New Horizons for Texas Psychology

2005 TPA Annual Convention

November 3-5, 2005

Make plans now to attend the 2005 TPA Annual Convention at the Hyatt Regency Hotel in Houston. With more than 140 workshops, research papers, posters and more, many for CE credit, this is an event you can’t afford to miss.

The 2005 TPA Convention offers an unparalleled opportunity to network with your peers, catch up on the latest research, honor those of your colleagues who have contributed to psychology in outstanding ways, and enjoy the magnificent hospitality of the Hyatt Regency and the city of Houston.

Registration for the convention is available on the TPA website at www.texaspsyc.org. For hotel reservations, call 713-654-1234 or visit the convention link at www.texaspsyc.org. Be sure to mention that you will be attending the TPA Convention in order to receive the convention rate of $149.

Internationally renowned mental game coach Dr. Joseph Parent will serve as keynote speaker for the 58th Annual TPA Convention. A dynamic and engaging public speaker, Dr. Parent’s address is entitled “Stealth Psychology - Under the Radar” and will serve to underscore the conference theme of “New Horizons for Texas Psychology.” In addition to his keynote presentation, Dr. Parent will also serve as a special speaker at the Texas Psychological Association fundraising dinner to be held at a private home in Houston’s River Oaks area. Finally, he will offer a special two day post-convention seminar to be held at the in the Woodlands.

Dr. Parent earned a PhD in Social Psychology and Personality Studies with a minor in Clinical Psychology from the University of Colorado in 1979. Dr. Parent’s work, significantly influenced by the Buddhist practice of “Mindful Awareness,” has focused on integrating Buddhist wisdom and traditional psychological theory.

Don’t miss Dr. Parent on November 4, from 8:30 - 10:00 am.
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FROM THE EDITOR

WELCOME BACK!
Or perhaps you should be saying that. The Texas Psychologist disappeared for a while, but the hiatus is over. Our problem had to do with the need to find a cost effective replacement when our printing contract expired. There was some talk of moving to an online journal, but the TPA Board determined that a hard copy publication is more consistent with the professionalism of our organization. In addition to being a tangible membership benefit, this publication will serve as a public face of TPA as we interact with legislators, allied professional guilds, and the public at large. Donna Davenport and I have been appointed as co-editors. We will be publishing four issues per year, and we’d certainly welcome any thoughts you might have about future directions for the Texas Psychologist.

Columns and News

With this, uh, resurrection issue, we hope to accomplish two related goals. First we hope to update the membership about a number of very important recent developments affecting TPA and the practice of psychology. This includes developments at the legislature and within TPA itself. Second, we hope to update readers about some forensic issues that may affect their practice, either directly or because these issues raise broader questions about emerging standards of services.

Executive Director David White’s column summarizes the results of truly massive efforts on behalf of TPA during the last legislative session. Psychologists often don’t realize that TPA is the profession’s only true advocate in Austin, and even veteran TPA members may sometimes take for granted the importance of having a unified voice for psychology when politicians are at work. The big news, of course, is that the TSBEP has been reauthorized. The Sunset Bill could have potentially eviscerated the Board and placed psychology in a regulatory quagmire. Given the grave concerns expressed at the outset of the process, the Sunset Bill is a stellar success!

Important as it was, the Sunset Bill represents only a part of the legislation affecting psychologists this session. David’s column details TPA’s efforts on several bills involving insurance coverage, workman’s compensation, scope-of-practice, and other issues. The breadth of our success with these issues reminds us that legislative advocacy is a principle benefit of TPA membership.

TPA President Paul Burney’s column describes some of the important developments at TPA which set the groundwork for these efforts. We have new lobby representation, we’ve occupied very strategi-
standards and their preliminary results suggest that many competency evaluations do not yet meet the standards.

Vincent, Hays & Inman examine how psychological autopsies are, and ought to be conducted. The psychological autopsy involves the evaluation or appraisal of a deceased person based on reconstruction from retrospective data. This is another special forensic activity for which standards have heretofore been relatively un-defined. The authors present a comprehensive summary of legal decisions and standards of practice relevant in Texas and identify some of the issues that remain to be settled.

You may not ever be called upon to conduct a competency evaluation or be asked to prepare a psychological autopsy. Nevertheless, sooner or later most practitioners will land in circumstances that involve forensic judgments. These two articles provide examples of how to think critically and comprehensively about a specific, well-defined forensic issue and provide models of how one might proceed.

**We Want to Hear From You!**

We hope you like the journal; we'd certainly appreciate any feedback, (extravagant praise, indignant complaints, wishful suggestions, or snooty corrections). In the next issue we will inaugurate a regular column on Psychology in the Public Interest, focusing on empirically-based discussions of important social policy issues. Also, we are planning an issue on innovative practices and emerging roles for psychologists; if you have something to offer, let us know. Stay in touch. (We promise we will too!)

**The Editors**

Donna Davenport, PhD is an Associate Professor in the Counseling Psychology program at Texas A&M, where her research areas include ethics and multicultural issues. In addition to her teaching and independent practice, she is the founding director of the Lifelong Learning Institute at Texas A&M.

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**TPA Announces Its Mentoring Program**

Experienced professionals - Would you be willing to share some of your time and expertise with our less experienced TPA colleagues? Many of you do pro-bono work and this is a way to do the same for our own profession. You can help improve the status of our profession and TPA one person at a time. If you are interested in serving as a mentor, please sign up at the TPA Mentoring Program table during the TPA convention. Information outlining the program will be available and a TPA mentoring committee member will be on hand to answer your questions.

This mentor/mentee relationship is not for clinical supervision. It is to help the mentee learn about and deal with professional and business issues. Many mentor/mentee relationships may require as little as an occasional phone call to answer a question. Some may want to meet over lunch or have several sessions to iron out a problem. The extent of the involvement is between the mentor and mentee. TPA serves as the matching service; the rest is up to you!

For more information, visit the TPA Mentoring Program table at the TPA Convention. Remember, when you share your knowledge with your colleagues, everyone benefits!
FROM THE PRESIDENT

Paul Burney, PhD

WE DID IT! The most exciting news that I have to share with you is that TPA and all its many volunteers were able to thwart an attempt to consolidate all the mental health professions and others into a single omnibus agency that would “share” administrative duties among the combined agencies. TPA has worked tirelessly for the past two years developing strategy, talking with key legislators and testifying at legislative committees sharing our viewpoint on how vital it is to keep our independent Board.

In 2002, Past President Walt Cubberly formed the Sunset Committee that began looking into the various aspects of the Board and what key functions needed to be reviewed to assure that we keep our independence. Members on that committee were Alan Hopewell, Alaire Lowry, Tom Lowry, Robert McPherson, Robert Mehl, Suzanne Mouton-Odum, Roberta Nutt, David Rudd, Chris Shields, Brian Stagner, Melba Vasquez, David White, Dee Yates, and Paul Burney.

As we look back over the two years there were some key developments that, in my opinion, shaped this positive outcome. First, the TPA Board elected to move the central office to an office complex located one block from the Capitol. This was a strategic move to provide David White, our Executive Director, with ready access to our lobbyist and the Legislature during our Sunset Process and legislative year. This office space, leased from our lobbyist Chris Shields, provides a perfect location to interact with legislators at a moment’s notice and to have key meetings at TPA headquarters.

In June of 2003, TPA’s Legislative Team met to develop TPA’s 2005 Legislative Plan. Chris Shields, TPA’s lobbyist, was hired to formulate TPA’s Sunset strategy and lead the Sunset process. Under his guidance, TPA’s Sunset Legislative Committee, comprising TPA President Dee Yates, David White, TPA Director of Professional Affairs Robert McPherson, and TPA President-Elect Designate Paul Burney, developed a well thought-out strategy in conjunction with the Sunset Committee to define certain steps that must be accomplished throughout this process. Then the Legislative team met with the Texas Sunset Advisory Commission staff on numerous occasions to negotiate TPA’s Sunset possibilities. Many different scenarios were discussed on what the Sunset bill would eventually look like. After a lengthy review of our Licensing Board, the Texas Sunset Advisory Commission staff did recommend a consolidated board. However, Legislators did not support the staff recommendation and as a result our final Sunset bill was introduced and passed with the current independent structure. Many thanks to Representative Vickie Truitt and Senator Mike Jackson for carrying our bills in the 2005 legislative session.

As we reflect on this past session, under Chris Shields’ guidance, David White and the TPA leadership has taken a more aggressive and proactive approach for current and future legislation. TPA is currently building on the Legislative Plan and is strategizing with the current Legislative Committee and Management Team TPA’s legislative strategy for 2007, 2009 and 2011.

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In other committee news:

* In 2003 TPA formed a Finance Committee chaired by TPA Board Member Ron Cohorn. This committee revised TPA's investment strategy, started a systematic investment program and a building fund, and provides financial input and advice for TPA's long term financial, investment and business strategies.
* Three major task forces have been formed in 2005, the Task Force on Prescription Privileges co-chaired by Lane Ogden and David Rudd, the Task Force on Academic Relationships co-chaired by Donna Davenport, Mary Alice Conroy, and Randy Noblit, and the Task Force on Social Justice chaired by Richard McGraw.
* In 2004 TPA initiated an additional strategy for committees. In the past, committee chairs have been chosen from current board members. To be more diverse and facilitate the involvement of psychologists who have expertise in special areas and are potential future leaders in Local Area Societies and TPA, the Executive Committee appointed several chair positions that were not current Board of Trustees members.

* Ollie Seay, a past TPA Board member is the chair of TPA's Public Policy Committee. Suzanne Mouton-Odum, a past Board member and HPA President, and Edward Davidson member and Past President of Sam Houston Area Psychological Association, are current co-chairs of TPA's Communication Committee. Joseph Sanchez, President of the Rio Grande Valley Psychological Association, is TPA's Diversity member and Chair of the Diversity initiative. TPA Board Member Dean Paret is chair of TPA's Third Party Administration Committee.

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TPA President Paul Burney is working to create an International Membership category and a collaborative working relationship with psychologists in Mexico. This is part of TPA's long-term strategic initiative to explore future psychological opportunities and to address Texas' growing Hispanic population.

Since early 2004 TPA has worked with Phil Bryson, an insurance consultant, to construct a health insurance plan for TPA members. The program is currently in the last stages of the feasibility study.

TPA is also working with Smith Barney to offer a 401(k) program to our members. We are also partnering with Affiniscape, our web page consultant, to offer TPA members a variety of services designed to enhance, streamline, and enhance psychology practices.

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TPA's 2005 annual convention will be held in Houston, Texas November 3-5 at the Hyatt Regency Hotel. The theme of this year convention is New Horizons in Psychology and will highlight how psychologists are using their expertise in new and innovative ways. Dr. Joseph Parent, PhD, is our featured speaker. He is a Social Psychologist and Zen Buddhist who has transitioned his psychological training and distinguished himself as one of the premier Mental Golf Coaches in the United States and abroad. One of his clients, Vijay Singh, is ranked number two in the golf world. His best-selling book, Zen Golf, is a philosophic approach to life and has been used by an adolescent substance abuse program as their guide to recovery and reorienting their lives. Dr. Parent is also highly regarded among Fortune 500 companies as a corporate and business speaker.

### Member Benefits

* Are you in the market for **professional liability insurance**? Call TPA's preferred vendor, American Professional Agency, 800-421-6694. Renewal reduction when you attend one of Eric Marine's workshops at the Annual Convention!

* **Discounted Credit Card Processing**: Affiniscape Merchant Solutions 512-401-0867 ext. 219

* **Discounted Legal Consultation Service**: Sam A. Houston 713-650-6600.

* **Fee Collection Service**: I.C. System 800-325-6884.

* **Director of Professional Affairs (Robert McPherson, PhD)**: **Psychologist on staff** part-time to answer member questions and requests for information concerning professional affairs including, but not limited to, ethics, insurance/managed care, practice management 713-927-8353.

* **Subscription to the Texas Psychologist**: Your quarterly journal is designed to provide with the most current information about professional news and practice changes in the state.

* **Continuing Education**: We offer both live and home study at substantially discounted member rates.

* **List serve subscription** for timely updates. (Be sure TPA has your current email address!)
As the 79th Legislature completes its business for 2005, our state is still left with no solution to our school finance dilemma. With no major tax bill being passed, the Governor has once again called a special session to deal with the never-ending issue of how our schools are going to equitably spread the wealth. I am sure each of you was following the legislation that might have been of interest to you, but I want to share with you the legislation that had the biggest impact on psychologists in this state.

David White, CAE

FROM TPA HEADQUARTERS

David White, CAE

As Dr. Paul Burney mentioned in his article the most important piece of legislation we worked on this session was the Sunset Bill. Every 12 years the state of Texas reviews every state agency to evaluate its operation and to assure that it is still accomplishing its mission. HB 1015 was the bill that came out of the Texas Sunset Advisory Commission recommendations and ultimately approved the existence of the Texas State Board of Examiners until 2017. What most people will not know is what took place behind the scenes to finally achieve HB 1015. For a year and half, the concern was that the state was going to abolish TSBEP and create a new agency that would encompass all the mental health professions, excluding psychiatry. We worked tirelessly to assure that would not happen. So when HB 1015 was introduced, we had won a major victory even before we started the process!

In short, the bill improves some of the Board processes to make them fairer and more efficient for both the licensees and the public. The bill strengthens the Board’s enforcement program by requiring it to prioritize the complaints according to risk and to adopt, by rule, a schedule of sanctions, matching the severity of the complaint to the type of violation. It also abolishes the Psychological Associate Advisory Committee and requires the Board instead to seek stakeholder input in its rule development process. Finally, the Board is required to establish a work group to evaluate the oral examination for the purpose of improving the consistency of the administration and the objectivity of the examination. TPA is willing to play a role in assisting in this evaluation process.

If you would like to take a look at this entire bill, please check out the State’s WEB site at www.capitol.state.tx.us.

Other bills that we followed this legislative session are:

HB 122

Representative Elliott Naishtat (D-Austin) has filed HB 122 that would restore the ability of Medicaid recipients to select a psychologist, LMFT or LPC to perform healthcare services or procedures. This bill had a hearing on May 4th and was left pending in committee.

HB 1502

Since the 1980s, federal law has required that state Medicaid programs pay any applicable deductible or co-insurance amounts for Medicare services provided to
individuals who are dually eligible for both the Medicare and Medicaid programs. However, since 1997, federal statute has permissively allowed states to reduce or eliminate those deductible or coinsurance payments to an amount which, when combined with the Medicare payment, would equal the rate set by the state for a comparable Medicaid covered service.

HB 2292, as passed by the 78th Legislative session, included language that was intended to require the state Medicaid program to eliminate the payments of coinsurance or deductible amounts that would otherwise be required to be paid on behalf of dually eligible persons, if the rate for a comparable Medicaid covered service were lower than the amount paid by Medicare. Providers of such services would in effect see the Medicare fee schedules for dually eligible persons "re-priced" to the lower Medicaid rate, in some cases substantially lower. The requirement for "comparability" of services could severely restrict the extent to which this provision applies.

At the end of the 78th Legislative Session, Senior Connections began laying the groundwork and developing the relationship with prominent HHSC, certain Legislative and Comptroller’s Office individuals to support the repeal of this provision in 2292 while coordinating efforts with TPA and Lobbyist Chris Shields.

HB 1502, authored by Rep. John Davis (R-Houston) repealed the provision in 2292 that allowed the re-pricing, by the state Medicaid program, of the payments of coinsurance or deductible amounts that would otherwise be required to be paid on behalf of dually eligible persons, if the rate for a comparable Medicaid covered service were lower than the amount paid by Medicare. Senator Jane Nelson (R-Lewisville) agreed to sponsor the companion bill in the Senate. Thus the reimbursement to both Medical and Mental Health professionals that see the Dually Eligible Medicare/Medicaid beneficiaries will reimbursement has been protected.

The Bill passed out of committees in both House and Senate without opposition to the respected uncontested calendars, was voted on by both the House and Senate and was sent to the Governor’s Office for his signature where it is currently. The Governor has 45 days to sign or veto.

HB 1941

Representative Joe Nixon (R-Houston) introduced HB 1941 which would require insurance companies to expand mental health coverage. This bill promotes coverage of more types of mental illness and fewer limits on amounts of services provided. Currently Texas law requires insurance to cover three types of serious mental illness: bipolar disorder, schizophrenia, and severe depression, but no others, and allows insurers to limit coverage to 45 days of inpatient care and 60 days of outpatient services. Representative Nixon wants all diagnoses in the DSM IV covered and wants coverage of mental illness at a level comparable to coverage of physical illness under insurance. This bill was heard in the subcommittee on Life and Health Insurance of the House Insurance Committee on April 8 and unfortunately was left pending in committee.

HB 2706

Representative Dianne Delisi (R-Temple) introduced a bill that creates a Commission inside the Texas Department of Health that would review all health care scope-of-practice issues. This bill had big implications for TPA, since any advancement we wanted to make in the scope of what a psychologist can perform has to go through this commission. This bill was voted out of the Public Health Committee and was left pending on the House General State Calendar without any action. Even though this bill did not become law, we can be assured a similar bill will be filed in the 2007 Legislature.

SB 6

Senator Jane Nelson introduced Senate Bill 6, which authorizes psychologists, as well as physicians, to assess the capacity of elders who come to the attention of Adult Protective Services. This bill recognizes psychologists as evaluators of elderly individuals and persons with disabilities, with regard to capacity to give consent for services when abuse, neglect, or exploitation is suspected. This bill passed the Senate and was on its way out of the House, when Rep. Robert Talton (R-Houston) was successful in passing an amendment that would prohibit gay and lesbians from being foster parents. Since this bill had different language than the Senate version, a conference committee was appointed. The final ruling did not include Rep. Talton’s amendment, but as I am sure you have read, a constitutional amendment was passed that would define marriage in the state of Texas as a union between a woman and a man. You as a citizen of this state will have a chance to vote on this during the November election.

SB 5 / HB 7

HB 7 was the Sunset Bill for the Texas Workers Compensation Commission. This bill changed the name to the Texas Department of Workers Compensation. TPA’s biggest concerns with this bill were the "network" aspects and assuring that any utilization review was conducted by a "like provider." Overall we were pleased with the bill as there were several sections of the bill that TPA supported.

* Permits the department to contract
with health care providers to develop or review guidelines, perform case review and be contracted out for other consultant services. The bill also requires that providers who re-review disputes be licensed in the category under review and of the same field or specialty as the category under dispute.

* Requires networks to have adequate providers in the network to provide comprehensive health care services to injured workers.

* Requires all services in provider networks to be provided by persons holding appropriate license and that network panels include adequate number of specialists.

**SB 837**

Beginning September 1, 2005, big changes are in store for those pleading not guilty by reason of insanity in criminal cases. Senate Bill 837 (SB 837), passed by the 79th Legislature, amends those portions of the Code of Criminal Procedure relating to the insanity defense by changing the procedures for examination, trial, and disposition. There are no changes to the Family Code for juvenile lack of responsibility for conduct cases.

The staff of the Senate Jurisprudence Committee confirmed that there is an inadvertent drafting error in the legislation relating to qualifications. Qualifications for experts who conduct examinations were intended to be patterned after the revisions to the competency to stand trial statute done last session. However, an “or” was left out in the process, as noted below, and this cannot be changed until next session. As with the competency statute, psychologists and psychiatrists with specialized training are the only experts named who may conduct court-ordered examinations relating to sanity. These experts must either be board certified by the appropriate board, or have twenty-four hours of specific training, (this is where the "or" should have been) five years of experience in conducting evaluations for the courts, eight or more hours of continuing education in the area of forensic evaluation in the twelve months preceding appointment. In addition to these requirements, experts must have six hours of continuing education in the forensic area every two years. Psychologists and psychiatrists who do not meet these requirements may be appointed only under exigent circumstances. Reports must specify the procedures used along with observations and findings.

Issues related to the appointment of an expert to determine both competence and sanity are addressed. If an individual is determined incompetent to proceed, a sanity evaluation may not proceed. The indictment may even be dismissed on the grounds of insanity if the judge consents. Also, there is a provision requiring the judge to distribute the sanity report to both the defense and state attorneys when received by the court.

A judge, rather than a jury, may determine the sanity issue, if all parties agree. Time spent by the person committed to a mental hospital or as an outpatient may not exceed the maximum allowable term of the offense unless civil commitment proceedings are pursued. Criteria for outpatient care and supervision are included in the new procedures, as is a provision allowing modification or revocation of outpatient treatment to place the person in an inpatient setting based on deterioration of functioning or lack of compliance.

One controversial aspect of the statute is that the outpatient requirements may even include involuntary medication. Finally, the Department of State Health Services is required to collect information and maintain records regarding acquitted persons who have been committed for inpatient care, outpatient services, or long-term residential care. Both houses of the Legislature are to receive reports on these persons annually.

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**From the Student Newsletter**

**Planning for Your Internship**

Plan ahead and avoid procrastinating! You are very wise to start planning for your internship preparation early! Since many sites often accept applicants on a first-come, first-selected basis, students should initiate the process early to ensure that a greater number of sites will be available to them. Things you should consider when searching for potential sites are your shortterm and longterm career goals. Specifically, determine the characteristics of your ideal experience, such as the type of setting, age groups, populations, and responsibilities you wish to pursue once you graduate. Keep in mind that the purpose of the internship is to have an opportunity to develop the core skills necessary for you to build upon once you have entered your chosen field.

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The HIPAA Security Rule Has Arrived

Bob McPherson, Ph.D.
Director of Professional Affairs

April 20, 2005 marked the compliance date for the last of the three primary federal enacted Health Insurance Portability and Accountability Act (HIPAA) rules directly affecting the practice of psychologists, other health care professionals, and related entities. The HIPAA Security Rule follows previous implementation of the Transaction and Privacy rules. Briefly, the HIPAA Privacy Rule (compliance date April 14, 2003) describes in some considerable detail when and to whom individually identifiable health information can be disclosed. The electronic transmission of this protected health information (PHI) triggers the Privacy Rule and thereby requires that the psychologist’s entire health care practice be in compliance with HIPAA regulations. HIPAA regulations are not intended to address forensic or other forms of non-health service related psychological records or communications.

In my opinion, there is little about the Privacy Rule that has dramatically changed the practice of psychology in Texas. With patient confidentiality serving as a cornerstone to our profession and firmly underscored in our ethics code and licensure regulations, most psychologists are practicing well above the minimum standards established by the HIPAA Privacy Rule. One important provision of the Privacy Rule that has been of considerable importance and assistance to psychologists and their clients has been the federal mandate limiting the information that third party payors may require for payment of services. Specifically, the release of psychotherapy process notes may not be demanded as a condition for payment of services.

The Transaction Rule (compliance date October 16, 2003) addressed more technical aspects of the electronic health care transaction process and require the use of standardized formats relevant to health care claims when sent electronically. There appear to be two primary aspects of this HIPAA rule impacting psychological practice. First, HIPAA specifies use a standard diagnostic code set, the IDC of Diseases, 9th edition (ICD-9_CM) Vol. 1 & 2, hence, psychologists will have to use a billing service or clearinghouse to “crosswalk” DSM codes to ICD codes. Second, as part of the transaction standards, the Current Procedural Terminology (CPT-4) must be used but will not otherwise require a crosswalk.

It is also important to underscore that the HIPAA Privacy and Transaction Rules do not require psychologists to use electronic means for the communication of health care information, including billing. Hence some psychologists have made an effort to arrange an “electronic–free” practice in order to dodge HIPAA regulatory authority. Unfortunately for these technologically deficient psychologists, they may soon find that most third party payors will require them to submit billings electronically. I have encouraged psychologists to accept the inevitable and take steps to better understand and comply with HIPAA rules with expectation that at least for the Privacy and Transaction Rules, compliance is relatively painless and inexpensive. The APA Practice Directorate provides an excellent web-based product describing the HIPAA Privacy Rule at http://www.apapractice.org. “This easy-to-use, online course includes: a step-by-step guide to complying with the HIPAA Privacy Rule; state-specific forms for you to print and use, policies, and explanations that can be personalized and saved to your desktop; a Continuing Education test offering four (4) hours of CE credit; and updates to reflect changes in the Privacy Rule. Practitioners who are insured through the APA Insurance Trust will also receive a premium discount for passing the CE test. A minimum internet connection speed of 56K is recommended. The course is available to Practice Assessment payers, Trust Insureds, and Dues Exempt members for a special price of $225, a $150 savings; to APA Members at the Member price of $375, a $225 savings, and; to Non-Members at the full retail price of $600.”

The HIPAA Security Rule was the last of the three primary rules to be finalized, largely because it is the most complex due to the constantly changing world of technology. The reader should note that compliance with the the HIPAA Privacy and Transaction Rules does not ensure compliance with the HIPAA Security Rule. The Security Rule requires assurance that confidential electronic patient health information (EPHI) is kept secure from inappropriate or incidental disclosure. The rule addresses administrative, physical and technical procedures, and processes regarding office space, files (hardcopy and electronic), computers and other electronic gadgetry, such as PDAs, cell phones, or electronic tablets. Compliance with the Security Rule requires a process called a “risk analysis.” This risk analysis is painstaking, will likely involve at least several hours of your time (5-6 hours), and must be thoroughly documented. A more thorough discussion of this analysis of the Security Rule can also be

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Psychological autopsies: Methodological, ethical and legal considerations

John P. Vincent, University of Houston
J. Ray Hays, Baylor College of Medicine
Tonya Inman, University of Houston

The psychological autopsy is a specialized form of psychological assessment where the person being evaluated is deceased. Ebert (1987) defined a psychology autopsy as “...a process designed to assess behavior, thoughts, feelings, and relationships of an individual who is deceased.” This form of psychological evaluation, also called retrospective mental state evaluation, reconstructive psychological evaluation, and equivocal death analysis, poses a number of challenges to the psychologist, the most daunting of which is the absence of an agreed methodological standard and the fact that psychological testing of the target individual is not possible.

Deaths are classified by medical examiners broadly into the four categories of natural, accidental, suicide, or homicide. The psychological autopsy technique was developed in the 1950s at the Los Angeles Suicide Prevention Center by Drs. Norman Faberow, Edwin Shneidman, and Robert Litman at the request of the Chief Medical Examiner, to help in determining the classification of death in cases where the intent of the decedent was uncertain or equivocal (Litman, Curphey, Shneidman, Faberow, & Tabachnick, 1963). Following the seminal work of these investigators, psychological autopsies have proliferated in both domestic and foreign jurisdictions across the world. The scope and methods of a psychological autopsy vary depending on the context and purposes of the evaluation.

Psychological autopsies have several uses: to assist in the understanding of those left behind, family members and treatment providers; for research purposes to improve prediction, intervention, and clinical care; for public health purposes in the correct reporting of death statistics; and in legal settings where the intent of the decedent is critical to a particular legal issue. In this article, we describe the common applications of psychological autopsies in various forensic and non-forensic contexts, address the methods that are ideally employed in these evaluations, explore the issues of reliability and validity of psychological autopsies, and review relevant legal cases where the admissibility of expert testimony based on the approach has been addressed in Texas courts. While psychological autopsies have been conducted in a variety of contexts, we will emphasize those situations involving the possibility of suicide.

Psychological autopsies in non-forensic contexts

Certainly the type of death of most concern to mental health professionals is suicide, especially when it occurs among patients. Hospital and agency administrators often conduct psychological autopsies, so called “morbidity and mortality conferences,” following the death of a patient in
their care. In this instance, the focus of the evaluation is partly on the mental status of the deceased, but the primary focus is typically on whether or not the clinical staff responsible for the patient exercised appropriate care in determining suicide risk and in implementing interventions to manage that risk. A psychological autopsy following a death of someone who was under the care of a mental health professional can be used in numerous ways such as, (1) to understand the death in context of the treatment to improve the quality of delivery of psychological treatment services, (2) to answer questions the family may have about the death, (3) to assist the caregiver or treatment team in dealing with the loss, and (4) as evidence in malpractice suits where substandard care of the deceased is alleged. In Texas, however, the results of a hospital committee’s psychological autopsy are not subject to discovery (Terrell State Hospital v. Ashworth, 1990) due to public policy interest in protecting the free enquiry of such committees in improving the quality of patient care.

Psychological autopsies are also used in clinical settings, typically for the family members and friends of a loved one whose death may have been a suicide. The goal of these psychological autopsies is therapeutic, helping survivors accept the reality of suicide as the manner of death and work through the complex emotions of guilt, anger, and sadness that typically accompany the suicide of a family member or close friend (e.g., Hawton, Appleby, Platt, Foster, Cooper, Malmberg, & Simkin, 1998). The events leading up to death and the mental status of the deceased preceding the suicide are explored to help the survivors identify any warning signs or other indicators of suicide risk as well as to help them examine their own responses or lack of response to those signs. The scope of these psychological autopsies is generally more limited than those used in other contexts, since the goal is the survivors’ acceptance and understanding of the deceased’s suicide as opposed to determination of the actual manner of death in equivocal cases. It is important to remember that psychologists who work with suicide survivors clinically should not serve in a forensic capacity on the same case since mixing clinical and forensic roles is an avoidable dual relationship.

Psychological autopsies in forensic contexts

Psychological autopsies are often used in criminal, civil, and administrative law contexts. (Biffl, 1996). Irrespective of the forensic contexts where they are used, forensic autopsies assist in the classification of death where the intent of the deceased was unclear, the outcome of which has some bearing on the particular legal issue involved, such as the payment of life insurance proceeds where there is a suicide exclusion. Psychological autopsies are also employed retrospectively to assess the testamentary capacity of the deceased, as it relates to contested wills and the distribution of the deceased’s estate. Determination of cause of death is the province of police investigators and medical examiners, who examine the physical evidence of the death scene and medical status of the deceased. For example, if a contact head wound from a firearm is found and brain trauma is observed in an otherwise healthy individual, then the cause of death was most likely a gunshot wound. Manner of death cannot be determined from physical examination of the deceased alone but must be accompanied by evidence at the death scene as well as the results of investigation into the deceased’s life circumstances and mental status prior to death. In this example, it is possible that the deceased’s death was due to an accident. (e.g., careless cleaning of a firearm), homicide, (e.g., an assailant shot the deceased following a heated argument), or suicide, (e.g., the deceased was depressed over a recent divorce and bankruptcy). Psychologists can provide assistance in instances of equivocal reasons for death where the possibility exists that the death was either an accident, suicide, or homicide.

Role of the evaluator

Psychological autopsies used for legal purposes represent a specialized type of forensic psychological evaluation Regardless of who hires the psychologist, the principal client is the court, which includes either the judge and/or jury who is charged with making the ultimate decision in the legal proceeding. Testimony from expert witnesses is admissible if the court determines that the probative value of the testimony outweighs any prejudicial effect. Since it is the responsibility of the jury, in some jurisdictions experts are enjoined from speaking to the ultimate issue in the case, but may present their data and provide the inference they make from it (Texas Rules of Evidence 704 and 705). Rather, the expert is generally asked to render opinions about the factors for and against a determination of suicide that may be present in a given case as well as some opinion about their relative weight. It is up to the judge and jury to determine the credibility of the expert’s opinion and the weight of that opinion in helping reach some resolution about the manner of death. Experts strive to be even handed in their presentation of evidence regardless of who hired them.

Methodological issues

Since the landmark Supreme Court case ruling in Daubert v. Merrell Dow Pharmaceuticals, Inc. (1993), the testimony from expert witnesses, including that based on a psychological autopsy, must
satisfy certain methodological requirements. The trial court uses the following guidelines in its gatekeeper function to evaluate the scientific testimony of an expert: (1) Can the underlying theory be proved/falsified? (2) Have the findings been peer-reviewed and published? (3) Is the error rate of the technique or method known or knowable? (4) Is the technique or method generally accepted by the relevant scientific community?

Reliability and validity: Meeting the Daubert challenge. In the case of psychological autopsies, the criteria for admissibility may be difficult to satisfy, since there is at present no universally accepted methodology or extensive body of scientifically valid research on the technique (Ogloff & Otto, 2003). The admissibility of the technique may be questioned under Daubert; at the very least, experts who testify based on psychological autopsies should clearly state the potential limitations of any conclusions. Expert testimony based on psychological autopsies has been admitted into evidence following the Daubert opinion, which means that at least some trial courts have seen fit to rule that such testimony is admissible. When an expert renders such an opinion, he or she must be prepared to identify the information on which that opinion is based, the validity and reliability of that information, and any limitations to the methodological adequacy of the information.

At the crux of concerns about the reliability of psychological autopsies is the fact that the target of the evaluation is not available for examination. Without psychological tests and interviews with the person being evaluated, an evaluator is left to base conclusions on data from collateral sources, including interviews with individuals who knew the deceased, and review of documents, such as job, medical, and mental health records. The validity of the information to be obtained is also important to address. When using collateral sources such as family members who may have an agenda biased against suicide, for example, the expert must understand any filtering and distortions that family members may be placing on the data. Generally, the less personal investment the collateral sources have, the less likely bias will be applied to the information provided. For example, first responders to the scene of a death, such as police officers and emergency medical personnel, are likely to be more candid and objective in their information about the deceased than family members may be. However, family members may have access to information that is not available to first responders, such as stressful circumstances in the deceased’s life, their mental health history and verbal communications about plans to commit suicide. Such data is essential to understanding the life of the deceased person, relevant to formulating an intent toward life or death, but the psychologist must be attuned to possible bias, inaccuracy, and incompleteness of that information.

The most cited validity study of psychological autopsies is the Kelly and Mann (1996) study. Unfortunately, this only dealt with agreement by experts as to a pre-morbid mental illness diagnosis, and raters were not blind to the determination of death by the medical examiner, an essential element in establishing validity. Mental illness is certainly a co-factor in suicide and a psychological autopsy can provide insight into mental status retrospectively, but that by itself it does not establish the validity of the determination of suicidal intent.

A systematic review of the validity of psychological autopsies (Cavanaugh, Carson, Sharpe, & Lawrie, 2003) that included 76 studies, failed to cite any study in which raters were blind to the final classification of death. The question of whether or not experts applying the same method of psychological autopsy analysis reach the agreement on whether death is natural, accidental, suicide, or homicide on the same data set remains open. Imbedded here is the philosophical issue of how one determines the presence or absence of intent of the deceased to commit suicide. Since by definition the deceased is not present for examination, there is no ultimate criterion against which to measure intent, since even a ruling of suicide by the medical examiner may be inaccurate. Thus, even a validity study where experts are blind to the medical examiner’s ruling may not address validity at all, but might more accurately be viewed as a study of inter-rater reliability.

Choice of a method. Four guidelines have been published that provide a method for conducting a psychological autopsy (Litman et al., 1963; Ebert, 1987; Rosenberg, et al., 1988; and Jobes, et al., 1991). However, most of the published research does not specify which of these methods was used, thus resulting in no accumulation of research support for any of the methods. Furthermore, no study reports whether or not a given method was applied consistently in all the cases reviewed. While there are no universally accepted guidelines for the types of information to be collected, Ebert (1987) provides the most comprehensive outline for psychologists to use in the conduct of a psychological autopsy, offering a list of 26 domains of information to obtain from interviews and records review.

Sources of information. How does the evaluator obtain relevant information? First, interviews with persons who were close to the deceased should be conducted. Unfortunately, interviews with family members and friends following the death of a loved one pose a number of challenges that bear directly on the reliability and
validity of information obtained. Even though interviews conducted soon after a death may be most useful in terms of reducing the impact of memory problems, such timing may be clinically contraindicated given the profound grief reactions that are typically observed in friends and family members, especially if suicide is suspected (Hawton, et al., 1998). In addition to problems associated with selective recall, interviews are also subject to a host of additional problems. Lack of standardization of the style and substance of an interviewee’s questions obviously affects the quality of information obtained. Poor questioning techniques, e.g., leading or closed-ended questions; failure to follow-up on contradictions; lack of specificity concerning the behavioral references to opinions, can all reduce the reliability and validity of information. The behavior of the interviewee also represents a challenge in any clinical or forensic evaluation, but perhaps even more so in the case of a psychological autopsy. Interviewees may unconsciously distort the information they present, emphasizing positive qualities of the deceased and minimizing negative ones. Likewise, denial associated with the unwillingness of loved ones to acknowledge the possibility of suicide can result in selective recall and unintentional bias. In instances where the interviewee has a vested interest on the outcome of the psychological autopsy, as in insurance cases where the presence of suicide results in denial of insurance benefits, the person may consciously misrepresent the information provided to the evaluator (Ogloff & Otto, 2003). Sensitivity to these issues is imperative in disentangling the array of possibly unreliable, invalid or contradictory information that is obtained during a psychological autopsy.

Psychological autopsies also involve review of information from records. These collateral materials might include medical records, especially from inpatient or outpatient mental health treatment, prior psychological testing, financial statements, bankruptcy filings, IRS returns, credit applications and history, emails, diaries, notes, letters, web sites visited, reading material (books, magazines, articles), divorce petitions, estate planning, including wills and insurance beneficiaries (especially recent changes), debts, credit card payment history, work performance evaluations, academic records, appointment books or PDA entries, pending lawsuits, judgments, criminal record (especially pending cases) and current probation status, if any, or anything else deemed relevant in trying to understand the mental status and life circumstances of the deceased (Biffel, 1996; Ebert, 1987). The goal is to supplement information obtained through interviews and information from investigations conducted by the police and medical examiner. For example, in Horinek v. State (1998) the evaluator even went so far as to review fortune cookies found in the deceased’s purse. Given the fact that direct contact with the person being evaluated is impossible, and interview data are often of questionable reliability and validity, collateral information from a variety of sources is critical to a thorough psychological autopsy and generally provides a more objective account of factors that may impact an individual’s risk for suicide.

Risk factors to consider. When suicide is suspected, we recommend that the evaluator begin with documenting the presence/absence of suicide risk factors associated with an elevated probability of suicide. Of course, risk factors identified though research on completed suicides is essentially nomothetic, in that groups of individuals are identified based on the presence of demographic, behavioral, and emotional factors that are linked with higher risk of suicide compared with groups of individuals for whom those risk factors are absent. By contrast, psychological autopsies are idiographic, since the evaluator attempts to determine the probability of suicide for a given individual. Comparing the target individual’s risk profile against known factors associated with suicide is a useful starting point, but the evaluator must delve much deeper into the circumstances associated with the individual’s death before any conclusions can be drawn.

Several risk factors for suicide have been identified, including age (generally risk increases with age), gender (in Texas men are 3.6 times more likely to commit suicide than women), race (whites are about three times more likely than blacks or Hispanics to commit suicide), marital status (higher for the divorced or widowed), prior attempts (more serious risk with multiple attempts and greater lethality), and presence of a mental health diagnosis, especially depression and substance abuse. Cavanaugh et al. (2003) observed that 90% of suicides had a diagnosed or diagnosable mental disorder versus 27% of controls, and 38% of suicides had a diagnosis of substance abuse versus 6% of controls. Risk factors also include a family history of suicide; presence of chronic, debilitating or life-threatening health problems; geographical region (Western states; rural areas), presence of resolved plans (means; opportunity; competence; suicidal ideation; specificity of plan); presence of life stressors (separation; divorce; financial problems; job loss), use of firearms; and absence of future orientation (e.g. Cheng, Chen, Chen, & Jenkins, 2000; Joiner, Walker, Rudd, & Jobes, 1999). Data on relative risk of suicide for age, gender, and race were computed from the Texas 2002 vital statistics data on deaths (Texas Department of State Health Services, 2002).

While stress factors in closer temporal
proximity are typically most relevant in determining the deceased’s mental status prior to his or her death, a 12-month time window is recommended in looking at life stressors and even more distal stressors are often relevant, such as a history of sexual abuse. Presence of multiple risk factors is consistent with a higher probability that a person committed suicide, especially in the presence of information that the target individual exhibited pre-suicide behaviors, emotions, and cognitions in the days leading up to death, and engaged in direct or indirect communication regarding intent or thoughts about death or committing suicide. A time line that places this information in temporal sequence is often useful in displaying these factors in relation to the death.

The expert’s role in presenting data relative to burden of proof. The expert must decide what and how to present these data to the parties involved and at trial, in the event that occurs. In preparation of any report or testimony the expert must remember that the required burden of proof differs depending on whether the case is civil, criminal, or administrative. In criminal cases the required burden of proof is “beyond a reasonable doubt;” civil cases require a “preponderance of the evidence;” administrative cases require only “substantial evidence.” Thus, for a jury to decide guilt in a criminal case the totality of the evidence must be compelling before the requisite burden of proof is reached. In a civil case, the jury must only decide that the weight of the credible evidence for one side is greater than for the other. Proof is determined not by the number of witnesses but by the greater weight of all of the evidence, considered as a whole. Weighing the evidence is the job of the judge or jury. The expert witness does not have to consider and only present evidence that meets the requisite burden of proof but should present all the data that was available to the expert in formulating an opinion. In turn, it is the judge’s or jury’s job to reach a decision by weighing the evidence presented by all witnesses, not just the expert witness.

Texas Cases

There are only a handful of Texas appellate cases in which psychological autopsies have been cited, but they demonstrate that Texas courts have gradually moved to acceptance of the procedure.

Thompson v. Mayes (1986) is a civil case in which a sister sued to prevent her brother from inheriting from their father whom the brother was convicted of killing. The brother committed suicide some time after being convicted of killing his father and was thus not available when the trial with his sister occurred. A psychologist was asked to testify as to whether or not the son “may have” killed his father. The court did not allow the testimony because “…there is not an underlying technical or scientific principle that it is sufficiently reliable for his testimony to be of assistance to the jury and…an expert’s testimony should not be admitted if it would be more likely to prejudice or confuse than to assist the jury. Therefore, an expert’s opinion should be based on an existing body of scientific, technical, or other specialized knowledge that is pertinent to the facts in issue. The underlying technical or scientific principle should be sufficiently reliable for the testimony of the witness to be of assistance to the jury.” Thus, the information from the psychological autopsy was not admitted because of the belief by the court that the testimony was scientifically unsound and more prejudicial than probative.

Terrell State Hospital v. Ashworth (1990) sets the stage in Texas for acceptance in court of a psychological autopsy. A committee of the State Hospital had conducted a psychological autopsy following the death of a patient as part of the effort to review procedures to predict and prevent such acts. The family of the decedent filed a civil action against the hospital following the death and attempted to obtain the records of the hospital committee that had conducted the study. The trial court ruled that the committee’s work could be discovered but the appellate court ruled that a hospital should be allowed to study unusual events, such as a suicide, without fear that the findings of the committee could later be used against the hospital. The case sets psychological autopsy on a legitimate plane with other activities that are conducted in the medical realm.

Perhaps one of the more interesting cases involving psychological autopsy is Janeka v. Texas (1996). This case involved a contract triple murder in Houston in 1979 in which the medical examiner ruled, in part based on a psychological autopsy, initially that the deaths were due to a double murder-suicide. The defendant, Janeka, wanted to depose the person who had conducted the psychological autopsy. The appellate court affirmed the trial court’s denial of the request, reasoning that since Janeka had confessed to the murders that any information provided in the psychological autopsy was irrelevant. Janeka was executed in 2003 for the murders.

Finally, the case of Horinek v. Texas (1998) involves an appeal of a murder conviction based on the sufficiency of the evidence. Cathal Grant, MD, a psychiatrist and forensic pathologist, testified for the state that the decedent was not likely to have committed suicide based on a thorough and extensive study using many sources of information. The court found there was no error in the admission of the testimony.

From these cases it appears that civil
and criminal courts in Texas have begun to recognize the scientific validity of the psychological autopsy and its utility for assisting the trier of fact to reach an informed decision about the cause of death.

**Summary and future directions**

After roughly 45 years, the psychological autopsy has garnered considerable support in forensic and non-forensic contexts. A retrospective construction of the mental status of a person who is deceased can be helpful to family members, mental health workers, and legal professionals in administrative, criminal, and civil court arenas. While guidelines for conducting psychological autopsies are presented here and elsewhere in the literature, there is no universally accepted approach to conducting psychological autopsies and questions persist concerning their reliability and validity. Despite these methodological concerns, the approach has gained some acceptance in Texas courts. We believe that a properly implemented psychological autopsy can be of considerable value, but there is clearly a need for methodologically sound validity research on the factors leading experts to render opinions in such cases. Until those studies are completed, we recommend that psychologists proceed with caution, acknowledging the methodological limitations of the ap-proach, their ethical obligations to their clients and the courts, while using the best of what is available as a guide to performing this challenging and important task.

**References**


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It is a fundamental tenet of American jurisprudence that an accused individual must be competent to stand trial before facing adjudication for a criminal offense. This is considered critical for upholding the defendant’s due process rights, and maintaining the dignity of the judicial system (see Bonnie, 1992; Wulach, 1980). This led the Eight Circuit Court of Appeals to rule in 1960 that good faith motions for examination of competency to stand trial must be honored (Kenner v. United States, 1960). The Supreme Court has maintained this standard, remanding cases in which it was ignored (e.g., Pate v. Robinson, 1966; Drope v. Missouri, 1975).
Ignorance of the legal process often leads examiners to present psychological/psychiatric testimony that is Irrelevant (i.e., does not pertain to the legal question at hand). This can be regarded as an Intrusion of psychological/psychiatric opinion into the legal arena. Insufficient evidence is sometimes used to support these opinions, and the evaluations are therefore seen as lacking In credibility.

The second edition of Grisso’s (2003) volume made clear that little has improved in the 17 years since the first edition was published (see also Cooper & Grisso, 1997; Heilbrun & Collins, 1995; Mumley, Tillbrook, & Grisso, 1993). This is certainly consistent with our experience on the Competency Unit at NTSH. Until recently, pretrial competency evaluations on many patients committed to our facility consisted of little more than apparently cursory examination followed by report of less than one page. Only rarely was an explanation of the reasoning behind the stated finding provided. Concern over the quality of evaluations was a major impetus for Ms. Genevieve Hearon to establish Capacity for Justice, a private nonprofit organization that was instrumental in the passage of a new statute pertaining trial competency, SB1057. This law became effective Jan 1 2004 as Article 46B of the Texas Code of Criminal Procedure.

Article 46B, like most of the competency statutes found across the United States (including the previous Texas law) adhered to the minimum standards for trial competency promulgated in Dusky v. U.S. (1960). Two prongs that must be considered were identified: “has sufficient present ability to consult with his lawyer...
with a reasonable degree of rational understanding – and whether he has a rational as well as factual understanding of the proceedings against him” (p. 789). Following the lead of a few other states (such as Florida or Utah), the new statute went further in explicitly identifying several factors that must be considered in formulating an opinion, and specifying points that must be addressed in a report. Relevant portions of Article 46B are included here as Table 1.

The new statute restricted those who could be qualified to provide expert testimony on trial competency to licensed physicians and psychologists. Those with board certifications in forensic psychology or psychiatry, as well as psychologists or psychiatrists with more than five years prior experience in conducting evaluations were exempt from immediate training requirements; all others are mandated to obtain 24 hours of training on competency and sanity evaluations. NTSH conducted two such training sessions, one was held at the University of Texas Health Science Center at San Antonio, and several sessions have been presented by Capacity for Justice. All practitioners wishing to do competency evaluations are required to obtain six hours of continuing education focused on competency and sanity every two years thereafter.

The present study was undertaken to begin examining the impact of the new Texas statute and the requisite training on the quality of trial competency evaluations. It was hoped that the quality of these evaluations would have improved after Jan. 1, 2004 and that differences in quality would be found between evaluations on persons committed before and after the new statute went into effect.

**Method**

Pretrial competency evaluations were obtained from the records of patients admitted to NTSH in the first two months of 2004. Although the statute requires that copies of the documents be sent with patients when they are transported from jail to NTSH, in a few cases this did not happen. A total of 103 evaluations were reviewed. These were all on individuals who were found incompetent to stand trial by the courts after the evaluations were conducted, and who were felt to be sufficiently dangerous as to require placement in a maximum security environment. Thus, while our sample essentially represents the universe of evaluations on patients admitted to NTSH during that time, it is not representative of all competency evaluations.

A recording form was developed based on the provisions outlined in Article 46B. The items examined are indicated by bold face numerals next to the relevant criterion as listed in Table 1. Two evaluations were reviewed by two of the authors together, to establish agreement on informal scoring criteria for each item. Satisfied that there was sufficient agreement, 59 evaluations were reviewed by one of the authors, and 44 by the other. Twenty-one of these were later selected at random and independently reviewed by a third author to evaluate interrater reliability.

**Results**

**Reliability**

Appraisal of interrater reliability with dichotomous data is a somewhat controversial topic. The simplest statistic is, of course, Percent Agreement (PA), which has the advantage of being easy to calculate. The disadvantage is that the influence of chance agreement becomes especially problematic as base rate of the phenomenon under study departs from 0.5. Cohen (1960) proposed an alternate statistic, $\kappa$, which is computed by subtracting the proportion theoretically due to chance agreement from PA. This becomes a much stricter test of agreement as base rate approaches either 0 or 1, because so much of the available variance is removed due to the probability of chance agreement that a single discrepancy in scoring takes on much greater importance. A third alternative, typically little used, is Yule’s $Y$ (Yule, 1912). Although theoretically avoiding many of the problems associated with base rates departing from 0.5, the degree to which $Y$ actually achieves this goal has been questioned (e.g., Langenbucher, Laboviv, & Morgenstern, 1996). PA for the 21 evaluations were scored by two raters was $.899$, with $\kappa = .795$ and $Y = .802$. These values were judged acceptable for this preliminary study.

**Observed Quality of Competency Evaluations**

Very little difference in quality was seen between evaluations that were conducted under the old statute and Article 46B. This discussion will therefore refer to analyses of the total sample. The overall quality of evaluations was not particularly good. Fourteen criteria that are identified as essential components of a competency evaluation in Article 46B (see Table 1). However less than 5% of the 103 evaluations addressed all components, and just over one-third (37%) met 10 or more of the criteria. Sadly, almost one in five of the evaluations (18%) met five or fewer criteria. The mean number of criteria found in the evaluations reviewed was only 8.44.

A large majority of the evaluations (98.1%) stated the expert’s opinion on the legal question (i.e., trial competency), as mandated by the new statute. In addition, 83.5% reported whether the examinee was found to be impaired by mental illness (MI) and/or mental retardation (MR), and 86.4% commented on the impact of the MI/MR on the individual’s ability to inter-
act meaningfully with their attorney. Unfortunately, however, less than half of the sample (47.6%) reported the nature of the deficits impacting the examinee’s trial competency. This is most disturbing, and effectively means that a point fundamental to adequate evaluation of trial competency continues to be ignored, that being the importance of demonstrating how the deficits that are identified relate to competency (e.g., Grisso, 1986, 2003; Stafford, 2003).

Although 79.6% of the evaluations identified the specific issue for which the examinee was referred, the remaining points required by Article 46B to be cited in the expert’s report were found considerably less frequently. Prospective treatment options for the evaluee were identified in only 68.9% of the evaluations, and the procedures used in only 60.2%. Perhaps the most disturbing finding was that appropriate forensic warnings to the evaluees were documented in less than half (45.6%) of the evaluations reviewed. We optimistically assume that this is a reflection of poor adherence to mandated documentation rather than of poor practice (e.g., see Heilbrun, 2001).

A substantial proportion (84.5%) of the evaluations documented consideration of the evaluee’s understanding of the charges and potential consequences faced. Several other factors that must be considered in a trial competency examination (per Article 46B) were far less well documented, and one must therefore question whether they were ever considered. Specifically, assessment of the capacity to engage in a reasoned choice of legal strategies and options was documented in only 55.3% of the evaluations, understanding of the adversarial nature of the process in only 41.7%, ability to disclose relevant information to counsel in only 34.0%, to testify appropriately in 31.1%, and to behave appropriately in court in only 30.1%.

**Limitations**

There are two limitations to the generalizability of these findings. The sample considered is by no means representative of all competency evaluations conducted in the community. All of the evaluations we reviewed were conducted on individuals who were subsequently found to be incompetent to stand trial. It is impossible to say whether the same limitations found here would apply, for example, to evaluations of individuals who were found competent to stand trial. The second limitation is the relatively small sample size. We hope to supplement this study with additional data in the relatively near future.

**Discussion**

Evaluation of trial competency is a mainstay of forensic mental health practice. The importance of the competency issue is reflected in the rich history of relevant legal thought, and pragmatically, by the large number of referrals each year. Previous reviews of competency evaluations in various parts of the US have consistently suggested that the quality of trial competency evaluations was lacking. Concern over such findings was part of the stimulus for the Texas Legislature to adopt Article 46B, which specified elements to be included in an expert’s report on any evaluation of trial competency, as well as factors to be considered in conducting the examination.

The current study was undertaken to review recent evaluations and the impact of Article 46B. Results demonstrated that there remains considerable room for improvement. Few of the evaluations reviewed met all of the requirements specified in Article 46B, and in fact the mean number of requirements met was only 8.44. Some areas, particularly the expert’s opinion, and the ability of the defendant to rationally understand the charges and potential consequences faced, were covered in a large majority of the evaluations reviewed. On many other points, however, there were serious deficiencies.

Two general areas deserve special consideration. First, Article 46B articulated the importance of stating clearly the impact of any deficits identified on the evaluee’s competence to stand trial. This is a point that has been strongly emphasized by Grisso (1986, 2003) in his seminal works on competency issues, and one that has consistently been lacking, both in previous studies of competency evaluations and in the current study. A second area is the factors to be considered in the examination. Article 46B identifies six specific points that must be considered and articulated. It is certainly possible that these were in fact considered during formulation of some of the evaluations we reviewed, but unfortunately they were explicitly expressed only about one-third of the time for three of the points, and in only 41.7% and 55.3% for two others.

We conclude with two recommendations. First, it seems reasonably clear that many MHPs conducting trial competency evaluations fail to articulate some of the important thinking that underlies the conclusion presented. It is essential that we not only identify deficits in evaluees, but also document well how those deficits influence the forensic issue at hand, namely trial competency. It is no longer acceptable to make what is sometimes referred to as the “forensic leap,” assuming that simply because an individual has particular deficits, he or she must therefore be incompetent to stand trial. We must instead state clearly how and why those deficits render the individual lacking in
certain specific areas of functioning. This leads directly to the second recommendation, that being to articulate more clearly the specific elements that Article 46B has identified for consideration in CST evaluations. To this end, we provide in Table 2 a series of elements that potentially pertain to the six factors that must be considered, derived in part from Skeem and Golding (1998).

We would welcome feedback and discussion on these issues. We also hope to continue this study with another similar review in early 2005, and optimistically predict there will be improvement in the quality of trial competency evaluations.

References

<table>
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<th>Table 2</th>
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<tr>
<td><strong>Suggested Points to Consider for Criteria in Article 46B</strong></td>
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<tr>
<td><strong>Capacity to…</strong></td>
</tr>
<tr>
<td>* Points to Consider</td>
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<tr>
<td><strong>Understand the charges and potential consequences of the pending legal proceedings</strong></td>
</tr>
<tr>
<td>* Names charges</td>
</tr>
<tr>
<td>* Felony vs. misdemeanor</td>
</tr>
<tr>
<td>* Cites reasonable range of consequences if convicted</td>
</tr>
<tr>
<td><strong>Disclose pertinent facts, events, and states of mind to counsel</strong></td>
</tr>
<tr>
<td>* Knows attorney’s name</td>
</tr>
<tr>
<td>* Thinks attorney is performing adequately/trusts attorney’s judgement</td>
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<tr>
<td>* Understands communications with attorney are privileged</td>
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<tr>
<td>* Provides information during current interview</td>
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<tr>
<td><strong>Engage in a reasoned choice of legal strategies and options</strong></td>
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<tr>
<td>* Knows plea options and their meanings</td>
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<tr>
<td>* Understands plea bargaining process</td>
</tr>
<tr>
<td>* Knows cannot be forced to testify in own trial</td>
</tr>
<tr>
<td>* Has tentative plan for resolving current case (i.e., knows how s/he wants to plea, etc.), and intends to consult with attorney; OR can discriminate between what might be a reasonable plea offer and what might not be</td>
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<tr>
<td><strong>Understand the adversarial nature of the legal process</strong></td>
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<tr>
<td>* Can identify roles played by key courtroom personnel</td>
</tr>
<tr>
<td>* Understands opposing roles of prosecutor and defense attorney</td>
</tr>
<tr>
<td>* Knows cannot be forced to testify</td>
</tr>
<tr>
<td><strong>Exhibit appropriate courtroom behavior</strong></td>
</tr>
<tr>
<td>* Prior incidents of inappropriate behavior?</td>
</tr>
<tr>
<td>* Can provide example of appropriate behavior</td>
</tr>
<tr>
<td><strong>Testify</strong></td>
</tr>
<tr>
<td>* Provides reasonable account of circumstances surrounding offense, or if unwilling to discuss that, events surrounding arrest</td>
</tr>
<tr>
<td>* The account is logical, coherent, does not require excessive redirection, and is not unduly influenced by emotion</td>
</tr>
<tr>
<td>* Responds adequately to questions posed during interview (and has done so during other interviews, if information is available)</td>
</tr>
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1 A full data table is available upon request from the senior author (BTG).


*Yule, G. U.* (1912). “On the methods...
When do you need a Parent’s Consent to Treat a Child?

by Sam A. Houston

Since many of you see minors for counseling, you should become familiar with the laws for obtaining legal consent for treatment. The general rule is that you must obtain consent from a parent of any child under the age of eighteen. (A “parent” includes the managing conservator or legal guardian.) In a divorce/custody situation, you should find out what the divorce decree says with regard to obtaining consent. Generally, either parent may consent, but there are exceptions.

The Family Code sets forth certain exceptions to the general rule. When the person having the right to consent cannot be contacted (and that person has not given actual notice to the contrary), the following persons may consent to psychological treatment of a minor:

1. a grandparent of the child;
2. an adult brother or sister of the child;
3. an adult aunt or uncle of the child;
4. an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent;
5. an adult who has actual care, control and possession of the child and has written authorization to consent from a person having the right to consent;
6. a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject;
7. an adult responsible for the actual care, control and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county; or
8. a peace officer who has lawfully taken custody of a minor, if the officer has reasonable grounds to believe the minor is in need of immediate medical treatment.

In addition, The Texas Youth Commission may consent to the treatment of a child committed to it when the person having the right to consent has been contacted and that person has not given actual notice to the contrary.

The Family Code also sets forth certain circumstances in which a child can consent to his or her own psychological treatment. The circumstances include when the child:

1. is on active duty with the armed services of the United States of America;
2. lives apart from the parents and manages his/her own affairs.
3. consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported;
4. is unmarried and pregnant and consents to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy,
5. consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use, or
6. is unmarried, is the parent of a child, and has actual custody of his or her child.

A child may also consent to counseling for:
1. suicide prevention;
2. chemical addiction or dependency;
3. sexual, physical or emotional abuse.

The provider does not need the parents’ or guardians’ consent in this case (unless prohibited by court order), and may advise the child’s parents of the treatment given to or needed by the child. However, the parent or guardian is not obligated to compensate the provider where he or she did not consent to counseling treatment for the child.

Finally, where there are reasonable grounds to suspect abuse or neglect, a provider may examine a child adversely affected by the abuse or neglect without either the child or parents’ consent unless:
1. the child refuses consent and is 16 or older; or
2. treatment is prohibited by court order.

There are many rules and exceptions relating to consent. It is a good idea to keep a copy of the relevant portions of the Family Code in your office. Also remember if you have questions, you can call and join the telephone consultation program. The number to call is 713-650-6600.

**HIPAA - continued from page 11**

found at the apapractice.org web site. The Practice Directorate also offers an Online Compliance Workbook which I have found to be a very comprehensive, easy-to-use online resource to help psychologists comply with the HIPAA Security Rule. “The workbook provides direct access to the resources needed for Security Rule compliance including:

* **Step-by-step risk analysis for all aspects of your practice** - Practitioners respond to a series of questions to assess their practice’s potential security risks and vulnerabilities related to electronic patient health information.

* **Compliance options for each Security Rule requirement** - Practitioners identify security measures they will take to comply with the Security Rule. Each compliance option has corresponding policies and procedures that practitioners can either use as is, or edit and customize to better fit their practice.

* **Documentation**, including policies and procedures, that practitioners can customize to fit their practice. When the documents are complete, practitioners can print a final policies and procedures document for their own reference, for distribution to their workforce and/or to show regulators in the event of an audit.

* **Links to compliance resources**, including technical resources that provide guidance for securing computers and other devices.”

In addition to these products, TPA will be offering several workshops throughout the state this summer and at the upcoming state convention on HIPAA and its implications for your practice. In addition, feel free to contact me by e-mail at bmxph@uh.edu if you have specific questions regarding HIPAA and your practice.
TPA Distinguished Professional Contribution Awards

Each year at the TPA’s Annual Convention, awards are presented to psychologists and other individuals who have made significant contributions to professional psychology. Nominations are currently being accepted for awards in the following areas:

* Outstanding Contribution to Education
* Outstanding Contribution to Science
* Outstanding Contribution to Public Service
* Psychologist of the Year (Silver PSI Award)
* Distinguished Lifetime Achievement
* Outstanding Media Coverage
* Outstanding Legislative Contribution
* Outstanding Public Contribution to Psychology
* Student Merit Research Award (separate application process; see page 30)
* Healthy Workplace Award (separate application; please call Lynda Keen at 512-280-4099 or 888-872-3435)

Nominations are reviewed by the TPA Awards Committee. The Committee’s recommendations will be submitted to the TPA Board of Trustees for final approval. A description of each award category, the criteria for the nominees, and the nomination form are included below.

All 2005 awards nominations must be received by August 15, 2005. Awards will be presented during the TPA Awards Luncheon at the TPA Annual Convention in Houston, which will be held November 3-5, 2005 at the Hyatt Regency in downtown Houston.

If you or your organization would like to nominate someone, including yourself, please complete the nomination materials and return them by the August 15, 2005 deadline to:

Roberta L. Nutt, PhD, ABPP
Dept. of Psychology and Philosophy
PO Box 425470 – TWU
Denton, TX 76204-5470
RNutt@mail.twu.edu

It is important to note that all nominators are responsible for completing and sending the required nomination materials by the August 15, 2005 deadline. This includes:

* an up-to-date copy of the nominee’s professional vita;
* nomination form;
* endorsements from other individuals or groups, if desired.

Nominators are invited to be present and introduce the winners at the awards presentation at the 2005 Annual Convention.

GUIDELINES FOR SUBMITTING NOMINATIONS

1) Nominations must be received by August 15, 2005.
2) Fill out application form completely and attach up-to-date vita for nominee.
3) Email to (email is the preferred contact method): RNutt@mail.twu.edu

Or mail 5 copies to: Roberta L. Nutt, PhD, ABPP
Dept. of Psychology and Philosophy
PO Box 425470 – TWU
Denton, TX 76204-5470
GENERAL CRITERIA FOR NOMINEES

(For nominees inside the field of psychology)

1. Active engagement at the time of nomination in the advancement of psychology in any of its aspects.
2. Five years of acceptable professional experience subsequent to the granting of the graduate degree in psychology.
3. Evidence of unusual and outstanding contribution or performance in the field of psychology.
4. Influence on the profession outside one’s setting.
5. Evidence or documentation that the nominee has enriched or advanced the field on a scale beyond that of being a good practitioner, teacher, researcher or supervisor.
6. Texas Psychological Association Member in good standing.

AWARD DESCRIPTIONS

OUTSTANDING CONTRIBUTION TO EDUCATION

Description: This award recognizes a truly distinguished contribution to psychology in the area of education. Outstanding contributions might be in the areas of teaching, design of teaching methodologies, curriculum, or behavior managerial techniques; psychological research specific to the area of education, leadership in educational development, reform and design of training programs, or successful grant awards and projects that benefit education.

Specific Nominee Criteria: Nominees for the Outstanding Contribution to Education award must hold a master’s or doctoral degree in psychology and/or be a licensed psychology professional as well as a current member of TPA.

OUTSTANDING CONTRIBUTION TO SCIENCE

Description: This award recognizes a significant scientific contribution in the discovery and development of new information, empirical or otherwise, to the body of psychological knowledge. Contributions might include new theories or integration of existing theories of knowledge in ways that enhance understanding, prediction or control of human behavior. It might also include research that develops procedures, methodologies or technical skills that improve ability to provide direct, practical or more immediate solutions to psychological problems.

Specific Nominee Criteria: Nominees for the Outstanding Contribution to Science Award should be easily identified as working within the field of psychology, should hold a graduate degree in psychology and/or be a licensed psychology professional as well as a current member of TPA.

OUTSTANDING CONTRIBUTION TO PUBLIC SERVICE

Description: This award recognizes psychology practitioners who have made outstanding contributions that can be identified as direct and on the behalf of the public. These contributions might have resulted in a significant benefit to the general public or might have made a major contribution to a special population. This award may also be bestowed on psychology practitioners who have distinguished themselves through activities that are legislative, legal, political, or organizational, that have resulted in direct benefits to the public.

Specific Nominee Criteria: Nominees for the Outstanding Public Service Award should be easily identifiable in their capacity as a public servant, hold a graduate degree in psychology and be working within the field, and/or be a licensed professional within the state as well as a current member of TPA.
PSYCHOLOGIST OF THE YEAR

Description: This award is given annually (Silver PSI) to a psychologist who is recognized as having made one of the most significant and recent impacts on the field of psychology within the state of Texas. The award may be given for overall service and enhancement of the profession, but if it is given for a specific activity or event, the event should have occurred within 36 months previous to the nomination. The award might be given for any of the psychological or scientific contributions recognized by other awards. It might be awarded for a particularly notable book, research publication, legislative activity or public performance.

Specific Nominee Criteria: The individual selected for this award must hold a doctoral degree in psychology and be a licensed psychologist as well as a current member of TPA.

DISTINGUISHED LIFETIME ACHIEVEMENT

Description: This award is generally given to a psychologist who is nearing the end of his or her career as a psychologist and who has a long and distinguished record of exemplary professional service. The person receiving this award should be recognized as esteemed by other psychologists as well as by a wide range of professionals in other areas. Accomplishments should be of a caliber that would be recognized as outstanding at a national as well as a state level.

Specific Nominee Criteria: The individual selected for this award must hold a doctoral degree in psychology and be a licensed psychologist as well as a current member of TPA.

OUTSTANDING MEDIA COVERAGE

Description: This award is presented by the Texas Psychological Association to an individual or organization that has benefited the profession of psychology through a media event. The award might be awarded to a journalist because of a newspaper article or a series of articles that enhances the public knowledge concerning the profession of psychology or expands knowledge or awareness about a psychological disorder. The award might be given to a television broadcaster, news anchorperson, radio personality or producer of a film or video.

Specific Nominee criteria: Although psychologists are not excluded from this award category, it is generally considered to be an award bestowed to someone external to the profession of psychology.

OUTSTANDING LEGISLATIVE CONTRIBUTION

Description: This award is given to a legislator, legislative employee or other individual who has had a major role in initiating advocacy in favor of or passing legislation that has a major impact on the practice of psychology in Texas. This legislation might improve practice regulations, increase employment opportunities, or more clearly define the practice standards. It might provide easier access to psychological services or expand the professional roles of psychologists.

Specific Nominee Criteria: Although psychologists are not excluded from receiving his award, it is generally bestowed on an individual external to the profession of psychology.

OUTSTANDING PUBLIC CONTRIBUTION TO PSYCHOLOGY

Description: This award is given to a member of the public who has made a significant contribution to the field of psychology. This contribution might be through financial support, dissemination of information, research contributions, media exposure or a wide range of other possibilities.

Nominee Criteria: This award must be given to an individual outside the field of psychology.
TPA AWARDS NOMINATION FORM

Name of Award: ________________________________________________________________________________

**Nominee:**

Name: ______________________________________________________________________________________
Address: ______________________________________________________________________________________
E-mail: ______________________ Phone: ______________________

**Nominator:**

Name: ______________________________________________________________________________________
Address: ______________________________________________________________________________________
E-mail: ______________________ Phone: ______________________

Please list reasons why this nominee should receive the TPA award named above: (refer to the description of the award for relevant criteria)
1.____________________________________________________________________________________________
2.____________________________________________________________________________________________
3.____________________________________________________________________________________________
4.____________________________________________________________________________________________
5.____________________________________________________________________________________________
6.____________________________________________________________________________________________
7.____________________________________________________________________________________________
8.____________________________________________________________________________________________

etc.

Please obtain a current copy of the nominee’s vita and include it with the nominations form or send separately.

To the best of my knowledge as a nominator, this person is in good ethical standing as a psychologist and a current member of TPA.

________ yes            __________ no            Date submitted: _________________

Please e-mail to (preferred method): Roberta L. Nutt, Ph.D., ABPP at RNutt@mail.twu.edu or snail mail:

Roberta L. Nutt, PhD, ABPP
Department of Psychology & Philosophy
PO Box 425470
Texas Woman’s University
Denton, TX  76204-5470

Nomination must be received by August 15th, 2005
STUDENT MERIT RESEARCH AWARDS

The Student Merit Research Competition is open to undergraduate and graduate psychology students throughout Texas and is intended to promote student research. Students who were enrolled at some point in a Texas college or university during the Academic Year 2004-2005 are eligible. There are four categories for completed student research, including:

a) $1500 for the Roy Scrivner Gay/Lesbian/Bisexual Issues Research Award
b) $1500 for the Bo and Sally Family Psychology Research Award
c) $500 for the Alexander Psychobiology/Psychophysiology Award
d) $500 for the Manuel Ramirez Dissertation Award for research related to ethnic minority psychology.

Eligibility

Submissions must be made by undergraduate or graduate Texas psychology students, enrolled at some time during the 2004-2005 academic year, and may include students who are on currently on internship. The student submitting the manuscript must be the first author on the research manuscript.

Instructions for Submission

The research manuscript should be written in APA format and be no longer than 20 typed, double-spaced pages including tables, figures, and references. A letter from the student's faculty sponsor is also required and should address the degree to which the candidate had responsibility for the project objectives, design, data collection, data analysis, and manuscript preparation; this letter should also include a brief statement identifying when the student was enrolled during the 2004-05 academic year. In addition, the submission must include a demographic sheet clearly indicating the name of the individual submitting the manuscript, her or his address, phone numbers, and e-mail address, and the university affiliation of the student and sponsoring faculty member.

Submissions will be accepted immediately, but must be received no later than September 23, 2005. Four copies of the paper, and one copy of the demographic sheet and letter from the faculty sponsor should be mailed in an envelope together to:

Donna Davenport, PhD, Chair, TPF Awards Committee
Department of Educational Psychology, COE
4225 TAMU
College Station, TX 77843-4225

Submissions will be rated on methodological rigor, clarity of writing, and contribution to the literature. The winner from each of the categories will attend The Awards Luncheon at the 2005 TPA Annual Convention in Houston.

The Student Research Proposal Awards

The Student Research Proposal Awards are open to undergraduate and graduate psychology students throughout Texas and are intended to provide funding for faculty-supervised research projects. Full-time students who will be enrolled in a Texas college or university during the Academic Year 2004-2005 are eligible. The research should be completed and results submitted in manuscript form to the Texas Psychological Foundation within two years.

The Undergraduate Proposal Award is designed to provide funding for an undergraduate's research proposal related to the broad area of Community/Public Service. This award will be for $500.

The Graduate Proposal Award is designed to provide funding for a graduate student's research proposal related to the broad area of psychotherapy. This award will be for $1000.

Interested students should provide four copies of a research proposal, including faculty sponsor, literature review, research design, and budget, of no more than 10 pages, to be received by September 23, 2005, to:

Donna Davenport, PhD, Chair, TPF Awards Committee
Department of Educational Psychology, COE
4225 TAMU
College Station, TX 77843-4225
PSYCHOLOGICALLY HEALTHY WORKPLACE AWARDS

What is the Psychologically Healthy Workplace Award? TPA established the Psychologically Healthy Workplace Award to promote the importance of psychological health in the workplace. These awards recognize those organizations that make the commitment and extra effort to establish programs and policies that enhance the quality of the work environment for their employees. Special consideration will be given for unique and innovative approaches that make a difference. One award will be given in each of the following categories: Large Business, Small Business, and Not-for-Profit Organization.

Who may apply? Participation in this award program is available to businesses and organizations throughout the state of Texas. The psychologically healthy aspect of the workplace may be a program, policy, or procedure regarding the following:

* Employee involvement
* Family support
* Employee growth and development
* Health and safety

How do I apply? Experience the benefits of promoting your company through the Psychologically Health Workplace Award. It's easy to apply - simply print out the application from the TPA website (www.texaspsych.org) and send it in to TPA, 1005 Congress Ave., Suite 410, Austin, TX 78701.

Many colleges are looking for candidates who are enrolled in a doctoral program at an accredited university or professional school and have completed their graduate course training. To be considered for review, you must meet the designated site's eligibility requirements, as they may vary per location. Completion of all required coursework and practicum experiences in a counseling or clinical psychology doctoral program as well as successfully completing your comprehensive examinations are required prior to the start date of internship.

Most Intern Selection Committees have specific criteria that they are looking for when reviewing internship applications. Specifically, applicants are typically evaluated based on their breadth of clinical experience, multicultural exposure, clinical and training background, theoretical orientation and practices, supervision experience, area of expertise, openness to growth, maturity and mental strength, social skills, and well-roundedness. Therefore, it is important to ensure that you focus on your strengths in these areas when completing your application packet.

Give yourself plenty of time to successfully complete the application process. Most programs require that you submit a letter of application including: a statement of expectations for internship, a statement of any long-term personal and professional goals, curriculum vitae reflecting professional experience and related coursework, official transcripts, and letters of recommendation from an academic advisor and from two others who are familiar with your applied performance.

Lastly, take advantage of the many organizations that are available to you and start making connections in the field. Besides the many contacts you will have the opportunity to meet; you will also have the chance to utilize the vast array of resources available through many of these organizations. Among the many resources available to you, you might find the APPIC Application for Psychology Internship (AAPI) www.appic.org web site helpful. This site was created to provide applicants with a standardized application form when applying to APPIC-member internship programs. Once you have completed your application packet, it is submitted directly to the internship programs you have specified.

To further assist you in your pursuit of an internship site, you can access the latest news and information about APPIC Match by subscribing to the Match-News email list and/or visit APPIC National Matching Process for additional details regarding registration procedures www.natmatch.com/psychint/.

Another resource available to students is the APPIC Clearinghouse. The APPIC Clearinghouse is used by internship applicants who have not been placed by the APPIC Match and who do not already

Continued on page 33
2005 NEW MEMBERS

Sara Allen, PhD
Thomas Henry Anderson, PhD
Jesus Aranda
Ann Arcuri
Julia Baird, PhD
M. Eileen Beiler, PsyD
Annette Brisett, MS
Bradford Brunson, PhD
Dena Buchalter
Andrew Buerger, PsyD
Donna Campbell
Felix Carrion, PhD
Crystal Carroll
Kip Childers, MA
Laurie Chowning, MA
Lisa Collingwood, PhD
Douglas Cooper, PhD
Donna Cozort, PhD
Carolyn Crump顿, PhD
Carolyn Cruse
Roy Daum, EdD
Romilia Domínguez de Ramírez, PhD
Katherine DonAedon, PsyD
Denika Douglas-Washington
Cynthia Eaton, MA
Nanine Ewing, PhD
Bradley Ferguson
Amber Foreman
Kenneth Foster, PhD
George Grimes, PhD
William Gumm, PhD
Roger Hall, PhD
Sandy Harper, PhD
Debra Harrison, LPC
Aubrey A. Harshaw, BS
Kelley Haynes, PsyD
Carrie Helbing, MSW
Lynn Henton, PhD
Edie Hernandez Putt
John Hesley, PhD
Tony Hill
Laura Holthouse, MA
Linda Irby
Lauren Ives
Wendy James
Thomas Johnson, PhD
Charles Kluge, PhD
Steve Knowles, MS
Marti Kranzberg, PhD
Douglas Krug, PhD
Marcia Laviage, PhD
Valette Liedtke-Hendrickson, PhD
Yuliya Livak
Mehran Makki, MS
Melynda Marchi, BS
Patricia McBride-Houz, PhD
Camden McClintock
Michael McFarland
Sharon McMahon, MA
Richard Michael, PhD
Robert Morgan, PhD
Yvonne Munoz, MA
Betsy Nacim, LCSW
Maria Oroza
Kermit Parker, PhD
Jerry Patrick, EdD
Annmarie Perez
Joyce Phillips-Sanders
Lindy Pottinger, PhD
Andrew Powell
Joy Prichard, PhD
Lisa Quinn, MA
Catherine Rees, PhD
Charlotte Rhyne
Mark Rider, PhD
Stuart Robinson, PhD
Janine Rodenhisier Hill, PhD
Olga Rodriguez-Escobar, MEd
Robert Rogers, PhD
Tova Rubin, PhD
David Rudick-Davis, PhD
Randolph Sanders, PhD
Erie Sandoval
Gary Sari, MA
Robert Sarmento, PhD
Karen Sharp
Kelsey Shults
Dory Sisson, MA
Jon Vile Small, MA
Nathan Smith, PhD
Stacey Smith
Raymon Spurgin, PhD
Sara Stoval
Mary Striegel, PhD
Eugene Swenson, PhD
Malva Teague-Smith, MEd
Heather Thornton
Angela Torres, MA
Uyen Tran
Martha Vogel, PhD
Cynthia Walker, PhD
Kenneth Walker, PhD
Kirsi Waller, PhD
Karen Ward
Mary Wetherby, PhD
Hal Willerson, MS
Miguel Ybarra, PhD
William Yeatts, MA

2005 SUNRISE CONTRIBUTORS

Corwin Boake, III., PhD
John W. Worsham, PhD
Elizabeth L. Richeson, PhD
Thomas Johnson, PhD
Judith Norwood Andrews, PhD
Paul Burney, PhD
Wayne Ehrisman, PhD
David B. Hensley, PhD
Ronald J. Jereb, PhD
Morton L. Katz, PhD
Dwayne D. Marrott, PhD
Stephen P. McCary, PhD, J.D.
Richard M. McGraw, PhD
Lee L. Morrison, PhD
Gary Neal, PhD
Leigh S. Scott, PhD
Robbie Sharp, PhD
Edward Silverman, PhD
Jules Weiss, EdD
Burton J. Zung, PhD
Carol Grothues, PhD
Jana Assenheimer, PhD
Kenneth E. Wise, PsyD
Daniel Corley, PhD
Neil B. Holliman, PhD
Gloria Chрисs, PhD
Patricia Perrin, PhD
James Berkshire Ed.D.
Richard E. Eckert, PhD
Manuel Ramirez, PhD
Mary Burnside, PhD
Anthony Arden, PhD
Deborah Rabek, PhD
Sean Connolly, PhD
Burton A. Kirtray, PhD
Brian Stagner, PhD
Carola Hundrich-Souris, PhD
Alexandra H. Doyle, PhD
Marcia Lindsey, PsyD
Robert M. Hochschild, PhD
Richard Wheatley, PhD
Sam Buser, PhD
Laura Spiller, PhD
Robin Binnig, PhD
William Randy Frazier, PhD
Richard Fulbright, PhD
Thomas Johnson, PhD
Michelle Lurie, PsyD
Dorothy C. Pettigrew, PsyD
Laura Spiller, PhD
2005 PSY-PAC CONTRIBUTORS

More than $1000
Paul Burney, PhD

$300-999
Richard Fullbright, PhD
Dean Paret, PhD
Michael C. Pelfrey, PhD

$100-299
Barbara Alford, PhD
Mary Alvarez-del-Pino, PhD
Judith Norwood Andrews, PhD
Larry Aniol, PhD
Howard Atkins, PhD
Kayle Babick, PhD
Margaret Benton, PhD
Nicole Bodor, PhD
Malcolm Bonnheim, PhD
Bonnie Brookshire, PhD
King Buchanan, PhD
Sam Buser, PhD
Javier Carrillo, PhD
Betty Cartmell, PhD
Frankie Clark, PhD
P. Andrew Clifford, PhD
Ron Cohorn, PhD
Mary Cox, PhD
Jim Cox, PhD
Walter Cubberly, PhD
Caryl Dalton, PhD
Mary De Ferreire, PhD
Michael Duffy, PhD, ABPP
Anette T. Edens, PhD
Wayne Ehrisman, PhD
John V. Elwood, PsyD
Richard Ermalinski, PhD
Ronald Garber, PhD
Bonny Gardner, PhD
Adrienne (Ann) Gardner, PhD
Uri Gonik, PhD
T. Walter Harrell, PhD
James Ray Harrison, PhD
David B. Hensley, PhD
Robert M. Hochschild, PhD
Jerry Hutton, PhD
Sheila Jenkins, PhD
Ronald S. Jereb, PhD
Morton L. Katz, PhD
Martha J. Kennedy, PhD
Burton A. Kittay, PhD
Christopher L. Klaas, PhD
Kenneth Kopel, PhD
Franklin D. Lewis, PhD
Marcia Lindsey, PsyD
Arthur Linsky, PhD
Stephen Loughhead, PhD
Ann Matt Maddrey, PhD
Dwayne D. Marrott, PhD
Rebecca Marsh, PsyD
Raul Martinez, PhD
Sam Marullo, PhD
Catherine Matthews, PhD
Elizabeth Maynard, PhD
Stephen P. McCary, PhD, JD
Richard M. McGraw, PhD
Sherry McKinney, PhD
Brenda S. MeeKS, PhD
Robert W. Mims, PhD
Lee L. Morrison, PhD
Lane Ogden, PhD
Sherry L. Payne, PhD
Francisco I. Perez, PhD
Rand E. Phelps, PhD
Robin Reamer, PhD
Elizabeth L. Richeson, PhD
David M. Sabine, PhD
Katie D. Salas, PhD
Leigh S. Scott, PhD
Ollie Seay, PhD
Robbie Sharp, PhD
Brian Stagner, PhD
Constance J. Turner, PhD
Melva Vasquez, PhD
David Wachtel, PhD
Colleen A. Walter, PhD
David J. Welsh, PhD
M. Wright Williams, PhD
Connie S. Wilson, PhD
John W. Worsham, PhD
Mimi Wright, PhD

Less than $100
Brian Carr, PhD
Peter Cousins, PhD
Sylvia Gearing, PhD
Guillermo E. Gonzalez, Jr., PhD
B. Thomas Gray, PhD
Charles Kluge
Charles McDonald, PhD
Kermit Parker, PhD
Dorothy C. Pettigrew, PsyD
Verlis L. Setne, PhD
Laura Spiller, PhD
David R. Steinman, PhD
Patricia D. Weger, PhD

2005 TPF CONTRIBUTORS

$100 and up
Sam Buser
Caryl Dalton
Ronald Garber
Jerry Hutton
Catherine Matthews
Manuel Ramirez
Elizabeth D. Richardson
Robbie Sharp
David Wachtel

Less than $100
Peter Cousins
Wayne Ehrisman
B. Thomas Gray
Ronald J. Jereb
Laura Spiller

Student Internships - continued from page 31
hold an internship position. The Clearinghouse is an entirely separate process from the APPIC Match. You can use the Clearinghouse regardless of whether or not you are registered for the APPIC Match. After you have already submitted your applications, it is important to remember that highly-qualified applicants, as well as top-notch internship programs, find themselves in the Clearinghouse for many reasons.

As an applicant, discovering that you are not matched can initially be devastating and very discouraging. However, the Clearinghouse can and does work for many students; APPIC reported that nearly three-quarters of all unmatched applicants end up finding an internship placement after Match Day.

Best of luck to you!

-Amanda Hook
BOOK to be RELEASED in SEPTEMBER


A TALE of TWO CITIES

Irene Deitch PhD, resident of Austin and New York, was recently honored by Richmond County Psychological Association. She co-founded the organization in 1974 and has remained an active force. Irene is also involved in New York State Psychological Association where she currently serves as Media Ambassador and Media Trainer. Irene, who was former President of Media Psychologists, works with APA’s current program, “Making Psychology a Household Word.” She is also producer and host of a popular community cable television show, “Making Connections.” A NYS Licensed Psychologist, and Certified Thanatologist, her areas of interest are: Death, Dying and Bereavement, Humor & Health, Positive Psychology, Aging and Later Adulthood. After selling her home, she will be spending more time in Texas.

EDUCATOR of the YEAR

Donna Davenport, PhD, was chosen Educator of the Year for 2005 by the Association for Death Educators and Counselors. Donna is a member of the TPA Board of Trustees and Co-Editor of the *Texas Psychologist*. She is Associate Professor of Counseling Psychology at the Texas A&M University Department of Educational Psychology.

ON the NATIONAL FRONT

Richard McGraw, PhD is currently serving as chair, American Psychological Association (APA) Committee on Rural Health (CRH). CRH’s mission is to achieve the optimal impact of the science, practice and advocacy of Psychology in rural America by integrating rural perspectives in APA policy and removing barriers to comprehensive health care for rural communities. Richard was also appointed to chair TPA’s Social Justice Task Force.

DISTINGUISHED MEMBER AWARD

Dr. Randolph K. Sanders recently completed an eleven-year term as Executive Director of the Christian Association for Psychological Studies (CAPS). For his outstanding service to the organization and his contributions to psychology, Dr. Sanders was named co-recipient of the association’s Distinguished Member Award which is the organization’s highest honor. CAPS is an international association of Christians in the behavioral sciences and the psychotherapeutic professions. Dr. Sanders is a private practitioner in New Braunfels who is also active in writing, research and providing continuing education workshops.

NEW ASSISTANT PROFESSOR

Kimberly L. van Walsum, MEd, LPC, PhD candidate from the APA program in Counseling Psychology, Texas A&M University - College Station, has accepted a position as Assistant Professor of Psychiatry and Educational Director of Clinical Simulation at the Texas A&M System Health Science Center/College of Medicine in Temple, Texas. She plans to continue her research and clinical work in medical education, the physician-patient relationship, and mindbody approaches to healthcare.

EDUCATING TEXAS on REPRODUCTIVE PSYCHOLOGY

Dr. Kelly Boyd, who recently relocated to Austin, is being recognized for her expertise in "reproductive psychology." She works with individuals and families experiencing "reproductive traumas" which refers to the emotional/relational issues that often occur when the reproductive process does not go as planned (infertility, high risk pregnancy, miscarriage, fetal loss, postpartum depression, prematurity, hysterectomy and menopause). Kelly continues to educate and speak to health care professionals about the importance of assessing these issues. Email [doctorkelly2005@yahoo.com](mailto:doctorkelly2005@yahoo.com).

NEW RxP TASKFORCE

The TPA Board of Directors has set up an RxP taskforce to determine the viability of psychologists prescribing medication in Texas. New Mexico and Louisiana have already passed legislation that would allow psychologists to prescribe. This taskforce will be headed by Lane Ogden, PhD and David Rudd, PhD. Their final report will be provided to the Board in 2006.
2006 Appointment Calendar for Mental Health Professionals
Pre-Order Form

Includes: Appointment Schedule 8:00 am - 9:15 pm, DISM-IV-TR/ICD-9 Diagnoses Crosswalk, Psychotropic Drug Listing, CE Record Form, Important Telephone Numbers

Please send me ______ copies of the 2006 Appointment Calendar for Mental Health Professionals. Payment enclosed.

TPA Member
$29.00 each before August 15, 2005 ($32.00 each after August 15, 2005) $ ____________

TPA Non-Member
$32.00 each before August 15, 2005 ($35.00 after August 15, 2005) $ ____________

Sales tax (8.25%) $ ____________

Postage/Handling ($3.00 per calendar) $ ____________

Total enclosed $ ____________

Name: __________________________________ Address: _________________________________________

City: ____________________________________ State _____ Zip __________ Phone: ____________________

Return to: Texas Psychological Association, 1005 Congress #410, Austin, TX 78701

2006 Appointment Calendars will be shipped beginning in September 2005.

Payment Information: Check enclosed ________________ Visa ____________ MasterCard ____________

Card Number: __________________________________ Exp. __________________________

Signature: ______________________________________________________________________________________

Please supply billing address for credit card if it is different from mailing address above:

Billing address ____________________________________________

Billing City/State/Zip ____________________________________________
Analyze your patients, not your statements.

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