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Dear Colleagues,

Summer is upon us, and I know most of you are enjoying yourselves, despite the heat! TPA has had an incredible year thus far as we head into the second half. We accomplished good things during this legislative session. Most importantly, we were able to maintain a good working relationship with many legislators, and we were able to connect with several others who helped get some things accomplished.

The Governor signed two key pieces of legislation from our agenda: privacy protection and guardianship. Volunteers working hard for prescription privileges in Texas also made some gains, and they will be working diligently with TPA staff to obtain funding through APA to support their efforts. We will keep you posted on all these activities. We celebrate these wins as we focus on our values as an organization that supports psychologists and upholds the doctoral standard (despite insults to the protected title of psychologist).

Finally, we met great opposition as we served the other arm of our TPA mission statement and steadfastly supported and advocated for human welfare. Sadly, LGBQTIA individuals have lost so much because of the barbaric and inhumane actions of the Texas Legislature. Psychologists must support each other as we support our clients in navigating this terrible landscape.

I want to thank everyone who has given their time and effort to TPA as a volunteer. We are a volunteer organization; without you, our progress would halt, and our ability to advocate for psychologists and our most vulnerable clients would suffer. I encourage anyone wanting to become more active in our organization to reach out to me, other Board Members, or Committee Volunteers; we all want to speak with you about your interest!
The Texas Psychological Foundation (TPF) is a 501(c)3 charitable arm of TPA that directly gives monetary awards to students for their research and posters based upon the appropriate submission criteria. It was created by TPA for charitable, educational and scientific purposes. A donation of any size is tax deductible.

TPF is honored to have contributed to the continued support of our current doctoral students and their research. I respectfully request that you join me in supporting the Foundation. I would like to personally thank Mrs. Mary Beth Kiser, TPA Executive Director, Ms. Robin Morris, and Mr. Vinnie Casanova for their support and guidance with their participation in the TPF Board meetings this year.

I look forward to seeing all of you at the two-day Houston Convention this year - November 3rd and 4th, 2023. I thoroughly enjoy spending time with current and new colleagues, as well as interacting with the students who attend. Nothing replaces catching up with and making new friends at the Convention.

TPF looks forward to seeing multiple award submissions for this year. The awards for which students can submit are as follows:

- Bo and Sally Family Psychology Research Award will provide an award for research projects related to family psychology for research addressing potential causes and/or prevention of violence against women.

- Roy Scrivner Gay, Lesbian, and Bisexual Issues Award for the best completed research projects (not proposals) related to Gay, Lesbian, and Bisexual research issues.

- Leo Alexander Psychobiology/Psychophysiology Award for research related to psychobiology, psychophysiology, and related areas.

- Manuel Ramirez III Dissertation Award for Ethnic Minority Research done by an ethnic minority graduate student having completed their dissertation in psychology.

- Rose Costello Education Fund for furthering education in psychology.
• Student Research Awards are open to full-time Texas undergraduate and graduate psychology students who are conducting current research in the field of psychology.
  ○ The Undergraduate Proposal Award is designed to provide funding for an undergraduate’s research proposal related to the broad area of Community/Public Service.
  ○ The Graduate Proposal Award is designed to provide funding for a graduate student’s research proposal related to the broad area of psychotherapy. Please encourage any students that you know to submit for these awards in 2023.

The application for the available 2023 Awards and Grants can be found on the Foundation page of the TPA website (TPF Student Research Awards and Grant – Texas Psychological Association). There is also an award to honor the memory of Dr. Rick McGraw. We will continue to add Awards and Grants as they become established.

We look forward to working with Dr. Rockett and her Presidential Theme of “Meaningful Impact”. It is my hope that many of our 2023 research awards and poster submissions reflect her theme. Our current Board members are: Drs. Kelly Arnemann, Courtney Banks, Glenn Sternes, Amanda Venta, and Mr. Patrick Stanford-Galloway. We would also like to welcome two new TPF Board members: Dr. Chelsea Ratliff and Ms Leigh Ann Fierro. We thank them in joining TPF in order to broaden the student perspective of the Board. We are always seeking more Board members to join us, so please consider this opportunity to be a part of TPF.

The TPF Board has begun meeting on a quarterly basis and the time commitment is approximately ten hours per year. Thank you to our Heroes, Friends and Donors:

Please consider being a part of TPF’s legacy and its mission of supporting the future of Psychology. My wish for you all is that you enjoy your Summer with your loved ones!

CALL FOR SUBMISSIONS
The Texas Psychologist is seeking submissions for upcoming issues.
We are seeking content in the following areas: Independent Practice; Ethics; Multicultural Diversity; Forensic Issues; and Student and Early Career
You do not need to be a TPA Member to submit. Collaborations with students are encouraged. 1,000-2,000 word count, APA Style.

Email submissions to Nicole Dorsey, PhD ndorsey71@gmail.com
Amanda Ellis is a founding partner of Dalrymple, Shellhorse, Ellis & Diamond, LLP. Amanda practices in the areas of administrative and health law. She is Board Certified in Administrative Law. Amanda advises licensed providers on operational and regulatory matters related to their practices including licensing and health care privacy law compliance. She represents mental health professionals before the Texas State Board of Examiners of Psychologists, Texas Behavioral Health Executive Council, Texas State Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Licensed Professional Counselors, and the Texas State Board of Social Worker Examiners. Ms. Ellis also represents health care licensees subpoenaed in civil litigation proceedings and at the State Office of Administrative Hearings.

Ms. Ellis previously served as Assistant Attorney General in the Administrative Law Division of the Texas Attorney General’s Office. Ms. Ellis received a Bachelor of Arts in International Relations and Spanish from Austin College in 1991, her master’s in education from Texas Tech University in 2001 and her law degree from Texas Tech University School of Law in 2005.
Friday, November 3rd
Keynote Presentation:

*We’re All Wrong Sometimes: Strategies for Becoming Aware of and Reducing Cognitive Bias in Clinical Decision-Making*

Stephanie Nelson, PhD, ABPP-CN, ABPdN
Skylight Neuropsychology

Dr. Stephanie Nelson is a pediatric neuropsychologist who specializes in complex differential diagnosis. She is board certified in both clinical neuropsychology (ABPP-CN) and pediatric neuropsychology (ABPdN). Dr. Nelson earned her undergraduate degree at Williams College and her doctorate in clinical psychology at the University of Vermont. She completed her internship and postdoctoral fellowship in pediatric neuropsychology at the University of Minnesota Medical Center. Dr. Nelson has a private practice in Seattle, WA. She also has a consultation practice, The Peer Consult, through which she provides consultation to psychologists and neuropsychologists who specialize in pediatric assessment.

Saturday, November 4th
Keynote Presentation:

*Wise Effort: The Science and Practice of Putting your Energy where it Matters Most*

Diana Hill, PhD
Private Practice

Dr. Diana Hill is a clinical psychologist and expert in the intersection of brain, body, and behavior. She earned her Ph.D. in clinical psychology from the University of Colorado at Boulder, where she focused on Appetite-Focused Dialectical Behavior Therapy for Binge Eating with Purging. Prior to this, as a premedical student at the University of California at Santa Barbara (UCSB), she studied biopsychology and began practicing yoga and mindfulness to manage her struggles with anxiety and eating. Dr. Hill’s passion for her work led her to become Clinical Director of La Luna Center, where she designed the treatment program, built ACT groups, supervised doctoral students in ACT, and thrived in her work and personal life.

Motherhood shifted her perspective, and with her values at the forefront, Dr. Hill moved back to Santa Barbara to start a private therapy and consulting practice, raise her kids, and grow their homestead. In 2016, she co-founded the podcast Psychologists Off the Clock to stay connected to the most current psychology research. Through her practice, workshops, and podcast, Dr. Hill integrates everything she has learned to help others discover the power of ACT in building a rich and meaningful life.
Acts of mass violence seem to occur frequently in the United States, yet these tragedies occur rarely enough that researchers and clinicians are still learning about the psychology that underlies this type of violence. Over the last several years, research has shed light on some of the motives of individuals who plan or commit mass attacks, but the psychological etiology of these motives is less understood. The vast majority of individuals who have committed attacks of mass violence identify as men, and existing research identifies problems with dating as well as expectations of gender performance as common issues underlying threat-related behaviors (Farr, 2018; Follman et al., 2023; Geller et al., 2021; Peterson & Densley, 2021). Thus, underlying issues related to gender expectations as well as interpersonal skills of the men who plan or commit acts of mass violence begs the questions of if and how the relationship between a man and his maternal caregiver may impact the development of violent ideology. More specifically, after conducting a handful of psychological evaluations with youth who made threats of mass violence, I have noticed a recurring theme of maternal enmeshment and posit this type of maternal caregiver-son relationship could play a role in development of violent thoughts.

Existing research explains some of the motives common among individuals who commit acts of mass violence. Common motives for mass attacks include seeking revenge for a personal grievance (e.g., termination of a romantic relationship or employment), seeking justice for a larger cause (e.g., targeting a specific population due to extremist beliefs that population has in some way wronged the individual planning the attack and/or those with whom they identify), attempting to resolve an unbearable problem (e.g., continuous social rejection), attaining fame or notoriety, or fulfilling a desire to kill or to die (FBI, 2016; Vossekul et al., 2004). Although research identifies some common motives, motivations for mass violence still vary widely. For example, The Violence Project shows that psychosis motivates mass shootings more than anything else, yet still account for only 30% of mass shootings (Peterson & Densley, 2021). Some research goes further to identify some common problems and traits that accompany thoughts or plans for mass violence, such as perceived injustice(s), displays of bravado, acts of entitlement, symptoms of depression, poor anger management, or social problems with social isolation, bullying, and/or dating (Farr, 2018; FBI, 2016; Follman, 2022). However, research is less robust regarding the personal experiences and relationships that precede the development of the traits and motives commonly recognized among individuals who threaten or commit mass violence.

One trait that presents significantly more often than others is identifying as a man. According to The Violence Project, 97.9% of the 190 mass shootings between 1966-2020 in which 4 or more people were killed were committed by men (Peterson & Densley, 2021). Another database of the 146 perpetrators of mass shootings in which three or more people died between 1982-2023 similarly showed 97.3% identified as male, including one person who transitioned from female to male (Follman et al., 2023).
For reference, other commonalities were much less widely shared, such as having a history of violence (63%), trauma (42%), or mental health issues (68%) (Peterson & Densley, 2021). Simply identifying as a man does not result in violent thoughts or behavior, but identifying as a man consistently presents as a common denominator more than anything else. This suggests that a small subset of men feel so overwhelmed by a psychological conflict that they desire to murder multiple people.

Existing psychological research demonstrates a relationship between violence and “masculinity,” which research defines as not showing weakness or emotion, acting tough, asserting power or control, being aggressive, heteronormativity, and repudiating “femininity” (being emotional, nurturing, etc.) (Farr, 2018; Levant, 2022; Tokar, 2023; Krivoshchekov et al., 2023). People sometimes engage in violence when attempting to showcase these characteristics of toughness, power, and control. While such traits are associated with “masculinity,” many women also exhibit “masculine” traits like strength, authority, and independence while navigating their daily lives. Similarly, men often do not fit the mold of “masculinity,” as they also have traditionally “feminine” experiences, like feeling emotional, caring for loved ones, and completing household tasks. Thus, “masculinity” does not truly represent the multi-faceted traits of men. This explains why simply identifying as a man does not correlate with violence, but expressing high levels of “masculinity” does. Regardless of biological sex, humans have characteristics that span “masculine” and “feminine” gender roles, like holding positions of authority and showing compassion. Nonetheless, societal norms place gendered expectations on people from childhood based on the sex they are assigned at birth (e.g. “boys don’t cry!”), which then holds people to unrealistic expectations.

When men live in an environment that expects them to behave a certain way (e.g., not cry, not show emotions except anger, act tough, etc.) and they simultaneously experience a normal range of human emotions (a socially “feminine” quality), internal conflicts arise that require hiding the true self and attempting to portray oneself as more aligned with gendered expectations. Researchers describe this as gender role conflict, or the Gender Role Strain Paradigm (Levant, 2017). Essentially, a cognitive dissonance presents between what people who identify as male actually do (e.g., feel a range of emotions) and what they and others expect them to do (e.g., always act “tough”). Feeling unable to be wholly oneself for fear of a lack of social acceptance or, worse, explicit social rejection can foster depression; both social rejection and depression commonly plague those who threaten or commit mass shootings (Farr, 2018; Peterson & Densley, 2021). Moreover, facing ridicule for failing to meet gendered expectations can prompt hatred for others, desire for revenge, and engaging in behaviors aligned with gender expectations in an attempt to prove others wrong. A review of all school shootings in the United States between 1995 and 2015 showed how mass shootings are not just related to bullying but particularly correlated with emasculating bullying and often represent an exaggerated performance of “masculinity.” For example, a therapist of a youth who committed a school shooting revealed, “He began to think about taking a gun to school... if he did that then people would know that he was really tough and strong.” (Farr, 2018). Thus, identifying as a man does not necessarily lead to violence, but those who plan or commit acts of mass violence often seem to be trying to demonstrate characteristics
of mass shootings resulting in 0 deaths, about 15% were committed by individuals with a history of IPV whereas, of mass shootings resulting in 6+ deaths, 70% were committed by individuals with a history of IPV. As the number of victims of a mass shooting rose, so did the likelihood the perpetrator had a history of IPV (Gu, 2020). Thus, problems with romantic relationships presents as a recurring theme among individuals who commit mass violence.

One of the primary issues that seems to drive acts of mass violence among men appears to be difficulty relating to women in a healthy way, which may be impacted by a man’s relationship with a maternal caregiver. Although various types of maternal caregiver-son relationships or other events in a man’s life may stifle his ability to have healthy relationships with women, maternal enmeshment in particular seems to potentially breed the subset of men who threaten or engage in mass violence. Enmeshment refers to overly close relationships that breach emotional or physical boundaries and in which the participants lose a sense of individuality. For example, maternal enmeshment often includes a maternal caregiver who performs tasks for her child that they could do independently, excessively admires or praises her child, and depends on her child to fulfill her emotional needs for connection (Hann-Morrison, 2012). Research exemplifies that this type of unhealthy relationship between a maternal caregiver and son specifically can lead to fear of failure, need for external approval, enjoyment in basking in attention, an inflated self-image, and stunted social and emotional development.

In the same vein, individuals who threaten or commit acts of mass violence often have issues related to dating and/or sex. Many mass shootings have occurred following a break-up with a romantic partner or in relation to intimate partner violence (Farr, 2018; Gu, 2020; Geller et al., 2021). Men often emotionally struggle more than women after a break-up, as women express their grief to friends while men withhold their emotions. This can allow negative feelings, such as anger about the break-up and dissatisfaction with self for simply experiencing feelings they perceive as “weak” to slowly marinate (Farr, 2018). For example, another youth who committed a mass shooting expressed negative judgement toward himself for grieving a breakup and how that led to mass violence: “One second I was some kind of broken-hearted idiot, and the next second I had power over many things.” Before another school shooting, a youth described his difficulty working through his emotions after a break-up and his subsequent plan to commit a mass shooting: “I know it seems like I’m sweating it off, but I’m not... I set the date.” (Farr, 2018) In addition to break-ups, those who threaten or commit mass violence often have tumultuous romantic relationships. For example, an analysis of 749 mass shootings in which 4 or more people were shot between 2014-2019 showed 46% involved incidents of IPV or violence against women, 36% were committed by people with a known history of IPV or violence against women, and 60% of the mass shootings fell into one of these two categories. Statistically, the deadlier the shooting, the more likely the gunman had a history of IPV;
As the maternal caregiver and son function in reaction to one another, the son engages less with peers and often experiences social isolation, which tends to continue through adulthood. Maternal enmeshment also may create unrealistic expectations of relationships with females. When boys have enmeshed relationships with their maternal caregiver, they may expect a similarly high level of attention in other relationships with females. Some youth who have committed school shootings in the past have referenced receiving less female attention than they expected as a reason for their attacks (Farr, 2018). In addition, as the child identifies with their caregiver in an enmeshed relationship, the child also may attain some level of authority in the family dynamic and the caregiver may allow this as they interact with their child as more of an equal than a subordinate; researchers have termed this phenomena “spousification of the child” (Bradshaw, 1989, as cited by Hann-Morrison, 2012). This can lead to a lack of discipline for inappropriate behaviors, a sense of entitlement to behave as desired, and an expectation of wielding power in relationships. When a boy has an enmeshed relationship with a maternal caregiver, he experiences social isolation and learns to expect more attention from women than they may be able to give, to engage in inappropriate behaviors without concern for consequences, to harbor a sense of entitlement or inflated sense of importance, and/or exert authority or control in relationships. Each of these have been commonly identified among both boys who ave enmeshed maternal relationships as well as boys and men who plan or commit mass shootings (FBI, 2016; Geller et al., 2021; Gu, 2020; Hann-Morrison, 2012).

Maternal enmeshment can also contribute to gender role conflict. Boys with enmeshed maternal relationships often do not adequately develop a clear sense of identity, as their identity fuses with their maternal caregiver’s. Additionally, maternal caregivers who create enmeshed relationships with their sons tend to have high levels of emotional expression and unmet emotional needs, expecting their son to emotionally support them the way a spouse should (Hann-Morrison, 2020). Feeling enmeshed with his maternal caregiver, the son also likely experiences strong emotions but feels pressure to suppress his own emotions to support his maternal caregiver’s. This may exacerbate gender role conflict in both terms of feeling more emotion and expressing less emotion, as they may empathize with their maternal caregiver and vicariously feel her emotions yet also feel unable to express emotions either at home (due to suppression) or to peers (due to social isolation). Moreover, they may feel confused about the social norms of emotional expression in gender roles, making them more difficult to follow; in a close relationship with their maternal caregiver, they may feel emotional but simultaneously receive messages that, as a boy, they should be more emotionally stoic and tough or aggressive. Confusion coupled with emotional suppression could result in emotional outbursts when feelings become overwhelming, and expressing anger during outbursts may be more appealing than expressing any other emotion if attempting to conform to masculine gender norms to resolve gender role conflict. Furthermore, as the maternal relationship may become more about the child responding to the caregiver’s needs than the caregiver responding to the child’s needs, the caregiver may not show the
Research within the field of threat assessment has identified some ways to reduce mass shootings, and some additional strategies targeting the maternal caregiver-son relationship might assist with this effort. To reduce likelihood of mass violence, experts recommend early intervention, such as connecting individuals with services to address risk factors once a threat is made or warning behaviors appear. This promotes prevention of violence rather than responding to violence after a tragedy. Notably, punishment without intervention following a threat of mass violence tends to exacerbate risk (FBI, 2016). Interventions like psychotherapy can address mental health issues and can help resolve internal conflicts about gender expectations by breaking down the belief that one needs to assert traits or behaviors associated with masculinity and promoting the embrace of qualities that do not fit that mold. A greater cultural shift that steers away from gender stereotypes and encourages society to accept a variety of emotions and behaviors from all people without associating behavioral expectations with genitalia can also reduce the cognitive dissonance people experience about gender and behavior, thereby reducing violence. Some ways to do this include teaching children social and emotional skills and scientifically accurate sexual education that addresses concepts such as gender roles and power dynamics in relationships; learning these before forming romantic relationships minimizes development of unhealthy dating relationships, which are largely associated with violence. Furthermore, if maternal enmeshment does indeed contribute to the development of violent thoughts that precede mass violence, psychoeducation for parents and family therapy that specifically addresses modifying the family structure (boundaries, roles, etc.) would be helpful in minimizing likelihood of violence.

Research on the relationship between maternal enmeshment and mass violence does not seem to exist yet, but existing research and psychology suggest this concept is worth exploring further. Research shows asserting masculinity and problems relating to women often motivate individuals to commit acts of mass violence, and both of these issues could stem from maternal enmeshment in some cases. Of course, the fact remains that there is no single profile of these types of cases, but maternal enmeshment has thematically arisen as a clinical concern in some cases (with individuals from various cultural backgrounds). If concerns about an enmeshed relationship present, consideration of the cultural context can help distinguish if the maternal relationship includes normal cohesion within the family’s culture or crosses boundaries in which the maternal figure and son begin to lose their identities within one another.
As we continue to try to understand and prevent mass violence, we may consider how maternal relationships could play a role and allocate resources to recognizing and intervening in these types of relationships as early as possible.

References


Conjoint Evaluation in a Forensic Case  
Thomas G. Allen, PhD and Paul Andrews, PhD

At times in criminal court cases a defendant’s cognitive or emotional condition may be a factor in resolution of legal issues such as sanity, competence, or sentence determination. On such occasions psychologists and/or psychiatrists are often called upon to examine the person and make reports for the attorneys or to the Court. In the U.S. legal system of adversarial advocacy, mental health experts and their reports may be used strategically (and selectively) to advance the position of one side or the other. In such a system psychologists may identify with attorneys so that they subtly or blatantly begin to take on a “team” mentality and lose track of our profession’s model of pursuing truth (as far as we can know it), one that values more open and disinterested full disclosure and depends on replication and consensus of findings (Weissman & DeBow, 2003; Melton, Petrila, Poythress, & Slobogin, 2007; Hess, 1999).

Others have written about the dangers of experts attaching themselves to the pursuits of those who hire them and beginning to shape their thinking as they assess, report, and testify (Rogers & Shuman, 2000). Experts are not without vulnerability nor immune to affiliation bias or “forensic identification” with attorneys. However, there are ways psychologists can guard against such shaping of behavior. Some ways that have been suggested include taking a consistent approach to assessment cases regardless of who is the client, having a consistent core assessment battery of reliable instruments, using measures of effort/validity tests in assessments, using multiple sources of information, taking good notes, writing a report, pointing out findings that argue against the conclusory opinion, and listing alternative conclusions that could have been reached from the same data (Goldstein, 2007). Another approach may include having a team conduct or review evaluation results.

Some jurisdictions that have amicable working relationships between Prosecution and Defense sometimes hold pretrial conferences with all attorneys and mental health experts in order to gain an understanding of assessment results in a less adversarial context than the courtroom. Such an approach can save vast amounts of time and money, offers mental health findings in an environment more congruent with our profession’s approach to sharing information (case conferences and roundtable discussions), and allows psychologists to more fully explain results and also educate attorneys about the meaning of the results. With such an opportunity, the profession’s practices regarding impartiality systematic assessment can be demonstrated. This approach allows psychologists to make available and discuss all findings even if the findings do not advance the particular agenda of either side in the case.

The second author in this case report had previously participated in an Atkins appeal case where newly obtained IQ test results were conjointly scored by three psychologists retained by Defense and Prosecution. There was not total agreement on all items being scored, but there was consensus about the overall results that could be efficiently communicated to the Court. In matters where 1 or 2 point scores on subtest items are debated in the courtroom or where there is argument about whether a vocabulary response should have been quizzed further, such “scoring by committee consensus” provides an alternative to open court debate of esoteric factors that leaves the trier of fact (untrained in test administration or psychometrics) to decide whether a score of 71 might actually have been 69 or 72.
In the present case report, we present an approach to evaluation that was unique for the authors but which worked well—joint evaluation of an examinee. We have known each other for more than fifteen years as friends and professional colleagues. As two of the few forensic psychologists in our area of the state, we often discuss ideas and assessment questions and have sometimes worked on the same case but not jointly before. In this particular case, a capital murder case with Atkins question of cognitive ability being relevant to punishment options, we learned that one of us (TGA) had been retained by Prosecution and the other (PA) by Defense for basically the same purpose: determination of cognitive functioning, particularly IQ score.

Obviously, with a death penalty being a possibility if the defendant were convicted, Defense could benefit from an IQ score of 70 or below while Prosecution could use a score of 71 or higher to keep the death penalty option open. It was assumed this information and its significance was known by the defendant who had most at stake in the evaluation.

In previous cases of this nature, each of us had found a pronounced tendency for examinees to produce lower than anticipated scores on cognitive testing and to display differing levels of cooperation with experts depending on whether the examiner was retained by Defense or Prosecution. In cases where two evaluators are appointed, matters become even more complicated for obtaining valid and useful results when the testing expert who first sees the examinee “uses up” most of the preferred instruments leaving the other evaluator to deal with retest effects or to resort to less well known tests.

Getting mixed results (differing scores on IQ tests, differing levels of cooperation on effort tests) can be frustrating to the examiners who then question validity of results and also to the trier of fact who must be educated about test construction theory, assessment practices, and statistics in order to begin to intelligently understand the significance of the results. This education is not only time consuming but also takes place in the same adversarial context where there is passionate argument about any matter that relates to ultimate justice issues in the case. If the attorneys and the experts are each adversarial in their approach, the trier of fact is left to make layperson choices that would be as difficult as asking a committee of citizens to decide whether a patient would be better served by receiving chemotherapy, radiation, or surgical treatment for a particular type and stage of cancer. Such an approach may produce useful results, but it is very costly in terms of time and money and runs great risk of producing decisions founded on factors other than the best understanding of scientific knowledge in the matter.

When both of us realized we were to examine the same person, we briefly bemoaned who would be left to “test second” with less preferred tests but then considered the possibility of evaluating the defendant conjointly. We each approached the attorneys who had respectively retained us and raised the possibility of a conjoint evaluation and pointed out the potential benefits of having more reliable results, less confusion of findings that could necessitate prolonged court discussions to clarify, and fewer additional costs to the county that was paying the bill.
After brief consideration, each attorney agreed as did the Court but required each of us to individually write our reports rather than co-authoring them. We then met to plan our method of assessment and to outline our test battery. We had both been asked to assess cognitive functioning, but TGA had been asked to provide additional inquiry about adaptive functioning. We decided TGA would individually interview the examinee and assess adaptive functioning in one block of time, and we would have a conjoint second session for testing of cognitive functioning and level of engagement in the assessment process. We discussed and agreed upon tests that would be used and how we would divide test administration. When we met with the examinee, we each discussed our role, limits of confidentiality, and nature and purpose of the assessment.

After the conjoint evaluation session, we met to discuss scoring of the tests as well as behavioral observations about the examinee. In the end, our scores on the IQ test differed by one point (57 vs. 58) due to scoring differences on Comprehension and Vocabulary items; other test results (memory, effort) were scored with no differences in scores. We each wrote a separate report and discussed our findings including our conjoint conclusion that the examinee was not fully cooperative as evidenced by failing two of three effort tests as well as an embedded effort test (rarely missed items on the memory test). Resulting test scores, much lower than what would have been expected based on historical accounts of school performance and life history of the examinee, were noted to be suspect. Without any record of intervening head injury or serious cognitive disruption, there was no reason to think that the prior level of cognitive functioning had become impaired.

The Defense Attorney, after receiving the report, discussed the possibility of having another evaluation done by a third psychologist but did not pursue additional assessment. Neither of us was called to court to discuss our findings as a plea bargain occurred after the evaluation reports were submitted.

While attorneys have an advocacy obligation that is different from ours as psychologists, there appears to be room even within an adversarial context to allow conjoint efforts in some assessments. We found the opportunity to work independently but cooperatively in this case was helpful as we were able to provide two objective opinions about the same assessment event and results; we were able to discuss the results thoroughly with each other and explore each other’s thinking; and we were able to provide the attorneys who retained us a more complete picture of results. As such, this model is more akin to one used in clinical settings rather than what is usually found in forensic practice. The model could be abused by psychologists having a shared bias or in situations where one or both evaluators are too passive in exploration of the findings, but nothing would prevent attorneys from calling the experts to court to discuss reports more critically. We think this model should be considered for more broad use, particularly with psychological testing. It can save costs associated with protracted education of the trier of fact about test theory, prevent repeated testing often conducted with less preferred instruments, expand conceptualization of results through peer discussions, and hopefully provide a better product through a more comprehensive integration of results.
References


In my 17 years of working in the Veterans Healthcare System, I have learned many things. I want to share my thoughts today about Veterans and the cognitive distortions that are trained into them by the Department of Defense (DoD). It has been my anecdotal experience that this unique population has been programmed during active duty service to believe that these unhelpful ways of thinking (although helpful and necessary while in the military) are the “right” way to approach the world.

After leaving active duty, however, there are many automatic thoughts that get in the Veterans’ way of readjusting to the civilian world. Please remember that they are NOT civilians, but rather are Veterans living in the civilian world. This is an important distinction as they may have the belief that they must adopt the civilian worldview, rather than adapt to it.

As you and I both know, there are many cognitive distortions and I will focus on several that in particular, seem to give my Veterans the most difficulty in adapting to the civilian culture. I will discuss what I believe to be the most troublesome distortions and illustrate how they are interwoven with other cognitive distortions that impact the way that Veterans approach the world.

“All or None” thinking serves them well while in the military. This way of seeing the world in black or white allows them to follow rules, regulations, and chain of command. It is rigid thinking that boils down to one thing: do it this way or people die. Imagine how impactful this one distortion can be on their daily lives. “If I’m not perfect, I’ve failed” or a loop of “do it right or don’t do it at all” could lead to a metaphorical paralysis as well as second-guessing their responses to daily events. From their perspective, civilians don’t do the “right” thing, they don’t follow the rules, and they cause problems for other people that could have been avoided in the first place.

Another distortion I often hear that causes my Veterans distress is “disqualifying the positive”. It does not matter how much good that you do, there is always room for improvement. The DoD acts as the never pleased parent who points out their flaws rather than their accomplishments. They are told that they can do better or try harder and may not reach any level of satisfaction with their own abilities and skills. Can you see how this could cause great harm to their self-esteem? Imagine an entire world where enough is never enough, even after a 16-hour day, and being told that you could do more. That is the world in which Veterans live.
A third problematic distortion is that of mental filtering. This is a particularly challenging one because it encourages viewing the world through a negative lens. This is looking for problems or attempting to plan for unforeseen circumstances. Always looking for problems can be a great source of anxiety and anger for Veterans. Not being “perfect” is not an option for them. They must prepare for all possible contingencies as well as solve all perceived problems in a timely manner. Any civilians that get in their way often bear the brunt of the Veterans’ anger. Anger management and Veterans is a whole other topic for another day.

These distortions greatly impact the daily functioning of Veterans in the civilian world. In my opinion, the other distortions are interwoven into the three by default. For example, “jumping to conclusions”, “mind reading”, and “fortune telling” all follow along with mental filtering and looking for problems. “Shoulds” (I should have known) and “labeling” (I’m an idiot, I’m not good enough) follow “disqualifying the positive”. The expectation of perfection in military personnel by the DoD directly impacts how they perceive themselves and how they interact with other Veterans and civilians. Veterans have relationships with and daily interactions with civilians. In therapy with me they discuss these difficulties with those relationships as civilians have a very different perspective on the “right” way to live, or even the idea that they often reject doing things “the right way”. As an aside, for a better understanding of how civilians may view Veterans, you can check out the weblink below for “On Sheep, Wolves, and Sheepdogs” by Lt. Col. Dave Grossman (Ret.) from his book “On Combat”.

On Sheep, Wolves, and Sheepdogs – Dave Grossman (mwkworks.com)

I believe that the expectations for perfection could be the root cause of many of these conflictual relationships. Having high expectations of all others in their world, and chronically being let down, results in anger, frustration, sadness, and even feelings of betrayal.

I hope that this introductory article has given you some insight into how a Veteran may think, how Veterans are viewed by civilians, as well as allow you to discuss cognitive distortions in therapy. Helping a Veteran to understand how their military training impacts their daily lives may lead them, with your guidance, to learning self-compassion. In therapy, I propose the following mantra for my Veterans: I wish for you to have peace, joy, and live well. Finding their personal formula for this, I believe, is a unique element for Veterans in their work in therapy.
The fast-moving and historic 88th legislature ended on Monday, May 29th. During these 140 legislative days, we were able to achieve most of the items on TPA’s agenda. For instance, we saw the Mental Health Loan Repayment Program funding accepted by the House and the Senate, the protection of personal information of license applicants bill, also move through both houses and a last-minute win for psychologists in the quest to obtain a statutory language change which will allow psychologists to conduct guardianship evaluations and make recommendations to the courts without oversight from physicians! This session was an overall success for Texas Psychologists! By advocating for TPA, we have deepened our understanding of the profession and strengthened key relationships that will inform how we may support psychologists in future sessions.

TPA is grateful to our lobby team and Legislative Committee, who worked tirelessly to monitor and research bills, testify, meet with representatives, senators, and staffers, and advocate for the doctoral standard. Alongside our successes, several bills we opposed have been sent to the governor to be signed. This list of bills sent to the governor for signature includes a bill allowing chaplains to serve as school counselors, and another bill banning gender-affirming care for minors. When the deadline passed, a total of 8,153 bills and joint resolutions had been filed, and many of those impacted human health and welfare. TPA provided expertise and empirically supported scientific knowledge to support positions against bills that will ultimately erode human rights and welfare. Our volunteers contributed an incredible amount of time and energy on behalf of the membership and those we serve, monitoring and testifying on critical bills. Below is a high-level overview of key bills we tracked in this session. For a complete list, see the bill track and more details below.

Special Thanks to the TPA Legislative Committee and Lobby Team:

Chair: Jennifer Rockett Hani Talebi
William July Frances Douglas
Stephanie Robertson David Hill
Cheryl Hall Sophia Tani
Joseph McCoy Shawn Hirsch
Megan Mooney Susan Chanderbhan-Forder
Robin Burks Michael Ditsky
Elle Lockart Charlotte Parrott
Aaron Gregg Ikenna Okoro
Mary Beth Kiser

A special session was called and will wrap up later this summer. Our advocacy efforts have not stopped. One of the main initiatives in TPA’s current strategic plan is to broaden the association’s impact by developing productive relationships with external entities through targeted education and coordinated advocacy efforts that promote the doctoral standard of psychology and the mental and behavioral health of the public. Leadership and staff will create opportunities to develop relationships with stakeholders and lawmakers during the interim. The RxP division will meet regularly to prepare for the 89th legislative session. We are seeking out grant opportunities that will help fund our work on this bill. We would welcome your participation if you are interested in getting involved in any of these efforts. Please email: marybeth@texaspsyc.org.

Legislative Priority Items

Increase Mental Health Loan Repayment Program Funding
HBI, Bonnen, General Appropriations Bill.
- 06/18/2023 Effective on 9/1/23
- Contains $14 million/year for the Mental Health Loan Repayment Program
Protect Personal Information of Mental Health Providers

**SB510**, Perry, Relating to the confidentiality of certain information maintained by state licensing agencies.
- 05/19/2023 Effective on 9/1/23
- We worked closely with Sen. Perry’s office to shepherd this bill through the process. A TPA member, Dr. Frances Douglas, was the only individual to testify for this bill.

Allow Qualified Psychologists to Prescribe

**HB343**, Goodwin, Relating to the prescriptive authority of certain psychologists; authorizing a fee.
- Unfortunately, the House Public Health Committee did not give this bill a hearing.

Improve Guardianship

**SB1624**, Zaffirini, Relating to guardianships and services for incapacitated persons and to the emergency detention of certain persons with mental illness.
- 06/18/2023 Effective on 9/1/23
- Although a House deadline prevented our original bill, HB4107, from being heard on the House floor, we were able to add functionally equivalent language to this bill.

Other Notable Legislation

(and our position)

**SB14**, Campbell, Relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria and on the use of public money or public assistance to provide those procedures and treatments.
- 06/02/2023 Effective on 9/1/23
- TPA Position: AGAINST

**HB400**, Klick, Relating to innovation grant programs to support residency training programs in psychiatric specialty fields and recruitment, training, and retention programs in behavioral health fields.
- 06/12/2023 Effective on 9/1/23
- Conducting a study on how RxP may lead to the retention of psychologists in Texas would qualify for an innovation grant under this legislation.
- TPA Position: FOR

**HB446**, Craddick, Relating to the terminology used in statute to refer to intellectual disability and certain references to abolished health and human services agencies.
- 05/15/2023 Effective on 9/1/23
- TPA Position: FOR

**HB1337**, Hull, Relating to step therapy protocols required by health benefit plans for coverage of prescription drugs for serious mental illnesses.
- 06/12/2023 Effective on 9/1/23
- TPA Position: FOR

**HR1226**, Plesa, Honoring TPA on the occasion of Psychology Week 2023.
- 04/26/2023 Reported enrolled
- TPA Position: FOR
Read what our February attendees had to say about their experience:

"This is my first time to the capitol and my first legislative day. I feel like I have been on a field trip in the best of ways. My dreams remain!" - Dr. Kari Leveall

“There was more enthusiasm for discussing mental health issues and bills this session than there has been in the past” - Dr. Frances Douglass

“There was so much interest in mental health and our issues are being heard. It is important for us to be a resource to our legislators” - Dr. Carol Grothues
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