CAPA COMMENTARY

The Newsletter of the Capital Area Psychological Association



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PRESIDENT'S COLUMN

Corinne E. Zupanick, Psy.D Greetings Colleagues,

It has been both a delight and a challenge serving as CAPA president for our first year together post-pandemic. As this is my final newsletter, I'd like to end in the same manner I began- with a thoughtful reflection upon the past year, and an expressed hope for the future.

In my January CAPA newsletter I began by expressing my sadness and grief over the socio-political effect of CoVid, which widened the fractures in our society, and killed over 1.1 million Americans. Looking back, I must admit I did not relish the thought of being the President during this first post-CoVid year as we attempted to transition back to "normal" (knowing in advance it would be anything but "normal"). It often felt as though I was about to become the Captain of a sinking ship.

I am especially grateful to our Executive Committee for their guidance, perseverance, and patience as we navigated the inevitable (unenviable?) stormy weather together. The eye of the storm was declining attendance, and declining membership during CoVid. We were conflicted and uncertain about how to best proceed to recover from these effects and to serve our membership. We simultaneously knew no matter what we did, someone would be unhappy. We recognize if our membership does not expand and diversify, the future of CAPA will remain uncertain. This uncertainty created anxiety and distress for us all and its solution was elusive.



To assist us, we conducted a survey. Afterall, what psychologist doesn't love a good survey? The results were presented and discussed at our membership meetings. They are also included in this newsletter. The main takeaways are not surprising:

- 1. The response rate (65%) indicated the survey results accurately represented our membership and the results are valid and reliable.
- 2. Roughly one half (44%) prefer a mixture of Zoom and in-person meetings. Of the remaining respondents, the majority preferred Zoom over in-person (33% vs. 23%).
- 3. As for the reasons for respondent preferences:
 - a. Factors favoring virtual meetings
 - i.29% valued convenience and flexibility,
 - ii.30% cited time, distance, and schedule barriers to in-person meetings;
 - iii.4% cited health concerns that prevented them from attending in-person meetings.
 - iv. Other reasons were not enjoying networking.
 - b. Factors favoring in-person meetings
 - i. 26% valued friendship and networking most.
 - c.9% indicated they don't care how they receive CEUs.
- 4. If both options were offered 65% preferred Zoom over in-person.
- 5.If meetings were offered virtually, 66% would prefer live-stream where meetings are offered in real-time and questions and comments can be made.

Thus, from these results we can see that the struggle the Executive Committee was having about how to best proceed was indicative of evenly split preferences by our membership. Nonetheless, the survey provided enough information to make the decision to trial offer simultaneous in-person AND live-stream meetings in 2024. The price will remain the same whether someone attends the in-person luncheon, or whether they choose to attend virtually. We are hopeful it does not reduce in-person attendance because we must have a minimum number of persons for our contract with Carillon.

Thus, in this first year back, our survey provided a way forward in these uncharted waters, allowing us to meet the needs and preferences of our membership. This was a significant accomplishment but also represented a significant change. Predictably, there was some strong resistance to a change of this sort. As the saying goes, "The data doesn't lie" so we trusted the data to guide our final decision. Change is often a painful part of growth. But as I indicated in my first newsletter, if we are not growing, we are dying. This is true of any organization.

Our survey also asked for volunteers to participate in a newly forming Speakers Committee. We were delighted and grateful that six members have stepped forward to serve in this capacity. The formation of this committee provides a way to get more input into the selection of topics and speakers. It also provides a way for members to contribute to the ongoing growth and development of CAPA leadership. This succession planning stabilizes CAPA's future.

With respect to the essential goal of organizational growth, we haven't been particularly successful. We recognized the critical need to build membership. We also recognize the best way to accomplish this is by personal invitation from CAPA members to other psychologists within their professional networks. Therefore, we decided to offer free lunch to first-time guests to encourage our membership to invite guests. Despite multiple appeals asking membership to invite at least one guest this year, only five persons stepped up to this challenge. Two of their guests subsequently joined CAPA. Thus, while the ability to invite guests, without charge, was an effective tool to build our membership, it cannot succeed without members' willingness to take ownership of this critical goal.



We also developed and produced an informational marketing card for members to distribute to colleagues and at conventions, etc. We thought the card could provide a tool for members who cannot attend in-person meetings, to enable them to fulfill the goal of increasing and diversifying our membership. The card has not yet been used to its fullest potential. We welcome member's ideas for other ways to distribute these cards. If you do not attend in-person meetings and would like a batch of these cards mailed to your workplace, please let us know.

Finally, my January newsletter suggested a remedy to my own despair over our fractured world. I asked us to expand our professional identity to include the role of Citizen Psychologist. I've discussed various aspects of this role in each of my newsletters. I tried to encourage each of us to find at least one way to serve as a Citizen Psychologists by applying our science and knowledge to serve our communities and organizations.

None of these accomplishments could have been achieved without the teamwork and goodwill of our Executive Committee. Transitions are difficult but each member of our EC tirelessly devoted their time, talent, and energy. I am so grateful and humbled to serve alongside such a wonderful group of colleagues. Their tremendous commitment to each other, to CAPA membership, and to our profession, enabled us to face the many challenges and changes that resulted in the aftermath of CoVid. I am forever grateful for their goodwill and patience as I worked through some very difficult health issues. We are fortunate to have Dr. Swapnila Das at the helm in 2024. I have every confidence that under her leadership we will continue to thrive.

With gratitude, Corinne E. Zupanick, Psy.D.

CAPA Preferred Meeting Method Survey Results

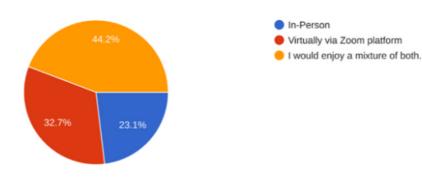
September 2023

Participants: 104 individuals

Question 1:

Do you prefer to meet:

104 responses



In-Person: 24 responses

Virtually via Zoom: 34 responses

I would enjoy a mixture of both: 46 responses

Question 2:

Please select the primary reason for your choice in question 1:

103 responses



I value convenience and flexibility most: 30 responses

I live/work too far away to attend in-person meetings: 27 responses

I value friendship and networking most: 25 responses

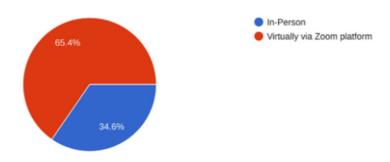
I just need the CEUs. I don't really care that much about how I receive them: 9 responses

Other Answers:

- Question left blank: 1 response
- COVID risk
- I'm ill and sometimes can't leave home. Having both helps a lot.
- Concern about health as we navigate this virus which remains with us
- I'd rather be in person, but often can't lately due to an injury or other commitments.
- I can't sacrifice a half-day in my practice in order to attend + travel
- If I'm feeling social, I come in person. Zoom is great for taking notes for a topic in which I'm especially interested.
- · I can't take that much time off on Fridays anymore.
- · I am tired of virtual meetings
- This is a poorly constructed question. My answer is I like the in person personal contact and the luncheons.
 Zoom does not allow this and in fact defeats interpersonal contact.
- Between work and children, I have a difficult time getting to the meetings in person.
- I love meeting in person, but my current schedule does not usually allow it. Also, they usually fall on the same day as Brazos Valley meetings. I love the BV meetings be you pay one price at the beginning of the year, then don't have to worry about it again. That is why I have been choosing them over CAPA.

Question 3:

If BOTH options were provided, which option would you more regularly choose: 104 responses

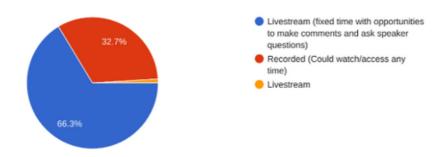


In-Person: 68

Virtually via Zoom platform: 36

Question 4:

If meetings were conducted virtually, would you prefer: 104 responses



Livestream (fixed time with opportunities to make comments and ask speaker questions): 69 Recorded (could watch/access any time): 34

Livestream: 1

Question 5:

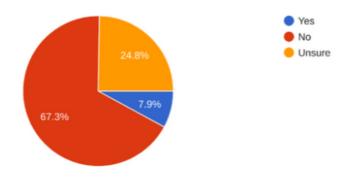
Monthly meetings are held on the second Friday of the month from 12:00 PM - 1:30 PM. On these days, what area of Austin are you located in? (Check all that apply.)

- Central 23
- North 14
- South 12
- East 1
- West 5
- Northwest –24
- Southwest 15
- Northeast 1
- Southeast 4
- Round Rock 2
- Kyle/Buda 2
- Pflugerville –1
- Wimberley 3

- Georgetown –2
- Cedar Park 4
- Leander –0
- Liberty Hill -0
- Hutto − 2
- Out of State- 4
- Marble Falls 1
- Spicewood 1
- Temple − 1
- Westlake −1
- San Marcos 1
- Burnet County 1

Question 6:

Would you be willing to serve on a speaker/training committee? 101 responses



Yes: 8 No: 68 Unsure: 25

CAPA NOVEMBER MEETING IS PSYCHEDELIC PSYCHIATRY REALLY GOING TO CHANGE CARE?

PRESENTER: GREG FONZO, PH.D.

NOVEMBER 10, 2023 12:00 PM - 1:30 PM

1.5 HOURS PROFESSIONAL DEVELOPMENT OFFERED



Photo courtesy of: https://www.hopkinsmedicine.org/news/newsroom/news-releases/2020/11/psychedelic-treatment-with-psilocybin-relieves-major-depression-study-sho

About the Workshop:

In this presentation, Dr. Fonzo will summarize recent efforts to develop psychedelic compunds, including psilocybin and MDMA, into FDA-approved therapeutics for mental health conditions. He will discuss the impetus underlying this approach, pharmacology, unique factors differentiating psychedelic therapies from other evidence-based treatments, summarize existing data for efficacy, and highlight areas for further development and dissemination, including efforts at UT's recently-launched Center for Psychedelic Research and Therapy.

Learning Objectives:

- 1. Identify factors that differentiate psychedelic-assisted therapies from other evidence-based treatment approaches
- 2. Discuss/update on psilocybin and MDMA-assisted therapy evidence base
- 3. Identify key areas for further development in optimizing and disseminating this novel approach

About the Speaker:



Greg Fonzo, PhD is Assistant Professor and Co-Director of the Center for Psychedelic Research and Therapy in the Department of Psychiatry and Behavioral Sciences at the University of Texas at Austin Dell Medical School. He completed his Ph.D. in Clinical Psychology at the San Diego State University / University of California-San Diego Joint Doctoral Program, and he completed his postdoctoral fellowship in biobehavioral research at the Stanford University School of Medicine. Dr. Fonzo's laboratory utilizes non-invasive neuroscience tools such as neuroimaging and brain stimulation probes to elucidate neurobiological mechanisms of: a) stress-related mental health disorders such as posttraumatic stress disorder, anxiety, and depression; and b) evidence-based treatments such as psychotherapy and antidepressant medications. His research also focuses on designing and establishing mechanisms and efficacy of novel neuroscience-informed interventions, with a particular focus on psychedelic-assisted therapies and neuromodulation. He was the 2020 winner of the prestigious One Mind Rising Star Award for his novel research on focused ultrasound neuromodulation. His research is funded through the National Institutes of Health, several private foundations, and philanthropic gifts. His work and that of his collaborators have been published in top tier psychiatry/neuroscience journals, including Nature Biotechnology, Nature Human Behaviour, Science Translational Medicine, Molecular Psychiatry, The American Journal of Psychiatry, Neuron, Biological Psychiatry, and JAMA Psychiatry.



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 September through November 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.

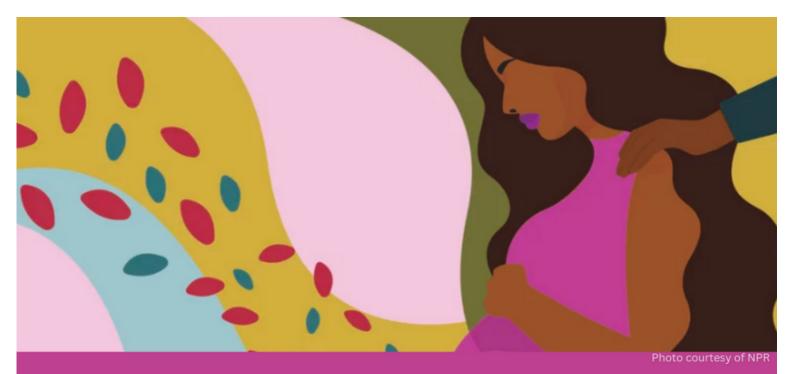
This is still below what it actually costs CAPA:

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:

"Cultural Considerations in Pregnancy Loss and Infertility"

Presented by Dr. Sunita Osborn and Margot Kahn, LMFT

3 Hours of Cultural Diversity Professional Development

THE INVESTMENT:

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

STUDENTS: \$30



November 10, 2023



2:00 PM - 5:00 PM



Thompson
Conference Center
Room 2.120

Space is limited, register today!

Registration: www.austinpsychologists.net



THE WORKSHOP:

Pregnancy loss and infertility is ubiquitous to all cultures and yet, each individual's cultural identities and intersectionalities can create a unique impact from these universal experiences. This attachment-informed, experiential workshop will discuss the psychological impact of pregnancy loss and infertility at the individual and systemic level as well as cultural assumptions around pregnancy, grief, and identity. Attendees will learn key concepts related to these experiences including the reproductive story and reproductive trauma and tangible ideas and culturally-informed interventions to best support individuals following pregnancy loss and/or infertility.



Learning Objectives:

- 1. Utilize clinical, culturally-informed strategies to assess, conceptualize, and treat pregnancy loss and infertility.
- 2. Employ evidence-based grief and trauma interventions to treat pregnancy loss and to support clients in future reproductive journeys.
- 3. Build the development of greater insight in both clinicians and clients they are treating.

THE SPEAKERS:



Dr. Sunita Osborn is a licensed clinical psychologist, writer, and is certified in perinatal mental health. After finding herself lost and without a map after her own experiences of pregnancy loss, she became committed to increasing awareness and decreasing stigma towards miscarriage. Her books, The Miscarriage Map: What To Expect When You Are No Longer Expecting and The Miscarriage Map Workbook: An Honest Guide To Navigating Loss, Working Through the Pain, and Moving Forward are based on her personal experience with miscarriage as well as her professional experience helping clients deal with life after miscarriage.



Margot Kahn is a licensed marriage and family therapist that is based in Houston and licensed in California, Texas, and Colorado. While living and working as an assistant program manager for a community mental health agency in San Diego, Margot was part of a comprehensive training with the Cultural Competency Academy. This specialized program equipped her with the necessary tools to navigate the complexities of working with BIPOC and immigrant individuals, couples, and families from diverse backgrounds. Having worked with both underserved and privileged populations, Margot has developed a nuanced understanding of the intersecting factors that influence her clients' lives. Margot's ultimate goal is to empower her clients to overcome challenges, foster personal growth, and build healthier and more fulfilling relationships and to support clinicians by having and starting authentic, culturally-informed, and meaningful conversations.

CAPA EXECUTIVE COMMITTEE MEETING MINUTES OCTOBER 12, 2023



The CAPA Executive Committee met virtually on Thursday, October 12, 2023 with the following members present: Corinne Zupanick, PsyD, Dan Roberts, PhD, Elisabeth Middleton, PhD, Leena Batra, PhD, David Heckler, PhD, Swapnila Das, PhD, and Stephen Kolar, PhD.

Dr. Zupanick called the meeting to order at 8:00 PM. The board discussed items for the general meeting for the following day. Some board members will try to get there early at 11:30 AM to help with A/V setup.

Dr. Middleton reported that six members volunteered to be on the CAPA speaker committee. She has requested that they come to their first meeting with a speaker suggestion for next year. Committee members who succeed in getting a speaker to present at a general meeting will be able to introduce that speaker during the meeting. Dr. Heckler has sent emails to his faculty in search of speakers.

Dr. Zupanick noted that the board has openings for 2024 for president-elect, treasurer, practice representative, and student representative. Dr. Roberts noted John Godfrey, PhD was nominated to run for president-elect. Dr. Middleton said she would ask at the speaker committee meeting if any members would like to run for an officer position. Dr. Das recommended meeting students from the psychology department at the University of Texas (which could help with finding a student representative). Dr. Zupanick noted that the board should try to get nominations in the next few weeks so ballots could be mailed out to members by the end of October 2023.

Dr. Zupanick brought up the question of how to conduct a CAPA general meeting in-person and online simultaneously. Dr. Heckler explained to the board how this would work and shared his screen to do so. He said that a cohost/moderator would have to manually move through the slides for the presenter. The board talked about having Amber Nicholson, MEd, available for setup for meetings. Dr. Heckler recommended practicing an online meeting during the next general meeting in November.

Dr. Batra reminded members about CAPA's upcoming Cultural Diversity Workshop on November 10, 2024. The workshop will be held at the Thompson Conference Center at UT and Dr. Batra has worked with them to schedule this. She will talk with them for costs to record and use Zoom for the workshop and the board will decide if this will be done.

The board talked about issues related to having on-line meetings and recording speakers. Dr. Middleton said the board should remind members that some attendance in-person is needed due to the agreement with the AT&T Conference Center. CAPA meetings need a minimum of 20 members in attendance to offset additional expenses for meals. Dr. Roberts said the board needed to tell speakers that they would be on zoom (and recorded if this route is taken).

Dr. Middleton encouraged the group to resume having CAPA parties for socializing, networking, and recruitment. This was also a chance to meet with local area psychologists when they were invited to attend. CAPA previously had two CAPA parties a year, one in January and one in the fall around September or October. This practice changed due to Covid-19. The board discussed and approved the idea of having a CAPA party in January 2024 and Dr. Middleton will announce to members at the next general meeting.

Dr. Zupanick adjourned the meeting at 9:00 PM.

CAPA GENERAL MEETING MINUTES OCTOBER 13,2023



Dr. Zupanick welcomed members and new members and guests introduced themselves. She told members that the board was working on presenting meetings in-person and on-line simultaneously and would try this as an experiment for the general meeting in January 2024. Both meetings will be \$20, so in-person members get a nice lunch and socialization for "free." Dr. Zupanick reminded members that CAPA needs some attendees to view meetings in-person to offset costs with the AT&T Conference Center. CAPA continues to try to build membership and guests who are not members can attend their first meeting for free (and get lunch for free) and CAPA will absorb the cost.

Dr. Zupanick told members that on November 10, 2023 CAPA would host the CAPA Diversity Workshop at the Thompson Conference Center from 2-5PM. She announced that there would be a CAPA Winter Party in January 2024 and that we are looking for a host for this. Dr. Zupanick reminded members that TPA's annual meeting is November 3rd and 4th.

Dr. Middleton announced today's speaker, Mackenzie Steiner, PhD SEP. Dr. Steiner is a psychologist who presented to ASPP last month on the process of coming out and the challenges and core principles of gender transformation. Dr. Steiner specializes in complex trauma and addictions work. Her work includes elements from CBT, DBT, mindfulness, and psychodrama. Her talk was titled, "Beyond Dreams of Transformation."

Dr. Steiner talked about how western ideology about being transgender is different from the indigenous context. There are old-fashioned concepts that are not used anymore when discussing transgender people and gender transformation. The terms sex and gender should not be used as synonyms anymore. The new terminology is SIEO, or Sex, Gender Identity, Gender Expression, and Sexual Orientation. Sex involves biology/anatomy, a physical distinction from genitalia at birth and secondary sexual characteristics after puberty. Designations are female, male, and intersex. The term "biological sex" is old fashioned and one should use "assigned sex at birth." Gender identity is one's internal sense of who they are and gender expression includes clothing, adornments, and behavior. When talking of transition, it is no longer proper to say female to male (FTM) or male to female (MTF). One should say assigned female at birth (AFAB) and assigned male at birth (AMAB). For other terms, "cis" means on the same side of and "trans" means on the other side of.

Dr. Steiner discussed elements of gender identity and the idea of subconscious sex put forth by Julia Serano. Ms. Serano said subconscious sex refers to "intrinsic inclinations" that arose "on a deep, subconscious level and generally remain intact despite social influences and conscious attempts by individual to purge repress or ignore them." These are generally persistent and deeply felt. One has a conscious cognitive identification as trans or gender diverse (TGD).

CAPA GENERAL MEETING MINUTES OCTOBER 13,2023



There are multiple categories for gender identity and gender expression. Binary categories include examples of cis boy/man, cis girl/woman, trans boy/man, trans girl/woman, transsexual (many trans individuals do not like this term and consider it outdated). Non-binary categories include terms like non-binary, genderqueer, and gender fluid. Categories for gender expression include such terms as feminine, masculine, androgynous, butch, femme, drag king/queen. There is great overlap between men and women. Some women are more masculine than men; some men are more feminine than women. Categories for sexual orientation include terms such as heterosexual, lesbian, gay, queer, pansexual, etc.

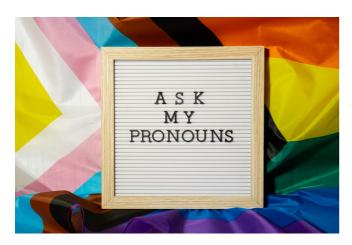
Forms of sexism increase transphobia and transmysogeny. Cissexism is "the belief that transexuals' identified genders are inferior to, or less authentic, than, those of cissexuals." This results in transphobia, "an irrational fear of, aversion to, or discrimination against people whose gender identities, appearances or behaviors deviate from societal norms." Additionally, transmysogeny occurs, "When a trans person is ridiculed or dismissed not merely for failing to adapt to gender norms, but for the expression of femaleness or femininity."

Dr. Steiner talked about her experience of coming out occurred and how her internalized transphobia came to her in the form of dreams. She believed her experience was hopeless because the idea of transforming herself seemed drastic and untenable.

Dr. Steiner discussed trans and gender diverse experience. She talked about erasure as society renders certain people or groups invisible and works to remove their history, pain, and achievements. Older generations of trans people had little to no way to meet with and join with other trans people. This led to them being driven underground, practicing stealth and trying to pass. Trans people were labeled as deviants, perverts, crazy, or child molesters and this can be seen in multiple movies of earlier time period like the 1990s and 2000s. This stigmatization and demonization led to problems such as homelessness, joblessness, and depression. Trans people have a suicide rate 10x that of cisgender people and violence, murder, and persistent microaggression are all consequences of the stigma put on by prejudiced societies. With the digital age, however, trans people now have an abundant resource to find people who are also trans. Dr. Steiner noted that the more online LGBTQ people are, then the healthier they tend to be.

In discussing gender dysphoria, Dr. Steiner talked about the psychological incongruence between sex and gender identity and the social incongruence between gender expression and identity. There is a simile that gender is like a pair of shoes. A good, comfortable pair is not noticed, but a bad fit makes every step annoying and miserable. When gender dysphoria is present, the shoes do not fit and are a constant reminder that something needs to change.

CAPA GENERAL MEETING MINUTES OCTOBER 13,2023



Dr. Steiner talked about her second coming out dream. Seeing herself in the mirror made her recognize that she did not want to look at herself. Her second dream felt like she was home for the first time in her body. She realized she was a transgender woman.

Dr. Steiner talked about the challenges in acquiring gender affirming care. There are significant differences between CIS and TGD care needs. On a medical level, TGC people may seek hormone replacement therapy (HRT) and/or surgery to align with their body, similar to how a cis person may seek medications or surgery to help with their body. ON a psychological level a TGD person may experience emotional distress from their own gender identity and expression versus the gendered norms and expectations of family and society. In a similar way, cis people may face psychological distress due to their physical or behavioral characteristics or dealing with stigmatized emotions for their gender.

Gender affirming cared as defined by the WHO involves "interventions to support and affirm and individuals gender identity when it conflicts with the gender they were assigned at birth." Gender affirming care is supported by most major medical organizations such as the American Academy of Child and Adolescent Psychiatry, the American College of Physicians, The American Medical Association, the American Psychiatric Association, the American Psychological Association, and the American Society for Reproductive Medicine (among others).

As one adopts an identity of trans or gender diverse, this transition for individuals is legitimate even if no outward transition is made. The psychological transition involves moving from first experiences of subconscious sex to conscious gender identification. This involves social elements (updating names and pronouns), medical changes (puberty blockers, HRT, surgery), and legal ones (changing your driver's license, birth certificate, social security card, passport).

The therapist's role in transition includes using the right name and pronoun, supporting them in the process of transitioning or not transitioning. The therapist should let their client explore and not push them one way or the other. Therapists can provide necessary letters and documentation in support of transition. Gender ASSET is a structured interview and training to help with writing surgical support letters. Therapists can help family members understand that family acceptance and support is one of the most powerful factors in long-term health outcomes of trans youth. Family support helps with many issues including self-esteem, life satisfaction, reducing risk of depression or suicide attempts. Dr. Steiner noted a helpful resource is "A Clinician's Guide to Gender-Affirming Care."

Dr. Steiner informed members that there are groups led by therapists who are not supportive of trans people and transitioning in general. They talk about "gender exploratory therapy" and go by the names of GETA and GENSPECT. The therapists in these groups criticize and oppose gender-affirming care as well as social and medical transition for transgender people. They oppose public health coverage for transgender healthcare at any age. These groups are affiliated with the Society for Evidence-Based Gender Medicine (SEGM) and the Alliance Defending Freedom.

Starting around 2014 in multiple countries (Spain, UK, Sweden, etc) there began an uptick in gender dysphoria referrals for individuals assigned female at birth. One theory was that there was a rapid onset of gender dysphoria (though this appears unlikely). A more likely explanation was that trans people and transitioning became more widely adopted mainstream due to cultural influences such as the television show Orange is the New Black. In 2014, Time Magazine had a cover story "The Transgender Tipping Point" which talked about the trans woman actress Laverne Cox who was on that popular show. This may have indicated that society was more ready and accepting of trans people and so individuals became more comfortable talking about their gender dysphoria than they had been previously.

Dr. Steiner noted that the idea that there are many detransitioners is false. In one study, regret from plastic surgery for non-trans procedures was 65% versus just 2% for trans specific surgeries. She reported that most detransitioners do so because they now can't get a job or the cost to continue the medical transformation is too great. These individuals would choose to not detransition if they could. Claims of elevated suicidal risk after transition are false.

The meeting was adjourned.

CAPITAL AREA PSYCHOLOGICAL ASSOCIATION

MEMBERSHIP FORM

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

2024 Membership Application

MEMBER INFORMAT	ION					
First Name:		Last Name:		Degre	e:	
Office Address:						
Home Address:						
Work Phone :						
Email:						
Webpage:						
PROFESSIONAL INFO	ORMATION					
Current Professional Position:						
Current Licensing Information	n: Psychologist	Provisional	Certified	Psychological Associate	Not Licensed	
License Number:						
Memberships in other professional associations:	American Psychologi	ical Association	Texas Ps	sychological Association		
professional associations.	Other:					
MEMBERSHIP CATE	GORIES					
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) I in an accredited college or ur	niversity and who are purs	uing an undergradu	ate or graduate degree in Ps	ychology	
Life Member: Updatir	ng Information Only					
PLEASE RESPOND TO	THE FOLLOWING	QUESTIONS:				
Has your license to practice ever been suspended, revoked or limited by a state licensing board? Yes No						
Have you ever been convicted of a felony? Yes			s No			
Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national Yes No No					s No	
Have you ever been found guilty of malpractice?				Ye	s 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 TECHNIOUES & 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 Psychological Testing/Evaluation EMDR Mindfulness-Based Stress Reduction (MBSR) Art Therapy Family Systems Motivational Interviewing Psychotherapy Attachment-Based Rational Emotive Behavioral (REBT) Family/Marital Therapy Multicultural

 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 Hoarding Process Addiction Adoption Coping Skills Women's Issues Couple's Counseling Aging Hypnosis

Alcohol Use Crisis Intervention Infertility Racial Identity Rehabilitation Anger Management Cultural Adjustment Intellectual Disability Deaf/Hearing Impaired Internet Addiction Relational Trauma Anorexia Antisocial Personality Disorder Depression Learning Disabilities Relationships **Developmental Disorders** LGBTOIA+ Schizophrenia Disability Determination Life Transitions

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

Medical/Health Psychology Behavioral Issues Dissociative Identity Disorder Sex Therapy Sexual Abuse Binge Eating Disorder Divorce Men's Issues Sexual Addiction Bipolar Disorder Domestic Abuse Military/Veteran's Issues **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.	
Aetna Beacon Covenant Management Medicaid Optum Sma	art HealthAscens
Ambetter Blue Cross Blue Shield Humana Medicare Oscar Tric	are
Anthem Cigna Magellan Optima Health Plan PHCS/Multiplan Unit	ted Healthcare
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 Consu	Itation
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 (6	54+)
My practice is located: (Check all that apply)	
Central North South East Northwest Southwest Northeast Southeast Round	d 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 comm charitable donations. I would like to make a donation in the amount of:	nunity
\$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.	I
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 CLASSIFIEDS



Office Space & Opportunities

JSale of Psychological Testing Equipment

Gone out of business! Test kits for sale: Wechsler Adult Intelligence Scale-IV \$600 Gray Oral Reading Test-5th Ed. \$150 Test of Memory Malingering (new) \$250 Wechsler Intelligence Scale for Children-V \$950 Kaufman Test of Individual Achievement-3rd Ed. (Used only twice) \$450 Comprehensive Test of Phonological Processing-2nd Ed. \$220 Free pick up or delivery! Contact Dan Roberts Ph.D. at drroberts78681@gmail.com or 512-293-4775

Newly Renovated Office Available

Newly renovated office available for rent in a 6-office suite on the first floor of a professional office building, centrally located on the corner of 2222 & Mopac. The suite has a waiting room, full kitchen and mail area. The building has available parking for clinicians and clients. Rent is \$950 a month and includes wireless internet, common area supplies, and cleaning services. Please note that this available office does not have any windows. For more information, contact Ashley Cooper, PsyD at drashleycooper@gmail.com or 512-708-0361.

Office Space in Lakeway Available

Bright and spacious office available. Lots of windows and modern decor and furnishings. Includes private waiting area and small office. Wifi and utilities included. Plenty of parking. Located close to restaurants and shopping area.

For more information, please contact Cristina Castro at cristinacastrophd@gmail.com

Central Austin Office Space Available

We have a large office for rent in our suite at the Jefferson Square building at 3724 Jefferson Street in Central Austin. The corner office boasts 344 square feet, natural light and room for individual, group and family sessions. The other six offices in the suite are filled with mental health practitioners. The vibe is calm and collegial! We have a large waiting room and parking lot, well-maintained restrooms in the lobby, janitorial services, and building security at night. If you are looking for office space among a community of easygoing folks in Central Austin, then please contact me for more details. The lease begins January 1, 2024. It's a five-year lease with the option to terminate at three years, plus six months of notice. The rent includes a small kitchen and some closet space for files. For more information, contact Mary Ellen West at maryellen@westfamilytherapy.com

Job Announcement: Licensed Psychologist or Provisionally Licensed Psychologist

Integrative Psychological Services, in Austin, TX, is seeking Provisionally Licensed Psychologists (or eligible) and Licensed Psychologists to join our busy practice. The primary responsibilities will be conducting intake assessments and providing therapy. to adolescents and adults, with opportunities to work with younger children. We are looking for therapists to see (1) adolescents and adults and (2) children and adolescents. Opportunities to provide psychological assessments, couples therapy, family therapy, group therapy, and meditation groups are also available. Competitive salary is offered. Ideal Provisionally Licensed Psychologist applicants will stay on as staff psychologists once licensed, but this is not a requirement of the position. While we are a group practice, we aim to limit the number of professionals in our practice to allow for personal preferences and a close tram environment. We strive to build a collaborative team of therapists, in which we support and value each other and promote work-life balance and self care as we provide high quality services to the people of Austin. To learn more about the practice, visit http://www.integrativepsychologicalservices.com.

Duties and Responsibilities:

- 1. Provide therapy to a diverse range of clientele. Therapists are needed for the following age groups: (1) adolescents and adults and (2) children and adolescents.
- 2. While not required, ideal candidates will offer some after school hours, with opportunities to work on weekends.
- 3. Write clinical notes and reports in a timely manner and maintain client files in accordance with ethical, legal, and the practice's standards.
- 4. Attend staff consultation groups.
- 5. Provisionally licensed psychologists attend weekly supervision to present cases and consult on clinical information and practice.

Qualifications:

- 1. Hold a graduate degree (Ph.D., Psy.D, MA) in clinical or counseling psychology from an accredited program.
- 2. Postdoctoral candidates must obtain a provisional license to practice under the supervision of a psychologist in Texas.
- 3. Experience working with adolescents and a desire to work with this population. For pediatrics only providers, experience working with children and adolescents. Play therapy is not required.
- 4. Training and experience with cognitive behavioral therapy. Demonstrate a willingness to learn and implement CBT with clients. There will also be opportunities for learning and implementing other therapies.

Services provided by Integrative Psychological Services:

- Provide clients and a busy caseload.
- · Place on company website and provide business cards.
- Scheduling and billing.
- Competitive compensation.
- 1099 or W2 positions available.
- Office space with access to small kitchen break room.
- Use of EMR, company email, fax services, copy and scanning services.
- Regular staff consultation group.

Application materials:

1. Cover letter 2. Current CV 3. 3 professional references

 $Send \ application \ or \ questions \ to: Jessica \ Buss, PhD \ drjessicabuss@gmail.com\ 512-261-8273$



CAPITAL AREA PSYCHOLOGICAL ASSOCIATION ADVOCACY, COMMUNITY, PROFESSIONAL DEVELOPMENT

CAPA Officers & Chairs:

President: Corinne Zupanick, PhD drcez2@gmail.com

President Elect: Swapnila Das, PhD sdas@yourpsychologist.net (512) 710-6568

Past President: Dan Roberts, PhD drroberts78681@gmail.com (512) 293-4775

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CAPA Commentary Editor: Dan Roberts, PhD drroberts78681@gmail.com (512) 293-4775 The CAPA Commentary is a regular publication of the Capital Area Psychological Association, P.O. Box 996, Boerne, TX 78006. Its eight issues, January through May and September through November, are free to CAPA members.

Submissions of informational or educational articles and comments are welcome for consideration for publication and are strongly encouraged. Recommended length of submitted materials is 500 words. 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 Dan Roberts, PhD at drroberts78681@gmail.com

CAPA Membership: For information about joining CAPA as a full, associate, affiliate, or student member, call 512-451-4983 or email capitalareapsychassoc@gmail.com

Advertisement and Announcement Policy: Appropriate payment made out to CAPA may be mailed to P.O. Box 996, Boerne, TX 78006 please memo check "Commentary Ad"). The editor reserves the right to edit all copy.

Advertisement Costs:

Newsletter: \$60 full page, \$40 half page, \$25 quarter page

Web Classified:

Office Space: Free, All others \$30 for 3

months

CAPA Information & Referral Service:

(512) 451-4983