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TEXAS
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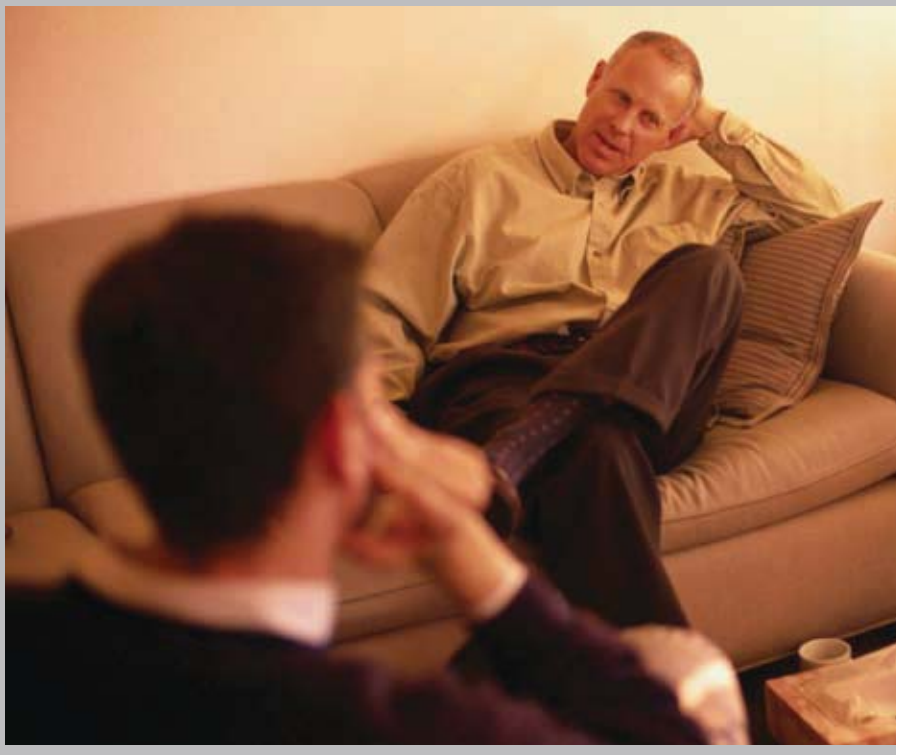
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Are You Successful?

There are hundreds of ways to define success. One definition of success is, “the achievement of something planned or attempted”. An individual’s success is constantly changing. For example, a student member of TPA might define success as obtaining an undergraduate degree and being accepted into a doctoral program. A graduate student member might define success as being accepted into an APA internship program. A licensed psychologist might define success as setting up a private practice and establishing a referral network or getting a tenured position at a major university. What is your definition of success?

Recently I asked my 17 year-old, “Are you successful?” You see she has excelled not only in the class room and but also in the athletic arena as she is the only high school athlete that will letter in all 5 sports her senior year. She is being recruited by over 8 colleges and universities on academic and athletic scholarships. So I would guess that she would say she was successful, but her answered surprised me. She said that in her eyes, success is defined by what you “give back” to a team or a group. And even though she feels that she has made an impact in high school and was successful because she “gave back” to the team and school for creating a winning environment and excelling in class, she feels that her success will be achieved in college.

Would you consider yourself successful? By my daughters definition, I would argue that each of you are successful because each of you “give back” to your clients and/or students. The intrinsic awards of being a psychologist are a driving force behind your choice of this profession. However, are you

successful with your involvement with the Texas Psychological Association? Have you taken the time to get involved with TPA and achieve your goals within YOUR organization? Have you given back to the ONLY association that represents you as a psychologist? You are in a profession that is regulated by the State of Texas. There is no one that is going to look after your interest. NO ONE will step up unless you do. You have an obligation to educate the individuals that make the laws and the rules that regulate your profession. TPA is working hard to get involved with every state agency and policy maker but we need every psychologist to help. Here is the chance to “be successful” with the Texas Psychological Association. We have committees that are working ever day to move the association forward. I ask that you get involved with one of our committees. If you don’t see a committee that you want to get involved with and you feel there is another need for TPA to focus on, please e-mail me at itexaspsycholog@austin.rr.com.

If you are sitting back and wondering what it takes to actually get involved with TPA here is your answer:

Commitments to be involved with TPA committees:

- \$ 24.58/month (dues)
- 1-2 hours/month to participate in committee conference calls
- 4-5 hours/month to work on specific duties or assignments assigned from committee
- Attend TPA’s Legislative Day (highly encouraged, not required)
- Attend TPA’s Annual Convention (highly encouraged, not required, very rewarding!)

The following are the committees you can get involved with:

Finance Committee

- Responsible for overall finances of the association.
- Responsible for preparing and presenting the annual budget.
- Responsible for approving any deviations from approved budget.

SUB-COM - Investment Committee

- Responsible for monitoring and investing TPA reserves.
- Will report back to TPA BOT on investments on a quarterly basis

Membership Committee

- Responsible for overall TPA membership
- Responsible for implementing at least 1 membership recruitment activity during 2008.
- Responsible for contacting EVERY member that elects not to renew their membership.

SUB-COM – Membership Survey

- Send out a membership survey in June, 2008 to members and non-members. In addition, present to BOT results and analysis of this survey.

Publications Committees

- Responsible for all TPA publications. The chairs of each of the subcommittees will serve on this committee

SUB-COM – Texas Psychologists

- Chair of Subcommittee will serve as Editor of the Texas Psychologist.
- Develop the themes and solicit authors for each publication.
- Work with printer assigned by Central Office to publish journal
- Assure that each issue is published on time.

SUB-COM – E-Clips

- Advise staff on announcements for TPA's E-Clips
- Consult with TPA staff on content of TPA's E-Clips

SUB-COM – WEB site

- Responsible for managing TPA's WEB site.
- Responsible for updating SIG's, Divisions, DRN and Members only WEB pages
- At least one committee member will be trained and authorized to edit TPA WEB site.

Continuing Education

- Responsible for TPA's Continuing Education programs. Chairs of the subcommittees will serve on this committee

SUB-COM – Annual Convention

- Responsible for reviewing and selecting all workshops at TPA's 2008 annual convention.
- Responsible for working with TPA staff to provide on site help as needed.

SUB-COM – Home Studies/CE workshops

- Responsible for developing TPA's home studies.
- Determine if other CE workshops / conferences need to be held outside TPA's Annual Convention

SUB-COM – Family-Get-A-Way

- Responsible for marketing and developing CE content for TPA's Family Get-A-way

Agency Update

- Responsible for monitoring any active in state agencies that might affect psychologists. Chairs of the subcommittees will serve on this committee

SUB-COM – TSBEP

- Monitor activities that affect psychologist

SUB-COM – Medicare/Medicaid

- Monitor activities that affect psychologist

SUB-COM – Workers Comp

- Monitor activities that affect psychologist

SUB-COM – MHMR

- Monitor activities that affect psychologist

SUB-COM – DHS

- Monitor activities that affect psychologist

Business of Practice

- Responsible for working with BC/BS and other insurance companies on reimbursement issues for psychologists.

SUB-COM – BOP Management

- To assist psychologists in the business side of their practice by creating a psychologists "tool kit".

Legislative Committee

- Responsible for developing TPA's legislative agenda.
- Responsible for working with ED to develop strategy on how to successfully pass (or kill) legislation.

WELCOME NEW MEMBERS

November 1, 2007 to December 31, 2007

Member

- Samuel Brinkman, PhD
- Gerald DeSobe, PhD
- Janice Hall, PhD
- Michael McLane, PsyD
- Deborah Michel, PhD
- Stephanie Rude, PhD
- Jonathan Schwartz, PhD

Recent Graduate Members

- Sofia Beltran, PhD
- Chasee Chappell Hudgins, PsyD
- John Hardie, PhD
- Laura Secrest, PhD

Student Members

- Sayyeda Ali
- Edan Critchfield, MA
- Deborah Crush ,MA
- James Giddens
- Leilani Hinton
- Kristy Hoyuela, MA
- Amy Johnson
- Barbara Shaw, BS
- Thomas Vaccaro, MA
- Mark VanHudson, BA

Changing of the Guard at TPA



The Texas Psychological Association conducted elections last fall and out new officers were installed at the convention in November. Here is the roster of changes.

Dr. David Rudd of Lubbock moves from TPA President to Past President. Dr. Rudd is also our liaison to APA. **Dr. Ron Cohorn** of Big Spring assumes the presidency. **Dr. Ollie Seay** of Austin moves into the role of president-elect. **Dr. Brian Stagner** of College Station was elected to president-elect-designate. In addition to

agement and standards of professionalism for future TPA members.

Dr. Melba Vasquez is well known throughout the professional community both locally and nationally. With demonstrably superb accomplishments as a teacher, a scholar, and a clinician, Dr. Vasquez has served on our state board and has been a prominent participant in governance at APA. At TPA she helped shepherd the sunset reauthorization of our board through the legislature. She was president during 2006 and now that year as past president

gic insights about our legislative advocacy efforts, and his tireless devotion to psychology in Texas have been at the foundation of virtually all of TPA's successes. For example, it was largely due to his foresight and planning that TPA arrived at the sunset process having already developed a comprehensive strategy for protecting our licenses as well as having already assembled the financial and political resources to carry the project through. Always a fiery advocate for TPA, his leadership, energy, and dedication will be very hard to replace.

TPA extends its heartfelt welcome to the new faces and our deepest and most heartfelt gratitude to Melba, Bob, to our departing board members, and to all the other fine folks who have worked to make our organization strong.

these changes in the Executive Committee, we have new board members: **Dr. Drema Albin**, of Austin, **Dr. Paul Andrews**, of Tyler (filling the unexpired portion of Dr. Stagner's term), **Dr. Andrew Griffin**, of Mexia, **Dr. Cheryl Hall**, of Lubbock (who will also serve as our Federal Advocacy Coordinator), and **Dr. Leigh Scott**, of San Antonio.

As the torches are passed to new members, some of the old faces shift their roles within the organization and others move on to new adventures. No words or gestures could beadequate to express our gratitude to two very special individuals whose past and future contributions to TPA and whose overall dedication to promoting psychology will serve as beacons of encour-

agement and standards of professionalism for future TPA members. Her cheerful smile and calming wisdom will be missed. Our consolation is that we may hope to hear more from Melba on the national level as she continues to promote that which is best in our profession.

Staff reorganization at TPA has led to the departure of another champion of TPA. For nearly a decade, **Dr. Robert McPherson** has served as our Director of Professional Affairs but budgetary reorganization has required the elimination of this position. This has always been a part-time position, and Dr. McPherson has consistently delivered far more value than we could have asked. His extensive understanding of our relationship to APA, his shrewd strate-

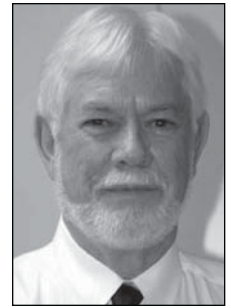
gic insights about our legislative advocacy efforts, and his tireless devotion to psychology in Texas have been at the foundation of virtually all of TPA's successes. For example, it was largely due to his foresight and planning that TPA arrived at the sunset process having already developed a comprehensive strategy for protecting our licenses as well as having already assembled the financial and political resources to carry the project through. Always a fiery advocate for TPA, his leadership, energy, and dedication will be very hard to replace.

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YOU need to get involved, too! Look at the columns from Dr. Cohorn and David Rudd for updates on current TPA initiatives and for opportunities for you to come to the aid of your profession. Can you lend your hand to the legislative efforts in our Grassroots network? Check out Dr. Mehl's call to arms. Perhaps you'd rather help the public art project---see Dr. Seay's description of roles for volunteers with Texas State of Mind. Find your niche, and jump on board!

The Maturity of TPA



The hallmark of maturity is self sufficiency. Most all personality theorist discuss stages of development with the final phase being independence and self sufficiency. TPA is going through a period of reorganization which will result in these characteristics for our organization. David White has been working on a new organizational structure based on committees and clearly defined lines of communication. The idea is to not only get more people involved in decision making for TPA, but also to

staff and members of TPA are more than capable of handling legislative matters. Starting with the Presidential year of Dr. Rick McGraw, David White has been directed to take an increasingly active role in working with the Legislature. He has worked closely with past lobbyist in writing legislation and working directly in the legislative arena. This experience along with our realization that all politics is local and that all politics are based on relationships has lead to our new strategy. Dr. Rob Mel has done a wonderful job

doctoral standard will remain a key focus of our political agenda.

The Division of Psychopharmacology has appointed Dr. Dee Yates as the key liaison to the Texas Psychological Association. Dr. Yates developed the training program with Texas A&M University and will continue to coordinate educational and legislative activities for the division. Several options are being explored to put the 200 plus psychologists who have completed training to work serving the citizens of Texas. The need is critical in this

*My theme for this year will be maturing as a profession.
We really are growing up in many new and exciting ways.*

spread the work load over a larger group. Historically TPA has been run from the central office along with the executive committee and Board of Trustees. However the structure has left a lot to be desired because of its cumbersome nature, and lack of continuity in dealing with project details. Delegation of responsibility and authority to individualize committees will hopefully address these problems and provide a wider variety of input from the members of TPA.

For many years it was believed that TPA must have a paid lobbyist in order to protect and respond to issues in the Texas Legislature. After much discussion and reviewing the historical performance of this approach, it was decided that the

in developing and expanding the local grassroots network. This network will allow TPA to communicate and respond expeditiously when time is critical in addressing legislative matters. Another realization is that political activity is not a biannual process. Establishing political contacts through fundraisers and personal dialogue is an ongoing consistent process which must be conducted at the local level by TPA members. David has been going to the local area societies and organizing local efforts for political activity. Personal relationships with senators and congressmen will be the backbone of our political strategy. Following in the traditions of our profession and most recently the efforts of Dr. David Rudd, preserving the

area and the argument is becoming more compelling to allow psychologist to begin prescribing.

The business of practice committee will be working on developing strategies and procedures for dealing with managed care issues along with providing information about running a practice on a day-to-day basis. We want to take a more aggressive approach in dealing with managed care, hopefully to increase the income of individuals in private practice and to assure continued access to individuals who depend on insurance for services. Because of stagnant or even reduced fees, many individuals have moved towards a fee-for-service type of practice. It is my desire to work towards making it possible

for most practitioners to continue service to average income families and still maintain reasonable compensation for services. Other committee members will be developing and updating forms, questionnaires and related office materials for the new practitioner. There will also be interesting information for everyone about setting up and running an efficient office.

As a graying profession we must continually reach out and introduced new psychologist to the importance of state organizations and the unique role TPA plays in protecting and enhancing the profession of psychology. There is no other organization standing guard to protect the profession. Dr. Marla Craig has done a wonderful job of developing ideas for introducing stu-

dents and young professionals to the Texas psychological Association.

We have also matured as an organization in dealing with financial matters. We have developed long range plans for the stability and security of the organization. Dr. Paul Burney is chair of our Financial Committee and brings with him years of business and investment experience. We have started a program for closely monitoring expenditures and developing an investment strategy for emergencies along with long term financial security.

TPA has many talented individuals who have experiences and assets beyond their training in psychology. Identifying these individuals and placing them on committees where their talents can be used most

efficiently will be an ongoing effort. Additional volunteers are welcomed.

As a maturing organization we need a home. We are actively looking for an opportunity to buy a home or office building in or near Austin and began building equity in our own property.

For many years, the annual conventions has been the highlight of TPA's activities. The 2008 convention will be no exception as we meet at the Hyatt in Austin. I look forward to visiting and meeting as many of you as possible during the coming year and I look forward to your involvement and assistance as we move forward. My theme for this year will be maturing as a profession. We really are growing up in many new and exciting ways.

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Contributions received November 2006-December 2007

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The Relationship Context of Change

Rob Mehl, PhD

Grassroots Network Coordinator

These are exciting times in TPA's history. TPA is close to having the best relationship with the legislature that it has ever had before. The advantages are enormous. We can now imagine a day when legislators know what the profession of psychology is—the training involved, the type of services offered, the benefits to the people of Texas. We can now imagine that all legislators will know the difference between a psychologist and a psychiatrist. We can imagine there will be an understanding of doctoral training and the importance of that training. We can imagine that legislators can understand the Managed Care roadblocks—roadblocks to quality care, roadblocks to access to care, and roadblocks to adequate reimbursement for services. We can now imagine that legislators can understand the importance of mental health care to the total health of the individual. We can now imagine that psychologists will be allowed to perform all of the services for which they are trained—evaluations of ADHD for schools, commitments, hospital admissions and treatment, and even prescription of psychotropic medications by those psychologists with the training.

Heretofore, psychology in Texas has identified our legislative issues, and then tried to convince legislators of the merits of the case—something akin to giving all our advice to a patient in the first session. It has worked about as well. The objective now is to establish the relationship first. We should all know that change generally hap-



pens in the context of a relationship.

The process has begun. AAPT last year took on the responsibility of establishing the Grassroots Network. The expressed goal was to have at least one psychologist establishing a working relationship with each legislator. This team will include at least 181 psychologists, one for each of 31 Senators and 150 Representative in the Texas legislature.

The first task has proven to be quite daunting. We started with databases that included every licensed psychologist in the state. To maximize our effectiveness, we wanted a psychologist constituent for each legislator. To do that, it was necessary to identify the Senate and Representative District for each psychologist. This involved painstaking entry of each psychologist's address into the website district locator and then entering the information into our da-

tabase. This work has been completed by Dr. Dee Yates, and we owe her a great debt of gratitude. This work is just now finished.

The second task, completed by Dr. Yates and David White, was to divide the state into seven regions for Senate Districts and seven regions for Representative Districts. Because the districts are drawn differently for each house, two separate maps are required. There will be seven Regional Grassroots Coordinators appointed to help manage the network.

The final task is in process: identifying a psychologist Key Contact for each legislator. Several have spontaneously volunteered, others have been asked to volunteer. Some have already established relationships with their legislators, often for years.

We cannot achieve our goals without you. We are asking for a higher level of participation from psychologists than ever before. Not the TPA board, the TPA central office, nor AAPT can identify 181 psychologists without your help. If you are interested in participating, we need to know. There are two training sessions per year for Grassroots Network Key Contacts. If you already have a relationship with your legislator, we need to know. If you receive a call from us, we hope you seriously consider taking on this task. The rewards are great for psychology in Texas, but also personally rewarding and rewarding for the people of Texas. Please call the TPA office if you have an interest in joining this great effort. Call 512-280-4099.

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Mending a Tattered Safety Net: Improving Mental Health Services in Austin-Travis County

Bonny Gardner PhD, M.P.H.

For its many fans, locally and across the state, Austin is a gem of a city: beautiful, environmentally aware, generally socially progressive, with an abundance of cultural opportunities. The allure of the city has led to rapid population growth in the central Texas area and prosperity is evident in the new skyscrapers downtown as well vast suburbs of posh new homes. The population of Austin is comparatively young well educated. The atmosphere is one of idealism, innovation, and hope for the future.

However, there is also a dark side to this picture. Austin is not untouched by the national trend toward reduction of the role of government in meeting basic human needs. The cumulative effects of drastic cuts in funding for health and human services over recent decades, and the historic tendency to give mental health needs low priority, have led to a critical shortage of public mental health services in Texas. Data from the Texas Department of Health Services indicate that in 2005 only 25% of adults in Texas with serious mental health problems and eligible for community services received those services. Given rapid population growth, and with a significant segment of the local population still economically disadvantaged, public mental health services in Austin-Travis County are strained beyond capacity. City and county government, a new health care district, Austin-Travis County MH-MR, law enforcement, public and private hospital systems, and local private non-profit human service agencies are scrambling to patch together a safety net for people with mental illness. The system is one of dizzying and labyrinthine complexity and there is sometimes sharp disagreement about who is responsible for what. All participating organizations are fighting funding constraints and sometimes

competing for the same dollars, yet at the same time they depend on one another for a fully functioning system. Against these obstacles, local agencies are trying to sustain services at a level which ordinarily would require more state and federal funding.

Against this backdrop, there are indications of progress toward establishing better collaboration among agencies, but constructing a full continuum of care for persons with mental illness is a challenge. Vital components, such as inpatient care, are still critically underfunded but the successes thus far suggest that Austin's experience may be instructive.

The Travis County Health Care District, established by a vote of the taxpayers in May 2004 (prompted in part by the need to shore up the deteriorating local public mental health system) has been funneling increased money into inpatient mental health services provided by a private non-profit psychiatric hospital, Seton Shoal Creek, as well as outpatient services. Legislative directives in the last few years required that local MH-MRs focus on serving chronically mentally ill and limit services to those with only a few categories of serious mental disorders. Programmatic cuts led to decreases in case management, outpatient counseling, day activity centers, and other supportive services. This resulted in a population of persons with mental illness ineligible for treatment or for whom there are few services. Waiting lists at Austin-Travis County MH-MR (ATCMHMR) are longer in 2007 than they ever have been, according to Susan Stone M.D., J.D. Chair of the Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC). Many patients' treatment has been delayed until they are acutely ill and need more intensive (and expensive) inpatient care.

The Mayor's Mental Health Task Force Monitoring Committee is charged with assessing local resources and providing leadership and advice to the Mayor on improvement and coordination of public mental health services. This group is comprised of representatives of city and county government, law enforcement, the school districts, local service organizations, churches, professional organizations, and advocacy groups and is coordinated by ATCMHMR. TPA psychologists Ollie Seay PhD, Selia Servin-Lopez PhD and I are all members.

The task force is trying to balance emphasis on prevention, early intervention, and acute care and to enhance overall community awareness of mental health issues. Recently, there have been a number of noteworthy achievements of local organizations affiliated with the task force. Mental health screening and outpatient behavioral health services have been integrated into physical medicine and preventive services offered through the City-County Medical Assistance Program. The local Medical Assistance Programs provide largely free medical services to persons who have incomes at or below the federal poverty guidelines and help compensate for a state Medicaid program which has Draconian income limitations for eligibility. Pharmacy services through the City-County Medical Assistance Programs partially funded by the Health Care District now cover more psychotropic drugs. Mapping of all local mental health resources is being done to establish a model mapping system. In 2007, a nine million dollar federal grant was awarded to the Austin Independent School District to increase awareness of issues of mental health and personal safety among students and their families. Advocacy groups have highlighted the housing needs of persons with mental ill-

ness and the City of Austin recently appropriated one million dollars for transitional housing for persons released from psychiatric hospitals. City Councilman Lee Leffingwell is a champion of mental health and has kept the pressure on the Travis County Health Care District, as well as the City of Austin, to allocate funds for this type of supportive service. The African American Family Support Conference, held in February 2007, highlighted the needs of families for culturally appropriate mental health services and development of a training program for African American clergy on mental health issues is in progress.

As is the case in most jurisdictions in Texas, law enforcement in Austin-Travis County is overburdened with the problems of persons with mental illness and strongly supports mental health services. The Sheriff, the District Attorney, and the local judiciary have a sophisticated understanding of the linkages between mental illness, substance abuse, family violence, family dissolution, and crime. In cooperation with the mayor's task force, Travis County has established several innovative programs. Using funds from both the City and County, a residential treatment program for repeat offenders with mental health and substance use problems now diverts these offenders from jail. A candid conversation with the Travis County Sheriff Greg Hamilton underscored that the diversion project is proving very successful, but there are a very limited number of patient slots. Diversion efforts are totally dependent on broad-based community support. Travis County Juvenile Probation has received a grant to develop a juvenile mental health court, one of the first in the nation. In 2007 a specialized mental health Public Defender's office opened, through a grant from the Texas Indigent Defense fund. In 2006, given County Sheriff Greg Hamilton's and county government's commitment to improved coordination of the criminal justice and mental health service system, Travis County was designated as a Mental Health Learning Site by the National

Institute on Corrections. Within the Travis County jail, mental health assessment procedures are being improved and the jail has one psychiatrist and is attempting to contract with another.

Given decreased access to both outpatient and inpatient mental health treatment in the larger community, however, the jail is increasingly the repository of severely mentally ill inmates awaiting transfer to hospitals. (National data from the U.S. Dept of Justice in 2006 indicate that over half of local jail inmates have mental health problems and need services offered in other settings.) Grim local commentary has it that the inmates of the jail have better access to psychiatric care than ordinary citizens. Two local district judges, Judge Guy Herman, known for his unrelenting advocacy for expanded access to psychiatric emergency services and inpatient care, and Judge Nancy Hohengarten work with the task force and routinely petition the County Commissioners, the Health Care District, and the State Department of Health Services for funding for the persons with mental illness they see in their courtrooms.

ATCMH-MR provides emergency psychiatric screening services 24 hours a day, 7 days a week, plus a mobile crisis outreach team, with backup provided by psychiatrists and licensed clinicians. Psychiatric Emergency Services will see patients in 1 hour, and is now serving over a thousand people a month. According to David Evans, Executive Director of ATCMHMR, about a third of those seen at PES in the past were sent on to Austin State Hospital (ASH) for inpatient care, when clinically appropriate criteria were used. ASH serves 36 counties, most of them rural, but has historically accepted disproportionate referrals from ATCMHMR Psychiatric Emergency Services. However the State Department of Health Services decided that ATCMHMR was exceeding the allotment of state beds for Austin-Travis County. In the last couple of years, there has often been "no room at the inn" as ASH has limited the patients accepted from Travis Coun-

ty to 63 at any one point in time. The State Department of Health Services has begun fining ATCMHMR for every patient sent to Austin State Hospital above the 63 bed quota. ATCMHMR received a \$3.1 million bill for FY 2006 and a bill for \$314,000 for the month of September 2007 alone. Since November 1, 2007, ATCMHMR has not been able to send any patients to ASH. Thus, ATCMHMR is in a bind: either refer dangerously disturbed patients to ASH or Shoal Creek (and incur great cost), or assume the legal and social consequences of an inadequate response.

Local law enforcement has been in the awkward role of transporting patients to other state hospitals in remote parts of the state or keeping them in jail until a local bed opened up. Austin is the only large metropolitan area in Texas without a community psychiatric hospital to serve the uninsured in significant numbers, and there are no psychiatric beds in any general medical hospital, according to Dr. Stone. Austin's Seton Brackenridge Hospital, a private, non-profit hospital, has contracted with the City of Austin to serve citizens of all income levels in Austin-Travis County and is the regional trauma center. Despite its historic role as a hospital providing charitable care and its economic ties to the City, Seton Brackenridge has refused to offer emergency psychiatric services, despite some pressure to do so. Some local officials have speculated that the low profit margin associated with mental health services as well as stigma attached to institutions offering these services may be a deterrent to establishing new inpatient mental health beds. Further heightening the competition for public inpatient psychiatric beds, the state has now mandated that the population which needs restoration to competency before trial must also be served at Austin State Hospital. ATCMHMR will establish an outpatient program for restoration to competency in 2008 which may serve as a partial alternative to in-hospital treatment.

Some stopgap measures have helped with

the flood of patients in need of inpatient care: Seton Shoal Creek now has 8 beds subsidized by the Travis County Health Care District for indigent care, but this is at least 20 beds below what is needed clinically, according to David Evans, Executive Director of ATCMHMR. In fiscal year 2006, \$255,750 was allocated to Shoal Creek indigent inpatient care and in 2007, \$1,105,162 by the Health Care District. In Shoal Creek's fiscal year ending 6/30/07, 269 indigent patients were admitted. With improving collaboration among local agencies and local government, there is now discussion of opening a psychiatric hospital run by the Travis County Health Care District. There is also discussion of the Seton Health Care Network affiliating with University of Texas Medical Branch, which would establish resident training programs in psychiatry that could help alleviate a shortage of mental health services. Obviously these expanded services are months, if not years away.

Another stopgap measure has been for law enforcement personnel to take individuals experiencing mental health crisis to emergency rooms at Seton Brackenridge Hospital, St. David's Hospital and Seton NW Hospital Emergency Rooms for their own protection and for the public safety. These patients can receive treatment for self-injury or other physical health problems and, rarely, for detoxification, but they cannot be treated for behavioral health problems alone. Once their physical health problems are addressed, they are released or transferred elsewhere. Once again, distinctions are made between "mental" and "physical" illness, with the mentally ill often being relegated back to the streets.

Austin-Travis County has an elevated suicide rate, according to epidemiological data gathered by the Texas Department of Health Services. For about the last five years, the suicide rate here has been almost twice the homicide rate, and yet disproportionate public attention is paid to homicides. Intriguingly, most of the suicides in the last five years did not occur among persons utilizing public

mental health services. The Texas Suicide Prevention Council, under the leadership of Austinite Merily Keller, and in collaboration with the MMHTFMC, is focusing on increasing community awareness of suicide as a public health problem and developing prevention, screening, intervention, and postvention programming for Austin and other Texas communities. I serve as the Liaison to the Texas Suicide Prevention Council from TPA and both Ollie Seay PhD and I have been involved in community awareness efforts. In October TPA was recognized for its work with the Suicide Prevention Council, along with other organizations, at the Mental Health America of Texas Ring of Honor ceremony. In January, the Texas Suicide Prevention Council sponsored a presentation by Frank Zenare PhD, a School Psychologist from Florida and specialist on suicide prevention. Meetings and group and panel discussions with community leaders, mental health professionals, and mental health advocates were held to address suicide issues and gaps in the local mental health system. TPA was represented on a panel and in a meeting. There was consensus regarding difficulties in access to care, especially for psychiatric inpatient and outpatient services and on the political sensitivity of public health screening for mental health problems within the school system. Discussion also centered on insurance problems: according to data from the Austin American Statesman in December 2007, about 25% of the population of Texas lacks health insurance in contrast to about 15.6% of the U.S. population in general. Insurance coverage for mental health services is often minimal and low reimbursement rates for mental health professionals have driven the vast majority of Austin psychiatrists, in particular, off insurance panels. Limited coverage foreshadows the grim scenario of a tiered health care system in which only the wealthy have ready access to a full continuum of care.

A hopeful sign is the award of \$82.3 million to the Department of State Health

Services by the 80th Legislature for redesign of the mental health crisis system across the state in 2008 and 2009. Much of this will be channeled to local MH-MRs. The money is designated for community based interventions for persons with mental illness to prevent inappropriate hospitalization or relegation to jail. The services will include: crisis hotlines, mobile outreach services, and crisis intervention teams involving mental health deputies and mental health practitioners and other services. There is also discussion among policy makers of the need for reallocation of funding for state hospital beds to match the changing demographics of local areas. While in theory, "deinstitutionalization" is sound public policy, it has often become a rationale for underfunding needed inpatient care, and its success is totally dependent on a full complement of outpatient services and other ancillary community supports, many of which are more fictional than real. State Representative Donna Howard (D-Austin) has confirmed her interest in supporting improved public mental health service. Representative Howard sees the lack of a local public hospital dedicated to mental health needs as a critical problem which may have to be addressed at the local level. However, she is also interested in reexamining the formulas for allocation of state hospital beds.

Access to mental health care is a problem across Texas. In Austin, strengthened ties among community advocacy, mental health "stakeholder" groups, and local government are leading to dynamic coalitions and incremental improvements in a strained local system. A true community of interest is developing around mental health issues. However, the magnitude of the problem will also require state level systems changes, state level funding, and state level insurance reforms. The next legislative session will test the public commitment to improved mental health care. Ideally, before the next legislative session, statewide professional associations and advocacy groups can join forces to press for change.

WE'RE PROUD TO RECOGNIZE:

At TPA's annual convention in November, 2007, the organization took time to recognize the outstanding achievements of several members and friends of psychology.

Distinguished Lifetime Achievement Award: Laurence Abrams, PhD



Dr. Abrams has a long and distinguished record of professional service. Working with TPA, he was highly instrumental in obtaining licensure for Texas psychologists in 1969. In fact, he is license #37, which speaks to the length of his involvement in professional psychology. From the beginning he has been an exemplary leader. He was president of Houston Psychological Association in 1977. His service

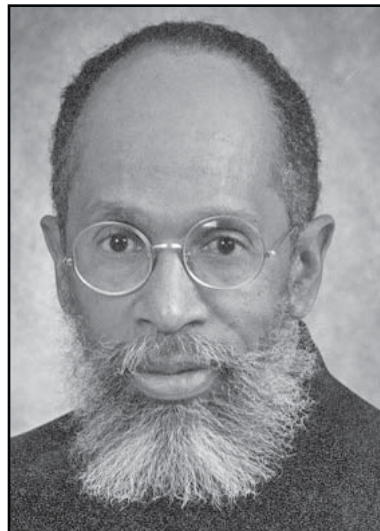
with Texas Psychological Association includes his service chair of the Ethics Committee and the PSRC, the Professional Affairs Officer, Parliamentarian, Editorial Advisory Board member, and finally President of TPA in 1982. Appointed to the Texas State Board of Examiners of Psychologists in 1984, Dr. Abrams served as Chair of the Board in 1988 and 1989. He maintains an active private practice at this time in the areas of clinical psychology, diagnosis and therapy, psychodrama, divorce and child custody counseling. He is active with the court system in forensic psychology, mediation and arbitration. Dr. Abrams has donated his time and services to many community programs such as the Students in Mental Health Program, Rice University Youth Program, and the Law Enforcement Advisory Committee.

Perhaps most noteworthy among his many important contributions is Dr. Abrams' victory in the *Abrams v. Jones* case. Dr. Abrams had refused to release portions of a minors clinical records to the child's father because Dr. Abrams believed it would harm the child. At issue was which of two Texas laws prevailed: the Family Code, which gives parents access to their children's records or the Health and Safety Code, which allows psychologists to refuse release of a clients' records if they believe harm will come to the client from such release. Lower courts found in favor of the father, but Dr. Abrams,

at significant personal expense, appealed the ruling all the way to the Texas Supreme Court who, in 2000, found in his favor. The court determined that the Health and Safety Code superseded the Family Code and ruled that a mental health professional could refuse parental access to a child's record if the professional believed releasing the information would be harmful to the child's physical, mental, or emotional health. For the tremendous impact of his dedication in establishing this court precedent, Dr. Abrams is legendary among Texas mental health professionals.

Dr. Abrams' accomplishments have been recognized at the national as well. The American Psychological Association (APA) appointed him to their Peer Review Board. APA's Division of Psychotherapy also named him one of the "Twelve Foremost Leaders of Psychodrama Today." In 1996, APA presented him with the Karl F. Heiser Award for Advocacy on Behalf of Professional Psychology. Dr. Abrams has a sustained record of exemplary professional service over an entire professional lifetime. He has worked not only for the better mental health of Texas citizens, but for the protection and advancement of the profession of psychology. It our privilege to recognize Dr. Laurence Abrams with the TPA Distinguished Lifetime Achievement Award.

Outstanding Public Contribution to Psychology: King Davis, PhD



Dr. King Davis, Executive Director of the Hogg Foundation for Mental Health at the University of Texas at Austin, also holds the Robert E. Sutherland Endowed Chair in Mental Health and Social Policy in the University of Texas School of Social Work. He has led the Hogg Foundation for the last five years as it has become more active in influencing policy and the delivery of mental

health services in Texas. Under his direction, the goals of the Hogg

Foundation have been revamped to focus on areas most relevant to contemporary needs in Texas (integrated health care, cultural competence, and workforce development). Also, in a departure from its usual targeted policy development grant requests, the foundation stepped forward to fund service requests to assist mental health agencies in providing services after legislative budget cuts stripped many poor Texans of needed therapeutic interventions. In addition, it was Dr. Davis who helped the Mayor of Austin understand that Austin would never be the Fittest City in the U.S. unless both physical and mental health were addressed. It was through Dr. Davis' vision, and funding from the Hogg Foundation, that the Mayor's Mental Health Task Force and Monitoring Committee came about and have grown to achieve national recognition and hometown success. The Mayor's Mental Health Task Force Monitoring Committee consists of a number of psychologists, other professionals and consumers who have been appointed for five years. Its work in the areas of community awareness, criminal justice, schools and youth, access to mental health services, housing, and faith based activities, has promoted the importance of psychology and mental health in achieving a healthy community. Through the efforts of the MMHTFMC, Austin is well on its way to achieving its goal of being a national model of a mentally healthy community and the Mayor's goal of "fittest city."

Psychologist of the Year: Deanna F. Yates, PhD



Dr. Yates has been one of our most outstanding leaders in the field of psychology in Texas and has been recognized at the national level. She has long been an active advocate for our profession at all levels of involvement. She has most recently been appointed by the psychopharmacology division of TPA to serve as a special advocate for obtaining prescription privileges for psychologists. Dr. Yates completed her M.S. degree in Clinical Psychopharmacology through the California School of Professional Psychology. She developed and coordinated a master's degree equivalent training for clinical psychopharmacology through the Texas A & M Continuing Education program, serving as the program director as well as one of the instructors. Her leadership in the area of prescription privileges for psychologists in

Texas has been extraordinarily persistent. Dr. Yates's impressive vita highlights her many years of service from local levels, as in the Bexar County Psychological Association (Past-President), to the state level in the Texas Psychological Association (Past-President; TPA-PAC Past-President). Since receiving her doctorate she stayed active with alma mater, serving on the Board of Trustees for the Texas A & M 12th Man Foundation and on the Texas A & M College of Education Development Council. She has been recognized at the national level by the American Psychological Association (Fellow) and by President Bush, who appointed her to the President's New Freedom Commission on Mental Health. Her devotion to our field and to the recipients of mental health services in Texas are reflected in her recent decision to turn her energies from private practice to devote her time and maximal efforts in her advocacy position with TPA regarding prescription privileges for psychologists.

Outstanding contribution to Public Service: Elizabeth L. Richeson, PhD



Dr. Richeson has been a major force in many aspects of the interests of psychology and public service, at the local, state, and national level for more than 20 years. She is immediate Past Chair of the Texas Psychological Foundation and co-presented a workshop entitled "Stand Against Violence" at last year's TPA convention, where she also developed a well-received brochure and

was instrumental in TPF establishing a grant regarding research focusing on domestic violence (partly in honor of her granddaughter who was murdered by a boyfriend). She has been instrumental in establishing a non-profit foundation which helps educate the public throughout Texas and elsewhere regarding domestic violence. She was also a major force behind the passage of "Jennifer's Law" in Texas, addressing the award of high school diplomas to those who die before they can complete the last few credits of high school. Dr. Richeson is a member of the Disaster Response Network, and provided assistance to Katrina victims who were relocated to El Paso after the hurricane. She is in process of making a Public Service Announcement with funding from the Jennifer Ann's Group regarding Teen Dating Violence to be aired on all three major television stations in El Paso.

Outstanding Contribution to Education: Stephen Cook, PhD



Dr. Cook has provided exceptional leadership and service across a number of educational fronts. He is currently the director of the psychology training clinic and an associate professor at Texas Tech University. In this role, Dr. Cook has provided excellent leadership and the highest quality education to doctoral students. Dr. Cook also served as director of the

TTU counseling psychology doctoral program for seven years. His tenure was marked by a successful APA accreditation, high quality and compassionate leadership, and first-rate doctoral education and mentorship. In addition to these roles, Dr. Cook has served in a myriad of local, regional and national positions, all directly linked to education in some form or fashion. More specifically, he's served Divisions 17 (Counseling Psychology) and 36 (Psychology of Religion) of APA in various roles, including on the Division 36 Executive Committee. He has been an active and engaged member of the Council of Counseling Psychology Training Programs, including a stint as a member of the Board of Directors. Similarly, he's been active in the Association of Directors of Psychology Training Clinics since 2005. Locally, he just completed a very successful tenure as President of the local area society. His service as President of the South Plains Association of Psychologists was marked by a vigorous campaign to educate members about critical legislative issues. The campaign was enormously successful, with members being actively engaged during the last legislative session and the chapter winning the TPA fundraising campaign.

Outstanding Contribution to Science: Stephanie S. Rude, PhD



Dr. Rude is currently the Lee Hage Jamail Regents Chair Professor in Education in the College Of Education at the University of Texas where she is also the director of the Counseling Psychology Doctoral Training Program. Dr. Rude's research program focuses on the role of cognitive factors in vulnerability to depression, with a special interest in detecting latent or implicit cognitive processes that may predict

subsequent episodes of depression. Other interests include understanding the nature of cognitive impairments (e.g., memory or concentration difficulties) that sometimes occur when individuals are seriously depressed. More recently, her work has addressed the topic of self-compassion, rumination, and the benefits of expressive writing in lowering rumination and depressive symptoms. The characteristic feature of Dr. Rude's work is that it has direct and meaningful implications for practitioners, ultimately improving the lives of patients. Her work translates to practical and useful recommendations, something that cannot always be said of applied clinical scientists. Her contributions extend beyond her publications. She has served as a mentor to dozens of doctoral students, served on editorial boards for a number of scientific journals and provided professional service to: the National Institutes for Health, the Council for Counseling Psychology Training Programs, the American Psychological Association, and the Texas Psychological Association. Her leadership as director of the University of Texas Counseling Psychology doctoral program provides a legacy of incredibly well trained and compassionate scientist-practitioners that stretch across a decade. Clearly, her scientific contributions will live on in the students and professionals whose lives she's touched for many years, not to mention the patients receiving more effective and efficient treatment.

The Brain in Psychotherapy: A Framework

Rowland W. Folensbee, PhD

The brain is intimidating, no doubt about it. My clinical colleagues' eyes glaze over rapidly when I begin with, "The brain..." The head of a major neuroscience research program concedes it is difficult to cross a barrier that stands between brain research and the typical clinician. 'Brain and Behavior' classes taken by many clinicians offer samples of activities carried out in different brain locations, but rarely organize these locations and activities into an integrated, clinically relevant overview. In this article and one to follow I hope to build a bridge that clinicians and researchers alike can use to span the chasm between the brain and the clinician's office.

A major problem for clinicians is that learning about the brain seems an all or nothing task. You have to understand the whole brain before the details make sense. But, since the brain is so complex that the whole can't be grasped at once, it remains difficult to grasp the relevance of specific details. In this article the reader is invited to bear with examining some of these details. The payoff at the end should be a broad understanding of brain function that can support new conceptualizations of psychotherapy and provide a framework within which neuroscience information can be integrated. A future article will then describe various clinical applications based on this framework.

There are two main ways to view brain functioning: 'pieces and steps' and 'combinations'. Brain function can be viewed as a number of individual operations carried out in specific locations in the brain. These operations are typically carried out as a series of discrete steps that yields a specific behavior: input-process-output. At the

same time, each experience can be viewed as a unique combination of many simultaneous operations throughout the brain. The concept of 'neural networks' captures this phenomenon. It is important to maintain both views while considering the brain during psychotherapy.

Input-process-output: The 'pieces and steps' view of brain function is founded on the neuropsychological premise that each behavior relies on activity in a specific area of the brain. In addition, each area of the brain is only involved in certain types of behavior. A behavior is usually the result of a sequence of brain activities in different parts of the brain. If a client produces a certain behavior, the brain areas required for the production of that behavior must be intact. If the client cannot produce a certain behavior, at least one of the brain areas needed to produce the behavior must be inactive.

For example, a client's behaviors could be considered with regard to verbal processing, visual-processing, and memory. The client might remember a visual design shown earlier in the day, but have difficulty remembering words spoken to her at the same time. This would indicate problems with verbal processing rather than general memory storage because memory for the visual design is adequate. A therapist working with such a client would be more successful using diagrams and drawings that rely on intact visual-spatial input-process-output channels rather than the verbal processing system.

Input-process-output can be understood by considering the experiences of Sammy, a mythical twelve-year-old male middle school student. While he sits in class, sensory stimuli activate sensory receptors associ-

ated with vision, hearing, smell, and touch. Receptors in the retina are stimulated by what the teacher writes on the chalkboard. Auditory receptors are triggered by what the teacher says. Tactile receptors are triggered by writing notes or by taking part in hands-on experiments.

Once stimuli are registered by sensory receptors, attention systems guide other brain systems to engage in the steps of processing incoming information. Even the process of attending consists of steps that include disengaging from the current focus of attention, shifting to a new center of attention, amplifying the new focus of attention, and dampening competing incoming sensory stimuli. Each step relies on a different area of the brain. Sammy will need to attend to the teacher's presentation in order to absorb information in ways that will be useful in the future. If he is distracted by the girl next to him he will stop attending to the lesson, and academic material will not be processed.

Follow the path of incoming visual information. The words the teacher writes on the board trigger a set of specific locations on the retina. The individual locations associated with the writing send signals through the optic nerve that eventually trigger a matched set of individual neurons in layer IV of the visual cortex in the back of the brain. These 'spots' of activity send signals that progress through various layers of the visual cortex combining spots into lines, lines into complex shapes in progressively more complex ways. The visual shapes the student perceives are then sent to cortical association areas. Shapes are recognized as symbols (letters), and symbols are combined into complex symbols (words). Words are

combined with meaning. Individual concepts are combined with other concepts in an integration of content, grammar, punctuation, syntax, and context. During this process of integrating visual stimuli, input from other sensory systems is also integrated into understanding of incoming information. Sammy now recognizes what the teacher is writing and saying, and also begins to make connections with previous knowledge.

The output phase follows input and processing. Decision making centers in the brain, many of which are located in the frontal areas of the cortex, support the generation of actions in response to the input that has been processed. 'Actions' include verbal as well as non-verbal behaviors. Similar to input and processing, output can follow various channels through the brain. Our student may respond orally by making a comment in class. He may write answers to a question on a test. He may act out his new knowledge in a skit. He may unconsciously roll his eyes, expressing boredom and disgust.

During the generation of output, some areas of the brain must be active before responses can be generated in any of several channels of expression. Other areas of the brain are active in producing a response through only one motor output system. For example, damage to Broca's region interferes with verbal production of both speech and writing, while damage to the motor strip coordinating writing only interferes with writing, not speech. If the motor strip were damaged, Sammy could explain himself orally in words but be unable to write coherent answers.

Breakdowns can range from total absence of functioning to relative weakness. Breakdowns can occur due to physical damage to neurons, for example by a stroke. Genetics or experience can result in lack of development of a specific set of neurons. Or, other activity in the brain (for example, emotions, anxiety, or distraction of attention) can tem-

porarily disrupt use of a specific system.

Breakdowns can occur anywhere in the input-process-output system. The effects on cognition and behavior depend on where in the system the breakdown occurs. Damage to the visual cortex interferes with visual perception even though the eyes work well. Damage to pathways carrying visual representations from visual cortex to posterior left brain integration areas interferes with integration of visual symbols (written words) into verbal processing and functioning. If Sammy had the latter problem, he would be able to understand what he hears, but might not be able to read at all. Of particular frustration to Sammy's teachers, he might be able to 'draw' beautiful pictures, including letters and words, using intact functioning in the right side of his brain, but he would be unable to write words to express ideas.

Neural networks: The neural network concept offers a counterbalance to the input-process-output view of brain function. Each experience is composed of a network of neurons scattered throughout the brain. The network related to a specific experience may include neurons in the basic arousal systems at the bottom of the brain, in various primary sensory areas of the cortex, in the amygdala (the major center for emotion), in decision making centers in the front of the brain, in areas related to attention, and in various motor output systems. Sammy, our middle schooler, may have emotionally positive networks regarding school that connect visual images of the classroom with thoughts of success and feelings of excitement. Or, he may have negative networks that connect visual images of the classroom with expectations of failure and reprimand along with anxiety and feelings of fear. These networks can be triggered by visually seeing the classroom, hearing the teacher, or thinking about the classroom. They can also be triggered if he has similar feelings in other settings. Excitement regarding success in a sports activity may trigger thoughts

of success at school.

Neural networks develop based on genetics and experience. Genetic influences support establishment of connections between specific neurons throughout the brain. Then, each experience activates specific neurons. Each time neuron pairs previously connected due to genetics are simultaneously activated, the bonds between them are strengthened. That is, the strength and number of synapses connecting the neurons grow. An established network consists of a number of neurons throughout the brain that have fired together repeatedly over time.

Imagine two Sammys with the same genetic endowment but two different histories of experience. A positive history could include attentive care since he was an infant, including praise and affectionate support for early successes in walking, talking, and applying effort. Challenges of middle school would then trigger past images of excitement and success. A negative history could include neglect of basic needs beginning with unanswered infant cries in response to a wet diaper. The negative history could also include criticism and harsh parental emotions in response to each developmental task attempted. Challenges of middle school would then trigger past images of failure and rejection.

Each memory or experience is based on activity of many individual neurons connected in a network. A complete network will fire when enough individual neurons in the network fire. Within the network, neurons in different brain locations are related to specific functions. For example, Sammy's positive network may include arousal neurons, neurons associated with decision-making, vision neurons, motor neurons associated with sitting and writing, and affect neurons underlying excitement. There are multiple connections between the different neurons of a specific network, so different patterns of brain stimulation may activate the same network. Seeing the classroom as

he walks in the door may turn on Sammy's positive network, or the network may be activated by the teacher's smile or statements encouraging students to do well on a test. Emotion appears to be an especially potent activator of networks, so simply experiencing an emotion can turn on specific networks that include that emotion. That is why excitement during a sports success might activate within Sammy a memory of success in the classroom.

An essential element in the concept of neural networks is that individual neurons are part of many networks. Because each neuron is used in many networks, each neuron has the potential to activate other networks. The likelihood of such activation is based on the characteristics of individual networks. The stronger the connections between individual neurons within the other network and the more neurons of the other network that fire, the greater the likelihood that the currently active network will activate the other network.

This explains what happens to Sammy in class. If he has a strongly established positive network, then minor similarities between the current classroom and his previous experiences will turn on the positive network. Components of the previous network then become part of his current experience in the classroom. If a negative network has been well-established within Sammy's brain, minor elements of the classroom experience will activate the negative network, with ensuing negative consequences for behavior.

Old networks can be turned on by any element of a current experience. Mood and emotion can trigger a network. Visual images can spark old networks; if the teacher looks very much like Sammy's very supportive mother, positive networks will be activated. If Sammy has a history of success when he applies effort in challenging situations, an academic challenge can trigger networks underlying application of effort during a test. An auditory verbal reminder may trigger skills used during similar efforts

at recall.

While one network may trigger another network, it also appears that networks compete with each other. If one network is strongly active, other connected but inactive networks may not 'turn on'. Returning to Sammy, if he is taking a test, he might have two networks available for activation. One could be a network composed of information related to the task at hand. The other could be a network associated with anxiety and fear of failure. If he focuses on specific details of information to be remembered, Sammy is turning on networks related to information, and information associated with those details will also be available. Success becomes more likely. On the other hand, the fact that he is being evaluated may turn on thoughts of bad grades, his father being angry, losing privileges, and making less money as an adult. The engagement of the failure network will interfere with networks containing information he needs to recall for the test.

The concept of neural networks can help explain the experiences of our clients. Perception, emotion, self-esteem, anxiety, and decision-making are influenced by previous experience. Current functioning will activate past networks. Past networks will then influence current thoughts, emotions, and behaviors in adaptive and maladaptive ways. During therapy we can guide clients to activate specific networks during exploration of symptoms as well as during development of more adaptive functioning. We can understand Sammy and help him improve by considering how he is influenced by neural networks.

Memory and learning: A cursory description of memory and learning can add to understanding brain function in therapy. Memory processes have been divided into implicit and explicit memory systems. Implicit memory processes are characterized by slow, incremental learning based on development of increasingly stronger connections between neurons as a result of simul-

taneous firing. Explicit memory processes are characterized by rapid new learning and intentional self-awareness and self-management. These occur through the rapid establishment of new neural connections along with flexible, conscious activation of brain processes.

Implicit memory processes support strengthening of connections throughout the brain. Examples of such strengthening include the repeated repetition of physical activities and the learning that occurs from repeated exposure to specific words. It is difficult for people to describe the process of riding a bicycle, but most can go through the coordinated up-down, circular pedaling motion while keeping balance. The implicit connections coordinating this activity operate with little conscious guidance. Repeated exposure to a list of words will increase the likelihood that we generate those words in the future. This happens whether we intend to produce those words or not.

Emotion can operate as part of implicit memory. Recall Sammy. If he has always felt successful and excited when he tries new things, then 'new things' and 'excitement' will be strongly paired due to repeated rehearsal. When faced with a new challenge, he need not consciously think, "This is new; I can apply my ability to be successful." Rather, implicit connections will 'turn on' the positive emotion of excitement by direct connections between incoming sensory images and emotion. Positive thoughts, images, and behaviors will be triggered. Without conscious planning, adaptive networks are activated.

Explicit memory supports development of new connections through activity in the hippocampus and associated elements of the frontal cortex. The hippocampus is the primary integrating center in the brain. It collects information from all areas of the brain, including sensory cortices, arousal centers, emotion centers in the amygdala, and decision-making areas. Neurons in the

hippocampus are elegantly structured to organize information and rapidly establish new connections. The hippocampus and associated front brain centers support our conscious, narrative memory, and support our intentional management of the rest of the brain.

The differences between the two types of memory are striking. Implicit memory is slow and incremental in both establishing and weakening neural connections. Explicit memory supports rapidly establishing new connections and rapidly reducing reliance on previous connections. Implicit memory supports learning step-by-step procedures. Explicit memory supports development of a context that can support flexible problem-solving while applying previously learned procedures. A person can learn a fixed, repeated routine with minimal hippocampal, explicit activity. If a person's hippocampus has been damaged (for example, by a stroke), the person will have extreme difficulty developing an alternate plan when a learned routine is blocked. If the hippocampus and related systems are intact, the person will be able to consider various alternate strategies that can replace the disrupted plan.

If Sammy experienced hypoxia at birth, it is possible his hippocampus was damaged and his ability to flexibly develop new academic and social strategies was reduced. If this were so, he could learn routines someone else taught him but he would have difficulty using reasoning to develop new routines himself. His would be happier and more successful in a structured, concrete class rather than in a class relying on reasoning and independent selection of problem-solving strategies. The same would be true regarding types of therapy interventions that would be most helpful for him. Recognition by therapists of clients' relative strengths in implicit and explicit processes can guide understanding and intervention.

Emotion: Emotion is a powerful element of many neural networks, and emotions often serve to connect disparate experiences.

Think of your most embarrassing moment. Notice the emotion of embarrassment. Allow yourself to notice other thoughts that 'pop into your head' as you attend to the emotion of embarrassment. Often a variety of otherwise unrelated events emerge into consciousness during such an exercise.

The emotion system is conceived to be an early, primitive memory system. Emotions have information regarding our previous experiences and offer rapid, but poorly discriminating, assessment of and response to current experiences. If Sammy has been successful in the past, positive emotion when faced with new challenges is a poorly defined memory of that previous success.

Emotions also facilitate learning. When emotions are part of an experience, the experience is more likely to be remembered. If a teacher or class generates excitement, Sammy's memory for material taught will be more complete.

Emotions influence action. Sammy could suddenly experience strong feelings of anger during class. Using only implicit brain processes, he might blurt out angrily, "I hate you!" The statement, "I did it without thinking," captures the influence emotion systems can have on motor systems. On the other hand, Sammy could integrate emotion into explicit decision-making, decide blurring out has negative potential, and sit quietly.

Anxiety: In the present framework, anxiety is viewed as a warning system. Various areas of the brain monitor current brain activity patterns and compare them to previous patterns. When patterns occur that were previously paired with negative emotion, a response is triggered that includes increased arousal, increased attention to the environment, and behavioral inhibition: the anxiety response. Stress hormones produced during such a response interfere with recall of previous memories while increasing the capacity to establish new memories. This protects a person from experiencing negative emotions as-

sociated with previous experiences, but it also interferes with a person using information regarding previous experiences to guide current decision-making. A person likely engages in behaviors that reduce the aversive anxiety, but often these behaviors are maladaptive.

Weak cognitive functioning could contribute to Sammy having problems with anxiety. He could have difficulty answering questions during class discussions due to weak ability to reason and respond quickly. A history of repeated failure to answer questions correctly could lead to feeling anxious during discussions. Anxiety might be relieved when he gets in trouble for 'cutting up' in class; it is better to be 'bad' than look 'stupid'. In situations early in the development of this pattern, Sammy would feel unpleasantly anxious. Later, after many repetitions, implicit memory systems would prompt him to automatically behave badly before he becomes aware of his anxiety.

Anxiety warns of impending emotional distress and can lead to many different avoidance behaviors. Social avoidance, substance abuse, aggression, and becoming emotionally numb can all help a person avoid anxiety related to emotional negative memories. Developing relaxation skills and helping a client habituate through exposure may help overcome anxiety. However, anxiety may often offer the first and best pathway into networks that derive from negative past experience. Attending to and exploring anxiety can help a person move from anxiety-based networks to networks that originally triggered the anxiety. Early experiences at the source of clinical symptoms can then be reworked in therapy, resulting in improved functioning.

Summary: The brain is intimidating. The condensed conceptualization just presented is inadequate to answer questions; rather, it offers valuable questions that can help during work with clients. Where are the strengths and weaknesses in the input-

process-output flow of information in my client's brain? What elements of brain function are included in each of the neural networks demonstrated? What networks are connected to the current network? What implicit and explicit connections underlie the symptoms demonstrated? What messages are summarized by my client's emotions? How does anxiety block improvement, and how can anxiety guide resolution?

We have examined aspects of brain function. Hopefully, asking the questions just posed in the summary will help readers consider neuroscience during their own clinical interventions. A future article will apply the neuroscience framework to conceptualization and intervention during treatment.

Dr. Folensbee is Clinical Associate Professor at Menninger Department Psychiatry and Behavior Sciences, Baylor College of Medicine, Houston. Readers are also referred to his recent

book, The neuroscience of psychological therapies. (2007, Cambridge, U.K.: Cambridge University Press).

Resources

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CALLING ON PSYCHOLOGISTS TO HAVE A VOICE IN STATE GOVERNMENT!

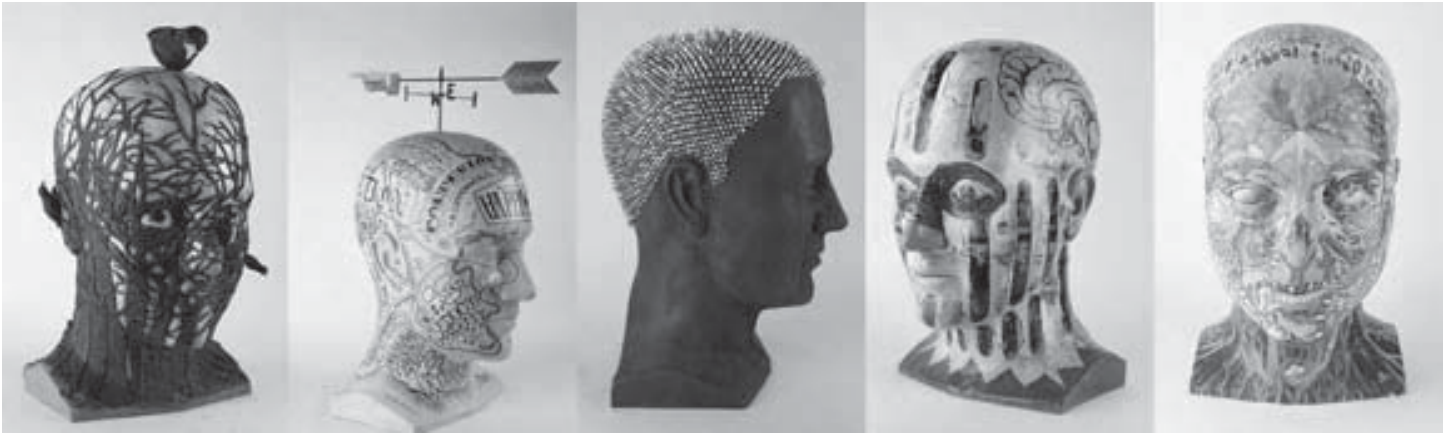
Many, many state agencies and commissions involve boards or directorates to set policy and oversee agency operations. Most of these boards include both experts (e.g. the doctoral members on TSBE) and public members, all appointed by the governor. The appointments secretary is often at some pains to find public members who are knowledgeable, conscientious, and good team players to serve as public members. If you have an interest in some aspect of state government and would like to give back to your state, perhaps there is board where you might contribute. Most board positions involve 3-6 meetings per year (with expenses covered) and a modicum of preparatory reading for each meeting, although the workload varies from one board to another.

Wouldn't it be great for psychology if every regulatory board had a psychologist in a public member position? There are an enormous number of possibilities: for announcements of appointments and position openings, check <http://www.governor.state.tx.us/divisions/appointments> .

If you would like to pursue appointment to a state board, TPA would like to brainstorm with you about your candidacy. Contact bstagner@psych.tamu.edu.

Heads Coming to a City Near You!

Ollie J. Seay, PhD & Marla C. Craig, PhD



Artists across the state have been submitting their entries to have their artwork displayed on one of the giant fiberglass heads featured in Texas State of Mind! Psychology Promotes Healthy Lifestyles. Soon the judges will make their final decisions and the chosen artists will begin to decorate the oversized heads that will be featured in Austin, San Antonio, Houston, and the Dallas/Fort Worth area this summer. They will start out in Austin in June, and Austin Mayor Will Wynn and Asleep at the Wheel's Ray Benson have already signed on as Honorary Chairs. Mayors of other host cities are also being recruited. The heads may go to other cities provided there is enough support. The heads will sit atop pedestals having information about health and mental health. A gala will be held in each city to introduce the project and featured psychologists will hold public talks about health and mental health issues. The public awareness project will help raise awareness of the mind/body connection while raising money for the Texas Psychological Foundation's projects which focus on scholarships and research awards for psychology students and charitable activities.

There is still time for you to volunteer and to help recruit sponsors. We need help in all the cities mentioned. Volunteer today to assist with the Artists Detail, Logistics, Events, Sponsorship, Publicity and Grants committees. Sponsorship levels are:

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- First round selection from pool of juried designs and entitled to keep head (may donate back for auction)
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- Involvement in final check presentation to beneficiaries
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- Ownership of the artist template which matches the head chosen which can be framed as an art piece as deemed appropriate.

This is an original piece of art and is not the sculpture but the artwork that was originally submitted to the project for approval

- Sixteen tickets for the Opening Night and Gala Auction
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- Ownership of the artist template which

matches the head chosen which can be framed as an art piece as deemed appropriate. This is an original piece of art and is not the sculpture but the artwork that was originally submitted to the project for approval

- Eight tickets for both the Opening Night and Gala Auction
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- Third round of selection from pool of juried designs and entitled to keep head (may do-

nate back for auction)

- Company/Individual name on select head with plaque
- Opportunity to use the Texas State of Mind logo in all promotion and publicity with no license fees
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- Company/Individual Logo or Name on all event invitations
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