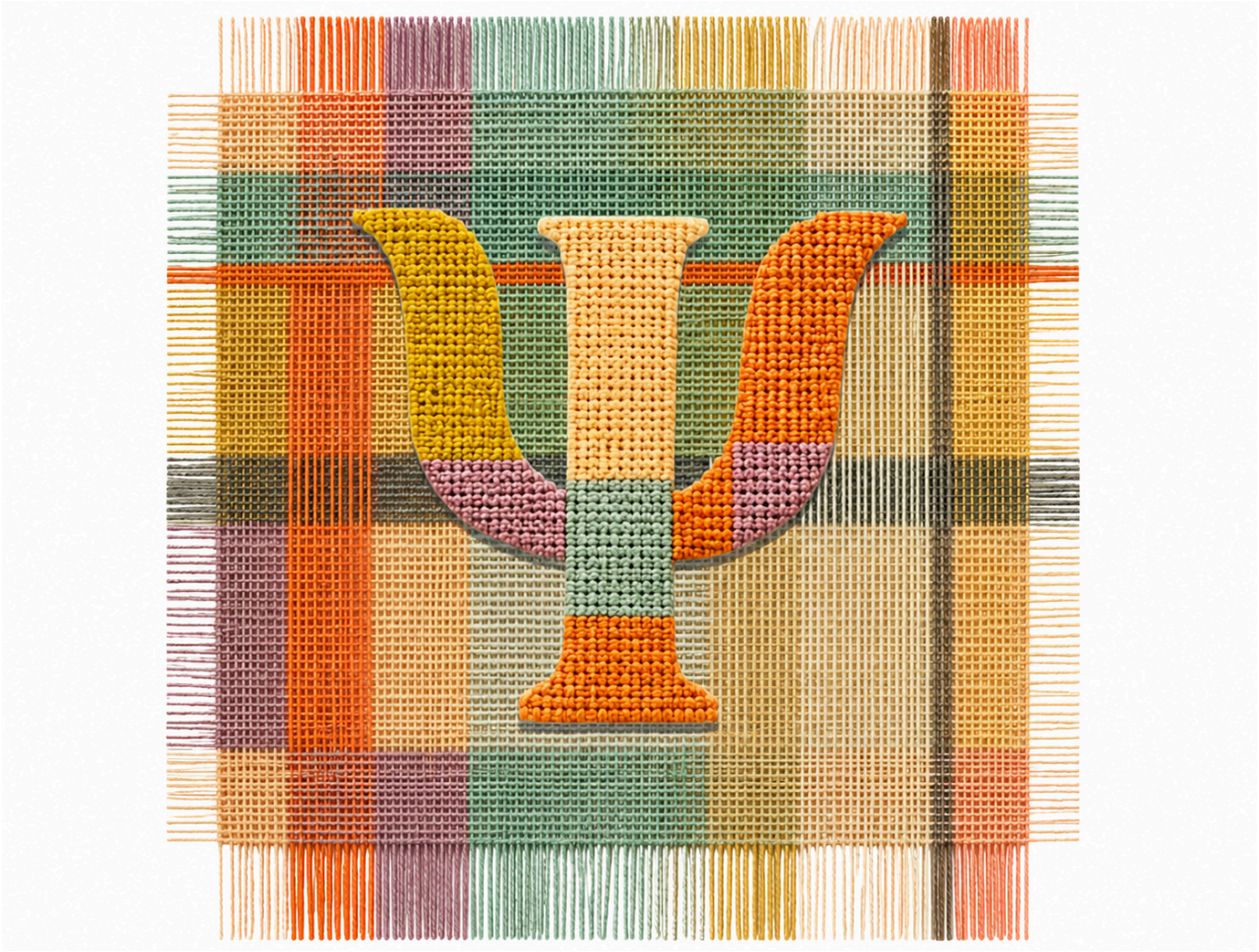
2026 TPA ANNUAL CONVENTION

October 16 -19 ✕✕ Franklin Marriot Cool Springs



Reaffirming Psychology Through Science, Service, and Community.

✕✕✕

2026 TPA Annual Convention

Sessions, Schedule, and Important Info

Hotel Information

A block of rooms have been reserved at the Franklin Marriott Cool Springs for the 2026 TPA Annual Convention at the negotiated rate of $198 per night (plus state and local taxes) through September 24, 2026. After this date, the reduced rate cannot be guaranteed. Reservations should be made through the booking link provided. The hotel offers onsite amenities such as a restaurant, indoor/outdoor pool, health club, whirlpool, sauna, and more. Click HERE to book.

The hotel is located at 700 Cool Springs Blvd., Franklin, TN 37067

Check-in time is 4:00 PM and check-out time is 12:00 PM. Again, the reserved room block rate is available through September 24, 2026, at 5:00 p.m. (CDT). After this date, reservations will be made by the hotel based on room and rate availability. Parking is free for all attendees.

Continuing Education Information

To ensure you receive your CE credits:

- Register with the **same email** linked to your TPA membership.
- Use that **exact email** if and when joining virtual sessions.
- Keep your **name consistent** across all registrations.
- **Pre-register** for the sessions you plan to attend and stick to your selections — changes without notice may prevent your attendance from being recorded.
- Attend the **entire program** for all CE-eligible offerings.
- If joining in person, **sign all required attendance sheets** — failure to do so is your responsibility and may result in no credit.
- All times are in **Central Daylight Time (CDT)**.

APA Sponsorship Statement

Sessions are sponsored by the Tennessee Psychological Association. The Tennessee Psychological Association is approved by the American Psychological Association to sponsor continuing education for Psychologists. The Tennessee Psychological Association maintains responsibility for this program and its content.

The 2021 Continuing Education rules from the Board of Examiners require licensees to obtain nine of their forty hours from formal CE provided by an APA approved sponsor such as TPA. All of the credits from the formal programs at the convention would qualify for this category. If you are present for an entire formal presentation, a CE certificate will be issued. Informal activities at the convention such as business meetings and special interest group meetings do not qualify for continuing education under the Board of Examiners' rules, and they will not have CE certificates issued for attendance.

CE credit will be granted only to attendees who are present for the entire presentation. Sessions will be offered in a hybrid format, with live in-person attendance taken onsite and live-interactive online attendance monitored electronically. Following each session, typically within 24 hours, you will receive an email prompting you to complete a course evaluation. CE certificates will be issued electronically and available in the Professional Development section of your TPA membership account.

Accessibility

If you have any concerns about completing the course evaluations through e-mail or other general concerns about accessibility, please let us know at the time you register.

Handouts

Session handouts and the Convention Brochure will be provided ONLY in digital format. Printed copies of these items wiBelow are the designations you will see throughout this program. Each symbol corresponds with a specific designation to help you quickly identify presenters and sessions.

2026 TPA Annual Convention

Key For CE Designations

Below are the designations you will see throughout this program. Each symbol corresponds with a specific designation to help you quickly identify presenters and sessions.

This program is designed to meet CE requirements for diversity and special populations that attendees may need for licensure renewal and other requirements. It also represents TPA continued commitment to such programing as an APA-approved sponsor of continuing education for psychologists.

L

This program is designed to fulfill Tennessee Continuing Education License Renewal Requirements for Psychology in the area of Law (Tennessee Code Annotated, Title 63, Chapter 11; and Official Compilation, Rules and Regulations of the State of Tennessee, Chapters 1180-01, 1180-02, 1180-03 and 1180-04).

T

This program is designed to partially fulfill the PSYPACT Authorization to Practice Interjurisdictional Telepsychology (APIT) annual CE requirements involving use of Technology in the practice of psychology. Please refer to APIT requirements for further information regarding CE requirements.

E

This program is designed to meet Continuing Education requirements for Tennessee licensure renewal in the area of ethics.

Each program includes a noted skill level. This indicates the prerequisite knowledge or experience recommended for participants to fully engage in the session.

Introductory: No prior knowledge of the specific content area is needed to participate fully and effectively in the workshop. The information or skills will be new to those enrolled.

Intermediate: Some basic knowledge of the specific content area is required, but participants need not have in-depth knowledge or skills. The program will provide information at a level beyond the basic knowledge of the topic.

Advanced:
To participate fully, those enrolled must possess a substantial working knowledge or skill level in the specific content area. Generally, the knowledge or skill involved is currently used by the participant in his/her job. At this level, advanced techniques or knowledge would be offered to refine and expand current expertise

Programming

Friday, 10/16 PRECONVENTION WORKSHOP

8:30AM-4:30PM CDT (Includes two 30-minute breaks and a provided onsite lunch.)

[101] Am I Normal? Answering the Sexual Questions Clients Bring to Therapy – Are you Prepared?

6 CE – Introductory Program

Presenter: Karen Beale, Ph.D.

Abstract: Clients frequently enter therapy wondering whether their sexual thoughts, desires, behaviors, bodies, or relationships are "normal," yet they may hesitate to disclose these concerns because they fear judgment, misunderstanding, or being labeled as disordered. This interactive six-hour workshop examines the meanings of "normal" sexuality and provides a practical framework for distinguishing sexual diversity from clinically significant concern. Participants will review research on sexual anatomy, body variation, orgasm, sexual behaviors, fantasies, pornography use, masturbation, kink/BDSM, relationship structures, and sexual frequency. Through small-group discussions, reflection exercises, and clinical cases, participants will practice assessing consent, coercion, harm, distress, impairment, loss of control, and relationship context. Particular attention will be given to whether distress arises from the behavior or from misinformation, shame, stigma, religious teachings, cultural expectations, or moral incongruence. Participants will develop more confident, curious, and non-shaming approaches to sexual assessment while recognizing when consultation or referral is appropriate.

Learning Objectives:

1. Describe common variations in sexual anatomy, sexual response, behaviors, fantasies, and relationship structures using current sexuality research.
2. Apply a clinical assessment framework that considers consent, coercion, harm, distress, functional impairment, loss of control, and relationship context when evaluating sexual

concerns.

3. Differentiate distress arising from sexual behavior or functioning from distress primarily associated with shame, stigma, misinformation, religious or cultural expectations, and moral incongruence, and identify non-shaming clinical responses that support disclosure.

Presenter Bio: Dr. Karen Beale is a Professor of Psychology at Maryville College, a small, private, liberal arts college in East Tennessee, where she has taught and conducted research for 20 years. Working in the Bible Belt has shaped her scholarship and community engagement, particularly around the intersections of religion, sexuality, and mental health.

Dr. Beale is the current President of the Society for the Scientific Study of Sexuality (SSSS), the oldest sex research society in the US, and is an AASECT-certified sex educator. She has held numerous leadership and service positions, including co-directing the Appalachian College Association Teaching and Learning Summer Institute, serving as President of the Board of Haven House Domestic Violence Shelter, consulting with public school sex educators, leading travel courses on sexuality in the Netherlands, and providing inclusive, community-based sexuality education.

Drawing on her clinical collaborations, research background, and extensive experience working within religious and culturally conservative contexts, Dr. Beale is committed to helping mental health professionals engage sexual topics with clarity, curiosity, and culturally-responsive care.

Dr. Beale is not receiving any form of commercial support and has no conflicts of interest to report.



5:30PM CDT - Eat, Drink, Unwind - Happy Hour / Evening Social

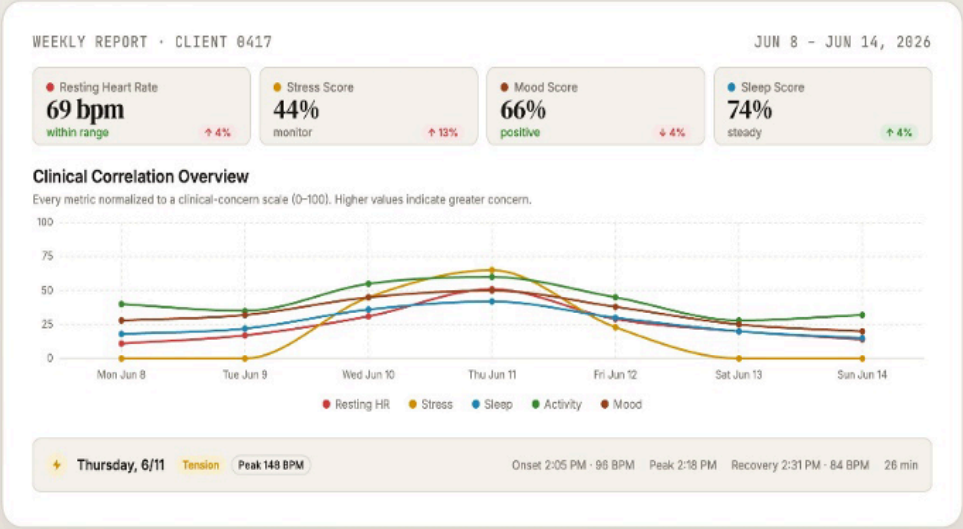
---

InterSession IQ

BIOMETRIC INSIGHT FOR THERAPISTS

See what happens between sessions.

InterSession IQ turns a client's wearable data into a calm, readable report before every session, with the week's tension points already flagged. No spreadsheets, no guesswork.



- No new hardware for clients
- HIPAA-conscious by design
- Ready before every session

intersessioniq.health

Biometric insight platform for therapists

8:30AM-10:00AM CDT

[III] Plenary: Legislative Advocacy: A View From Both Sides

1.5 CE – Intermediate Program

Presenter: Horace F. Edwards, PhD & Senator Ferrell Haile, PharmD

Abstract: This presentation will focus on the realization that “advocacy is no longer optional but has become mandatory” (Adams, 2026). Not only does advocacy help to improve and protect our profession, but it also helps to protect the health and welfare of the public to be served. The goals of advocacy include strengthening and expanding the scope of practice, enhancing access to services, maximizing the quality of care, and safeguarding the standards of psychology. Prior advocacy programs have focused on advocacy from the psychologist’s point of view rather than on understanding how a legislator grasps the information. Taking a dual approach, this presentation will ‘look at clouds (advocacy) from both sides now (Collins, 1968; Mitchell, 1969),”providing the perspectives of Dr. Edwards who has had long involvement with state and federal legislation and Sen. Haile who is a sitting Tennessee State Senator. Sen. Haile has been a leader in the Senate who is a long-time advocate for psychology, sponsoring our RxP bill last session. This presentation will focus on ways that psychologists can help legislators bridge the gap between psychological information and “the why” of the legislation. We will also discuss how psychologists can better understand legislators’ perspective and “the person” inside the elected official as a means of making a human connection rather than only speaking from the perspective of a doctoral trained professional.

Learning Objectives:

1. Attendees will identify the need for legislative involvement and how the use of a lobbyist has become almost mandatory in advocacy.
2. Attendees will be able to describe ways psychologists, by knowing more about the

individual legislator, can contribute to policy making, legislative engagement and enhance services to the public.

Presenter Bio: Dr. Edwards spent 27 years in the US Army, the last 20 as a clinical psychologist, after receiving his PhD from the University of Georgia. He completed an APA internship in El Paso, TX, and a Post-doctoral Fellowship in Clinical Neuropsychology in San Francisco, CA. He has the distinction of being the first psychologist in the history of the Army to attend and graduate from the Army Flight Surgeon Training Program, becoming the first Aeromedical Psychologist in the Army. In this role, he was instrumental in the development of an aeromedical training program for psychologists assigned to aviation units. Dr. Edwards retired with the rank of Colonel and was elected to the Order of Military Medical Merit. Following retirement, he founded a consulting practice in the middle TN area and has been active in TPA for the last 25 years, twice serving as President.

Neither Dr. Edwards or Sen. Haile have any form of commercial support or conflicts of interest to disclose.

10:00AM - 10:30AM CDT - Break

10:30AM - 12:00PM CDT

[121] Imperative of Test Security: Current Threats, Ethical Obligations, and Practical Strategies

1.5 CE – Introductory Program E

Presenter: J. Christopher Young, PhD, ABPP-CN

Abstract: Psychological assessment tests and methods are foundational to the practice of psychology, yet their development, validation, and ongoing revision require substantial investments of time and resources. Because these instruments cannot be readily replaced, safeguarding their validity, reliability, and security is essential. As threats to test security continue to expand, one of the greatest risks stems from the profession itself when the importance of protecting assessment tests and methods is underestimated. This presentation will examine the importance of test security, review current recommendations and guidelines from professional organizations (e.g., APA, AACN), and provide an overview of threats and foundational strategies for preventing unauthorized disclosure of psychological tests and assessment methods. By the conclusion of the presentation, attendees will recognize that maintaining test security is not simply a best practice but a fundamental ethical responsibility that preserves the integrity of psychological assessment and one of psychology's defining contributions to healthcare.

Learning Objectives:

1. Demonstrate expanded knowledge by describing the importance of test security, & current recommendations & guidelines from professional organizations (e.g.,APA, AACN).
2. Summarize threats to test security and methods to protect tests from wrongful disclosure.

Presenter Bio: Dr. Young is a board-certified clinical neuropsychologist who serves as the Neurologic Program Coordinator for Siskin Hospital in addition to being a provider seeing inpatients and outpatients for a wide range of clinical services. Dr. Young also serves as the clinical neuropsychologist for the multidisciplinary Huntington's Disease and ALS clinics within Erlanger Health System and maintains a private practice that is principally related to medicolegal matters. Dr. Young is currently a member of the Board of Directors for the American Academy of Clinical Neuropsychology (AACN) and AACN Foundation (AACNF). Lastly, Dr. Young serves as the chair of the AACN Brain Injury Special Interest Group (SIG) and is a member of the TPA Neuropsychology Committee.

Dr. Young has no conflicts of interest to disclose.

10:30AM-12:00PM CDT

[122] The Science and Practice of Storytelling for Psychologists

1.5 CE – Intermediate Program

Presenter: Elise Oehring, PhD & Scott C. Hollingsworth, JD

Abstract: Psychologists know the power of evidence, but evidence does not always translate into understanding, connection, or action. We are trained to communicate within psychology yet receive far less training in translating our knowledge and personal experiences for audiences outside traditional professional settings. Our caution around self-disclosure may further discourage us from drawing on one of the most important communication tools: our own stories. Yet the psychological literature makes a compelling case for narrative. Stories can provide structure for complex information, foster connection and perspective-taking, and make information more memorable. In advocacy, leadership, teaching, public communication, and everyday professional interactions, knowing how and when to tell a story can help psychologists make the human impact behind our work visible. In this highly interactive session, participants will be introduced to the science supporting narrative communication and will learn and practice strategies for using personal experience to create clarity, connection, and influence.

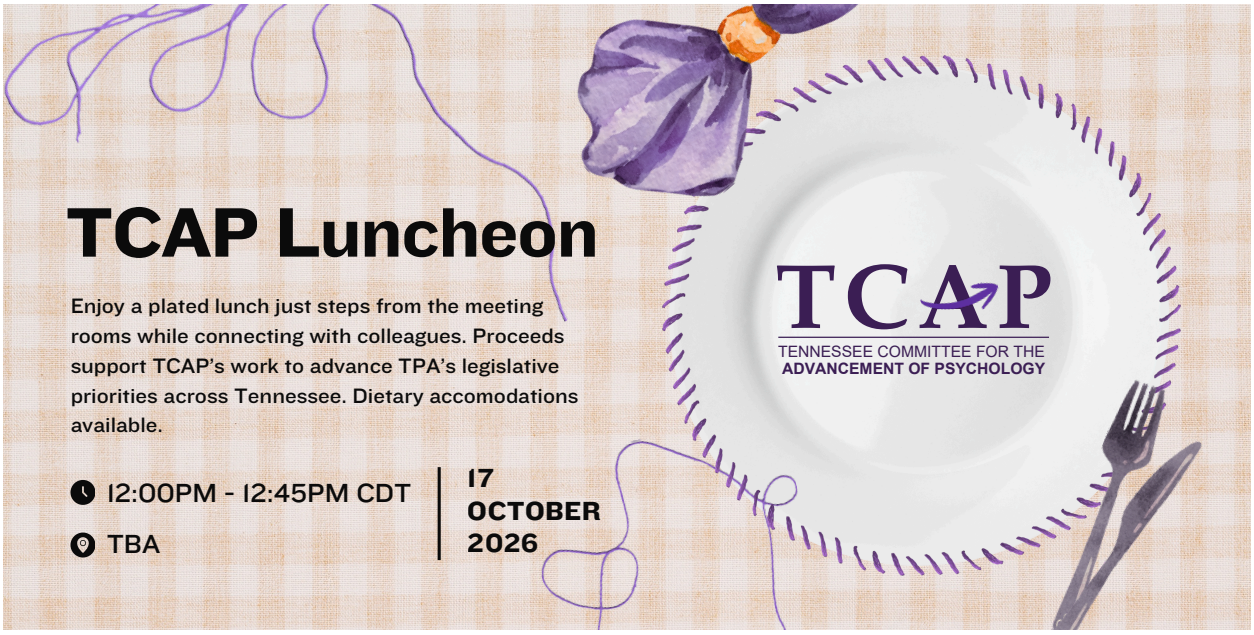
Learning Objectives:

1. Apply foundational psychological principles in understanding the value of narrative communication.
2. Describe and prepare to use the basics of narrative structure as a tool for communication to be used in a variety of professional contexts (e.g., practice, education, advocacy, etc.).

Bio: Dr. Elise Oehring is a Licensed Psychologist and private practice owner based in Nashville, Tennessee. She specializes in trauma-informed care and evidence-based psychotherapy for adults. In addition to her clinical work, Dr. Oehring serves as Executive Director of the Tennessee Psychological Association, where she leads statewide initiatives in professional development and strategic planning, and as Chair-Elect of the Council of Executives of State, Provincial, and Territorial Psychological Associations. She is a respected presenter and educator whose work addresses telepsychology ethics, leadership development, and professional identity. Dr. Oehring earned her PhD in Counseling Psychology from the University of Missouri-Kansas City and is credentialed by the National Register of Health Service Psychologists.

Scott C. Hollingsworth is a narrative strategist and former litigator based in Washington, DC. He helps leaders and organizations when something important needs to be said, but becomes impossible to ignore. He is the Director of Business Development at Story District, where he has spent a decade building the corporate and institutional side of one of the country's longest-running live storytelling organizations. His recent work includes training psychologists at the American Psychological Association's Annual Convention on using narrative to advocate for their work.

These presenters have no conflicts of interest to disclose.



12:00PM-12:45PM CDT - TCAP Luncheon or Lunch on Your Own

12:45PM-1:45PM CDT - Career/Specialization Fair

2:00PM-3:30PM CDT

[131]Getting Paid: Opportunities and Challenges for Reimbursement in Providing Psychological Services

1.5 CE – Intermediate Program

Presenter: C**.** Keith Hulse, PhD, MSCP, D,ABSM

Abstract: This presentation examines the practical realities of behavioral health reimbursement for licensed psychologists, tracing how national health policy, payer behavior, and practice-level billing decisions determine whether clinicians are actually paid for the work they do. Ultimately this serves to determine and shape access to services. Despite substantial growth in national mental health and substance use treatment spending (Mark et al., 2026), psychologists continue to navigate a fragmented reimbursement landscape shaped by Medicare's historically inconsistent coverage of outpatient mental health services and inconsistent enforcement of the Mental Health Parity and Addiction Equity Act. This presentation will walk participants through the core decision points every practicing psychologist faces — whether, and how, to participate in Medicare, Medicaid/TennCare, and commercial insurance networks — along with the billing infrastructure (CPT and HCPCS coding, clearinghouses, electronic remittance) needed to convert participation into revenue. It will also address emerging opportunities, including new behavioral health integration and Collaborative Care Management codes, and current challenges, including algorithm-driven prior authorization and claim denial practices now facing regulatory and legal scrutiny. Grounded in current federal data, trade press, and the Tennessee Psychological Association's own 2026 comment letter to CMS, this presentation uses a discussion-based format to help participants translate national reimbursement policy into concrete practice decisions.

Learning Objectives:

1. Participants will be able to describe how Medicare, Medicaid/TennCare, and commercial payer reimbursement rules differ, and identify which CPT/HCPCS codes and billing pathways apply to their own practice setting.
2. Participants will be able to identify current opportunities (e.g., behavioral health integration and collaborative care codes) and current challenges (e.g., algorithm-driven prior authorization, inconsistent parity enforcement) affecting behavioral health reimbursement, and describe practical strategies for responding to each.

Bio: Dr. C. Keith Hulse is a licensed psychologist and founder of the Behavioral Medicine Institute (BMI) in Knoxville, Tennessee, where he has practiced since 1990. He earned his Ph.D. in Clinical Psychology from Bowling Green State University, completed his internship at Harvard Medical School/Massachusetts General Hospital, and completed a postdoctoral fellowship in Behavioral Medicine at Dartmouth Medical School, along with a postdoctoral master's degree in Clinical Psychopharmacology. His career has included service on APA's Expert Working Group in Psychopharmacology, leadership within APA's Division of Psychopharmacology, and clinical directorships in behavioral medicine and sleep medicine within East Tennessee health systems.

This presenter has no conflicts of interest to disclose.

2:00PM-3:30 PM CDT

[132] Research Symposium

1.5 CE - Introductory Program

Moderated by: Erica Adkins, PhD

Presented by: Erica Adkins, Ph.D., MSCP, ABPP; Ayodeji M. Fayemi, M.S.; Ashley Marrison, B.S.; Breana Hartley, M.S.; and Trevor Hulan, M.S.

Abstract: This 90-minute symposium will highlight emerging research from graduate students across psychology. Moderated by Dr. Erica Adkins, four presenters selected through a competitive review of student research proposals submitted for the 2026 TPA Convention will share their work through brief oral presentations. Ayodeji Fayemi (Lipscomb University) will present findings from a study of 99 undergraduates at a private Christian university in which general social support, campus social integration, and anxious attachment to God each uniquely predicted loneliness, a concern linked to depression, anxiety, and elevated mortality risk (Holt-Lunstad et al., 2015; Moeller & Seehuus, 2019). Ashley Marrison (Middle Tennessee State University) will present preclinical findings showing that oxytocin delivered to the central amygdala or nucleus accumbens of mice reduced investigation of a stressed conspecific and increased approach toward a neutral one, suggesting that oxytocin modulates which social cues stand out rather than acting as a general prosocial agent (Audunsdottir et al., 2024; Ferretti et al., 2019). Breana Hartley (Austin Peay State University) will cover the development and mixed-methods validation of the Battle Buddy Risk Check (BBRC), a brief peer-to-peer screening tool refined from 15 to 13 items with 24 ROTC cadets, reservists, veteran students, and active-duty personnel, and will discuss cultural barriers to peer intervention such as "Blue Falcon" retaliation stigma (Beehler et al., 2021; Hundt et al., 2015). Trevor Hulan (Austin Peay State University) will review the literature on disordered

eating among active-duty male service members, including military-specific risk factors, gendered stigma, and gaps in screening and treatment, illustrated through a clinical case study (Bauman et al., 2024; Gaviria & Ammerman, 2023). The symposium offers attendees an opportunity to learn about current research being conducted by psychology students while supporting and engaging with the next generation of researchers and professionals in the field, and will include content oriented and relevant to clinical practice.

Learning Objectives:

1. Describe key findings from four research projects addressing loneliness among college students, oxytocin's role in processing emotional social cues, peer-based distress screening in military settings, and disordered eating among active-duty male service members.
2. Identify at least two clinical implications of this research for the assessment, screening, or treatment of college students, military service members, and individuals with social-cognitive difficulties.

3:30PM-4:00PM CDT - Break

4:00PM-5:30PM CDT

[141] Expanding the Psychology Workforce: A Proposed Model for Master's-Level Health Service Psychology Licensure in Tennessee

1.5 CE – Introductory Program

Presenters: James Loveless, PhD, and Marnie Shanbhag, PhD

Abstract: The landscape of psychological practice is changing as master's-level education and training in health service psychology gains national recognition and an increasing number of states authorize independent master's-level practice. This presentation describes a proposed model for master's-level health service psychology (M-HSP) licensure in Tennessee developed by the Tennessee Psychological Association's M-HSP Licensure Workgroup. The proposed model is intended to expand the psychology workforce and create professional opportunities comparable to those available to other master's-level mental health professionals while maintaining appropriate distinctions between generalist master's-level practice and doctoral-level specialty practice. The presentation reviews the rationale and guiding principles underlying the proposed model, including Tennessee's changing behavioral health workforce, the profession's declining market share, and emerging national standards for master's-level health service psychology. The proposed framework establishes

two levels of licensure: the Licensed Psychological Associate (LPA), who practices under supervision, and the Licensed Psychological Practitioner (LPP), who may practice independently following additional supervised post-degree experience and successful completion of required examinations. The presentation also examines the proposed scope of practice, including intervention and a defined range of testing and assessment services, as well as statutory boundaries intended to protect doctoral-level specialty practice. Finally, the presentation describes proposed educational, supervised practice, examination, and endorsement requirements and a transition pathway allowing currently credentialed Certified Psychological Assistants to progress toward M-HSP licensure. Together, these provisions represent a proposed framework for integrating master's-level health service psychology professionals into Tennessee's behavioral health workforce while maintaining appropriate standards for competence, supervision, and public protection.

Learning Objectives:

1. Participants will be able to describe the proposed model for master's-level health service psychology (M-HSP) licensure in Tennessee, including its levels of credentialing, scope of practice, and training requirements.
2. Participants will be able to explain how the proposed M-HSP licensure model addresses workforce needs while maintaining appropriate standards for education, competence, supervision, and protection of doctoral-level specialty practice.

Bio: Dr. James Loveless is an associate professor of psychology and directs the Clinical Psychology Master's Program at Middle Tennessee State University. After earning degrees from Clemson and East Carolina University, he completed a postdoctoral fellowship in behavioral medicine at the University of Virginia. He teaches graduate courses related to clinical interviewing, professional issues and ethics, and behavioral medicine. At the undergraduate level, he teaches similar courses included within his department's popular mental health services minor and serves as a major advisor for those interested in pursuing a career in adult mental health services.

Dr. Marnie Shanbhag is the American Psychological Association's inaugural Senior Director for the Office of Independent Practice. In this role, she leads APA's efforts to promote independent practice and support private practitioners as part of APA's goals to advance the profession and improve lives. Her office works to help independent practitioners meet the realities of today while preparing for the demands of tomorrow.

Dr. Shanbhag is a Florida licensed psychologist and PSYPACT credential holder with seventeen years' experience in independent private practice. Her expertise spans both mental health practice and applied practice, with a special interest in leadership and adult psychotherapy. Prior to private practice, Dr. Shanbhag served as the Executive Director of a nonprofit agency, coordinating maternal and child health systems. Dr. Shanbhag graduated from the University of Pennsylvania and earned her doctorate in Counseling Psychology from the University of Florida. Her clinical psychology internship was at the South Texas Veteran's Health Care System in San Antonio, Texas. Dr. Shanbhag is a member of the APA, APA Divisions 42 (Psychologists in Independent Practice) and 13 (Society of Consulting Psychology), as well as the Florida Psychological Association. Dr. Loveless and Dr. Shanbhag

have no conflicts of interests to disclose.

4:00PM-5:30PM CDT

[142] Digital Therapeutics for Suicide Prevention in Daily Clinical Practice

1.5 CE – Introductory Program

Presenter: M. David Rudd, Ph.D., ABPP

Abstract: The session will review a recent randomized clinical trial of a digital adaptation of brief cognitive behavioral therapy for suicide prevention, Aviva. The study outcomes will be reviewed, with a focus of what we have learned about the use of digital therapeutics with high-risk individuals. A core focus will be on how best to integrate digital options in ongoing clinical care, ones that will complement the clinician's work and also help reduce the risk of suicidal thoughts, attempts, and potential death by suicide. Clinical examples will be provided throughout the session. Finally, the impact of simple just-in-time interventions will be emphasized and examples provided.

Learning Objectives:

1. Participants will identify elevated suicide risk in their daily clinical practice.
2. Participants will list best practices for use of digital therapeutics with high-risk individuals in their daily clinical practices.

Presenter Bio: David Rudd, Ph.D., ABPP received his undergraduate degree from Princeton University and his masters and doctoral degrees from the University of Texas-Austin. He also completed two years of post-doctoral training at the Beck Institute under the direction of Aaron T. Beck, M.D. As a licensed and board-certified clinical psychologist, he served on the medical staff for tertiary care medical centers for fifteen years before returning to academia full-time, with a decade at Baylor Scott & White, and a corresponding tenured faculty appointment at Texas A&M College of Medicine. He was the director of psychology at Baylor Scott & White, serving both outpatient and inpatient services and taught introductory psychiatry courses for Texas A&M College of Medicine, along with providing supervision for interns, residents, and fellows in psychiatry, family practice, and emergency medicine. He also served as the director of the clinical psychology program at Baylor University. He has served at every academic leadership level, including as a department chair, dean, provost at Baylor, Texas Tech, the University of Utah, and most recently as president of the University of Memphis for almost a decade. Since transitioning from the presidency, he now serves as a distinguished university professor of psychology and directs the Rudd Institute for Veteran and Military Suicide Prevention and the lab for Risk, Resilience and Clinical Intervention, endowed by the University of Memphis Board of Trustees and private donors. As a clinical scientist, he has established a global name, with an H-index of 74 and is consistently ranked

among the top .05% of researchers in suicide prevention, treatment and assessment.



6:00PM - Student Poster Presentations, Student Awards Ceremony, & Networking Reception

---

THE CONFRONTATION GYM

PRACTICE A CALMER, STRONGER YOU

Real conversations build real change.

Assertiveness training through structured roleplay and controlled pressure.

- COMMUNICATE WITH CLARITY
- SET HEALTHY BOUNDARIES
- STAY CALM UNDER PRESSURE

DIFFICULT CONVERSATIONS ARE A SKILL.

WE HELP YOU TRAIN IT.



THECONFRONTATIONGYM.COM

TRAIN TODAY. HANDLE TOMORROW.

LEARN MORE

8:30AM-12:00PM CDT (Break: 10:00AM-10:30AM CDT)

[211] Working Effectively with Military Service Members, Veterans, and Their Families

3 CE – Intermediate Program

Presenter: Erica Adkins, Ph.D., MSCP, ABPP

Abstract: Military service members, veterans, and their families bring unique strengths, values, and experiences that shape their engagement with psychological services, yet many civilian psychologists receive limited formal training in military culture. This presentation will provide an overview of military cultural competence, including the structure and culture of the U.S. military, deployment and reintegration, military identity, and the psychological, relational, and occupational challenges that may arise during and after military service. Particular emphasis will be placed on the experiences of military families, including the impact of frequent relocations, prolonged separations, role shifts, and reintegration stress on partners, children, and caregivers. Participants will examine evidence-informed approaches to assessment and treatment of common concerns—including posttraumatic stress, moral injury, Military Sexual Trauma, traumatic brain injury, suicide risk, and transition-related stress—while also addressing family-specific concerns such as caregiver burden, child and adolescent adjustment, couple functioning, and family resilience. Attendees will learn practical strategies for building rapport with both service members and their family members, conducting culturally responsive family assessments, and implementing interventions that support communication, resilience, and relational functioning within military families. Through case examples and interactive discussion, attendees will gain clinically applicable skills and resources to enhance their work with military-connected clients and their families in a variety of practice settings.

Learning Objectives:

1. Apply principles of military cultural competence to conduct culturally responsive assessment and case conceptualization with military service members, veterans, and their families.
2. Identify evidence-based assessment, intervention, referral, and consultation strategies that address common psychological, relational, and transition-related concerns experienced by military service members, veterans, and their families.

Bio: Dr. Erica Adkins, Ph.D., ABPP, is an Assistant Professor in the Department of Psychological Science and Counseling at Austin Peay State University and a board-certified counseling psychologist. She is a U.S. Army Reserve Major, combat veteran, and researcher whose scholarship focuses on military psychology, women veterans, deployment, moral injury, and military family resilience. Dr. Adkins has extensive experience providing clinical services, teaching, and conducting research with military-connected populations, and she is passionate about helping civilian mental health professionals develop culturally responsive, evidence-based approaches to working with service members, veterans, and their families.

Dr. Adkins has no conflicts of interest to disclose.

8:30AM-12:00PM CDT (Break: 10:00AM-10:30AM CDT)

[212] Culturally Informed Mental Health Care of Appalachians

3 CE – Intermediate Program

Presenter: Myra Elder, Ph.D.

Abstract: This presentation will identify the Appalachian region and its people as a distinct cultural group apart from other rural populations in the country. The national representation of Appalachia will be examined through a critical analytical lens to include what agendas are served and which subgroups are often excluded. The presentation will cover the structural, intrapersonal, and interpersonal barriers to mental health care for people in the southern and central Appalachian regions, and it will conclude with ways to create a culturally sensitive approach to therapeutic treatment with this group.

Learning Objectives:

1. Describe at least two historical and economic factors that set the Appalachian region apart from other rural parts of the country
2. Identify structural, intrapersonal, and interpersonal barriers to mental health care for people in the Appalachian region to inform a culturally sensitive therapeutic approach for this group.

Bio: Dr. Elder is the Psychology Training Program Manager at the James H. Quillen Veterans Affairs Medical Center. She has over 30 years of experience in internship training and clinical care of Appalachian veterans. As an 8th-generation Appalachian, she combines lived experience, clinical examples, and research into a presentation providing the cultural and historical context of the people of this region.

Dr. Elder has no conflicts of interest to disclose.



12:00PM-1:45PM - TPA Annual Business Luncheon & Awards Ceremony

---

2:00PM-5:30PM CDT (Break - 3:30PM-4:00PM CDT)

[231] The Ethics of Exposure and Response Prevention

3 CE – Intermediate Program E

Presenter: Amy Mariaskin, PhD & Benjamin Craft, MS, LPC-MHSP

Abstract: Exposure and Response Prevention (ERP) is the gold-standard psychological treatment for obsessive-compulsive disorder, with multiple randomized controlled trials demonstrating efficacy (Reid et al, 2021). Despite its strong empirical support, clinicians often express ethical concerns regarding the use of interventions that may evoke discomfort or

emotional distress during treatment. While ERP can be harmful if implemented without appropriate clinical judgment, ethical ERP is grounded in compassion, cultural humility, transparency, respect for client autonomy, and evidence-based practice. This presentation will examine common ethical concerns surrounding ERP, including misconceptions about exposure-based interventions, the ethical principles most relevant to their implementation, and clinical situations that warrant additional consideration. Participants will learn practical strategies for conducting ERP in a manner that is communicative, culturally competent, and ethically sound while maintaining treatment fidelity and maximizing therapeutic benefit. Contemporary principles for optimizing exposure delivery (Jordan et al, 2017), alongside relevant ethical standards from the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA, 2017), will be integrated throughout the discussion.

Learning Objectives:

1. Participants will be able to identify ethical considerations and common misconceptions related to the use of Exposure and Response Prevention (ERP).
2. Participants will be able to apply evidence-based and ethically informed strategies for delivering ERP through collaborative communication, compassionate treatment planning, and culturally competent clinical practices.

Bio: Amy Mariaskin, Ph.D. is a clinical psychologist and owner of the Nashville OCD and Anxiety Treatment Center. She has experience working with OCD, anxiety, body dysmorphic disorder, and OC spectrum disorders across the lifespan. She is passionate about working with children, families, and couples as well as serving individuals in the LGBTQ+ community. Dr. Mariaskin is the author of the book Thriving in Relationships with OCD and is active in training and community education. She serves as faculty for the IOCDF's BTTI, adjunct faculty at Vanderbilt University, and a board member for OCD Tennessee.

The presenters have no conflicts of interest to disclose.

2:00PM-5:30PM CDT (Break - 3:30PM-4:00PM CDT)

[232] Integrating Suicide Prevention into Ongoing Psychotherapy

3 CE – Introductory Program

Presenter: M. David Rudd, Ph.D., ABPP

Abstract: The session will offer an integrated framework for how to effectively integrate suicide prevention strategies into ongoing psychotherapy and clinical care. In particular. An integrative conceptual model will be provided, one that is flexible across theoretical perspectives and complements the existing psychotherapeutic orientation. Specific clinical strategies will be reviewed, including role play demonstrations. All elements offered have

extensive empirical support. The clinical strategies reviewed will include a narrative approach to assessment, lethal means counseling, crisis response planning, and addressing long-term vulnerability related to identity-based issues and related motivation to die.

Learning Objectives:

1. Participants describe an integrative conceptual model for integrating suicide prevention into ongoing therapy.
2. Participant will list a range of empirically supported clinical strategies for suicide prevention and how best to integrate them into their daily clinical practice.

Bio: David Rudd, Ph.D., ABPP received his undergraduate degree from Princeton University and his masters and doctoral degrees from the University of Texas-Austin. He also completed two years of post-doctoral training at the Beck Institute under the direction of Aaron T. Beck, M.D. As a licensed and board-certified clinical psychologist, he served on the medical staff for tertiary care medical centers for fifteen years before returning to academia full-time, with a decade at Baylor Scott & White, and a corresponding tenured faculty appointment at Texas A&M College of Medicine. He was the director of psychology at Baylor Scott & White, serving both outpatient and inpatient services and taught introductory psychiatry courses for Texas A&M College of Medicine, along with providing supervision for interns, residents, and fellows in psychiatry, family practice, and emergency medicine. He also served as the director of the clinical psychology program at Baylor University. He has served at every academic leadership level, including as a department chair, dean, provost at Baylor, Texas Tech, the University of Utah, and most recently as president of the University of Memphis for almost a decade. Since transitioning from the presidency, he now serves as a distinguished university professor of psychology and directs the Rudd Institute for Veteran and Military Suicide Prevention and the lab for Risk, Resilience and Clinical Intervention, endowed by the University of Memphis Board of Trustees and private donors. As a clinical scientist, he has established a global name, with an H-index of 74 and is consistently ranked among the top .05% of researchers in suicide prevention, treatment and assessment.

Dr. Rudd has no conflicts of interest to disclose.



6:00PM CDT - TPA Annual Reception: Trivia Night!

PSYCHĒ

Professional Liability Insurance Built for Psychologists.

Get a Quote!

Why choose Psyche:

- Clear, practical coverage—no unnecessary complexity
- Robust sublimits included to address real-world risks
- Backed by FAIRCO and the Berkshire Hathaway family
- Coverage and discounts that evolve with your practice
- Experienced claims handling and defense support

QUESTIONS?
VISIT US AT
OUR BOOTH



PSYCHĒ
the policy for psychology

INSURANCE DESIGNED FOR PEACE OF MIND

psycheinsurance.com | (800) 309-1673 | clientcare@psycheinsurance.com

Actual terms, coverages, conditions, exclusions and availability may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com.

Programming

Monday, 10/19



7:30AM-8:30AM CDT - Sustaining and Benefactor Members Appreciation Breakfast

8:30AM-12:00PM CDT (Break - 10:00AM-10:30AM CDT)

[311] The Price of Resilience: The Hidden Costs of Military Service for Couples, Families, and Veterans

3 CE - Introductory Program

Presenters: Erica Adkins, Ph.D., MSCP, ABPP, Gwendolyn LaBelle, M.Ed., Melissa Wilson, M.S., Savannah Fleury, M.S., Cherilyn Padgett, M.S., Trevor Hulan, M.S., and Sara Schwinn

Abstract: Military couples and families face a distinct set of stressors that general clinical training rarely addresses, and this presentation offers a conceptual review of the literature across four areas: relational functioning within military couples and families, veteran advocacy, the transition from military to civilian life and the impact this has on families, and the familial impact of navigating military service. Deployment cycles, repeated relocations, and chronic uncertainty shape couple and family systems in ways that require clinicians to move beyond standard relational frameworks, and we review research on how these stressors affect attachment, communication, and child adjustment. This presentation also examines veteran advocacy as a clinical competency. Arguing that clinicians need working knowledge of VA systems, benefits processes, and the institutional barriers that keep veterans and families from accessing care. The transition to civilian life receives particular attention, since the literature consistently identifies this period as a high-risk window for identity disruption, occupational instability, and relational conflict, with spouses often absorbing much of that strain while helping renegotiate roles at home. The presenters will synthesize findings on how spousal mental health and family cohesion shift across this transition and highlight gaps around culturally responsive, gender informed approaches to military spouse experiences. Throughout, we draw out clinical implications, including systemic case conceptualization, collaboration with VA and community-based services, and sensitivity to the grief that can accompany loss of military identity. This review aims to equip clinicians with a fuller picture of the military family experience and to argue for greater integration of military cultural competency into standard clinician training.

Learning Objectives:

1. Describe four categories of stressors that affect military service members, veterans, couples, and families during military service and the transition to civilian life.
2. Identify three military-informed clinical practices that enhance assessment, case conceptualization, and intervention with military-connected clients.

Bio: Dr. Erica Adkins, Ph.D., ABPP, is an Assistant Professor in the Department of Psychological Science and Counseling at Austin Peay State University and a board-certified counseling psychologist. She is a U.S. Army Reserve Major, combat veteran, and researcher whose scholarship focuses on military psychology, women veterans, deployment, moral injury, and military family resilience. Dr. Adkins has extensive experience providing clinical services, teaching, and conducting research with military-connected populations, and she is passionate about helping civilian mental health professionals develop culturally responsive, evidence-based approaches to working with service members, veterans, and their families.

None of the presenters have conflicts of interest to disclose.

8:30AM-12:00PM CDT (Break - 10:00AM-10:30AM CDT)

[312] Cognitive & Psychological Symptoms in Autoimmune Diseases: A Primer for Psychologists

3 CE – Introductory Program

Presenter: Sarah Wellman , Psy.D.

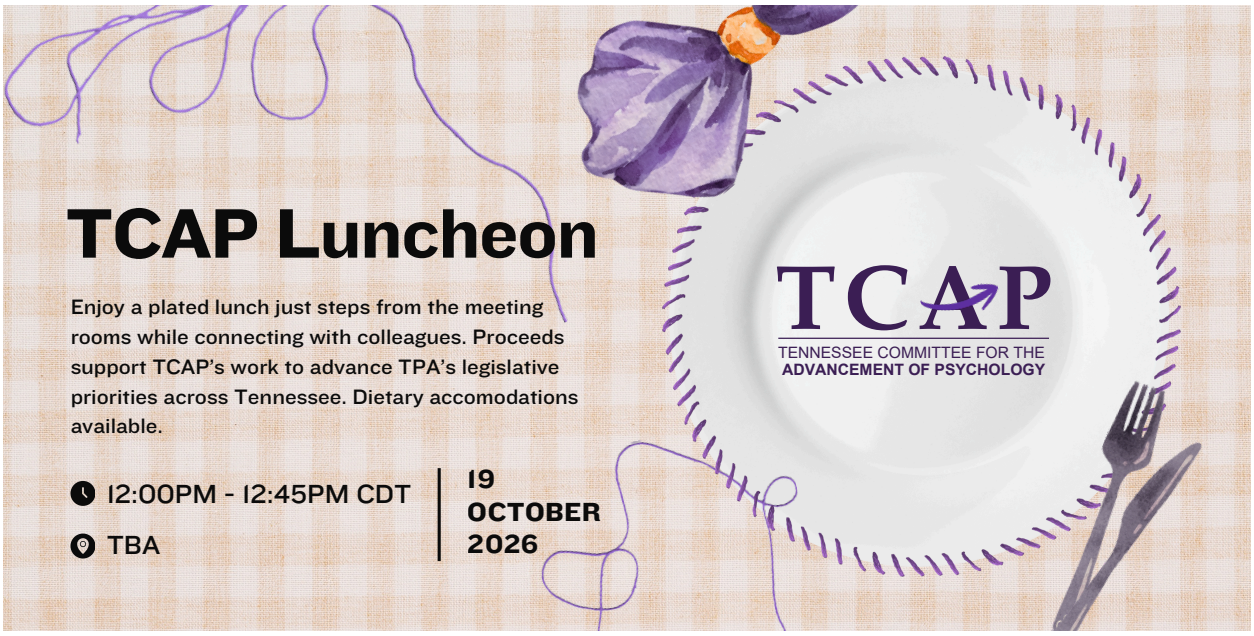
Abstract: Using a large-scale prevalence estimation, the most recent research found that 15 million individuals (or 4.6% of the US population) were diagnosed with an autoimmune disease from 2011-2022, with 34% diagnosed with more than one disease. Cognitive and psychiatric symptoms frequently co-occur in autoimmune diseases. This may include problems with memory, word finding, depression, anxiety, or even psychosis. This presentation will serve as a primer for the identification and assessment of cognitive and psychological symptoms in autoimmune diseases in both adults and children. A broad overview of the most frequently diagnosed autoimmune diseases will be offered. Additionally, an overview of treatment strategies will be discussed. Further, a checklist to assist in referrals will be provided, helping providers address treatment needs that exceed their current scope of practice. Moreover, psychoeducational patient materials will be provided to attendees.

Learning Objectives:

1. Participants will be able to list the most common autoimmune diseases in adults and children, along with the most common, co-occurring cognitive and psychiatric symptoms.
2. Participants will be able to discuss the current, best practices in the assessment and treatment of cognitive and psychiatric-related autoimmune symptoms. Participants will be able to recognize signs for when a higher level of care or referral is warranted.

Bio: Sarah Wellman received her Doctorate in Clinical Psychology with a forensics emphasis from Spalding University in Louisville, Kentucky in 2013. She completed a neuropsychology emphasis internship at Sioux Falls Veterans Administration. Following internship, she completed two years of postdoctoral fellowship focused on neuropsychology and forensics at Pennyroyal Mental Health Center and Western State Hospital in Hopkinsville, Kentucky. She went on to serve on a part time basis as an instructor, clinical supervisor, and forensic evaluation consultant with Western State Hospital's APA accredited clinical psychology internship for 11 years. During her career, Dr. Wellman's primary duties included neuropsychological and forensic evaluations, as well as brief therapy for a medically compromised population, in a variety of forensic, correctional, medical, and community-based settings. She presently conducts forensic and neuropsychological evaluations at Middle Tennessee Mental Health Institute, Arkansas Recovery Unit, and maintains a small private practice. Dr. Wellman is licensed in Kentucky, Tennessee, and is authorized to practice interjurisdictional telepsychology by PSYPACT Commission.

Dr. Wellman has no conflicts of interest to disclose.



12:00PM-12:45PM - TCAP Luncheon or Lunch on Your Own

12:45PM-1:45PM - Special Interest Groups & Committee Meetings

---

2:00PM-3:30PM CDT

[331] The Growing Older Adult Population & Substance Use: Current Patterns & Implications for Screening, Treating, & Reducing Harm

1.5 CE – Introductory Program

Presenter: Margaret C. Fahey, Ph.D.

Abstract: The older adult (65+ years) population in the United States is the fastest growing, yet this age group is underrepresented in substance use treatment research and practice (Kleykamp & Kulak, 2023; McAfee et al., 2021). This aging-related health disparity is concerning, given that older adults experience higher rates of chronic health conditions which can exacerbate the negative health consequences of substance use. Further, older adults often experience intersecting stigmas related to both aging and substance use, which can compound barriers to care and negatively impact treatment engagement. Firstly, this presentation will briefly focus on current prevalences and patterns of use across a range of

substances (tobacco, cannabis, and opioids) (Fahey et al., 2025; Han et al., 2020; Henley et al., 2019). For example, this age group reports the greatest increase in the prevalence of cannabis use (Han et al., 2020) and despite drastic declines in other age groups, cigarette prevalence rates for older adults have stagnated for 15 years (Kleykamp & Kulak, 2023). Secondly, this presentation will highlight age-friendly evidence-based practices for substance use screening, treatment, and harm reduction (Dufort et al., 2021; Jones et al., 2023; Pytell et al., 2025). Implications for treatment will focus mostly on the tobacco cessation treatment within older populations, as well as evidence-based harm reduction strategies for clients using cannabis to self-manage insomnia and pain, polypharmacy, and co-occurring health conditions (Jones et al., 2023; Yang et al., 2021). Finally, this presentation will present takeaways from the presenter's current mixed-methods research, which includes suggestions for how to promote the use of digital health for substance treatment/harm reduction among older adults. In sum, this presentation aims to inform providers about current patterns of substance use among older U.S. adults and describe age-friendly, inclusive treatment approaches that better recognize older adults' unique needs and reduce barriers to care.

Learning Objectives:

1. List & detail current prevalence rates and patterns of use of tobacco products, cannabis, and opioids among U.S. adults 65+ years.
2. Describe ways to tailor substance use treatment approaches to better fit the needs of older adults.

Bio: Dr. Fahey is an Assistant Professor in the Department of Psychology at Middle Tennessee State University (MTSU) and a licensed clinical psychologist in the state of Tennessee. She received her clinical psychology doctoral degree from The University of Memphis and completed her postdoctoral training at the Medical University of South Carolina. Her program of research focuses broadly on tailoring substance use treatment to fit the needs of older adult populations. Specific areas of research include tobacco cessation treatment, the use of cannabis for medical symptom management, and health technology engagement among older adults.

Dr. Fahey has no conflicts of interest to disclose.

2:00PM-3:30PM CDT

[332] Stepped Care: Integrated Behavioral Health and the Psychologist

1.5 CE – Intermediate Program

Presenter: Tara Collins Samples, PhD, LCP

Abstract: This presentation introduces the stepped care model as a framework for

organizing behavioral health services across a continuum of intensity within integrated healthcare and primary care settings (Mughal et al., 2023; Mareya et al., 2024). Attendees will be introduced to the Primary Care Behavioral Health (PCBH) consultation model as a mechanism for delivering stepped, population-based care alongside physicians, nurse practitioners, and other members of a multidisciplinary primary care team (Serrano et al., 2018; Stephens et al., 2020). The presentation will describe how psychologists can function as behavioral health consultants who triage, intervene, and refer patients along a continuum ranging from brief consultation to specialty behavioral health care, and will discuss practical considerations for implementing stepped care and PCBH within Federally Qualified Health Centers (FQHCs) and other integrated primary care settings.

Learning Objectives:

1. Participants will be able to describe the stepped care/continuum-of-care model and explain how it organizes behavioral health interventions by intensity and patient need within healthcare settings.
2. Participants will be able to identify at least three core components of the Primary Care Behavioral Health (PCBH) consultation model and describe how psychologists collaborate within a multidisciplinary integrated care team to implement stepped care.

Bio: Tara Collins Samples, Ph.D., LCP, served 10 years at Christ Community Health Services, a Federally Qualified Health Center serving 66,000 patients across the Mid-South region. She provided direct care for patients, and provided executive oversight of integrated behavioral health in primary care, a trauma-focused family counseling center, medical social work, and substance use/MAT service lines, and has developed and led an APA-accredited psychology internship and training program. A Certified Health Service Psychologist and Licensed Clinical Psychologist/Health Service Provider in Tennessee, Dr. Samples loves Health Psychology and Integrated care in a multidisciplinary care team environment, and is the Vice President for western Tennessee, Tennessee Psychological Association (2026-2028).

Dr. Samples not receiving any form of commercial support and has no conflicts of interest to disclose.

4:00PM-5:30PM CDT

[34I] Issues and Updates in TN Licensing Law

1.5 CE – Intermediate Progam L

Presenter: Pamela Auble, Ph.D., ABPP

Abstract: This program will cover portions of TN licensing law (Tennessee Code Annotated, Title 63, Chapter 11 and Rules of the State of Tennessee (Chapter 1180-01 to 1180-04). There are new Rules in place for Certified Psychological Testing Technicians and an easier path for

licensure for experienced psychologists. There are new CE requirements for suicide prevention training for all licensees and certificate holders. The specific CE requirement for cultural competence training has been eliminated. CPA's are now required to obtain 15 CE hours per cycle. Using CE Broker for CE audits is now mandatory instead of optional. In the next legislative session, there may be changes in our licensing board composition as psychological examiners retire.

Learning Objectives:

1. Comply with CE requirements and changes, and prepare for possible audits with renewal of license.
2. Prepare for recent changes in Tennessee licensing law.

Bio: Dr. Auble is a retired forensic clinical neuropsychologist who is board certified by ABPP. She was a practicing psychologist representative on the Tennessee Board of Examiners from 2009-2015. Since 2017, she has been the Board of Examiners' liaison from TPA. In 2021, Dr. Auble became Director of Professional Affairs for TPA, a position which allows her to support and improve the practice of psychology in Tennessee.

Dr. Auble has no conflicts of interest to disclose.

