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From the Executive Director

The New Storm

David White, CAE

As we begin a new year, we also start the 85th legislative session. It is an exciting time for Texas. Change is in the air as we have a new Governor, Lt. Governor, and 24 new legislators. With all the buzz at the Capitol, I am frequently asked, and am also asking myself, “What is on TPA’s legislative agenda?” It is common for lobbyists to continually investigate to find out what is “around the corner,” so that we can be prepared for whatever storm may be brewing. (See Dr. Brian Stagner’s Editors column.) Usually, when I ask about legislative agendas, I most often hear the response, “We want to protect our market.” Translation: “We do not want any legislation introduced that will encroach on our professional territory or affect our license.”

However, when I am asked that question, I have a different approach. First, I represent doctors who are an integral part of the health care environment. You are not referred to as doctors because you have completed your doctoral degree, rather, you are referred to as doctors because you heal people. Psychologists heal mental illness just like family physicians heal physical ailments. You refer to your psychologist as Dr. Smith just like you refer to your family physician as Dr. Smith. Society understands that both heal ailments.

So my job is to share with 181 legislators that because you are a doctor, you are the leading expert on mental health issues. I have 150 days to get legislation passed to help you do your job more efficiently and effectively. Easy enough? Sure. Explaining what you do and the health care services you provide your patients is easy. The difficult part is combating what other groups (organizations) say about psychologists and debating the objections they have about passing legislation that helps you do your job more effectively and efficiently. Many times their objections are not based on what is better for the patient, but only that it encroaches on their territory.

As your lobbyist, my goal for 2015 is passing legislation that will protect and serve the citizens of this state. If you have the education and proper training then I believe you should have the ability to serve your patients. Some might call this “pushing the envelope,” others might call it “engaging in turf wars with other health care providers.” I call it simply doing what is right for the citizens of Texas. As psychologists, often times you put in all the work, formulate and offer decisions, but you are then unable to officially provide “the answer” to the problem.

The medical community is constantly working with the psychologist to administer tests and make determinations about vital issues, and after consulting with you and obtaining your wisdom and expertise, they represent your findings as the official answer. So, ultimately you do provide the answer, and it is my job to pass legislation that legally allows you to do so.

What does that mean for you – the members of the Texas Psychological Association? It means that psychology is going to be more visible. We are going to make the news. We are going to let people know what you do. We are moving forward, and we will protect our territory. We also are engaging in a major education campaign to share with each legislator what service psychologists have the ability, within your training and expertise, to perform. We are fighting to pass legislation that will allow you to provide the answers. My philosophy has always been, and continues to be, that you, as a TPA member, should engage with your legislators and be their mental health advisor. Educating them cannot be done solely by TPA staff; we need your help. However, this session, things could be switched. With mental health care and mental health services being a central topic of conversation at the Capitol, they just might seek you out and asked what services psychologists can provide. Whether proactive or reactive, please be active with your legislators.

So, do you think I am pushing the envelope? I can answer that for you with a resounding “ABSOLUTELY!” Every Tuesday at the Capitol the Texas Medical Association has its “White Coat Day.” Physicians from all over the state come to the Capitol and visit their legislators. They in essence, have a “legislative day” every week! How awesome would that be for TPA to do? Texas only passes new laws during 150 days every two years. Physicians know this and plan their schedule accordingly. They take one or two days each session to come to Austin. They have made it a commitment to protect their market.

I need you to help me push the envelope. Come to Austin on March 12th for TPA’s Legislative Day and represent psychology. I am at the Capitol almost every day, so if you can make it to Austin any other time, please call me. We will make news this year, please become part of the story.
From the President

The Future of Psychology Practice in the Era of Health Care Reform

James H. Bray, Ph.D.

These are truly times of change—a new governor, the legislature in session, and continued economic growth. This year brings our state, TPA, and psychology hope and great opportunities for creating positive change for our members and all Texans. But how will our transformation look?

The theme of my presidential year is to help psychologists adapt and thrive in the era of health care reform. There continue to be many changes that will impact our practices, and it is imperative that TPA members learn about these and use them as an opportunity for growth. We have a number of exciting activities planned for the year, and we hope that you will engage and take part in them. The biggest focus in the upcoming months is to protect and expand our scope of practice in the Texas Legislature. In 2013 we were able to pass two bills to protect Texas psychologists and provide for reimbursements for postdoctoral trainees. We have a varied and ambitious legislative agenda for 2015.

2015 Legislative Agenda
Whenever the Texas Legislature meets, we have the opportunity to expand our scope of practice and also need to be vigilant about protecting our practice. This requires active involvement by each of you to influence your legislator to support our bills. We have very active and effective legislative and grassroots advocacy committees. However, all politics are local and we need YOUR help to ensure that we are successful in our efforts. Please volunteer to contact your legislator and contribute to TPA’s Political Action Committee.

This year we will be introducing bills to:
1. Enable supervised psychology interns to be reimbursed for providing behavioral, psychological and mental health services.
2. Enable properly trained psychologists to provide cognitive-linguistic or neuropsychological assessments to students who compete in athletic events sanctioned by the UIL.
3. Enable psychologists to provide the necessary examinations for determination of wards and proposed wards in certain guardianship matters.
4. Enable psychologists to utilize telephone consultations and telehealth services with their clients and be reimbursed for those services.
5. Enable psychologists with special training in psychopharmacology to prescribe medications for psychological and mental health disorders.
6. Protect the practice of psychology by allowing psychologists to be exempt from obtaining additional certification/license to treat sex offenders.
7. Protect psychologists who conduct child custody evaluations from additional training and licensure requirements when providing court-ordered psychological evaluations.

This is an ambitious legislative agenda and will require hard work by both you, the members, and our able TPA staff led by David White. Mr. White serves as our TPA lobbyist, and he has become very effective in working with the legislature. However, he cannot do it all, and you need to help by engaging in advocacy for our profession. If you are interested in joining TPA’s Grassroots Network or in finding out more information about how to get involved legislatively, please contact David White (512-528-8400).

Prescriptive Authority for Appropriately Trained Psychologists
Not all psychologists want to do forensic evaluations, neuropsychology or work with children, and not all psychologists want to get the additional training to prescribe medications. However, we have a number of psychologists in Texas who have undergone the training in psychopharmacology, and they want to be able to utilize this training to help with the mental health shortage and prescribe in Texas. Some of these psychologists already prescribe in the military in Texas and some practice in other states (Louisiana and New Mexico). The TPA Board of Trustees voted to advocate for prescriptive authority for appropriately trained psychologists in 2015. Here are some of the reasons why the BOT voted to do this.

Psychologists trained in psychopharmacology have been prescribing psychotrophic
medications as part of the treatment they offer their patients for over 25 years through both federal and state programs (Bray et al., 2014). Psychologists with specialty training in psychopharmacology also regularly consult with physicians and help them properly diagnose their patients and make recommendations for psychotropic medications. Further, psychologists with training in psychopharmacology routinely teach medical residents, such as family medicine and pediatrics, on how to diagnose mental disorders and how to prescribe medications for their treatment. These facts make the question of whether we should prescribe medications moot.

From Psychosocial Fixation to the Biopsychosocial Model

With advances in neuroscience, genetics, behavior-genetic interactions and expansions of translational research, psychology is more relevant than ever, and there are many new opportunities for our profession (Bray, 2010). These new opportunities are also created by federal health care reform through the Affordable Care Act (U.S. Congress, 2010). One of those growth opportunities is for appropriately trained psychologists to prescribe psychotropic medications.

The fixation on behavior and psychosocial issues by some psychologists is dated and does not fit with current scientific evidence about the integral biopsychosocial nature of human beings (Kaslow, Bollini, et al., 2007). Thus, psychologists need to adapt to these new understandings and implications for practice, or we will soon be left out of the rapidly changing health care scene. The progression of evidence-based psychotherapies has improved our overall profession. There is no evidence in states or federal programs where psychologists can prescribe that the profession has fundamentally changed or “turned us into junior psychiatrists.”

Current Status of Prescriptive Authority for Psychologists

There are 47 prescribing psychologists credentialed through the New Mexico Board of Psychologist Examiners and 83 who are licensed through the Louisiana Board of Medicine (Vento, 2014). Of the approximately 15 prescribing psychologists working in various branches of the military, some are credentialed through New Mexico, some through Louisiana, some are among the original 10 DOD demonstration projects graduates, and some may be credentialed in accordance with other specific military requirements. The prescribing psychologists currently employed by the Indian Health Service are credentialed through New Mexico.

Of the 135 psychologists currently credentialed to practice, safety data regarding the few prescribing psychologists who are not among those credentialed through either New Mexico or Louisiana is not currently known. However, it is known that no complaints have been filed regarding any prescribing psychologist credentialed through either New Mexico or Louisiana (Bray et al., 2014), nor are there any records in the military health care system of prescribing psychologists operating outside established standards of care. Opponents of prescriptive authority for psychologists have not unearthed any licensing complaints or lawsuits against prescribing psychologists.

It is estimated that prescribing psychologists have written more than a million prescriptions since the inception of this specialized practice, with no evidence of unsafe or unsatisfactory results, if the absence of Board actions and lawsuits or entries into the National Provider Databank are used as indicators (Alley, 2013). The absence of indications of any safety issues as evidenced by Board complaints or lawsuits should be of some comfort to skeptics.

Recently, U.S. Congressman Beto O’Rourke (D-El Paso) wrote federal legislation to give psychologists in the Veterans Administration prescriptive authority. Congressman O’Rourke stated, “I’m about to file a bill that will give VA psychologists the power to prescribe medications, which they don’t have today. They have that in the Department of Defense. They have that in other branches of our government. They don’t have that within the VA, and we desperately need it.” He further stated, “Something is deeply wrong with the VA in El Paso. That is not to say that there’s anything wrong with the doctors, nurses or the mental health practitioners there. There just aren’t enough of them. We need more resources from the VA in D.C.”

In a recent legislative study report on Mental Health Workforce Shortage in Texas (2014) pursuit to House Bill 1023, the study group originally recommended that appropriately trained psychologists be allowed to prescribe medications. However, intense lobbying by the Texas Medical Association resulted in this recommendation being put in the appendix. In response to this report the Houston Chronicle editorial staff also recommended that appropriately trained psychologists be given the authority to prescribe (June 13, 2014).

TPA Meetings and Workshops

LAS Retreat. We recently hosted a retreat for Local Area Psychological Society Presidents on January 24-25 to help them be more effective leaders and work more closely with TPA. In 2014 we had a very successful meeting with this group and it enabled TPA to hear from psychologists across the state about current issues and concerns in the practice of psychology.

Professional Development Conference. We will have a professional development conference focused on the “Future of Psychology Practice in the Era of Health Care Reform” on June 12-14, 2015 to provide you with opportunities to learn.
about changes in practice requirements and to develop skills in working in integrated and primary care settings. In addition, we will have workshops on ethics and diversity issues related to psychology practice. Save the dates, and we look forward to seeing you.

I hope to personally speak with many of you during this year — so if you get a phone call or an email from the TPA president, I am calling to see how TPA can better serve your needs. These are truly exciting times, and I want all of you to engage with us and contribute to developing our future. Contact me anytime: jbray@bcm.edu.

References


Vento, C. (March, 2014). Personal communication with New Mexico and Louisiana licensing boards.
This is the story of three storms. Sitting in our offices we may glance out the window to check the local weather. Has the front come through? Is the rain letting up (or, is it finally starting)? Given the volatility of the weather at most places in Texas we also know to check the bigger picture maps on the web for the long term forecasts. What should we worry about next season? Will the drought ever end? Are we having another hard freeze this year? Is El Niño active?

Psychologists need to monitor their professional world in the same way. There’s the immediate “weather” in the form of billing issues, appealing insurance denials, new Medicaid regulations, and so forth. And then there is a more long-term weather pattern. If we look up today from our daily grind we may be watching the formation of a perfect storm: three overlapping tempests are swirling our way. They may not all arrive in force, but if they pick up strength and if they converge to blow simultaneously, the losses to our profession could be devastating. Fortunately, we have some time to act. What tempests are we facing? Well, there is the impending legislative fight in 2017 over the Sunset Review of our Practice Act. More about that later. Second, there is an ongoing struggle in Washington to get psychologists defined as physicians under Medicare. This may turn out to be important in determining our ability to hold our ground against the incursions of both the MDs and the master’s level providers. TPA has long carried our profession’s campaign against the threats to scope of practice from allied non-physician groups. We have succeeded in exempting psychologists from having to obtain carve-out specialty licenses, and we have succeeded in protecting the doctoral standard for psychology against both regulatory and litigation challenges. Those skirmishes have been hard won, but the underlying struggles will continue as master’s level providers challenge the doctoral standard. Now ill winds are brewing from another direction.

**STORM ONE—”Diagnosis”**

Right now this is like a tropical low off of Africa. It may never reach our shores, but if it does we face devastating losses. There is a new potential threat to our scope of practice that has emerged recently. It appears that physician groups are mobilizing to curtail the scope of practice for many allied professions. It is easy to understand why: allied professions are eating into their market share. Physician assistants and nurse practitioners are clamoring for independence and seem to be gaining ground. For example, nurse practitioners are pushing for prescriptive authority and are thought to have a decent chance in several jurisdictions. Physician guilds are quite happy to welcome allied providers just as long as those providers are required to work under physician supervision.

Now a new tactic seems to be emerging. The Texas Medical Association (TMA) is suing the Texas State Board of Examiners of Marriage and Family Therapists arguing that LMFTs may not “diagnose” because making a diagnosis is “the practice of medicine” and therefore under the purview of MDs only. The initial result favored TMA. The case was heard on appeal last Fall and again TMA prevailed.

Here’s the Cliff Notes: The Texas State Board of Examiners of Marriage and Family Therapists was authorized by statute in 1994. The lawsuit was initially filed in 2008 and has proceeded through the courts. It was noted in court that in the first fourteen years of the LMFT
board their licensees obtained training, established practices, and have been operating without objection. The enabling legislation does not refer to diagnosis (nor does the Psychology Practice Act). It does refer to “evaluation” by defining marriage and family therapy as:

Providing professional therapy services to individuals, families, or married couples, alone or in groups, that involve applying family systems theories and techniques. The term includes the evaluation and remediation of cognitive, affective, behavioral, or relational dysfunction in the context of marriage or family systems (Texas Occupations Code, 502.001-.455.).

What it does is authorize the Texas State Board of Examiners of Marriage and Family Therapists to write rules to regulate the activities of their licensees. In their Rules there are three references to diagnosis:

Section 801.42 Establishes Professional Therapeutic Services and includes:

(13) Diagnostic assessment which utilizes the knowledge organized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as well as the International Classification of Diseases (ICD) as part of their therapeutic role to help individuals identify their emotional, mental, and behavioral problems when necessary.

(17) Assessment and appraisal which utilizes systems methods and processes which include formal and informal instruments and procedures, for which the therapist has received appropriate training and supervision in individual and group settings for the purposes of determining the client’s strengths and weaknesses, mental condition, emotional stability, intellectual ability, interests, aptitudes, achievement level and other personal characteristics for a better understanding of human behavior, and for diagnosing mental problems.

Section 801.44 governs the relationships with clients and includes the following:

(s) A licensee shall base all services on an assessment, evaluation, or diagnosis of the client.

In 801.45 there is a list of definitions which includes:

(1) Mental health services—The assessment, diagnosis, treatment, or therapy in a professional relationship to assist an individual or group in:

(A) alleviating mental or emotional illness, symptoms, conditions, or disorders, including alcohol or drug addiction;

(B) understanding conscious or subconscious motivations;

(C) resolving emotional, attitudinal, or relationship conflicts; or

(D) modifying feelings, attitudes, or behaviors that interfere with effective emotional, social, or intellectual functioning.

The TMA’s lawsuit seems to disregard most of this language and instead bases its argument on an interpretation of the Medical Practice Act (MPA), which defines “practicing medicine” to include “the diagnosis of...a mental or physical disease or disorder.” According to the MPA one must have a license issued by the Texas Medical Board unless one is a member of a profession that is exempted by the MPA. LMFTs are not exempted in the MPA. According to the MPA (Sec. 151.001):

(13) “Practicing medicine” means the diagnosis, treatment, or offer to treat a mental or physical disease or disorder or a physical deformity or injury by any system or method, or the attempt to effect cures of those conditions, by a person who:

(A) publicly professes to be a physician or surgeon; or

(B) directly or indirectly charges money or other compensation for those services.

The AMA is thought to view psychologists as particularly threatening and to actively work to curtail the scope of practice of psychologists with particular energy. It also
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\(^1\) Caron electronic patient record, 4th quarter of 2013-2014 fiscal year. \(^2\) Caron 2012-2013 Annual Report: July 1, 2012-June 30, 2013

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seems that, in its eagerness to mark turf, the AMA has viewed Texas as an especially important battleground, pouring a good deal of outside money into its advocacy efforts here.

Our Practice Act does not currently include the word “diagnose”, but in fact we do provide diagnoses all the time, whether it be on an insurance claim form, an IDEA evaluation for the schools, or a forensic evaluation. It would be difficult for us to sustain independent practice if we could not “diagnose.”

STORM TWO—”Physicians”
We hope storm two will start blowing in our direction. Right now it hovers just offshore and may blow for us or against us. This is the issue of whether psychologists are or should be physicians. All of these insider bureaucratic contortions seem pretty dry and distant from our everyday lives: some factotum in Washington is moving the semicolons around and changing the semantics so as to heighten his or her job security, so who cares? Well it may be dry and abstract, but it may prove critical to our future viability.

Medicare was created in 1965 during the Johnson Administration to address the fact that 35% of people over 65 could not obtain health insurance. Those who had insurance were disproportionately white and were paying three times as much for insurance as younger people. During the initial political debates the medical lobby argued that Medicare would degrade health care in America. Over the next 50 years, services were expanded to include many other services, including speech therapy, physical therapy and, eventually APA was able to obtain recognition for psychologists to provide services under Medicare. Eligibility also expanded: first to include younger persons with permanent disabilities or persons of any age under hospice care.

As the program grew it became the fountainhead for health care policy in general. The Centers for Medicare and Medicaid Services (CMS) administers the programs, develops cost projections, and contracts with private entities (insurance companies and HMOs) to act as intermediaries between Medicare and the patient. Eventually, the infrastructure became the core of efforts to develop a more rational, cost-effective health care policy.

Throughout its development, CMS has endorsed the primacy of the MD as the leader of the health care team. Initially, physicians reigned supreme, but over time it was acknowledged that other providers make valuable contributions. Thus, while psychologists are eligible for reimbursement, we only provide services under part B. If we work in a hospital or nursing facility we may only operate under the supervision of a physician, despite the fact that the services we provide are permissible under our licensure.

What is a “physician” in this context? CMS has been expanding its policies regarding the physician definition. In 2012, the agency expanded its definition of medical staff, permitting non-physician practitioners to have medical staff privileges. This changed the rules about medical staff oversight. These changes allow hospitals to grant advanced-practice nurses, physician assistants, pharmacists, and other non-physician practitioners the power to perform duties that they are trained for and allowed to do within their scope of practice and state law without requiring MD supervision. This will free up MDs to devote more attention to more costly cases.

CMS found strong support to broaden the concept of the medical staff to include all types of health care professionals. However, critics worried that the rule would allow certain practitioners to circumvent medical staff bylaws, which would risk patient safety. (This echoes a similar argument made in the 1990s when TPA attempted to obtain permission for psychologists to admit patients directly to psychiatric hospitals without MD oversight.)

We encourage physicians and hospitals to enlist qualified non-physician practitioners to fully assist them in taking on the work of overseeing and protecting the health and safety of patients. This applies not only to the ‘work’ of the medical staff—such as quality innovation and improvement, best practices application and establishment of professional standards—but also to the everyday duties of caring for patients. We also believe that an interdisciplinary-team approach to patient care is the best model for patients. However, we also agree that physicians, owing to their training and expertise, must be the leaders in overall care delivery for hospital patients.

Some allied providers are already “physicians.” For example, CMS has eased up on rules for medical staff leadership. Under these rules, doctorally-trained non-MDs, such podiatrists, can now be responsible for the medical staff. Psychologists are among the few doctoral providers who are not granted this status. As the health care economy continues to become more rationalized over the next few years, this status will become increasingly important. Will psychologists be seen as key players and potential leaders in the integrated health care team? Will we be relegated to a marginalized role? Thus, while it seems we are getting lost in the weeds of a dry semantic bureaucratic squabble, pursuit of physician designation by CMS may have enormous stakes in the long term.

What exactly are we asking for? In 2014 APAPO gained bipartisan support in both the House of Representatives and
Senate for legislation to add psychologists to Medicare’s “physician” definition, with 58 cosponsors joining Rep. Jan Schakowsky (D-IL) in the House of Representatives, and 10 cosponsors signing on to the Senate companion bill introduced by Sen. Sherrod Brown (D-OH). The legislation—the “Medicare Mental Health Access Act” (S. 1064/H.R. 794) — would allow psychologists to provide services independently in all Medicare-covered treatment facilities, in some treatment settings, psychologists can only provide services under physician referral and/or supervision.

In inpatient hospitals and psychiatric facilities, the Brown-Schakowsky Bill would establish psychologists’ ability to direct appropriate patient care. Psychologists are licensed to assess, diagnose and treat mental and substance use disorders and are very often key providers in these settings, but they are hamstrung by the requirements for physician supervision of services that could be provided within their own licensure. This bill would clarify clinical oversight for hospital patients under the care of psychologists and reduce administrative burdens on hospital administration and medical staff.

At the outpatient level, Medicare patients who would otherwise need inpatient psychiatric care can often be served effectively and efficiently by partial hospital services. In the private sector, psychologists can and do run partial hospital programs—overseeing, supervising and providing treatment — yet Medicare regulations demand that such services must be prescribed by a physician, provided under a written treatment plan established and periodically reviewed by a physician, and furnished while under the care of a physician. Often the physician who is tasked with these administrative oversight duties is operating well out of his or her specialty. If these physician barriers are removed, beneficiaries will have improved access to high quality partial hospital services and needless costs will be reduced.

Of course we have a new Congress with an altered political terrain; efforts are under way to identify sponsors from the new senators and congressmen. Do you already have connections of contacts with your state legislators? Let Executive Director David White know so that we can add this information to our Grassroots Network.

STORM THREE—Will we like our Sunset?

Now we come to the issue of Sunset. For those of you who haven’t lived through this (and for those who have dissociated the whole stressful memory) our Practice Act creates the Texas State Board of Examiners of Psychologists (TSBEP), which in turn creates and administers your license in accordance with the terms of the Act. By law, agencies such as the TSBEP are only authorized to exist for 12 years, after which the Act is reviewed. Another state agency, the Sunset Commission, will soon gear up to determine whether we need a Practice Act for psychologists (we no longer need a Buggy Whip Authority). During this process, the entire Act will be up for revision. Some of the changes that might be proposed:

1. Consolidate TSBEP with other boards. We might get placed under the Medical Board. We might get lumped in with the LPCs and LMFTs. Legislators like the idea of eliminating agencies, but we’d lose our autonomy and capacity to self-regulate.
2. Redefine the status of the LPA. This could give licensed psychological associates independent practice and parity when dealing with insurance companies. This comes up in some form almost every session.
3. Allow LSSPs to practice independently outside of school systems. Note that LSSP organizations have supported this, but they are adamant that licensed psychologists may not practice in the schools. They have a very strong lobby.
4. Include the word “diagnose” in our scope of practice. On the one hand this might seem reasonable, but it would surely elicit a vicious resistance from physician groups.
5. Press for prescriptive authority. This is controversial but certainly must be considered.
6. Remove licensed psychologists’ ability to practice independently. This would require us to be supervised by a physician (you know, like a procotologist or an oncologist or other mental health expert who could tell you whether to use the MMPI-2 or the PAI).
7. Require that whenever a psychologist testifies in court he/she shall be require to sit on a three legged stool facing away from the jury and wearing a dunce cap. Don’t snigger, this was introduced several years ago in New Mexico and passed on the first reading.

What will happen during Sunset review is pretty unbounded. The Commission will work to hear all the stakeholders (legislators, psychologists, consumers, physicians, non-psychologist mental health providers, insurance companies, etc.) and come up with their suggestions for how (or if) the TSBEP should be structured. TPA will try to have a voice in all their deliberations and it will be important for the membership to be ready to help out. That process will probably get rolling shortly after the current legislative session ends in May.

After the Commission makes its recommendations the bill will find some sponsors and be introduced in 2017. At that point, there will be the usual hearings before the House and Senate committees on Health and Human Services. It can be a madhouse. We have seen key provisions of bills be rewritten on the floor of the House and the new version passed without even cursory review. (Contrary to popular belief, sausage making is a much more orderly process than lawmakers.)

The CALM? Or the EYE?

As you read this the Texas Legislature is in session. TPA has been doing a great deal of lobbying to promote our current legislative agenda and to protect our scope of practice from whatever new assaults may emerge. All psychologists, TPA members and
non-members alike, need to prepare to help with these efforts as our representatives at the Capitol call out the membership to help ensure that our profession is heard. There will be some relief when the session is over, and the Executive Committee and the Legislative Committee will certainly conduct a thorough post-game analysis of our efforts. However, the storms may just be building up, and we must be vigilant to protect our autonomy in years to come.

With all these issues facing us, there must be a place for each of you to get involved!

‘I would like to thank the TPA staff and the numerous TPA members who contributed background information for this piece. Errors are, however, my own.

**JUMP INTO THE STORM - GET INVOLVED!**

1. Attend Legislative Day (March 12, 2015 - Austin, Texas).

2. Join TPA’s Grassroots Network and commit to forming a relationship with your legislators.

3. Get informed! Are you interested in learning more about this year’s legislative agenda and the issues that psychologists are facing at the Capitol? We’d love to provide you with information to inform and equip you in the fight to protect your profession

For any and all legislative information, contact David White (512-528-8400).

**WHO REPRESENTS YOU? FIND YOUR LEGISLATORS BY VISITING THE LINK BELOW:**

www.fyi.legis.state.tx.us/Home.aspx
Each year at TPA's Annual Convention, awards are presented to psychologists and other individuals who have made significant contributions to professional psychology. This year's lineup of award recipients is full of outstanding contributors to the profession of psychology, mental health and public service.

Outstanding Legislative Contribution

Megan Mooney, Ph.D.

No single individual has done more for TPA's legislative efforts in 2014 than Dr. Megan Mooney, and it is with great pride that TPA awarded her the 2014 Outstanding Legislative Contribution award.

Prior to joining TPA's legislative efforts in any formal capacity, Dr. Mooney was actively taking mental health and the practice of psychology to the state Capitol – testifying on behalf of bills that affected psychology. Dr. Mooney joined the TPA Legislative Committee in 2012 and immediately began bringing her skills and knowledge to this working group. She worked diligently through the session in 2013 helping to monitor hundreds of mental health bills that the legislative committee poured through. Dr. Mooney has continually brought informed, insightful, and thoughtful comments and recommendations to the committee.

In addition to her Legislative Committee involvement, Dr. Mooney is a Regional Coordinator for the Grassroots Committee. Tasked with connecting psychologists to their legislators, she worked diligently to keep her team up to speed on legislative agenda items and needs.

Her involvement on TPA's Board of Trustees, Legislative Committee, Grassroots Committee, PD Application Program Task Force, and TPA Political Action Committee Board is tireless and truly deserving of this recognition. Dr. Mooney's dedication is surpassed only by her character. She is genuine, honest, intellectual, and incredibly humble. Congratulations, Dr. Mooney!
Outstanding Public Contribution to Psychology

Stacy N. Broun, Ph.D.

Currently, Dr. Stacy Broun is in independent practice with Health Service Provider specialty. Dr. Broun is a volunteer for Red Cross, Dallas & North Texas and works extensively with this organization providing on-call telephone support and deployment into Disaster Service Sites. She is a member of the Disaster Response Network, a joint project of the American Red Cross and the Texas Psychological Association, which has a long history of encouraging and preparing mental health professionals to participate in disaster response. After receiving her doctoral degree in Clinical Psychology from University of Texas Southwestern Medical Center at Dallas and being licensed in 1984, Dr. Broun began working with clients from the HIV/AIDS community. She brought her interests to the Dallas Psychological Association (DPA), where she had already served as DPA Secretary, as well as Chairperson of Psychologists for Social Responsibility (a group which has been subsumed under the more recently-created national APA group). She and Ron Garber, Ph.D., organized AIDS Support Dallas, a group of psychologists that offered programs and services to all city AIDS/HIV organizations. At its peak, AIDS Support Dallas DPA psychologists ran psychotherapy and support groups, provided individual services, and staffed crisis intervention phone lines.

Dr. Broun received this award because of her volunteer and professional public service to the under-served, disenfranchised and diverse populations whom she serves.

Outstanding Contribution to Education

Shelley Riggs, Ph.D.

Dr. Riggs is actively involved in advancing psychology as a researcher of attachment and family functioning and as a professor and clinical supervisor for doctoral students in Counseling Psychology at the University of North Texas in Denton. She is passionate about her role as a teacher above all other roles and gives her utmost to help her students. The only way to know about her fervor for teaching is to talk to her about it. When doing so, she lights up, and it becomes clear just how passionate she is for what she does. Such excitement is transferred to her students who feel supported and encouraged by her. Dr. Riggs developed the innovative Couple and Family three-course sequence for doctoral students at UNT. She holds the highest of ethical and clinical standards and articulates those standards with impressive clarity. She is whole-heartedly dedicated to her work as a supervisor, consistently giving her undivided attention to her supervisees during supervision. While live supervision is enormously time consuming, Dr. Riggs sought this opportunity and continues in this role because she loves it. In this regard, Dr. Riggs has supervised the clinical training of over 200 doctoral students, with a total caseload of nearly 700 cases and approximately 280 individual or family assessment batteries. Despite her significant scholarship, Dr. Riggs demonstrates an enthusiasm and commitment to training that far exceeds your average or even excellent trainers.
Without a doubt, Dr. Temple is the perfect psychologist to be recognized for his numerous and outstanding contributions to public service. Among his numerous contributions to public service below, please keep in mind that this is in addition to maintaining an active clinical practice at UTMB, publishing nearly 100 scientific publications, and receiving millions of dollars in funding from the National Institutes of Health, Centers for Disease Control, Hogg Foundation for Mental Health, and the National Institute of Justice. Appointed by the Director of the Texas Department of Health and Human Services, Jeff is the Vice Chair on the state Task Force on Domestic Violence. Having been elected by the citizens of Galveston, Jeff is serving his 2nd term as Vice President of the Galveston Independent School District Board of Trustees, where he works to increase access to mental health services for district students.

Prior to being elected to the school board, Jeff served as a Commissioner on the Galveston Housing Authority, where he pushed for quality, safe, and affordable housing for low-income individuals displaced from Hurricane Ike.

In addition to the above, Jeff serves on the Boards of the Texas Psychological Foundation, Galveston Sustainable Communities Alliance, and is on the Speakers Bureau for Jennifer Ann's Group - Educating and Advocating to prevent dating violence. These are just a few of his public service contributions and activities. He truly embodies the definition of public servant.

Pschologist of the Year

Pete Stavinoha, Ph.D., ABPP

Dr. Stavinoha has been based in Dallas, Texas for 19 years and has served as the Neuropsychology Service Manager at Children’s Medical Center Dallas (CMCD) for the majority of that time. Dr. Stavinoha has long been dedicated to meeting the psychological needs of underserved populations and has gone to great lengths to address the mental health workforce shortage in Texas. In addition to his efforts to address the mental health workforce shortage in Texas, Dr. Stavinoha has sacrificed huge amounts of time from his busy schedule in order to advance the public’s recognition of psychology as a profession.

Dr. Stavinoha is very intentional about maintaining a broad focus and contributing to the profession of psychology on a statewide level. Indeed, he has already gone above and beyond his basic duties in just his first year on the TPA Board of Trustees. Dr. Stavinoha’s highly esteemed reputation extends far beyond CMCD and TPA to a national level, and as a result he has been able to establish collaborations that are advancing psychological research and clinical care in Texas. Dr. Stavinoha’s service and dedication to the field of psychology extends even to the international level. Congratulations, Dr. Stavinoha and thank you for all that you have done for the profession of psychology!
Become a Platinum Advocate today!

With monthly dues of just $50, TPA Platinum Advocate members receive the following benefits and services in addition to all traditional TPA professional resources:

~Discounted (50%) convention registration fee
~FREE 3 hours of online Professional Development
~FREE doctor finder subscription (referral service)
~FREE, unlimited phone consultation with an attorney
~FREE copy of the TSBEP Acts and Rules book
~FREE Professional Development at TPA's Summer Get-Away
~Special badging at convention
~Reserved seating and special recognition at the convention awards luncheon
~Recognition in TPA publications and website

Thank you to our 2015 Platinum Advocates for showing your commitment to being defenders of the profession of psychology.

Laurence Abrams, Ph.D.
Barbara Abrams, Ed.D.
Kay Allensworth, Ph.D.
Paul Andrews, Ph.D.
Kelly Arnemann, Ph.D.
Kim Arredondo, Ph.D.
Kyle Babick, Ph.D.
Jeff Baker, Ph.D.
Laurie Baldwin, Ph.D.
Tim Branaman, Ph.D.
Barru Bullard, Psy.D.
Mary Burnside, Ph.D.
Sam Buser, Ph.D.
Holly Carlson Zhao, Ph.D.
Cynthia Cavazos-Gonzalez, Ph.D.
Celeste Conlon, Ph.D.
Mary Alice Conroy, Ph.D.
Leslie Crossman, Ph.D.
Edward Davidson, Ph.D.
Cynthia de las Fuentes, Ph.D.
Michael Ditisky, Ph.D.
Amy Eicher, Ph.D.
John Elwood, Psy.D.
Frank Fee, Ph.D.
Alan Fisher, Ph.D.
Christopher Fisher, Ph.D.
Susan Fletcher, Ph.D.
Richard Fulbright, Ph.D.
Sheree Gallagher, Psy.D.
Ronald Garber, Ph.D.
Orna Goldwater, Ph.D.
Heyward Green, Psy.D.
Carol Grothues, Ph.D.
Cheryl Hall, Ph.D.
Michelle Hanby, Ph.D.
Michael Hand, Ph.D.
Henry Hanna, Ph.D.
Lara Hastings, Psy.D.
David Hensley, Ph.D.
Lynn Herr, Ph.D.
George Hill, Ph.D.
William Holden, Ph.D.
Keisha Holley Johnson, Ph.D.
Robert Hughes, Ph.D.
Rebecca Johnson, Ph.D.
Richard Kownacki, Ph.D.
Sydney Kroll, Psy.D.
Stacey Lanier, Ph.D.
Kelsey Latimer, Ph.D.
Marcia Laviage, Ph.D.
Garland Lawlis, Ph.D.
Stephen Loughhead, Ph.D.
Katherine Loveland, Ph.D.
Ronald Massey, Ph.D.
Denise McCallon, Ph.D.
Stephen McCary, Ph.D., JD
Joseph McCoy, Ph.D.
Marsha McDonough, Ph.D.
Michael McFarland, Ph.D.
Richard McGraw, Ph.D.
Jamie McNichol, Psy.D.
Robert McPherson, Ph.D.
Robert Meier, Ph.D.
Jo Mitchell, Ph.D.
Megan Mooney, Ph.D.
Marlin Moore, Ph.D.
Lee Morrison, Ph.D.
Anne Morton, Ph.D.
Orion Mosko, Ph.D.
Suzanne Mouton-Odum, Ph.D.
Renata Nero, Ph.D.
Lane Ogden, Ph.D.
Nadine Palau, Psy.D.
Dean Paret, Ph.D.
Michael Pelfrey, Ph.D.
Walter Penk, Ph.D.
Stephanie Petersen Leachman, Ph.D.
Dorothy Pettigrew, Psy.D.
Angela Pfeiffer, Ph.D.
JoAnn Radeke, Ph.D.
Michael J. Ratheal, Ed.D.
Elizabeth Richeson, Ph.D., M.S. PsyPharm
Diane Roche, Ph.D.
Jennifer Rockett, Ph.D.
Gordon Sauer, Ph.D.
Selia Servin-Eischen, Psy.D.
Edward Silverman, Ph.D.
Gregory Simonsen, Ph.D.
Brian Stagner, Ph.D.
Pete Stavinoha, Ph.D., ABPP
Alan Stephenson, Ph.D.
Glenn Sternes, Ph.D.
Larry Thomas, Ph.D.
Thomas Van Hoose, Ph.D.
Melba Vasquez, Ph.D.
David Wachtel, Ph.D.
Charles Walker, Ph.D.
Lisa Weaver, Ph.D.
Patricia Weger, Ph.D.
Miguel Ybarra, Ph.D.
Texas Psychological Foundation
2014 Grants and Awards

2014 Poster Competition Winners

1st Place - Graduate

2nd Place - Graduate

3rd Place - Graduate

Outstanding Undergraduate Poster

Texas Psychological Foundation awarded one grant and two awards this past year. Congratulations to the winners, and thank you to all who have donated to TPF. Your contributions make these awards and grants possible - contributing to TPF is contributing to the future of psychology.

Graduate Proposal Award - $1,500
Designed to provide funding for a graduate student’s research proposal related to the broad area of psychotherapy.

Ashley Batastini, M.S.
Comparing Group Psychotherapy via Telepsychology and In-person Service Modalities for Inmates in Long-Term Segregation

Roy Scrivner Gay/Lesbian/Bisexual Research Award - $2,500
Provides an annual award for the best student paper on Gay, Lesbian and Bisexual research issues.

Alixandra Burks
Hate Crime Victimization and Sexual Minority Specific Stress among Sexual Minority Community Members

Jennifer Ann Crecente Memorial Grant - $2,500
In memory of the first homicide victim in Austin in 2006 - an 18 year-old young woman whose plan was to study psychology in Texas.

Kristin Wilborn, M.A.
The Effects of Mindfulness Based Stress Reduction on Survivors of Intimate Partner Violence: An Examination of the Role of Cortisol and Emotion Regulation
As a new member of the American Psychological Association Division 38 listerv, I’ve seen a number of recent posts regarding CPT billing codes and reimbursement/health care financing issues, so I wanted to provide information about some of what is happening at APA regarding our health care financing strategies and current activities at the national policy level. You may be aware that APA launched its new Center for Psychology and Health, under the direction of CEO Norman Anderson in January. One component of that Center is a new Office of Health Care Financing, which we are currently setting up and I will be directing.

First, some background—As Dr. Anderson has indicated in a number of venues, the purpose of the new APA Center for Psychology and Health is to vigorously pursue Goal #2 of APA’s Strategic Plan: Expand psychology’s role in advancing health. The Center pulls together top leadership, staff, and major initiatives across all of APA to focus the association’s efforts on four inter-related challenges outlined by Dr. Anderson toward achieving this goal. They are: 1.) workforce, education and training challenges, 2.) influencing how we are viewed by policymakers, the scientific community, other disciplines and the public, 3.) addressing how we view and define ourselves, and 4.) the “getting included-getting paid” challenge. There is, and has been, a tremendous amount of work by APA on each of these challenges, and you will hear more about those efforts as information flows from the Center to the field.

Specifically regarding the “getting included-getting paid” challenge, hopefully you’re aware of the ongoing advocacy by the APA Practice Organization to legislatively define psychologists as physicians in Medicare, gain inclusion of psychologists in every state’s Medicaid system, and legally challenge inappropriate insurance practices and parity violations. The new Office for Health Care Financing (OHCF) was created to augment those efforts and will work in close partnership with Dr. Katherine Nordal and APAPO, although it will be housed in APA’s Executive Office. Getting included as providers in all primary care and integrated care settings, playing a key role in inter-professional treatment teams, participating in ACOs, etc., are all necessary, but not sufficient, steps to insuring our future. For example, if you (or your institution) are not being reimbursed for your services in the existing fee-for-service system or in the newer care delivery models, you are at risk of being replaced by those who are reimbursable or by lower cost providers.

Our AMA Strategy
Our strategy is to directly target this issue in the most critical national venues where financing policies and mechanisms are translated into actual reimbursement realities. The American Medical Association is one of those venues, so a primary activity of the new OHCF for the immediate future is to coordinate and expand APAs involvement with the American Medical Association. AMA processes play a very direct and powerful role in shaping this country’s health care financing policies and provider reimbursement levels – in both the public sector and the private health care market. The Center for Medicare and Medicaid Services (CMS) uses the AMA’s recommendations to set the fees paid in Medicare. Furthermore, these Medicare fees become the benchmark for reimbursements in other federal programs such as Tricare (DoD), and Medicaid and, very importantly, the commercial insurance market.

So how does the AMA influence the public and private reimbursement system throughout the country? The AMA owns and runs the confidential and proprietary process through which all health care procedures in the U.S. are described and then assigned a billing code (which is then used for reimbursement in virtually all payment systems), known as the Current Procedural Terminology (CPT) system. APA is a player at the AMA CPT Committee and was represented there by Dr. Antonio Puente from 1994-2008. In 2009, Dr. Puente became the first psychologist elected as a voting member of its governing body, the AMA CPT Editorial Panel. Since then, Dr. Neil Pliskin has represented APA at CPT. The AMA also owns and controls the highly confidential process
by which “work values” are determined for all CPT codes, i.e., for all health care procedures from surgery to psychotherapy and beyond. That committee is known as the Resource-Based Relative Value Update Committee or “RUC”. Dr. Jim Georgoulakis is the APA representative to the AMA RUC and has held that seat for a decade and a half. So the AMA defines the procedure codes used by all health care providers, including psychologists, and also assigns a valuation (“RVU”) to each procedure. CMS bases its fees on the RVU recommendations of the AMA, so this is where “value” translates to reimbursement dollars. Commercial carriers and other federal programs then use the CMS fee schedule as a benchmark in setting their rates.

APA’s Game Plan
As I noted, APA has been a player for many years at the AMA CPT and RUC through our volunteer representatives. But with pressures to transform the health care system accelerated by the Affordable Care Act, it is critical for APA to kick its CPT and RUC involvement up a notch to be at the table even more actively. And while these processes are central to maintaining the existing fee for service (FFS) system in health care, the move to newer financing models such as bundling and global payments will still rely on current fees as the building blocks to value the contribution of individual team members. So psychology cannot afford to neglect this arena for both the present and the future. To that end, we are working very intensively at the CPT and RUC with Drs. Puente, Georgoulakis and Pliskin on issues that affect both 1.) mental health services by psychologists and 2.) the delivery of psychological services in physical health and integrated care settings. The immediate priorities of the OHCF in each of those two domains are:

Mental Health Codes
- Complete the AMA RUC survey process for the three remaining CPT codes in the new mental health CPT code set that went into effect January 1, 2015 for the entire public and private mental health system. CMS is using an interim fee schedule and will not release its final fees for all mental health codes until that survey work is completed.
- Work with the AMA and the other mental health societies to develop an “extended service” psychotherapy code for trauma, PTSD and other treatments that extend beyond 60 minute sessions, because there is no code available in the new mental health code set.

Codes for Integrated Care
- Lobby CMS for permission to re-survey (through the RUC system) the existing Health and Behavior CPT codes used for psychological treatments associated with physical disorders. Those codes are currently valued at 30-40% below the comparable mental health codes.
- Participate in the AMAs ongoing development of reimbursement codes for care coordination, transitional care, team conferences, etc. Psychologists are currently not reimbursable for these activities and are not yet at the AMA table where they are being developed.

I hope this gives TPA members a sense of some of what APA is doing regarding health care financing issues as part of the new Center for Psychology and Health. I should also note that we’re already working with many Division 38 members and leaders and plan to formalize even more joint activity in the near future.
Step 1 – Contact Information (Required)

First Name: __________________________ Last Name: __________________________ Degree: __________________________

Preferred Mailing Address: [ ] Business [ ] Home

Home Address: __________________________

Business Address: __________________________

Work Phone: __________________________ E-mail __________________________ Year Highest Degree Earned __________________________ TSBEP license number __________________________

Step 2 – Select your membership category (Required)

☐ $50.00 /mo Platinum Advocate: Must be eligible to qualify as doctoral member per requirements listed below. Platinum membership affords added benefits and resources including: Discounted (50%) convention registration fee, free 3 hours of online CE program, free doctor finder subscription, free CE at TPA Family Get-A-Way, special badging at convention, reserved seating and special recognition at convention awards luncheon, recognition in TPA publication and website, and free, unlimited phone consultation with TPA staff attorney.

☐ $600.00 /yr

☐ $27.50 /mo Member: Requires a doctoral degree in psychology earned more than 7 years ago which was conferred by an accredited graduate school, or doctoral level licensure by Texas State Board of Examiners of Psychologists (TSBEP) *If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.

☐ $330.00 /yr Recent Graduate Member: Requires a doctoral degree in psychology earned within past 7 years which was conferred by an accredited graduate school, or doctoral level licensure by (TSBEP) *If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.

☐ $13.75 /mo Semi-Retired or Disabled Member: Requires member to be at least 66 years old and/or disabled, working fewer than 20 hours per week.

☐ $13.75 /mo Non-resident member: Requires residency outside Texas and a doctoral degree in psychology which was conferred by an accredited graduate school, or doctoral level licensure by (TSBEP)

☐ $25.00 /yr Life: Requires member to be 65 years or older and fully retired and have been a member of TPA for 10 or more continuous years.

☐ $11.70 /mo Associate: Requires a master's degree in psychology earned more than 2 years ago which was conferred by an accredited graduate school, or master's level licensure by (TSBEP) *If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.

☐ $140.00 /yr Recent Graduate Associate: Requires master's degree in psychology earned within the past 2 years which was conferred by an accredited graduate school, or master's level licensure by (TSBEP) *If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.

☐ $5.85 /mo

☐ $70.00 /yr Student: Requires current enrollment in a graduate or undergraduate program, in an accredited college or university, leading to a degree in psychology. (30.00). Proof of current enrollment required (letter from faculty advisor or copy of current semester paid tuition receipt). Renewal/application is not complete without proof of current enrollment.

☐ Complimentary Pre-Doctoral Intern: Requires written proof from supervisor/employer before membership will be activated. A brief letter/note your supervisor/employer indicating your status is required to be eligible for this category. This membership category is complimentary while you are considered a Pre-Doctoral Intern or employed as a Post-doctoral Fellow and prior to licensure as a psychologist. Upon licensure, regular member rates will apply.

☐ Complimentary Post-Doctoral Fellow: Requires written proof from supervisor/employer before membership will be activated.

*If you are renewing and experiencing extreme financial and/or medical difficulties and would like to apply for Special Consideration Dues status, please attach a detailed letter and $25.00 payment to this form. This status is not available to members who are applying rather than joining.

Step 3 – Select optional contributions

TPA PAC (Political Action Committee) (All who contribute >=100 are eligible to vote in PAC elections)

☐ $1,000 Platinum Member ☐ $500 Gold Member ☐ $250 Silver Member ☐ $100 Voting Member ☐ $___________Other

Texas Psychological Foundation All contributions are tax deductible

☐ $1,000 Centennial Member ☐ $500 Member ☐ $250 Donor ☐ $100 Friend ☐ $___________Other

Legislative Champion These funds are earmarked solely for advocating the doctoral degree as the entry level into the profession of psychology and to prepare for our next sunset legislation. ☐ $100 Legislative Champion

Doctoral Defense Fund These funds are earmarked solely for defending the doctoral degree as the entry level into the profession of psychology from current and future litigation ☐ $___________ at your discretion

Step 4 – Select optional Division and Special Interest Group memberships

Divisions
☐ Aging ☐ Social Justice Issues ☐ Military
☐ Neuropsychology ☐ Forensic Practice ($10 dues required)
☐ Psychologists in Schools ($10 dues required) ☐ Psychology of Women ($10 dues required)
☐ Psychopharmacology ($10 dues required) ☐ Psychology of Diversity ($10 dues required)

Special Interest Groups
☐ Bi-national Issues (US/Mexico) ☐ Child/Adolescent Issues
☐ Disaster Response Network ☐ Gay-Lesbian-Bisexual- Transgender Issues
☐ Intellectual and Developmental Disabilities ☐

Disaster Response (check all that apply)
☐ Mental health volunteer with Red Cross ☐ You may contact me to provide mental health services following a disaster
☐ I am trained by Red Cross ☐ I am trained by Armed Forces
☐ I am trained by CISM ☐ I am trained by NOVA
Step 5 - Texas Psychological Association Doctor Locator Service

This section is to be completed only by TSBEP Licensed Psychologists who wish to participate in TPA’s Doctor Locator Service.

Fee: $25–Choose your TOP SIX Specialties general areas to best reflect your professional services (if more than six are chosen, only the first six will be listed in your profile)

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<tr>
<th>Specialty Area</th>
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<tr>
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<td>0 Deaf/Hearing Impaired</td>
<td>0 Medical/Health Psychology</td>
<td>0 Schizophrenia</td>
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<tr>
<td>0 ADD/ADHD</td>
<td>0 Dementia/Memory</td>
<td>0 Men’s Issues</td>
<td>0 Serious Mental Illness</td>
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<tr>
<td>0 Aging/Gerontology</td>
<td>0 Depression/Mood</td>
<td>0 Mid-Life Transitions</td>
<td>0 Sexual Problems</td>
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<td>0 AIDS</td>
<td>0 Developmental/MD</td>
<td>0 Multicultural Issues</td>
<td>0 Sleep Disorders</td>
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<td>0 Addictions/Substance Abuse</td>
<td>0 Disability Determination</td>
<td>0 Neuropsychology</td>
<td>0 Smoking Cessation</td>
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<td>0 Anxiety/Panic/Phobia</td>
<td>0 Dissociative Identity Disorder</td>
<td>0 Obsessive-Compulsive Dis.</td>
<td>0 Spiritual Issues</td>
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<td>0 Anger Man./Impulse Control</td>
<td>0 Divorce/Relationships</td>
<td>0 Organizational Development</td>
<td>0 Sports Psychology</td>
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<td>0 Assault/Rape</td>
<td>0 Domestic Violence</td>
<td>0 Pain Management</td>
<td>0 Stress Management</td>
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<td>0 Elder Care</td>
<td>0 Parenting/Family</td>
<td>0 Teaching</td>
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<td>0 Personality Disorder/Borderline</td>
<td>0 Trichotillomania</td>
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<td>0 Gambling</td>
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<td>0 Weight Control</td>
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<td>0 Phobias</td>
<td>0 Women’s Issues</td>
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<td>0 Grief and Loss</td>
<td>0 Postpartum Issues</td>
<td>Other</td>
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<td>0 Child Custody Evaluation</td>
<td>0 Hoarding</td>
<td>0 Psych Assessments</td>
<td>Other</td>
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<td>0 Chronic Illness</td>
<td>0 Learning Disabilities</td>
<td>0 Relationship</td>
<td>Other</td>
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<td>0 Consultation/Consultation</td>
<td>0 Life/Executive Coaching</td>
<td>0 School Problems</td>
<td>Other</td>
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Languages (Proficient in) (Choose all that apply):

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Insurance Accepted: (Choose all that apply):

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<td>0 One Health</td>
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<td>0 Humana</td>
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<td>0 Blue Cross Blue Shield</td>
<td>0 Interplan</td>
<td>0 Preferred Health Network</td>
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<td>0 CAPP</td>
<td>0 Magellan</td>
<td>0 Private Healthcare Systems</td>
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<td>0 Cigna</td>
<td>0 Managed Health Network</td>
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<td>0 Corp Health</td>
<td>0 Medicare - Adults</td>
<td>0 Texas True Choice</td>
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<td>0 Coventry</td>
<td>0 Medicare – Children</td>
<td>0 Tricare</td>
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Client Ages Served: (Choose all that apply)

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<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Senior Adult</th>
<th>Do you accept sliding scale?</th>
<th>Y</th>
<th>N</th>
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Evaluations Offered:

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<thead>
<tr>
<th>Specialty Area</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0 Educational/ADHD/Learning Disabilities</td>
<td>0 Forensic/Legal</td>
<td>0 Transplant/Gastric Bypass</td>
</tr>
<tr>
<td>0 Neuropsychological</td>
<td>0 Psychological</td>
<td>0 Immigration Issues</td>
</tr>
<tr>
<td>0 Custody</td>
<td>0 Worker’s Compensation</td>
<td>0 Medical Psychology</td>
</tr>
</tbody>
</table>

Step 6 – Calculate your dues and choose payment method (Required)

TPA Annual Dues (Required) _________

TPA PAC Contribution (Optional) _________

Texas Psychological Foundation Contribution (Optional) _________

Legislative Champion (Optional) _________

Doctoral Defense Fund (Optional) _________

Division Dues (Optional) _________

Doctor Locator ($25 - Optional) _________

TOTAL DUES _________

Mail to: Texas Psychological Association
1464 E. Whitestone Blvd, Ste. 401
Cedar Park, TX 78613

Fax to: (888) 511-1305

Credit Card #

Expires _________ CC Security Code _________

Credit Card Number

Bank Routing Number OR

Bank Account Number

PLEASE NOTE: Dues to TPA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues and sustaining membership contributions, however, are not deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying. The deductible portion is 74%.
Does she need more than just medicine?

When she needs support during her pregnancy, refer her to case management services, a Medicaid benefit for children birth through age 20 and high-risk pregnant women. Case Managers help patients navigate the health system by providing access to medical, dental, behavioral health, educational, and social services related to their health conditions.

Anyone can make a referral.
Call 1-877-THSTEPS or request a new Referral Pad by visiting https://secure.thstepsproducts.com.
Register online today at www.texaspsyc.org.

Texas Psychological Association

2015 Legislative Day and Mental Health Fair

Thursday, March 12

Bringing the voice of psychology and mental health to the Capitol.