

OIG Shakes Its Finger at SSA

Investigation Finds SSA Policy Prohibiting Tests for Malingering Runs Counter to Good Science, Practice

In a September 17 congressional response report, the Office of Inspector General for the Social Security Administration pointed to flaws in the agency's prohibition against using psychological tests of malingering in disability claims. These flaws could account for over \$20 billion per year in adult mental disorder claimants alone.

The Office of Inspector General (OIG) is the agency of the Social Security Administration (SSA) charged with quality control, waste, and fraud problems within SSA.

In the report, investigators noted that the SSA runs contrary to scientific and medical consensus, other federal agencies such as Veterans Affairs, and standard practice in the private insurance sector, when it refuses to allow the use of "Symptom Validity Tests," also known as SVTs, in its disability determinations.

Authors of the "Congressional Response Report: The Social Security Administration's Policy on Symptom Validity Tests in Determining Disability Claims," concluded: "While SSA does not allow the purchase of SVTs for its disability determinations, we found that medical literature, national neuropsychological

organizations, other Federal agencies, and private disability insurance providers support the use of SVTs in determining disability claims."

A lukewarm response from the SSA, authored by Mr. Gary Hatcher, CPA and CGFM (Certified Government Financial Manager), was included in the comment section of the report. Hatcher noted a number of objections, writing that the SSA was different from other agencies and that "We believe that tests cannot prove malingering, ..." He wrote that the agency has provided comments and listings from medical literature about the "shortcomings of SVTs at the staff level," but he did not clarify. He wrote that "as resources permit" the agency plans to study the issue.

The investigation was prompted by Senator Tom Coburn, a physician and ranking member of the Committee on Homeland Security and Governmental Affairs. Coburn asked the agency to review the SSA policy that prohibits state's disability determination services and SSA administrative law judges to order symptom validity tests.

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Did SSA Try To Kill the Messenger?

Piecing together information from a series of internal documents, the *Times* has discovered that the state Disability Determination Services officials stopped using New Orleans neuropsychologist Dr. Michael Chafetz shortly after he published results about malingering in Social Security claimants.

According to communications between Chafetz and state officials, obtained in a public records request, Chafetz had performed approximately 1000 evaluations for Disability Determination Services (DDS) up until 2007 when he and coauthors published their results about malingering.

The article could be considered critical of SSA policy and procedures, and pointed toward possible savings which more recently have been estimated to be in the billions of dollars.

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Dr. Mike Chafetz' research has been at the center of both local and national issues regarding testing and SSA. Above, he speaks at a conference of the Louisiana Psychological Association.

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- How many are licensed by which state board? See our info-graphic on page 7.



963 Attend Standing-Room-Only Conference

Record Number Attend Louisiana Counseling Assn Convention

The Louisiana Counseling Association (LCA) hosted 963 attendees, a record number, at its 45th Annual Conference held last month in New Orleans.

"Not only did conference swell beyond belief," said conference organizer and Executive Director Diane Austin, "but LCA's membership has increased. Last year at this time, we had just over 1800 members, we are now over 2000. It is certainly a welcome change but I am not sure of the reasons."

The conference included seminars, presentations,

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Louisiana Counseling Association drew record numbers to their September Convention in New Orleans. Above, a "Best of Show" presentation by Dr. Thomas Estis called, "Defeat and Hope."

Editorial Page

Chafetz Wears the Starfleet Uniform!

by J. Nelson

Among Trekkies a well-loved scene comes from the Star Trek episode, "The First Duty."

Young Wesley Crusher is a cadet at the Starfleet Academy and becomes a member of an elite flying squad. The squad, led by a charismatic senior cadet, decides to perform a spectacular but prohibited and very dangerous maneuver at the Academy's graduation.

The flying team's attempt to grab glory goes horribly wrong and one of the young flyers is killed. An investigation ensues and the remaining cadets agree to cover up.

The story is a common one. Roddenberry probably didn't call the plot points "identity threat" or "group think" or "boundary rigidity," but it is all there.



Captain Picard frustrated with Wesley. Note the resemblance to Dr. Chafetz.

Wesley attempts a lie by omission, but Captain Picard figures out the ruse and confronts Wesley. The scene is as meaningful and as beautifully acted as any from Shakespeare. Picard, the archetypical warrior-king, sets out the moral principle and it rings like a bell.

"The first duty of every Starfleet officer is to the truth," Picard tells Wesley. "Whether it is scientific truth, or historical truth, or personal truth. It is the guiding principle on which Starfleet is based. And if you can't stand up and tell the truth about what happened, you don't deserve to wear the Starfleet uniform."

Even for those who aren't fans of Star Trek, the scene is worth watching. (<http://www.youtube.com/watch?v=xefh7W1nVo4>)

There are many roles those of us in the psychological and behavioral sciences community take on in our hope to be of use to the larger society. Some of us focus on helping, perhaps as psychotherapists, counselors, or coaches. Some of us focus on teaching and education. Some of us focus on research. Some of us do a little bit of everything.

One of the societal roles a psychologist can take up is that of scientist-practitioner. In 2009 APA president James Bray asked,

"Where have all the psychologists gone?" I think he was referring to the scientist-practitioner, the person LSU professor Ed Timmons once described in this way: "You should be able to pick a psychologist up by the ear and drop them in anywhere."

For the psychologist who is a scientist-practitioner it is about truth. It can't be about politics, or group identification, or emotions, or perception. It isn't about altruism or interpersonal harmony or even cooperation. It is hard to lead by this principle, especially these days, because we are each of us embedded in our social context, with our group identities, and our fast-think brains.

But for those psychologists who are still scientist-practitioners, truth is the first duty. As ragged, complicated, or incomplete as it is. Not fame, not money, not power. Truth must be our first duty.

The behind-the-scenes story about Dr. Chafetz' efforts on a tiny little island within a huge system, and the response he received from officials, tells me for sure that he's one of those who deserves to wear the Starfleet uniform.

And that's high praise coming from me.

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We welcome ideas for news, features, Letters to the Editor, photos, and other material related to psychological community of Louisiana.

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Letters to the Editor

[From: Dr. Joseph Comaty]

RE: the article entitled: "New LSBEP Member Now Listed as MP" recently published in the *Psychology Times*, Vol. 5, No. 1:

I am writing to address the content of this article and will do so section by section. The writer of the article begins by stating that LSBME has listed Dr. Jessica Brown as a Medical Psychologist and that this was a surprise to some members of LPA. The first question a reader should ask is, "so what?" What point is the writer trying to make? Why was it a surprise to some in LPA that Dr. Brown was pursuing training for the added license of an MP? It was not a secret that Dr. Brown was enrolled in the Alliant training program and pursuing her post-doctoral Masters Degree in Clinical Psychopharmacology.

Next, the writer indicates that Dr. Brown graduated from the Alliant program in 2010. This is simply wrong. She may have entered the program in 2010, but did not complete the courses and graduate

until late 2012. So, the next point made by the writer that she did not list her "2010 preparation training" on her self-nomination form is moot. And in addition, the reader can again ask, "so what?" Is there a requirement to list everything on the self-nomination form, or just information relevant to serving on the LSBEP?

The writer now indicates that 60% of the LSBEP is comprised of MPs. The writer could just as easily stated that the LSBEP is 60% female; or has an average age of over 40; or an average height of less than 6 feet 2 in. Once again, the reader should be asking, "so what?" What point is the writer making? MPs who serve on the LSBEP are also licensed psychologists and take the same oath as any psychologist appointed to the Board, i.e., to protect the public. So, is the writer intimating that MPs are not as vigilant as non-MPs in their duty to protect the public? Should MPs not serve on the Board? If that is the writer's point, then why not state it clearly?

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OIG Shakes Its Finger, Continued

Coburn has been helped to understand the psychological science behind this issue by a New Orleans Clinical Neuropsychologist, Dr. Michael Chafetz.

Chafetz presented his research for Senator Coburn's office last year through the Louisiana Psychological Association. Chafetz has also presented his research for the American Psychological Association. The OIG listed numerous publications authored by Chafetz and also several which included Drs. Kevin Bianchini and Kevin Greve, also from New Orleans.

To reach their conclusions, OIG investigators interviewed representatives from the American Academy of Clinical Neuropsychology and the National Academy of Neuropsychology, noted the report. OIG also compared the SSA prohibition of these tests to other government agencies, the Veterans Affairs and the Railroad Retirement Board, and also three private insurance industry representatives.

“Medical literature indicates there is consensus in the medical community that SVTs are useful in determining the validity of disability claims ...”

Office of Inspector General

The OIG concluded that SSA stands out in its unwillingness to allow the use of these tests in appropriate situations, writing, “Medical literature indicates there is consensus in the medical community that SVTs are useful in determining the validity of disability claims ...”

After reviewing customary practices in a variety of different agencies, all of which note their goal is to look at all relevant information in making a judgment, the OIG concluded that the SSA was the only agency that rejects the use of SVTs as an additional source of information.

“Unlike these other entities, SSA does not allow the purchase of SVTs in its disability determinations because it stated these tests have limited value in proving malingering,” noted the OIG authors. “However, medical literature and national neuropsychological organizations assert that SVTs are relevant in disability determinations. Other Federal agencies, such as VA and RRB, allow the purchase of SVTs in their disability determination processes. In addition, the three private disability insurance providers we contacted also support the use of SVTs in determining disability claims.

Scientific research suggests that at least some malingering, poor effort, or exaggeration of difficulties may be present in up to 50 percent of claimants.

In his comment letter representing SSA, Mr. Hatcher noted a number of objections.

He wrote that there was a difference between clinicians using SVTs and “adjudicators.” He also wrote, “We believe that tests cannot prove malingering, as there are no tests that conclusively determine the presence of inaccurate patient self-reporting. We do not give greater weight to a test than to other symptom validity factors.”

He also wrote that there are differences between the SSA and other agencies that lead to differences in appropriateness for the tests, but did not clarify these specific differences. “The finding that SVTs are useful in making disability determinations for private disability insurance providers or for other Federal agencies does not mean that SVTs would have the same usefulness to our disability programs,” he wrote, “considering our policies on making disability determinations and the practicalities of administering a large national disability program. We would have extreme difficulty developing criteria that require the results of SVTs in some cases, but not in others.”

Hatcher noted that there are differing opinions about SVTs but did not list research regarding that issue. He noted, “Due to differing opinions on the use of SVTs, and whether they add value to our disability programs, we plan to seek impartial, external expertise to evaluate our policy on the purchase of SVTs, as resources permit.”



Dr. James Van Hook (L) and Dr. Michael Chafetz attending a presentation by Louisiana Psychological Association president Dr. John Fanning (not shown). Chafetz has published important research that helped prompt the Office of Inspector General to look at SSA policies regarding psychological testing.

“The finding that SVTs are useful in making disability determinations for private disability insurance providers or for other Federal agencies does not mean that SVTs would have the same usefulness to our disability programs,”

Gary Hatcher, CPA, CGFM, Commenting from SSA

“SSA told us that, as resources allow, it plans to seek external expertise to evaluate its SVT policy ...” [...] “We encourage SSA to move forward with its plans.”

Office of Inspector General

“In addition,” he wrote, “we plan to seek external expertise on psychological tests from the Institute of Medicine to include an examination of published research and studies on SVTs, including those published by Dr. Chafetz. Our goal is to determine the effectiveness and costs of requiring and purchasing SVTs under our disability programs, as well as their applicability to anyone who claims they are disabled.” But Hatcher did not explain why more studies are needed.

Hatcher concluded by saying, “We provided technical comments and listings from medical literature on the shortcomings of SVTs at the staff level. We have no further comments.”

The OIG encouraged the SSA to move forward with its plans.

(Ed.'s Note: The report is available at the OIG, at: <http://oig.ssa.gov/audits-and-investigations/audit-reports/a-08-13-23094>. See related story this issue, “Did SSA Try and Kill the Messenger?”)

Kill the Messenger? Continued

DDS communications show that in 2003 Chafetz presented his first set of findings at an in-service training for state DDS employees.

He received a favorable response. In 2004 Althea Murphy, Medical Relations Officer at the disability determinations services, wrote to Chafetz, "I would like to thank you again for sharing the results of your independent study on 'malingering in the psychological' with our staff in April 2003. I hope the expansion of your study continue[s] to be a success."

However, after the 2007 publication, which outlined problems regarding malingering in social security claims, the agency severed their relationship with Chafetz.

In a letter to Chafetz dated May 8, 2007, DDS official Ms. Denise G Parker wrote, "When your article in [The Archives of Clinical Neuropsychology](#) regarding 'Malingering on Social Security Disability Consultative Exam: A New Rating Scale' was brought to our attention, we immediately forwarded this information to the Social Security Regional Office in Dallas for guidance. We are awaiting information from Social Security as to how this relates to their policies regarding information obtained during a consultant examination, then used for publication. While awaiting this guidance, examinations have been suspended."

"Until this issue has been resolved," Parker wrote, "we will be unable to schedule any more examinations with you. We will be in contact with you when we know more."

In a more recent email in January 2012, DDS Director Terri Spurgeon wrote, "We severed our relationship with this psychologist after we found out he had used our claimants referred to him for his study but not until after he published the paper."

Several sources confirm that Chafetz followed all ethical and professional guidelines for conducting his research, ethics outlined by the American Psychological Association, and standards that have to

be met by peer-reviewed publications.

Chafetz declined to comment to the *Times* about the matter, saying that the issue was private and not relevant, and that the agency had "every right not to use his services."

In a series of nationally recognized and peer-reviewed research studies, Chafetz and his coauthors have continued to examine the scientific grounds of SSA policy regarding malingering and the agency's prohibiting of tests for malingering. This string of research publications by Chafetz has helped lead the Office of Inspector General for the SSA to review the policies of the agency. (See related story this issue, page 1.)

Chafetz came to the attention of the local state DDS again in 2012 when he presented his on-going research for the Louisiana Psychological Association (LPA).

In January 2012, DDS Director Terry Spurgeon sent a memo to psychological consultants cautioning them about the contents of the presentation.

During 2012 *Times* asked to speak with Ms. Spurgeon numerous times regarding the reason for her memo, but with no success. Finally, in September 2012 the *Times* filed a formal request for internal documents. In a back-and-forth effort, the representative from the department's Bureau of General Counsel worked to "ensure all areas were covered." This produced more internal documents by August this year.

In one email, Spurgeon wrote, "... we were alerted about a web session a former CE provider created regarding malingering on DDS exams. With guidance from SSA Regional we prepared a statement and forwarded to our current providers and DDS Psychological consultants."

However, no information about the posture or the guidance from the SSA Regional office has been obtained, as yet.

And, it is still not clear why the agency severed their relationship with Chafetz in 2007 after the publication of his research.



Dr. Jim Quillin (L) and Dr. Warren Lowe, members of LAMP, at a meeting of the Medical Psychology Advisory Committee. LAMP recently created a new corporation.

LAMP Creates New Non-Profit Corporation

The Louisiana Academy of Medical Psychologists formed a new organization and they have registered with the Secretary of State. The new name is "Louisiana Academy of Medical Psychologists, Inc."

Dr. Cathy Castille is the organization's president, according to state records. Dr. Michael Berard will serve as Secretary. The registered agent is R. Gray Sexton of Baton Rouge.

The new organization was filed July 22, 2013. The offices are located in Baton Rouge, on Leicester Drive.

DHH Outlines \$26M in Cuts for 2014

In a press release earlier this year, the Louisiana Department of Health and Hospitals outlined reductions it is making to cope with the \$25.9 million state general fund shortfall that came in the state's final operating budget for 2014. The announcement included:

Office of Aging and Adult Services. OAAS will achieve savings through reduction, elimination or renegotiation of certain professional service contracts. The office will also eliminate 18 positions, including a Deputy Assistant Secretary position whose responsibilities have been consolidated with another position in the Department.

OAAS will achieve savings through further realignment and reduction of regional administrative staff and Adult Protect Services (APS) positions. APS investigators will continue to investigate allegations of abuse or neglect in institutional facilities and in community settings. Complaints about specific licensed providers will now be

investigated by DHH Health Standards staff. OAAS will also capture savings through the Medicaid payments budget as the Department implements utilization controls.

Office of Behavioral Health. OBH will achieve savings through additional self-generated revenue and a recalculation of the administrative cost component of its contract with the Louisiana Behavioral Health Partnership Statewide Managing Organization, with no impact to service delivery. Other savings identified by OBH include a higher use of generic prescription drugs at its facilities and a postponement of certain equipment acquisitions and maintenance.

Office for Citizens with Developmental Disabilities: OCDD

Cont next pg

Corrections & Clarifications

No formal corrections or clarifications were received for our September issue of the *Times*.

State and National News

DHH Reductions

Continued

savings will be achieved through the elimination of six vacancies. Other savings will be captured through the Medicaid payments budget as the Department implements utilization controls.

Office of Public Health: OPH will generate savings by leveraging other available funds for vital records contracts, realigning staff functions in the molluscan shellfish and immunization programs, and reducing certain Children's Special Health Services contracts with no impact to services. OPH will also reduce contract positions for the Nurse Family Partnership program, which will have a minimal impact to the outcomes of the program. Children and families enrolled in the Medicaid Bayou Health program may be eligible for case management services through their health plans.

Office of the Secretary: Savings will come through the elimination of various vacant positions, some of which will come from the Health Standards Division.

Medicaid Administration: Medicaid will achieve savings through reduction of contract funding related to the Medicaid Management Information System and vacancies.

Medicaid Provider Payments: Medicaid will achieve savings through several strategies, which include: 1. Effective July 1, 2013, DHH will reduce Medicaid dental provider rates by three percent. 2. DHH will make adjustments to the Upper Payment Limit and LINCCA programs. 3. DHH will implement heightened utilization controls for high-cost programs provided through federal waivers. No individuals currently receiving services will be impacted.

Developmental Disabilities Council: The Developmental Disabilities council will reduce contracts that provide information and referral services, peer-to-peer support, and education and training. This overall reduction will be made across contracts with nine agencies.

Human Service Districts and Authorities: The districts operate within their own governance and executive leadership, with the implementation strategy for reductions determined locally. Districts and authorities have targeted reductions in an effort to maintain critical services and minimize the impact on individuals they serve. Each will achieve savings through various techniques such as supply and travel reductions, staff reductions, delays of planned service expansions, contract reductions, attrition savings and increased ability to bill third-party payer sources.



The psychology board will hold a second planning meeting in November. Above, Dr. Joseph Comaty (L), and Dr. Steven Welsh (R) listen to Dr. Darlyne Nemeth at a previous planning meeting this past March.

Open to Public

Psych Board To Hold Fall Planning Meeting on Nov 8

The Louisiana State Board of Examiners of Psychologists will hold a Long-Range Planning meeting on Friday, November 8, 2013. According to the announcement, the board is inviting former board members and the meeting is open to the public. Topics will include School Specialists, telepsychology, Emeritus licenses, Texas Reciprocity Agreement and Provisional Licenses.

For more information or to RSVP contact Executive Director Ms. Kelly Parker.

Louisiana Leads the Nation in Medicaid Fraud Recovery Rates

According to a press release in August by the LA Department of Health and Hospitals, Louisiana recovered more than \$124 million fraudulent payments in the Medicaid program.

This came from criminal and civil penalties in the Fiscal Year 2012 according to figures from the Centers for Medicare and Medicaid Services. That is the highest rate of recovery in any state in the nation at nearly 2 percent of all Medicaid dollars spent in Louisiana. On average, states recover less than 0.6 percent of their respective Medicaid budgets.

Letter to the Editor, continued

The writer then makes the mistake of saying that Dr. Brown was appointed LPA Legislative Chair in 2010, the same year she graduated from the Alliant program. Since she did not graduate in 2010, this information is false. Her appointment, the article, goes on to say was by then LPA President, Judith Levy, also an MP. Why was it important to indicate that Dr. Levy was also an MP? Was not Dr. Levy elected to the position by the LPA membership? Wasn't it known at that time that she was an MP? Does not the President of LPA have the authority to make appointments? Once again, the reader should ask, "so what?" What point is the writer making?

The writer also notes that most of the MP members of LPA resigned. Did the writer ask for information about why such large numbers of previously very supportive members of LPA decided that LPA was no longer a suitable organization for them? Did LPA ask any of the MPs who dropped their membership the reasons for making that decision? The answers might have been informative.

The next section of the article describes the process surrounding the passage of SB268 (expansion of LPC scope of practice). This is a retrospective rewriting of the actual history. There is not enough time or space to counter all of the misinformation presented in this section. In short and in contrast to what the writer has stated, the LPA EC was fully informed of all actions on this bill; the LPA EC voted to give Drs. Griffin and Brown full authority to act as needed to protect psychology's interest during the quick moving action on the bill; there was a very real chance that either LPCs would have been permitted to engage in psychological testing or that LSBEP would have been dissolved and combined with the LPC Board. The actions taken by Drs. Griffin and Brown and brokered by LAMP (their involvement was also approved by the LPA EC) preserved psychological testing as the exclusive domain of psychology and preserved the respective licensing boards of counselors and psychologists. The compromise was to allow LPCs

to expand their scope of practice to diagnose severe mental illness (they already had authority to diagnose less severe behavioral disorders), but only if they consulted/collaborated with someone licensed by the LSBME when it was necessary to medicate the individual. The language of the amendment is not so odd, as the writer indicates, if one understands the requirement that LPCs could not diagnose serious mental illness (SMI) in those individuals who require medication without collaborating with a licensed prescriber under LSBME. Non-MP psychologists, although competent to diagnose SMI, do not have the authority to prescribe medication.

The writer then makes the mistake of saying that the language in the amendment was 'nullified' by emergency rules promulgated by the LPCs. This in fact is incorrect. Although the LPCs did indeed promulgate rules to change the

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State and National News

Hammond Physician Joins LPC Board As New Member-at-Large

Dr. James Nelson, physician from Hammond, Louisiana, was appointed in late June to the Licensed Professional Counselors Board. Nelson will serve as the new Member-at-Large, replacing Mr. Dustin Dowling who completed his term in July, the board's director Mary Alice Olsan told the *Times* recently.

Dr. Nelson is a general surgeon at Surgical Associates in Hammond, according the LPC Board website. He has served as the Chief Medical Officer at North Oaks Health System and until recently also served on the North Oaks Board of commissioners until his term expired in April.

Olsan said that Dr. Nelson attended his first meeting in July and the members were enthusiastic about his appointment.

According to several sources, Nelson has served as a board member or chairman of the Hammond Chamber of Commerce, Tangipahoa Area United Way, Downtown Development District, Richard Murphy Hospice Foundation, and an elder in the First Presbyterian Church. He is also served United States Air Force Reserve Medical Corps where he retired with the rank of Colonel. He initially served in the 60's, then again in

the 90's when he was deployed in Operation Desert Storm.

Nelson was in the middle of a political struggle recently when the Tangipahoa Parish Council, a group that has appointing authority for the North Oaks Hospital's board of commissioners, decided to fill the position left by Nelson with attorney Ron Macaluso, instead of reappointing Nelson, as reported by Vic Couvillion, for the *Advocate*, April 28, 2013.

This created an outcry in the community. The *Advocate* reported a standing-room-only crowd of physicians, administrators, nurses and employees, who asked the Council to reappoint Nelson. Guy Recotta, Jr., Chairman North Oaks Health System Board of Commissioners and also the Clerk of Court for the City Court of Hammond, pleaded for the Council to keep Nelson. Despite this the Council appointed Macaluso. They then offered for Nelson to serve as an ex-officio member but he declined.

The LPC Board also announced that members Gerra Perkins, Laura Choate, and Penny Millhollon were re-nominated and reaffirmed to their board positions. Perkins is Chair, Choate is Vice-Chair, and Millhollon is Board Secretary.



Psychology Board Executive Director speaking to attendees at a Long-Range Meeting earlier this year. Another meeting is planned for November 8, and the public is invited.

LSU Health Urgent Care Opens in BR

The new LSU Health Baton Rouge Urgent Care Center in North Baton Rouge opened doors in September and continued another step in Governor Jindal's remake of the charity health care system.

According to the press release, the public-private partnerships are part of a plan by the state to address the \$1.8 billion reduction handed down by Congress last year. The partnership between LSU and OLOL saved hundreds of millions of dollars that would have been used to build a

LSBEP Relocates to Jefferson Highway

The psychology board moved its office to 8706 Jefferson Highway, Suite B, in Baton Rouge, at the end of September. They are now in their new location.

replacement for the old Earl K. Long facility, the announcement said. The new facility will provide care as an alternative to hospital emergency rooms. It is part of the state's public-private hospital partnerships aimed to provide care, lower costs, and graduate medical education for future doctors across the state.

Letter to the Editor, continued

amendment, this would not have stood as from a political standpoint, a rule cannot change or 'nullify' a statute. That is why the LPCs had to go back to the legislature in the following session to seek a change in the statute to add nurse practitioners to the list of those with whom they could consult and to modify the definition of depression to include moderate depression.

The writer seems to make a big deal out of the fact that Dr. Brown as the legislative liaison with the approval of the LPA EC and in concert with LAMP had kept the LPA membership informed of the process and had advised them on what to do and what not to do during the delicate negotiations surrounding SB268. What a surprise, the legislative coordinator was doing what the EC had asked her to do, i.e., coordinate the legislative activity for LPA with its lobbyist and with LAMP. The fact that the LPA

membership was not supportive of this arrangement says more about the differences between the effectiveness of an organization like LAMP and the apparent lack of effectiveness of the current LPA organization. The writer makes mention that the lobbyist apparently did not know that Dr. Brown was in the Alliant training program to become an MP. Once again, what point is the writer making? Why was that relevant? Would the same import be attached to a psychologist who was taking steps to be certified as a neuropsychologist? Or, if a psychologist was taking steps necessary to meet the requirements for re-specialization? Why is it important that a psychologist wishes to advance their training in a specialty area, including becoming an MP?

Why does LPA have a legislative coordinator if the membership is not going to listen to him/her? Why do they have a lobbyist if the membership believes that each member should act independently of the advice of the legislative

liaison and the lobbyist? They could save some money by terminating the lobbyist and eliminate a barrier by not having a legislative coordinator. Then, LPA can just allow the members to act independently to offer whatever information they feel is important to whatever legislator they wish to contact. My question would be how effective would LPA be in the legislative process using that approach?

In my opinion, this entire article is fraught with innuendo, hyperbole, misinformation, and an apparent bias that constitutes what I believe is a very good example of what used to be called yellow journalism where such biases masquerade as a news article. This is really only an opinion piece from the perspective of one person and should have been labeled as such. It is a clear attempt at character assassination that should be challenged by anyone reading it. As someone who has known

and worked with Dr. Brown for 10 years, I can attest to her character and professionalism which are beyond reproach. This article says less about the character of Dr. Brown than it does about the journalistic integrity of the writer.

Joseph E. Comaty, Ph.D., M.P.
Baton Rouge

(Editor's Comment: We double-checked our facts about Dr. Brown's listing with the state Medical Board and verified that we were correct, the board lists her as having graduated from Alliant in 2010. The medical board considers itself a primary source verification. The Times and writer, J. Nelson, appreciates Dr. Comaty's letter as we do all letters from readers, and his concern for accuracy.)

Date Graduated

08/30/2010

By the Numbers:

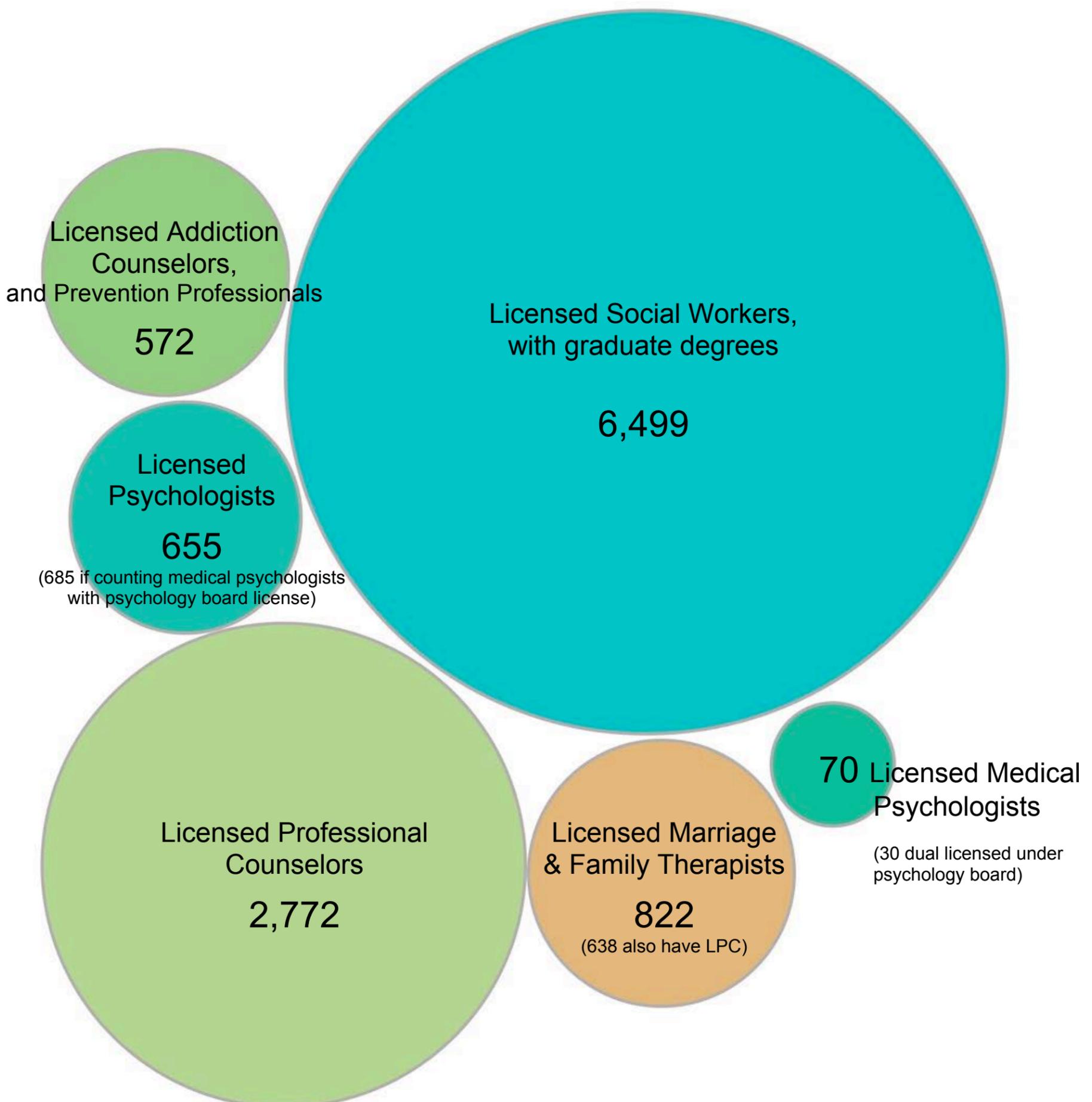
Professionals Licensed by Certain State Licensing Boards

The *Times* looked around for some information about how many and who are in the behavioral health service community.

Here is one view of some of the state boards, which does not tell the full picture. We did not include psychiatrists, or specialists in school psychology, or the newly formed board for Behavior Analysts.

Also, we can't do much about the fact that not everyone licensed under a board practices healthcare, so there is that also.

Most of the information comes directly from the boards, and we talked with some of the Directors to help clarify the dual licenses. The numbers are somewhat of a moving target and for broad-brush only.



Science & Education

LCA Conference Continued

and reports, which were chosen carefully by the selection committee, explained President Bruce Galbraith told the *Times*.

“From the comments I heard,” Galbraith noted, “our members spoke of the quality of the sessions. We were pleased to offer our members a variety of sessions that met the needs of mental health counselors, marriage and family therapists, professional school counselors, college counselors, religious counselors, addiction counselors and career counselors,” he said.

The LCA is composed of many divisions, and there different educational goals were addressed by the variety of presentations at this year’s Convention. These are:

- Louisiana Association for Counselor Education and Supervision
- Louisiana Association for Multi-Cultural Counseling and Development
- Louisiana Association of Marriage and Family Counselors
- Louisiana Association for Spiritual, Religious, and Ethical Values in Counseling
- Louisiana College Counseling Association
- Louisiana Career Development Association
- Louisiana Mental Health Counselors Association
- Louisiana School Counselors Association
- Louisiana Association of Addiction and Offender Counselors
- Association for Lesbian, Gay, Bisexual, and Transgendered Issues of Louisiana
- Louisiana Counselors for Social Justice
- Counselor Intern Association of Louisiana



Christopher Monceaux (L), graduate student at LSU, and Dr. Meredith Nelson, Associate Professor in the LSU Psychology Department, presented “Genes, Environment, and Gene-Environment Interplay: The Future of Mental Health Treatment?” at the recent Counseling Association Convention in New Orleans.

Joan Fischer, Chair of the LCA Professional Development Committee, told the *Times*, “This conference was the most comprehensive offered yet, with over 60 presentations offered from Saturday through Tuesday. Participants could earn continuing education credits on topics as diverse as ethics, supervision, diagnosis, school counseling, marriage counseling, etc.”

Fischer, a Licensed Professional Counselor and a Licensed Marriage and Family Therapist and supervisor, has presented over twenty-five workshops herself. She is director of the Thomas E. Chambers Counseling and Training Center at Our Lady of Holy Cross College.

The response from attendees was very positive, Fischer noted, and her team

is still in the process of tabulating results.

Galbraith explained, “To see so many counselors under one roof was exciting.” Also, he pointed out the high level of involvement of the students from around the state. “To be able to meet so many grad students, to witness their efforts from volunteering to work in helping put on the conference, to presenting in sessions and to interacting with students from various universities and colleges in the state was impressive.”

Ms. Austin said that the LCA growth, with membership increasing from 1800 last year to 2000 this year, seems related to a number of changes. “Louisiana’s Counseling Educators are doing a great job of teaching the graduate

students about professionalism and the purpose of the professional association,” she noted.

Also, LCA accepted a petition from counselor interns to start a new division and this is helping to address their needs, she said. The membership in this division has doubled in the last year, Austin noted.

Austin also said that BESE (Board of Elementary and Secondary Education) adopting the Louisiana Model as best practices, and the new compass Evaluation for Professional School Counselors, may have also led to some of the growth in the association.

“The Government Relations Committee should be renamed the Advocacy Committee,” she said, “because in addition to working on legislative issues, they are also working in other areas to

advocate for the various specialties.”

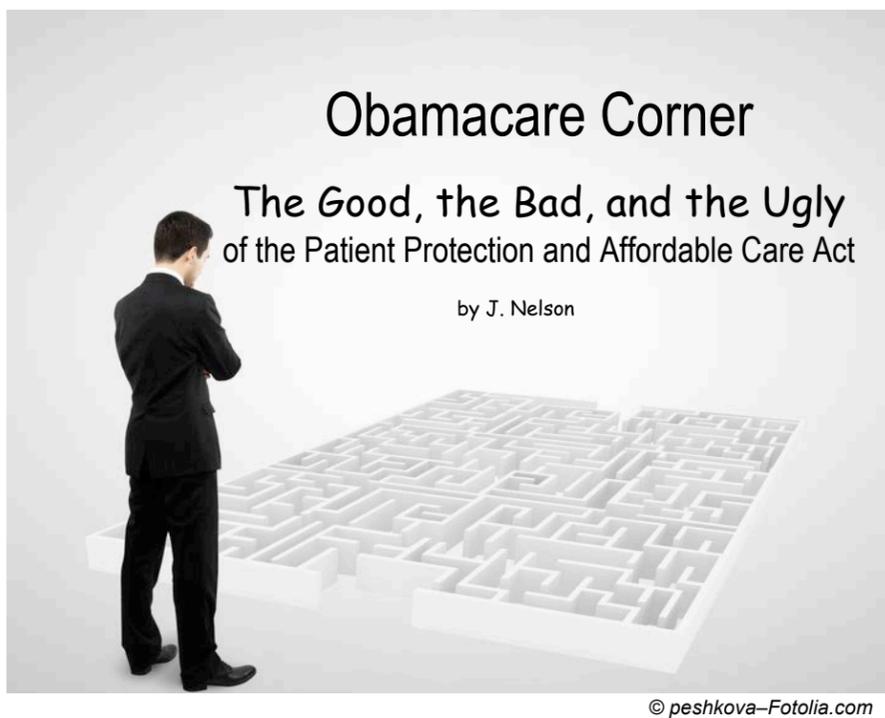
Galbraith told the *Times* that one of the high points for him was the opportunity to speak with so many members and the positive views voiced about the work of the association. “That makes me think that our leadership is working hard to meet the mission of our Association,” he said.

“... experiencing the camaraderie and congeniality among all of our members. Observing how no matter what field our counselors are engaged in that there is a common idea that we must provide the best service we can to the population that we serve,” he said.

“Also, our strong leadership, from our division presidents to our committee chairpersons, forge a team effort, and our membership has come to circle the dates to attend.”



Naomi Pittman interprets for a presentation at the Louisiana Counseling Association convention held last month in New Orleans. Ms. Pittman works with Lighthouse Louisiana, a group providing services, training, employment and advocacy for persons with vision loss and also hearing impairments. Mr. Clinton LaBerge, Deaf Services Manager, explained to the *Times* that Lighthouse has been providing services in New Orleans since 1915. In 2012 they expanded services to include individuals with hearing loss.



Obamacare Corner

The Good, the Bad, and the Ugly
of the Patient Protection and Affordable Care Act

by J. Nelson

© peshkova-Fotolia.com

Putting Behavioral Health into the New Health Care Equation

*A Talk with Health Psychologist
Dr. Michele Larzelere*

Primary Care Anyone?

What are some of the options for practitioners as the Affordable Care Act unfolds? One of the themes weaving throughout the ACA and the health industry's adjustment to it, is the idea to put more focus on primary care, which then could help curtail waste, inefficiency, and especially unnecessary hospital admissions.

The idea is in line with a quality focus. I learned years ago at Honeywell and the Total Quality program, a reality that is in all social exchange. Get the vendor and the customer as close together as possible and then enhance communication and empower the customer.

But the customer is almost invisible in the current medical-industrial system. Perhaps the next best thing is to get the customer and the primary care professional closer together. A focus on primary care could place these "lifestyle diseases" at the right place to impact chronic issues of obesity, cardiovascular disease, or diabetes.

According to the LA Department of Health and Hospital's Bureau of Primary Care and Rural Health seven percent of adults in Louisiana have been diagnosed with diabetes, nearly one out of four adults is obese. Louisiana has the fourth highest cardiovascular death rate in the nation. And one in four adults in Louisiana are current smokers. (See <http://new.dhh.louisiana.gov/index.cfm/subhome/25>)

With the ACO model, primary care and behavioral health professionals will be needed to lend a hand to primary care physicians. Some experts predict that these first-line physicians will be over-burdened with an influx of new people, many who could have pent-up physical and psychological needs.

In this month's column, we talked with a primary care psychologist who has been in the middle of things for a while and who graciously shared her views and insights about the primary care role.

Michele Larzelere, PhD., Primary Care Psychologist

Quality care and cost savings dovetail at the primary care level, where psychological and behavioral health professionals can become involved. These savings can reach 30 to 60 percent.

This was one of the messages of Dr. Michele Larzelere, health psychologist at the LSU Health Sciences Service Department of Family Medicine, in her 2011 presentation for the Louisiana Psychological Association.

Cost savings by including behavioral health at the primary care levels can be dramatic. To put this in perspective, a 10 percent reduction in medical/surgery costs nationwide –by treating the mental or behavioral component– would exceed the entire current national mental health budget.

But getting behavioral health into the primary care level requires a cultural shift for many in the field. Larzelere explained that the typical job duties were very different than most private mental health practitioners have come to expect.

The primary care professional is called on to deliver "on-demand

interventions for mental health conditions," she said. This is being present and available at the clinic level, and being able to consult moment-to-moment with physicians and nurses about mental health and behavioral medicine. It means being available to quickly assess issues with brief screening.

The culture of primary care demands that the focus be limited on the current problem, it is action oriented, with decisions made with limited information, she explained.

It means you must always be available, *always*, she said. Being present in the clinic, communicating, and being responsive are essential parts of the role. "Shelve your theoretical issues," she noted. And, different from what most private practitioners are used to, the primary care professional must communicate. "You are useless if you don't communicate," she noted.

Those in the behavioral health professions have to take a close look at our attitudes and the maintenance of the 'mental health' identity, she said. These attitudes include our need for weekly sessions, the need for high level of attachment to patients, the idea of a long and involved assessment, or concerns about the "medical model." These are just some of the changes in mindset required.

Larzelere pointed to some of the skills needed by primary care psychologists, including medical literacy and medical evidence, knowledge of psychopharmacology, and knowledge of both behavioral medicine and mental health interventions. She also listed chronic disease management skills, knowledge of group interventions, and writing and editing.

Behavioral health professionals need a willingness and ability to educate staff and providers, and also a comfort with all types of diversity.

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Why Integrate? Medical Cost Offset Model

30-60% decrease in medical utilization can be achieved with integrated behavioral health

20-40% cost offset when cost of BH is taken into account

- Screening/tracking
- Not traditional psychology
- Specific/focused interventions

• 10% reduction in med/surgical costs nationwide (by treating MH/BH component) would exceed entire current MH budget

From presentation, "Role of the Primary Care Psychologist," by Dr. Michele Larzelere in 2011 for the La Psychology Association.

Obamacare Corner

While the primary care psychologist will help address high-utilizing patients, and disease management interventions for chronic illnesses, Dr. Larzelere also pointed out that he or she will need to be an advocate for prevention and wellness.

Primary care psychologists find themselves teaching brief interventions to primary care staff, she explained, also providing screenings, as well as identifying patients who require specialized mental health services and placing them. Larzelere also mentioned that you'd need to know how to do team-building and other industrial-organizational skills.

Recently the *Times* caught up with Dr. Larzelere and asked her about primary care and the Affordable Care Act.

Q. What do you see happening with the new law and the primary care psychologist or behavioral health provider?

A. I think that the impact of the Affordable Care Act is really going to depend heavily on implementation factors—both by the states and by the individual plans. While psychologists, both integrated and non-integrated, can participate in many of the comprehensive and preventive benefits that are supported under the law, I don't think psychologists are designated in any way as preferred providers of any of these screenings or services.

I don't foresee too much change to these problems as a result of the ACA because the insurance market will still be fragmented and governed by individual plans.

Q. What do you think will happen with mandated screening?

A. My suspicion is that many organizations will choose to fold 'mandated screenings' into computerized assessment questionnaires, pen and paper questionnaires, and triage functions whenever possible in order to maximize organizational compliance. There is also a lot of discussion of computer-assisted and computer provided CBT [Cognitive Behavioral Therapy] in primary care settings in order to serve patient's mental health needs without having a mental health provider be physically present. Examples are Mood Gym, Fear Fighter, CALM, Beating the Blues.

Q. What are some suggestions for those shifting toward primary care?

A. The more mental health providers can spend a portion of their training time in primary care settings, the easier it will be for professionals to be 'culturally competent' in primary care settings. I am thinking of internship training in the primary care models used at the Mayo Clinic and many VA Medical Centers, or pre-doctoral training programs which integrate psychology graduate students with primary care medical residents like Phil Brantley did at LSU.

For practitioners who come later to the primary care world, I think that mentorship by someone experienced is invaluable.

Q. You stated that PCPs expect generalists. What "generalist" type characteristics are most important?

A. In my experience, psychology training programs often push graduate students to specialize—child, adult, or geropsychology. What specific disorders/conditions will be your specialty? Health psychology or general psychology? In primary care, they want a psychologist who can do all of the above, and see any patient who walks in the door, just as they do. 'Primary care psychology' training really should include being well-versed in brief evidence-based therapies for the most commonly encountered primary care needs (affective disorders, anxiety disorders, motivational interviewing for health behavior change and substance use disorders, parent training, etc.), as well as having a strong experience in assessment—since you will be referred the patients that are puzzling to the physicians. Having a solid

knowledge of I/O principles would also be ideal to help with clinic management decisions and processes.

Q. Can you tell us how wellness and prevention fits into the picture?

A. I think wellness/prevention are areas where there is tremendous need in primary care.

For both physical and mental health, the need to work on active problems is often so high that wellness/prevention get shorted on attention. The health habits that most reduce the preventable component of the most prominent causes of morbidity and mortality in the US, —for example, refraining from smoking, eating a healthy diet, getting regular exercise, and limiting alcohol consumption— are behaviors that psychologists can really impact positively.

Unfortunately, at least in my experience, other needs are so great that it is hard to make time for wellness/prevention initiatives unless there is a specific plan put in place.

For these types of interventions, one of the greatest modes of impact I see for psychology is to train other practitioners. I have been involved in training both MDs and nursing staff in health behavior change strategies and it is among the most well-received of any information I have ever provided. Health care providers are *really hungry* for this information.

Even more so than in other areas, financial reimbursement for these types of intervention can be a challenge. The Health and Behavior Codes, which are the most applicable billing/coding methods, are often problematic when dealing with insurance companies. "Mild" emotional stress would be even more challenging from a reimbursement perspective because you are dealing with not just mental health, but preventive mental health. I can't imagine how that could be successfully done outside of a grant or training environment.

Conclusion

And so there's the rub. How to actually install true prevention into what is going to be the health model for most people? Next month we'll look at some of the issues for wellness and prevention, and what options there are as the ACA continues to reshape the health care industry.

Health First Consulting

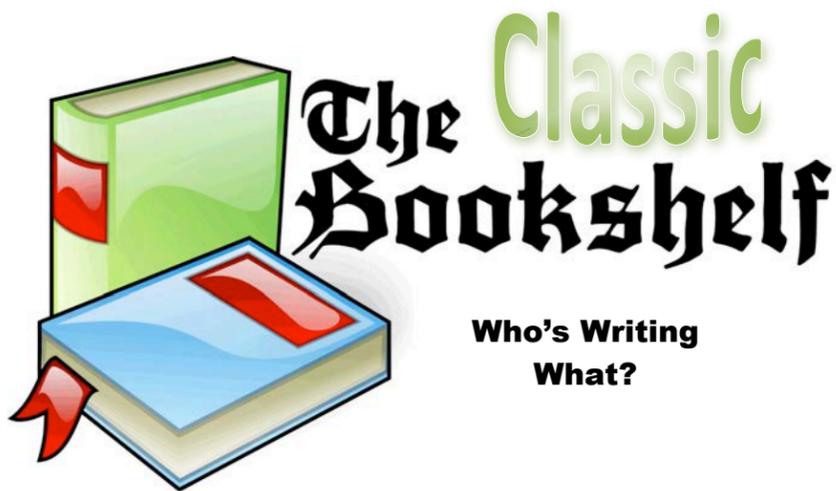
Amino acids, the building blocks of protein, may be important in the treatment of depression. Amino acids are used by the body to produce the very same neurotransmitters that are modulated by antidepressants—serotonin, norepinephrine, and epinephrine. Forty patients diagnosed with major depression showed low plasma amino acid levels. Of those, 90% of patients were low in phenylalanine and tryptophan.¹

Phenylalanine and tryptophan are the amino acid precursors to norepinephrine and serotonin, respectively. Amino acid therapy in conjunction with an anti-depressant decreased depressive scores and aggression in the patients, above and beyond the anti-depressant alone. Clinicians should consider testing amino acid levels in patients with depression, and increasing dietary protein and free-form amino acid supplementation when indicated, as part of a comprehensive approach to the treatment of depression.

1. Ille R, Spona J, Zickl M, et al. "Add-On"-therapy with an individualized preparation consisting of free amino acids for patients with a major depression. *Eur Arch Psychiatry Clin Neurosci.* Jun 2007;257(4):222-229.

Sharing Paths to Health
with Functional Testing





Personnel and Organizational Psychology

Laurence Siegel, PhD
Irving M. Lane, PhD

The Irwin Series in Management and The Behavioral Sciences, 1982

There is a reason that some books are classics. No matter how much new information has been added from new scientific discoveries, the classics hold their value.

Perhaps one reason for this in social psychology is because many things in human behavior actually don't change all that much. We research a slightly different angle, switching from a correlation to a nested, hierarchical regression. Or we put them in a new context. We rename them. But much of the foundation is still there, right where it has always been.

Maybe it's just me, but I've found find that if you read a classic text through the modern lens, some of the ideas seem richer and more meaningful. Probably it's my age and, hopefully, experience, but there is a feeling for me of visiting an old homestead, with its solid foundations. These ideas and lessons are right where we left them, like a comfortable old shoe.

Personnel and Organizational Psychology was written by then LSU professors Larry Seigel and Irv Lane, and it's one of those books. It was a "new" edition of earlier versions, and was written for the undergraduate. So it is simple in some ways, made for teaching.

Perhaps not accidentally the wonderfully fresh writing style is clear and direct, and it has voice, so different than much of what is written today.

"Welcome to our book," the authors begin, with economy of words. But there is also an intimacy in the writing, that students of Larry or Irv will remember about the two of them. Not too many extra words, no circles drawn around the key points.

"Welcome to our book. We wrote it because we wish to share our enthusiasm for psychology in general and for our particular specialty, industrial/organizational (I/O) psychology."

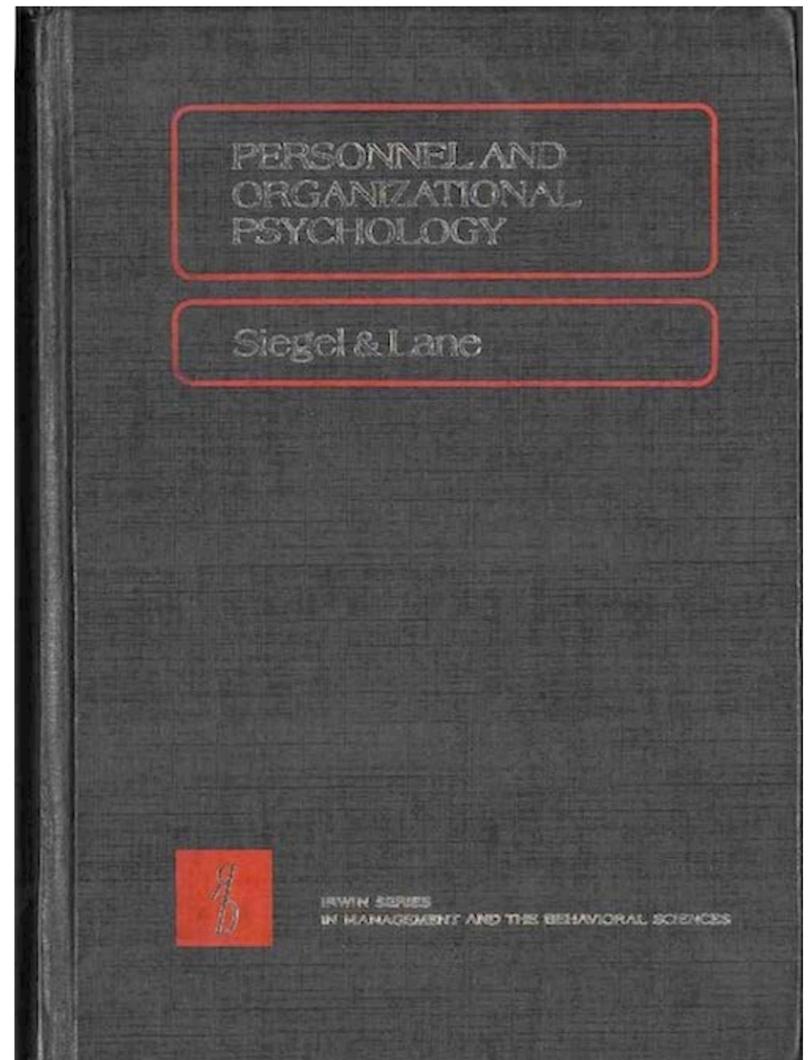
The main value is the overview of psychology applied to the world of work, a text written at a time when things were expanding in the field.

The authors point out that the personnel and organizational psychology specialty includes the issues of applied psychology that impact people at work. They walk the reader through the specifics of the science from an applied perspective.

They twist the strands together from economic psychology, psychological testing, industrial engineering, and the human relations movements. And they include research methodology, theories of behavior, and interactions between organizations and individuals, and bring them together. But they also keep it simple.

One of the delightful finds in this classic text is the description of what a psychologist is, crafted at a time when perhaps it was easier to define. Professional psychologists who deliver services, the authors write, "do so with a scientific perspective: professional practice is applied research. Solving a real problem in the real world (like excessive absenteeism, 'burnout' among air traffic controllers, training the hard-core unemployed, and so on) requires that the issues be defined, alternative solutions be evaluated, and the optimal solution implemented."

"It is easy to be enthusiastic about psychology," they write. "It provides the excitement of gaining new knowledge about behavior with the



gratification of being able, through applying that knowledge, to improve human conditions."

The first section includes chapters on "Research" and "Correlation and Psychometric Theory." Here the authors review the basics of independent, dependent, and extraneous variables, control, and inferences about causality. Different types of experimentation are reviewed, including nonexperimental research for field experimentation, such as unobtrusive measures.

Section Two, "Personnel Psychology" addresses specifics of of I/O in three parts. Part A is "Defining and Measuring Performance." This part includes Job Analysis and Occupational Classification, Criterion Development, and Performance Appraisal.

Part B of this Section involves Predicting Performance: Personnel Selection and Placement.

Here the authors provide chapters on Validity and Prediction, Biodata and Pre-employment Interviews, and Psychological Tests.

Part C is Facilitating Performance. Training and Human Factors in Performance conclude this section.

"Organizational Psychology," Section Three, opens with a Part A and chapters on Motivational Theories. This is followed by a chapter on "Job Satisfaction."

Part B is Individuals in Groups, with a chapter on Group Behavior, and of course a chapter on Leadership.

Part C, Organizational Dynamics, includes chapters about Organizational Theories, Organizational Development Technologies, and the last chapter, Organizational Change: Theoretical Models and Case Histories.

We devote one-half of our waking lives to working. The sphere of psychology applied to work is an important area. And they place it within psychological science. "... it offers a way of thinking about the world, of formulating questions, gathering and evaluating information, drawing conclusions, and using these conclusions to ask still further questions."

I have to thank Dr. Kelley Pears, who, while cleaning out his office ran across his copy of Larry's and Irv's book (my copy is packed in a box somewhere, I guess). Kelley asked me if I wanted it and I said absolutely. Reading it now is very different, especially because the LSU I/O program has ended after a 60-year run. But it is nice to be able to read the ideas from two great psychologists, and remember.

Gov. Names Tulane Professor Dr. Larrieu To La Children's Bd

Gov. Bobby Jindal has appointed Dr. Julie Larrieu to the Louisiana Children's Trust Fund Board, according to the press release from the governor's office September 6. Dr. Larrieu is a Professor of Clinical Psychiatry and Pediatrics and Director of Training, Clinical Psychology, at the Tulane University School of Medicine.

Dr. Larrieu will represent the Louisiana Psychological Association on the 15-member board.

The Louisiana Children's Trust Fund Board strives to improve child abuse and neglect prevention efforts by establishing a plan for prevention of child abuse, presenting an annual review to the governor and legislature and funding community-based child abuse and neglect programs through its grant process, according to the announcement.

Other members who serve on the board include the Secretary of the Department of Social Services and the Assistant Secretary of the Office of Community Services within the Department of Social Services.

The board also includes representatives from the State Medical Society, the Louisiana Council of Juvenile and Family Court Judges, and the Louisiana Bar Association.

Also represented is the Louisiana Chapter of the National Association of Social Workers, the Louisiana Association of Chamber of Commerce Executives, the Louisiana Association for Education of Young Children, the Louisiana State Conference of the NAACP, and the National Business League, New Orleans Chapter.

Larrieu has been at Tulane since 1998 and received her training in Developmental Psychology from Purdue University, Kent State University, and completed her psychology internship with Baylor College of Medicine.



LCA Presidents gathered at the recent Convention of the Louisiana Counseling Association. (L to R) Past-President Paul Ceasar, President-Elect Tim Fields, and First President-Elect John Crawford. Current President Bruce Galbraith, told the *Times*, "We have a custom that on the Monday night of conference all of the Past Presidents are invited to get together as a group and share stories of their Presidency. It was great to have twelve Past Presidents sitting in a room sharing the highs, the lows and the funny things that were part of their term."

She also completed a postdoctoral fellowship at the Cleveland Clinic Foundation in the area of Health Psychology.

At Tulane Larrieu's interests focus on infant mental health issues, developmental psychopathology, and training and policy issues. According to her Tulane information, her work deals with the abuse and neglect of infants and toddlers including identifying risk factors for abuse as well as predictors of successful treatment for abusive parents.

She notes that currently she is involved in providing training in infant mental health to professionals who are skilled in working with school-age children, and to public health nurses who work with a variety of at-risk families.

HHS Estimates Insurance Costs From Exchanges

The Department of Health and Human Services released what it views as the costs of the new plans, issued last week from the ASPE Office of Health Policy.

According to the report, a 27-year old Louisiana resident will pay \$175 per month for the lowest cost Bronze plan, \$235 for the lowest Silver plan, and \$253 for the lowest Gold plan.

For an 27-year old with an income of \$25,000, tax credits should apply. The report gives an example of the lowest cost Bronze plan, after tax credit, will be \$71 per month.

A family of four with an income of \$50,000 will pay \$15 per month for the lowest cost Bronze plan after the tax credit.

The tax credits will be available for those between 100% and 400% of the poverty level.

Each state is different based on economic conditions and number of insurance companies providing the plans.

For Louisiana, the weighted average cost of the lowest cost Silver plan is \$356 per month. And the lowest cost Bronze plan is \$265 per month, according to the report. For comparisons, the premiums in Mississippi for these two types of plans are \$403 and \$342. In Arkansas they are \$351 and \$275. And in Minnesota they are \$192 and \$144.



Dr. Susan Dardard (Susie Marie PhD) with the crew videographer "frog hunting" in the horse pasture. The crew is in production now for South River Stories television special coming out in November.

(Photo courtesy South River Stories)

Up-Coming Events

Louisiana Behavior Analysis Assn Will Host First Gulf Coast BA Conference, Oct 18-19, LSU BR

The Louisiana Behavior Analysis Association will hold the inaugural Gulf Coast Applied Behavior Analysis Conference, October 18 and 19, 2013, in Baton Rouge. The Conference will be held at the Cook Hotel on the Louisiana State University campus, Baton Rouge.

The keynote speaker will be Dr. R. Douglas Greer from the Columbia University Graduate School of Arts and Sciences and Teachers College. Dr. Greer is the coordinator of the programs in applied behavior analysis at Teachers College. He has authored 13 books and 155 research and conceptual papers, served on the editorial board of 10 journals, and developed the CABAS® school model for special education and Accelerated Independent Model for general education. He has received the Am Psychological Association's Fred S. Keller Award for Distinguished Contributions to Education.

For more information or to register, go to the LaBAA web site.



Members of the behavior analysis community during the debates about regulatory issues, earlier this year. (L to R) Renee Guidry, BCBA, Cassie Bradford, BCBA, Janice Huber, BCBA, and Dolleen Day-Keohane, PhD, BCBA-D. Ms. Huber, BCBA, is Secretary for LaBAA, the Louisiana Behavior Analysis Association. LaBAA is holding the inaugural Gulf Coast Applied Behavior Analysis Conference this month.

The New Orleans-Birmingham Center Reviews *Suspicion*

The New Orleans-Birmingham Psychoanalytic Center will review the film *Suspicion* for its Film & Discussion Series, October 20. The presentation and discussion will take place at the Center on Coliseum Street in New Orleans.

The Center's Film & Discussion Series is moderated by Dr. Alvin Burstein. The activity is approved for continuing education credits by the American Psychoanalytic Association.

Suspicion is about a shy young English woman who marries a charming gentleman, then begins to suspect him of trying to kill her.

Lifestyle Psychology Is Focus Of NAPPP October Conference

"To Help Professionals Deal with Healthcare Reform"

The National Alliance of Professional Psychology Providers and The Lifestyle Advocate Institute will present a two-day training event on October 19 and 20, in Las Vegas. The training focuses on integrating lifestyle medicine into practice and learning how to market your skills to physicians. Topics include: "Family Interventions in Lifestyle Medicine," "Cultural Factors in Lifestyle Treatments," and "Impact of Life Style Changes on Chronic Disorders and Diseases."

Saturday, October 19

Tulane and LPA to Host Dr. Kirsch, International Expert On Placebo Effect in Health

"The Power of Suggestion for Clinical Practice"

The Louisiana Psychological Association and the Tulane Department of Psychiatry and Behavioral Sciences are hosting Dr. Irving Kirsh, an internationally known expert in the area of placebo effects, antidepressant medication, hypnosis, and suggestion, to New Orleans for the LPA Fall Conference. The workshop will be on Saturday, October 19, at Tulane University.

"We are excited about the LPA Fall Workshop. Dr. Kirsch is internationally recognized for his work in hypnosis, placebo responses, and most recently, his research on the impact of placebo response and antidepressant therapy," said Dr. Paula Zeanah, Chair of the Continuing Education Committee for the state psychological association

"Prozac meets Placebo: Find out why, when and how to use suggestion and placebo with your clients, and the benefits of this safe and evidenced-based approach," notes the flyer.

Kirsh has published 10 books and more than 200 scientific journal articles and book chapters on placebo effects, antidepressant medication, hypnosis, and suggestion. He originated the concept of response expectancy. His meta-analyses on the efficacy of antidepressants were covered extensively in the international media and influenced official guidelines for the treatment of depression in the United Kingdom. His book, *The Emperor's New Drugs: Exploding the Antidepressant Myth*, which has been published in English, French, Italian, Japanese, Turkish, and Polish, was shortlisted for the prestigious Mind Book of the Year award. It was the topic of *60 Minutes* segment on CBS and a 5-page cover story in *Newsweek*.

Dr. Kirsch will also be presenting to the Adult and Child Psychiatry Grand Rounds while he is in New Orleans, said Zeanah.

Irving Kirsch is Professor of Psychology at Plymouth University (UK), Associate Director of the Program in Placebo Studies and lecturer in medicine at the Harvard Medical School (Beth Israel Deaconess Medical Center), and Professor Emeritus at the University of Hull and the University of Connecticut.



The Specialty for the Coming Integrated Care Models in Primary Care Centers and Hospitals

Medical Psychologists are post doctorate trained and licensed psychologists with training in psychopharmacology, behavioral medicine, and health psychology. A medical psychologist is more than a psychopharmacologist and clinical psychologist and they are prepared for the mainstream healthcare system.

They have passed a national oral and written examination and have completed a preceptorship.

Join our interest society or present your credentials and training for examination and diplomat status at:

www.amphome.org



Dr. John Simoneaux (L) and Mike Ortego at a meeting of the Louisiana Coalition for Violence Prevention earlier this year. Simoneaux will be presenting on Happiness in an October webinar for mental health professionals.

“What Makes People Happy?” Topic of PTR October Webinar

Dr. John Simoneaux of Professional Training Resources will offer a webinar training event on October 23, from 10 am to noon.

He will address how happiness has been defined, how it is measured, the myths and misunderstandings about happiness, and discuss, “How happy are you?”

He will also examine character, virtue, and talents as they relate to happiness and review if these traits cause or hinder happiness.

Simoneaux will review interventions to increase happiness in self and others.

The webinar is available for 2 hours continuing education for most mental health professionals. The training is designed to help participants understand the scientific studies in positive psychology, major research and researchers, be able to analyze how character, virtue, and talents impact happiness, and develop interventions.

Cost is \$40. For more information go to PTR website.

Osofskys Present In November For New Orleans Psychoanalytic Center

Drs. Howard and Joy Osofsky will present “The Importance of Psychoanalytic Integration in Current Mental Health Treatment,” on Saturday, November 23, 2013. The presentation is part of the “Psychoanalysis in Action,” informal speaker series hosted by the New Orleans-Birmingham Psychoanalytic Center.

According to the Center, the Osofskys’ will address, “Empirically-supported or evidence-based treatments have become de rigeur in the mental health professions. There is increasing pressure to provide data that interventions are both effective and cost-effective. Cognitive-behavioral therapy has gained in prominence as a treatment which meets both these criteria with a relative few knowing the data regarding the efficacy of psychoanalytic short and long-term treatments. *Learning Objectives:* 1) Participants will know data demonstrating the effectiveness of psychoanalytically based brief- and long-term therapy; 2) Participants will understand similarities and dissimilarities between cognitive- behavioral therapy and psychoanalytically-informed psychotherapy; and 3) Participants will be able to integrate genetic, developmental and psychosocial constructs in psychoanalytically-informed treatment.



Dr. Sue Jensen (L), Dr. Darlyne Nemeth, and Taighlor Whittington, (standing) at a previous conference. Dr. Jensen will be presenting at the Fall Institute of the Louisiana Group Psychotherapy Society.

La Group Psychotherapy Society Hosts Dr. Jensen

“Finding Your Own Style as a Group Psychotherapist”

The Louisiana Group Psychotherapy Society will hold its 2013 Fall Conference on November 2, 2013, at the LSU campus in Baton Rouge.

The speaker will be Dr. Suzanne Jensen who will speak on “Finding Your Own Style as a Group Psychotherapist.”

Dr. Jensen noted that “Developing and finding one’s own style is not a simple process or accidental event. Style is determined by biological givens, personality at adaptations, theoretical orientations, and personal and professional experiences.”

Jensen noted that this workshop will cover and highlight all of these type factors. She said that participants will have ample opportunity to discuss their development and affirm their own styles.

The Fall Institute will be held at Peabody Hall on the LSU campus in Baton Rouge.

LA School Psychological Association Prepares for Annual Conference, Nov 6

“Our School, Our Community, Our Future”

Call for Submissions Deadline is Oct 4

“Our School, Our Community, Our Future,” will be the theme for the 33rd Annual Conference of the Louisiana School Psychological Association. The conference will be held November 6 through 8, at the Hilton Lafayette in Lafayette.

The invitation and call for submissions is in effect, the deadline this week, October 4.

Some of the highlights planned for this year’s event include a Keynote Address by John White, Superintendent of Louisiana Department of Education.

Sally Baas, Ed.D., President of the National Association of School Psychology, will speak to the group regarding, “Building Meaningful Community Partnerships,” and “Creating Access: Collaborate, Advocate, Lead.”

Dr. Frank Gresham, Professor in the Department of Psychology at Louisiana State University, will speak on “Role of School Psychologists in Atkins Cases and Social Security Income Eligibility Cases.”

Gresham has published extensively on topics ranging from social skills assessment and training, emotional and behavioral disorders, learning disabilities, mental retardation, and issues involved in determination of mental retardation in Atkins cases. He has served as an expert witness in Atkins cases in Virginia, Alabama, Louisiana, and Florida.

Tulane professor Dr. Conni Patterson and Dr. Chavez Phelps will present on “Motivational Interviewing.”

Drs. Gloria Maccow & Charles Shinaver from Pearson Publishers will provide a workshop, “WPPSI-IV Q-Interactive; Med-Cognitive Intervention Program”



Dr. Chavez Phelps presenting at last year’s Louisiana School Psychological Association Annual Conference. This year he will co-present with Tulane professor Dr. Conni Patterson on “Motivational Interviewing.”

Tulane Professor and Chair of Psychology, Dr. Stacy Overstreet will speak on “Universal Screening for Social and Emotional At-Risk Student”

Dmitriy Niyazov, MD, will present on “Mitochondrial Disease--educational implications.” He did his residency and fellowship in medical genetics at Emory University School of Medicine. Currently he is with Ochsner Health System where he practices medical genetics and is a member of the Ochsner Craniofacial Clinic.

Dr. John Murphy, Professor of psychology at the University of Central Arkansas and an internationally recognized trainer and practitioner of brief therapy approaches with young people will present, “Solution-Focused Counseling in Schools.”

Tulane Professor Dr. Michael Cunningham will speak on “Research and Theory with African American Populations: Implications for service.”

Hunter Hansen, Psy.D., M.P. will present, “Integrated Care.”

For more information go to the LSPA website.



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CLASSIFIED ADS

For Rent Metairie:

Large office (18' X 11' 9") and small office (11' 5" X 10' 2") on Ridgelake. Excellent location for Mandeville, N.O., and Metairie clients. Office suite with four other therapists. Automatically locking door between waiting room and six therapy offices. Two bathrooms- one for therapists only. Small kitchenette with fridge and microwave. Includes once per week cleaning, utilities, Kentwood water, basic paper products for bathroom. Ample parking. Large office \$500 mo. Small office \$340 mo.

Call Elaine Salzer PhD (504) 837-6018

Office space available for mental health professionals in Metairie (517 N. Causeway Blvd). Contact Marian Arnoult-Jackson (504)250-8202.

Position Wanted: Research Associate, Health Psychology. Accomplished and dynamic masters level professional with degree in health psychology. Competencies include: Health Care · Patient Assessments · Patient Relations · Health & Safety Regulation · Care Coordination Policies / Procedures Compliance · Time Management · Needs Assessment · Email for more info at Neurology579@yahoo.com

Private Office Space for Rent in complex with other mental health professionals: **Baton Rouge, South Sherwood area.** Utilities included. \$650 per month. Call 850-564-0077 for more information.

**PUBLIC NOTICE****State Behavior Analyst
Licensing Mandate****Louisiana Behavior Analyst Board**

On August 1, 2013, Louisiana Act 351 took effect to establish the Louisiana Behavior Analyst Practice Act and Behavior Analyst Board within the Department of Health and Hospitals which will be subject to the provisions of R.S. 36:803. Louisiana Act 351 mandates that individuals wishing to hold themselves out as Licensed Behavior Analysts, State Certified Assistant Behavior Analysts, or Registered Line Technicians must be licensed, certified, or registered through the Louisiana Behavior Analyst Board.

Effective October 8, 2013, emergency rules will be posted regarding the application process and fees. At this time, applicants can begin submitting the required application forms. This Act will be enforced beginning December 31, 2013. At minimum, applicants must submit the application form, official transcripts, BACB certification verification form, and fees no later December 31, 2013. These forms will be made available upon request to the Board office.

The following is a summary of the qualifications for licensure, certification and registration:

Licensed Behavior Analyst

Licensure shall be renewed annually beginning January 2015. The qualifications of an applicant for licensure as a Licensed Behavior Analyst shall include the following criteria:

- Completed and notarized application form
- Payment of mandatory licensure fees
- Proof of good moral character
- Completion of a criminal background check as approved by the Board
- Proof of passage of a nationally recognized examination
- Completion of a LA jurisprudence examination as approved by the Board
- Proof the applicant conducts activities in accordance with accepted ethical standards
- Official transcripts – Master or Doctoral Level

State Certified Assistant Behavior Analyst

Certification shall be renewed annually beginning January 2015. State Certified Assistant Behavior Analysts cannot work independently. All certified assistants must be supervised by a Louisiana Licensed Behavior Analyst. The qualifications of an applicant for certification as a State Certified Assistant Behavior Analyst should include the following criteria:

- Completed and notarized application form
- Payment of mandatory licensure fees
- Proof of good moral character
- Completion of a criminal background check as approved by the Board
- Proof of passage of a nationally recognized examination
- Completion of a LA jurisprudence examination as approved by the Board
- Proof the applicant conducts activities in accordance with accepted ethical standards
- Board approved supervision form
- Official transcripts – Bachelors Degree

Registered Line Technician

Registration shall be renewed annually beginning January 2015. A Registered Line Technician cannot work independently. All Registered Line Techs must be supervised by a Louisiana Licensed Behavior Analyst. The qualifications of an application for registration as a Registered Line Technician shall include the following criteria:

- Board approved supervision form
- Completion of a criminal background check as approved by the Board

For more information about this notice, please contact the Louisiana Behavior Analyst Board at baboard@la.gov. As of October 1, 2013, our office will be located at 8706 Jefferson Highway, Suite 8B, Baton Rouge, LA 70809.

The Psychology Times

The *Psychology Times* is provided as a community service for those in the practice, teaching, and science of psychology and the behavioral sciences in Louisiana, and related individuals and groups. The *Times* offers information, entertainment, and networking for those in this Louisiana community.

None of the content is intended as advice for anyone.