

APRIL 2023

CAPA COMMENTARY

The Newsletter of the Capital Area Psychological Association



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PRESIDENT'S COLUMN

Corinne E. Zupanick, Psy.D

The recent controversies over regulation of apps like TikTok®, Silicon Valley banks, and politically motivated disinformation campaigns, provides a timely opportunity to examine the Age of Information Technology, and psychologists' role in it.

As I prepared to tackle this topic, I was stunned when I realized that April of this year marks the 30th anniversary of public access to the Internet. Has it really only been 30 years? Looking back, it seems we opened Pandora's box without ever truly evaluating the important role that psychologists might need to play some day. It's hard to imagine (much less say aloud), but I was in graduate school when the Internet came into existence (and long before Al Gore invented it, grin).

As dutiful graduate students, we followed our mentors as they weighed in on the implications of such an unprecedented development. We discussed, with great fervor, the anticipated effects on social, emotional, and cognitive functioning. Since no research had yet been conducted, all anyone could do was guess and surmise. The majority of us expressed overall concern about the negative effect on society but we simultaneously agreed- our concerns were irrelevant and futile because the Internet was here to stay. At the time, I found great comfort in that ability to accept what is, without any need to reflect on my professional responsibilities, or future challenges, that might arise in the years to come. I now wonder, if we could have halted some of the negative effects had we sought to consciously establish a future role for our profession to intervene at both a systemic and individual level.



There were some things we correctly anticipated. The Internet's power would be enormous. In some cases, we correctly identified the positive benefits of that power; i.e., expanded access to education, information, and more accessible learning opportunities. In other cases, we correctly identified the negative impacts; i.e., threats to privacy and security concerns, and loss of certain communication skills. But we failed to anticipate many, many things that have resulted in tremendous harm: cyberbullying and resultant rise in suicide; expansion of the child pornography industry; the intentional use of disinformation as a political weapon with international reach; the explosion of social media as a tool that sets impossible standards of physical beauty and perfection with individual comparisons to these standards at the detriment of youth's self-esteem.

One of the things we never anticipated about the Internet was the ease with which conspiracy theories would be spread and promulgated. In a related way, we did not anticipate politicians strategically constructing their own conspiracy theories and spreading them for their political advantage. To be sure, conspiracy theories, and their infiltration into religious groups is nothing new. But the Internet turned a candle into a wildfire. It has connected groups that might never be connected thus exponentially expanding the power and reach of all. Look how deftly "Q" interweaves and unites, Christian nationalism, Christian evangelicals, and right-wing extremist groups that promote unfettered access to weapons of all kinds, in any quantity, all for an invented noble cause.

I kept wondering, what would I do if I encounter a patient who holds these beliefs? How would I help them? What is my role? How is this different than a garden variety delusional system? I don't think this is the forum to answer such questions but it did make me dive a little deeper to get a better handle on conspiracy theorists. What attracts them? What personality types of vulnerable? Are there ways we can inoculate our children from becoming vulnerable to such things? What is psychology's role?

Fortunately, conducting relevant and meaningful research is one such role that is being fulfilled. And, importantly, some of that research is being applied at a systemic level in places like Finland to effect positive change. First, let's look at the work of psychologist, Karen Douglas, PhD. She has investigated the psychological factors that motivate people to believe in conspiracy theories. Dr. Douglas' research supports three categories of motivation: epistemic, existential, and social.

Epistemic motivation refers to the human need for knowledge and certainty. While all people have that motivation to a certain degree, some people have lower tolerance for the discomfort of uncertainty than others. More importantly, because it is a teachable skill, some people are better able to determine the validity and quality of the sources of information they use to lower the discomfort of uncertainty. This is a function of education, not intelligence. Research bears this out. So, persons with less education are more vulnerable.



Existential motivation refers to people's needs to be and feel, safe and secure in the world. In order to feel safe in the world, people need to have a sense of agency, autonomy, and control. When events cause them to feel powerless, and insecure, an organized conspiracy theory helps them to regain this sense of power and control. According to Dr. Douglas, research has shown that people who feel powerless and disillusioned are more vulnerable to conspiracy theories.

Social motivation refers to people's desire to feel good about themselves and to have a sense of belongingness. There is a common narcissistic theme among conspiracy theorists that they have special and unique access to information that others do not have. They know the truth while others are simply followers who are too lazy or foolish to realize they've been misled. This provides a sense of superiority over others, and a sense of belonging to the special group that hasn't been duped. This is especially important for groups that feel a sense they've been undermined, or under-valued, as conspiracy provides a form of redemption and validation. These are often persons who score lower on socio-economic scales.

Unfortunately, it appears that once a conspiracy theory has taken hold, it's very difficult to displace with factual information. This is consistent with older research on working with cult victims. This is also consistent with my experiences working with persons who have delusional disorder. The difference is that the Internet provides a continuous source of ongoing false information that sustains false beliefs. More research is needed in this area. Meanwhile, two preventative measures show promise.

The first preventative measure is learned skills, that is usually acquired with higher education: the ability to assess the quality and validity of the source of information. Prior to the internet, readers without higher education didn't require this skill quite as much because publishers took care of this function (checking sources, liability about publishing false information). But the Internet has removed that safety check. Anything can be "published" and readily becomes a "fact." Finland has tackled this problem by developing a highly regarded program that teaches their youth this skill early on. Media literacy is now part of the national core curriculum, and surveys show Finland ranked #1 in resilience to misinformation of 42 European countries (as reported in New York Times January 10th, 2023).

The second preventative measure is a type of inoculation; i.e., using public messaging to provide advance warning people they may be exposed to misinformation. It appears the same social motivators (superiority, not wanting to be considered foolish) can operate to limit someone's vulnerability to conspiracy theories.

In keeping with my theme of emphasizing the importance of our role as citizen psychologists, this research suggests additional opportunities for us as individuals in our own communities. While some conservatives are strategically trying to control school's curriculum, to influence an entire generation of youth we can strive to adopt programs similar to those in Finland. Conservatives argue these changes are needed to counter the liberalism baked into our education system. Proponents of a more inclusive curriculum (such as critical race theory) argue that a more liberal mind-set may organically develop in students when they are presented a more complete set of facts.

A reasonable middle ground for all of us, conservative and liberal alike, would be to acknowledge, at the very least, we should be teaching our children how to evaluate the quality and validity of information. Psychologists can find roles promoting the value of these skills in conversations with our neighbors; at school board meetings; and with local governing officials. Ideally, we can advocate the adoption of programs similar to Finland's. The rise of the Internet has taught us that enormous harm, and even death, can result when people have not learned how to be critical thinkers, and skillful consumers of information that is presented to them.

I hope ya'll have a wonderful Spring and Summer, a perfect time for birth, growth, and change.

See ya in the Fall!

Corinne E. Zupanick, Psy.D.
Licensed Clinical Psychologist
President Capital Area Psychological Association

CAPA APRIL MEETING

PSYCHOLOGICAL CARE FOR DEAF/HARD OF HEARING (DHH) PATIENTS IN TEXAS: ONE PEDIATRIC SERVICE MODEL, STATEWIDE SERVICES AND RESOURCES TO KNOW, AND WHAT CAPA MEMBERS CAN DO

PRESENTER: SARAH J. SCHOFFSTALL, PHD, NCSP

**APRIL 14, 2023
12:00 PM - 1:30 PM**

1.5 HOURS PROFESSIONAL DEVELOPMENT AVAILABLE



Deaf and hard of hearing (DHH) populations are a low-incidence, but widely heterogeneous group, often considered a cultural-linguistic minority. Austin, Texas is home to a thriving deaf community, yet despite this, there are significant barriers and a lack of resources for DHH community members seeking behavioral health care which renders this community significantly underserved. This presentation will describe population-level considerations and system-wide barriers that impact DHH communities and their access to care. Local and statewide resources and services for the deaf will be highlighted as a means of information sharing. The presenter will describe a current model of pediatric care designed through Dell Children's Medical Center as well as offer ways that CAPA community psychologists can support DHH patients or families who may present in their clinics for behavioral health care or psychological service.

Learning Objectives:

By the end of this workshop, participants will be able to:

- Understand the scope of the population of DHH patients in Texas as well as factors influencing psychological needs & population health, as well as barriers to care
- Appreciate current local and state-wide resources that center and support Deaf experience
- Become familiar with the efforts of one pediatric psychologist (the presenter) at Dell Children's Medical Center
- Consider action steps that can be taken as psychologists or members of CAPA to support DHH Texans seeking psychological care

About the Speaker:



Sarah J. Schoffstall, Ph.D., is an assistant professor in the Department of Psychiatry and Behavioral Sciences at Dell Medical School. She is also a pediatric psychologist and a nationally certified school psychologist.

Schoffstall serves patients and their families through the otolaryngology and cystic fibrosis specialty clinics at Dell Children's Medical Center of Central Texas. She also provides outpatient services through the Texas Child Study Center as well as team-based telehealth consultation services with the CPAN and TCHATT initiatives.

Schoffstall completed her undergraduate degree in psychology at Duke University, where she was also a varsity field hockey player. She completed her master's degree (educational psychology) and doctoral degree (school psychology) at The University of Texas at Austin, where she focused on child clinical psychology as well as serving deaf and hard of hearing communities.

For her clinical internship in psychology, Schoffstall trained at the Institute of Living at Hartford Hospital/Connecticut Children's Medical Center. She received intensive training in acute psychiatric and pediatric mental health services through rotations in the child and adolescent inpatient unit, on-campus therapeutic school and the pediatric consultation-liaison service. As a post-doctoral fellow in psychology, Schoffstall pursued dedicated training to work with patients who are deaf and hard of hearing at Boston Children Hospital's Deaf and Hard of Hearing Program. She received specialized training in comprehensive evaluation and consultation services for people who are deaf. Immediately following her fellowship, Schoffstall worked for two years as a school psychologist at the Learning Center for the Deaf, a multi-service organization serving deaf communities in Massachusetts.



MEETING INFORMATION: WHAT YOU NEED TO KNOW

In response to popular demand, the Executive Committee has arranged for CAPA members to begin meeting once more in person at the Carillon at the AT&T Center.

Our new agreement with the Carillon covers January through April 2023. This contract requires CAPA to provide a guaranteed minimum guest count of at least 20 attendees, at least one week prior to the meeting. A substantial penalty will be charged if we fail to reach that minimum number.

What does that mean for you?

As always CAPA will charge \$20 to members for lunch and professional development units, if they register by at least seven (7) days before the meeting. Please note, the fee the Carillon charges is \$22.95 per plate so CAPA is subsidizing lunches for members as always.

In addition to the minimum, the Carillon will charge up to \$11.00 per plate for registrations made with fewer than seven (7) days notice. The Executive Committee has decided we must pass that expense onto those CAPA members who register with fewer than seven days prior to the meeting.

This is still below what it actually costs CAPA:

Registration cost 7 days in advance (same as previous years)	\$20
Registration cost fewer than 7 days in advance	\$30

We are excited at the prospect of meeting one another face to face again and hope to see you soon.

REGISTER ONLINE: WWW.AUSTINPSYCHOLOGISTS.NET



Capital Area Psychological Association Presents:

"When do I need a Lawyer? Legal issues in the mental health practice"

3 Hours of Ethics Professional Development

Presented by Sam Houston, JD

This presentation will focus on the general legal issues a practicing mental health provider may face. The presentation will cover items such as records requests, board complaints, confidentiality questions, insurance, and lawsuits. It should help the provider know what to do and when to seek a specialist when issues arise. A question-and-answer session will be conducted during the last 30 minutes of the presentation.

About the Speaker:

Sam Houston was born and raised in Colorado City, Texas (a West Texas town, population 4,000), where his father owned an automotive/hardware store. He graduated from UT Austin and earned his legal degree at Baylor Law School.

Mr. Houston has now been practicing law for over 30 years. His litigation practice encompasses many areas, including professional malpractice, business disputes, general liability and administrative board complaints. For the past 25 years Mr. Houston has worked with the Texas Psychological Association's telephone consulting service. He has fielded hundreds of questions and made presentations across the state in coordination with the Executive Director of the Texas Behavioral Health Executive Council.

Registration: www.austinpsychologists.net

Registration:

2023 CAPA MEMBERS:	\$99
NON-MEMBERS:	\$120
STUDENTS:	\$30



April 14, 2023



2:00 PM - 5:00 PM



**Event will be held via
ZOOM**

(closer to event, link will be sent via email)



CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

MEMBERSHIP FORM

Complete the form below to renew or sign up for membership in the Capital Area Psychological Association

☐ 2023 Membership Application

MEMBER INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Degree:	<input type="text"/>					
Office Address:	<input type="text"/>									
Home Address:	<input type="text"/>									
Work Phone :	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>									
Webpage:	<input type="text"/>									

PROFESSIONAL INFORMATION

Current Professional Position:	<input type="text"/>				
Current Licensing Information:	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Provisional	<input type="checkbox"/> Certified	<input type="checkbox"/> Psychological Associate	<input type="checkbox"/> Not Licensed
License Number:	<input type="text"/>				
Memberships in other professional associations:	<input type="checkbox"/> American Psychological Association	<input type="checkbox"/> Texas Psychological Association	Other: <input type="text"/>		

MEMBERSHIP CATEGORIES

- ☐ **Full Member- \$95**
Those who hold either Fellow or Member status in the American Psychological Association or the Texas Psychological Association, or those who possess licensure/certification as a Psychologist by the Texas State Board of Examiners of Psychologists
- ☐ **Full Member: Semi-Retired- \$47.50**
Available to members aged 66 and older having been active members for the previous ten years who are working less than 20 hours a week. Annual dues is 50% of the full annual dues.
- ☐ **Full Member: Fully-Retired- \$23.75**
Available to members aged 66 and older having been active members for the previous ten years who are no longer in practice. Annual fee is 25% of the annual dues.
- ☐ **Full Member: Special Consideration**
If you are experiencing extreme financial difficulties or hardships AND are renewing, you may request special consideration for a reduction or waiver in membership fee. This must be reviewed at least annually.
- ☐ **Affiliate Member: \$40**
Persons who have interests consonant with the purposes of the Association who do not otherwise qualify for membership. Applicants must (1) be actively engaged in professional activity in the community and (2) have a recommendation from a CAPA member explaining how the membership will profit by such an Affiliate's presence
- ☐ **Student Member: \$10**
Persons who are enrolled in an accredited college or university and who are pursuing an undergraduate or graduate degree in Psychology
- ☐ **Life Member: Updating Information Only**

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

Has your license to practice ever been suspended, revoked or limited by a state licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization, or licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found guilty of malpractice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

INFORMATION & REFERRAL DIRECTORY

This section is to be completed ONLY by FULL MEMBERS who want to be listed in our information and referral service:

I certify that I am a licensed psychologist in good standing with the Texas State Board of Examiners of Psychologists. I certify that I am qualified and competent in the specialty areas that I have indicated below. I have a current professional malpractice insurance policy and I will maintain liability coverage throughout the membership year. I agree to abide by the Code of Ethics of the American Psychological Association and by the guidelines of the Texas State Board of Examiners of Psychologists.

TREATMENT TECHNIQUES & APPROACHES

Please circle or put a check mark next to your top 4 treatment techniques and approaches:

Acceptance & Commitment Therapy (ACT)	Expressive Arts	Mindfulness-Based Cognitive Therapy (MBCT)	Psychodynamic Therapy
Alderian	EMDR	Mindfulness-Based Stress Reduction (MBSR)	Psychological Testing/Evaluation
Art Therapy	Family Systems	Motivational Interviewing	Psychotherapy
Attachment-Based	Family/Marital Therapy	Multicultural	Rational Emotive Behavioral (REBT)
Behavioral Therapy	Feminist	Music Therapy	Reality Therapy
Biofeedback	Freudian	Narrative	Relational Therapy
Child-Parent Psychotherapy (CPP)	Gestalt	Neurofeedback	Rogerian
Clinical Supervision	Gottman Method	Neuropsychological Testing	Sandtray
Cognitive Behavioral Therapy (CBT)	Group Therapy	Parent-Child Interaction (PCIT)	Somatic
Court Evaluations	Hypnotherapy	Person-Centered	Strengths-Based
Dance/Movement Therapy	Imago	Play Therapy	Systems
Dialectical Behavioral Therapy (DBT)	Interpersonal	Prolonged Exposure Therapy	Transpersonal
Disability Evaluation	Jungian	Psychoanalytic Therapy	Trauma-focused
Existential			

SPECIALTY AREAS

Please circle or put a check mark next to your top 6 specialty areas:

Abandonment	Chronic Illness	Forensic Psychology	Peer Relationships	Teaching
Abuse Survivors	Chronic Pain	Gambling	Personality Disorders	Testing and Evaluation
ACOA	Chronic Relapse	Gender Identity	Phobias	Trauma
ADD/ADHD	College Mental Health	Grief/Loss	Postpartum Depression	Transgender Issues
Addiction	Compulsive Behavior	Group Therapy	Pregnancy/Prenatal/Postpartum	Traumatic Brain Injury
Adjustment Disorder	Consultation	HIV/AIDS	Prejudice/Discrimination	Weight Control
Adoption	Coping Skills	Hoarding	Process Addiction	Women's Issues
Aging	Couple's Counseling	Hypnosis	PTSD	
Alcohol Use	Crisis Intervention	Infertility	Racial Identity	
Anger Management	Cultural Adjustment	Intellectual Disability	Rehabilitation	
Anorexia	Deaf/Hearing Impaired	Internet Addiction	Relational Trauma	
Antisocial Personality Disorder	Depression	Learning Disabilities	Relationships	
Anxiety	Developmental Disorders	LGBTQIA+	Schizophrenia	
Attachment Issues	Disability Determination	Life Transitions	Seasonal Affective Disorder (SAD)	
Autism Spectrum Disorder	Disruptive Mood Dysregulation (DMDD)	Loneliness	Self-Esteem	
Avoidant Personality Disorder	Dissociation	Marital and Premarital	Self-Harming Behaviors	
Behavioral Issues	Dissociative Identity Disorder	Medical/Health Psychology	Sex Therapy	
Binge Eating Disorder	Divorce	Men's Issues	Sexual Abuse	
Bipolar Disorder	Domestic Abuse	Military/Veteran's Issues	Sexual Addiction	
Blended Families	Drug Abuse	Multicultural Concerns	Sleep Disorders	
Body Image Disorders	Dual Diagnosis	Narcissistic Personality Disorder	Smoking Cessation	
Borderline Personality Disorder	Eating Disorders	Neuropsychology	Social Anxiety	
Bulimia Nervosa	Elder Care	Obsessive Compulsive Disorder	Somatoform Disorders	
Cancer	Emotional Abuse	Oppositional Defiance	Spirituality/Religion	
Career Counseling	Exercise Addiction	Organizational Development	Sports Psychology	
Caregiver Issues	Family Conflict	Pain Management	Stress	
Child or Adolescent	Family Therapy	Panic Disorders	Substance Use	
Child Custody Evaluation	Fears/Phobias	Parenting	Suicidal Ideation	

CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

INFORMATION & REFERRAL DIRECTORY

Insurance Accepted

Please circle or put a check mark next to all accepted insurance plans:

- ☐ I do not currently accept insurance.
- | | | | | | |
|---------------------------------------|---|--|---|---|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Beacon | <input type="checkbox"/> Covenant Management | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Optum | <input type="checkbox"/> Smart HealthAscensio |
| <input type="checkbox"/> Ambetter | <input type="checkbox"/> Blue Cross Blue Shield | <input type="checkbox"/> Humana | <input type="checkbox"/> Medicare | <input type="checkbox"/> Oscar | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Cigna | <input type="checkbox"/> Magellan | <input type="checkbox"/> Optima Health Plan | <input type="checkbox"/> PHCS/Multiplan | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> Other: _____ | | | | | |

PRACTICE DETAILS & APPOINTMENT OPTIONS

I am currently seeing clients: (Check all that apply)

- ☐ In-Office ☐ Virtual/Telehealth

I am currently offering the following types of appointments: (Check all that apply)

- ☐ Individual ☐ Couples ☐ Family ☐ Group ☐ Workshops/Classes ☐ Colleague Consultation

I am currently seeing clients in the following age ranges: (Check all that apply)

- ☐ Children (Under 6) ☐ Children (6-12) ☐ Teenagers (12-18) ☐ Young Adults (18-24) ☐ Adults (24+) ☐ Elders (64+)

My practice is located: (Check all that apply)

- ☐ Central ☐ North ☐ South ☐ East ☐ Northwest ☐ Southwest ☐ Northeast ☐ Southeast ☐ Round Rock
☐ Kyle/Buda ☐ Pflugerville ☐ Wimberley ☐ Georgetown ☐ Cedar Park ☐ Leander ☐ Other: _____

Languages Spoken Fluently: (Check all that apply)

- ☐ English ☐ Spanish ☐ French ☐ ASL ☐ Other: _____

DONATE TO CAPA

I would like to make a voluntary contribution to the Capital Area Psychological Association to sustain CAPA programs and community charitable donations. I would like to make a donation in the amount of:

- ☐ \$10.00 ☐ \$15.00 ☐ \$20.00 ☐ \$25.00 ☐ \$50.00 ☐ \$75.00 ☐ \$100.00 ☐ Other: \$_____

ATTESTATION

I affirm that all of the information I have shown here is true. I agree to abide by the Code of Ethics of the American Psychological Association and by the guidelines of the Texas State Board of Examiners of Psychologists.

SIGNATURE: _____ DATE: _____

Checks and membership applications can be mailed to:
Capital Area Psychological Association
PO BOX 996, Boerne, TX 78006
capitalareapsychassoc@gmail.com
(512) 451-4983
www.austinpsychologists.net

CAPA EXECUTIVE COMMITTEE MEETING MINUTES

MARCH 10, 2023



The CAPA Executive Committee met on Friday, March 10, 2023 with the following members present: Corinne Zupanick, PsyD, Dan Roberts, PhD, Elisabeth Middleton, PhD, David Heckler, PhD, Leena Batra, PhD, Swapnila Das, PhD, and Stephen Kolar, PhD.

Dr. Zupanick called the meeting to order at 11:20 AM. Agenda items were listed: writing statements regarding public topics, discussion regarding input from a CAPA member for additional training, seeking a tech expert for lunch setup, update on speakers and ethics seminar, review and make changes for informational CAPA card, and a proposal for ½ day CAPA conferences.

The board reviewed and discussed three proposals for written statements on the CAPA website regarding controversial public topics. Three proposals were considered: permit inclusion to contain links to well-established, vetted websites for informational purposes (e.g., TPA), permit inclusion of brief statement by two or more CAPA representatives that includes and analysis of the controversy via ethical principles involved, or do both. There was a motion to vote on each of these three proposals and none received the necessary votes to pass. Dr. Zupanick reviewed that this topic is now concluded and removed from unfinished business. It may be voted on in the future if needed.

The board discussed the need for a weekly meeting volunteer to help with AV setup. A motion was made to vote to approve CAPA covering the cost of lunch for a volunteer to regularly handle this equipment and setup. This would include storing equipment, bringing it to each CAPA monthly meeting (and possibly other events if necessary), setting up the equipment prior to the meeting, and removing the equipment and taking it to store it after the meeting is ended. The motion was passed unanimously to provide lunch for this volunteer at monthly meetings.

A discussion of monthly speakers and the ethics workshop was held. Dr. Batra noted she had obtained a prime speaker for the fall workshop on reproductive ethics but this person is not available for the spring. The option to postpone the spring workshop was discussed and what this would entail. Dr. Middleton mentioned a request from CAPA member Dr. Barbara Corff to have more speakers and trainings. It was suggested that Dr. Middleton contact Dr. Corff to assist with succession planning for securing speakers and due to the additional work this would involve. The decision on whether or not to offer additional trainings was postponed. Drs. Middleton and Batra will coordinate to determine date and speaker for the ethics training. They will inform the board and members once they have reached a decision and coordinated with speakers.

Remaining topics were tabled for future discussion.

Dr. Zupanick adjourned the meeting at 12:03 PM.

CAPA GENERAL MEETING MINUTES

MARCH 10, 2023



Dr. Zupanick welcomed new members. She reported that CAPA membership has continued to climb each month, with 126 current members (up from 118 members at this time last year). She encouraged members to incited colleagues to attend meetings and join CAPA.

Dr. Zupanick reported that CAPA has a healthy balance of \$72,828. She announced to members that the board is looking for a member to store, setup up, and take down AV equipment each monthly meeting. CAPA will cover the cost of that person's lunch each meeting for this service. She encouraged members to contact a board member if they are interested in this opportunity.

New CAPA information cards will be available at the next CAPA meeting to deliver to colleagues. These will help to inform them about CAPA and encourage them to attend a meeting or join. Dr. Zupanick said there will be an April monthly meeting and potentially an April Ethics Workshop (with more information to follow regarding the workshop).

Dr. Middleton introduced today's speaker, Erin E. Andrews, PsyD, ABPP. Dr. Andrews is the Psychology Program Manager for the VA VISN 17 Telemental Health Clinical Resource Hub. She is an Associate Affiliated Clinical Professor in the Department of Psychiatry at Dell Medical School, the University of Texas at Austin. She is Board Certified in Rehabilitation Psychology. Her interests include disability identity, cultural competence, rights, disability inclusion in psychology training, and reducing bias in disability language. She is the author of *Disability as Diversity: Developing Cultural Competence*, published in 2019 by Oxford University Press. Her presentation was titled, "Disability as Diversity 101 for Psychologists."

Dr. Andrews first talked about the Americans with Disabilities Act and its definition of a disability. A person has a disability if they have a physical or mental impairment that substantially limits one or more major life activities, have a record of (past diagnosis) or such impairment, or is regarded as having such an impairment. Dr. Andrews noted that most disabilities (80%) are not visibly apparent and would not be recognized during a brief interaction with a person with a disability.

Disabilities can be congenital (since birth) or acquired as the result of injury or the disease process. The longer a person lives, the more likely they are to develop a disability. Some disabilities are progressive and change over time while others are stable. There are multiple types of disabilities including physical (injury, pain, disfigurement), sensory (hearing loss, low vision), cognitive (TBI, dementia), developmental (ADHD, learning disability, autism), chronic diseases (HIV/AIDS, diabetes mellitus, heart disease, cancer), psychiatric (schizophrenia, depression), or ones that affect multiple systems (stroke, multiple sclerosis, TBI).

Dr. Andrews noted that disability is often thought of mainly in the medical model as an individual problem rather than a diverse social, political, and cultural experience. She suggested disability should be included in discussions around diversity along with areas such as race, ethnicity, and gender. There are five disability models: moral, medical, rehabilitation, social, and diversity. The first three see disability as a problem that needs to be fixed. The social model, however, sees disability as a social construction with attending environmental, structural, and attitudinal barriers that hinds those with disabilities from full participation in society. This model was supported by the original disability rights and independent living movements and has given was to the more modern diversity model. The diversity model of disability says that disability is an individual difference within the normal spectrum of diversity. Disability is viewed within the cultural and sociopolitical experience and identity and rejects the notion that disabled people are inherently "defective."

Dr. Andrews reported that the primary problem in the lives of disabled people is ableism and a system that devalues and excludes those with disabilities. This involves prejudicial attitudes and discriminatory behavior toward disabled people and has led to historical oppression and marginalization of the disabled. Ableism has multiple types including interpersonal, individual/internal, institutional, structural, and systemic. Interpersonal ableism is the one type that is above the surface and not hidden. Myths and stereotypes about disabilities are common in contemporary cultural and media portrayals. These may yield biases and prejudice that result in institutionalized oppression. The other types of ableism are often subtle and may involve people who are unaware that they are being discriminatory.

There can be explicit or implicit biases against people with disabilities. Explicit biases are ones we are aware of and express outwardly. Implicit biases are often on a subconscious level (a person is unaware they have them), are often ingrained, and may be subtle. These implicit negative biases can be reduced by recognizing and managing them. One way to examine potential negative biases is by taking the Implicit Attitudes Test (IAT) that is specifically regarding disabilities. Family members of those with disabilities have lower explicit bias but the same implicit bias as family members who do not have a member with a disability. Women tend to feel more favorably to people with disabilities than men. As education increases, explicit bias decreases but implicit bias increases. Health care providers are generally not cognizant of their own disability biases.

Different disability types face different levels of stigma and ableism. Psychiatric and intellectual disabilities typically face the most stigma while physical and chronic illness face the least. People also stigmatize those disabilities the most if the individual is seen as responsible for their disability (e.g., substance abuse). Additionally, a person's negative attitudes towards disability are impacted by their relationship and closeness with those with disabilities. According to Andrews' Continuum of Social Proximity, being a peer/coworker or family member of a person with disability actually yields a neutral effect on attitudes towards the disabled. Individuals that have a supervisor or instructor who is disabled view them as more positive. Conversely, when asked if one would consider a disabled person as an intimate or romantic partner that yields negative attitudes.

Andrews' Catastrophize-Sensationalize Continuum notes that overly positive and negative stereotypes diminish a person's individuality and dehumanize them. When people talk in overly positive terms, that the disabled are "heroes," "inspirational," "amazing," and "superhuman" this can cause negative impacts. The concept of "inspiration porn" involves using images of disabled people with sentimental or motivational statements is damaging. This both makes nondisabled people feel better about themselves and also holds the average disabled person to an unattainable standard. Included in this is the concept that they are often praised for "overcoming" their disabilities.

Dr. Andrews talked about disability as a cultural experience. This involves the celebration and reappropriation of an identity that has historically been viewed as negative by society. Disability culture promotes a sense of belonging, heritage, an expression of pride, and camaraderie. Individuals with disabilities prefer to view themselves as autonomous with control over their life and quality of life, rather than independent and being separate from others. Core values include interdependence, use of disability humor, appreciation of human diversity, acceptance of human vulnerability, and a flexible approach to tasks. Disabled people would prefer to stay in their homes with their families rather than be sent to nursing homes.

Disability pride is the counter to the tendency to hide, deemphasize, or downplay disability. It involves embracing disability as a part of who one is and rejecting the shame and internalized ableism. There is pride in being disabled and being part of the disability community.

Enhancing cultural competence involves recognizing that individuals with disabilities face the same developmental tasks and milestones as other people. Their ability to achieve depends less on their disability and more on personal, familial, and systemic interactions. On the individual level, self-examination is critical to become aware of one's own biases. Dr. Andrews suggested reading works by disabled authors about the lived experience of disability. In practice, one should provide accessible physical locations, information (plain language), flexible scheduling, and be aware of sensory issues like a sensitivity to light, sound, or touch. Dr. Andrews encouraged therapists to regularly check in with their clients for feedback on these areas and to ensure they are comfortable with the practice and have suitable access to services. Ramps, elevators, and larger bathrooms are examples of physical access issues. Information and communication can be improved with ASL or captioning, Braille or large print, or information presented in an audio format. This may include giving information at a slower pace and pausing to ensure understanding. Institutional strategies involve closely examining your organization's policies and practices that affect disabled clients and modifying as needed.

Dr. Andrews addressed questions from the audience.

The meeting was adjourned.

CAPA CLASSIFIEDS



Office Space & Opportunities

If you are interested in submitting a classified on CAPA's website, please submit the following information to capitalareapsychassoc@gmail.com

Classified Title Classified Description
Contact Name Contact Phone Number
End date for posted classified

Office space ads can be posted for free for up to 3 months. The cost for all other classified listings on the CAPA web site is \$30/up to 3 months. All non-office space ads must be prepaid before they will be approved for display. Once you have submitted your classified request, someone from site administration will contact you for payment.

Please note that posting in the CAPA Commentary is a separate process. You should email your ad to the editor for review.

OFFICE SUBLET NOW AVAILABLE (Spicewood Spgs Rd.)

A naturally wooded property on Spicewood Springs Rd between Mesa Dr. and Mopac. The office is 132 sq ft and furnished. It has glass double doors that lead out to a patio with large trees and green space. Birds and squirrels visit regularly. The area is very quiet, plenty of parking and established as a mental health professional community. There is a large waiting area (freshly painted), a huge fish tank and tasteful deco. The suite has 2 offices, kitchen, bathroom and storage. (One office is currently rented but may be used for flex time by reservation). The space is available all day Monday/Friday/Sunday and evenings for 375.00. Available starting April 1st. If interested, pls text Robin at 512-289-4646 or email robin@drrobinshaw.com Location: 4131 Spicewood Springs Rd, suite C-4, 78759

Seeking Office Lease or Sublease M-F in S. Austin

I'm an LPC/LMFT seeking a full-time (Monday - Friday) sublease of a single office within an office suite in South Austin. I currently office at Menchaca Rd and Davis Ln and would love to find another location close by. I'm open to leasing a full suite if it will fit in my budget. So please reach out if you know of any available spaces! Contact Kelly Ryan at paramountcounselingATX@gmail.com

Full-time Office Available in Round Rock

Full-time and part-time weekend office space available now in a small house that has been converted into 5 offices, just 4 blocks north of Downtown Round Rock on Fannin Avenue off of North Mays Street (and dangerously close to Round Rock Donuts, Kawaii Shaved Ice, Liberty BBQ, and several coffee shops!) Currently, there are two psychologists and several psychotherapists working in the space (with independent practices). There is parking directly in front, a furnished shared waiting room with large air filter, a staff kitchen/breakroom, a private therapist bathroom, a small group/meeting room with work space and printer, and a client bathroom with changing table. Amenities include paid utilities, waiting room magazines, Wi-Fi, security alarm, paper products for bathrooms, a shared printer with paper and ink, and cleaning services (including individual offices). There is one full-time office available with a monthly rent of \$700 and an 11 month lease. There is a furnished part-time office available on Saturday and Sunday for a monthly rent of \$200. There are also mailbox rentals available for those working from home that need a physical address for their business for insurance companies. The office environment is friendly, quiet, and respectful, and all of the current therapists enjoy working together. If you would like to see a floor plan, arrange a time to tour the office, or ask any questions, please contact me (Sarah Sirbasku Williams) by calling or texting at 512-942-7171 or by emailing at drsarah71@gmail.com.

Office Space, Sublet for Part-Time

Office space available for sublet, either per day or per hour in South Austin, 78748. Beautiful space with natural light and great location. Suitable for work with adult clients. Contact Rachel Stroud at rachelstroudphd@gmail.com for more information.

Private Office Off South Lamar

We have an office available for rent in our suite of wellness/mental health professionals! Located in the Windsong Office Park, just off South Lamar. Office is approximately 100 sq ft, has a window overlooking a landscaped walkway, and is currently furnished. Suite includes a waiting room, bathroom, and kitchenette with fridge and microwave. There is ample free parking on site. \$825 a month for the space, which also includes wifi and utilities, b/w printing, and coffee/tea. Contact Edward Dreslinski at admin@socopsychotherapy.com

CAPA CLASSIFIEDS



Office Space & Opportunities

Part Time Office Space in Cedar Park

Beautifully furnished office space available for immediate move in. One office remaining for part time clinician. Brand new furniture and flooring with a nature/boho vibe. Includes warm and welcome waiting area and kitchenette. Internet, printing, janitorial, coffee service provided. Office is conveniently located near Parmer and 1431. The office is 1 of 4 in a suite with 4 other therapists and a coach. Consultation group and supportive community of professionals working from Systems approaches (natural family systems and Internal Family Systems) are available depending on each clinician's need. Part time (20 hours) \$410/month. Feel free to reach out directly aaron@balancementalhealthcounseling.com

Therapy Office in South Austin by Radio Coffee

Looking for 1-2 therapists who want to rent a well situated corner lot house in South Austin. Very close to Radio Coffee. Right now property is a long term rental, but with a lease can convert the space within 30 days. The property is a 2/1 that was remodeled down to the bones in 2019. The rent is \$1250 per office/per therapist. We can be the office for your entire practice, reach out to discuss. You can decorate or we can, already have a nice front office couch and chairs, will negotiate on as much furniture as you want for the practice. Great outside sitting area also. Contact: Laura LeMond at lauraslemond@gmail.com

Office Space in Quiet Area

Office space for lease in psychotherapy practice setting. We have space available for therapists or similar professionals in a quiet building with peaceful surroundings. The office is located in the Wild Basin area (78746). We have three available offices ranging from 110 to 165 sq ft. Utilities, furniture, and cleaning are included. Rooms are appropriate for individual therapy, couple's counseling, and groups. Prices for full time use are 1st office, about 11' x 10' is 900/month; 2nd office, about 14' x 9' is 1100/month and; 3rd office, about 11' x 15' is 1500/month. We have flexible schedules; you may also rent office space for part-time use. For more information, please call Ivonne at 512-494-4162

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INTERESTED IN A CAPA BOOK CLUB?



Email CAPA President, Dr. Corinne Zupanick, PsyD for more information: drcez2@gmail.com



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Accepted articles exceeding these limits may be published in successive issues.

Deadline for submissions is the third Friday of each month preceding month of publication. Submit to John Godfrey, PhD at johng23447@gmail.com

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