



The BHPWG's final report was provided to the Senate Health & Welfare Committee in February.

Psychologists, LPCs Report to Senate

The "Behavioral Health Professional Working Group" (BHPWG) gave its final report to the Senate Health and Welfare Committee in February. The group was created by a Senate resolution in 2010 which asked psychologists and licensed professional counselors to work together to develop specific language for the counselors' legislation.

The BHPWG reported they made progress in clarifying standards for mental health professionals, and

also in building better collaboration between the two groups, one of their goals. However, they were not able to develop specific language, according to the final, nine-page report.

Con't pg 4

Gov Jindal Hopes to Protect Higher Ed, Healthcare

In a press release on February 21st, Governor Jindal announced that he was pursuing legislation that would give greater flexibility and help protect higher education and health care.

Con't pg 3

Inside this issue

- Complete story, Dr. Tucker, FWCC, pg 6-10
- Dr. Bill McCown, Bookshelf, pg 11
- LPA Election, pgs 17-20

Legislative Schedule

Redistricting, March 20th to April 13th.
Regular session for some bills, April 25th to June 23rd.

LSBEP Faces Sunset 2012

The Psychology Board will be reviewed in the 2012 legislative session, as part of the "Sunset" law. The law calls for a periodic review of all state boards. The purpose of the sunset review is to eliminate inactive entities, and "The elimination or consolidation of entities, programs, or activities which duplicate other governmental entities, programs, or activities."

LPA Survey Shows Concern with 251

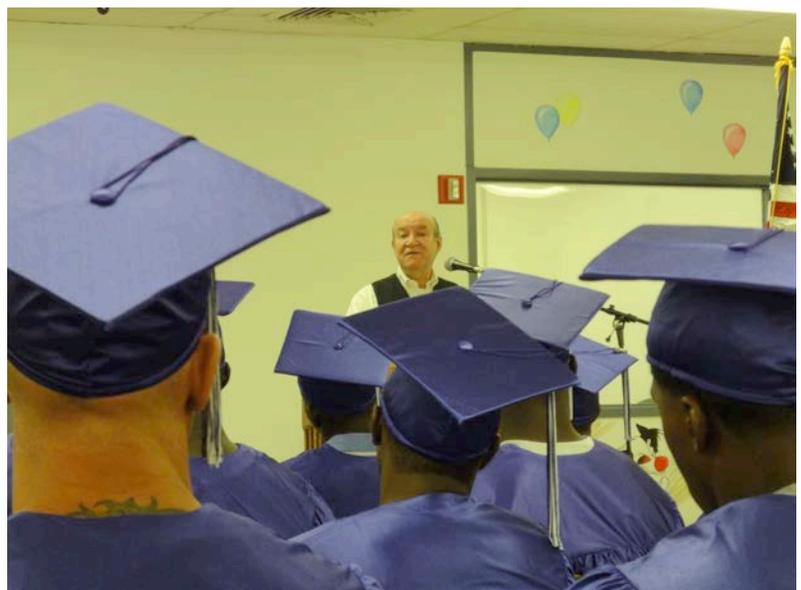
LPA executive council surveyed its members regarding a number of topics and found that up to 74 percent of respondents indicated they were concerned about Act 251. Results were published in the February LPA newsletter by Dr. Robert Storer, who coauthored the survey with Dr. Gail Gillespie.

Con't pg 3

Dr. Susan Tucker, Warden, Innovates To Help Offenders, Communities

Dr. Susan Tucker is the Assistant Warden at Forcht Wade Correctional Center-Clinical Substance Abuse Treatment Facility in Keithville, Louisiana, near Shreveport. She and her team use innovative approaches, modern communication technology, community coordination, and a keen awareness for doing what works, to improve lives, families and community safety.

Con't pg 6



Graduation at FWCC. Dr. Gil Loe at podium. (Photo courtesy FWCC.)

Editorial Page – Letters To The Editor

Dr. Tom Hannie

“Psychology is Much, Much More Than Health Care”

Already we have non-psychologists (there are NO psychologists on the LSBME) regulating the practice of all aspects of psychology by a number of psychologists.

Now we have a report by a group of professionals including Psychologists, LPCs, a Social Work representative, and the Exec Director of LSBME unable to come to a conclusion as to where we are going in this state with mental health care. This leaves as a possible (probable?) solution that several professions would be put under medicine. That model has been praised in the past by Dr. Marier (ED of LSBME) and may well be what Sen. Mount would like to propose to the legislature in April. Having her committee hear the bill would mean it would be very likely to pass that hurdle and be on its way.

Hey guys, please recognize that we are not like the other professions:

PSYCHOLOGY IS MUCH, MUCH MORE THAN HEALTH CARE.

Dr. Tom Hannie

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We welcome ideas for news, features, Letters to the Editor, photos, and other material related to psychological community of Louisiana. Editorials and commentary reflect the opinions of this newspaper. Columns and Letters to the Editor express the opinions of the writers and not necessarily those of *The Psychology Times*.

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Dr. Jerry Morris

President, American Board of Medical Psychology

After several years of serving on the board of the Academy of Medical Psychology and American Board of Medical Psychology the board has done me the honor to elect me President of the specialty board for the next two years. As I take that position we are reorganizing and automating the office and business functions to have faster and more efficient communication within the specialty and those students and interested doctors in the Academy who may or may not ever become board certified.

Board certification in medical psychology requires extensive training and demonstration of expertise. The specialist/diplomate in Medical Psychology must have extensive training at the post doctorate and post licensure level in the specialty. That training must go beyond simply becoming a Psychopharmacologist, but must follow the tenets of those designing Integrated Care for the nation where specialists in Medical Psychology will need to be able to diagnose and treat mental disorders with psychotherapy and medications (at a prescribing or consulting; LIII and LII functions) and be able to treat the psychological aspects of physical disorders (e.g. CHD, Obesity, Hypertension, Diabetes and especially juvenile onset diabetes, nicotine addiction and other addictions, and other disorders identified as negative cost drains on healthcare resources that have psychological and life-style components). Diplomates in the specialty of Medical Psychology have to pass a preceptorship, a national oral examination, and now a national written examination. Thus, the next generation of Medical Psychologist Diplomates is the best prepared psychologists to fill the large shows of placement in most Primary Care Centers and Medical/Surgical Hospitals under the emerging and efficacy validated Integrated Care Model.

This has not occurred without riff and the usual fractionation in psychology and the disciplines of healthcare in general. In the state of Louisiana there has been confusion about terminology and the term Medical Psychologist has been statutorily applied to what the rest of the world and many sub disciplines in national associations call “psychopharmacologists”. That is unfortunate, but happens in budding specialties that are formative, emerging, and evolving. A narrow vision of the specialty of Medical Psychology as a

Con’t pg 15

Protect Higher Ed...

Governor Jindal said, "As we confront the budget challenges in the next fiscal year, we must transform state government to become more efficient and sustainable while protecting critical services for our people like education and health care. These budget flexibility bills are an important way to free up funds that are currently locked away, while the areas of higher education and health care are left vulnerable to reductions in tough budget years."

According to the statement from the Governor's office, \$4.75 billion is "locked away in dedicated funds." The governor believes that his measures will allow more options to help protect critical services.

The action gained support from Regents Chairman Bob Levy and President of the LSU System John Lombardi.

Also the measures were welcomed by the President of the Louisiana Community and Technical System, Dr. Joe May and also UL System President Randy Moffet, the announcement noted. Specific details of the Governor's plan are given on his website.

Court Denies Injunction to Stop Study

The 19th Judicial District Court denied an injunction that would have stopped the study of the SUNO-UNO merger.



TULANE is out for Mardi Gras/Spring Break this week but the Tulane University Marching Band is featured in a number of the biggest most fun parades. The parade schedule, safety information, and Tulane's Affiliated Events can be found on the university's webpage, Tulane Guide to Mardi Gras 2011.

(Photo courtesy of Tulane Public Relations.)

Survey from pg 1...

Respondents, 22 percent of the membership, gave their views to three statements regarding the legislation passed in 2009 that moved medical psychologists to the medical board.

- 60 percent of respondents "strongly disagreed" and another 14 percent "disagreed somewhat" with the statement "Act 251 is not a concern to me."
- 51 percent responded "strongly disagree" and 12 percent responded "disagree somewhat" in response to the statement "Act 251 is a concern but LPA does not need to take any action."
- 47 percent responded "strongly agree" and another 8 percent said they "agree somewhat" to a third statement, "Act 251 is a concern and LPA needs to take action."

The results were based on 57 members, which concerned President-Elect, Dr. Phillip Griffin. He said to the *Times*, "Is this a mandate to jump into something?

Not hardly," pointing out that the majority of members had not responded to the survey.

Last fall Dr. Susan Dardard conducted an independent telephone poll to "take the pulse of the members on a critical issue." She talked directly with 107 members (from a sample of 155) who gave their support for an LPA resolution to protect the autonomous practice and regulation of the profession of psychology. (See *PT* Vol 2 No 3.)

Since the passage of Act 251 in June 2009, several national groups, including the Committee for the Advancement of Professional Practice, the Interdivisional Healthcare Committee, the APA Board of Educational Affairs, and the board of the American Medical Psychologists, have also raised concerns about aspects of Act 251.

[Editor's note: While LPA has a right to privacy in many matters, it also has a number of concrete and philosophical public duties. The Times' publisher views this exchange to fall under the public's right to know (first amendment.)]

Report to Senate...

Authors noted, “The means by which to translate the identified mental health practice standards toward legislative language relative to diagnostic scope for the licensed professional counselors remains an area for further work within the BHPWG, as there persists a difference of opinion regarding the current standard and the level of required expertise to provide comprehensive mental health diagnoses.”

The core of the differences between the two groups, as described in the report, revolves around diagnosing mental illness. Authors wrote, “The counselors believe that the current statute authorizes counselors to diagnose and treat mental and emotional disorders.” However, “The psychologists disagree and hold that the current practice act for counselors granted a limited diagnostic scope of practice to counselors that is commensurate with their current master’s degree level of training.”

Over nine meetings and interim discussions, the group reviewed differences and similarities between the two professions and developed a list of essential standards for practice and regulation that both groups agreed on.

“Within the BHPWG,” the authors wrote, “the following considerations were determined to be essentials for practice evolution and effective regulation of professional activities: (i) enhanced educational requirements, (ii) enhanced training requirements, (iii) specialized supervision, (iv) requirement of a standardized national examination focusing specifically on clinical diagnostic skills, and (v) a formal mechanism for the designated regulatory board to examine the competency of providers prior to licensure.”

Based on discussions, the counselors proposed changes in their standards and credentialing process. These changes included increasing degree hours to equal national standards, requiring specific education units for certain areas such as diagnosis and ethics, and installing a national exam for new licensees.

“Representatives from psychology agree that such additions could strengthen the counseling profession,” the authors wrote. “The psychologists maintain, however, that some aspects of these strengthening measures could be further refined and translated into a tiered licensure system with an advanced practice



Working Group members discussed different models for advanced practice and single regulatory authority.

certification in counseling and that this would provide significant clarity and indicate providers capable of diagnosing and treating major mental disorders. Similar models of tiered counseling practice are available in other states.”

Authors wrote that, “Psychology representatives believe that setting common advanced practice standards and a single regulatory authority for advanced tiers of mental health practice are needed to avoid current and future conflicts between psychologists and counselors.”

The Senate resolution, sponsored last June by Senator Willie Mount, from Lake Charles, also asked the group to address ways to maximize the mental health services to the state’s citizens and to develop collaborative practice methods.

“While the BHPWG did not reach consensus on all of the group’s charges as outlined in SCR100, the dialogue promoted and encouraged a more collaborative approach across mental health professions,” the authors noted.

“Through collaborative and interdisciplinary panels like the BHPWG, it was realized that professions should be working to identify gaps in coverage, gaps in training within the state’s educational institutions, and developing models to most effectively deliver behavioral health services in the state.”

The authors also wrote, “Several potential models to more effectively manage this [scope of practice] issue

Con’t next pg

Senate report...

were discussed during the course of the BHPWG, although there was no consensus on an accepted model in Louisiana.”

The group explored potential models, “... (i) a combined regulatory authority for all mental health practices, (ii) an interdisciplinary advisory panel to review rules and regulatory conflicts that arise across mental health professions, or (iii) advanced certification in mental health practice regulated by the psychology licensing board. Although these models were discussed within BHPWG, there was no consensus across group members on these models.”

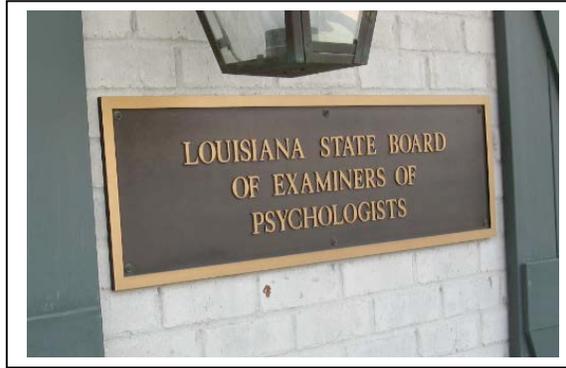
The counselors supported their autonomy, the authors writing, “Counselors would advocate that each board remains autonomous in its decision making, but all professions would have the benefit of this consultation and collaboration process.”

The working group included Drs. Joe Comaty and Tony Young, chair and vice chair of the Psychology Board, and Drs. Jessica Brown and Darla Burnett who represented the Louisiana Psychological Association.

Representing the Louisiana Professional Counselors Board of Examiners are Drs. Gloria Bockrath and June Williams. Michael Gootee and Cindy Nardini represented the Louisiana Counselors Association.

Also attending many of the meetings were Jacqueline Shellington from the state board for social work and Dr. Robert Marier from the medical board, as well as members of the public and the press.

The full report can be obtained from the Senate Health & Welfare Committee.

**FROM THE MINUTES:**

A potpourri of things from the Board.

The Psychology Board met in January to work on long range planning. The meeting took place at their office in Baton Rouge, on January 14th and 15th.

The board members conducted regular business, approved minutes, reviewed complaints, examined candidates, and heard committee reports, including the upcoming awards ceremony and the report of the Behavioral Health Working Group representatives.

Discussions included “Guidelines for LPCs Conducting Child Custody Evaluations,” and the AG Opinion 09-0221. This opinion concerned those who might serve on both the LSBEP and the

Medical Psychology Advisory Committee, among other issues. The opinion is reviewed in *PT* Vol 2 No 5.

Legislative issues and the board’s opinion regarding “Supervision Toward Licensure” were listed for discussion.

Also listed was “Telepsychology” and “Assessing Continued Competency,” a topic that is receiving attention at the ASPPB (Association of State and Provincial Psychology Boards).

Dr. Tony Young told the *Times* that he would provide more information on this topic as the board continues to formulate its ideas and directions in the coming months.



“Inky” -- Trained by Dr. Amy Hammond, Centenary.

Dr. Amy Hammond, Assistant Professor of Psychology at Centenary College in Shreveport, taught her cat “Inky” to use the indoor toilet with behavior modification. Amy told the *Times* that teaching the cat is not the hard part. The real trick is getting their owners to apply the techniques correctly.

Dr. Tucker from pg 1...

“Rather than simply ‘warehousing offenders’ who will eventually be released into our communities,” Dr. Tucker told the *Times*, “we are focusing on offering intensive treatment, skill development, and educational opportunities, as well as post release support and care.”

The results are impressive. The comprehensive and creative treatment approach is achieving a significant reduction in recidivism, from an expected first year rate of 18 percent to only 3 percent.

The Center has earned state and national recognition for its achievements. The group has received The Residential Substance Abuse Treatment grant for the past eight years. Last year they were awarded the governor’s grant for prevention.

In 2010 the Vera Institute of Justice, an organization dedicated to improving justice systems through research and innovation, noted that FWCC’s family program, “...should be a model for the nation.”

And the American Correctional Association has requested that FWCC present their treatment program at the national conference in Kissimmee, Florida in August of this year.

FWCC’s ‘Intensive Therapeutic Community’ is composed of a set of core programs enhanced by 20 ancillary programs that tailor change efforts for each of the approximately 500 to 750 offenders treated annually at the Center.

Ancillary programs include innovative and targeted programs such as the “Read To Me, Daddy Program” and the “Drug Dealing Group.” Together with the

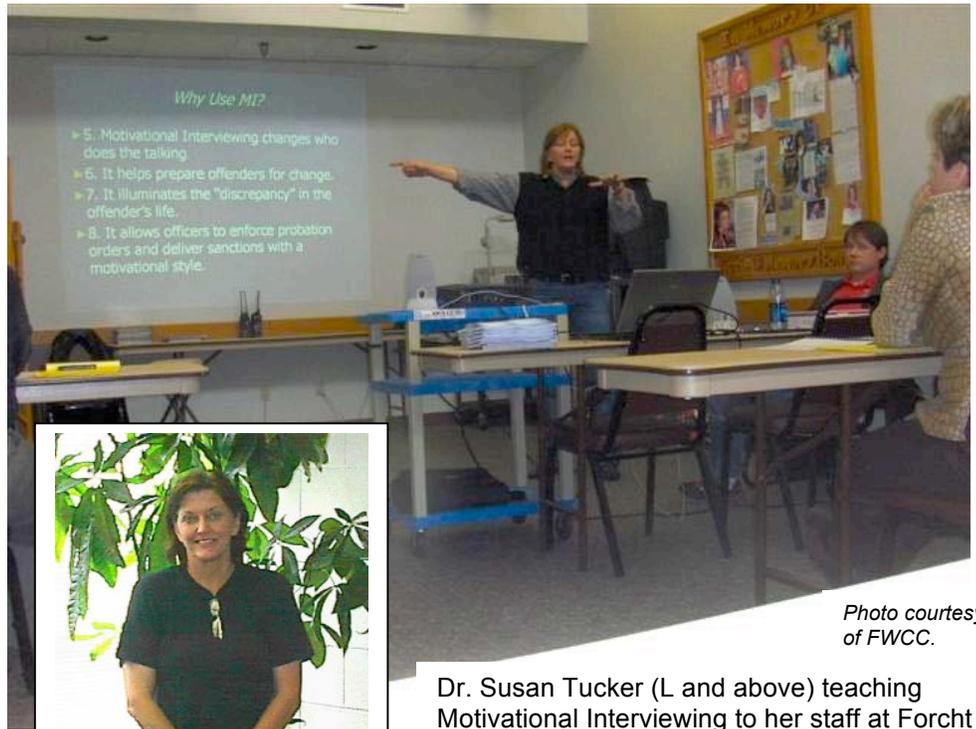


Photo courtesy of FWCC.

Dr. Susan Tucker (L and above) teaching Motivational Interviewing to her staff at Forcht Wade Correctional Center. The FWCC’s innovative and core programs are helping to improve recidivism, from 18 down to 3 percent.

evidence-based core approaches, the Family Recovery Program, the Transitional Living Center, and the ancillary groups, the overall approach has helped offenders change their lives, supported families in becoming stronger, and improved safety for communities.

And FWCC has delivered this result within their budget, due to their own grant monies and excellent money management strategies at the Center.

Along with her duties as Assistant Warden, Dr. Susan Tucker is also the Substance Abuse Coordinator for Department of Corrections (DOC). One of the main principles of the program, Susan explained to the *Times*, is the recognition that most offenders also suffer from substance abuse or addictions.

“FWCC’s mission was changed in 2010,” she said, “to implement a rehabilitation facility for those offenders diagnosed with substance abuse or substance dependence.”

“In light of research that indicates between 70-80 percent of offenders have a substance abuse history or problem and only 15 percent actually receive intensive treatment, DOC Secretary LeBlanc saw the need for a specialized program,” Susan said. “The ultimate goal of FWCC, of course, is to reduce recidivism and create safer and healthier communities within our state.”

This is not a new insight for Susan, who has worked in correctional settings in both Louisiana and Georgia for the past 15 years. Her interest began early in her career. For her dissertation she developed a theory based on addiction. She also developed a classification system for addicts that would help tailor their course of treatment. And, she uncovered important information to guide specialized training for substance abuse therapists.

Con’t next pg

Dr. Tucker...

At FWCC Susan put this experience to use. "Our population consists of offenders with addiction and mental health issues," she said. "The prevalence of co-morbidity is significant and very often substance abuse issues go hand in hand with psychological disorders."

Core and Ancillary Programs

FWCC's core program consists of four therapeutic and educational groups that are evidenced-based and cognitive behavioral in scope: "Living in Balance," "Moral Reconciliation," "Risk Management," and "Victim Awareness."

"The philosophical approach to our treatment," Susan explained, "includes focusing on the thinking patterns, emotional reactions, and behavioral events that often lead to self-defeating patterns and eventually to criminal activity. We utilize psychological assessment instruments to illuminate areas of concern, including low cognitive ability, personality disorders or features, mood disorders, and

thought disorders. We individualize a treatment program for that offender and he works closely with his assigned counselor to meet the goals of that treatment plan."

Programs also provide for offenders to engage in educational opportunities. Individuals can earn their GED, a certification in Welding, Carpentry, or Heating & Air. They can attend classes for literacy and basic education run by volunteer facilitators, or receive tutoring from other offenders skilled to assist them.

The array of ancillary and innovative programs allows Susan and her team to tailor the therapeutic approach for best outcomes.

These programs include "Parenting," "Anger Management," "Rational Emotive Behavioral Therapy," "Sex Offender Treatment," AA and 12-Step, "Orientation/Readiness for Treatment," "Family Therapy Group," "Stress Management," "Grief & Loss," "Communication Skills," "Quitting Marijuana," "Quitting Meth," "Drug Dealing,"

"Family Group," and "12-Step Spiritual."

"...ancillary programs are those programs that may be a good fit for some offenders," Susan noted, "but not all of them. For instance, the anger management program would be offered to those offenders with a history of violence. Also, we offer communication and relationship classes/groups for those with a history of domestic violence or inability to sustain an intimate relationship for any significant length of time."

Family Recovery Program

Susan explained to the *Times*, "The devastation caused by addictions in families can be virtually insurmountable for a family without help and support from the professional community. We have acknowledged this and developed a program based on the needs of family members struggling with offenders returning home, as well as their own issues and painful experiences."

The Family Recovery Program offers 14 weeks of therapy where family members engage in groups with the incarcerated individual. The program is based on the principle that strong family bonds are essential to recovery. FWCC's brochure explains that the goal is to successfully reintegrate the offender back into the social and family setting, and to help create a strong family connection during and after incarceration.

"We have a monthly family day that offers the opportunity for families to participate in their own treatment, as well as therapeutic groups with their

Con't next pg



Dr. Gil Loe works with offenders in evidenced-based programs at FWCC.

Photo courtesy of FWCC.

Dr. Tucker...

incarcerated family member,” Susan explained. “The day consists of educational lectures, group therapy, and a shared meal with all families and FWCC staff. In addition to the family program, we are extremely proud of the children’s program as well.”

Susan explained to the *Times* that their program welcomes children for family day and the youngsters are engaged in therapeutic activities. “The children of incarcerated parent’s have a unique struggle with the absence of a parent,” she said.

Read to Me Daddy Program

Perhaps one of the most innovative ancillary programs created by the FWCC team is the “Read to Me, Daddy” program.

This program helps to strengthen the bond between offenders and their children, decreasing negative effects on the youngsters and increasing the incarcerated parent’s commitment. Evidence indicates that 55 percent of offenders do not have contact with their children while incarcerated. Yet studies also show that offenders who have regular contact with their children tend to demonstrate improved outcomes, a better transition back into family and community life, and a lower recidivism rate. Additionally there is ample evidence to show that contact with the parent helps the child cope and decreases the youngster’s harmful, negative emotions.

The program “...allows offenders, with children age 12 and under, to read a children’s book to their individual children,” Susan explained.

In order to qualify to participate in the program, an offender must

demonstrate good conduct and have attended the 14-week parenting class. Then the participants are video-recorded reading an age-appropriate book to their youngster. Next, the video and the book are sent to the child for him or her to keep and view as often as they’d like. Susan noted that family members report a very positive response from the children, often with repeated requests to watch the recording.

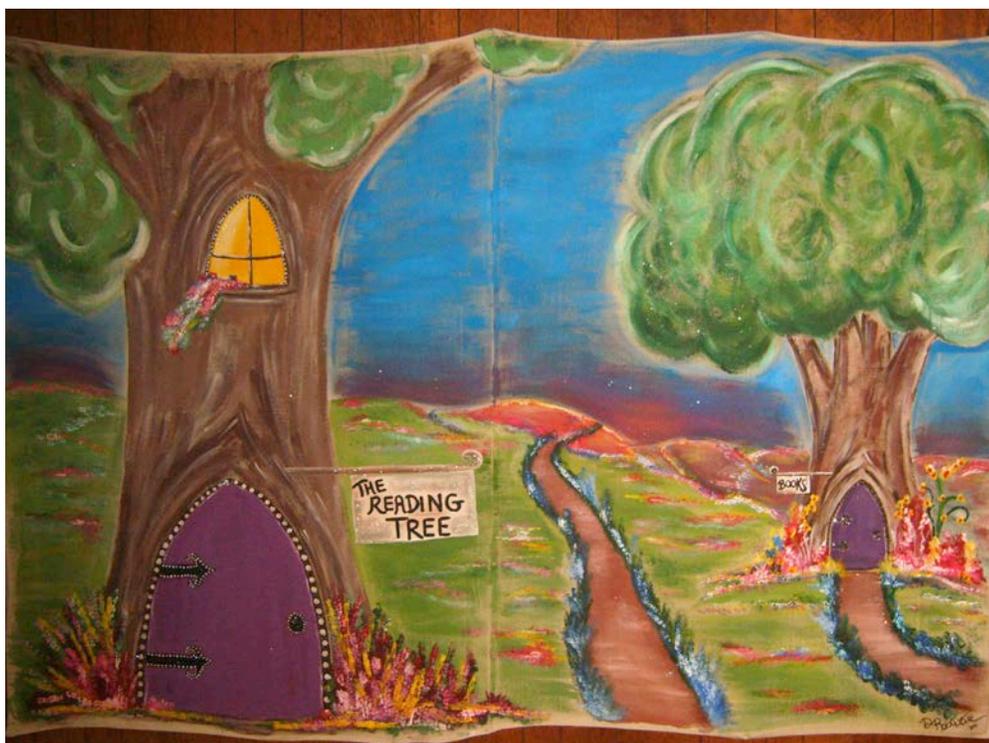
The program was modeled after a similar project run by the Reentry Benefiting Families Program. When this program ran out of funding, the Forcht Wade staff took the responsibility for the creation and funding of the Read to Me Daddy program.

“We have had the donation of a local artist, Dawn Kimbro-Robinette, who created a beautiful and playful 6 foot by 9 foot canvas as the backdrop for each of these recordings,” Susan said, noting the community involvement. Veterans Incarcerated at FWCC have donated their own money for supplies for the project. Currently there are plans to continue expanding the program with a recent donation of books from the Human Relations Organization at FWCC. Over 150 young children of offenders have benefitted from the Read To Me Daddy Program.

Drug Dealers Program

Another of the ancillary and innovative programs at the Center is the Drug Dealers Group. “The Drug Dealers Group is certainly a challenge,” Susan noted. “When addressing issues of a chosen lifestyle, we have to confront criminal thinking, adrenaline addiction, and the lure of fast cash versus working a much lower paying job.”

Con’t next pg



Local artist Dawn Kimbro-Robinette donated her time to create a beautiful and playful canvas as the backdrop for “Read To Me Daddy Program” recordings.

Photo courtesy of FWCC.

Dr. Tucker...

Due to the lack of available research in this area, offenders are chosen for their criminal history and also their motivation to change. "In addition, because of the lack of research on this particular topic, we have enlisted some offenders who are doing well in the program and who also have a history of drug dealing to help educate us as a sort of restitution. It is amazing how the offenders can enlighten us on this life style and the seduction of it. We hope to write an article after we learn more."

Sex Offender Program

Dr. Susan Tucker is also the Sex Offender Treatment Coordinator for DOC, Chair of the Sex Offender Assessment Panel, and panel member for Risk Review Panel in DOC.

As difficult a subject as many find this area, Susan said, "...having a program that is effective is only prudent on our part."

"The program is a risk-management treatment program for sex offenders," she explained. "The concept of risk management promotes numerous approaches to monitor, control, and contain an identified offender's risk factors..." These factors are anything that can lead to negative or dangerous actions on the part of the offender. "This program was designed to provide risk management services to offender inmates in prison, to offender probationers, and parolees in the community."

Susan noted that the program was initiated ten years ago at David Wade Correctional Center and due to its effectiveness, it has evolved into a statewide project including 11 Louisiana prisons (approximately 3440 sex offenders) and ten Louisiana probation and parole districts (3523 sex offenders).

The success of the program is clear. "The recidivism rate is currently 3.4 percent," she told the *Times*, "which is well under the national average of recidivism for sex offenders."

In 2006 the approach received national recognition when it was named the American Correctional Association's Exemplary Program.

Transitional Living Program

Using funds from their own Residential Substance Abuse Treatment grant, the Center coordinates with a community center, the Shreveport-Bossier Rescue

Mission Transitional Living Center, to support continued rehabilitation of offenders.

The Center funds three full months of transitional living for the individual at the Mission, once the individual has successfully completed the substance abuse program at FWCC. This gives those who need it a place to live, eat, and have recreation, while they establish themselves in a new job. This helps the offender successfully reintegrate himself back into the community in a productive way.

Staff

"We have an incredibly dedicated and creative staff of ten," Susan noted, indicating that the staff at FWCC is one of the keys to the successful outcomes.

Jason Burns, MS, is Mental Health Director, Shannon Gresham, MS, is Residential Substance Abuse Treatment Program Director, and Lori Volk, MS, is the Read to Me, Daddy Coordinator and parenting therapist.

Dr. Anita Flye and Dr. Gil Loe are staff Ph.D.s.

Matt Mobley, MS, Elizabeth Smoak, MS, (family therapist), Danielle Seal, MS, Erin Rahim, MS, and William Calhoun, MS, are staff counselors and therapists.

It is the staff's creativity and use of modern technology that allows them to develop innovations that both work and that are cost effective.

"With the realization that many families are unable to attend FWCC due to lengthy drives and expenses, we have developed a way to reach those families as well," Susan said. "We have recorded various DVDs of each of the staff members presenting informational lectures on addiction, recovery, family issues, and the FWCC program. These DVDs are then sent to families unable to travel to our facility as a means of introducing families to our staff, our program, concepts of recovery, and perhaps some hope for their future."

FWCC also has an active research agenda. "We are a training site for Northwestern State University masters program in psychology as well as the Louisiana Technical University's

Con't next pg

Dr. Tucker...

doctoral internship program,” Susan said. “As a result of those partnerships, we have trained 20-25 NSU masters students and 8-10 doctoral candidates from Louisiana Tech. A benefit from the training program is the research opportunities afforded us.”

These collaborations have produced many important studies. Examples are: “Anger Rumination: Associations with Forgiveness and Pessimism in a Prison Sample,” by Crystal Stalnaker; “Risk and Protective Factors in the Prediction of Recidivism,” by Marcy Sepulvado; and “Nonviolent and Violent Offenders: What are the Effects of Parenting, Exposure to Violence, and Personality?” by Rosemary Hadley; and “Cluster A Personalities in Male Inmates: Association with Defense Mechanisms and Cognitive Distortions,” by Danielle Seal-Vrbka.

Vision

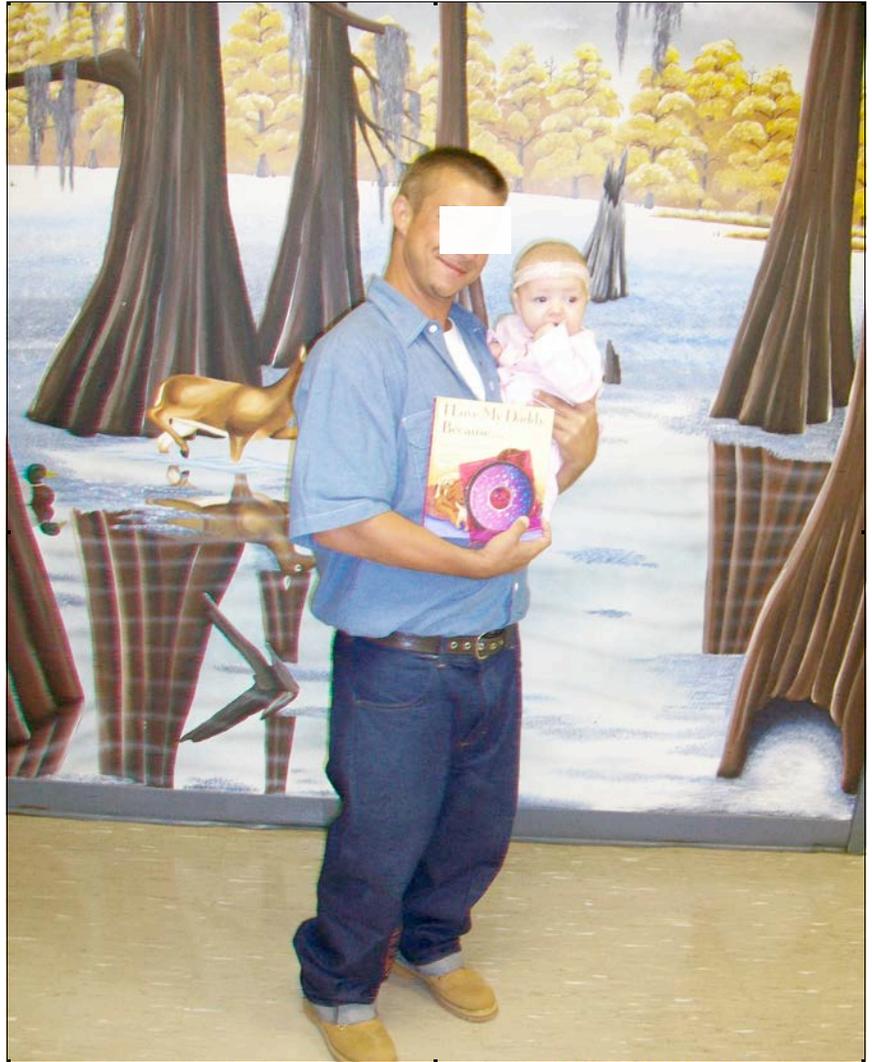
“I love my work,” Dr. Susan Tucker told the *Times*. This may be in large part because of the support for innovation and what truly works, a direction that is supported by her management in the Department of Corrections.

“We need to go from being tough on crime to being smart on crime,” she quoted Louisiana DOC Secretary James LeBlanc as saying, indicating that this is the type of support at the core of the success of her and her team’s programs.

“It is just great to have someone with that type of vision in leadership,” she said.

Dr. Susan Tucker is a licensed clinical psychologist, licensed since 1999. She obtained a postdoctoral degree in clinical psychopharmacology in 2007. For questions about these programs she may be contacted at 318-925-7100.

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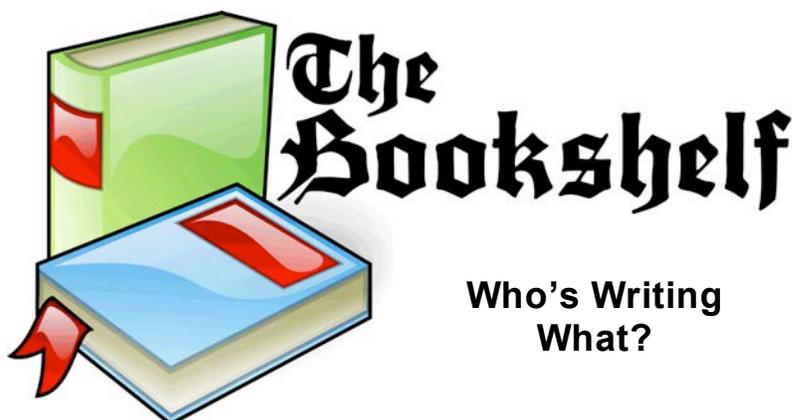


Proud dad in the “Read To Me” program at FWCC. (Image used with permission. Courtesy of FWCC.)

NAPPP Causes Stir with Campaign

Members of several physician organizations, including the American Medical Association and American Academy of Family Physicians, wrote to John Caccavale, Ph.D., Executive Director of the National Association of Professional Psychology Providers on February 4th to express “great disappointment” in NAPPP’s “Truth In Drugs” campaign. They noted that many of the materials of the campaign were “erroneous at best and misleading at worst,” and directed NAPPP to cease distribution and issue a correction.

APA published a formal statement “APA Raises Serious Concerns About Message, Tone of NAPPP Ad Campaign.” APA noted that APA is a proponent of integrated, interdisciplinary health care... They said the advertisements “denigrate the role of primary care physicians...” and may be harmful to both professions and that NAPPP in no way speaks for psychology.



Who's Writing What?

Treating Gambling Problems

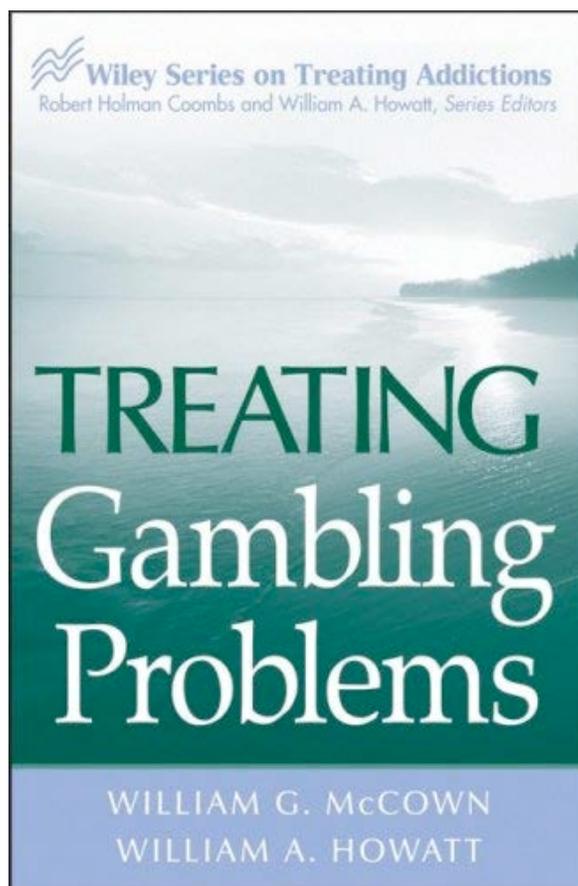
by William G. McCown
and William A. Howatt

2007 – Wiley Series on Treating Addictions

Best Possible Odds: Contemporary Treatment Strategies for Gambling Disorders

by William G. McCown
and Linda L. Chamberlain

2000 – John Wiley & Sons



“The life of a compulsive gambler is a life out of control—a precipitous downward spiral into despair, abuse, and criminality. Like a tornado ripping through a Midwestern town, a pathological gambler on the “chase” can leave a trail of broken families, ruined businesses, and incalculable emotional suffering in his or her wake.”

-- *Best Possible Odds*

In the steadily growing industry of recreational gambling, four to six percent of all gamblers will become compulsive, leading to a devastating impact on their lives.

Dr. William G. McCown, clinical psychologist and professor of psychology at the University of Louisiana Monroe, the coauthor/editor of eight books and international consultant, brings his scholarly and creative talents to this relatively new and still evolving area of gambling addictions.

In these two texts, Bill and his coauthors wrestle with and illuminate the complex issues in this field, including definitions, differential diagnosis, theoretical underpinnings, and practical clinical tools needed for helping this group of individuals.

They point out that 27 percent of all people will deal with a substance or other addiction problem at some time in their lives. However, the authors note that only ten percent of therapists are trained to treat individuals with addictions. This leaves 90 percent with often limited resources.

In ***Treating Gambling Problems***, Dr. Bill McCown and coauthor Dr. William Howatt lay out a comprehensive picture of the thinking process, skills, ideas, and tools that are essential for assisting a client with these issues.

“...It started as a theory book.” Bill explained to the *Times*. “However, the series editor asked me to rewrite it, given the increasing need for front line clinicians without specific training to treat people with gambling problems.”

Con't next pg

This hands-on and readily usable text accomplishes that goal easily, with its engaging style and extremely thorough coverage of the topic. More appealing in presentation than most textbooks, *Gambling Problems* is loaded with practical ideas that are fresh, informative and immensely useful. All this is backed by the authoritative voice of experience.

This voice is likely due to Bill's background in the area. His 2000 theoretical text, *Best Possible Odds*, coauthored with colleague Dr. Linda Chamberlain, has been credited as one of the first comprehensive books on the topic, fueling research and clinical interest in empirically based treatment of gambling problems.

"I certainly would not go that far..." Bill noted, "but the literature has increased by 1100 percent since that time and people are paying more attention to gambling problems."

Bill has been a member of the Louisiana Association of Compulsive Gambling since 2002 and has made fifteen professional presentations on the topic. He has supervised twelve theses on gambling disorders by his graduate students, and he has authored an internet-based program for helping gamblers.

Gambling Problems leaves no stone unturned in its credible, understandable, and detailed presentation. In a handy 280 pages, the author's walk the reader through conceptual, theoretical and scientific issues.

Perhaps the most notable aspect of this user-friendly text is the surprising (for a clinical book) wealth of hands-on, practical suggestions and conceptual tools for the practitioner. The richness, creativity and completeness of this information are impressive.

The authors engage the reader with charming "Truth or Fiction" quizzes, short knowledge tests, and crisp "Points to Remember." The text is full of checklists, assessment forms, and lists of concepts the reader can immediately put to use. A family questionnaire from Louisiana Association on Compulsive Gambling and one from Gamblers Anonymous, a list of signs of problems noticed by employers, a list of tests and their usefulness in assessment of gambling problems, and the Addictive Disorders Screen-7, are included, just to name a few.

"Recommended Readings" at the end of chapters guide the reader to in depth resources and areas of controversy or scientific debate. And along with all sorts of interesting boxes, there is a call-out titled "Imagine That!" with tidbits of fascinating and fun information.

In Chapter 1, "Conceptual Foundations of Gambling Disorders," authors include a discussion of definitions, differential diagnosis, spontaneous remission, risk factors and prognosis. Chapter 2 continues with "Recognizing Gambling Disorders: Signs and Symptoms."

"Utilizing Optimal Professional Resources," Chapter 3, includes information on a professional referral network and specific resources, matching clients to the best resources, motivation, and risk management.

In Chapter 4 authors outline "Developing an Effective Treatment Plan," giving a step-by-step approach with therapeutic issues and problems to watch for in both the clinical and legal settings.

In "Recovery Theories, Programs, and Tools," Chapter 5 provides a broad review from the larger perspective of human change.

"Continuing Care: When and How Should Clients Be Discharged," Chapter 6, includes statistics on positive and negative outcomes and criteria for discharge.



Gambling research at ULM.

(Photos courtesy of Dr. McCown.)

Bookshelf...

“Posttreatment Recovery Management: Models and Protocols of Relapse Prevention,” Chapter 7, includes triggers for relapse and emerging problems at this stage of treatment, including physical, family, and mental disorders.

“New Beginnings: Moving Beyond Addiction” concludes the work. Authors cover topics of personality change, humanistic therapies, positive emotions and happiness, moral development, and going beyond selfhood,” in another broad based review with strong philosophical underpinnings.

Best Possible Odds is the precursor to *Treating Gambling Problems* and provided one of the first and most comprehensive overviews of the emerging science and therapeutic issues available in 2000.

In *Odds*, Bill McCown and coauthor Linda Chamberlain work to bring a cogent review of why compulsive gambling is on the rise and why it is an addiction disorder. *Odds* fills a gap created by the fact that the therapeutic community is only just beginning to fully acknowledge compulsive gambling problems.

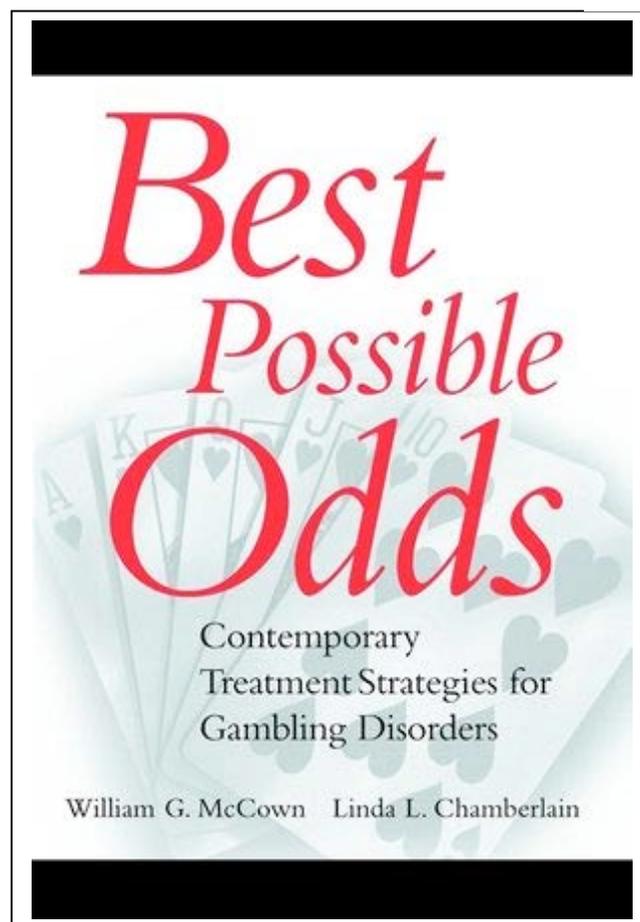
Odds is scholarly and theoretical, with authors reviewing and analyzing competing models including physiology, social-economic, and psychodynamics, in an expert, eclectic approach.

The “central thesis of this book is that recovery from addiction is a nonlinear process,” state the authors and back it up in a review of Chaos Theory as a key for understanding change.

Odds begins with “An Introduction to Gambling and Gambling Disorders,” and then fits this into a larger context in Chapter 2, “Paradigms of Problem Gambling Behavior.” In Chapter 3, “The Phenomenology of Gambling,” authors explore the “gateway concept” and review Custers’ subtypes (professional, antisocial, casual social, serious social, neurotic, and compulsive).

“Etiologies and Maintenance of Gambling Disorders: A Brief Review,” outlines evidence for reinforcement, motivational, and biological influences, among others.

In the next three chapters the authors provide what is known about current treatment methods, “Treatment for Pathological Gambling: Inpatient Programs and Gamblers Anonymous,” “A Multiphasic Model of Outpatient Treatment,” and “Working Strategies for Treatment Success: The Pragmatics of Therapy for Abusive and Addictive



Gamblers.” Drawing on what has worked for them, they explain their “multifaceted treatment integration.”

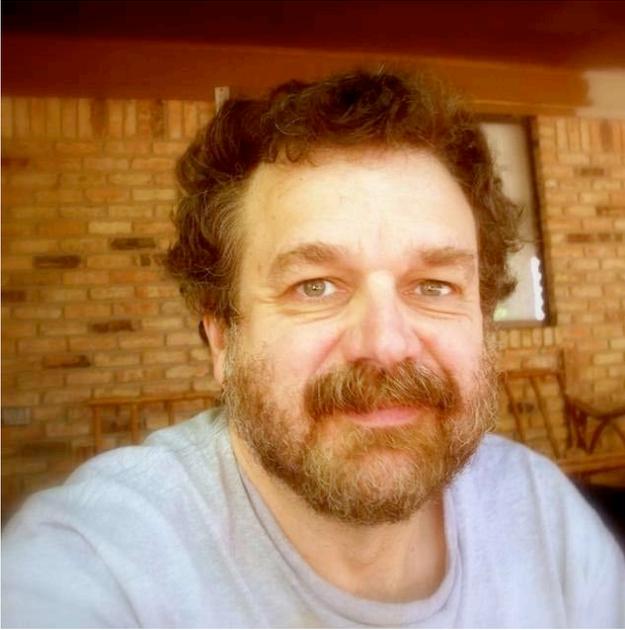
“Assessment of Gambling and Gambling-Related Psychological Disturbances,” Chapter 8, outlines an assessment approach that is broad and comprehensive, a review of the critical-thinking required in assessment efforts necessary for all complex issues.

“Chaos Theory, Gambling, and Addictions: Speculations on New Methods of Nonlinear Treatment,” is a fascinating chapter that requires the reader to put on the thinking cap and is likely based on Bill’s previous work on Chaos Theory and family therapy (*Strange Attractions: Chaos, Complexity, and the Art of Family Therapy*, 1998 Wiley).

“Family Systems Therapy: Treating the Patient and the System,” Chapter 10, continues this integrative theme and Chapter 11, “Epilogue: Consideration for Future Research and Interventions,” closes the work.

Bill explained to the *Times*, “My research-clinician chronology in Louisiana begins in the

Con’t next pg



Dr. William G. McCown has held various positions in the university, including Director of Training and interim Associate Provost. Presently he is interim Director of the Graduate School at ULM.

1980s, when I did an internship under Dr. Phil Griffin, at Tulane Medical Center. Those psychologists- Jim Gay, Jorge Daruna, Phil Griffin, Collin McCormick, were an incredible group!"

His first clinical/research job was at the New Orleans VA Medical Center, "...where so many present LPA psychologists got their start...it was a great place to learn and do research," he said.

Bill later moved to Philadelphia, to become Associate Professor of Clinical Psychology at what was then Hahnemann University, now Drexel University. "I was fortunate enough to meet Myrna Shure, a developmental psychologist and the 'godmother' of impulsivity prevention research," he said. "Together, we were able to edit a volume, published by the APA, which included contributions from some of the most important names in the field."

In the mid 1990s Bill returned to Louisiana to what was then Northeast Louisiana University, now University of Louisiana at Monroe. "My research was split between nonpharmacological addictions, including gambling and chronic procrastination, and explorations of what we call nonlinear behavior, or chaos theory." Presently, these interests have expanded to include

Bipolar II Disorder and adult attention deficit spectrum problems.

"ULM has been an incredible place to have a career," Bill said. "While we do not have the resources that larger institutions have, we are able to closely mentor our undergraduates and graduate students. Their enthusiasm and creativity usually overcome our fiscal problems," Bill explained. "Our longtime department head, Dr. David Williamson, has kept our ship afloat during some very rough seas."

Bill noted that his colleagues and supervisors have also made ULM a special place. "Our present dean, Dr. Sandy Lemoine, is the most effective and compassionate motivator I've ever met," he said. "I keep thinking that she must be a closet psychologist!"

"Our Provost, Dr. Stephen Richters," Bill explained, "has the vision to realize that psychology is vibrant and must be a key part of 21st century curricula. And, our new President, Dr. Nick Bruno, has an extraordinarily strong commitment to the campus and community's mental health. He also understands the importance of psychology. This is simply a great team to work under," Bill concluded.

Dr. William G. McCown has held various positions in the university including Director of Training and interim Associate Provost. He is presently interim Director of the Graduate School at ULM.

"However," he noted, "teaching and research are my first loves.... well, not quite," he said. "I became a first time dad at 50 and that is my highest priority!"



Dr. McCown (above) lives in Ruston with wife, Wendy, a Montessori teacher and artist, his 19-year-old stepdaughter, and his four-year-old son.

Letter to Editor, Con't from pg 2...

Psychopharmacologist runs the risk of developing the devastating practice style (as evidenced by the decline of status of psychiatrists) of “seeing only or even largely patients for medication checks”. That would have a very debilitating effect on the psychologist’s ability to provide the needed functions in Integrated Care and would render us just another discipline that could be more economically replaced with a \$60,000 per year nurse practitioner. The concept of our Academy and Specialty is much more appropriate for meeting the need of the emerging and evolving healthcare system.

We conceptualize the Specialist in Medical Psychology as much more than the pharmacologist (likened to Physician’s Assistants, Nurse Practitioners, and most Psychiatrists these days). Background in health psychology, clinical psychology, psychopharmacology, behaviorism, and prevention are essential to working in the Primary Care Centers of America. Psychopharmacology training and experience diagnosing mental disorders and selecting and/or prescribing medications within our specialty is also essential. We have analyzed the evolving healthcare models and systems and attempted to position psychology and the specialty in the best position to become an essential component of the Primary Care and Hospital Systems of America. We have concluded that the specialty of Medical Psychology fills such an important gap that exists in America’s Primary Care Systems that Diplomates in the specialty should be required in all Primary Care Centers and Hospitals in America. Therefore, we have joined organizations such as the national practitioner association for psychologists (www.nappp.org; <http://www.truthindrugs.com/>) that have brought the public and professions increased knowledge about the scientific evidence of the significant limits of “medication only approaches” (really the only approach offered by most Primary Care Centers and Hospitals in America). We have developed clear standards which clarify the very different skill levels of psychopharmacologists (whether in psychiatry, psychology, advanced practice



Upcoming Event: Dr. Susan Dardard, seen here in a native dwelling at the Grand Village of the Natchez Indians, invites us to their powwow in Natchez, Mississippi, March 26th and 27th.

nursing, etc.) and specialists in Medical Psychology.

In the state of Louisiana we are likely to lose about 15 of the slightly over 30 Diplomates in Medical Psychology because there is resistance to facing the broader vision of the specialty and a natural resentment because, in the state, the evolving specialty confabulated the concepts of psychopharmacologist and medical psychology. Further, a break with the traditions established by many of us who helped write and lobby state licensing laws occurred in Louisiana when psychologists set up a psychopharmacology law that is supervised by the board of another discipline. Thus, to continue their psychology specialty as one of our Diplomates Louisiana psychopharmacologists would have to maintain their license under the psychology licensing board and also maintain their other license under the Medical Board sub board. This places a financial and philosophical hardship on some of our diplomats and creates a natural resentment because of the unique licensing laws formulated in the state. Many of our Diplomates have written us and are happy to maintain both licenses and will retain their specialty board certification in Medical Psychology, others will act out their preference, right, and/or resentment about the situation by blaming a projection entity and losing their qualification for retaining their specialty board certification. The whole frame is unnecessary, unfortunate, and was not thought through well in conception. It is fraught with the dangers long conceptualized and avoided in psychology licensure efforts of “avoiding regulation under the power dynamics of another profession”. Still, our board will maintain high standards, our fidelity to the traditions of psychology licensure as a base for our specialty training, and our independence from other

Con't next pg

LPA Annual Convention To Provide CEs April 14-16

Dr. Phillip Griffin, LPA President-Elect and program chair told the *Times* that he is “very excited about our CE offerings” this year at the LPA Annual Convention, to be held in Baton Rouge, April 14 to 16.

“We have two three-hour ethics presentations,” Phil noted. “One general and one focusing on HIV/AIDS issues.” Also, “We have three child focused presentations and a couple more that overlap adult and child.”

“An invited speaker, Michael Schwartz Ph.D., a board member of division 42, will present on ‘Early Career Development.’ And Alexander Quiros Ph.D., of Pearson, is giving two three-hour workshops, one child focused (NEPSY II), the other adult focused (WMS IV).”



Above professors from Louisiana Tech outline issues for research at the Fall Meeting 2010.

Phil noted that another invited speaker, “Dan Egli Ph.D., will be giving two three-hour psychopharmacology talks, one focusing on major depression, the second one focuses on OCD.” And Dr. Joseph Tramontana will present on sports psychology.

Dr. Morris, Letter To Editor...

professions. We love and respect our Louisiana Diplomates (the ones that continue their specialty board certification, and the ones that feel compelled to lose this status) and empathize with the bind that they have found themselves.

On a happier note, our specialty is delighted to have many active prescribing (LIII psychopharmacology) members from the Military, New Mexico, and Louisiana, and we realize that ultimately our specialty will be dominated by consulting psychopharmacology practice (LII). Both, in our opinion, carry a very important burden and function in the new and evolving healthcare system and in the Medical Psychology Specialty. Clearly, our LII diplomats will become increasingly in demand in Primary Care setting where general physicians will have to continue to prescribe as much as 70% of the psychoactive medications and will need accurate psychological diagnoses and multi-intervention treatment plans. The Medical Psychologist is the essential missing part that will equip the Primary Care Center and local Hospital to match medications with the appropriate diagnosis and to use change oriented psychotherapy in combination with symptom controlling medications. There has never been a better and more encouraging time for our specialty. Many of our physician colleagues and friends will be able to salvage their reputations that have been dampened by the public's growing

awareness of the significant and scientifically chronicled limits of medication approaches by demonstrating solid collaboration with psychologists who are colleagues and housed within their centers. Wise physicians will embrace the science, add psychologists to their practices, and lay claim to the mantel of scientific, healthcare leader, and teamwork oriented.

I am encouraged by the future of our specialty of Medical Psychology and am very proud of our Louisiana Diplomates. I am also encouraged by the many who are not intending to qualify for board certification but have joined the Academy of Medical Psychology because of their interest in the expanding area and related study and society affiliation. I am very proud of our LII consulting psychopharmacologists and Board Certified Medical Psychologists who are changing the image and contributions of psychologists in the Primary Care Centers and Hospitals across the country. The general physicians I've talked to across the country are developing a new appreciation for how mental illness and the psychological aspects of physical illness are much more complex than basic biology and pharmacology and for the contribution that psychologists can make to their practices and patients.

Dr. Jerry Morris

PsyD, MBA, MS (Pharm), ABMP, ABPP, ABBHP, NCSP, CCM. He is a Board Certified Medical Psychologist.

(Dr. Morris is licensed in Louisiana. He serves as the director of behavioral health for four primary care centers and a hospital complex affiliated with his psychologist owned comprehensive community mental health center, where he may be contacted at jmorris@bcmhospital.com.)

LPA Election Statements

The *Times* sent email requests to those running for office this year in the state association, asking for statements and photos. The *Times* publisher appreciates all those who responded, and for all attempts to stay within the word count limit, as futile as some of those attempts were. Below are the responses.

Good luck to all our candidates!

Dr. Bryan Gros **Candidate for President-Elect**

“Thank you so much for this opportunity to speak regarding my candidacy for President-Elect of LPA.

LPA is a vital organization! While serving the membership on LPA’s Executive Committee as a Director, these words have continued to ring true. I’ve found this experience more invigorating and rewarding than I had ever hoped. I have always viewed LPA and the EC as an extension of the membership. With that in mind, my primary and over-riding goal would be to strengthen representation of the voices of not only the membership at large, but all individual members. I am a staunch believer in a voice for all and would not only welcome, but actively seek out, member input and participation and give such input the highest priority. While I am not naïve enough to believe or even hope that members will agree on every issue, I firmly believe that LPA can be unified and stronger. I am determined in this regard.

It is no secret that our profession is being encroached upon. LPA has made great strides in fending off such threats. With these ongoing concerns, I am also determined to firmly protect our profession and to strongly promote the autonomous functioning of psychologists in Louisiana.

Finally, I believe LPA has untapped potential within psychologists and students who have not yet joined LPA. An additional and literally far-reaching goal would be a pro-active and progressive statewide recruiting campaign. I believe LPA can and must recruit and retain members in order to further strengthen our vital organization.

I am grateful for this opportunity to speak to you all. As president-elect I will remain dedicated to LPA and the profession of psychology in Louisiana.

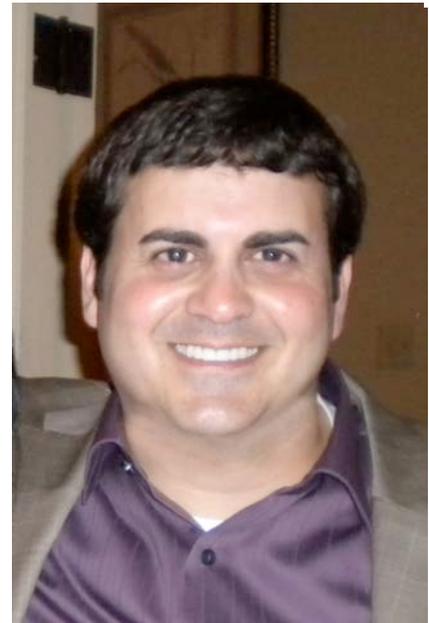
Warmest regards,

Bryan Gros, Ph.D.



Dr. Brandon Romano **Candidate for President-Elect**

I am a Clinical Psychologist, who has worked in the field of behavioral health since 1989 in a variety of public and private facilities and programs serving in roles ranging from direct care, clinician, and administrator. I obtained a Bachelors in Social Counseling, a Masters in Pre-Clinical Psychology / Psychometrics, and a Doctorate in Clinical Psychology. My internship was at the Mississippi State Hospital, and my postdoctoral residency was with the LSUHSC Juvenile Corrections Program. I also completed a Postdoctoral Masters of Science in Clinical Psychopharmacology. My career experiences have spanned across a variety of settings including mental health, addiction, and forensics, governmental steering committees, management teams on the state level, and appointments to State Governmental/Legislative Committees.



My practice ranges from the evaluation and treatment of forensic matters to emotional, behavioral, educational, mental health, and substance abuse problems. I am a Louisiana native and currently reside in Prairieville with my wife and two children. I have been a member of LPA for almost 17 years, beginning as a Masters-level student. I now serve as the Chair of Membership for LPA. In the past, I have served on the Executive Committee in LPA in different capacities, but have focused on issues of membership/enrollment activities as this is critical for LPA in establishing effective advocacy and developing the profession. I am also the Secretary for the Louisiana Association for the Treatment of Sexual Abusers. In 2008, LPA honored me with the Early Career Award. My experience in different capacities within LPA has helped me to understand the importance of investing and supporting the continued development of the profession of psychology. If given the opportunity, I look forward to leading the organization and to further advancing psychology in the State of Louisiana. I have benefited from my involvement with LPA, and offer my service as a means of giving back to our larger professional community.



Dr. Alicia Pellegrin **Candidate for Secretary**

LPA is in the midst of a major transition. Although we have made good progress in the last 18 months, I believe there is more to do. If I am privileged to serve as your Secretary of your LPA, I pledge to continue working to make LPA an open, transparent, and effective organization; one that will truly work to further the interests of psychology as a profession, to protect the profession of psychology from being regulated or controlled by other professions, and to ensure that the will of the membership is truly reflected in the actions of the Board.

Con't next pg

Dr. Pellegrin...

While working on the By-Laws committee, I had the opportunity to work with many fellow psychologists from around the state. I was impressed with the ability and intelligence that so many of my colleagues exhibited. We are fortunate to have so many people with such a wide array of talents and experience who are willing to volunteer their time. That impression was confirmed when I recently had the opportunity to appear before the EC to ask questions about an unfortunate release of information to a third party. It was obvious that the membership of the newly constituted EC understands the importance of responding to legitimate concerns of the membership.

I pledge to work with anyone and everyone who is interested in promoting the interests of society. I do not believe that we all have to agree on every issue. In fact, such mindless conformity would not serve to enhance our profession. However, I do believe that it is imperative that we all work in a good faith and open manner, with no hidden agendas or interests that are in conflict with psychology. I believe we are moving in that direction. It is my intention to further this process.

Dr. Joseph Tramontana Candidate for Director

I have avoided the political aspects related to psychological practice for quite a long time now - I guess since the 1970's when I was the youngest mental health center director in the US (Region VII MHC in Oxford, MS) and President of the Mississippi Mental Health Directors organization, on various MPA committees and advisory councils. I was also the first MHC Director to secure federal revenue sharing funds for a new building. While that history makes me sound old, it reminds me of Ronnie Reagan's statement in his campaign when he said in a debate that this "was not going to be about age - his opponent couldn't help it if he was young and inexperienced." I also think about what Angela Herzog, President of MPA said a couple of years ago about psychologists who did not get involved in the governance of MPA. She said something to the effect that when you don't get involved, "you might be letting people dumber than yourself make decisions for you."

Now I certainly do not feel we have any "dumb" psychologists in Louisiana, but there certainly has been a lot of internal strife within our ranks, which I believe sound problem-solving efforts could remediate. We are all trained in problem solving, and I believe resolutions to the problems should be available.

I am not a medical psychologist, but have colleagues who are and who are not. Perhaps my organizational background, problem-solving skills, and maturity can add to the stability of our inter-relationships. I would feel privileged to be elected and to serve as a Director of the LPA Executive Council.

Dr. Wesley Brockhoeft Candidate for Director

I received my license to practice in Louisiana in 1981 and practiced clinical psychology in New Orleans for over 25 years. I retired a few years ago and currently live in Austin, Texas, frequently traveling to Baton Rouge and New Orleans.

I seek the position of LPA Director to accomplish the following goals:

- Revitalize LPA as an Ardent Advocate for the Profession of Psychology in Louisiana
- Manifest an LPA Organizational Culture of Integrity, Transparency and Inclusion
- Assert and Defend the Professional Autonomy of Psychologists

Dr. Brockhoeft...

- Reestablish the Credibility and Influence of LPA in the Louisiana Legislature and Executive Branch
- Expand the Scope of Psychological Practice and Oppose the Encroachment of Other Professions Unqualified to Perform Psychological Services
- Expand the Relevance and Value of LPA to all Psychologists, Psychology Academics and Students Across the State Through Desired Continuing Education Programs, Academic Forums, Regional Meetings and Opportunities for Social/ Professional Networking
- Create a More Equitable Tiered-Dues Structure Promoting Membership Growth and Retention
- Enhance Community Awareness and Appreciation of the Contributions of Psychology in Enhancing the Quality of Life



**Dr. Carolyn Weyand
Candidate for Director**

Psychology has always fought to fend off those who sought to narrow our scope of practice and lay claim to our skills. We have needed to guard our profession since its inception. The demand that we protect what is ours is as great today as it was in bygone years.

One of the solutions to a strong profession is strong state and local organizations that can advocate for all of us in the professional arena. The making of strong professional organizations rests on membership base, membership participation, and membership support. Members support the organization's work and the organization supports the members' profession.

LPA needs Louisiana psychologists to join and participate in our state's organization to give psychologists the support we need and to represent psychologists in social and political action. I strongly advocate for more avenues for psychologists to enter LPA, more opportunities for psychologists to participate at the state level, and for LPA to become more relevant to the professional lives of all psychologists, be they academic, clinical or other professional domains.

I believe LPA needs small, regional assemblies to facilitate networking at the local level and to attract psychologists to participate in LPA where they live and work. With local access to LPA activities, LPA can provide more meaningful service to its members.

What can be better for Louisiana psychologists than a strong LPA? What can be better for LPA than a broad based, well-served, loyal membership?

