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Advocacy and the Power of Leaning In

Spring has arrived in Texas! I’m enjoying the blooming trees and flowers, warmer temperatures, longer days, and increased buzz of life. We emerge from hibernation to putter in our yards, clear out the old, and prepare for the newness of another season. As much as we enjoy the positive aspects of spring, other forces also accompany spring in the Panhandle; high winds and dust storms that turn the sky brown and make it difficult to walk outside without getting sand in your teeth! As with most aspects of life, we can focus on the high winds and dust in the air and let it stop us from our goals for the day, or we can put our head down, walk faster and choose to carry on. Where will you put your focus? What positive difference can you make to reach your individual, professional and organizational goals?

Advocacy has always been a part of our privilege and duty as citizens of this state and country. Lately, activism has been growing as people realize they need to speak up and they can make a difference. As an organization, it is not constructive to put our heads (literally or figuratively!) in the sand and pretend everything is wonderful; we must deal directly with conflict and challenges as they come our way. TPA is the only organization with the mission to advocate for the psychology profession. So how is TPA doing? What are the current strengths and what are the challenges or areas for growth?

FINANCIAL SUCCESS

Our Executive Director, David White, and Chair of the Finance Committee, Dr. Robert McPherson, reported 2017 as the best financial year in the history of the association! We are in great need of that money and new members this year as we finance new Government Relations experts and pay for a lawsuit against TSBEP, along with our usual expenses. Kudos to our Finance Committee and ED for managing the money so well, and to our TPA staff, especially Sherry Reisman, for organizing a hugely successful convention in 2017! In addition, we are growing the Save the Profession and Political Action Committee funds. They will be crucial as we approach Sunset and deal with the lawsuit.

PAST PRESIDENTS GROUP

We have a newly formed group of Past Presidents that will be available for consultation, advice, and input based on past battles and lessons learned. Thank you to the Governance Committee under Dr. Michael Flynn’s leadership for this innovative idea, and thank you to all the past Presidents that are participating. The inaugural meeting had 16 in attendance! The Past Presidents have made substantial monthly pledges to our Save the Profession fund to help finance the lawsuit to defend the doctoral standard as the entry level for independent practice. Commitment through sacrifice and action; a tremendous model for us all!

LOCAL ASSOCIATIONS RETREAT

In January the presidents of each LAS were invited to participate in a retreat with TPAs Executive Director and the Executive Committee to discuss legislative advocacy and strengthen the relationship between LASes and TPA. This was a creative and energetic brainstorming opportunity where LASes could learn from each other, give each other support and work on how to empower their members to be more active in TPA. We had a great group of LAS presidents that were able to attend and hopefully we will have 100% attendance next year. TPA invests in this retreat every year to improve advocacy across the state and facilitate a pipeline of leaders from the local level to TPA.

PRACTICE LEADERSHIP CONFERENCE

A delegation of seven leaders from TPA helped with federal advocacy by attending the APA leadership conference, which included lobbying on Capitol Hill to advocate for including psychologists in the Medicare definition of physician. We urged co-sponsorship of the Medicare Mental Health Access Act introduced by Reps. Kristi Noem (R-SD) and Jan Schakowsky (D-IL) and Senators Sherrod Brown (D-OH) and Susan Collins (R-ME). We also talked with Texas legislators about protecting Medicaid; many constituents’ access to mental health care would be jeopardized by proposals to cut or reform Medicaid with policies that limit coverage. There are 11 million Americans who have behavioral health coverage who did not have it before. We were asked about the opioid crisis and how psychologists could help. We had the opportunity to discuss the unique expertise psychologists have to help patients with pain management and with addictive disorders.

We learned about changes in APA: there will no longer be an APAPO, but APA will create a more general advocacy fund to support efforts in all areas of psychology, not only practice. APA will also start work on accrediting master’s level psychology programs in a long overdue move. However, APA leaders were clear that the
We fully expect that Sunset Staff will make recommendations to the Commission for consolidation and we plan to lobby heavily against that notion.

On April 25, psychologists will testify at the Sunset hearing about TSBEP’s future. This will be our opportunity to talk directly to the Sunset Advisory Commission about what we want and why it is best for our profession and for protection of the public. On behalf of all psychologists we will advocate that we need to maintain an independent board and independent agency. Since 1969, TSBEP has ensured protection of the public by regulating qualified and competent practitioners who adhere to established professional standards. We have a complex field with unique ethics. Over 30 years the data has invalidated the claim that the small size of the agency makes it vulnerable. It was evaluated in 2016 as a “well-run agency” that operates within budget and has shorter times for resolution of complaints than other mental health boards. Sunset staff attempted to consolidate TSBEP in 1980, 1992, 2004 and 2016. Other mental health boards are unhappy at HHSC and would like to be part of an efficient board as well. We understand the importance of this goal and hope to consult with them about how to accomplish it without TSBEP being a part of it. Just leave us out of it!

The other mountain to climb about consolidation, is to convince at least some members of TSBEP that they don’t need to be consolidated to be protected from an anti-trust lawsuit. This task may not be easy, but we are determined to try our best to prevail.

Thank you so much for being a member of TPA. We are the volunteer warriors and we could certainly use more members during this challenging time. During this year I would like to increase TPAs membership from a quarter of all licensed psychologists to a higher proportion! Encourage your colleagues to join and always remember that we have more impact as part of the collective voice that is the Texas Psychological Association! We can make a difference for our profession, for our patients and for the mental health of the public in Texas through research, education and advocacy! TPA may be in the middle of a proverbial dust storm this year, but the skies will clear and we will still be here; advocating for our profession and the public we serve with integrity and persistence.
The members of the Texas Psychological Foundation Board of Trustees have been brainstorming to expand and strengthen TPF’s role in stimulating interest in and knowledge of psychology in Texas. We aim to preserve the existing activities of TPF that have proven beneficial to its mission while also exploring options for expansion and innovation.

Because of our somewhat quieter profile, the average member of TPA may not be keenly aware of what we do. Perhaps one of our more visible activities is overseeing the poster session at the annual TPA convention. Our board members serve as judges utilizing a protocol to recognize and select noteworthy research activity by students from institutions all over Texas. Not only does the poster session recognize promising research, it also provides opportunity for interaction between any interested TPA member and the student investigators who will enter our field in the near future.

TPF bestows grants and awards in several areas to recognize excellence and ingenuity in research. This year we will offer awards in four categories that reflect the generous support of past donors. The award and grant recipients will be recognized at the TPA annual convention.

The Jennifer Ann Crecente Memorial Graduate Research Grant is named for a high school honor student with plans to study psychology who was killed by her ex-boyfriend in 2006. This grant provides support for a current graduate student whose research contributes to evaluating new and innovative approaches to the prevention of teen dating violence.

Honoring the legacy of a past TPA president, the Roy Scrivner Gay/Lesbian/Bisexual Research Award is a student merit research award given for the best paper on gay, lesbian and bisexual issues.

The Bo and Sally Family Psychology Research Award is given for outstanding research related to family psychology.

The Graduate Research Proposal Grant is designed to provide funding for a graduate student's research proposal related to the broad area of psychotherapy.

Certainly our support of research is an integral part of our mission. We are exploring potential new areas of activity within our purview to fulfill our purpose. For example, in response to a request, we are considering how we might recognize excellence among younger investigators in the behavioral sciences competing in the state science and engineering fair.

As we reflect on our past fundraising activities at TPA conventions, we recall raffles and silent auctions, as well as lively opportunities for leisure and socializing with a purpose, such as Painting with a Twist and Jeopardy. As we move toward this year's TPA convention, we are collaborating to find appealing ways to bring psychologists together for learning, mingling and enjoying while also providing tangible support to our cause.

We are grateful for your past, and hopefully ongoing, support of TPF. Donations can be made directly via the TPA website. There is an easy means for additional support. AmazonSmile is a website operated by Amazon with the same products, prices, and shopping features as Amazon.com. The difference is that when you shop on AmazonSmile, the AmazonSmile Foundation will donate 0.5% of the purchase price of eligible products to the charitable organization of your choice. TPF is one of those charitable organizations.

In addition to your financial support, please let us know if you have ideas to share or might be interested in more direct participation as a future member of the board or if you have talents and skills related to our activities and mission.

If you have questions or comments, please contact me at hgreen.psyd@gmail.com.
Spring has sprung, and the wildflowers are blooming. Take a moment and delight in their presence and the beauty and resiliency they represent. To me, each bluebonnet represents refreshment of life and the softness of spirit.

It is with this attitude I hope you read Dr. Hall’s summary. Let us hope spring brings renewed strength and persistence to our board of directors as they continue their hard work for our profession. This issue features a special section that will introduce you to three gentlemen (see below), who are helping in this regard. Take a moment to read Dr. Stagner’s Council of Representative’s Year in Report for a review of APA’s year and what to expect in the coming year. In keeping with the theme of fresh resiliency, Dr. Green outlines this year’s TPF award opportunities and reviews his vision on the roles TPF has in our organization.

This issue’s forensic column addresses the importance of using all available pieces of information, including videos and taped conversations when attempting to answer questions for the court. Finally, we offer two trainee-oriented articles: one focusing on the importance of creating professional development opportunities for students and the other discussing the postdoctoral experiences created by Baylor Scott & White.

As always, I hope you enjoy these offerings. I want to extend a warm thanks to all who have submitted articles for inclusion in the journal. I am most appreciative! Keep them coming! —Jennifer

Meet Our TPA’s Lobbyists

**KURT MEACHUM**

Before co-founding Philips & Meachum Public Affairs in 2009, Kurt Meachum spent the previous decade working at the highest levels of state government for some of the best and brightest elected officials in Texas. Meachum spent the 77th, 78th and 79th Legislative Sessions leading the office of State Representative Pete P. Gallego. Under the Chairmanship of the House Democratic Leader, Jim Dunnam, Meachum became the first Executive Director of the House Democratic Campaign Committee. In addition to consulting for the Texas Progress Council, Meachum has also advised the Mexican American Legislative Caucus.

**JERRY PHILIPS**

Before co-founding Philips & Meachum Public Affairs in 2009, Jerry Philips had worked each legislative session and campaign cycle since 1997, connecting the session’s legislative strategy with election year political strategy.

As Communications Director for Texas House Speaker Pete Laney’s Texas Partnership PAC during the 77th Legislature, Jerry worked with Members and staff across the state. In subsequent legislative sessions, Jerry served as Chief of Staff for Rep. John Mabry and then House Democratic Leader Jim Dunnam, and then played an integral part in developing legislative strategy and message for the House Democratic Caucus. In 2005, Jerry became Executive Director of the House Democratic Campaign Committee.

**KEVIN STEWART**

Kevin grew up in Austin and attended UT Austin for his undergraduate and law degrees. Before becoming a solo practitioner, he worked at a large lobby firm and then at a large trade association. He has written a book, the *Texas Legislative Law Handbook*, which is used around the Capitol and in law school and public policy classes.
The Council of Representatives of the American Psychological Association recently concluded what may be a watershed meeting in Washington. The two-day meeting of APA’s policy governance body was remarkable for the elevated tone and reciprocal respect that characterized the discussion of several potentially divisive issues. Previous meetings of Council have been fractious, with lots of hurt feelings, angry and accusatory comments from the floor, and a failure to proceed with much unity. Psychologists should be encouraged that the Council went beyond debate to take decisive action on several issues that will be pivotal for the future of the association, the profession, and the discipline. Some readers may find this article a bit dense and way too riddled with acronyms; they’ll be right, but I hope you read on. I’ve tried to stay out of the weeds but still capture several issues that will have significant impact for TPA members.

REORGANIZING THE ASSOCIATION AND STRENGTHENING THE ABILITY TO ADVOCATE FOR PSYCHOLOGY

In a move that will have substantial long-term consequences for those who advocate for psychology, Council voted to reorganize APA and APAPO (APA’s practice directorate) into a single entity. Here’s some context: APA is a non-profit organization and thus seriously limited by the IRS from doing much lobbying. APAPO was created in an effort to expand the lobbying efforts for the practice of psychology. It had a different tax status and it was thought that APAPO dues would fund more comprehensive lobbying on behalf of practitioners. This arrangement was a compromise that solved some internal problems at APA and kept things right with Uncle Sam.

APA was supposed to continue lobbying for social issues, research agendas, and training concerns from its non-profit position. This is possible because these lobbying efforts are judged to be “informative” insofar as they involve educating policymakers about important issues. By contrast, the APAPO has been advocating for psychologists to have a bigger presence in the marketplace.

The lobbying by APA has been limited. While APA has a budget of over $120 million, only about 9% comes from dues. (The remaining 89% comes from the operation of APA’s real estate holdings, from an investment portfolio, and from the proceeds of APA’s publishing operations—books, journals, and videos). Unfortunately, under IRS rules only $1 million could be used to support all the lobbying APA does for non-practitioner groups (e.g. Education, Science, and Public Interest directorates).

Meanwhile, APAPO was supposed to support itself and all its lobbying efforts solely from dues paid to APAPO. Practitioners paid these dues in addition to the dues that they already pay to APA. A few years ago, this yielded a budget of over $4 million, but membership in APAPO has been dropping and the decline accelerated after the settlement of the APAPO lawsuit and the release of the Independent Review (Hoffman Report). Unlike at the APA there are no other sources of revenue and APAPO was collapsing. This had downstream implications for all the state associations. Many smaller states receive some operational assistance from APA in order to remain viable. Larger states often received grants from APAPO for special projects. This would include the financial assistance that APAPO staff from APAPO have provided to our EC in our ongoing struggles to defend psychology in Texas.

The solution to APAPO’s problems will come through new interpretations of tax regulations that will allow the two groups to recombine. All members will be part of the APA. All operations expenses will be coming out of income streams (investments, real estate, and journal revenues). All lobbying activities will come from dues. There are three things for members to know immediately:

1. The APAPO dues will go away. Everybody pays the same dues and there will be no dues increase.
2. The total pot of money for advocacy will be significantly larger than the combined advocacy budget from the combined resources of APAPO and APA.
3. The four directorates (Education, Practice, Public Interest, and Science) will have incentive to come out of their silos and work together on advocacy where there are common interests.

How will all this work? Hmm, the proposal has much to admire, but the details are still a bit fuzzy. Overall APA/APAPO revenues will drop for a while. The projection is that recent membership increases will continue but they are going to a secure a fallback line of credit to cover unanticipated snags. They
hope not to tap that. There will also be a lot of wrangling for resources; the mechanisms for prioritizing outlays for advocacy are not yet all in place; and the fate of the grants from APAPO to state associations is not yet determined. The improved civility of Council discourse offers encouragement here, but it will be tested in the months to come as there will be many constituencies chasing finite resources. Hard decisions await.

**EMBRACING THE MASTER’S DEGREE IN PSYCHOLOGY**

This issue challenges psychological associations and regulatory boards in every jurisdiction as thousands of individuals with master’s degrees are scrambling for professional identity and marketplace participation. LPAs, LMFTs, LPCs, behavior analysts, master’s-level school psychologists, and other groups have pushed to expand their scope of practice definitions, blurring the lines between them and encroaching on the doctoral standard for the practice of psychology. Their numbers carry significant political weight. The need for the full spectrum of mental health services continues to outpace the growth of the workforce despite the steady growth of new graduates from both master’s and doctoral training programs. In August 2017 the Council requested a report analyzing the various problems and challenges APA faces.

The report details several principles that should guide the resolution of this issue:

1. The doctoral credential (Ph.D. or Psy.D.) is the definitive standard for psychologists.
2. Appropriate training in psychology at the master’s level should give meaningful preparation for sustainable vocational pathways after graduation.
3. People with this training should be designated with a title that differentiates them from (doctoral) psychologists.
4. The title and their training should also differentiate them from other master’s-level provider groups.

It is generally conceded that APA is now facing a problem that arises from its own 70 years of neglect of this issue. APA has been instrumental in developing an educational pipeline for teaching psychology K-12 (National Standards for High School Psychology Curricula, for example), and at the bachelor’s level (APA Guidelines for the Undergraduate Psychology Major). APA is closely involved in the accreditation of training in applied fields (clinical, school, counseling) at the doctoral level and has developed standards and procedures for accrediting internships and postdocs. There is a major gap in the middle of the pipeline. There are no minimum standards defining what qualifies as a master’s degree training program in psychology. Likewise, there are no educational standards that might inform disciplinary action by licensure boards.

Because there is no accreditation system it is difficult to discuss minimum competencies for operating at the master’s level, and thus it is premature to discuss the possible scope of practice for individuals operating at this level. In light of this, Council voted to initiate a process for accrediting master’s level programs in psychology. This project will take a couple of years at minimum. Many stakeholder groups will be involved (academics, regulators, practitioners, trainers, etc.) and they will need to develop a list of measurable curriculum goals and an approval process that meets the Council on Higher Education Accreditation requirements. There will be lots of debate on the details of these standards and many opportunities for public comment as the project unfolds. However, this is the first time that the association has taken the problem on in a meaningful way that has a goal of respecting the integrity, training, and professional identity of both master’s and doctoral level psychology graduates!

**CLINICAL PRACTICE GUIDELINES**

This could have been a very divisive topic. In August, 2017, Council voted to accept Clinical Practice Guidelines for the treatment of PTSD. There was controversy at the time, with many members objecting that, because the guidelines emphasized randomized clinical trials (RCTs) to the exclusion of other forms of evidence, the guidelines were unfairly biased in favor of CBT approaches to the exclusion of humanistic and psychodynamic therapies. At that time a compromise was reached: the PTSD guidelines were approved but Council directed that professional practice guidelines be developed. Misunderstandings threatened to unravel the compromise, but Council was spared a chaotic impasse.

To understand the debate that emerged it is important to understand the distinction between Clinical Practice Guidelines (CPGs) and Professional Practice Guidelines (PPGs). Briefly, the CPGs represent psychology’s claim to a seat at the table in the larger healthcare arena. If we are to make a claim that psychologists add value, we need to embrace the move to evidence-based practice. We can influence our destiny only if we can demonstrate that our practices meet the same standards of evidence as the guidelines promulgated by other groups (e.g., psychiatry, pharmacology, nursing) who participate with the Institute of Medicine (IOM is the group that establishes standards of care that are referenced by Medicare). Thus the CPGs are based on reviews of those articles that meet the very rigorous criteria of the IOM. In the case of the CPGs for PTSD, those articles were restricted to RCT studies. By contrast, the PPGs are intended to guide practitioners in delivering highly professional care. They address issues such as working with special populations (LGBT guidelines, multicultural guidelines, etc.), but not to recommend specific treatment modalities.

There was confusion and controversy on several levels. First, the debate is not about standards. There is a distinction between promulgating advice about our best ideas (CPG or PPG) and defining a standard of care. Some individuals note that insurance companies may not recognize this distinction, but APA’s legal team has been generally successful at blocking this misuse of guidelines.

Second, there is disagreement about the IOM requirements. The authors of the PTSD Clinical Practice Guidelines devalued studies that did not meet strict RCT standards. There is some disagreement as to whether the IOM is dogmatic about RCTs or whether the IOM might have accepted a broader sampling of the research literature. This debate is ongoing.

Third, there was a misunderstanding about the compromise reached in August. Those who were there believe that the intention was to generate a PPG for PTSD to provide...
some flexibility in the application of the CPG for PTSD. That is, some guidelines about how, with which patients in which settings one might step outside the narrow prescriptive treatments endorsed by the CPG. For example, when would exposure be contraindicated by patient characteristics or cultural factors about trauma?

However, the team that developed the guidelines understood the task differently. They were under the impression that they were charged to develop a general set of PPGs that might apply generally to all CPGs (not just the PTSD document). Happily, both parties to this misunderstanding were able to work this out with a minimum of rancor, and it is felt that the guidelines team will be responsive and present new proposals when the Council reconvenes in August.

Finally, there was a lot of debate about the proposed Clinical Practice Guidelines for working with overweight and obese children and adolescents. This issue is personal for many of us. Not only do our clients struggle with weight issues, but many of us have friends and family members who have lifelong challenges in this area—as do many psychologists. Thus there were many comments about the possible stigmatization of using terms like “obese” and “overweight” (to which the response was this is the language used by the CDC and we want these guidelines to be interoperable with other nomenclature).

There was also criticism about the failure of the guidelines to address:

1. The role of cultural factors that impinge on weight in different ethnic communities
2. The lack of discussion about the role of Big Sugar in the obesity epidemic
3. Strategies for prevention
4. The lack of strategies for treatment

These are all important issues, but the proposed CPG was tasked with identifying what the research literature could tell us definitively that might improve outcomes. The answer it that the literature has only one consistent message: treatment of obese and overweight children and adolescents requires treatment involving the family for a minimum of 26 sessions. That's all that is definitive in the literature. There is no discussion of what to do during those 26 sessions, or what works best with cultural groups with different culinary traditions/opportunities, or even how frequently to schedule the sessions. The literature is too sparse or too inconsistent; further speculation would be unfounded.

For more information on guidelines, see:
» www.apa.org/about/offices/directorates/guidelines/clinical-practice.aspx

TRANSPARENCY

A proposal was made to alter the recording of votes at APA. The underlying goal was to increase the accountability and transparency of decisions made on behalf of the membership. Specifically it was proposed that before each meeting of the Board of Directors, the Council, and all boards and committees of the association, all present would vote on whether individual votes would be tallied and posted on the web. It would require a supermajority to exclude the meeting from this requirement. There was some sentiment that this was overly broad:

» Many boards, committees, and task forces work to achieve consensus, rendering this perhaps redundant.
» Which votes would be reported? Do we need to record how Dr. X voted on a motion to withdraw an amendment or to postpone an agenda item until later in the afternoon? Many things are trivial housekeeping issues that can be decided by voice vote, without balloting individuals but this proposal would slow down that process.
» To do this for all boards, etc., would be expensive. Estimates were $180,000 to set this up and $40,000 per year thereafter. (Some dispute this, but to do this for all boards and get it right will take staff time.)
» Skepticism was expressed about the real-world impact: how many people will take the time to check on the vote taken by members of a second-tier committee?

The motion was amended to include only the votes taken by Council and by the Board.

FURTHER OBSERVATIONS ON COUNCIL AND APA IN GENERAL

Several jarring events have rattled APA over the past decade. First, the mishandling of the dues for APAPO and the resulting lawsuit dealt a blow to APAPO’s finances and to the members’ confidence in the association. The IR (Hoffman Report) further damaged the association’s reputation for integrity in the eyes of the membership and the public at large. Controversies over the place of social justice and diversity issues in the agenda of the association further compromised APA’s effectiveness. An aging membership, the reluctance of millennials to join big organizations generally, and the perception that ethnic minority psychologists do not have adequate representation in the association have all pinched membership numbers (but that is turning around in the last 12-18 months). Finally, APA’s governance is in a trial period following a major reorganization of the roles of the Council and the Board of Directors. This, too, has been controversial, with several on Council continuing to object to the delegation of authority and the confusion about role definitions that the reorganization entailed.

After this meeting I am more hopeful about APA’s future. TPA’s future is linked to APA’s viability by many ongoing collaborations. I am hopeful about the resolution of the APAPO crisis and I am hopeful about the belated progress in addressing the master’s issue. To be sure the details are the devil’s sandbox, but I am really hopeful that the various stakeholder groups come to the table resolved to work collaboratively to restore psychology’s big tent. There are a lot of stakeholder groups—more than 50 Divisions. APA won’t survive if all parties don’t have a voice at the table. That means that all parties will sometimes have to swallow hard to accept compromises and to support common needs and agendas.

Like many attendees, I’m excited about the comity displayed at this meeting in the face of several potentially schism-generating issues. At several points during the discussion we were reminded that the Council is not a representative democracy but rather a deliberative one. Although each member is sent by a constituent state association or APA division, Council
members do not represent their states in the way that members of Congress represent their districts. Rather, Council's first charge is the fiduciary responsibility to preserve the viability of the Association. After the past several years of turmoil I am hopeful that future debate will continue to be lively but productive and that we will continue to resist the factionalism that cripples public discourse these days. As in all things, I believe psychologists should be a model for problem solving.

I'm always surprised to learn that psychologists don't see the value of APA. If the events of this meeting seem a bit dry—well, most policy debates are either too dry or too hot and often seem distant from our daily lives. So, if you're not sure what guild organizations do for you, consider that APA advocates for the policies at CMS (Medicare) that establish procedure codes, reimbursement formulas, and access to care; APA provides numerous very detailed amicus briefs in court cases where psychological knowledge can be pivotal in reaching a disposition; and APA lobbies for treatment programs, public education, and research funding, all of which are essential for psychologists to do their jobs.

TPA has lately been preoccupied with protecting psychologists' scope of practice in our state. We have also fought arbitrary decisions by third-party payers, achieved reimbursement for interns through Medicaid, pushed for better awareness of the neuropsychology of concussion in high school athletes, and numerous other social goods too numerous to inventory.

Finally, in the interest of transparency, I want to note that I voted to support the reorganization and to support the development of accreditation standards for the master's degree in psychology, both of which carried by 90% of the vote. I voted to adopt the Clinical Practice Guidelines for Treatment of Obese and Overweight Children and Adolescents; these guidelines were approved by about 75% of Council voting in favor. That was the lowest margin of any substantive vote. I opposed the original transparency proposal but voted with the majority to accept the amended motion.

Psychology graduate students must actively pursue—and sometimes create—professional development opportunities in order to broaden their training and increase their competitiveness for future employment opportunities, as well as to advance the field of psychology through service and/or leadership. In this article, we present ideas for students seeking to enhance their professional development, as well as strategies for licensed psychologists to facilitate mutually beneficial professional development opportunities for students.

FOSTERING RELATIONSHIPS WITH FACULTY

Fostering relationships with psychologists is essential for professional development, and students may even consider seeking multiple professional mentors who can take on various roles. It is common for students to reach out to psychologists with career trajectories mirroring their own goals, whether in terms of clinical interests, research activities, and/or professional leadership and advocacy. However, students also should consider connecting with mentors who might expose them to areas of practice and professional activities outside their preexisting interests, which may broaden one's scope of experience and lead to unexpected opportunities.

From opportunities for observation to direct training, there are many benefits of professional mentorship for students. For example, the present first author desired more focused training in psychological assessment of pediatric psychiatric disorders. Through discussion of this goal with supervisors, a faculty member with expertise in this area was identified. Upon being approached, she was happy to accommodate the request and initiate an independent study through didactic-style training and opportunities for clinical observation.
Volunteer research assistantships with research-focused mentors can lead to advancements in students’ expertise in specific areas while enhancing research productivity. Psychologists who are involved in peer review of manuscripts submitted to research journals may be willing to include students in that process, which can enhance competency in research methodology and critical review. Faculty for undergraduate or graduate courses often appreciate having a teaching assistant, a position which—paid or unpaid—can lead to increased competency in a specific subject and relevant experience for those interested in teaching long-term.

The benefits of mentorship often go beyond professional guidance and training, as mentors may nominate deserving students for awards and include students in professional presentations (e.g., didactic lectures, conference workshops). Mentors can facilitate students’ development of professional networks that can open doors throughout one’s career. Students in programs with limited access to potential mentors are encouraged to reach out to faculty at other programs, as described below.

CREATING STUDENT ORGANIZATIONS

Joining local student organizations is an excellent way to facilitate professional development. Students should also think beyond existing organizations and consider creating new organizations when necessary. Four questions should be asked when considering the development of a new student (or student-faculty) organization:

1. What need would your organization meet? Successful student organizations fill an area within the graduate program that needs growth or improvement, whether that be a limitation in training opportunities or a missing platform to connect individuals with similar professional interests.

2. Is there sufficient interest within the program to ensure engagement? If not, the creation of a regional organization could be considered by reaching out to students in other programs, particularly within smaller programs. A virtual organization—such as an email listserv, website, and/or social media platform—also may be considered if students who are not in close proximity (e.g., online graduate programs) want to connect around common professional interests.

3. What goals does the organization plan to accomplish? At its inception, a student organization should identify a vision that will provide direction and concrete steps toward achieving those goals, such as regular meetings or a calendar of events. Organizational activities will vary widely depending on the nature and goals of the group, potentially including journal article readings/discussions, social events, community service projects, student presentations, and/or invited faculty lectures.

4. What logistical steps are required to form the organization? First, it must be decided if the organization will be a free-standing group created from scratch, an extension of an existing group, or a partnership with a regional or national organization. Students also should present their plan to their program’s leadership for approval.

As an example of the creation of a successful student organization, the two present student authors were involved in developing a local neuropsychology interest group within our graduate program. First, we identified a need for more opportunities for didactic training and professional development in neuropsychology. Upon confirming sufficient interest among our student body via email and meetings, we defined the organization’s goals: neuropsychology-focused students and faculty working together to disseminate knowledge through didactic lectures, form a community, and increase professional involvement. Our group’s beginnings were humble, with a handful of students inquiring about faculty members’ interest in sharing knowledge and offering mentorship. Ultimately, we partnered with the Association of Neuropsychology Students and Trainees (ANST) to form an official local chapter, as we shared their mission of providing information, support, and access to resources for neuropsychology trainees. As ANST is a parent organization already dedicated to supporting the formation of local neuropsychology interest groups, the partnership also gave us formal guidance and resources. Additionally, we felt that operating under a recognized name would allow for easier communication with faculty and other programs.

As our organization grew, we had to adapt to several obstacles. We started with limited activities, but the creation of a student leadership committee for the group significantly improved our programming and productivity, in addition to increasing publicity of organization-sponsored activities. For a time, guest lectures were limited to topics in adult neuropsychology, but expansion to pediatric neuropsychology topics has strengthened the group’s momentum. Finally, in order to increase faculty involvement, we worked with our program administration to make lectures eligible for Continuing Education credit. Today, our chapter hosts biweekly didactic lectures and practice for board certification, serves as a platform for connecting neuropsychology students and faculty, and offers opportunities for leadership and service.

We have seen firsthand that creating student groups can advance clinical, research, ethical, and cultural competencies. Additionally, the process of developing an organization often expands students’ professional networks, especially when collaborating with faculty members. These organizations also can contribute significantly to one’s graduate program and allow students to leave a legacy that improves the experiences of future students.

MAKING THE MOST OF PROFESSIONAL ORGANIZATION MEMBERSHIPS

TPA provides a comprehensive list of regional psychology organizations (www.texaspsycho.org/LocalAreasSocieties) where undergraduate and graduate students in Texas might find opportunities for involvement and leadership. For example, the Dallas Psychological Association (DPA) offers student positions on their Executive Council, getting students involved in didactic and event planning, financial/budgeting decisions, and membership recruitment/retention efforts. DPA also provides students with opportunities to
volunteer at events, network with local psychology professionals, and learn about professional practice issues at the regional level. Students should consider joining nearby professional organizations and should inquire about potential opportunities for direct involvement, even if such positions have not previously been established or formalized.

In addition to local professional organizations, students should consider engagement in national organizations. For example, the American Psychological Association of Graduate Students (APAGS) advocates for graduate student development and improvement in graduate training. National organizations for specialty practice areas (e.g., National Academy of Neuropsychology, Association for Behavioral and Cognitive Therapies, etc.) often have committees or special interest groups that encourage student involvement alongside member psychologists.

At the state level, student membership and involvement in TPA is particularly beneficial for those planning to establish a career in Texas. TPA is the only organization fighting legislative and regulatory battles to promote and protect the practice of psychology in Texas. Participation in the annual TPA Convention or Division listservs can provide important career experiences and expand professional networks to a statewide level. The TPA Convention provides accessible opportunities for students to present research or collaborate with psychologists to give workshops—in fact, this article is based on a workshop that we gave at the 2017 Convention. Students with interests that may not have enough support at a local level may find connections with psychologists through Convention programming, including Division meetings.

As noted above, opportunities for student involvement within professional organizations can be abundant, even if an official student role does not yet exist. For example, the present student authors approached the faculty author, who is a Co-Chair of the TPA Neuropsychology Division, and inquired about potential student involvement within the Division. Over time, we worked together to establish a student interest group (Student Interest Group of Neuropsychology, or SIGN) within the TPA Neuropsychology Division. SIGN provides a platform for connecting students interested in neuropsychology and leads various initiatives for enhancing the TPA Neuropsychology Division. This is just one example of how membership in professional organizations—combined with student initiative—can be a rewarding experience that increases student competency, expands professional networks, and offers opportunities to give back to the field.

**CONSIDERATIONS FOR FACULTY**

Graduate programs benefit from student involvement in organizations and other professional development activities, as this promotes the career development of their students, strengthens post-graduate outcomes, and helps to shape the future of the field. Thus, faculty mentors and program directors should work to encourage student participation in professional activities and create opportunities for student involvement and leadership. In rural areas, this may involve connecting with other programs to combine resources and share opportunities. It is essential for faculty to model involvement in professional organizations, publicize opportunities for students, and foster connections with student leaders and program administrators to stay abreast of student needs and interests. It also is important for faculty to remember what it was like to be a student—it can be intimidating for students to seek opportunities with esteemed faculty, so reaching out to students can help remove that barrier and lead to productive collaborations. Practical methods for doing this include the following:

If you are not affiliated with a graduate program, reach out to the faculty directors of a nearby program to pursue at least adjunct affiliation. Guest lecturing and meeting other student needs (e.g., supervision, mentorship), especially for programs that lack faculty with your particular area(s) of expertise, can lead to mutually beneficial collaborations with students.

Volunteer to lecture at student didactics and brown-bag seminars. This helps students get to know you just as much as it helps you get to know the students and their interests. Conversations sparked by such lectures can lead to larger projects and new collaborations.

Contact the leadership of existing student organizations in your graduate program (or a nearby program, even if you are not directly affiliated). Make sure they know your clinical and research interests, and invite them to share your contact information with students interested in opportunities for volunteer research and/or clinical positions. Offering professional mentorship alongside such positions can make collaborations more meaningful and rewarding on both sides.

Graduate program directors should routinely assess their professional development offerings for students. Questionnaires (e.g., SurveyMonkey) can be used to solicit feedback from students. If students are seeking opportunities that would require a fair amount of planning and coordination, program directors should consider engaging students as assistants in establishing such opportunities. The very process of working to establish student offerings and organizations can be professional development and leadership experience in itself for students.

**FINAL THOUGHTS**

With a little creativity and a lot of initiative, students can often find ways to create opportunities for professional development by fostering relationships with psychologists; developing student organizations to increase clinical, research, ethical, and cultural competencies; and pursuing leadership opportunities with local, state, and national organizations. Pursuing and creating professional development opportunities is not only important for career competencies but also for forming life-long relationships with colleagues and mentors, and optimally preparing students to excel as productive clinicians, researchers, supervisors, and leaders in our field.
Postdoctoral Fellowship Experience at Baylor Scott & White Health

David R. Blackburn, Ph.D.
Hilary L. Linderman, Psy.D.
Elias H. Barghash, Psy.D.
Louis A. Gamino, Ph.D.
Baylor Scott & White Health

Today, healthcare in the United States is in a constant state of change and the deliverance of behavioral healthcare is even more important than ever before as our population is getting older. In that regard, the training of psychologists to function in a variety of healthcare systems is vital not only for psychology as a profession, but for all of healthcare. Some postdoctoral training programs have already implemented the integration of psychologists into the primary care medical system. Within the past 5 years, the Baylor Scott & White Health's (BSWH) Postdoctoral Fellowship Program in Clinical Health Psychology has placed postdoctoral fellows in primary care clinics with the BSWH administration having a goal of placing one psychologist in every primary care clinic within the next several years. Interestingly, the Primary Care Task Force of the American Psychological Association (2011) recommended that “all psychology training programs to introduce trainees to the concepts, culture, patient characteristics, provider characteristics, and unique challenges of psychological service delivery in integrated care and to provide advanced educational experiences for those individuals who have an interest in integrated care” (pp. 8-9).

PROGRAM DESCRIPTION

Baylor Scott & White Health's (BSWH) Postdoctoral Fellowship Program in Clinical Health Psychology, with two tracks (End-of-Life Care, Grief & Bereavement and Health Psychology), is designed to provide a high-quality training experience for future psychologists interested in making a clinical and academic contribution to the field. The program embraces the practitioner-scholar model by valuing both clinical work and academic endeavors within its curriculum structure.

Postdoctoral Fellows in Clinical Health Psychology follow a carefully planned training curriculum combining 2 hours per week of individual supervision, 2 hours per week of formal seminars, 16-18 hours per week of clinical work in an outpatient mental health clinic, 8-10 hours per week in associated clinical settings, and 8 hours per week of research time.

In embracing the practitioner-scholar model, we require supervised clinical work, research investigation/collaboration, and activity as an educator. All three of these endeavors are deemed essential to incorporating the Theory-Research-Practice triad into career functioning as a health service psychologist (Parse, 1993). Hands-on clinical experience is complemented by study of relevant psychological science as modeled by senior level faculty via supervision/mentoring, enhanced by research and the opportunity to teach. The program’s emphasis is on ensuring Postdoctoral Fellows attain advanced competencies fundamental to health service psychology as well as advanced competency in domain specific skills pertinent to end of life care, grief and bereavement or health psychology. The goal is for each postdoctoral fellow to be poised for pursuing entry-level employment opportunities in their respective field of expertise (Bodin, et al., 2017).

LEVEL 1 COMPETENCIES

Our intent is to train Fellows to demonstrate an advanced competency level in Health Service Psychology (either End of Life Care, Grief, & Bereavement or Health Psychology). Accordingly, the goals of the program include foundational competencies of:

» integrating science with practice,
» respecting individual and cultural diversity, and
» demonstrating ethical and legal adherence to professional standards governing clinical service delivery.

LEVEL 2 COMPETENCIES

In addition, Fellows are expected to demonstrate profession-wide competencies in research/teaching, communication and interpersonal skills, assessment, intervention (individuals, couples/families, and groups), supervision, and consultation/interdisciplinary skills.
LEVEL 3 COMPETENCIES

Commensurate with the specialty tracks of our Postdoctoral Fellowship Program, fellows in the track emphasizing end of life care, grief, and bereavement are expected to develop death competence: specialized skill in tolerating and managing clients' problems related to dying, death, and bereavement (Gammio & Ritter, 2009). Fellows in the health track are expected to demonstrate advanced skills, such as evidenced based medical interventions, medical legal and ethical issues, and psychopharmacology, as a health service psychologist operating in a multispecialty medical system while working in collaboration with a variety of health care professionals (Larkin et al., 2016). These health care professionals include: Neurologists, cardiologists, oncologists, nephrologists, infectious disease, cardiothoracic surgeons, pulmonary specialists, occupational and physical therapists. Finally, we strongly emphasize each postdoctoral fellow take initiative in carving out their “career path” by providing them with growth opportunities throughout the healthcare system.

FACILITIES

Baylor Health Care System and Scott & White Healthcare merged in 2013 creating Baylor Scott & White Health (BSWH), the largest nonprofit healthcare system in Texas. Our singular vision is “creating healthier communities in the areas we serve.” Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary health care, education and research as a Christian ministry of healing. BSWH is affiliated with the Texas A&M University (TAMU) College of Medicine (COM). TAMU COM is committed to preparing a competent healthcare workforce that meets the healthcare needs of an increasingly diverse population of Texans, especially those living in rural areas.

Baylor Scott & White’s Postdoctoral Fellowship Program in Clinical Health Psychology is located within the Department of Psychiatry & Behavioral Science on BSWH’s main campus in Temple, Texas. Training activities take place in several venues in the greater Temple area but all locations fall under the umbrella of the BSWH organization and all training activities occur under the administrative aegis of the Department of Psychiatry and Behavioral Science.

Specific training facilities include the following venues:

» Scott and White Medical Center (a 600-bed tertiary-care medical-surgical hospital and Level One Trauma Center featuring several multi-disciplinary teams, e.g., Psychiatry Consultation/Liaison team, Palliative Care team, organ transplant teams)

» Baylor Scott & White Mental Health Clinic (an outpatient, ambulatory setting)

» Baylor Scott & White Health clinics (including various medical clinics associated with our multidisciplinary group practices, such as Neurology Clinic, Pain Center, Cancer Treatment Center, Surgery Center, Primary Care)

» Baylor Scott & White Health Long-Term Acute Care (LTAC) and Continuing Care Hospital (CCH)

» Baylor Scott and White Hospice

The Department of Psychiatry & Behavioral Sciences is a core department of the Texas A&M College of Medicine which also features an APA-accredited Psychology Internship Program. The Postdoctoral Fellowship Program began September 1, 2011. The Department of Psychiatry & Behavioral Science, under the direction of Dr. James Bourgeois, Chair, employs over 40 full-time clinicians including psychiatrists, physician assistants, nurse practitioners, psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, and licensed chemical dependency counselors. A collegial atmosphere prevails within this multi-disciplinary department in which each professional's training and expertise is respected and valued.

BSW Medical Center in Temple, Texas, offers two postdoctoral fellowships in Clinical Psychology. One track is focused on Adult Health Psychology, and one on Grief and Bereavement. This article is a brief description of our experiences as fellows in these programs for the 2017–2018 training year.

ADULT HEALTH PSYCHOLOGY

I was initially interested in the fellowship program at Baylor Scott and White Medical Center for the opportunity to work with patients with comorbid medical problems and mental health concerns. I work in the outpatient clinic two days per week. Referrals include bariatric surgical evaluations, spinal cord stimulator evaluations, adult ADHD evaluations, and evaluations for diagnostic clarification for individuals with major mood and thought disorders. I see individual therapy patients for management of chronic pain, adjustment disorders related to medical diagnoses, and other mental health concerns.

In this setting, I have been able to observe how symptoms of mental illness exacerbate presenting physical issues. Addressing underlying components improves overall functioning in terms of treatment adherence, and for the patient in their everyday life. I can see patients in the hospital who later follow-up with me on an outpatient basis. This has allowed me to observe biopsychosocial factors that contribute to long-term health outcomes, which has influenced the way that I conceptualize cases.

At the onset of the fellowship year, I wanted to develop my proficiency with medical and surgical teams in a hospital setting. I have had the chance to interact with numerous different provider groups. One day per week, I see sickle cell patients in the hospital. I attend heart transplant meetings, and I assess surgical candidates to determine preparedness for organ transplant and other major medical procedures. This opportunity has shown me the value of a multidisciplinary approach, as the collaboration ensures the delivery of optimal patient care. I enjoy the fast-pace of this work environment, and the opportunity to interact with a diverse patient population.

While my career interests are primarily clinical, I value the opportunity to work in settings that emphasize practitioner's continued growth and development.

In the past I have conducted studies with multidisciplinary teams. I had the opportunity to study the impact of advanced heart failure therapies on mood and frontal lobe functioning. During the fellowship year, I have been included in a research project on factors that impact kidney graft success.
rates in an adult population. I have also had the opportunity to deliver talks to providers from different disciplines on psychological factors relevant in a medical setting. I believe that psychoeducation on mood and behavior change can augment the comprehensive care provided by physicians, and subsequently improve long-term health outcomes.

**GRIEF AND BEREAVEMENT**

Emotional pain and vulnerability are what I strive to help people embrace and cope with as a psychotherapist. I view loss as a universal part of the human experience, and while I have most traditionally associated loss with the end of life, my training has invited me to more broadly understand loss from both a developmental and identity standpoint. When I learned of Baylor Scott and White’s grief and bereavement fellowship, I jumped at the opportunity to assist patients and their loved ones resolve existential and interpersonal conflicts in a variety of treatment settings. Loss—as well as the impending reality of loss—can be one of the scariest and most painful parts of life to navigate. My fellowship has encouraged me to lean into the pain with patients, embrace the scary parts, and strive toward a heightened sense of peace and resolution.

The “big three” settings in which I’ve had the privilege of working include: inpatient consultations on the palliative care team (one day per week), in which I help patients and loved ones cope with the reality of life-limiting illnesses; Baylor Scott and White’s hospice team (one day per week), in which I visit patients in their homes as they near the end of their lives; and three days out of the week, I invite patients into my office, offering a place where we can collaboratively work on goals upon which we mutually agree.

This variety of roles has allowed me to grow as a clinical psychologist through exposure to a wide array of mental health concerns—ranging from anxiety, depression, family & marital conflict, to PTSD and schizophrenia. Being part of interdisciplinary palliative and hospice teams has helped me to more holistically treat patients in a way that blends traditional healthcare paradigms with the sociocultural contexts in which I strive to help patients explore their identities, resolve conflict, and improve their psychological health. The patient-facing work I do is supplemented by a rich environment of training seminars, in which—alongside psychiatry residents—my co-fellow and I discuss topics not limited to couples’ therapy, psychopharmacology, health psychology, pain management, and the various ways in which we as providers encounter grief. This is further yet enhanced by regularly held supervision and case conferences, in which I discuss challenging cases with licensed professionals, all the while being encouraged to examine myself as I sit across from patients.

I was drawn to the fellowship at Baylor Scott and White through my personal and professional experiences with loss, as well as a desire to broaden my understanding of how loss varies across cultures and patient populations. As a clinical psychology professional who views the therapeutic relationship as the strongest mechanism of patient change, working in a healthcare setting has prompted me to expand my work beyond the sanctity of the “therapy room,” all in service of becoming a more adaptable psychologist. My work with patients nearing the end of their lives has enhanced the existential context with which I work with all other patients.

**REFERENCES**


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**Call for submissions**

The *Texas Psychologist* is seeking submissions for its upcoming issues. We are seeking content in the following areas: Independent Practice; Ethics; Multicultural Diversity; Forensic Issues; and Student and Early Career. Collaborations with students are encouraged. 1000-2000 word count; APA Style.

Send to drjenniferrockett@gmail.com by June 15 for the summer issue.
VIDEOTAPES

Guideline 9.02 of the Specialty Guidelines of Forensic Psychology (APA, 2013) recommends the use of multiple sources of information. Wiretaps and videotapes fall into this category and should be used in applying the principles of a forensic evaluation. Grisso (2013) accurately predicted that videotaping from the first encounter to the final statement would become more frequent by police departments. Two case examples using videotapes in Juvenile Waiver evaluations will be presented. Taped phone conversations and videotapes are highly useful in obtaining information requested by the courts.

TEXAS JUVENILE WAIVERS

This account applies solely to the State of Texas and does not incorporate proceedings carried out in other states. Rules governing juvenile judicial proceedings are found in Texas Family Code, Ch.54. Juvenile waivers, AKA, transfers or certifications, to an adult court are covered under Ch. 54.02 of the code. Essentially, this is a waiver of jurisdiction from juvenile court to adult court. In Texas, juveniles as young as 14 may be certified if the juvenile meets the alleged offense criteria as well as:

» 15 years of age or older at the time the child is alleged to have committed the offense, if the offense is a felony of the second or third degree or a state jail felony, and no adjudication hearing has been conducted concerning that offense.

Counties that do not have in house psychologists to conduct juvenile evaluations rely upon individuals experienced with the Juvenile Justice System to conduct them. Referrals may come from the Chief Juvenile Probation Officer, from the District Attorney’s Office and occasionally from the Juvenile Public Defender’s Office.

The purpose of a waiver hearing is not to decide upon the guilt or innocence of the juvenile, but rather to determine whether the juvenile would best remain in juvenile jurisdiction or be referred to an adult court. The three determining factors that rose in the due process era from Kent v. U.S. (1966) and In re Gault (1967) provide the major focus of a waiver evaluation: risk or dangerousness in the community, sophistication/maturity, and amenability to treatment and that juveniles shall be afforded due process as are afforded adults.

THE COURT ORDER

Ch. 54.02(d) is very precise about what the court will order “Prior to the hearing, the juvenile court shall order and obtain a complete diagnostic study, social evaluation, and full investigation of the child, his circumstances, and the circumstances of the alleged offense.” Often the language in Ch. 54.02(d) is neglected in favor of “a psychological evaluation of the juvenile.” In this instance, the psychologist needs to inquire from the referral source exactly what is being ordered, that is, what is the purpose of the evaluation. For example, such an open-ended statement may be misinterpreted as a “fitness to proceed evaluation”, among others. I have received court orders for juveniles without the specifying information.

In reading the order as described in Ch. 54.02(d), one can easily see that the evaluation is to be comprehensive addressing various components of the alleged crime along with the circumstances of the juvenile.

EVIDENCE

Before undertaking the task of meeting with and evaluating the juvenile, the above referenced offices will provide extensive documentation detailing the alleged offender background, arrest, the juvenile’s Miranda rights and their waiver if applicable. Often the written documentation is extensive consisting of 200-plus pages of police reports, magistrate’s reading of the juvenile’s rights, plus the youth’s background, family structure and any statements the juvenile may have made about the alleged event or events. The juvenile regarding his right not to incriminate himself may choose not to make any statements. If so, the task of doing service to the court becomes riddled with difficulty.

The Texas Rules of Evidence are applicable to juvenile waivers, but the courts may consider admissible evidence that in other courts is found inadmissible. Hearsay evidence, for
example, is often considered admissible in juvenile waiver courts. In one instance, an anonymous caller informed me that the victim was executed because he was going to “out” the alleged perpetrator as gay.

**DIGITAL PHOTOS, VIDEOS, AND WIRETAPS**

Electronically developed forms of evidence come in three forms: digital photographs, videos and wiretaps. The latter are not court approved forms of surveillance but are taped phone conversations with the admonition that the person is being recorded. These electronic records of evidence and date offer a wide spectrum of information regarding various aspects of the crime and can convey to the psychologist the circumstances of the alleged offense. They provide other perspective from a variety of investigators.

**JUVENILE WAIVER EVALUATIONS**

According to Grisso (2013), the field of juvenile justice psychology “has not developed a significant body of research or discussions on waiver evaluations themselves” (230). Salekin (2015) has offered a synthesis of relevant research and an innovative approach to the evaluation and treatment of juveniles. His Risk-Sophistication-Treatment Inventory (RSTI) (2004) is a widely employed instrument in juvenile waiver evaluations. It is beyond the scope of this article to provide even an overview of approaching and conducting a waiver evaluation.

**JUVENILE A**

A is a sixteen-year-old male charged with a felony murder. Records indicated he is in the 11th grade but upon interview stated that he dropped out of high school. His goal is to become a welder. His family of origin is intact. Both parents work. He has siblings.

Documentation indicated that when charged, he gave no statement and did not waive his rights. He said nothing to incriminate himself. He has an attorney provided to him by the public defender’s office.

The referral came from the chief probation officer of the county in which A resides. Documentation and a court order were provided. The District Attorney’s Office provided seven flash drives of relevant information including the reading of A’s rights by a magistrate and interrogations by the sheriff’s department and a Texas Ranger.

In this instance, I read and reviewed the written documentation, evaluated the juvenile, and then viewed the prerecorded videotapes, before writing the report.

A portrayed himself in interview as a loner who liked history and playing video games. Initially, he stated that he was nervous when being with someone he did not know, but did not display the accompanying affect. He responded to the RSTI openly except in matters that touched upon “breaking the law.” For example, there are two scenarios in the RSTI requiring responses to questions “what would you do.” A said he did not know and could not be persuaded otherwise.

As videotapes provide a more complex portrait. He is observed being very calm in the presence of his investigators, he does not flinch in his refusal to provide a statement, and his countenance exhibits that of a much older individual. There are lengthy tapes of A sitting alone in the interrogation room including a videotaped visit by his parents. These videos provided valuable information for inclusion into his evaluation report.

As refusal to provide a statement captures him exercising his constitutional right not to incriminate himself. This should not be viewed as a lack of cooperation such as seen in clinical settings. While the Family Code requires a complete diagnostic study, the juvenile’s refusal to fully participate does not equate with an incomplete study. In R.E.M. v. State (1975), the appellate court held that whatever the study reported, despite the juvenile’s lack of participation, it was adequate.

**JUVENILE B**

B is also a sixteen-year-old male charged with first degree murder. He waived his rights and fully participated in the interrogation providing a statement of what occurred the night of the murder.

What is unique about B’s case is the stark contrast between his written statement and his videotaped presentation. Relying solely on the written documents would have resulted in different evaluation. In B’s case, a taped phone conversation between the police department and an uncle shed additional light on the circumstances of the murder.

Details of his statement are left out in written documents provided by the Juvenile Probation Department. He clearly expresses remorse and regret over the death of his friend in the videotaped sessions with some magistrate and police. His responses on the RSTI were able to provide a context with the videotapes of his statements and the way they were made. The tripartite Kent criteria were much more easily addressed with the use of the videotapes and the phone conversation.

**CONCLUSIONS**

The juvenile court is not required to enter mandatory juvenile waiver evaluations into the court record but rather they must be taken into consideration. If a transfer order is written, the evaluation will be sent to the adult court and reviewed by the prosecuting attorney. A word of caution: some of the photographs and videotapes contain images that are disturbing. District Attorney’s Offices tend to provide all videotaped and photographed evidence, including crime scene photographs and autopsies. Videotapes and wiretaps become an extension of multiple sources of information in conducting juvenile transfer evaluations. They provide a much-needed context to the content of the evaluation to include “his circumstances, and the circumstances of the alleged offense” (Ch. 54.02(d)).

**REFERENCES**


In re Gault: Supreme Court decision: May 15, 1967.


R.E.M v. State, 541 S.W. 2d 841.


Texas Family Code: Chapter 54.
Their need for care doesn’t stop when they leave your office.

Case managers help patients navigate the health system by coordinating access to care related to their health conditions.

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