

Veterans' Suicide Rate Still Increasing

Based on data from the 2019 National Veteran Suicide Prevention Annual Report, released in September, the suicide rate is still increasing, noted Military.com.

The total population of veterans declined by 18% during that span of years studied, but more than 6,000 veterans died by suicide annually. The reported noted that more than 6,100 veterans died by suicide in 2017, an increase of 2% over 2016 and a total increase of 6% since 2008, the report found.

Key results from the report include the following:

- The number of Veteran suicides exceeded 6,000 each year from 2008 to 2017.
- Among U.S. adults, the average number of suicides per day rose from 86.6 in 2005 to 124.4 in 2017. These numbers included 15.9 Veteran suicides per day in 2005 and 16.8 in 2017.
- In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults, after adjusting for population differences in age and sex.
- Firearms were the method of suicide in 70.7% of male Veteran suicide deaths and 43.2% of female Veteran suicide deaths in 2017.
- In addition to the aforementioned Veteran suicides, there were 919 suicides among never federally activated former

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Members of the LSBEP attending a mandated hearing on Rules, held October 10. From top and left, Executive Director, Jaime Monic, board attorney, Courtney Newton, board members Dr. Michelle Moore and Dr. Gina Gibson.



Drs. Broussard and Lambert Honored for Service

Psychology Board Holds Long-Range Meeting & Rules Hearing

The state psychology board held a meeting on October 10 and 11 to review and discuss their objectives for the 2019–2020 fiscal year, and to conduct a public hearing to review Rules.

The public hearing was held 9:30 am to 11:30 am on Thursday, October 10 at the board's offices on South Sherwood Forest Boulevard in Baton Rouge. The stated goal of the hearing was to conform with Act 454 of the 2018 legislative session so that interested persons have

the opportunity to comment on any of the many Rules of the board, especially when the person believes the rule might be "...contrary to law, outdated, unnecessary, overly complex, heart burdensome," noted the board's agenda hand officials.

The chair, Dr. Koren Boggs, said that her goal was to discuss the objectives for the next year and "Tighten up our policies and procedures, to be consistent with rules and law."

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Science & Education

Dr. Kaplan Delights Audience of Psychologists and Nutritionists at Fall-Winter Workshop in BR

Dr. Bonnie Kaplan, clinical psychologist and winner of the 2019 Excellence in Complementary and Alternative Medicine award, delighted audiences at the Fall-Winter Workshop of the Louisiana Psychological Association, held November 1 in Baton Rouge.

Kaplan presented her work in nutritional mental health and laid out a convincing and interesting picture of how mental illness often involves nutritional deficiencies. LPA President, Dr. Alan Coulter, said, "Bonnie Kaplan, our keynote

speaker, inspired us all with startling facts and practical recommendations."

Nutritionists from the Louisiana Academy of Nutrition and Dietetics attended along with the psychologists from around the state. Monica McDaniels, MS, RDN, LDN, and board member on the Louisiana Board of Examiners in Dietetics and Nutrition, and Liaison to Louisiana Academy of Dietetics and Nutrition, also attended and was welcomed by Dr. Coulter.

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Editorials and Opinions

$r = -1.0$

by Julie Nelson

If you take Louisiana's rank in health outcomes and correlate it with Louisiana's rank in medical costs per capita, you get an r of -1.0 .

Maybe every other or third year it's $-.9$, because Mississippi or Alabama beats us out of the bottom spot in health outcomes. But it's clear that either way, things are miserably off track in Louisiana's "Health Care System."

The system is paralleled by the United States. Nationally we exhibit the same pattern— highest in cost and last or nearly last in health outcomes when compared to the list of industrialized countries.

The equation suggests the real goal of the current system is not the publicized goal, and the strength of the relationship also suggests lots of resistance to change.

What's a consumer of services of this type of system to do? It would not be unreasonable given these statistics to avoid the current healthcare system altogether. Or, do the opposite of what your healthcare practitioner recommends, especially if inexpensive! Add to this the finding that medical errors are the third reason for death, and you have quite a system to contend with.

Like the pregnant, laboring women in olden days who became hysterical with fear when assigned to the physicians instead of the midwives. Everybody knew it could be a death sentence to be attended to by the physicians (who regularly transferred infections to birthing women from the cadavers of the sick). Run like hell in the opposite direction, would have been good advice. Have your baby in a field!

At the Louisiana Psychological Association workshop on health psychology, Dr. Bonnie Kaplan brought to bear convincing theory and research, deductive and inductive reasoning, to show that not only mental illness but all physical health should start with curing nutritional deficiencies. At best, we ingest only 50% of the nutrients we need, so these deficiencies are a given in our modern society.

Dr. Linda Brannon said it in a beautifully succinct manner that the healthcare system we now have was designed over half a century ago to solve problems and diseases that are now solved for the most part. The system we need is a completely new one for today's health problems.

Where does this leave psychology? Kaplan shows us that we all must be thought leaders and change agents —not an easy role. Psychology can use our scientific methods, our statistical reasoning, our rigorous training in the science of behavior, to move beyond the poor judgments that plague human problem-solving.

We can help change this mess. We can work from outside the $r = -1.0$ system.

We'll need to reestablish the link to our best most innovative thinkers, hone ourselves to the task, and get out of politics that muddy our scientific thinking. We'll need a stronger collective voice. And, we need to accept that blowback is a normal result of being a disruptor type change agent. Just as Dr. Kaplan said— systems don't like to change, but hang on— it will get better.

[Julie Nelson is a licensed psychologist, journalist, organizational consultant, and publisher of the Times. She also holds other various positions in the community. However, her opinions here are those of her own, and do not represent any group or association. She and the Times receive no compensation other than paid advertising. Email her at drj@drjulienelson.com, —she welcomes feedback.]

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Publisher: Julie Nelson, PhD

Journalism Consultant:
Robert Holeman,
*Editor (Ret.), The Coushatta Citizen,
Winn Parish Enterprise.*

Columnists/Reporters:
Susan Andrews, PhD, Alvin Burstein, PhD

Cartoonist: Jake Nelson-Dooley

Photography: Mike Dooley, MBA
Tom Stigall, PhD

Copy editor: Susan Brown

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Corrections & Clarifications

We received an important correction for last month's issue.

Dr. Lauren Vines, Co-Director of Psychology Training, Health Behavior Coordinator, and Clinical Psychologist at the Alexandria VA Health Care System, informed us that in last month's article, "Alexandria VAHCS Pre-Doctoral Internship Earns APA Accreditation," page 11, we said their new internship was post-doctoral internship when **it is pre-doctoral**.

We corrected that in the linked edition as soon as we received Dr. Vine's note. She also wanted us to clarify that full accreditation is not finished until another step happens in three years, a final hurdle from the American Psychological Association.

We regret any confusion we caused due to our mistake.

State & National News

Honors Drs. Broussard and Lambert for Service

Psychology Board Holds Long-Range Meeting & Rules Hearing, cont'd

The board meeting was conducted by Dr. Boggs and attended by members Dr. Amy Henke, Vice Chair, Dr. Gina Gibson, Dr. Gregory Gormanous, Dr. Michelle Moore and Executive Director Jaime Monic and board attorney Courtney Newton.

Also attending were representatives of the Louisiana Psychological Association (LPA) Dr. Kim VanGeffen, Co-Chair of LPA Professional Affairs, and LPA President Dr. Alan Coulter. Also attending were Dr. Joe Comaty, Dr. Darlyne Nemeth, and joining at the luncheon were attorneys Lloyd Lunceford and Amy Lowe.

Past-member of the board, Dr. Jesse Lambert, and Dr. Carmen Broussard, who served on the Licensed Specialist in School Psychology Advisory Committee, attended and were honored at the luncheon on Thursday.

During the formal hearing on Thursday morning, verbal and written comments were provided on topics such as examinations, continuing education, supervision and other Rules.

The agenda for the long-range planning meeting included a discussion of comments received during the morning hearing and efforts to apply for comments and develop objectives for moving forward in the coming year.

Specific topics listed were policy revisions to the oral examination process, specialty designation versus health services provider or general applied psychologist labeling, and adopting opinions and guidelines for tele-supervision.

Also listed for discussion was registration of unlicensed assistants, issues related to a masters level licensing, and reciprocal licensing.

Additionally, topics to have been discussed included jurisprudence examinations and the EPPP2.

Finally, topics regarding continuing education requirements, complaint adjudication process, and any other requests for changes in the rules received during the earlier hearing, were to be included in the two-day event.

The board recently sent out a survey to licensees requesting their opinions about continuing education hours and the amount of formal versus informal credits required, and also polling licensees about the use of psychological assistants.

The rules hearing was mandated by Act 454 of the regular 2018 Legislative Session.

Governor: FBI Crime Data Shows Decline in Louisiana's Murder Rate

Gov. John Bel Edwards issued the following statement on FBI crime data released that shows violent crime in Louisiana has decreased, with fewer murders in 2018. Louisiana's murder rate decreased by 7.8 percent, a faster decrease than the national murder rate.

Gov. Edwards said, "Today's FBI crime data shows decreases in violent crime and murder in Louisiana. We also saw decreases in property crime, including robbery. While there is still too much crime, we are moving toward a safer, less violent future. I commend the local, state and federal law enforcement officers who work tirelessly to keep our communities safe. These statistics reflect the first full year of FBI data after the passage of criminal justice reform. The decrease in violent crime reaffirms what Republicans, Democrats, faith leaders, business leaders and law enforcement officials said at the time of reform's passage: we can make our state safer with commonsense reforms that focus on non-violent offenders and invest in crime prevention. That's why our Louisiana reforms were mirrored by what President Trump and congressional leaders of both parties passed at the federal level last year."

From FBI data release:

Overall violent crime decreased by 3.4 percentage points in Louisiana.

Louisiana's murder rate was 11.4 per 100,000 people, which is a decline from 12.3 since the 2017 data.

Louisiana's murder rate decreased by 7.8 percent from 2017 to 2018, outpacing the national decrease of 6.8 percent.

Property crimes went down by 2.7 percent from 2017 to 2018.



The Louisiana State Board of Examiners of Psychologists held a hearing for the public to be involved in a review of Rules, mandated by a recent state law. The board also conducted their annual Long-Range Planning meeting. Both were held in October. Here board members and guests wait for the meeting to begin. Left to Right: Dr. Darlyne Nemeth, Dr. Greg Gormanous, Dr. Jesse Lambert, Dr. Koren Boggs, and Dr. Amy Henke.

Psychology Board Votes on "Opinion 24" for LSSP Scope of Practice

At their September meeting the Louisiana State Board of Examiners of Psychologists moved in favor of adopting the following opinion as a formal opinion of the Board (Codified as Opinion No. 024: LSSP Scope of Practice, Ordering Services):

“Ordering services is within the scope of practice of a licensed specialist in school psychology (hereinafter, “LSSP”) depending on the practice setting of the LSSP as follows:

- a. The scope of practice for LSSPs either contracted or employed by the school system, including charter, public, and private schools, engaged in work germane with educational bulletins, including but not limited to Louisiana Bulletins 1508 and 1706, does include “ordering” services.
- b. The scope of practice for LSSPs working outside the school system, and by law under the supervision of a psychologist or medical psychologist, does not encompass “ordering” services.

NOTE: For the purposes of this opinion, an “order” for services within the school setting by an LSSP includes recommendations for psychological evaluation, educational tests, and other assessment procedures, including interpreting results, and/or the planning implementation and management of psychological services and interventions.”

Governor Issues Statement on Louisiana’s GDP Growth and Continued Record High GDP

Gov. John Bel Edwards released the following statement about Louisiana’s quarterly gross domestic product, which is the highest quarterly GDP on record for the state, according to data from the federal Bureau of Economic Analysis released today. Louisiana’s GDP grew at a rate of 1.7 percent, the 29th fastest in the nation, outpacing other Southern states like Georgia, Kentucky, North Carolina and Tennessee.

“Louisiana continues to see growth in its gross domestic product, which is at a record high level and growing faster than many other states. We’ve made positive strides in growing our economy through job creation. Right now, our unemployment rate is the lowest it has been in more than a decade, people are taking home more money in their paychecks and our GDP has hit historic levels for our state. Just yesterday, Louisiana was named a top 10 state for best business climate and my administration has announced more than 175 major economic development wins that will pump more than \$41 billion in new capital investment into our state and create more than 35,000 new jobs.

We’re on the right track in Louisiana and growing stronger every day. Just last night, in fact, the White House praised Louisiana’s economic performance, saying our state is ‘booming’.”

Facts include:

- Louisiana’s quarterly GDP in 2019 Second Quarter is \$263.09 billion, the highest state quarterly GDP on record.
- Louisiana’s quarterly GDP grew by \$2.67 billion, an annual rate of 1.7 percent, from the first to the second quarter of 2019. This growth outpaced other Southern states like Georgia, Kentucky, North Carolina and Tennessee.
- When comparing the second quarter of 2018 to the second quarter of 2019, Louisiana’s GDP grew by \$6.44 billion.

Governor Edwards Wagers Louisiana Seafood on LSU Game with Alabama Governor Ivey

Gov. John Bel Edwards made a friendly wager with Alabama Gov. Kay Ivey on the outcome of the much-anticipated LSU-Alabama matchup in Tuscaloosa.

Gov. Edwards wagered some fresh Louisiana seafood from Tony's Seafood in Baton Rouge. Gov. Ivey is putting up Alabama's famous Priester's Pecans from Fort Deposit Alabama.

Gov. Edwards visited LSU football practice to offer some words of encouragement.

To view Gov. Edwards' friendly wager video and Gov. Ivey's response, go to <https://twitter.com/LouisianaGov/status/1192841976921690112>.



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Veterans' Suicide Rate Still Increasing

continued

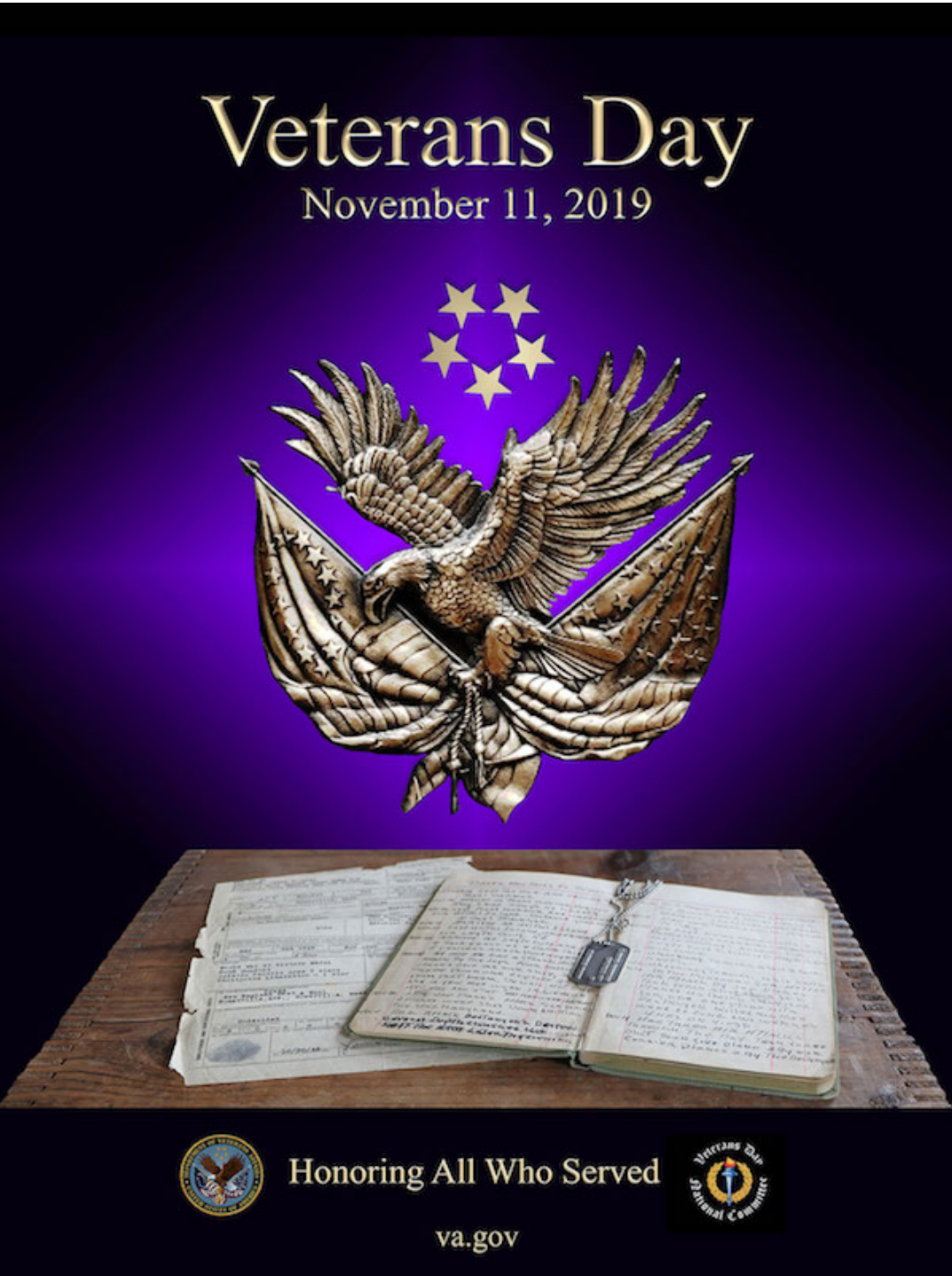
National Guard and Reserve members in 2017, an average 2.5 suicide deaths per day.

In a cover letter for the report, Dr. Richard Stone, the executive in charge of the Veterans Health Administration, said, "We cannot do this alone; we call on our community partners to join us in this effort."

Stone said the the report changes the approach that previously grouped together current service members, former Guard and Reserve members (who were never Federally Activated), and Veterans eligible for care and services from VA.

The Department of Defense will publish a separate report of current service member suicide deaths. There are about 20 suicide deaths per day under that broader definition. The current report aims to give a more individualized look at the data of various sub-populations, Stone said. And so better inform targeted interventions to address suicide risk.

"Suicide is a national public health problem that disproportionately affects those who served our Nation. Preventing suicide among Veterans is VA's top clinical priority. Our commitment in the Veterans Health Administration (VHA) is to help Veterans establish and maintain a healthy balance of unique protective factors to equip and empower them to live their fullest lives. We cannot do this alone; we call on our community partners to join us in this effort," wrote Dr. Stone.



How Much Do You Know...?

Editor's Note: We are re-running this excellent contribution from several years back. Dr. William Schmitz, Jr., is a psychologist and was then President of the American Association of Suicidology. His colleague is Dr. April Foreman, Kansas psychologist and expert in suicide prevention, media, and education. Together they agreed to design a short quiz on suicide prevention basics. Here are the 10 questions. Answers are on the next page.

TRUE OR FALSE?

- 1. If someone denies feeling suicidal, then they are not high risk for suicide.
- 2. Simply documenting lack of report of suicidal ideation, or denial of suicidal ideation is sufficient assessment and documentation of risk of suicide.
- 3. If someone reports suicidal ideation, but does not go to the hospital, then having your patient sign a "No Harm" contract is the standard of care you should meet.
- 4. When assessing for risk of suicide you should ask about and document which of the following: Suicidal Ideation; Suicide Planning; Intent to act on suicidal thoughts/feelings; Rehearsal for suicide and self-harm.
- 5. When assessing suicide risk you should do which of the following: 1) Assign a level of risk "low-medium-high," with a corresponding treatment response, even if someone denies current suicidal ideation; 2) Prioritize assessing for "distal" risk factors, such as family history, which are more predictive than "proximal" risk factors such as agitation and current stressors; 3) Assign a lower level risk of suicide for patients who feel they are a burden vs. a higher level of risk patients who have a history of exposure to life-threatening situations. s6. You should generally only assess for risk of suicide when

- someone self-reports suicidal ideation, or if you are made aware of a history of suicide attempt.
- 7. No harm contracts are sufficient safety planning, as long as someone is in outpatient care.
- 8. When doing a basic 6-step safety plan, you should address restricting the means of suicide. For most patients this will mean restriction of access to guns.
- 9. Means restriction has been proved to be ineffective at preventing suicide. If you help a patient plan to make it difficult to get access to one means for killing themselves, they will just find another means. No harm contracts are preferred for this reason.
- 10. Inpatient care is the best standard of care for people assessed at high risk of suicide.

Answers next page.

This article is not intended to provide help in a crisis. If you are feeling suicidal or need help for yourself or someone you know, please consult IASP's Suicide Prevention Resources to find a crisis center anywhere in the world. In the US, call toll-free 1-800-273-TALK (8255) for a free suicide prevention service or visit SuicidePreventionLifeline.org

How Much Do You Know...? *Questions and answers by experts Dr. William Schmitz, Jr., and Dr. April Foreman*

1. FALSE: Some studies indicate that the majority of people who die by suicide deny experiencing suicidal ideation at proximal mental health visits. It is more important to assess for overall risk factors, than to just ask about suicide, document it, and move on.

2. FALSE: If you are providing care under an independent license, then you are expected to know how to do a more thorough assessment of risk, and to document that clearly. If you are sued for malpractice, it is relatively easy for an attorney to demonstrate the standard of care for suicide risk assessment, intervention, and documentation, even though research shows that approximately 90% of Psychologists are not able to demonstrate knowledge of this standard.

3. FALSE: No Harm contracts are NOT the standard of care. An empirically based risk assessment and 6 step safety planning process is the accepted standard of care.

4. ALL OF THE ABOVE

5. NUMBER 1. Number 2 is false as both distal and proximal risk factors should be evaluated and addressed. Number 3 is false; as Perceived Burdensomeness, Thwarted Belonging, and Acquired Capability are all considered major risk factors for suicide.

6. FALSE: You should assess for risk of suicide at an initial intake, yearly, following all inpatient admissions, any time distress becomes more acute in the course of treatment, when a patient reports suicidal ideation, and regularly/frequently in the months after a suicide attempt.

7. FALSE: No harm contracts are not considered a standard of care, and have been empirical demonstrated not to significantly reduce risk of death by suicide. If you do a no-harm contract, and do not do the empirically validated 6-step safety plan, you have not met the understood standard of care, and may be in danger of malpractice. Inpatient or outpatient status is irrelevant. Many people in outpatient

care remain at high risk for suicide.

8. TRUE: Self-inflicted gunshot wound is by far the most common way that someone dies by suicide--60-80% of cases. You should also ask about plans for suicide and restrict means used in those plan, as well as ask about means from prior attempts, and access to lethal types/quantities of medication.

9. FALSE: Research clearly shows that deaths by suicide

significantly reduce after safety planning and means restriction. People who have their suicide plans interrupted by lack of access to lethal means to suicide often do not go on to attempt in other ways.

10. FALSE: When it comes to inpatient vs. outpatient treatment, providers should weigh the pros and cons of each approach and discuss that with high risk patients. Inpatient care is generally best to address acute issues

such as immediate inability to keep one's self alive or need to adjust medications under inpatient supervision. The majority of patients, however, can and should be treated on an outpatient basis using frequent contact with their mental health care team, safety planning, crisis contacts, and involvement of family/friends in safety and treatment planning. A 1-4 day stay in a hospital does not really have much long-term therapeutic benefit for most people with high risk of suicide.

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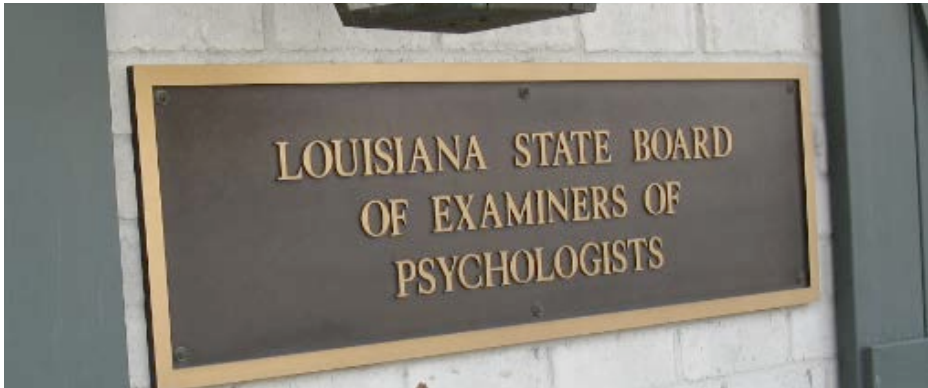
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From the Minutes

Selected Items from September Minutes of the Louisiana State Board of Examiners of Psychologists

Executive Director Report – Ms. Monic presented the 2019 RENEWAL REPORT as follows: •Opening Renewal July 1, 2019: LICENSED PSYCHOLOGISTS: 770 (62 RENEWED AT THE REDUCED RATED IN 2018); LSSP: 22; PROVISIONAL: 11 •Closing Renewal July 31, 2019: LICENSED PSYCHOLOGISTS: 737 (63 RENEWED AT THE REDUCED RATED IN 2019); LSSP: 22; PROVISIONAL: 7 •Lapsed: LICENSED PSYCHOLOGISTS: 33 (3 Deceased); LSSP: 0; PROVISIONAL: 4

Ms. Monic presented the following report on Complaints/Disciplinary actions: DISCIPLINARYACTIONREPORT 7/1/18–6/30/19 – Total number of Request for Investigations received: 23 Total number of Open Investigations: 12 Total number of cases closed: 11 Total number of Non-Psychologist Cases: 7 Total number of psychologists participating in the Impaired Psychologist Procedure Agreement: 0 Disciplinary Actions: 2 • DISCIPLINARYACTIONREPORT7/1/17–6/30/18 Total number of Request for Investigations received: 16 Total number of Open Investigations: 6 Total number of cases closed: 10 Total number of Non-Psychologist Cases: 4 Total number of psychologists participating in the Impaired Psychologist Procedure Agreement: 0 Disciplinary Actions: 2

Liaison to Professional Organizations and Boards – Dr. Gormanous reported that he attended the 2019 APA Convention and brought back their 2019 Agenda book that he encouraged members to take a look at in order to understand the breadth of what is trending in psychology today, including telepsychology. He also reported that the APA President Elect and Divisional Campaign had started.

RULEMAKING: a. Supervision via Telepsychology - Dr. Moore clarified her intent in requesting this discussion item was to draft an opinion for consideration by the board with regard to Supervision via Telepsychology, not propose rulemaking. Dr.

Niolon commented that should this be allowed by the LSBEP, he would like to see clear restrictions in place to eliminate confusion in training programs. Dr. Gormanous shared APPIC’s clarification for tele-supervision as a starting point for these guidelines. b. Complaint Adjudication – The Board requested the draft rules be resent to them. c. Definitions - The Board requested the draft rules be resent to them. d. Continuing Education - The Board requested the draft rules be resent to them.

BUDGET 2019-20: a. Staff Development – Ms. Monic discussed the continuing and vital need for staff development. Ms. Monic reported that the La. Behavior Analyst Board had agreed to split employee costs for a shared Complaint/Compliance Investigator. Ms. Monic reported that the current fund balance of the board would support a salary for this FY, but that the board would have to engage in revenue development in order to support an additional salary for subsequent fiscal years. Ms. Monic provided a job description of what the regular full-time role of the complaint/compliance investigator would entail and how that position would be managed between the two boards. The Board discussed the request and considered the budget and information provided. Dr. Gormanous moved in favor of approving the position of Complaint/Compliance Investigator including funds and benefits for a salaried employee not to exceed \$46,200 depending on experience, for a full-time employee to fill the position. The Board discussed the motion. The motion passed by unanimous roll call vote as follows: Boggs- YEA, Henke – YEA, Gormanous – YEA, Gibson – YEA, Moore - YEA.

7. ASPPB 59TH Annual Meeting, Minneapolis, Minnesota October 16-20, 2019 and Voting Delegate. Ms. Monic reported that she had

completed her registration as the voting delegate for the LSBEP, as well as the registration of Dr. Gormanous for attendance at the ASPPB 59TH Annual Meeting, Minneapolis, Minnesota October 16-20, 2019. Dr. Gormanous requested an agenda item for the October meeting to review and discuss nominees that LSBEP could support. The board agreed without opposition.

8. Division of Administrative Law – Interagency Agreement The Board reviewed the second proposal from the DAL to provide services to the LSBEP to hear a case, compile the record and make a recommendation to the board for decision (excluding the board from the hearing process). The board discussed the option. Ms. Monic provided information to the Board related to Attorney Amy Lowe’s review of the proposal. Noting that while it would satisfy the requirements of the La. Administrative Procedures Act, the board would not have the benefit of hearing the presentation of the case by either side, instead it would act as a court of appeal, reviewing only the record before accepting a recommendation made by an Administrative Law Judge (ALJ). Further, this procedure having not been tested in a court of law, would not prohibit an individual from filing for judicial review in district court. LSBEP would still be responsible for costs associated with defending this procedure should an individual appeal the decision of an ALJ to a district court. Finding that creating a new procedure would have no substantial benefit to the licensee or the board, and in fact could create an additional layer of bureaucracy and more costs to the board and the licensees, Dr. Gormanous moved in favor of declining the proposal and continuing with the current established procedure. The board discussed the motion. The motion passed by unanimous roll call vote as follows: Boggs- YEA, Henke – YEA, Gormanous – YEA, Gibson – YEA, Moore - YEA.

Past Chair, Dr. Jesse Lambert, was honored for his service at the recent Long-Range meeting of the psychology board. Here he poses with Executive Director Jaime Monic, and a cake made in his likeness for the luncheon celebration.



Dr. Kaplan Delights Audience of Psychologists and Nutritionists at Fall-Winter Workshop in Baton Rouge

continued

Dr. Kaplan joined local experts including McNeese's Dr. Linda Brannon, author of the popular textbook, *Health Psychology*, Dr. Susan Andrews, author of *Stress Solutions for Pregnant Moms*, and Dr. Charles Frey, IV, expert in chronic pain conditions, for the one-day event, "Advances in Health Psychology."

Kaplan treated the audience to a strong theoretical argument about the prevalence of mental illness. Prior to 1750, she explained, only one percent of the population suffered from mental and emotional disorders. Now that figure has risen to over 20 percent. She said, "Is anyone still believing that this increase is solely due to more referrals and more sensitive diagnoses?"

She laid out the foundational theory and current research for the role of nutrition in the brain and the linkage and evidence for mental disorders in cognitive functioning.

Kaplan said that the role of nutrients in the brain is not a mystery and should be taught in elementary school or at least in medical school, but it is not.

She pointed out that 48% of the caloric intake of all Canadians, and likely even higher for Americans she said, is

completely empty of nutrients. She asked the question, "What happens when we eliminate one half of the nutrients in our diets?"

Kaplan made the case that depression, irritability, social withdrawal, self-mutilation, inability to concentrate, and other mental health symptoms originate after six months of nutrient deprivation.

Her work revolves around multiple nutrients supplements and she made the case that magic bullet thinking it's not helpful. Multi-nutrients are required as a foundation because the nutrients are synergistic and in work in combination. Past research has resulted in the misleading idea that single nutrients are not effective or less effective than desired. The situation is compounded by individual differences, which also can impact results.

Benefits of nutritional treatment for mental conditions especially include resilience to stress PTSD and ADHD, she explained. Kaplan reported on post-disaster research with victims of earthquakes, floods, massacres, and fires and how nutritional treatment was equal or better to other types of support.

Kaplan also spoke about the emerging field of nutritional mental health as it relates to inflammation, the microbiome, oxidative stress and mitochondrial function in patients. She encouraged the audience to think of epigenetic effects of nutrients and the importance of these elements in total health.

Her message included the idea that an individual presenting with a psychiatric disorder should be evaluated for suboptimal nutrition as a first step, and assured psychologists and the nutritionists in the audience that this is within the scope of practice for all those wanting a thorough review of the origin of the symptoms.

Dr. Kaplan lives in Canada and lectures internationally on the importance of improving nutrient intake to prevent and treat psychiatric symptoms. As a researcher, she questioned the longstanding paradigm of single nutrient research to establish the scientific basis for a broad spectrum micronutrient approach, eschewing industry funding in order to safeguard the integrity of her research. She has published widely on the biological basis of developmental disorders and mental health – particularly, the contribution of nutrition to brain development and brain function. She has also established two charitable funds in support of nutrient research, so far distributing \$750,000 for clinical

trials at universities in Canada, the United States and New Zealand.

Dr. Kaplan is a professor emerita in the Cumming School of Medicine at the University of Calgary. In the late 1990's, she challenged the conventional model of psychiatric research by studying the role of nutrition in mental illness and brain disorders. She dealt with skepticism and attacks on her work for over fifteen years, resolutely meeting and exceeding calls for evidence. Her research provided the initial groundbreaking data showing that treatment with a broad spectrum of micronutrients, carefully formulated, could be used instead of psychotropic drugs to treat bipolar disorder and ADHD.

In 2013, Dr. Kaplan became one of the founding members of the International Society of Nutritional Psychiatry Research (ISNPR.org), an organization that emphasizes the importance of nutrition "above the neck." In 2016, she retired from full-time academic work, but is still passionate about supporting young researchers who are studying nutrition and mental health. To help them do so, Dr. Kaplan has established two donor-advised charitable funds, one in Canada and one in the United States.



Dr. Bonnie Kaplan (far left, facing away) presented theory and research about nutritional mental health to her audience, November 1, in Baton Rouge.

Special Report

The Legal Industrial-Complex and State Boards

by Julie Nelson

In late 2018, the state medical board sent a letter to Dr. Arnold Feldman of Baton Rouge, announcing that he owed the board \$445,402 in legal fees for a three-day disciplinary hearing held in 2016. Louisiana administrative law directs that Feldman must pay the board's legal fees, as must any individual if that person loses their case. The defendants have no control over how much the opposing attorney charges the board.

From 2012 to 2017 attorney fees at the state psychology board increased over 400 percent, when new, undocumented policies were put in place by then Executive Director, Kelly Parker. Parker's background was in investigation and criminal prosecution and after her retooling of the discipline process, fees for the Board Prosecutor skyrocketed. During one period, the board paid \$146,987 in legal fees for only three cases.

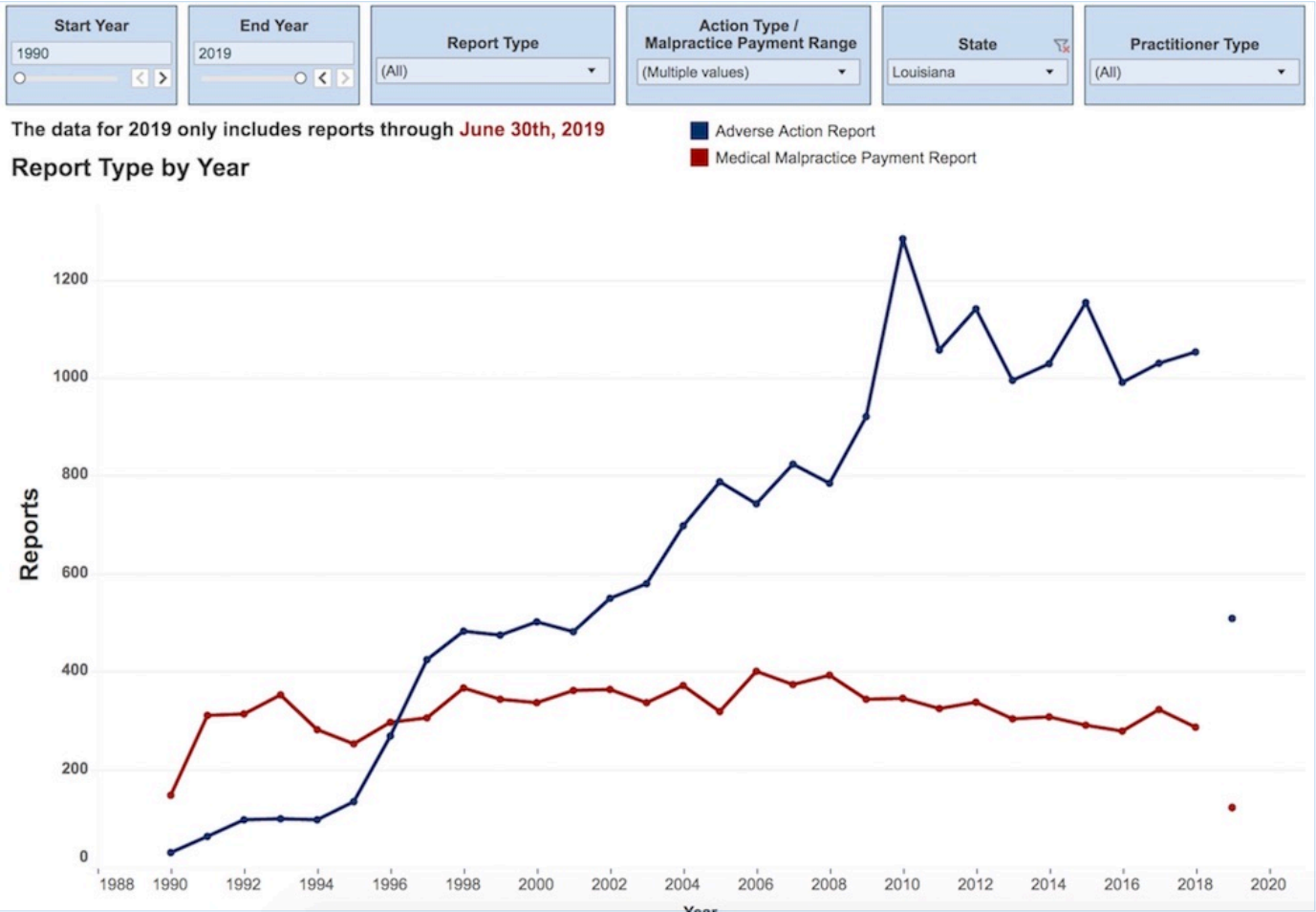
In comparison, some boards operate their disciplinary process while keeping their legal fees low. The social work board is an example, with fees charged back to the licensee often ranging from as low as \$500 to \$1500.

Regarding legal costs at the psychology board, an attorney for one defendant, said, "I was shocked at these fees. I've never seen these types of fees. It clearly is punitive," he said. "I'm convinced that they don't want anybody to appeal."

Higher charges by contract attorneys at many boards could be related to expanded roles over time. Interviews with sources from the psychology board suggest that in the 1990s the consulting attorneys had more restricted roles than currently.

Multiple roles by attorneys at the dental board became apparent following the 2012 decision (*Haygood v. La State Board of Dentistry*) of the Appeal Court. Judge Terri Love noted that the Board allowed its attorney, Brian Begue "...to serve as the prosecutor, general counsel, panel member, and adjudicator for the proceedings against Dr. Haygood."

In a 2017 hearing at the psychology board, the board's general counsel, Lloyd Lunceford presided as the administrative law judge, while his law partner, Amy Lowe, assisted the board members. The prosecuting attorney, Jim Raines, who had been the



Data from the National Practitioner Data Bank. Regulatory board actions have grown at a much greater pace than malpractice payments which have been holding steady. From 1996, when regulatory actions and malpractice were equal, board actions have increased almost 250 percent in Louisiana.

defendant's personal attorney in a past custody dispute, did not recuse himself, but served as prosecutor and possibly in investigations, with charges around \$75,000.

Could these trends be related to increased disciplinary actions? Based on the National Practitioner Data Bank, regulatory board actions have grown at a much greater pace than malpractice payments, which have been holding steady. (See graph.) From 1996 when regulatory actions and malpractice was equal, board actions have increased almost 250 percent.

In this special report, we look at these and other characteristics of the legal-industrial-complex, and its possible impact on consumers of administrative law-enforcement services. What we uncovered reflected a troubling system—a surprising concentration of power and influence that few other professions enjoy. Does the legal-industrial-complex amount to foxes guarding the hen houses? Who does it profit and who is really protected by the current arrangements?

Base Rates: Does the Magnitude of the Problem Warrant the Big Guns?

To get an idea of the magnitude of the true discipline problem, we looked at the actual frequency of discipline, called "base rates."

Licensing law empower boards to enforce a wide range of standards, some which are vague and subjective. Violations are misdemeanors. Patient complaints usually begin the process of investigation, sometimes progressing to a disciplinary action.

We found that base rates for actual discipline are extremely low, between one to three actions per thousand practitioners, per year.

We sampled disciplinary actions over a five-year period and compared results from three state boards. This produced 108 for the social work board, 19 for the counselors' board, and 8 for the psychology board. Using an average number of licensees, times five years, we calculated base rates of .003, .001, and .002, respectively.

• Social Work Board: We calculated the number of disciplinary actions over a representative five-year period, finding 108 actions by the board, or a rate of 21 per year. With an estimated 7,000 licenses during that time, which gives a rate of about .003. Problems included drug/alcohol problems, personal/dual or inappropriate relationships, and general competence.

• Licensed Professional Counselors (LPC): We reviewed all public records of disciplinary actions listed for

those under the Licensed Professional Counselor Board, a total of 29 for the time period studied. These included discipline for interns. The rate was about 2.9 disciplinary actions per year. With about 2,950 individuals licensed under the LPC board, which gives a rate of about .001. Types of problems included social/sexual misconduct or dual relationship, poor managing or handling of practice notes or confidential documents, and rarely, a DWI or felony.

• Psychology Board: There were nine disciplinary actions posted by summary on the psychology website for a five-year period. A total of eight separate cases or 1.6 disciplinary actions per year. With about 700 licensed psychologists, this gives a base rate of around .002. We found that six of the eight, or 75 percent of cases, originated from or were related in some way to forensic child custody evaluations.

Legal Fees for Law-Enforcement at Boards

According to budget information published by Boards and Commissions, available for 2011 to 2018 (see Table), the state medical board is one of the largest consumers of legal services.

Cont'd next pg

Special Report

The Legal Industrial-Complex and State Boards, continued

The law firm of Adams & Reese, LLP, holds an active professional contract with the medical board for \$600,000 according to LaTrac, the state's Transparency and Accountability program. The medical board's budget also includes a Director of Investigations, Lawrence Cresswell, DO, JD, at a salary of \$216,299.

In 2011, the medical board paid \$1,024,414 in legal fees on income of \$6,739,287, or about 15%. Holding relatively steady throughout, fees dropped to \$830,558 for 2018.

The psychology board's fees to attorneys increased from \$20,646 in 2011 on income of \$166,088 or 12%, to highs in 2016 of \$104,894 or 31%, and in 2017 of \$149,774 or 37% of their receipts.

According to public records the psychology board legal fees escalated during a time when a Board Prosecutor appeared to have been created, then held by Mr. James Raines, of Breazeale, Sachse & Wilson, LLP. Over 2015 to 2016, and into January 2017, Mr. Raines prosecuted 16 cases. Three of these 16 cases amounted to \$146,987 of charges from Mr. Raines.

Currently, the psychology board holds contracts with legal firms of Taylor, Porter, Brooks & Phillips for \$45,000, with Anderson, Boutwell, Traylor, LTD for \$84,000, and with Chehardy, Sherman, Williams and Murray for \$40,056, a total of \$179,000.

The Licensed Professional Counselor Board seems to have held steady through this period with legal fees ranging from a low of \$12,845 in 2013 to a high of \$62,540 in 2017.

The lowest amount of legal fees per income across this time period was that for the Social Work Board in 2015. They paid \$17,417 on over \$2 million of income, or 1%. Typically, they averaged around \$35,000. However, in 2018 legal fees jumped to a high with \$115,750.

The dental board saw a high of \$317,265 in 2015 but also posted high legal costs for 2011 and 2012, consistent with the *Haygood v. La State Board of Dentistry*, where the

	2011	2012	2013	2014	2015	2016	2017	2018
Psychology Board								
Legal Fees	20,646	26,000	33,579	37,882	56,002	104,894	149,774	40,826
Total Income	166,088	225,280	237,022	249,517	275,147	336,677	408,388	307,003
Dentistry Board								
Legal Fees	280,868	200,737	146,113	157,829	317,265	133,501	36,861	59,496
Total Income	1,078,929	1,184,103	1,615,219	1,311,293	1,292,063	1,300,328	1,247,532	1,243,273
Medical Board								
Legal Fees	1,024,414	1,015,445	946,924	none	1,059,966	1,209,966	none	830,558
Total Income	6,739,287	6,910,335	7,217,245	available	7,211,145	7,071,534	available	7,940,574
Social Work Board								
Legal Fees	50,378	38,143	31,691	39,957	17,417	33,850	25,334	115,750
Total Income	1,419,614	1,321,188	2,026,776	2,021,848	2,050,210	581,448	1,548,597	1,593,355
LPC Board								
Legal Fees	57,793	21,568	12,845	54,290	54,941	52,458	62,540	55,152
Total Income	320,452	331,606	404,000	391,216	463,351	492,643	701,302	761,305

Data compiled from budget and accounting information published at the Boards and Commissions site, for five different boards. The state's records are available for 2011 to 2018.

Appeals Court found violations of due process.

Citizens' Complaints Prompt Legislative Reforms

In 2015, a years-long effort to make key changes in the way the state medical board managed investigations, members of the Louisiana State Medical Society pushed legislators to help them force the board to reform it's disciplinary subcommittee methods.

Government affairs consultant and spokesperson for the Society, Jennifer Marusak said, “There were no limits, no structures, no definitions. A complaint of having a poor bedside manner could open up the door so that the investigators could go in and investigate everything in that physician’s office.”

Marusak also explained that there were problems because investigators would look at the complaint out of context, and not in light of the standard of care that was related to that specific complaint. There were reports of retaliation and bullying. “Some were told not to bring an attorney,” she said. “And, you could have a piece of paper shoved across the desk at you and told to ‘Sign this consent order,’” she said.

One psychologist, under investigation several years ago, and who felt forced to sign a Consent Agreement, compared his experience to a "shake down."

Lane Roy, Lafayette attorney, currently defending psychologist Dr. Eric Cerwonka, said, “The statute gives the board authority, but how can you have an

administrative person, staff workers, who decide, who make decisions that affect the livelihood of people?” said Roy. “It’s the first step in taking the legs out from under the defendant. The defendant is concerned with their livelihood and ability to make a living, and can lose employment, before anyone on the board has even heard their case.”

In response to citizens' complaints about over-zealous investigations, legislators introduced several bills during the last years.

In 2018 a measure by Senator John Milkovich caused boards to directly open lines of communication for licensees to send complaints to the House or Senate Governmental Affairs.

Senator Fred Mills and others authored efforts that moved the boards to the direct supervision of the Department of Health.

In 2018 and again in 2019 Senator Milkovich proposed legislation to put into place strict protections for licensees' due process rights, "The Physician's Bill of Rights," and "Licensee's Bill of Rights."

Board Attorneys' Power and Influence

Typically, as the sole legal authorities at the boards, the contract attorneys have significant power to persuade and influence decisions. Examples of this include the following at the psychology board.

In 2014 Dr. Tom Hannie asked the board to explain the basis of a comment made during a presentation to the public about the governor appointing replacements. The chair at that

time, Dr. Phil Griffin, told Hannie he could not give an answer because the answer would violate attorney-client privilege.

Between 2010 and 2014 *Times* requested a copy of a memo written by Mr. Lunceford, the board's General Counsel. The memo was distributed and in a public meeting, not an Executive Session. The request was first denied on the basis of being protected under "...an exception to the open meetings law and our general attorney client privilege." A year later, the *Times* made the same request and this time was denied on the basis of "anticipation of litigation." Two years later, a third attempt was denied on the basis of "broader attorney client privilege."

In 2015, psychologist Alicia Pellegrin choose to have her hearing held in open session. Executive Director Parker refused, writing, “According to Ms. Groves [Amy Lowe], the Board has always done this in Executive Session and will continue to do so.” Pellegrin and her attorney said it was Pellegrin's right to have transparency and said to put the refusal in writing. The board complied with the open hearing.

During this same time, the psychology board's investigations subcommittee failed to adhere to the time-limits set out in the psychology practice law. This issue was scheduled to be discussed in the public setting, the open hearing demanded by Pellegrin.

Instead, however, the General Counsel, Mr. Lunceford, prompted the then Chair, Dr. Marc Zimmermann to call for an

Special Report

The Legal Industrial-Complex and State Boards

Executive Session. Following the closed session, the board dropped Pellegrin's case and declared any further discussion of time-limits to be "moot." This move kept any discussion the legal mistakes from being discussed in public.

Sources at a 2019 presentation of the psychology board said that the board's attorney warned licensees that any discussion of an investigation or hearing by a licensee is considered unethical and could result in a formal disciplinary action.

The Legal-Industrial-Complex—Murky Relationships Behind the Scenes

Attorneys are part of a complex identity group, one with self-interests, but one that also has intimate connections with the judicial branch of government.

The Louisiana Supreme Court is the licensing body for attorneys, acting through its subcommittees. However, once approved, the attorney must then join and pay dues to the Louisiana State Bar Association in order to practice law.

According to Louisiana R.S.37:211, "The Louisiana State Bar Association is created and regulated under the rule-making power of the Supreme Court of Louisiana, ..."

At the same time, Louisiana State Bar Association (LSBA) is the professional, special-interest, and politically engaged organization for attorneys.

The LSBA maintains vigorous legislative and political goals. According to their annual report, LSBA In 2016, they supported 10 bills and opposed 29 bills. In 2015, they supported six bills and opposed 19 bills in the 2015 legislative session. As an example, the 2015 HB 801 concerned funding for the expenses of the Louisiana judiciary.

The LSBA plainly states in its goals that an objective is to "...regulate the practice of law...". The association hosts a Committee, "Bench and Bar," which aims to "... affect the method of selecting judges..." and make "... recommendations regarding the composition and administration of the judicial branch of government..." and " promote and encourage dialogue and meetings between members of the bench and bar;...".

LSBA also promotes their members influencing the courts. In a "Filing of Amicus Briefs by Sections," the group has developed policies and procedures which apply to the filing of amicus briefs by "any and all sections of the Louisiana State Bar Association."

On January 29, 2019, shortly before Judge Michael Caldwell of the 19th Judicial District Court gave his decision on matters having to do with psychologist Dr. Eric Cerwonka and the psychology board, two attorneys submitted a Motion and Order to File Amicus Curiae Brief—a Friend of the Court.

The attorneys, Edward Walters, Jr. and J.E. Cullens, Jr., represent plaintiffs in a different case, a civil suit against Cerwonka, that had been decided, mostly, in Cerwonka's favor.

The "Friend" of the court brief contained numerous personal opinions and accusations against Cerwonka and his attorney. Mr. Edward Waters, Jr. leads the Senior Lawyers Division for the LSBA.

It is unknown if the Brief influenced Judge Caldwell, but Caldwell ruled against Cerwonka at that point of the appeal, reversing his own earlier decision.

Are these arrangements between the professional association and the court system ethical? It is not clear, but on August 1 this year, Randy Boudreaux, an attorney from New Orleans, filed a law suit in the U.S. District Court for the Eastern District of Louisiana.

He and his attorneys state that "... requiring attorneys to join the LSBA violates their First Amendment rights to free speech and association and is not necessary to regulate the legal profession or improve the quality of legal services in Louisiana."

Also, "...the collection of mandatory bar dues to subsidize political and ideological speech without attorneys' affirmative consent violates their First Amendment right to choose what private speech they will and will not support and is not necessary to regulate the legal profession or improve the quality of legal services in Louisiana."

In a letter to *The Advocate*, Boudreaux wrote, "It is routine for the LSBA to spend tens of thousands of dollars lobbying for all types of issues at the State Capitol. These aren't issues simply related to the practice of law either."

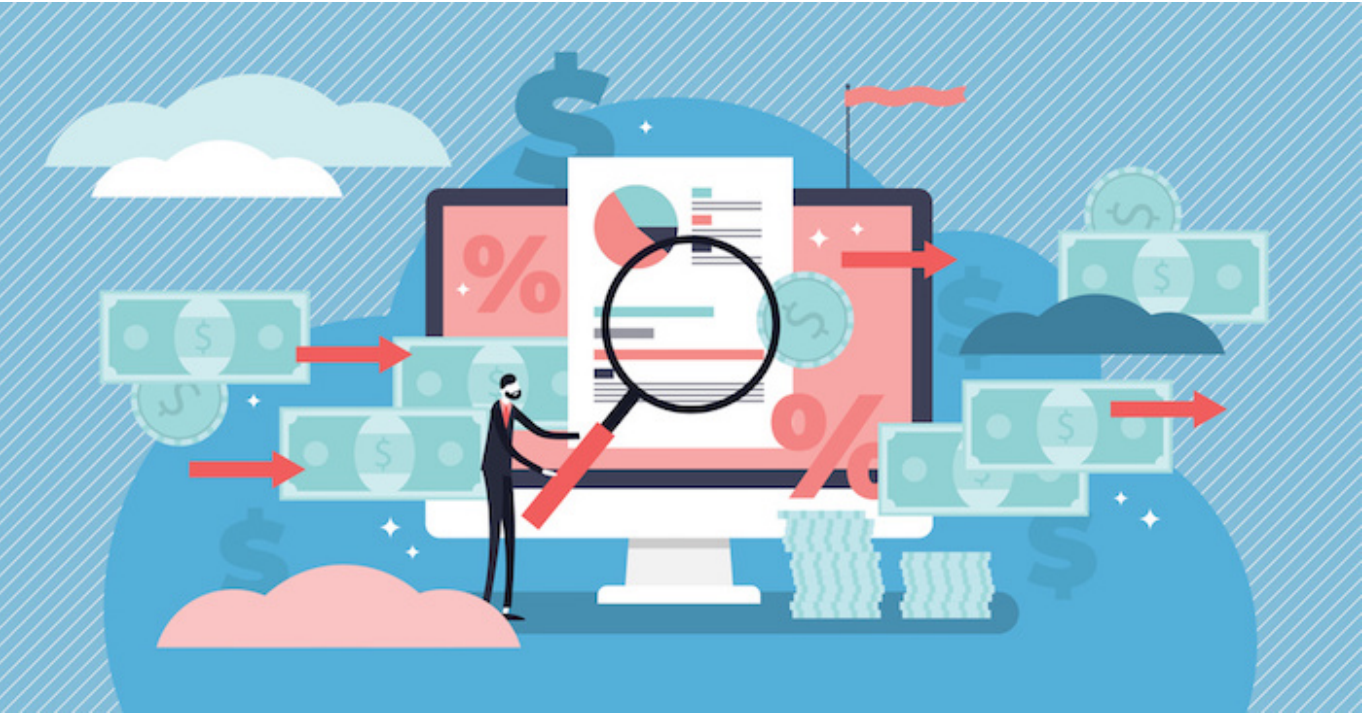
Analysis: Contamination by the Legal-Industrial-Complex in Misdemeanor Law-Enforcement

It appears that the legal-industrial-complex enjoys power and privilege that other self-interest groups do not have. They market themselves for law-enforcement services at the state boards, and dominate, at least in some situations, the decisions. Are the foxes guarding the hen house?

Could it be that the criminal model is wrong, and that better models exist for "protecting the public," models that acknowledge the corrupting influence of power that can often be found programs that are not transparent? Would an educational or personnel development model be better? Are there ways to limit boards' dependency on legal professionals for moral guidance, especially when the legal profession may not be the most morally strong profession in our society?

Who actually is profiting from using the criminal law-enforcement model? The public? Probably not. How is it that some boards, such as the Social Work board is able to keep legal fees low and are still perfectly able to help protect the public?

And base rate neglect appears to be a serious problem. Psychologist Hal Arkes, President of the Society for Judgment and Decision-Making, warned that screening with weak methods and low base rates is inappropriate, "...unless the cost of false positives or false negatives is very low." The costs aren't low, and the costs are not just in wasteful attorney fees, they include the lives of the people on both sides of this troubling system.



Media

Media psychology interest group discussing current ethical issues. Left to Right: Drs. Tracy Carlson, Susan Glanville, Rafael Salcedo, Christiane Creveling-Benefield, and Amanda Raines.



Perfect Pitch Messages to a Culture

by Dr. Susan Glanville
Sound Psychology®

In 1991 I flew to San Francisco to present research at an American Psychological Association (APA) convention for the first time. As I stood facing an overflow crowd who had come to hear me speak, I saw an intimidating bank of reporters standing at the back of the room, facing me. Was I ready? Did I have the right words to reach both the professionals and the public?

Years earlier, at the conclusion of a rigorous defense of my doctoral dissertation, one of my professors had the foresight to ask me how I would explain my findings at a press conference. I was surprised to find myself immediately at ease in this pretend scenario and quickly relayed my results in plain English.

Now, as a member of APA Media Psychology Division 46, I was developing a strong support system of like-minded colleagues who were committed to conveying the science of psychology to laypersons. These practitioners and professors possessed a body of knowledge that stood on solid academic foundations. Through their mentorship I grew confident in my capacity to communicate complex ideas in simple terms.

When APA launched a national public education campaign in 1996 I brought the mission of educating the public about the value of psychology to a Louisiana Psychological Association (LPA) convention. By then I was on my way to becoming a guest expert for television, radio, and print media across the country and had begun to produce and host my

own television and radio shows in New Orleans.

But my state association had changed. The same organization that had invited me to write a media column for their newsletter and encouraged me as I developed a media committee and raised funds for a media campaign no longer embraced my passion. New leaders had taken charge and priorities shifted from broad mutual support to focus on a single goal.

Without input from the membership, a closed door deal helped pass Act 251 in the Louisiana legislature in 2009. The law gave medical prescription privileges to licensed psychologists, with the requirement that the state medical board grant licensure to prescribe psychotropic drugs. The state psychology board had fought hard to become independent of medicine. Now that autonomy had been compromised as a small group of psychologists made aligning with the medical profession more important than communicating the unique strengths of psychology to the public.

LPA had to fight hard over many years to establish new stability and strength before consideration of any serious media outreach to the public. Finally, at our recent fall conference, 28 years after I stood before those reporters in San Francisco and later encountered LPA leaders who squelched any media efforts as they pursued their narrow agenda, I was invited to facilitate a media psychology ethics lunch-and-learn with participants eager to reach the public.

I described my journey through a variety of on-air and in-print names and

titles. For example, when I was spending a lot of time with my Division 46 friends in New York, I shared their moniker, “Media Maven.” I eventually even tired of being introduced as “Dr.” I still work hard as Dr. Susan Glanville behind the scenes, but in front of audiences I am “Susie Marie PhD®”, a name that rhymes, since I am both corny and musical, “Country Lady,” a title that fits my Southern rural self, and I deliver “Life Lessons from Mother Earth,” a description that references my favorite source of inspiration, especially since I draw heavily on my Native American heritage for my content.

During the day long workshop on health psychology my colleagues were seeking my guidance in how to establish their own positions in the media. As we listened to speakers address the benefits and cost-effectiveness of a wellness model based on optimal nutrition, pro-active lifestyles, and stress management, I began to appreciate more than ever that our profession offers an important alternative to the diseases-and-drugs medical model of care. We also have a responsibility to disseminate our solid body of information to empower people to make positive changes in their lives.

I never found out what became of the money we raised in our first LPA media campaign, but I do know that I am back on the scene to support my peers as we begin to teach the public the value of the science of psychology. During the many years I have maintained my media career I have featured my unique brand of Sound Psychology®. These days I will do my best to help us all avoid the sour notes of the past, and prepare us to deliver a perfect pitch message to a culture in great need of our knowledge and skills. Our consistency will assure our success.

A Shrink at the Flicks

Joker

A Review

by Alvin G. Burstein, PhD

Joker has been criticized as a splatter film likely to encourage copycat gun violence. The movie does—trigger warning—contain some gory scenes, but it is much more complex than an effort to shock or a celebration of violence. Symbolism, social criticism, psychopathology, the human need for affirmation, surrealism and a virtuoso acting performance make a heady mix.

In the superhero universe, the Joker is Batman’s iconic foe. The accounts of their battles are retold in many accounts, in film and in print. This film does include a retelling of eight-year-old Bruce Wayne’s horrified childhood witness of his parents’ murder. However, this story’s protagonist is Arthur Fleck, played by Jaoquin Phoenix in an Oscar worthy performance, and his evolution from a seedy, underpaid entertainment clown into Batman’s bane.

As the film opens Fleck, in a clown outfit, is trying to attract attention to a retail sale by pirouetting with balletic grace, holding a huge wooden sign. It is snatched from him by a street gang. He chases them into an alley to recover the sign and is badly beaten by them, and the sign destroyed, epitomizing Fleck’s status as victim that is the film’s emotional center, and the driving force of his becoming the Joker.

He is a victim in another way. He suffers from involuntary fits of laughter unrelated to any mood appropriate feeling—probably the psychiatric disorder called pseudobulbar affect. Fleck’s aspiration to become famous as a standup comedian is unrealistic, of course, but the remarkable irony of someone unable to control his laughter wanting to make others laugh—a joker—should not be lost. Another cruel irony in the film is Fleck, who wants desperately to be known, must wear a mask in order to make a living and makes an ultimate decision to own the mask, to become Joker.

Guest Columnist,
Dr. Alvin Burstein

Burstein, a psychologist and psychoanalyst, is a professor emeritus at the University of Tennessee and a former faculty member of the New Orleans-Birmingham Psychoanalytic Center with numerous scholarly works to his credit.



courtesy photo

He is also a member of Inklings, a Mandeville critique group that meets weekly to review its members’ imaginative writings. Burstein has published flash fiction and autobiographical pieces in e-zines; *The Owl*, his first novelette, is available at Amazon. He is, in addition to being a movie fan, a committed Francophile, unsurprisingly a lover of fine cheese and wine, and an unrepentant cruciverbalist.



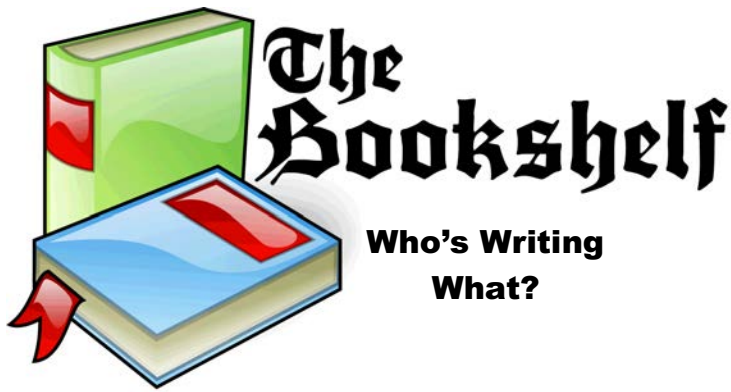
But while a comedian is a joker, not all jokers are comedians. Jokers are also wild cards that juggle the odds in card games. Like the Tarot card the Fool, like royal jesters, like the Loki of Norse mythology, the joker is a cultural symbol of the urge to upset the order of things, to generate novelty or chaos. Fleck may not succeed in becoming a famous comedian, but he does bring chaos to the streets. His mad career upsets the efforts of mayor candidate, millionaire Thomas Wayne, Bruce’s father, who pledges to stamp out crime and disorder on the streets of Gotham.

Gotham *is* crime ridden, partly because many of its residents are impoverished, as well as disadvantaged. When, after being robbed and beaten, Fleck returns to the entertainment clowns’ locker room at the agency that employs them, one of his colleagues gives him a gun. “There are animals out there. You need to protect yourself,” he says. When Fleck’s gun spills out of his outfit while he is entertaining at a children’s hospital, he loses his job. To make matters worse, the clinic at which Fleck gets his treatment runs into budget problems and he loses his therapist and his access to medication that helps control his symptoms. Fleck’s thirst for fame is a transmutation of his wish to be recognized, to be seen, in self psychology terms, to have a stabilizing self-object.

What gives the movie its surreal element is a frequent deliberate ambiguity about whether we are sharing one of Fleck’s fantasies of being famous or of being loved, or an objective reality.

Early in the movie we watch Fleck as he talks with the psychotherapist at the free clinic. The therapist is straight-faced, given to repetitive stock questions, clearly unempathic, if systematic. That session bookends with another session with a different but equally unempathic psychotherapist as the movie ends. Fleck ragefully confronts her with her inability to see, to really see him. The camera cuts away from the scene and opens on one of Fleck gallivanting down a hallway leaving a track of red footprints. He disappears from view, and we see attendants rushing back and forth in a Keystone Kop pursuit.

It’s ambiguous. You can decide for yourself, but I take it to be a surreal description of the Joker’s leaving this movie to enter Batman’s world.



Meet the Bronies

The Psychology of the Adult *My Little Pony* Fandom

*Patrick Edwards, Daniel P. Chadborn,
Courtney N. Plante, Stephen Reysen,
Marsha Howze Redden*

MxFarland & Company, Inc., Publishers

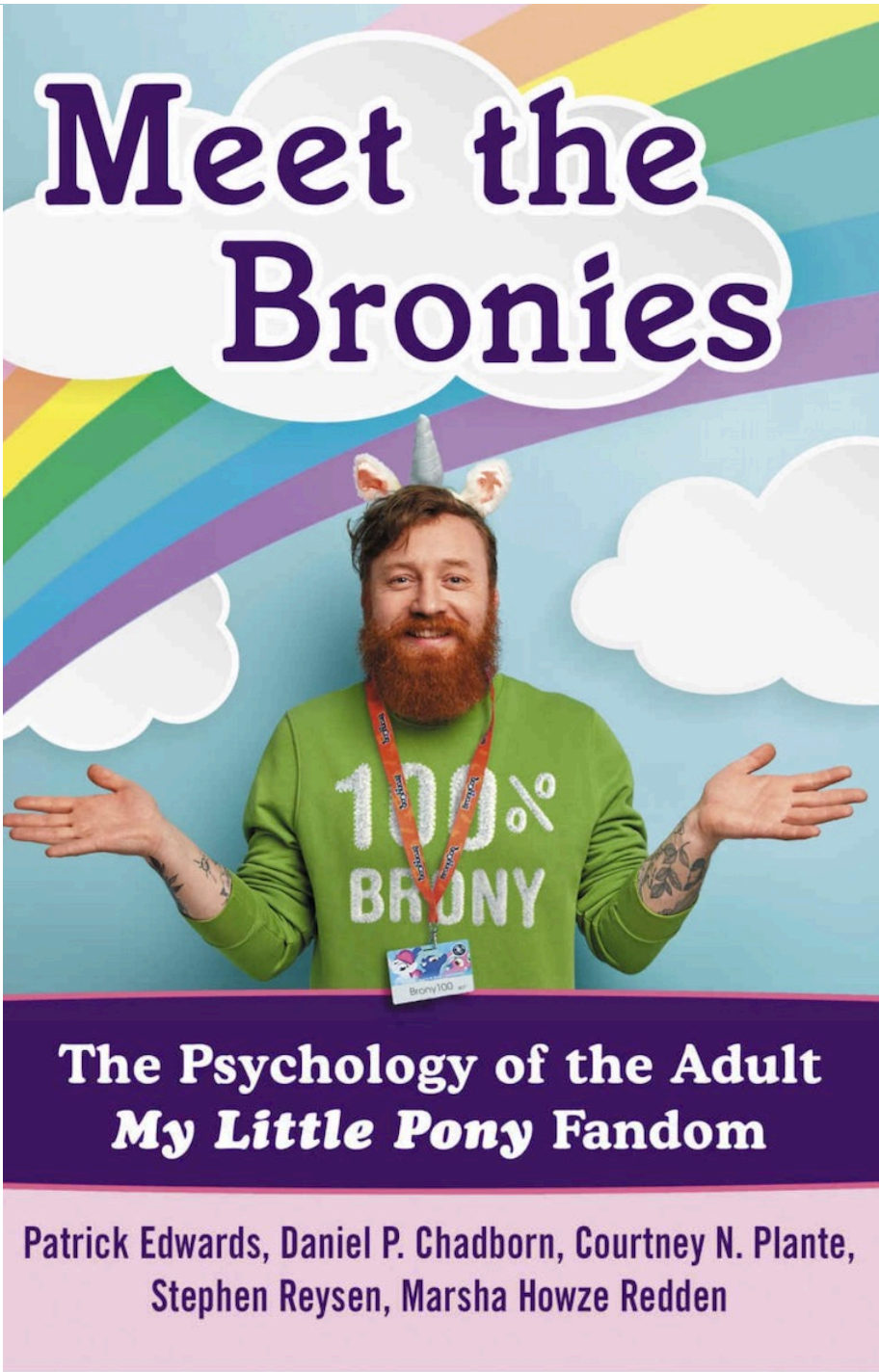
Meet the Bronies: The Psychology of the Adult My Little Pony Fandom, co-authored by Dr. Marcia Redden, Dr. Daniel Chadborn, and their colleagues, is a fascinating look at both the particular "fandom" called the Bronies and a insightful analysis of the relatively new phenomenon of fans, fandoms, internet communities, and commercial cultures of our modern age. The text lays out important social psychology underlying these aspects of today's trends and just tell people find meaning, belonging, and the sense of connection.

Dr. Marsha Redden, long-time Louisiana psychologist, now retired and transplanted to South Carolina, and colleague Daniel Chadborn, psychology faculty member from Southeastern Louisiana University (SLU), and colleagues have been studying the fan group who call themselves Bronies. The group is the unexpected fan group of boys and young men—the average age is 21—who follow the animated television show, *My Little Pony: Friendship is Magic*.

The series, produced by Hasbro, targets the market segment of preadolescent girls and their parents. But the show won critical acclaim and, according to online bloggers, appealed to many of the fans of other animated shows like *Pokemon*, *Robot Unicorn Attack*, and *Nyan Cat*. These young males appreciated the show's art-animation, music, and story line: a quest against the dark and destructive side of human nature with moral courage, love, and tolerance.

After 2010 these fans began to connect on the Internet and adopted the name Brony (singular) to describe themselves, combining "bro" and "pony," for boys who like ponies. A polarizing online battle between Bronies and their critics, crystallized the group and the fandom began to thrive.

The phenomenon has carried Redden and her colleagues along with it. Redden has appeared in two films and she presented at fan conferences of 10,000 plus, speaking to standing room only audiences. "To our knowledge," Dr. Redden said, "this is the first time psychologists have studied a fandom from the beginning."



While the book's authors focus on the fascinating topic of the Bronies, the work is filled with insights about humans identifying with imaginary and literary elements and how we divide and subdivide ourselves psychologically in the social world. The authors look at how these same psychological processes that describe the Bronies fandom can be found in many other fan groups.

The authors describe the phenomena with research studies, data, graphs, tables, and references that are intriguing for this particular group of fans, but which call out many interesting questions for psychologists.

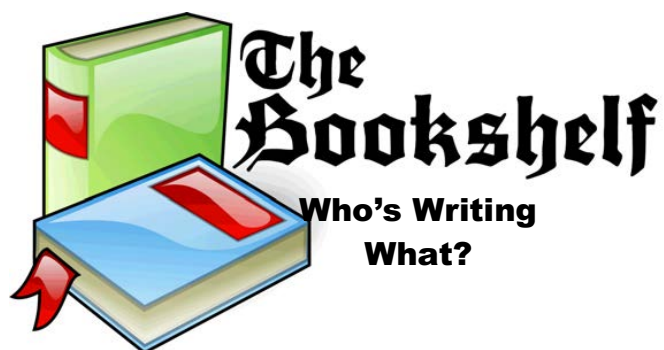
The authors dig deep into the characteristics and psychological elements of becoming a fan. A fan is someone who self identifies with a particular ideology, literature or characters, or certain other aspects as a hobby.

In their section on what makes a fan of fan, the authors point out that fans are self identified "– no one can tell someone that they are a fan. In the same way that no one can decide for you whether or not you like licorice..."

"The second implication of the social scientific definition of the term 'fan' is that it's an identity – a part of who you are. Calling yourself a fan of something is a way of communicating to others that your passion for this thing is a big enough part of your life that it's useful to help them understand who you are and why you behave the way you do."

Meet the Bronies looks at human behavior and our attraction to ideas, characters, stories, norms, or a vision for how human beings ought or ought not to be. The authors make the case that the same dynamics explain fans of Star Trek, Game of Thrones, Lord of the Rings or just about any thing at all.

The authors also make an important distinction between being a fan and identifying with a fandom. The authors note that fanship is the extent to which the individual identifies as having a passionate interest in something. While "... in contrast, fandom is the extent to which you identify with



Meet the Bronies

The Psychology of the Adult *My Little Pony* Fandom, continued

other fans of an interest – how much you consider yourself to be a member of the fan community.”

The authors say that one of the defining features of the Bronies and their fandom is the powerful sense of that fandom and the fact that Bronies are as interested, if not more interested, in the Internet-based community where they interact with one another.

They point out that the fan conventions are an important part of the Bronies experience and since 2011 there have been almost 200 conventions worldwide with the largest one in 2015 with more than 10,000 attendees. In general the Bronies interact with one another through forums, websites, social media, small meetings in their local communities, and the conventions.

The Bronies also support their strong interest in the subject with purchasing what is known as Bronies swag, and the researchers point out that merchandise such as T-shirts, socks, backpacks, artwork, posters, figures, lunchboxes, Blu-ray games, and many other types of merchandise are part of the fandom and help to express the fans' belonging and identification with others.

Meet the Bronies includes chapters on "From Ponyville to Manehattan: The Background and Family Life of Bronies," "Yes, but *why?* Brony Motivation," " 'Eww, bronies!' Stigma Toward the Brony Fandom," and "Bronies: A Surprisingly Happy, Well-Adjusted Group of Fans."

One of the most intriguing chapters is one on Bronies as a fandom, which lays out an understanding of group psychology and how humans, as a social species, organize ourselves into groups, and then automatically see the world in terms of “us versus them.”

The chapter summarizes much of the social psychology behind this phenomenon and begins with social identity theory, developed in the 1970s by Henry Tajfel and the proposition is that people think of themselves in terms of the groups they belong to. There are three components to this group identification. First, people are aware that they are part of a group and self categorize as a member. Second, members compare their status with other groups, either finding themselves lower or higher, for example. And third, people feel an emotional attachment to the group.

The authors also explain the second way of viewing group behavior—self categorization theory. According to this theory, identities can be categorized at different levels of abstraction. The authors point out the levels of personal identity, intermediate identity, and subordinate identity.

The authors explain why this is important: “...which identity is on our mind matters: once an identity is on our minds, we automatically apply group relevant stereotypes to ourselves: we start to think and act in accordance with the stereotypes that exist about that particular group.”



The authors present fascinating research on the correlations between fan behavior and fandom engagement and community behaviors. The authors looked at Bronies' sense of community and dimensions such as belongingness and found that in one of their tracks of research that the Bronies rate their community higher than their local neighborhood community.

In a chapter on personality profiles, the authors describe the Bronies to be more introverted and less conscientious than non-Bronies, and slightly higher in emotional stability and so lower in neuroticism.

In research about introverts and fans "perceived as nerds" the Bronies' score was high in introversion and also high in being perceived as nerds, similarly to fans for comic books, anime, Star Trek, Harry Potter, Lord of the Rings, Star Wars, stamp collectors, and Lego fans, as examples.

Scoring low on introversion and low on being perceived as nerds were football, basketball, baseball, and hockey fans. Also low on both were NASCAR fans, Lady Gaga fans, Michael Jackson fans, and Justin Bieber fans. In the middle are the fans of The Grateful Dead, cooking fans, Insane Clown Posse Fans and Hunger Games fans.

The psychologists' research has been fully embraced by the Bronies. "In the fandom I am known as 'Dr. Sci Entific,' Redden told the *Times*, "and you haven't lived until you've gotten a standing ovation from 1,000 people or had a line waiting for you to sign autographs." This is every summer at BronyCon. Redden has even autographed Diagnostic and Statistical Manuals.

While fan clubs have been around forever, the boost that telecommunications have added to overcoming geographical distances has helped to create some large and unique fandoms such as the Bronies.

The researchers appear to be the first psychologists that have been able to compare fans and non-fans, and study the evolution of the fans as they grew and matured, explained Redden.

Governor Edwards Makes Appointments to Various Boards and Commissions in October

In October the Governor made numerous appointment which included the following.

Dr. Leonard Weather Jr. of Shreveport was appointed to the Louisiana State Board of Medical Examiners. Dr. Weather Jr. is the Director of the Omni Fertility and Laser Institute. He was nominated by and represents the Louisiana Medical Assn.

Dr. Patrick T. O'Neill of New Orleans was appointed to the Louisiana State Board of Medical Examiners. Dr. O'Neill is a professor at Tulane University School of Medicine and serves as the Associate Chairman of Clinical Affairs for Tulane University School of Medicine. He represents Tulane Medical School.

Dr. Richard M. Zweifler of New Orleans was reappointed to the Louisiana Emergency Response Network Board. Dr. Zweifler is the Associate Medical Director and System Chair of Neurology for the Ochsner Health System. He represents the American Stroke Association.

Dr. Brandon Mauldin of New Orleans was appointed to the Louisiana Emergency Response Network Board. Dr. Mauldin is the Chief Medical Officer for the Tulane Health System. He represents the Tulane University Health Sciences Center.

Dr. Tomas Jacome of Baton Rouge was reappointed to the Louisiana Emergency Response Network Board. Dr. Jacome is the Trauma Director at Our Lady of the Lake Hospital. He represents the Louisiana Chapter of the ACS Committee on Trauma.

Brittany A. Braun of New Orleans was appointed to the Children's Cabinet Advisory

Board. She is an Education Program Consultant with the Louisiana Department of Education. Braun will represent the Department of Education, Special Education on the board.

Ashley G. Lastrapes of Metairie was appointed to the Louisiana Licensed Professional Vocational Rehabilitation Counselors Board of Examiners. Lastrapes is a Senior Case Manager with Stokes and Associates and was previously the Mental Health Program Director for the Jefferson Parish Human Services Authority. She

was appointed by the International Association of Rehabilitation Professionals Louisiana Chapter.

Crystal D. Younger of Mandeville was appointed to the Louisiana Licensed Professional Vocational Rehabilitation Counselors Board of Examiners. She is a Vocational Rehabilitation Counselor with ACE Consulting, LLC. Younger was appointed by the International Association of Rehabilitation Professionals Louisiana Chapter.

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