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PTSD to Be Covered for Firemen, Police

After being amended on both the House and Senate Floors, Senator Gatti's SB 107, which adds PTSD to injuries covered by workers' compensation for certain public employees, passed. The House vote was 99 to 0 and Senate was 34 to 0.

Amendments included: Specify that the posttraumatic stress injury shall

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Licensee Rights' Bills Earn Mixed Results

SB 29 by Sen. Patrick Cortez passed the Senate with a 38 to 0 vote and House on May 30 with a vote of 97 to 0. The measure will protect free speech rights in those disciplined by regulatory boards.

However, a measure that would have put additional due process requirements in place was tabled in the Commerce Committee.

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Dr. Tony Puente, 2017
APA President
(courtesy photo)

Dr. Tony Puente and Dr. Art Graesser Keynote Speakers at LPA Convention

Dr. Antonio Puente, the 2017 President of the American Psychological Association, and Dr. Art Graesser, Professor in the Psychology Department and the Institute of Intelligent Systems at the U. of Memphis and Honorary Research Fellow at Oxford, will lead off keynote addresses for 2019 Annual Convention of the Louisiana Psychological Association, to be held in June 14 and 15 at the Sheraton Galleria in New Orleans–Metairie.

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Science

Dr. Tucker Looks at "Nudges" to Aid in Suicide Prevention



Dr. Raymond Tucker (above) is again at the forefront of new research for suicide prevention. Last month he and collaborators authored "A Nudge in a New Direction: Integrating Behavioral Economic Strategies Into Suicide Prevention Work," published in *Clinical Psychological Science*.

Dr. Tucker is Assistant Professor of Psychology, Louisiana State University (LSU), and Clinical Assistant Professor of Psychiatry, Louisiana State University Health Sciences Center /Our Lady of the Lake.

In the "Nudge" research, Tucker and co-authors looked at how

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HBO

"Enchantment" and Modern Life—Are We Looking for Magic?

An Interview with
Dr. John Rosegrant

Last month the spectacularly popular HBO series *Game of Thrones* concluded. *Thrones* is a complex story chocked full of social-psychological conflicts, power issues, sex, convoluted relationships, hidden agendas, betrayals, personality disorders, violence, war and trauma. Viewership grew dramatically over the eight seasons, starting at 2.5 million and ending at around 40 million viewers. Viewers created a

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Editorials and Opinions

"Dracarys"

by Times publisher, J. Nelson

Despite the popularity of *Game of Thrones*, I stopped watching the HBO program on a regular basis—throwing my hands up in disgust for the first time in season one when the evil queen and her devil spawn beheaded Ned Stark, *the main character*.

This shock and awe turned out to be the usual fare for *Thrones* but I never quite got used to it, vowing again and again through the eight seasons to swear off. Approach would eventually win over the avoidance because Archimedes found it perfectly palatable and the growing viewership and pop culture teased my "FOMO" (fear of missing out, as it is termed). I did in fact enjoy the elements of "enchantment" (see front page story and John Rosegrant's comments) and was willing to put up with a few eyes being gouged out and throats being slit to be able to see what happened with the Knight King, White Walkers and especially the dragons.

The series had all the elements of primate social competition, from game theory and evolutionary psychology. Good guys and bad guys and naïve guys. All the evolved traits of selfishness, cooperation, altruism, and spite. We had every element of primate power games with shifting coalitions, deceit, and betrayal. In *Thrones* the power competition is direct and overt—well, it is right in the title, after all. So, might makes right, and whose side the character is on defines their moral choices. There is not a great deal of self-deception, in fact, nary a drop.

Contrast this with the real life games that real people play. While game theory describes the benefits to the participants in any game, based on choices available, it takes another layer of



HBO

theory about self deception, especially that from Robert Trivers, to explain the nuances of human interactions. It's the direct motivations plus the self-deception that creates a complicated, complex character.

Self-deception is better addressed in the classic heuristics outlined by psychiatrist Eric Berne and his followers in Transactional Analysis and his book "Games People Play," concepts introduced to many of us by Sue Jensen.

These games are also competitive games with social and psychological payoffs, but compared to characters in *Thrones*, much less conscious of their dark side. The form is always the game triangle with the positions of Persecutor, Victim, and Rescuer pattern.

A specific game is considered pathological when it's unconscious, rigid and overly aggressive or destructive, all of which makes it more likely that those in the game are immersed in self-deception. Payoffs of unconscious aggressiveness are engaged, and the moral hypocrites are on the loose.

Berne and his colleagues defined and titled these exchanges with interesting and sometimes hilarious titles such as "Courtroom" where a person playing persecutor gets caught up in right-wrong and loses perspective. There is one called "Uproar" where players escalate the conflict to fever pitch, and one named "Isn't it Awful" where the rescuer and victim join emotionally to blend the superiority of helping and the dependency of victimhood.

On the national scene we are seeing some real games being played, the most likely is the ever popular, "Now I've Got You, You S.O.B."

We could also compare the environment of King's Landing to modern day Washington DC.

I'm just thankful nobody has a dragon.

[Julie Nelson is a licensed psychologist, journalist, and 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.]

The Psychology Times

Member, Louisiana Press Association

Published monthly
by Nelson News, LLC.

psychologytimes@drjulienelson.com

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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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Corrections & Clarifications

We found numerous typos but we did not receive corrections for last month's issue.

Send your corrections to:
psychologytimes@drjulienelson.com

Governor Edwards Issues Executive Order in Battle Over Pre-Existing Health Conditions

One of the Governor's priorities for this legislative session was protecting health insurance coverage for Louisianans with pre-existing conditions. The effort took a hit when Representative Chad Brown's HB 237 was involuntarily deferred in Committee on Insurance. HB 237 would have prohibited health plans or health insurers from discriminating against a health insurance applicant based upon pre- existing conditions or health status.

On May 21, the Governor announced that he had issued an Executive Order establishing the Protecting Health Coverage in Louisiana Task Force, following efforts to repeal the protections offered to Louisianans with pre-existing medical conditions.

“Protecting coverage for the 850,000 Louisiana residents with preexisting conditions is a top concern of mine and should be a top concern for all lawmakers,” Gov. Edwards said. “Unfortunately, the Attorney General opted to join Louisiana into a lawsuit that threatens the coverage protections offered under the Affordable Care Act. One of the discussed solutions includes taking Louisiana back to the days of the high-risk pool, which only covered around one percent of people prior to the ACA. While we must take any step possible toward protecting our people, we can’t falsely claim we’ve completely solved this problem and risk tragedy for vulnerable people. Louisianans deserve better.”

The new Task Force includes the Governor, the head of the Louisiana Department of Health, the Insurance Commissioner, the Attorney General, members of the Louisiana Legislature, representatives of the insurance industry and health care consumer groups and experts in economic and fiscal modeling.

In the Executive Order the Governor noted, "... 849,000 non-elderly Louisianans had a declinable preexisting medical condition under medical underwriting practices in place prior to the enactment of the Patient Protection and Affordable Care Act (ACA); ... that included, but were not

limited to: Alzheimer's/ dementia, arthritis, cancer, diabetes, epilepsy, heart disease, multiple sclerosis, mental disorders, paraplegia, Parkinson's disease, and stroke;..." [...]

"Attorney General Jeff Landry joined a lawsuit, Texas v. Azar, seeking to invalidate the entire ACA;..." the Governor wrote, and said "invalidation of the ACA would eliminate health protections for people with preexisting conditions, eliminate financial assistance for people receiving coverage through the federal Health Insurance Marketplace, and eliminate health insurance for Louisianans receiving coverage through Medicaid Expansion;

Also he wrote, "the Attorney General's attempted fix in the event he is successful in eliminating the protections of the ACA is contained in SB 173 of the 2019 Regular Session;..." and "this legislation does not provide for the needed protections of the ACA but does include a nebulous study to create a 'Guaranteed Benefits Pool' under the exclusive purview of the Commissioner of Insurance;

"... the State's pre-ACA high risk pool only covered one (1) percent of Louisianans in the individual insurance market; ..." he wrote.

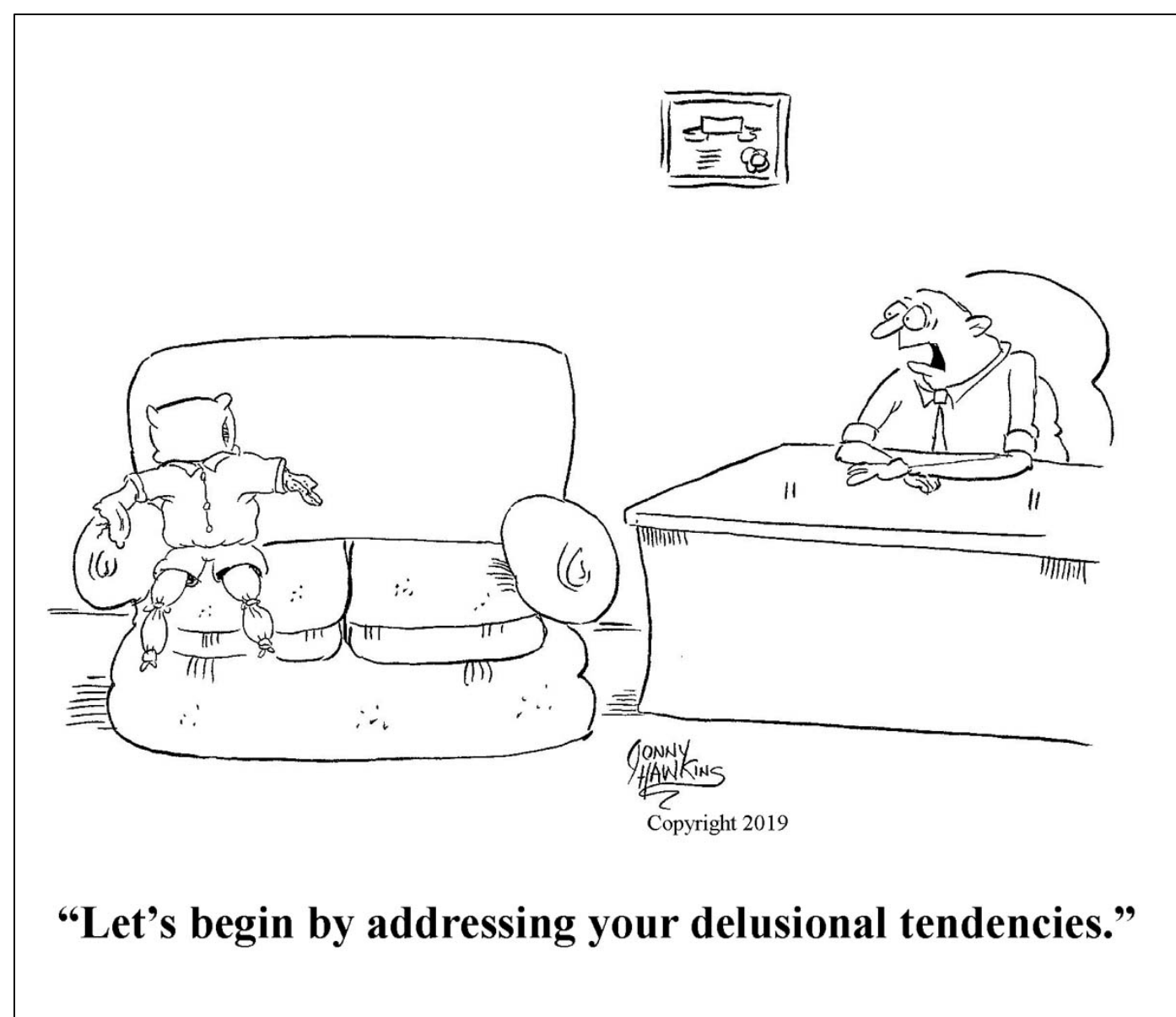
Because of what the Governor views as an incomplete and insufficient approach, he is directing that, "No executive branch departments of the State of Louisiana shall abridge a person's access to health insurance as prescribed by state and federal law."

And he created the "The Protecting Health Coverage in Louisiana Task Force" is hereby established within the Executive Department.

The duties of the Task Force include, but are not limited to, the following: The Task Force shall develop policy proposals to maintain health care coverage for Louisianans at risk of losing health insurance or health protections due to Texas v. Azar. The Task Force shall study and develop policy proposals to mitigate the impact of the loss of preexisting condition protections including, but not limited to: 1) guaranteed issue; 2) preexisting condition exclusion prohibition; 3) prohibition of lifetime and annual limits on coverage; 4) essential health benefits, 5) nondiscrimination. The Task

Force shall study and develop policy proposals to mitigate the impact of more than 465,000 Louisianans losing Medicaid coverage due to Texas v. Azar. The Task Force shall study and develop policy proposals to determine the aggregate fsnding needed and financing options for the health coverage and health protections afforded by the ACA. The Task Force shall study and develop policy proposals to maximize insurance coverage and minimize out-of-pocket medical costs in Louisiana.

The members shall include: The Governor, or designee; The Secretary of Health, or designee; The Commissioner of Insurance, or designee; The Attorney General, or designee; The Chairmen of the House and Senate Health and Welfare Committees, or their designees; Two at-large members representing consumer health groups, appointed by the Governor; Two at-large members representing the insurance industry appointed by the Governor; and One at-large member with expertise in economics and/or fiscal modeling, appointed by the Governor.



Governor Edwards Comments

US News &World Report Ranks Louisiana 50th

For the second year in a row, U.S. News & World Report has placed Louisiana at the bottom in their rankings of states. In the report, Louisiana's total rank of 50th was a result of ranking 45th in health care, 48th in education, 49th in the economy, 48th in infrastructure, 50th in opportunity, 43rd in fiscal stability, 50th in crime and corrections, and in 50th in natural environment.

Washington state ranked first followed by New Hampshire, Minnesota, Utah, and then Vermont.

At the bottom of the list rankings slightly higher than Louisiana, was Alabama at 49th, Mississippi at 48th, West Virginia at 47th, and New Mexico at 46th.

In a press release on May 14 governor Edwards said, “Unfortunately, this ranking doesn’t accurately reflect the progress Louisiana has made in recent years and how much better we are doing today, given the gains that we have made in many critical areas that directly impact people’s lives.

"Louisianans know how much better we’re doing now than when we were facing down a \$2 billion dollar deficit just a few years back. By working together across party lines, we’ve stabilized our budget, turned deficits into a surplus, are investing more in education at all levels and focusing on our infrastructure for the first time in years. We have improved our health care by extending coverage to thousands of working adults, we no longer have the highest prison population in the country, and higher education funding is fully stable.

"It takes time for improvement to show up in data, and some of the U.S. News and World Report’s data sources are several years old, which is frustrating. But we know we’re doing far better than we were years ago and we fully expect that will show up in future rankings.”

46  New Mexico

47  West Virginia

48  Mississippi

49  Alabama

50  Louisiana

Texas Creates Umbrella Agency for Psych Bd, Behavioral Health

Texas Legislators followed the recommendations of the Texas Sunset Commission to consolidate certain functions of the state's behavioral health boards, with H.B. 1501 passing both chambers sent to the Governor on May 26.

The measure combines individuals from The Board of Examiners of Marriage and Family Therapists, Board of Examiners of Professional Counselors, and Board of Social Worker Examiners with the Board of Examiners of Psychologists under the new umbrella agency, the Texas Behavioral Health Executive Council (BHEC), on September 1, 2020.

The new agency will be a nine-member executive council consisting of one professional member and one public member appointed from each professional board, as well as a public chair of the council appointed by the governor. The announcement from the Sunset Commission noted that each professional board is retained as a governor-appointed board under the overall executive

council structure to oversee the substantive regulation of its profession. BHEC is to develop policies and procedures to ensure its rulemaking function focuses solely on creating rules governing administration of licensure, investigation, and sanction procedures, and reviewing rules proposed by each licensing board for anti-competitive impacts, administrative consistency, and good governance concerns

The new agency will not adopt rules relating to standards of practice, ethics, license qualifications, and disciplinary sanctions, unless the rule is proposed by the applicable professional board. Other changes included requiring boards to conduct fingerprint-based criminal background checks of all licensure applicants and licensees, authorizing the boards to check for disciplinary actions in other states, authorizing the psychology board to issue remedial plans to resolve minor complaints, eliminate the authority for the psychology board to administer an oral exam, and adopt Psychology Interjurisdictional Compact.

In a related story, the Texas Psychological Association (TPA) dropped a lawsuit against the state psychology board, over a dispute in 2017 when the board adopted new rules removing the supervision requirement for

Licensed Psychological Associates. In a memo on the TPA website, the TPA Board of Trustees said the group had spent \$76,000 on the law suit and the attorney said that based on preliminary hearings the chance of success was very low.

Louisiana Primary Care Association Receives Grant for Rural Opioid Work

The Health Resources and Services Administration (HRSA) awarded Louisiana Primary Care Association (LPCA) a \$200,000 grant to support rural communities fighting the opioid epidemic, according to a LPCA press release. The funding supports Community Health Centers in the treatment and prevention of opioid abuse in rural communities. LPCA was selected as one of 120 grant recipients to receive funding as part of HRSA’s Rural Communities Opioid Response planning grant process.

Recipients across 40 states will receive \$200,000 for one year to formalize partnerships with local stakeholders, conduct needs assessments, and develop plans to implement and sustain substance use disorder, including opioid use disorder, prevention, treatment, and recovery interventions.

LPCA will use these funds to provide leadership and technical assistance to five rural Community Health Centers. This consortium will develop and plan the roll out of protocols that result in increased access to prevention, treatment, and recovery services in the rural communities at the highest risk of substance abuse disorder.

Posttraumatic Stress Injury to Be Covered Under Workers Compensation for Firefighters, Police continued

be caused by an event occurring in the course and scope of employment and which the preponderance of evidence indicates that the event was a substantial contributing factor; Remove the determination and factors of whether the evidence presented to determine if an employee has a posttraumatic stress injury has successfully rebutted the presumptions provided for posttraumatic stress injury; and Add that a posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury under present law.

The newest digest indicates that while present law requires the state fire marshal to obtain workers' compensation coverage for volunteer members who participate in the normal functions of the fire company, the new law will also now require upon the purchase of a new policy or renewal of an existing policy, that any workers' compensation policy which provides coverage for a volunteer member of a fire company, pursuant to present law, will include coverage for posttraumatic stress injury.

The new law provides that any volunteer member of a fire company who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during his period of voluntary service or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his volunteer service.



Once diagnosed with posttraumatic stress injury the volunteer member affected or his survivors shall be entitled to all rights and benefits as granted by present law to one suffering from an occupational disease.

The new law also provides that, except as provided in proposed law, any local emergency medical services personnel, any employee of a local police department, or any local fire employee who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his employment.

An employee of the division of state police who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment or thereafter,

shall be presumed, prima facie, to have a disease or infirmity connected with his employment for purposes of workers' compensation benefits.

Once diagnosed with posttraumatic stress injury the employee of the division of state police affected or his survivors shall be entitled to all rights and benefits as granted by state workers' compensation law, as service connected in the line of duty, regardless of whether the employee is employed at the time of diagnosis.

The new law provides that a posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to present law. The law is set to become effective August 1, 2019.

Fireman Matt Kennie with Bossier City Fire Department (L), Fireman Autry Miley, Bossier Fireman (C), and Senator Gatti.

Senator Gatti remarked "When you deal with it early, when you get the help you need early...it's not permanent, ... the ripple effects and the repercussions of untreated PTSD."

Fireman Matt Kennie said that the suicide rates from PTSD are higher than the department's line of duty deaths, higher than heart attacks or cancer.

Suicide Prevention in Schools to be Strengthened by HB 53

HB 53 by Representative Moss has passed both chambers, in the House 98 to 0, and the Senate 36 to 0.

The measure sets requirements for youth suicide prevention, intervention, and postvention, in-service training for school employees and services available to students. Present law requires the State Bd. of Elementary and Secondary Education (BESE) to prescribe rules, collaboratively with the La. Dept. of Health (LDH) Adolescent Health Initiative, for a youth suicide prevention plan for public schools, and requires that such plan include procedures for development of suicide prevention programs by local school systems.

HB 53 retains the present law and further requires schools offering youth suicide prevention programs to report such participation to the state Dept. of Education (DOE). Requires DOE to designate such a school as a Suicide Prevention Certified School and to maintain a list of such schools on its website.

HB 53 will require that present law and proposed law regarding suicide prevention programs are applicable to charter schools.

The current law requires BESE to adopt guidelines for in-service training of school employees in suicide prevention, that the board adopt rules requiring public and approved nonpublic school employees to participate in at least two hours of such training annually.

HB 53 will require that such training address: (1) Increasing awareness of risk factors. (2) Employee response to suspicion, concerns, or warning signs exhibited by students and to crisis situations. (3) Policies and protocol for communication with parents. (4) Services available at the school and in the community. And, (5) Development of a plan to assist survivors.

The new law requires that the board identify suitable programs and requires coordination with LDH in identification of such programs.

ABA School Bill Flies Through

A measure allowing for student access to applied behavior analysis providers in schools had passed the House on May 15 with a 91 to 0 vote and then passed the Senate last week, 35 to 0. A similar measure, SB 78 by Senator Martiny passed also but was pulled from the calendar after Rep. Simon's bill went through both chambers.

Licensee Rights' Bills Earn Mixed Results continued

Senator Cortez's measure will ensure that no professional or occupational licensing board or commission shall:

(1) Enter into a consent decree with a licensee, permittee, or certificate holder if such decree contains a nondisparagement clause. Such a nondisparagement clause contained in a consent decree is contrary to public policy of this state and shall be null, void, and unenforceable, said the measure. Or (2) Initiate any disciplinary actions against a licensee, permittee, or certificate holder for providing testimony or records to a legislative body.

Senator Milkovich's attempt was more comprehensive, and would have prohibited the boards from having a rule, regulation, or any contract that requires the licensee to waive any legal or constitutional rights to have access to the courts, due process, discovery, evidence, or any other right established pursuant to proposed law.

It would have allowed a licensee to have his case transferred to the division of administrative law or an independent administrative law judge. Senator Milkovich said "I don't think it is justice when the judge is paid by the board, the jury is the board, and the prosecutor is paid by the board. That's exactly, that's antithetical and inimical to due process."

The measure contained a number of checks on boards, including that notice of complaints be within 10 days of receipt by the board, including the name of the person making the complaint and identification of the board staff member making the complaint if it originated with the board staff member. It would have required the notice to the licensee to include a detailed description of the complaint. The measure would prohibit the board investigator from having communications with the board or executive director unless the licensee subject to the complaint is present. It would have required that all files of the board regarding the complaint and investigation be available to the licensee through full discovery and that all relevant facts of the case be included in the record. The measure would have restricted the use of anonymous hearsay testimony during a hearing and grant the licensee the right to confront witnesses.

Regulatory boards filed numerous cards with the committee, to express "information." However, based on the testimony given, it appeared that the boards opposed the measure.

In 2018 Milkovich proposed SB 286 called "The Physician's Bill of Rights." That measure passed the Senate but failed in the House Health & Welfare Committee. This year Senator Milkovich tried to extend it to cover all boards, calling it the "Licensee's Bill of Rights."



Senator Milkovich testified that licensees' rights of due process are being violated.

"I don't think it is justice when the judge is paid by the board, the jury is the board, and the prosecutor is paid by the board. That's exactly, that's antithetical and inimical to due process."

Revisions Made to Law when Investigating Students for Threats of School Terrorism

HB 193 by Rep. Tony Bacala to revise procedures relative to students being investigated for making threats of violence or terrorism, passed the Senate this week with a vote of 33 to 3, after passing in the House 89 to 0 on May 14.

While present law requires the law enforcement agency to file a petition with the appropriate judicial district court for a mental health evaluation, the new law instead provides that if the law enforcement agency determines that the threat is credible and imminent, it shall report it to the district attorney, who may file such a petition.

The present law which was passed last year required procedures where a student reported to a law enforcement agency for a threat of violence or terrorism, and for a judicial hearing on whether the student should undergo a mental health evaluation. Under this current law the student was not be permitted to return to school until undergoing a formal mental health evaluation.

With HB 193, instead that a student who is the subject of a complaint and investigation may be permitted to return to school by the school administration if at any point prior to a hearing the threat is determined not to be credible or by order of the court after a hearing.

Peace Officer Training Bill Passes Both House and Senate Floors

HB 296 by Rep. Hoffmann passed the House with a vote of 93 to 0, then was heard by Senate Judiciary B and reported favorably. It when on to pass the Senate in a 38 to 0 vote.

If signed by the Governor, the measure will require the training of peace officers and first responders with respect to interacting with Alzheimer's and dementia patients.

In the first version of the bill, the Bureau of Emergency Medical Services and the Council on Peace Officer Standards and Training to was create a dementia training program in cooperation with the Department of Health. However, the measure was amended to delete that and substitute a general statement, "The council shall ensure that Alzheimer's and dementia training are incorporated within their educational programs."

Wording was also added: "The council shall promulgate rules in accordance with the Administrative Procedure Act for implementation of the following training programs for peace officers as provided in Subsections E and F of this Section: (i) Domestic violence awareness training. (ii) Communication with deaf or hard of hearing individuals.

Hoffman's proposal will also provide for the creation of an initial training program and updates to the continuing education program.

The new programs will require developments of and for instructions on how to identify and interact with people who have been diagnosed with Alzheimer's or dementia.

HB 296 would also require newly hired emergency medical service professionals to complete the initial training program within six months and requires all emergency medical service professionals to report any and all abuse or neglect.

Legislative News

SB 19 Will Require Criminal Background and Fingerprinting for Medical Psychologists and Others Under LSBME

SB 19 by Senator Boudreaux, which will place more checks on medical psychologists under the Medical Board, has successfully passed both the House and Senate. Twelve amendments were made in committee and eight on the Senate Floor.

According to the new digest, present law authorizes the Louisiana State Board of Medical Examiners (LSBME) to regulate perfusionists, medical psychologists, genetic counselors, and polysomnographic health professionals.

The new law authorizes the LSBME to request and obtain state and national criminal history record information as a requirement of application for license, registration, certificate, or permit to practice in this state. The new law provides that the LSBME shall request and obtain state and national criminal history record information from the Louisiana Bureau of Criminal Identification and Information of the office of state police within the Department of Public Safety and Corrections and the Federal Bureau of Investigation of the United States Department of Justice.

Proposed law also provides that the LSBME, in addition to any other requirements established by regulation, shall require an applicant, as a condition of licensure to submit a full set of fingerprints, in a form and manner prescribed by the board, permit the board to request and obtain state and national criminal history record information on the applicant, and pay, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history record information on the applicant.

Proposed law provides for confidentiality of criminal history information obtained by LSBME and provides for the release of such information upon written consent of the applicant or by court order.

Proposed law provides for an exception to the Public Records Law. Proposed law provides for rulemaking.

Trafficking Bill Sails Past

SB 145 by Sen. Ronnie Johns has passed both chambers, and, subject to appropriation by the legislature, directs the Dept. of Children and Family Services, and others to develop a human trafficking victim services delivery model, to include (1) Safe and sufficient placements. (2) Available and adequate funding sources. (3) Stakeholder partnerships. (4) Coordinated response. (5) Appropriate and responsive services.

Workplace Bullying Bill Fizzles

SB 139 by Sen. Gatti provides for the "Louisiana Healthy Workplace Law" which prohibits workplace bullying or harassment, failed to make it out of committee.

Rep. Cox's Bill for Vets Stalls Out

A measure by Rep. Kenny Cox, HB 541, to amend the Post-Conviction Veterans Mentor Program for incarcerated veterans, stalled out in the House Criminal Justice Committee.

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Dr. Tony Puente and Dr. Art Graesser Keynote Speakers at LPA Convention

Dr. Puente will deliver the Janet and Lee Matthews Invited Address on the opening day, a sentimental event following the death of community leader Dr. Janet Matthews in late March.

Puente, who will speak on "Making a Difference: Psychology's Identity & Contributions in the Coming Decades," has been at the forefront of changes in the profession, and the first and only psychologist ever to serve on the CPT committee, a key working group that helps define how healthcare services are structured through the codes and definitions. He lectures around the country about the issues affecting psychologists now and in the future.

Dr. Graesser is an expert in cognitive science, discourse processing, artificial intelligence and learning, who will deliver the Century Members Invited Address on Saturday, "Collaborative Problem Solving, Communication, and Comprehension in the 21st Century."

Graesser is the lead author for "Advancing the Science of Collaborative Problem Solving," the recent issue of *Psychological Science in the Public Interest*, published by the Association for Psychological Science.

Dr. Puente has presented his insider knowledge and thoughtful views about the sweeping changes in healthcare, tracking the payment changes such as those impacting issues of chronic diseases, care transition groups, team and interdisciplinary care, and population management. He has pointed to a "tsunai of change" before it started and follows the shifts to comprehensive care, uniformity, and integrative care, and the focus on performance.

Puente has said that the current and future paradigms include boutique services, prevention, integrative & multi-disciplinary, and performance based reimbursement and a shift from federal to state.

For 15 years, Puente was the APA representative to the CPT system and was the person responsible for the adding the words, "Qualified Healthcare

Professional," to healthcare terms. For reasons that were very complicated and that he doesn't fully understand, he ended up on the select, 17-person team, CPT Editorial Panel. He was the only psychologist in that group, the only psychologist that's ever been on the panel, and only the third non-physician that has ever been on the panel.

Dr. Graesser, who will deliver the Saturday keynote, says that collaborative problem-solving is a 21st century skill that is critical to efficiency, effectiveness, and innovation in the modern world.

Collaborative problem-solving is needed, not for routine work, or even team work, but for that event when a group must solve a novel problem where little or no plan for success exists and where team members are interdependent, each with different resources and knowledge, he has explained.

"CPS is an essential skill in the home, the workforce, and the community," he writes, "because many of the problems faced in the modern world require teams to integrate group achievements with team members'

idiosyncratic knowledge. CPS requires both cognitive and social skills." He and others note that we are in a new age, an age where rapid growth in information and technology is creating complexity in social, political, and economic systems. Everything is affected—education, healthcare, big industry, small business and even family and home life. Problems are larger and more complex, they span disciplines, people and geography. What was once simple is no longer simple or routine.

Psychological scientists have made a distinction between shallow knowledge—the kind of cognitive information useful for solving simple, routine problems—and deep knowledge.

"Deep knowledge," writes Dr. Art Graesser, expert in both collaborative problem-solving and artificial intelligence, "is achieved to the extent that learners comprehend difficult technical material, construct mental models of systems, solve problems, justify claims with evidence and



Dr. Art Graesser, expert in AI and collaborative language. (courtesy photo)

logical arguments, identify inaccurate information, resolve contradictions, quantify ideas precisely, and build artifacts."

Deep knowledge can be trained into each individual, says Graesser. But another, and sometimes more efficient approach is to train individuals "... to better participate in collaborative problem solving so that groups can collectively master and implement deep knowledge."



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71st Convention of the Louisiana Psychological Association?*

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Science & Education

Dr. Tucker Looks at "Nudges" to Aid in Suicide Prevention

continued

behavioral economic strategies—using psychological phenomena to improve decision-making—could improve efforts in suicide prevention. The strategies included nudges where social norms are tweaked, slight changes in question framing are applied, and adjusting item counts, are used to gently shape individual's decision toward positive outcomes.

"Our research demonstrated that simply, how we advertise online suicide prevention materials can increase public awareness about suicide," Dr. Tucker said. "College students asked to interact with an online suicide prevention program to help their loved ones cope with suicidal thoughts were 167% more likely to use the resource compared to those asked to click on the resource to help themselves navigate thoughts of suicide they may have in the future."

"Although this change in wording may seem small, the theory of messaging resources this way is backed by work in behavioral economics and nudge messaging," Tucker explained. "Specifically, most adults show an 'optimism bias' or a belief that negative things are less likely to happen to themselves in the future compared to others. Thus, a 'nudge' or change in wording to market mental health materials as helping others, not oneself, can help offset the optimism bias."

Dr. Tucker's research broadly focuses on the enhancement of theoretical models of suicide and suicide risk assessment tools, and he has published over 50 peer-reviewed academic publications regarding suicide risk and resilience. He is a former member of the board of directors of the American Association of Suicidology and is a consulting editor for the academic journals *Suicide and Life-Threatening Behavior* and *Archives of Suicide Research*.

"As suicide prevention continues to extend outside of the therapy office to include public health approaches," he said, "such as reducing access to lethal means such as firearms, the way suicide

Assistant professor of psychology at LSU, Dr. Raymond Tucker (L) with Alix Aboussouan and Emma Moscardini (R), both are now second year graduate students in the clinical psychology PhD program and Dr. Tucker's lab.

(Photo courtesy LSU and Dr. Tucker.)

prevention resources are communicated to the public will benefit from lessons learned from decades of behavioral economics research."

Tucker also serves as a consultant for Collaborative Assessment and Management of Suicidality (CAMS) Care and provides trainings in the evidence-based suicide prevention framework to behavioral health providers across the country. He was named the Outstanding Psychology Trainee throughout the VA healthcare system by Division 18 of the American Psychological Association.

What does he think are the most important issues in suicide prevention that psychologists should know about? Two stand out for him.

"There is an evidence base for providing suicide specific care," he said, compared to treatment as usual where a practitioner treats mental health concerns while managing suicide risk. He explained that just recently a large review and meta-analysis, the Collaborative Assessment and Management of Suicidality or Cognitive Behavioral Therapy for Suicide Prevention,



compared treatment as usual to specific care.

"This meta-analysis demonstrated that these suicide-specific interventions, ones that few are trained on, enhance protection against suicidal thoughts and behaviors above standard psychotherapy for mental health concerns. Thus, suicide-specific care may help prevent suicide in patient populations."

"The second point that stands out is that we are not likely to make meaningful changes in the countries suicide rate by providing better mental healthcare," he said. "Suicide has increased by 30% since 1999 and over this time, research has clearly indicated that suicide is not just a manifestation of an untreated mental health disorder. Access to firearms, social and economic inequality, and even a state's minimum wage systematically relates to suicide death at the state level. Scholars in suicide prevention argue that adequate mental healthcare is part of, but not the only piece of, reducing the alarming increase in suicide in the U.S."

At LSU Dr. Tucker leads the Mitigation of Suicidal Behavior (MOSB) laboratory, where he and his students conduct research to guide suicide prevention efforts. "The MOSB lab is a community-based research program that uses research to enhance theoretical models of why people die by suicide as well as interventions and assessment methods based on these models. The MOSB lab is part of suicide prevention efforts on LSU's campus as well as the department of psychiatry at Our Lady of the Lake.

"We also are involved in the National Suicidology Training Center (NSTC) housed at Baton Rouge the Crisis Intervention Center to improve healthcare provider training in suicide prevention. Across these partnerships, the lab has tested military-specific risk factors for suicide in Army soldiers and Veterans, how people's stories about surviving a suicide attempt may increase help-seeking for mental health concerns, and how the Collaborative Assessment and Management of Suicidality can be used in medical settings to enhance suicide risk assessment and treatment.



HBO

"Enchantment" and Modern Life—Are We Looking for Magic?

An Interview with Dr. John Rosegrant, continued

fandom, with their social media channels and blogs, discussing each and every detail of each detail.

On top of all the intrigue and social games, *Thrones* sported an array of fantasy elements -- zombies, immortal beings, psychic time travel, witches, and a sundry of magic and mysticism. Perhaps the most appealing of all—three fantastical dragons.

Dr. John Rosegrant is a clinical psychologist and psychoanalyst, explains one aspect of this type of literature.

"Enchantment is a state of mind that combines a sense of wonder, a sense of meaningfulness, and a sense of being connected to someone or something larger than oneself. Many of our patients suffer from a feeling of disenchantment, and are vulnerable to seeking enchantment in maladaptive forms such as drugs and destructive relationships. The popularity of media (such as "Game of Thrones" and role-playing video games) that involve magic is in part due to their engaging this fundamental psychological dynamic."

Dr. Rosegrant will be presenting this month at the Louisiana Psychological Association conference. In "Enchantment and Disenchantment Throughout the Life Cycle," he will explore the issues of enchantment in developmental crossroads across life periods.

Dr. Rosegrant is a Fellow of the International Psychoanalytic Association and Member of the New Orleans-Birmingham Psychoanalytic Center. Dr. Rosegrant has taught and supervised in many psychotherapy and psychoanalysis training programs. He has spoken and published on a wide variety of topics including psychoanalytic technique, short-term psychotherapy, play therapy, dreams,

fairy tales, Harry Potter, the World of Warcraft computer game, and technology dependency.

What does Dr. Rosegrant see as the psychology behind this and other literature like *Lord of the Rings*, superhero movies, and other sci-fi-fantasy television and movies?

"Their great popularity partly comes from factors like interesting character development and exciting plots that they share with other forms of film and literature," said Dr. Rosegrant. "But it is also because the central role of fantasy in these works gives the audience a chance to experience a form of enchantment."

What is exactly is enchantment and why is it important?

"I define enchantment as experience that involves a sense of meaningfulness, a sense of wonder, and a sense of being connected to someone or something other than oneself," he said. "There are many ways this can be felt besides engaging with fantasy film and literature; some examples are creating or appreciating other forms of art, being 'in the flow' of a project, being in love, enjoying nature, and religious experience."

"But the White Walkers and orcs remind us that there are also painful forms of enchantment, such as drug addiction and destructive love relationships."

"It may help in understanding enchantment to contrast it with its opposite, disenchantment," he said. "Max Weber defined disenchantment as the sense that everything can be explained by rational, material factors. There are several points in psychological development at least in

modern Western societies when the individual is expected to become more rational and organized, challenging feelings of enchantment that were available to their younger selves. One of the most important of these developmental phases is the shift from adolescence to adulthood, which many youths experience as giving up on freedom and fun to become boring adults. This is probably why fantasy literature and film often has special appeal to adolescents—they are trying to hold onto a sense of enchantment."

Is there something about modern life that is promoting this trend?

"Definitely. Max Weber, whom I just mentioned, thought that a defining feature of modernity was the 'disenchantment of the world.' Pre-modern societies believed that many things occurred because gods, spirits, witches, or other supernatural beings made them happen, but the modern scientific worldview that everything can be explained by material causes banishes all these beings into non-existence," Rosegrant said.

"Another way to think of this is as a shift from a permeable self to an impermeable self: pre-modern peoples could be affected by spirits and magic; modern peoples cannot be. In many of the jobs available in modern societies workers experience themselves as cogs in a machine that produces meaningless commodities, and it is hard for a cog in a machine to experience meaning and wonder."

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"Enchantment" and Modern Life — Are We Looking for Magic?

An Interview with Dr. John Rosegrant, continued

"Now, these are not absolute differences," he explained. "Even in modern societies many people believe somewhat in supernatural forces, and some people believe in them strongly. But I think the changes are real and make it harder for people nowadays to experience enchantment."

"This doesn't mean we should idealize pre-modern societies. There are obviously innumerable ways that we now are safer, healthier, and more comfortable than in the past. We are probably better off without White Walkers and orcs. Although...it would be exciting and would give us a sense of common purpose if we had to deal with them...so I'll leave it at probably better off."

What are some of the psychological theories that relate?

"I am not aware of psychologists talking directly about the importance of enchantment, but I think it is implicit in many forms of depth psychology. In one of his letters, Freud wrote that the goal of psychoanalysis was not to eliminate complexes but to live in harmony with them. Jung's *Modern Man in Search of a Soul* is about the search for meaning in later life. Erikson's eight stages of psychosocial development begin with basic trust vs. distrust and end with integrity vs. despair. Nancy Chodorow and Carol Gilligan have written about ways that modern child rearing instills instrumentality at the expense of community. All of these, and probably many others that you can think of, relate to meaning, wonder, and connection even without directly addressing enchantment."

Are there uses of enchantment for those providing psychotherapy and if so can you give some examples?

"These ideas about enchantment don't so much lead to specific techniques as to a therapeutic attitude. I think it is helpful to think about the ways that our patients struggle to hold onto enchantment, and to respect even the maladaptive forms this may take. For example, overuse disorders, such as chemical addiction or gaming to the extent that it interferes with other parts of life, are often ways to seek enchantment. I have found that an important part of helping people overcome these disorders is to accept the disorders and talk about what is helpful about them rather than to simply confront and try to eliminate them."

What are some of your favorites in this area of literature and why?

"I enjoy lots of fantasy literature and movies, but my favorite remains Tolkien, especially *The Lord of the Rings*. I could give



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reasons until you became quite bored, so I'll just pick one: Tolkien not only provides enchantment but simultaneously puts it at risk, so he directly engages the psychological and social conflicts around enchantment that I have been talking about. Destroying the One Ring of Power also means that the elves must leave and Middle-Earth enters the disenchanted Fourth Age. Frodo departs as well, leaving Sam to find 'ordinary' enchantment with his wife and children. In that moment, Sam demonstrates the possibility of finding a new enchantment after a treasured enchantment has been lost."

In his presentation later this month, Dr. Rosegrant will use film clips from Peter Jackson's movies of *The Lord of the Rings* and *The Hobbit* to illustrate four developmental crossroads when the individual must find new forms of enchantment or become disenchanted: the language explosion during the second and third years; puberty and adolescence; leaving school and entering adulthood; and retirement and old age."

Dr. Rosegrant is also the author of the Young Adult Fantasy series *The Gates of Inland*: "Gatemoodle," "Kintravel," "Rattleman," and "Marrowland." "Makeles Made" and the concluding volume is expected in 2019.



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Photos courtesy
of HBO

Dr. Richard Blocker Launches Web-Based Consulting Program

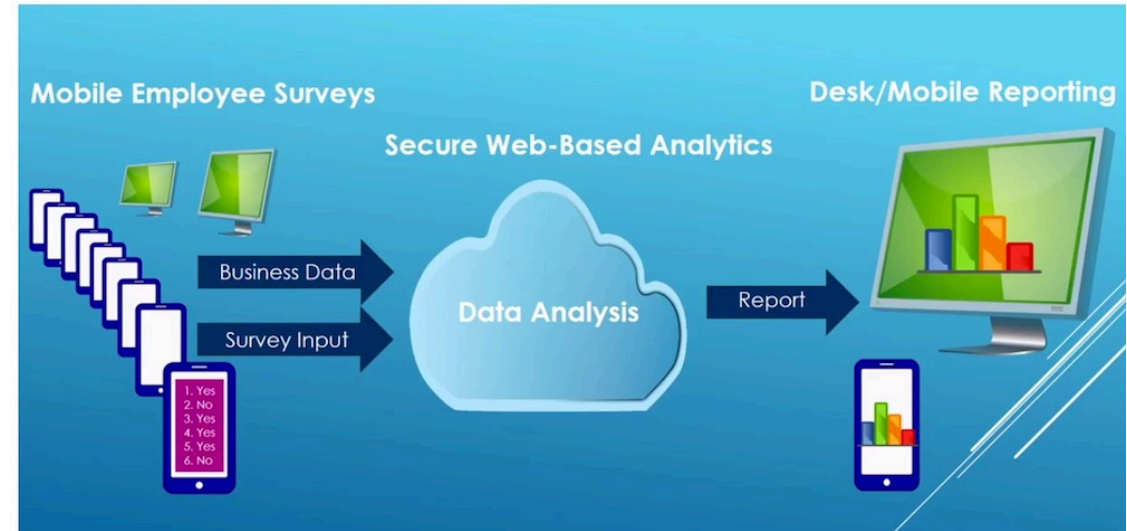
Dr. Richard Blocker has developed and launched his "Employee Confidential Project," an enterprise web database capable of managing an unlimited number of individual consultants, facilities and records. The big data tool is offered by his company, Psymetra, and the analytics are offered as a "web service" to be run in-house by subscribing businesses and management consultants.

Big data analytics examines large amounts of data to uncover hidden patterns, correlations and other insights. How did Dr. Blocker get into this type of software development?

"I had been providing psychological consultation services to nursing care facilities," he said. "I found a staggering rate of employee turnover. During this period my partner, Tricia Knaack, and I had been coding and to a lesser degree, selling

EMR-type software. As a small shop, we were not excited about keeping up with the ephemeral agenda of CMS for software. Full-court policy-working was not our thing. We weren't really making any money but were learning a lot and enjoying the coding."

"We starting writing a project to analyze employee turnover," Dr. Blocker said. "We decided to upgrade our skills to scalable internet-based development and we expanded our turnover application beyond just healthcare (e.g., police departments, hospitality and other industries). We gradually added a large survey component, basically re-writing a year's worth of coding. We knew the survey concept wouldn't work in a business without strong respondent confidentiality, so confidentiality became our algorithm and mantra (hence, "The Employee Confidential Project").



Adding surveys again expanded the scope of our work to include a broad swath of workforce issues."

Dr. Blocker's Psymetra Labs has thousands of survey items in a searchable survey item database making on-the-fly survey construction feasible. The survey archives available to subscribers grows with each new survey from any and all facilities using the system anywhere, in any industry. Analyses are anchored to employee turnover and employer-defined

employee readiness as outcome criteria.

Dr. Blocker has served as owner and clinical director of Riverside Psychotherapy Associates, Inc., a multidisciplinary mental health practice, until 2001, when he entered solo practice and focused on consulting to hospitals and long term care facilities in the south Louisiana area, and then went further in IT and performance analytics.

"I think the fun part of this for psychologists is the potential for effect at scale and the novelty of studying stress and human coping in real time. Cambridge

Analytica showed the raw power of human analytics to scale. Now hopefully, there is still room for a more positive contribution. There is the opportunity to save lives in healthcare and law enforcement," he said.

"The statistic and testing background certainly helps organize the analytics and surveys. Graduate school quality discipline and research skills also help. The coding is a different beast but can be learned online. It's pretty exciting stuff."

Dr. Glanville Continues Book Tour Through the South

Dr. Susan Glanville has completed three books, *Indian Santa, the True Story*, *Walking in Sunshine*, and *Lost Hero Found*, written and illustrated under her *nom de plume*, Susie Marie PhD®. She travels the South sharing her books and entertaining audiences at her live presentations.

The books are part of her Power of T.E.A.® (thoughts, emotions, actions) series, a psychological system for success that Glanville has been developing for almost twenty years.

In 2000, a friend who was a teacher sought her help for her stressed-out students when Louisiana implemented the LEAP test, a standardized exam for public school students. At the time Dr. Glanville was the

producer and host of a local television show in New Orleans, so she began to include special segments for the students. She also worked with them every week in their classroom. "I was encouraged to continue developing my methods for success when the students passed the exams, and did better than all of the other classes at the school."

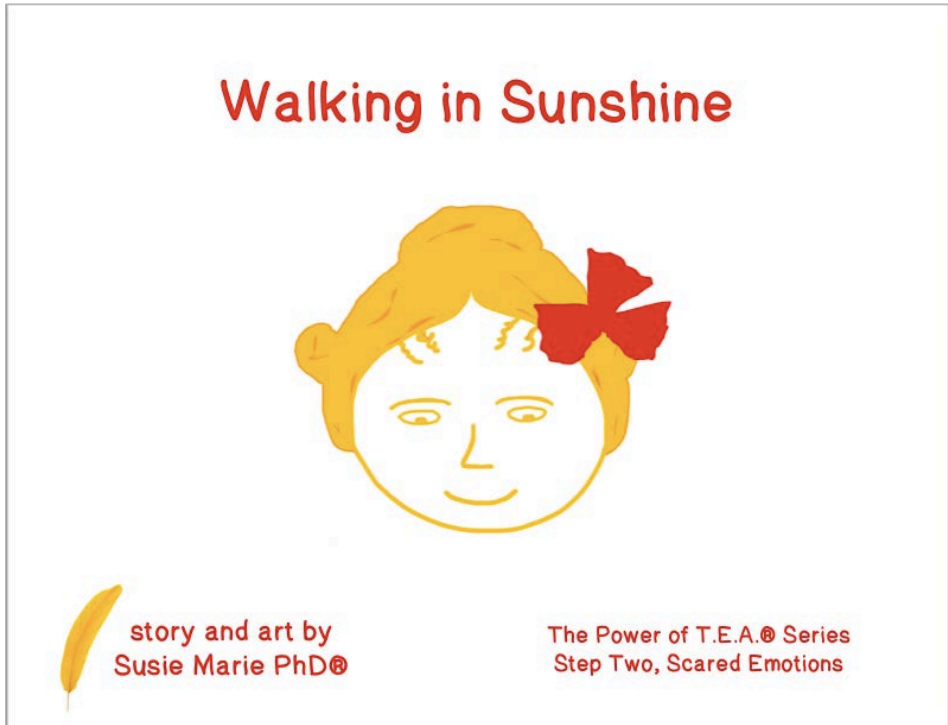


She based the framework for her "thoughts, emotions, actions" system on one of the textbooks she used while teaching at Delgado Community College. The opening paragraph described psychology as the science of cognition, affect, and behavior. Over the years, she broadened her methods. "I expanded my programs, incorporating experiences with the people, places, crops, and critters in my rural life to help teach key principles and practices to local students and families."

When she moved away from the city after her children were grown, Dr. Glanville found fertile soil to grow her ideas for her books and presentations. She worked on themes having to do with natural and rural life, blending art, entertainment and healthy psychological messages and practices.

Dr. Glanville now drives her RV across the South to entertain audiences with her live shows. "Because I have spent so many years in the performing arts and the broadcast media, I inevitably find myself creating sets and collecting props for my events. My RV has plenty of room for everything I need, plus I get to spend the night camping in beautiful parks instead of checking in and out of hotel rooms."

You can find out more about Susie Marie PhD®, and invite her to do one of her shows for your group, at her website, SouthRiverStories.com.



A Shrink at the Flicks

Avengers: End Game

Review

by Alvin G. Burstein, PhD

Avengers: End Game is the capstone of a decade of Marvel Comics super-hero sagas. It is a three-hour blockbuster loaded with features that will entertain viewers and deeply gratify followers of Captain America and his superhero team and their battles against forces of evil. The Avengers series has antecedents in a complex of earlier superhero Marvel productions whose central characters reappear in the *Avenger* episodes over the last seven years.

The film is a commercial and critical success, with a lot going for it. It brings Avenger fans up to date after the dire events in its immediate predecessor, *Avengers: Infinity War*. It is studded with techno-glitz and special effects. There are mega-battle scenes with suspenseful action in the struggle for control of the Infinity Stones that the arch-villain, Thanos, used to decimate the planet in *Infinity War*.

But there are layers, complexities, that add to the film’s richness. One is its focus on an aspect of super-hero status that goes beyond special powers, those beyond ordinary human capability. That aspect is one that is admirable, but very human—self-sacrifice, caring for others.

C. S. Lewis, the Christian apologist, described four kinds of human love. Need love, for those who meet one’s needs; companionate love, for those who share a



goal or interest; erotic love, sharing intimate knowledge of each other; and *Agape*, altruistic love, love that is not earned. The Avenger team members not only help one another, they care deeply for one another and risk sacrificing themselves, not just for one another, but also for humankind. While Lewis thinks of altruism as a virtue for ordinary humans, he takes it to be one that is the closest approach an ordinary human can make to God’s caring.

So, beyond a spectacle of titanic struggle, *The End Game* is a love story, a celebration of human, not super-human, love.

And then there is another layer. The film has an elegiac quality, it is suffused with sadness and a recognition of loss. I want to avoid spoilers, but there are painful losses at the film’s ending, and, though there are torches passed, there is a loss of innocence, a recognition that things can never be the same.

So it’s quite a film.

But critical honesty requires acknowledging some down-sides. I had the sense that some of the depiction of black and female warriors, while politically correct in the best sense, had a formulaic edge. “Hero” has a masculine implication and “heroine” is not quite in the lexicon of the series. Generally speaking, too, the characters of color and women characters are less fully developed than those of their white male counterparts. And some questions about time travel and the film’s solution to the impact of changing the past—parallel universes—raises questions that don’t get addressed.

But it remains quite a film.

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.

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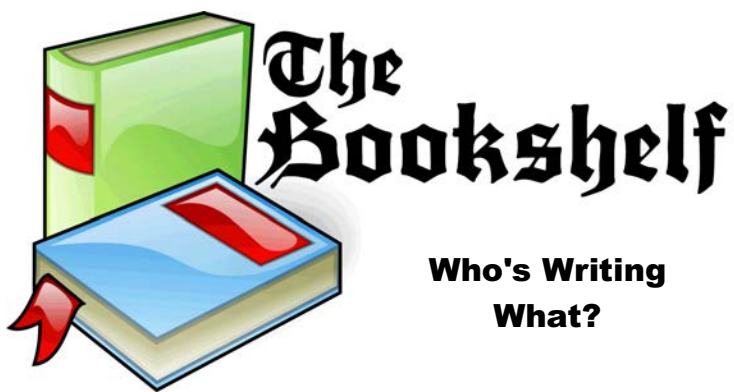
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Heal Your Oral Microbiome

Cass Nelson-Dooley, M.S.

Ulysses Press, June 2019

In *Heal Your Oral Microbiome*, author Cass Nelson-Dooley, frequent columnist for the *Times*, outlines the key reasons, facts and approaches for healing the microscopic, ecological system that lives in our mouths.

The very idea, that we are full of, covered with, and live in harmony or disharmony with other life forms, is at the center of the explosion of research and a Zeitgeist of thinking. It is at the core of *Heal Your Oral Microbiome* and while a little shocking to our sanitized view of our bodies and our health, the work offers a convincing argument to embrace a whole new idea of where health originates.

Once you get over the idea that we coexist with all these "bugs," readers can enjoy a conversational and evidence based review of the scientific status of the oral microbiome, of the critical importance of our mouth's relationship to our gut, of the quality nutrition needed to nurture health in modern life, and of how dysfunction in the any of a variety of these areas can be an underlying cause of serious and even life-threatening diseases.

There is a paradigm shift occurring in health and healthcare, and in *Heal Your Oral Microbiome* the author makes it clear that the starting place for this is right under our noses.

Cass Nelson-Dooley studied medicinal plants in the rain forests of Panama as a Fulbright Scholar, then researched the pharmacology of medicinal plants at the University of Georgia and diagnostic laboratories. She has co-authored, "Nutrient and Toxic Elements" in *Laboratory Evaluations for Integrative and Functional Medicine* and authored case studies in *Case Studies in Integrative and Functional Medicine*, and published in journals such as *The Journal of Nutrition*, *Obesity Research*, and *Current Medicinal Chemistry*.

In *Heal Your Oral Microbiome* Nelson-Dooley takes readers through a tour of the rainforest in our mouths. She applies straightforward, understandable science writing with strong emphasis on the practical steps to diagnosis, treatment, and prevention.

In the first chapters she helps readers understand how the microbiome works and why it is important, backing the descriptions with research evidence. To keep the gut microbiome healthy, she explains, we have to think about it more as an ecological system with communities of bacteria and an environment these communities depend on.

She points out that the mouth has a unique role as the first meeting place between the immune system, the gut, and the outside environment. Bacteria in the mouth seed the GI tract to the tune of 1 trillion bacteria every day.

These bacteria can have complex, multiple and interwoven roles, that scientists are just beginning to understand with the advent of DNA testing, she says. The bacteria in the mouth can make vitamins, communicate to the immune system to tell it how to respond, soothe inflamed tissue, form a barrier between your gut and bloodstream, help capture nutrients from your food, and fine-tune your metabolism. One of the most important roles is to protect from the bacteria that cause disease.

HEAL YOUR — ORAL — MICROBIOME



Balance and Repair Your Mouth Microbes to
Improve Gut Health, Reduce Inflammation and Fight Disease

— CASS NELSON-DOOLEY, M.S. —

"Amazingly, the oral microbiome influences health or disease in many other systems of the body, not just the GI track." She describes the link between the oral microbiome and heart disease, diabetes, joint disease, obesity, nutritional deficiencies, autoimmune disease, nervous system disease, asthma, eczema, or cancer. Included is inflammatory bowel disease and other intestinal illnesses such as Crohn's disease, ulcerative colitis, celiac disease, and many more.

Another example is the microbial ecology of cavities. "Until recently, a single bacterium was thought to cause cavities: the infamous *Streptococcus mutans* (or *S. mutans*, for short). However, scientific discoveries have taught us that it is not *one single bug* causing the problem, but instead an overall shift in the oral microecology that sets the stage for cavities."

"One of the most astounding discoveries is that oral pathogenic bacteria have been found in atherosclerotic plaques in the cardiovascular system." The evidence for relationship to rheumatoid arthritis also exists, as does the bidirectional association between diabetes and periodontal disease.

Another theme in *Heal Your Oral Microbiome* is that modern life is hard on our bugs.

While antibiotics have saved countless lives they are one of the biggest dangers to the microbiome. "They wipe out *all* of our bacteria, not just infection-causing bacteria. And while our microbiomes grow back rapidly after we finish antibiotics, they never return to their original stable state."

The modern diet, low in vegetables, fruits, fiber and raw foods, and high in sugars and refined carbohydrates, starves the microbiome, she notes. Babies born by C-section have much less similarity to the mother's microbiome, and less diversity, than babies born vaginally because they miss out on the first major inoculation from the birth canal. Bottle fed babies also miss out in probiotic bacteria *and* the prebiotics in breast-milk.

Readers who enjoy understanding why to do something will appreciate the first chapters, while those who want to grab the excellent practical advice will be delighted with the chapters on solutions.

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Heal Your Oral Microbiome, Continued

Nelson-Dooley covers diet and nutrition, recommendations that anyone can begin immediately. One of the most powerful ways to shift your microbiome is to eat more plant-based foods and fiber. Prebiotics, found in these foods, are literally bacteria food. The more prebiotics you eat, the more you feed your good bugs, and the happier you and your bugs are."

She outlines dental hygiene, why you must free yourself from sugars and of course, no smoking, and ways to boost the immune system.

She gives specific recommendations. Here is one example for probiotics. "I like Custom Probiotics (available online) and Masters Supplements (available through a practitioner). Take 50 to 300 billion colony forming units per day (CFU/day) to provide your body with a good dose of healthy microbiota. A dose of 50 billion CFU/day is appropriate for maintaining health. A dose of 300 billion CFU/ day is appropriate for someone with serious illness related to bacterial imbalance, such as ulcerative colitis. At high doses like 300 billion CFU/day, you should be under the care of a health- care professional knowledgeable about probiotic therapies."

Nelson-Dooley also offers a powerful chapter about the newest and most important diagnostic tests available to find out what is the state of the environment of your mouth, assessments that may well be unknown to the readers' physicians or dentists. "Testing is a powerful tool for you and your healthcare practitioners," she writes, "to get to the underlying causes of illness or simply to optimize wellness. Laboratory tests can detect inflammation, dysbiosis, food sensitivities, infections, hormonal imbalances, or leaky gut using a blood, urine, saliva, or stool sample."

What to test? She includes these: "1. Microbes. There are tests that measure your oral, fecal, and small intestinal microbes. You can also work with your health- care provider to order urinary organic acids, which can detect bacterial and fungal metabolism. 2. Immune system. Food sensitivity, celiac disease, and leaky gut testing can help you pinpoint why the immune system is malfunctioning. 3. Inflammation. Use hs-CRP to check your overall state of inflammation."



Cass Nelson-Dooley, MS, researcher and science writer. She is the daughter of the Times publisher and a regular contributor to the newspaper.

(Courtesy photo)

A real treat is helping the reader in finding the rare healthcare professionals—needles in haystacks— who hold to this new view and root-cause assessment and natural treatments.

"Once you have dysbiosis," Nelson-Dooley writes, "it may or may not be easy to fix. In a healthy person who is eating a healthy diet, taking probiotics alone might be enough to tip the scales back to a healthy micro- biome. Someone with chronic symptoms may need to consult with a healthcare practitioner to treat their microbial dysbiosis. Even in a healthy person, a single infection could cause dysbiosis and their microbiome may never fully get back to normal. In this situation, a health professional can really help. Clinicians often try to boost beneficial bacteria, wipe out the problem-causing microbes, and then continue rebuilding the good bacteria and strengthening the immune system."

"Because the gut is so critical to overall health, evaluating and restoring gut function is a foundational clinical strategy in integrative and functional medicine." She recommends finding a healthcare practitioner in your area "who can help you determine what is holding you back from achieving optimum wellness." Readers can begin with The Institute for Functional Medicine and the online directory of clinicians. Also the Kresser Institute has a directory of clinicians that have completed advanced training in functional medicine and ancestral diet and lifestyle.

Cass Nelson-Dooley, MS, has over a decade of experience teaching doctors about integrative and functional laboratory results. In 2013, she started Health First Consulting, LLC, a medical communications company with the mission to improve human health using the written word.



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