



TEXAS

psychologist



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“Missed Warning Signs” & “Everyone Looked Away”

Another intimate partner murder in the news

DR. ELIZABETH L. RICHESON - ADVISORY BOARD JENNIFER ANN'S GROUP AND PRIVATE PRACTICE EL PASO

The recent murder of University of Virginia lacrosse player, and graduating senior, Yeardley Love, made national news for weeks. It's not because she was the first victim of dating violence nor unfortunately, will she be the last – but because the university and others felt they failed to intervene to prevent the murder.

On May 3, 2010 Yeardley's battered body was found in her off-campus apartment. Her ex-boyfriend, George Huguely, admitted that he forced his way into her bedroom, breaking through the locked door where it is presumed she sought refuge. Having gained entry, he confessed how he shook her, hitting her head repeatedly against the wall. Huguely is charged with first degree murder. His defense attorney calls Yeardley's death an accident.

The headlines about this murder questioned if there were “missed warning signs” and challenged why “everybody looked away”. These are complex questions and while it might be worthwhile contemplating their answers, efforts would be best directed at prevention. TPA, along with Jennifer Ann's Group, have worked to educate to prevent dating violence since the 2006 murder of Jennifer Ann Crecente, the first homicide victim in Austin, Texas that year. Crecente was a graduating high school honors student who planned on be-

coming a psychologist when she, too, was murdered by her ex-boyfriend.

In 2008, the Texas Council on Family Violence reported 136 intimate partner murders of women in Texas, which was an increase of 30% over 2007. It is believed that the worsening economy has had an impact on these events with increasing stressors lead-

Are we missing the warning signs?
Are we looking away?

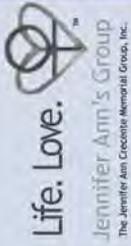
Psychologists are in a favorable position to do something about this. We are knowledgeable of the warning signs of an abusive relationship. (See www.texaspsyc.org for a downloadable brochure - Stand against Violence - or Jennifer Ann's Group's website, [**Psychologists know the warning signs, and have to ensure that others know them too. We have to educate so that no one misses the warning signs; not school staff, not parents, not family members, nor naïve young people.**](http://www.jennifer-</p></div><div data-bbox=)

ing to increasing domestic violence. Of the 136 victims, 23¹ were 25 years old or younger; 10 were murdered by boyfriends, 9 by ex-boyfriends, 3 by husbands, and 1 by an estranged husband. The U. S. Department of Health and Human Services, Health Resources Service Administration noted that between 2001 and 2005, women aged 20-24, (college aged), had the highest rate of intimate partner violence (11.3 per 1,000) of any group. This fact has led to the new educational product from Jennifer Ann's Group, a book mark geared specifically to college students.

ann.org, for a printable poster.) We can help disseminate this information in ways that others can not.

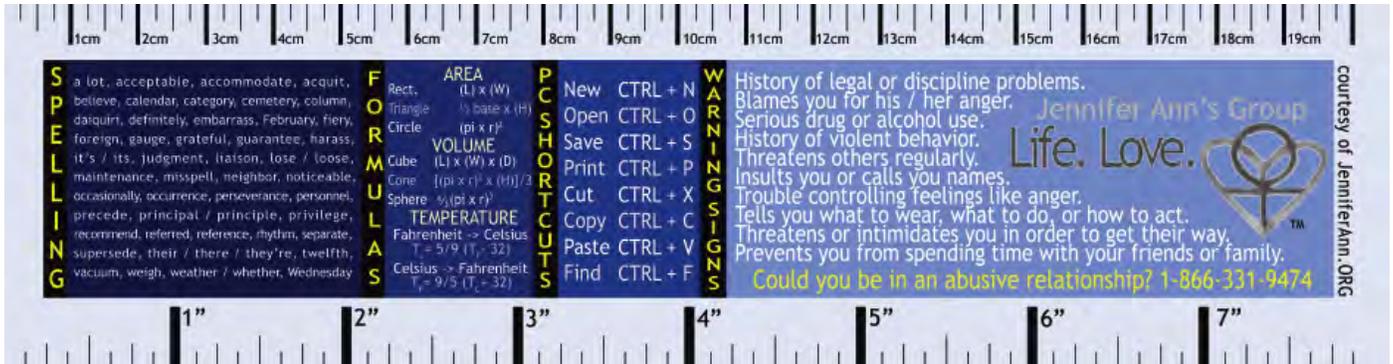
Armed with this vital information – what can we do next? Whether or not you have a professional or personal interest in this issue, it takes little to be a conduit of this life saving information to schools or other youth oriented groups.

In 2007 Texas enacted House Bill 121 which requires school districts to implement a dating violence policy, which includes school personnel training and



“44% OF ALL STUDENTS HAVE BEEN IN AN ABUSIVE RELATIONSHIP BY THE TIME THEY GRADUATE FROM COLLEGE.”

The Journal Archives of Pediatrics & Adolescent Medicine - July, 2008



JAG bookmarks in distribution on college campuses beginning 2010 have been added to our educational cards which have been in distribution since 2007

student and parent awareness education. Like many legislative actions, new requirements are put in place prior to the financial and administrative support to facilitate the necessary actions. Schools may need help and this is a win-win opportunity for psychologists. While helping convey information about the warning signs, the individual practitioner will have the opportunity to expand their referral base.

Every time one of our speakers gives a presentation, someone from the audience shares a personal story. Often it's of a past experience but too often it's regarding an ongoing situation about someone they care about – someone they love but cannot help.

We want to eliminate the helplessness by arming everyone with knowledge that facilitates change. We want to lower the incidents of dating violence and domestic violence for this young generation's present and their future.

Psychologists know the warning signs, and have to ensure that others know them too. We have to educate so that no one misses the warning signs; not school staff, not parents, not family members, nor naïve young people.

Jennifer thought she could help others but failed to see the danger she herself was in. Her ex-boyfriend told two of her friends he wanted to kill her. Given their youth, we can imagine that they would not have taken him seriously. We want every

one to know these threats have to be taken seriously and preventive action must be taken.

One of my minor patients was not a successful student for four years, suffered poor self esteem and struggled with family relationships until she was extricated from an abusive relationship. When I recommended a protective order, she resisted but her parents followed through and legally put an end to the relationship. Since that time the patient has flourished in all aspects of her life. Not all of those abused end up losing their lives, but there are other losses that are profound and need to be stopped.

The warning signs are there – they are always there.

If you Twitter or blog, or if you're on Facebook, these electronic venues are the best ways to reach out to this vulnerable young population. Incorporate the American Academy of Pediatrics' recommendation² for screening patients in your practice, sign petitions, spread the word, speak out, and take a stand.

Columnist Gene Lyons of the Arkansas Democrat-Gazette in his May 17, 2010 column asks “Shouldn't somebody have done something? Yes, but who? And what?” We know the answer!

If you would like to learn more about Dating Violence and what you can do to help stem the tide of this growing problem you can contact Dr. Richeson through the Jennifer Ann's Group website or at elr@drricheson.com ★



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The Link between Science and the Doctoral Standard In Professional Psychology

BY BRIAN H. STAGNER, PHD

Two perennial debates in psychology once again dominate the foreground at TPA: the issues of “psychology as a science” and “masters versus doctoral training” for practitioners the two are increasingly intertwined and, while a range of opinions exist, the importance of the doctoral standard is clear when considering the complex and maturing scientific foundation of professional psychology.

It's now widely accepted that psychology is a science. It has been a hard-won acceptance. While there have been many skeptics from outside of psychology, our recognition by NSF, NIMH, the VA and the DoD all testify that we have proven our rigor to important policymakers in the scientific world. Unfortunately we have all too often been undermined from within, and from

all directions. Some of the more antagonistic “hard clinical science” academicians denigrate psychologists (practitioners) by saying these service providers are hostile to science. They cite as evidence such questionable procedures as dolphin assisted therapy and past lives regression. Let's be honest, some of our more narcissistic and fringy colleagues have provided ample silliness for constructing a straw man argument like this.

On the other side, many practitioners seem to regard the researchers as anally fixated martinets who are afraid to come out of the ivory tower. I have heard respected colleagues proclaim that “sometimes the researchers just go too far” and assert with preposterous certitude that “some things just can't be understood by science”. Seems like medieval thinking, just not

Psychology is a rapidly evolving science and, accordingly, a doctoral-level healthcare profession. The public should be clear that persons using titles involving “psychologist” and its variants have achieved the doctoral level of training.

substantively different from persecuting Gallileo because his observations made conversation awkward. If we back away from our science, then what will inform our decisions? It is a stretch to claim that something is inaccessible to inquiry just because it hasn't been well studied (yet); to expect to be paid for work that is too mysterious to understand is utter folly.

There are signs that things are improving. The unprecedented breakthroughs in the last decade have documented the clarity and complexity of the mind-body connection, with a phenomenal rate of discovery, publication, and application. The moves toward evidence-based practice across virtually all areas of healthcare underscore the importance of science in professional psychology. The training and regulatory institutions of our field have recognized the importance of evidence;

the move toward measuring proficiencies and competencies (rather than mere exposure to ideas and facts) underscores this. In the same spirit, we are now seeing systematic studies (i.e. searches for evidence) on how to best translate research findings to the practitioner world.

In a future article I'll have more to say about the science/practice divide and its relevance to our ongoing advocacy initiatives at TPA. Meanwhile our annual convention (Dallas, November 4-6) will have many rich examples of the unity of science and practice that illustrate the cross fertilization of our two domains. See you there!

So what does all this have to do with the question about the master's level clinician? Once again, a small group of psy-

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Unprecedented breakthroughs in the last decade have documented the clarity and complexity of the mind-body connection, with a phenomenal rate of discovery, publication, and application.

chological associates have petitioned the Texas State Board of Examiners of Psychologists to be granted independent practice. In May TPA once again mounted a serious and systematic response to this and to other incursions on the definition of “psychologist”. After a (third? fourth?) exhaustive review, the board has concluded that such a decision resides not with the board but with the legislature. This is but one of several groups who want to claim the title “psychologist” in some form, but who have not met the doctoral standard of training.

Unfortunately, the perceived difference in doctoral and master’s level training has been flippantly characterized as the doctorate emphasizing “research” or “academic” training. However and here’s the connection to the science of psychology, doctoral level training is geared toward recognizing, and developing entry-level expertise in the science of the profession. An entry level psychologist is capable of absorbing and applying new knowledge in a rapidly and ever changing clinical environment.

What is it that doctoral-level healthcare providers do that sub-doctoral providers don’t, as a psychologist, physician or dentist? Doctoral-level training is training that prepares one to fully engage in the science of the profession, one capable of effectively evaluating emerging technologies and techniques in a rapidly and ever changing clinical environment. The profession of psychology is inundated with changes at a phenomenal rate. Independent practitioners need to independently evaluate and employ those changes, not to mention generate new innovations as well. That’s the difference between a physician’s assistant and a physician, a dental assistant and a dentist, an attorney and a paralegal, an accountant and a bookkeeper, a psychologist and a psychological associate. Simple experience and self-professed “understanding” doesn’t meet the mark. All healthcare professions recognize this fact; hence, all professions embrace a hierarchy of higher education, accreditation bodies, regulatory agencies, and advanced training instituted. We can’t dismiss the importance and relevance of applied experience, but it is not sufficient. Rigorous classroom and practical instruction, along with institutionally sanctioned supervision are the standard across professions both within and outside of healthcare. Indeed, the entire healthcare educational system is built around the notion of identified competencies and the infrastructure necessary to ensure those competencies have been developed and are employed in effective

fashion. The American Psychological Association has endorsed the doctoral degree as the entry-level degree for the independent practice of psychology and has also encouraged state licensing boards to move toward single level doctoral licensure. In short, psychology had been identified as a doctoral level profession, no different than medicine or dentistry.

In closing, several things seem clear about psychology. Psychology is a rapidly evolving science and, accordingly, a doctoral-level healthcare profession. The public should be clear that persons using titles involving “psychologist” and its variants have achieved the doctoral level of training. The public should be clear that a psychologist has done a lot more than master a skill set or a group of techniques; because a psychologist has achieved the doctorate, she or he has demonstrated the ability to think scientifically.

For the many sincere persons who want to pursue independent practice in as counselors, therapists, assessment specialists, the state of Texas offers a number of accredited master’s-level training programs positioned in all corners and regions of the state, some that accept non-traditional students that can’t attend in residence full time. The worlds of counseling and mental health offer wonderful opportunities and, consistent with all professions, there are varying levels of education, related competencies, and the educational opportunities available to achieve them, but they should do so with appropriate titles that do not mislead the public. Psychologists are trained at the doctoral level; we have demonstrated our capacity to generate and evaluate scientific data. ★

Author’s note: the structure of this piece was suggested by an article M. David Rudd published in the Texas Psychologist in 2006. The issues, like overripe chicken salad, keep coming back up, distracting us from more important work.

Texas Psychological Association 2010 Annual Convention Psychology Helps the Public

November 4-6, 2010, Dallas/Addison Marriott Quorum, Dallas, TX

TPA Annual Convention has shaped up to be another incredible opportunity for mental health professionals to network with old friends, meet new ones and earn valuable CE.

This year's convention features nationally known speakers such as: APA President-Elect Melba Vasquez, PhD, University of Iowa Foundation Distinguished Professor of Psychology and Public Health Emeritus, Peter Nathan, PhD, Associate Professor of Psychiatry at the University of Colorado School of Medicine, and Director of Psychology of the University of Colorado Hospital Outpatient Psychiatry Service,

of psychology, and of providing service to the public. The volunteers who engage in leadership in APA and the staff members of APA continually work to improve the operating practices and strategies of meeting these goals. Many polarizing controversies can challenge and demoralize volunteers and staff, yet leaders can engage in a variety of strategies to promote a thriving discipline. This presentation will identify the evolving nature of the discipline, new directions in psychology, and the many and varied contributions, complexities and challenges faced by the American Psychological Association,



Jonathan Shedler, PhD



Peter Nathan, PhD



Melba Vasquez, PhD

The TPA Convention provides a variety of opportunities including, workshops with continuing education credit, poster sessions, research paper presentations, symposiums, social gatherings and SIG/Committee/Division meetings.

Jonathan Shedler, PhD and star lineup of other speakers, focusing on a broad array of topics sure to intrigue.

On November 5, Melba Vasquez will present: *Psychology as a Thriving Profession...Despite its Challenges and Complexities*. Psychology is a diverse discipline, grounded in science, but with nearly boundless applications in everyday life. With 152,000 members, APA is the largest association of psychologists worldwide. APA strives to meet the needs of a wide variety of psychologists, of promoting the profession

the scientific and professional organization that represents psychology in the United States.

On November 4, Peter Nathan will present: *Keynote- DSM-V: Its Time has Finally Come* as well as a workshop, titled *DSM-V and its predecessors: A continuation of diagnostic trends since DSM-III, a new departure, both, or neither?* The keynote will review the most important changes likely to be introduced into the nomenclature and will assess their impact on those who will use DSM-V. The review will also consider in some detail the effect of the changes on the diagnostic and



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therapeutic work of psychologists. The workshop will examine DSM-V in relation to DSM-IV and DSM-III, asking which of the changes anticipated for DSM-V break new ground and which are largely in the mould of its predecessors. The workshop will also consider the challenges the new nomenclature will pose for practicing psychologists who have become adept at diagnosis according to DSM-IV over the past 18 years.

On November 5, Jonathan Shedler will present: *(AM) The Efficacy of Psychodynamic Psychotherapy: Depth Psychology in the Era of Prozac, Managed Care, and Evidence Based Practice*. Psychodynamic therapy is an evidence based treatment. Effect sizes are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based,” and patients who receive psychodynamic therapy not only maintain therapeutic gains but continue to improve after treatment has ended. Additionally, evidence shows that other therapies may be effective in part because the more skilled practitioners utilize (unacknowledged) psychodynamic methods. Part 1 of this two-part workshop will discuss the seven essential features of contemporary psychodynamic treatment (which can be integrated into other forms of therapy) and review the latest empirical evidence for the efficacy of psychodynamic treatment and interventions

In the afternoon, his presentation title: *Psychodynamic Case formulation and Clinical Intervention: An Evidence Based Approach*. This workshop focuses on the practice of psychodynamic therapy. Participants will develop a deeper understanding of contemporary psychodynamic work through presentation of clinical cases, with case discussion, live supervision, and role playing to illustrate psychodynamic interventions and technique. Topics will include beginning the treatment, case formulation and treatment planning, the distinction between what clients tell us versus what they show us, the use of the therapy relationship as a primary vehicle of change, and methods of working constructively with resistance and therapy interfering behavior. The workshop is geared toward both psychodynamic and non-psychodynamic practitioners and students.

The TPA Convention provides a variety of opportunities including, workshops with continuing education credit, poster sessions, research paper presentations, symposiums, social gatherings and SIG/Committee/Division meetings.

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