey data (www.bls.gov/ncs/) for the title "psychologists" lists an approximate annual salary of approximately $57,000. Likely such a figure combines doctoral level and master's level psychologists. APA collects income information from psychologists regularly. For example, in 2001 the median salary for licensed doctoral-level clinical psychologists was $72,000 (2001 Salaries in Psychology, Research Office, American Psychological Association, July, 2003). Interestingly, comparable to the general aggregate figure of APA, 2003 data from the Medical Group Management Association (MGMA; 2004) shows mean and median incomes for psychologists employed in medical settings in the low $70,000s. Unfortunately, the MGMA data is not broken down by specialty, institution, department, or type of practice. Equally regrettable, when relevant breakdowns are provided within the APA dataset related to specific practice types, the sample sizes are often very small and still not specific to neuropsychologists.

Of greater relevance, the American Psychological Association surveyed psychologists working in medical settings in 2003, inquiring about incomes in 2002 (Pate & Kohout, 2005). These data suggest a median income of $95,000 in 2002 among 907 psychologists working in medical settings. Breakdowns by academic rank demonstrate *substantially* higher incomes in the present evaluation for assistant, associate, and full professors. Data from the Association of American Medical Colleges is also relevant, in that it addresses salaries of individuals working in virtually all professions in academic medical settings. Data from the Report on Medical School Faculty Salaries 2003–2004 (Association of American Medical Colleges, 2005) indicates that mean and median salaries of Ph.D.s (the vast majority of whom are psychologists) were $99,500 and $87,000, respectively. Comparison to present data (in Table 28) shows $107,100 and $93,000, respectively. These latter two independent studies, though representing data collected one to three years earlier, suggest that neuropsychologists in institutions are making more money than other psychologists working in similar medical settings.

Readers may have wondered whether the substantially higher incomes associated with private practice can be interpreted wholly as the "grass is greener" (pun intended) in this setting. The present survey certainly is not the first to find that

private practitioners report higher incomes than those practicing solely in institutions, nor is such an observation limited to neuropsychology; it is generally true across disciplines. There is reason to believe, though, that the simple difference value (i.e., subtracting mean institutional income from private practice income) *misrepresents* the true economic advantages of owning a private practice. For example, W-2 employees in institutions receive benefits, which are financed in part by the institutional employer. The Employee Benefit Research Institute (EBRI: www.ebri.org) Databook on Employee benefits reports that in 2004 total costs paid by employers for employee benefits was worth 29% of the hourly wage paid to each employee. This amount is substantial and represents a non-taxable benefit to institutional employees and should be considered when considering the discrepancy between these settings. Of course, there *may* also be non-tangible benefits of institutional employment, such as being part of a group of colleagues, exposure to educational activities, opportunities to perform clinical work and research with special patient populations, opportunities to be part of multidisciplinary programs, etc., in *some* institutions. Though some might be quick to argue that private practice owners also have unique benefits, such as itemizing tax deductions related to practice expenses (Heilbronner, 2003; Peck, 2003), the present survey was clear in requesting that those in private practice report only the *personal* income they actually received, rather than revenue to their practice. Thus, we trust that this latter factor has *not* artificially widened the gap between institutions and private practice.

An interesting aspect of individuals working simultaneously in private practice *and* institutions is that the income reported, when compared to individuals in private practice alone and institutional employment alone, may *underestimate* the true financial benefit of combined employment. For example, in a combined work setting, individuals who are working sufficient hours at an institution to be receiving benefits have also reduced their expenses compared to individuals who engage in private practice alone. This fact certainly makes the combined setting appear to have the ''greenest grass.''

Satisfaction: Money and Career

The relationship, or relative lack thereof, between income and subjective well-being has been a topic of considerable research and attention. Cummins (2000) has argued that despite the conventional wisdom that ''money has little relevance to happiness,'' data support a different position—wealth provides external resources that buffer individuals against the effects of negative events. With a different, but not necessarily incompatible perspective, Diener and Seligman (2004) reviewed the relevant literature and concluded that as a society gathers wealth, ''differences in well being are less frequently due to income, and are more frequently due to factors such as social relationships and enjoyment at work.'' Thus, we should perhaps not be surprised at the relatively low correspondence in the present dataset between income and job satisfaction. Examination of incomes by state of primary employment makes this point. The states of California and Texas each have a relatively high number of practicing neuropsychologists, but with widely differing mean and median report incomes. Yet, in Texas, the state with the much lower income, job satisfaction *and* income satisfaction are actually slightly higher.

The Conference Board has been tracking job satisfaction in American workers and recently concluded that job satisfaction is falling, to the point that nearly half are not satisfied and perhaps one fourth are simply "showing up to collect a paycheck" (The Conference Board, 2005). This report includes 2004 data collected from 5000 U.S. households, which showed that within the group of individuals earning more than $50,000, 55% were satisfied with their jobs and a subset of 14% were "very satisfied." In age ranges that are most relevant to the present survey, 49% of American workers aged 35–44 and 44% of workers age 45–54 were satisfied, respectively. Present data from neuropsychologists compares favorably. Though we did not inquire about job satisfaction in a manner that compared directly with data collected by The Conference Board, there are parallels that can be examined. Neuropsychologists actually reported substantially *higher* satisfaction with jobs than with incomes. Related to income satisfaction, for which categorical responses were obtained, 67.4% of neuropsychologists expressed some degree of satisfaction and a subset of 48.5% reported being "mostly satisfied" or "completely satisfied." Thus, it seems reasonable to conclude that neuropsychologists are more satisfied with their incomes *and* jobs than the average American.

A different perspective on job satisfaction can be obtained by examining desire to change jobs and, separately, desire to leave the field entirely. Again, there are relevant data from other sources that provide a basis for comparison. The U.S. Census Bureau reports that 4.2% of employed workers in 2001 were actively seeking a different job (U.S. Census Bureau, Statistical Abstract of the United States: 2004–2005). In the present survey, in 2005, 6.8% of neuropsychologists indicated that they will actively seek a new position. Unexpectedly, especially in the context of simultaneously high mean and median ratings of income satisfaction and job satisfaction, percentages of individuals wishing to leave the field altogether are not trivial, ranging from 5.4% in institutions to 9.5% in private practice and in combined private practice/institution employment. Given the inconsistency of these responses, and the fact that such a mass exodus would be evident and does not appear to be taking place, perhaps these responses merely represent a wished-for outcome, rather than an expected action. Time and subsequent surveys may elucidate this issue, and in future should attempt to carefully separate planned retirement from a plan to leave the field.

FINAL COMMENTS

Survey data related to clinical neuropsychology has been collected for more than 20 years. Primarily, this data has addressed professional practices, beliefs, and characteristics of clinical neuropsychologists. The present survey gathered such information but also represented a return to an intensive look at professional incomes, broken down by numerous salient variables, such as professional identity, job satisfaction, and likelihood of changing jobs, variables that have not been examined in prior surveys of neuropsychologists. This type of income analysis had not been undertaken since 1992 income data were gathered (Putnam & Anderson, 1994; Putnam et al., 1994). Given the demand for this type of information, as represented in numerous direct inquiries from neuropsychologists and individuals who employ neuropsychologists to the first author, the need for a more routine period-

icity of this type of information-gathering seems obvious. It may well be that a five-year interval would be sufficient. We hope that what Putnam and colleagues began in the 1980s, which became widely known as "The TCN Salary Surveys," will continue at intervals in the form of TCN/AACN surveys of the practices, beliefs, and incomes of clinical neuropsychologists.

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REFERENCES

American Psychological Association (2003, July). *Salaries in Psychology 2001: Report of the 2001 APA Salary Survey*. Retrieved on December 12, 2005 from http://research.apa.org/01salary/salaries.pdf.

Association of American Medical Colleges (2005). *Report on medical school faculty salaries 2003–2004*. Retrieved on June 4, 2005 from https://services.aamc.org/.

Cummins, R. (2000). Personal income and subjective well-being: A review. *Journal of Happiness Studies*, *1*, 133–158.

Diener, E. & Seligman, M. E. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest*, *5*, 1–31.

Employee Benefit Research Institute (2004). *Databook on Employee Benefits*. Retrieved on December 12, 2005 from http://ebri.org.

Friar, M. E. & Leonard, H. B. (1998). *Variations in cost of living across states*. Cambridge, MA: Taubman Center for State and Local Government, Harvard University

Halpern, D. (2004). 2004 APA annual report: President's report. *American Psychologist*, *60*, 384–387.

Heilbronner, R. (2003). The independent practice of clinical neuropsychology: One person's perspective. In G. Lamberty, J. Courtney, & R. Heilbronner (Eds.), *The practice of clinical neuropsychology: A survey of practices and settings*. (pp. 175–186) Lisse, Netherlands: Swets & Zeitlinger.

Pate, W. E. & Kohout, J. L. (2005). Results from a national survey of psychologists in medical settings—2003. *Journal of Clinical Psychology in Medical Settings*, *12*, 203–208.

Peck, E. A. (2003). Business aspects of private practice in clinical neuropsychology. In G. Lamberty, J. Courtney, & R. Heilbronner (Eds.), *The practice of clinical neuropsychology: A survey of practices and settings*. (pp. 53–90) Lisse, Netherlands: Swets & Zeitlinger.

Putnam, S. (1989). The TCN Salary Survey: A salary survey of neuropsychologists. *The Clinical Neuropsychologist*, *3*, 97–115.

Putnam, S. & Anderson, C. (1994). The second TCN salary survey: A survey of neuropsychologists. Part I. *The Clinical Neuropsychologist*, *8*, 3–38.

Putnam, S. & DeLuca, J. (1990a). The TCN professional practice survey: Part 1. General practices of neuropsychologists in primary employment and private practice settings. *The Clinical Neuropsychologist*, *4*, 199–243.

Putnam, S. & DeLuca, J. (1990b). The TCN Professional practice survey: Part 2. An analysis of the fees of neuropsychologists by practice demographics. *The Clinical Neuropsychologist*, *5*, 103–124.

Putnam, S., DeLuca, J., & Anderson, C. (1994). The second TCN salary survey: A survey of neuropsychologists. Part II. *The Clinical Neuropsychologist*, *8*, 245–282.

Sweet, J. & Moberg, P. (1990). A survey of practices and beliefs among ABPP and non-ABPP clinical neuropsychologists. *The Clinical Neuropsychologist*, *4*, 101–120.

Sweet, J., Moberg, P., & Suchy, Y. (2000a). Ten-year follow-up survey of clinical neuropsychologists: Part I. Practices and beliefs. *The Clinical Neuropsychologist*, *14*, 18–37.

Sweet, J., Moberg, P., & Suchy, Y. (2000b). Ten-year follow-up survey of clinical neuropsychologists: Part II. Private practice and economics. *The Clinical Neuropsychologist*, *14*, 479–495.

Sweet, J., Moberg, P., & Westergaard, C. (1996). Five year follow-up survey of practices and beliefs of clinical neuropsychologists. *The Clinical Neuropsychologist*, *10*, 202–221.

Sweet, J., Peck, E., Abramowitz, C., & Etzweiler, S. (2003). National academy of neuropsychology/division 40 (American Psychological Association) practice survey of clinical neuropsychology in the United States, part II: Reimbursement experiences, practice economics, billing practices, and incomes. *Archives of Clinical Neuropsychology*, *18*, 557–582.

The Conference Board (2005, February 28), *U.S. job satisfaction keeps falling*. Retrieved on June 4, 2005 from http://www.conference-board.org

U.S. Bureau of Labor Statistics National Compensation Survey (2004, July). Retrieved on December 12, 2005 from http://www.bls.gov/ncs/.

U.S. Bureau of Labor Statistics Consumer Price Indexes (2005). Retrieved on December 12, 2005 from http://www.bls.gov/cpi/.

U.S. Census Bureau, Statistical Abstract of the United States: 2004–2005, *No. 583 Employed workers actively seeking a new job: 2001*. Retrieved on December 12, 2005 from http://www.census.gov/prod/www/statistical-abstract-04.html