

Concerns about TBI Diagnosis & Treatment

Psychologist Blows Whistle on New Orleans VA Procedures

A New Orleans psychologist was at the center of a CBS News investigative report that aired last month finding that the New Orleans VA may not have been diagnosing enough veterans so that they could be treated adequately for traumatic brain injury (TBI), the signature wound of the Afghanistan and Iraq wars.

CBS investigative reporter Jim Axelrod broke the story, "Whistleblower says veteran affairs dramatically under diagnosed traumatic brain injuries." Louisiana psychologist Dr. Frederic Sautter was key to the report.

Go to CBS online for the full report.

Axelrod reported on the heartbreaking story of Army

Sergeant Daniel Murphy who served five decorated combat tours in Afghanistan and Iraq. Murphy specialized in detonating explosives and was honorably discharged in 2013. According to the report, Murphy suffered both physically and psychologically. "He had the classic symptoms of posttraumatic stress disorder –insomnia, anxiety, and a feeling that the enemy was lurking around every corner," said Axelrod.

According to the CBS report, VA sources confirmed that Murphy screened positive for traumatic brain injury (TBI) in 2017. However, he did not receive a final TBI

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Dr. Sonia Blauvelt Helps Lead Suicide Prevention Project for Southeast La

The Mental Health Association for Greater Baton Rouge is implementing a COVID-19 Emergency Response for Suicide Prevention Project in southeast Louisiana to help contain the expected increase in mental health problems for Louisiana citizens. The project includes several components and Baton Rouge psychologist, Dr. Sonia Blauvelt, is leading the suicide prevention program.

The announcement from the Association noted that: Socially and financially



Dr. Sonia Blauvelt
(Courtesy photo)

disadvantaged families are more vulnerable to stresses and traumas, and the risk for mental health problems and domestic violence increases after families face extreme adversity, such as those related to COVID-19 disruptions and trauma.

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Return to Phase 2 for December Says Governor After Cases Rise

Last week Gov. Edwards announced that the aggressive third surge of COVID-19 across all regions of Louisiana has made it necessary to impose tighter mitigation measures and step back to Phase 2 in order to protect public health. The Governor intends to keep these restrictions in place at least through the end of the year.

A November 12 ruling by Judge William Morvant in the 19th Judicial District Court, found that a petition filed by some Republican members of the Louisiana House of Representatives to overturn the Governor's COVID mitigation strategies, was moot and that the law used to submit it was unconstitutional.

The Governor's updated Phase 2 proclamation calls for reducing occupancy at some businesses, decreasing gathering sizes, limiting indoor consumption at many bars and urges everyone in Louisiana to avoid gatherings with

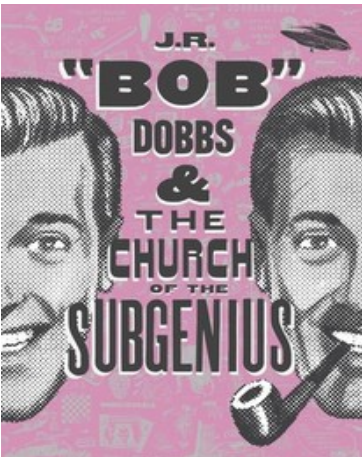
people outside of their everyday households.

Louisiana's statewide mask mandate, which has been in place since mid-July, will continue. In addition, Gov. Edwards encourages any business that can allow its employees to work remotely to do so. He has directed all state agencies to do the same.

"There is not a single region of our state that is not seeing increases in new cases, hospitalizations and growing positivity of COVID tests, and I am incredibly concerned by Louisiana's trajectory and our ability to continue to deliver health care to our people if our hospitals are overrun with sick patients," Gov. Edwards said. "The data clearly tells us that we have lost all of the gains we had made and that our current mitigation efforts must be increased in order to adequately slow the spread.

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Editorial Page – Opinions

More on Censorship

by Julie Nelson

Last week the Trump election defense team brought out their witnesses before committees of the Pennsylvania and Arizona legislatures. Witnesses told their stories, describing various misbehaviors such as obstructing poll watchers, adding signatures, and rerunning stacks of ballots. There were accounts of very strange things, such as the truck driver who testified that he drove a shipment of ballots from New York to Pennsylvania.

For me, the cyber security experts and statisticians were the most interesting. These technocrats have been conducting all sorts of cool research on the voter datasets. My very most favorite “fact” from the plethora of statistics that the geeks showered on us was the analyses demonstrating that at certain times, more votes were recorded than was mechanically possible for the machines.

My second most favorite was the pattern analyses. The third most interesting theme to me are the claims that the Dominion voting machines were rigged and linked to bad actors in foreign countries,

made even more entertaining by Dominion officials refusing to show up and answer questions at these hearings.

All very interesting *news*.

What is most interesting to a system theorist is that none of this is being covered by the major media outlets. More than 70,000,000 people in the United States might be at least slightly interested in what is going on here. A Shakespearean three act drama, with mystery, villains, and heroes. And it is unfolding at a breakneck speed, with a cast of characters all under the clock. It is *completely* newsworthy.

CNN didn't air the Giuliani–Powell press conference because, they say, it was “bananas.” Setting aside the problem in logic of how do you know if something is bananas before you even see it, Scott Adams pointed out that most of the American public would probably want to see something that's “bananas.” At least it can't be as boring as more Covid news.

Ignoring this story may not be hurting the big blue channels but it seems to be impacting Fox News rather dramatically. The small news outlets are doing whirlwind business, catching the disgruntled viewers. Newsmax is booming. You can even find bits and pieces of reporting from Sky News (Australia) and something called NDT. Apparently anybody with a video recorder can report on news these days. I really love this free market experience.

So why the media blackout in coverage? Several possibilities come to my mind.

First, it might be a case of simple “Information avoidance.” Journalism no longer exists as a real job, reporting these days is more of a personal-opinion type of activity. So, people may be taking this very personally and just not wanting to hear any contradictory information or bad news. Who likes to feel bad?

Secondly, they could believe, wrongly, that giving a voice to an opponent creates more conflict. So their intuition says to suppress discussion of the matter. I see this often in people who are high in the conflict avoidance, often tender-minded people. However, suppressing discussion just doesn't work long-term.

The third reason is more dark. The news outlets are engaging in 1984 Ministry of Truth type censorship for some nefarious purpose. They want to manipulate people's thinking to achieve some goal of self interest. We're not supposed to think for ourselves.

Regardless of anything else, whether the play is *Hamlet*, *Macbeth*, or *A Midsummer Night's Dream*, there's one thing that all psychologists can agree on—censorship is bad and freedom of information is good.

When Trump was elected in 2016, the progressives had so much trouble believing that he had been actually chosen fairly that they created a narrative that he must have somehow colluded with Russia. That went on for 3-1/2 years. So, the conservatives are due their time in the land of disbelief.

If there is fraud, then conservatives will be doing us all a great service by uncovering it.

[Julie Nelson is a licensed psychologist, journalist, consultant, and publisher of the Times. She also holds other 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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Corrections & Clarifications

We did not receive any corrections or clarifications for the last issue.

Send your corrections to:
psychologytimes@drjulienelson.com

Gov. Requests Disaster Declaration for Hurricane Zeta, FEMA Update

On November 25, Gov. Edwards announced that he had requested a Major Disaster Declaration, formally requesting direct assistance to those people and communities impacted by Hurricane Zeta.

Hurricane Zeta made landfall in Lafourche Parish on October 28 as a very strong Category 2 hurricane with sustained winds of 110 mph. In addition, the same areas hit by Zeta are also still recovering from Category 4 Hurricane Laura, Category 2 Hurricane Delta and the ongoing battle against the COVID-19 pandemic.

"Hurricane Zeta was the third storm within two months to wreak havoc on communities that were already in the process of rebuilding their homes and businesses damaged by two previous storms," said Gov. Edwards. "Zeta landed as a strong Category 2 storm but was likely a Category 3 hurricane and brought considerable damage to the impacted areas."

The Governor is specifically requesting Individual Assistance for Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, and Terrebonne Parishes (6); debris removal (Category A) for Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, and St. Charles Parishes (6); emergency protective measures (Category B), including direct federal assistance under the Public Assistance program for Acadia, Allen, Ascension, Assumption, Beauregard, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Jefferson Davis, Livingston, Lafayette, Lafourche, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana Parishes (35); and Hazard Mitigation statewide.

Earlier in November, Melissa Wilkins, MPA, FEMA Public Affairs Specialist, provided an update for hurricanes Laura and Delta.

- * For Hurricane Laura, FEMA has put \$185 million in the hands of survivors, \$127 million for housing assistance and \$59 million for other needs assistance.
- * Additionally, the SBA has approved almost \$407 million in low interest loans.
- * FEMA has registered 220,855 households for Hurricane Laura.
- * For survivors of Hurricane Delta, FEMA has put more than \$6 million in the hands of survivors, \$5 million for housing assistance and \$985 thousand for other needs assistance.
- * Additionally, the SBA has approved \$3 million in low interest loans.
- * FEMA has registered 31,885 households for Hurricane Delta.

Return to Phase 2 for December Says Governor After Cases Rise, continued

On November 20, the Gov. sent a letter to newspapers statewide and released a video urging all Louisianans to take COVID-19 seriously this holiday season as Louisiana enters its third surge with increasing cases of coronavirus and hospitalizations.

"Healthcare workers in hospitals across Louisiana are extremely worried about their staffing and capacity levels not being able to keep up with the growing number of citizens being diagnosed with COVID-19 and being hospitalized. They need us all to do our part to slow the spread," said Gov. Edwards. "This third surge we are experiencing is worse than the others, and it is so concerning that the Centers for Disease Control has asked that all holiday travel plans be canceled. This year's holiday celebrations should not look like those from last year. The risk is too great. I know that we want to be together for the holidays, but we need to protect each other and make the sacrifices now so that we can come together when it is much safer."

Major changes to Louisiana's COVID-19 restrictions include:

All Louisianans are encouraged to avoid gatherings of individuals not part of their households.

All businesses, private and public sectors, are encouraged to use remote work where they can.

All restaurants are limited to 50% of their indoor capacity. Restaurants should move as much dining outdoors as they can. Social distancing is required.

Places of worship will remain at a maximum of 75% of their capacity or the number of people who can physically distance with at least six feet between each immediate household.

Barber and beauty shops, and nail salons may open at 50% of their capacity.

Movie theaters may open at 50% of their capacity.

Indoor gatherings at event/receptions centers are limited to 25% capacity or up to 75 individuals.

Outdoor gatherings at event/reception centers are limited to 25% capacity or up to 150 individuals when strict physical distancing is not possible.

All sporting events will be capped at 25% capacity.

For complete guidance on the new Phase 2, visit the Open Safely portal at opensafely.la.gov.



Resilient Louisiana Commission Makes Recommendations

In a November 20 press announcement, Co-Chairs Don Pierson and Terrie Sterling and other Resilient Louisiana commissioners released their report of long-term recommendations for creating a more resilient Louisiana. Following the COVID-19 outbreak, Gov. Edwards created the Resilient Louisiana Commission to determine ways the state can better protect itself against disruptions, such as public health emergencies and natural disasters.

The report, Comprehensive Game Plan for a More Resilient Louisiana , highlights those recommendations based on input from over 300 citizens serving on the Resilient Louisiana Commission and its 15 task forces. Public input guided the months-long process.

"We are pleased to receive this comprehensive guide for making Louisiana a more resilient, successful state in the face of challenges that come our way," Gov. John Bel Edwards said. "As leaders, we need to embrace the spirit and intelligence of this document and take action to make Louisiana stronger. Public health, safety, education, infrastructure, workforce, the economy and the future of our children are all at stake. I encourage elected officials, the general public and our private sector to join me in acting upon the important recommendations of the commission."

Pierson, who serves as Louisiana Economic Development's cabinet secretary, and Sterling, a healthcare management consultant and CEO, lead the 18-member Resilient Louisiana Commission that provided near-term recommendations in May for safely reopening the economy during the COVID-19 public health emergency. The new report reflects the commission's second major duty: recommending long-term steps to resiliency, according to the announcement.

"Access to healthcare is broader than bricks and mortar," Co-Chair Sterling said. "It is important to create systems and structures to support the health of our citizens, as we certainly may face pandemics and public health challenges in the future."

The commission's long-term recommendations include making strategic investments in public health infrastructure and programs to enhance the well-being of Louisiana residents, with a focus on healthy food programs, rural hospital stabilization and access to broadband internet statewide that can improve education and telemedicine services.

Other recommendations include creating an Office of Social Equity to address gender equity, housing, homelessness, and community vulnerabilities; expanding economic inclusion through the creation of an Office of Rural Development, through a living wage initiative, through incentives that promote equitable economic opportunity, and through increased business opportunity for women, minority and veteran entrepreneurs.

In addition to prioritized investment in early childhood education, transportation infrastructure, more resilient utilities, and better training pathways to jobs, the commission recommends tools to produce better outcomes in higher education, along with fiscal reforms to simplify and broaden the state's tax structure.

Gov. Edwards Announces Federal Grant for COVID-19 Economic Recovery

On November 19, Gov. Edwards and Louisiana Economic Development Secretary Don Pierson welcomed the award of \$2.4 million in federal funds to spur business recovery throughout Louisiana in response to the COVID-19 public health emergency. LED will match \$600,000 in state funds for a \$3 million initiative. The department will work with economic developers statewide on recovery-focused efforts to retain and attract small and large businesses.

"We are deeply appreciative of this EDA technical assistance grant and what it can do for business recovery throughout our state," Gov. Edwards said. "As we continue to chart a path toward COVID-19 health recovery, we also are mindful of the major impact this health crisis has had upon the businesses of Louisiana. LED will work with its regional and local partners across the state to fund meaningful economic development programs that can secure jobs and investment for our economy."

The EDA grant represents \$2.4 million in CARES Act recovery assistance, part of a \$1.5 billion package of economic

development assistance programs to help communities prevent, prepare for, and respond to the coronavirus pandemic. In Louisiana, LED will survey key economic development organizations and small business service-providers to identify COVID-19 recovery projects. Those efforts will focus on local projects designed to have maximum impact on the state's economic recovery.

Louisiana Economic Development is responsible for strengthening the state's business environment and creating a more vibrant Louisiana economy. LED cultivates jobs and economic opportunity for the people of Louisiana, and promotes business opportunity for employers of all sizes.

LED's Small Business Services team, in partnership with the Louisiana Small Business Development Center Network, assisted more than 10,700 Louisiana small businesses and entrepreneurs in 2019. For more information, go to OpportunityLouisiana.com .

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Developmental Profile 4

by Gerald D. Alpern, PhD

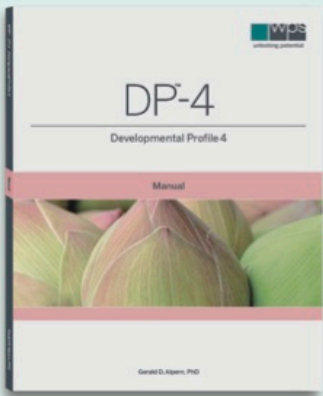
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State & National News

Psychologist Blows Whistle on New Orleans VA Procedures continued

diagnosis or treatment. Two months later he took his own life at 32 years old.

The report notes that suicide is twice as high in veterans with TBI than in those with PTSD only.

Cases like Sergeant Murphy’s haunted Dr. Sautter, said Axelrod. Dr. Sautter retired recently from the VA, but until that time he headed up the family mental health program at Southeast Louisiana Veterans Health Care System in New Orleans. Dr. Sautter saw hundreds of vets coming home from the Iraq and Afghanistan conflicts and began to become suspicious that they were not being properly assessed for TBI, said the CBS reporter.

Sautter told Axelrod that many of his patients, who were suffering from PTSD, appeared to also be presenting symptoms of traumatic brain injury. However, they had not been diagnosed or treated for the injury and this was a concern to him. So, Sautter set out to try and understand what was happening and he did his own research into the numbers.

According to Axelrod's investigation, the VA protocol requires that all Iraq and Afghanistan veterans are screened for TBI and a positive screen then leads to further evaluation. Reporting on internal documents from the VA, Axelrod noted that most vets who receive a positive screen are ultimately diagnosed with TBI.

CBS found that 60% to 80% of patients who are positive on the screening, across all the VA hospitals, are ultimately diagnosed and receive treatment for TBI.

However, Dr. Sautter found that at the New Orleans VA this number was only 18%.

According to the report, Dr. Sautter brought his results and list of the veterans who had slipped through the cracks to colleagues at the Pain Management & Rehabilitation (PM&R) division at the VA. A nurse at the division, Priscilla Peltier, told CBS that "There was absolutely no treatment being provided to them."

In October 2017, Peltier presented a plan to her boss, the chief of PM&R, Dr. Robert Mipro, for contacting the veterans on the list. Peltier told CBS that Dr. Mipro responded that the list was not their concern and to "lose the list."

Dr. Sautter insisted that the VA to investigate his concerns first through the Inspector General and then through the Office of Special Counsel.

CBS said the Office of Special Counsel ordered an investigation by the VA Medical Inspector and produced a report in March 2019. CBS said that the report was not made public but confirmed the New Orleans relatively low TBI diagnosis.

However CBS then contacted a VA spokes person who said the Medical Inspector's report had used "bad data" and that the TBI diagnosis rates in New Orleans were in line with the national average.

Dr. Sautter is not optimistic about changes at the VA. "No one on staff will convince VA to change their practice and take responsibility," he explained to the *Times* last week.

"Their focus is on their image and maintaining good numbers. The current PM&R staff is quite good. The issue is prior patients not receiving evaluations need to be contacted and assessed," he said.

Louisiana, Southern Region, and National Veteran Suicide Deaths by Age Group, 2018 ^c						
Age Group	Louisiana Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Louisiana Veteran Suicide Rate	Southern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	99	2,760	6,435	33.3	32.3	32.0
18–34	22	373	874	68.8	43.6	45.9
35–54	23	752	1,730	25.0	31.7	33.4
55–74	32	1,110	2,587	27.4	31.1	30.4
75+	22	523	1,237	39.3	30.1	27.4

Louisiana Veteran and Total Louisiana, Southern Region, and National Suicide Deaths by Age Group, 2018 ^c								
Age Group	Louisiana Veteran Suicides	Louisiana Total Suicides	Southern Region Total Suicides	National Total Suicides	Louisiana Veteran Suicide Rate	Louisiana Suicide Rate	Southern Region Suicide Rate	National Suicide Rate
Total	99	693	18,419	46,510	33.3	19.5	19.2	18.4
18–34	22	206	5,048	13,002	68.8	19.2	17.8	17.3
35–54	23	232	6,305	15,866	25.0	20.1	19.9	19.1
55–74	32	196	5,371	13,514	27.4	18.9	19.5	18.6
75+	22	59	1,695	4,128	39.3	20.7	20.8	18.9

Data from the Veterans Administration, most recent figures. Louisiana veterans have a higher suicide rate than the southern region. Especially concerning is the age group 18 to 34 veterans, with a 68.8 suicide rate in Louisiana. (Rates are per 100,000.)

"I am now retired from VA and have a private practice. There have not been negative consequences for me except the anxiety of the experience and disappointment at the total denial by the institution and alienation from the institution," he said.

Dr. Sautter was the Manager of a Family Mental Health Program at a VA Med Center for many years, and treated hundreds of couples and individuals. He is an expert in traumatic stress and relationship problems and has treated hundreds of combat veterans to help them overcome a variety of stress problems, providing compassionate evidence-informed care to individuals that have had to endure immense emotional pain, according to *Psychology Today's* provider information.

Asked how it was to work with CBS News, he said, "CBS was very professional,

vetted everything with attorneys, and put a great deal of effort into it. They were impressive."

Has he experienced retaliation? "I feel like I did the right thing and veterans have communicated appreciation," he said. "The reaction of the institution was total denial. I would never encourage anyone to do it unless they were in the later stages of career and could accept leaving the institution (VA). The nurse who complained was retaliated against but I *never* felt like anyone was going to try to intimidate me."

His thoughts for other psychologists? "If important protocols are not enacted it is your duty to report it. Do not expect gratitude from anyone at the institution but it is very satisfying knowing that you stood up for what you believe in," he said.

Congratulations to
Melissa Dufrene, PsyD,
ABPP!

Dr. Dufrene has been certified by her peers nationally as a specialist in Clinical Psychology through the American Board of Professional Psychology.

Please join us in congratulating her.



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Primary Care Assn Objects to Ochsner Expansion Plans

In a November 24 press release, officials at the Louisiana Primary Care Association asked that citizens take a stand and decline to "reinvent the wheel" and to support Louisiana's federally qualified health centers.

"Earlier this month, we learned that Ochsner Health intends to re-invent the wheel and spearhead a new \$100 million initiative to build 15 'health centers' in underserved communities over the next five years," said the officials.

"While Ochsner Health and other corporate, profit-driven entities describe themselves as pioneers in this space, the reality is that Community Health Centers have been on the ground serving the people of Louisiana for decades. While we are heartened to see their new commitment to primary and preventive care for these populations, we wish Ochsner Health would have focused more on partnership, engaging in collaboration, and strengthening the ongoing work of our members.

"Ochsner Health plans to construct 'health centers' in areas in which there are a large number of Community Health Centers already operating and serving patients. In the Greater New Orleans region alone, there are 72 Community Health Centers operated by 15 different organizations.

"If you want to address health inequities and improve the health of our citizens all while providing affordable and accessible care, look no further than our Community Health Center network. Our health center members are battle-tested and proven leaders in meeting the needs of these communities. Since Hurricane Katrina in 2005 (and over the past few years with the advent of Medicaid expansion), Louisiana's Community Health Center network has grown exponentially. Health centers are now located in 55 of Louisiana's 64 parishes.

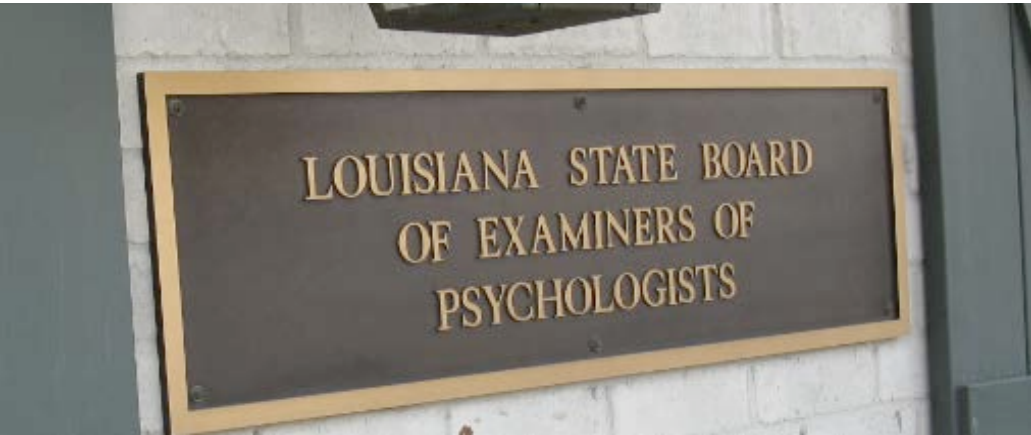
"These facilities save taxpayer money by keeping patients out of the emergency room and focusing on the need for primary and preventive care. In fact, in 2019 Louisiana's Community Health Centers saved our healthcare system nearly \$900 million," authors wrote.

"Health Centers are also woven deeply into the communities they serve," and "are held to the most rigorous standards of care, patient safety, transparency, and financial responsibility," the Association officials said.

Purdue Pharma Pleads Guilty—Fined \$8.3 Billion

In October, a key contributor to the opioid addiction crisis, Purdue Pharma, the maker of OxyContin, agreed to plead guilty to three federal criminal charges relating to its role in the opioid crisis. Charges included violating the federal anti-kickback law, conspiracy to defraud the U.S. government and violating the Food, Drug and Cosmetic Act, according to several reports on the web.

Purdue is supposed to pay \$8.3 billion in fines, forfeiture of past profits and also included are civil liability payments. According to reports the company does not have the liquid assets to pay the fine and so will be dissolved. has been reported that the assets will be used to create a public benefit company that pays for addiction treatment.



From the Minutes

Selected Items from July 2020 Minutes of the Louisiana State Board of Examiners of Psychologists (LSBEP)

Friday, July 17, 2020
(Published November 6, 2020)

Dr. Henke was voted Board Chairperson and Dr. Gibson Vice-Chairperson. Dr. Henke addressed the board:

I am going to speak about five goals I have for this year but please know that this is not an exhaustive list. There are many important objectives the Board continues to work to achieve. My first goal dates back to my original platform in 2016. This platform, supported by LPA, included my resistance to the EPPP-2 as an unnecessary burden that would further impede access to services by adding an expensive and poorly planned barrier to licensure. I aim to continue to work collaboratively with ASPPB to incorporate more flexibility in their implementation of this exam and support consumers of psychological services by ensuring barriers to licensure are high enough to protect the public but do not serve as an unnecessary obstacle for our newest licensees.

My second goal has become clearer [...] Licensees seem to want more support from LSBEP in meeting and maintaining the necessary standards to maintain licensure. So, it is my goal that we continue to develop and expand our Juris Prudence exam [...]

A third goal for this year includes opening discussion regarding specialty designations and their utility. [...]

My fourth goal centers around enhanced communication between the Board and licensees. [...]

I'll end my last goal and this statement with my official theme for the year, courtesy of our Public Member, Mr. Chance McNeely. That theme is "Step Into the Present." Oftentimes, government and administrative agency progress is painstakingly slow. However, we have an opportunity to step into the present by automating more of our processes and utilizing technology to reduce administrative burden from both Board staff and licensees.

Dr. Henke exercised her privilege and made the following committee appointments:

1. Finance Committee - Henke and Gibson
 2. Oral Examination Committee – Gormanous and Moore
 3. Jurisprudence Examination Committee – Gibson, Moore and Harness
 4. Legislative Oversight Committee – Henke, Gormanous and McNeely
 5. Liaison to Professional Organizations and Boards – Gormanous, Moore and Harness
 6. Public and Professional Outreach Committee – Henke, Moore and McNeely
 7. Continuing Professional Development Committee – Henke, Gibson and Harness
 8. Supervision/Credentials Committee – Henke and Moore
 9. Complaints Committee – Henke and Gibson
- Long Range Planning Committee -Gormanous and Gibson

5. Legislative Oversight Committee – Update on AdHoc Legislative Collaborative Committee (ALCC) - Ms. Monic reported that the ALCC has continued to meet and discuss the proposed legislation. The ALCC has not completed its review for a final recommendation. The committee will be meeting in August and will have Attorney Courtney Newton available to answer legal questions.

6. Liaison to Professional Organizations and Boards – The committee discussed the new composition noting that Dr. Harness would focus on LPA and the National Register, Dr. Moore would keep up to date on APA and APPIC developments and Dr. Gormanous would focus on APA and ASPPB updates.

Science & Education

Drs. Blauvelt, Tucker Help Lead Suicide Prevention Project, continued

Blauvelt explained, "We identified these areas of southeast Louisiana as having high rates of COVID-19 infection and deaths, high rates of intimate partner violence, and poor health outcomes overall," she said. "These factors leave individuals even more vulnerable to deterioration in mental health in addition to having limited resources."

The project is funded by Substance Abuse and Mental Health Services Administration and managed through the Louisiana Department of Health, Office of Behavioral Health.

"There is a great need for community based services for people with suicidal thoughts and behaviors," said Blauvelt, "and we hope this program will reduce the high level of hospitalizations and inpatient stays for people who experience higher risk of suicide."

In her role, Blauvelt helps case managers implement the suicide case management program and she will provide clinical supervision and intervention when necessary. "I also work to partner with general hospitals and mental health hospitals in the regions we are serving to identify

individuals who may need suicide prevention services so that we can get referrals to our program," she said.

Dr. Blauvelt is a licensed clinical psychologist in private practice in Baton Rouge. Her PhD is from Louisiana State University and she interned at the Charlie Norwood VA/Medical College of Georgia in Augusta, Georgia where she specialized in treating Veterans with military sexual trauma. She currently treats PTSD, trauma-related disorders, and anxiety disorders, with special attention to cultural factors related to mental health.

Dr. Blauvelt is working closely with LSU assistant professor of psychology, Dr. Raymond Tucker, who founded the LSU Mitigation of Suicidal Behavior research laboratory. He is clinical assistant professor of psychiatry at LSUHSC/OLOL, and trains medical staff/students in suicide-specific assessment and intervention protocols.

Dr. Tucker is also the co-director of the National Suicidology Training Center where he provides training on suicide-specific interventions, including suicide safety planning, postvention programming, and motivational interviewing for suicide prevention.

Dr. Tucker said, "In tandem with Frank Campbell and the National

Suicidology Training Center, I have helped develop the suicide case management program and train peer support providers and other staff at the Mental Health Association in this program," he said.

"The program uses a variety of clinical and follow-up techniques that have been found to reduce risk for suicide in adults after receiving care in emergency facilities. The program particularly uses the Safety Planning Intervention and Caring Contacts to help support at-risk adults as they get setup and started with outpatient clinical services. My own research, in collaboration with researchers at VA Puget Sound in Seattle, has investigated specific ways of using Caring Contacts after people leave acute care facilities and best practices for how to create these contact cards," he explained.

The COVID-19 Emergency Response for Suicide Prevention Project includes four main components, according to the Mental Health Association (MHA).

Case Management for individuals who have attempted suicide or are identified as having chronic suicide ideation. This includes all of the following elements – screening, assessment, safety planning and means restriction, discharge planning, transition care, warm hand offs to treatment or community organizations.

Another component is First Responder and other Health Care Professionals Suicide Prevention Training, partnering with the National Suicidology Training Center to provide more trainings on suicide prevention and Postvention strategies for first responders and providers across the state.

For Suicide Prevention Training for the general public, the Association is partnering with the American Foundation for Suicide Prevention Louisiana Chapter to provide statewide suicide prevention training for the general public, including both safeTalk and ASIST prevention training.

The fourth component is Suicide Prevention Outreach to

Domestic Violence Victims. The Association is partnering with Southeastern Louisiana University, Discovery/Renew Family Resource Projects to establish an advocative role for domestic violence victims and establish a relationship with shelters and other domestic violence coalitions and resources to address trauma.

One challenge for Dr. Blauvelt and Dr. Tucker is getting the word out and networking.

"A major difficulty is networking with all the different hospitals and clinics in the area to ensure that the program is known, understood, and offered to the correct patients," said Tucker.

"I echo Ray's sentiments," said Blauvelt, "about difficulty networking and ensuring that only eligible people are referred. Although we have hired and trained half of the staff needed to begin services, we continue to recruit case managers/peer support specialists to finalize our team. It is a challenge to hire the right individuals to do this critical work. We are confident we will have a full team soon," she said.

"We are actively accepting and seeking clients in the program. MHA continues to finalize formal agreements with community partners necessary to fully implement this program. The training element of this grant is also underway. The National Suicidology Training Center has completed two first-responder trainings. The National Foundation for Suicide Prevention, Louisiana Chapter has also completed two trainings to the general public," Blauvelt explained. "MHA is also working with the Family Resource Center in Southeastern University to target victims of domestic violence who are at greater risk for suicide."

Dr. Tucker said, "We hope a program like this is a part of growing community efforts to prevent suicide in Louisiana."

[For additional information contact Dr. Blauvelt at <https://www.drblauvelt.com/>]



Dr. Sonia Blauvelt is a licensed clinical psychologist in private practice in Baton Rouge. She is leading the suicide prevention program for the COVID-19 Emergency Response for Suicide Prevention Project in southeast Louisiana.
(Courtesy photo)

Stress Solutions

by Susan Andrews, PhD

How to Reduce Your Risk of Alzheimer’s Dementia

Stress and anxiety have been linked to possible risk of dementia for a number of years now. Animal and some human studies have examined brain areas affected by chronic anxiety, fear and stress, using neuroimaging and stress and fear conditioning with animals. We now know that there is a “see-saw” relationship between the amygdala and the prefrontal cortex (PFC) in which an overactive amygdala (due to fear, anxiety and chronic stress), is associated with an underactive PFC (thinking areas of the brain that regulate emotional responses). Further, chronic stress can cause the hippocampus to atrophy. Since that brain area is important to long-term memory there is an obvious relationship with dementia and chronic stress.

While this relationship has been known, clinical practice has not placed much focus on preventing chronic stress in order to reduce the risk of dementia. An October 2020 presentation by Dr. David Bennett at the National Academy of Neuropsychology (NAN) may change that. Dr. Bennett is the Director of Rush Alzheimer’s Disease Center at Rusk University Medical Center in Chicago. Dr. Bennett spoke about early results of 2 very important longitudinal studies involving participants of religious orders, called the Religious Orders Study and the Rush Memory and Aging Project. The Religious Orders Study participants are 1500 older nuns, priests, and brothers without known dementia from across the US who have agreed to annual clinical evaluation and to brain donation. The project began in 1993; approximately 375 have developed dementia. Over 600 have developed MCI and over 825 brain autopsies have been performed to date. The Rush Memory and Aging Project began in 1997 and include 2,200 residents from the Chicago area who agreed to annual clinical evaluation and to donate their bodies on death. Of that group to date, 375 developed dementia, 625 have MCI and 925 autopsies have been performed.

Findings from 2 such large studies are immense and will be coming forward for many years; however, Dr. Bennett’s talk provided a glimpse into prevention that neatly fits the subject matter of this column. There is a continuum of cognitive aging from cognitive decline to MCI to dementia. The brain pathology that relates to changes in cognition are increasingly clear as the research continues around the world. However, the Rush studies have made a discovery that will allow people to better maintain cognitive health in old age.

Much of late life cognitive decline is not due to common neurodegenerative pathologies (brain atrophy, infarctions, NP, NFT, NIA-Reagan, PHFtau temp, and amyloid, etc); only 41 % of the variance is explained. In other words, most brains of elderly people show common neurodegenerative pathologies even though they do not always have the same degree of cognitive decline (MCI to dementia). The question became **what else contributes to cognitive decline?** All participants were adjusted for age at baseline and for sex. The following variables were studied: education, early life instruction in foreign language and music, emotional neglect in childhood, depression, purpose in life, social isolation, social activity, social networks (number of children, relatives, friends they saw each month and felt close enough to talk about private matters or call upon for help), tendency to avoid harm, avoid new situations, chronic distress, anxiety, size of one’s life space (from 1 bedroom to travel outside of town), and diet. Those that stood out as lowering the risk of dementia are well summed up in Dr. Bennett’s final recommendations on how to build a better brain as we age. (Bennett DA. *Scientific American*. Special Collector’s Edition. 2017; Summer: 85-91.)

- 1. Pick your parents well! Make sure you get good genes, a good education, a second language and music lessons. Avoid emotional neglect.
- 2. Engage in regular cognitive and physical activity.
- 3. Strengthen and maintain social ties.
- 4. Get out and explore new things.
- 5. Chillax and be happy.
- 6. Avoid people who are downers, especially close family members!
- 7. Be conscientious and diligent.
- 8. Spend time engaged in activities that are meaningful and goal-directed.
- 9. Be heart-healthy: what’s good for the heart is good for the brain.
- 10. Eat a MIND diet, (Mediterranean-DASH Intervention for Neurodegenerative Delay diet) with fresh fruit and vegetables and fish.
- 11. Be lucky!

Dr. Susan Andrews is a Clinical Neuropsychologist, an award-winning writer/author (her book Stress Solutions for Pregnant Moms, published in 2013, has been translated into Chinese,) and 2016 Distinguished Psychologist of the Louisiana Psychological Association.



Covid-19 Science News

Could Hydrogen Peroxide Help with the Coronavirus?

by Samantha Dooley

According to Dr. Thomas Levy, gradate from Tulane medical school, inhaling a very diluted concentration of hydrogen peroxide through a nebulizer may be an effective way to prevent, or even treat, the Coronavirus.

This home treatment, first introduced by Dr. Charles Farr in the early 90s, requires only two things; a nebulizer (with a face mask) and food grade hydrogen peroxide, diluted to .1 percent (one tenth of one percent), making it easier to carry out than most at-home coronavirus treatments, according to authors.

The hydrogen peroxide (H2O2) consists of a water molecule with an extra oxygen atom. It is the oxygen that inactivates the virus by breaking down its structure.

According to an article by authors at *Mercola*, breathing in this diluted version of hydrogen peroxide allows it to travel into the mouth, nose, and lung. Then the hydrogen peroxide works in a similar way as soap works, by dissolving the fatty coating of the coronavirus infected cells.

"Effective hydrogen peroxide nebulization quite literally, 'chops the head off of the snake,' and the virus present elsewhere in the body can then readily be mopped up when the new virus influx has been terminated," Levy notes in the *Mercola* article.

"It should be kept in mind that hydrogen peroxide kills pathogens very readily upon contact in an open wound. It should, therefore, be understandable why putting a fine mist of hydrogen peroxide in all the areas of maximal viral replication promptly puts the body on a pathway to rapid healing."

The American Journal of Infection Control found that H2O2 can inactivate 99% of a virus on surfaces after 2.5 minutes of exposure. Researchers at the *Journal of Hospital Infection*, found similar results, after testing with H2O2 and stainless steel.

A study conducted in 1997 concluded that vaporized H2O2 was effective against many exotic animal viruses.

[Note: Consult your physician before using any of the techniques described in this article. Go to Mercola.com to read the full article.]

Special Report

TRAPS the DOJ Sets for Healthcare Providers, *by Julie Nelson*

In 2007 the United States Department of Justice (DOJ) established a "Medicare Fraud Strike Force," describing itself as part of the Health Care Fraud Prevention & Enforcement Action Team, or "HEAT." Right out of Dragnet.

By 2019 the Strike Force brought nearly 4,000 charges against doctors, nurses, healthcare workers and administrators, with the same methods that they use for real criminals.

The DOJ's targeting efforts came home to Louisiana in 2015 with multiple charges levied against psychologists in Louisiana and Mississippi, including Dr. Beverly Stubblefield, a respected member of the Louisiana psychology community. Stubblefield, also a past member of the state psychology board, entered a plea agreement in the high-profile 2015-2016 Medicare fraud case against Mississippi psychologist Dr. Rodney Hesson.

Dr. Hesson and Gertrude Parker, an occupational therapist and Hesson's mother, owned and operated regional companies, Nursing Home Psychological Service and Psychological Care Services. They marketed to nursing homes and built on requirements in federal regulations.

By the time it was over with, Dr. Stubblefield, along with Dr. John Teal, a Louisiana medical psychologist, had pleaded guilty to one count of Conspiracy to Commit Health Care Fraud. Other counts against them were dropped and most of their records regarding the plea negotiations are sealed.

Dr. Stubblefield has served 30 months and pays restitution for \$2,181,378. Dr. Teal served 24 months. His restitution is \$3,505,137. Both Hesson and Parker were convicted and are currently serving sentences.

Following these and other stories, we looked at how the DOJ employs the same law enforcement weapons against healthcare practitioners that they bring against organized crime, the mafia, and terrorists. We investigated some of these tactics and how they create the traps that psychologists can unwittingly step into if not careful.

Fraud: Traps of Medical Necessity and Honest Errors

According to the Centers for Medicare and Medicaid (CMS), "A Roadmap for New Physicians," the most important Federal fraud and abuse laws that apply to physicians include the

False Claims Act, the Anti-Kickback Statute, and the Physician Self-Referral Law (Stark law).

The common charge against health care workers is fraud. There is a civil False Claims Act, 31 U.S.C. § 3729-3733, and a criminal, 18 U.S.C. § 287. According to the Office of Inspector General, "It is illegal to submit claims for payment to Medicare or Medicaid that you know or *should know* (emphasis added) are false or fraudulent."

One trap here is for "medical necessity," which is often subjective and in court may have to be proven. In court the opinion of what is necessary can be challenged by prosecutors.

In the Hesson case, prosecutors said the claims were fraudulent because, "Medicare Part B did not reimburse psychological testing conducted when no mental illness or disability was suspected, as that was considered screening. Non-specific behaviors that did not suggest the possibility of mental illness or disability were not an acceptable indication for testing." Hesson's defense that the regulations required the assessment, and that he had doctors' orders, and also that he had undergone an audit for the service, did not persuade the jury.

Filing false claims can result in fines of up to three times the CMS program's losses. An additional \$11,000 per claim that was filed is added. Since under the civil False Claims Act, each instance of an item or a service billed to Medicare or Medicaid counts as a claim, the totals can skyrocket.

Under the civil False Claims Act, *no specific intent to defraud is required* (emphasis added), according to the Inspector General. The civil Act defines "knowing" to include not only actual knowledge but also what is termed "deliberate ignorance." Nick Oberheiden, Federal defense attorney, writes that the government infers intent with "... subjective states of mind...".

In the Hesson case, the DOJ moved the charges directly to criminal charges, rather than civil, even after Hesson had passed one audit on his billing procedures and asked for another review to update the audit.

The medical necessity trap is a magic trick that transforms an acceptable claim, that would be

One trap here is for "medical necessity," which in court may have to be proven. In court the opinion of what is necessary can be challenged by prosecutors.

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Special Report

TRAPS the DOJ Sets for Healthcare Providers, continued

simply denied under normal circumstances, into a case of fraud and even then conspiracy.

Even the Judge for Hesson noted the unusual circumstances of the case. Before the trial began, Judge Barbier said, "You know, in many criminal cases, the defense is: I didn't do it. I didn't commit the act you said I committed. I didn't have a gun, I did not do whatever it is."

"But in this case, as I understand it, the defendants are saying: we did what we did, but we didn't believe it was illegal to do what we did."

The prosecution argued that Hesson's service was fraudulent because it was a screening, because it was not medically necessary, and because the time the psychologist provided in face-to-face client contact was inflated.

At trial Hesson testified that Medicare had audited the design of the service in 2011 and the approach passed. He said, "When I was audited, we were billing 96101 and -- 36 claims is a lot of claims, to my knowledge, to get in an audit," he said. "Within those specific records, it was evident that there was an assistant...", he said. "Under the diagnostic tests provision, all diagnostic tests are assigned a certain level of supervision," he said, reading from the Medicare rules.

New Orleans physician Dr. Pramela Ganji was indicted in the same 2015 DOJ sweep as Hessen, Stubblefield, and Teal. However, Gangi's fraud conviction was overturned on appeal.

In the Ganji appeal, Judge Carl Stewart wrote: "To prove health care fraud, in violation of 18 U.S.C. § 1347, the Government must show that the defendant knowingly and willfully executed 'a scheme or artifice—(1) to defraud any health care benefit program; ...'

"We acknowledge that the Government presented evidence of Dr. Ganji's participation in lax practices. However, Dr. Ganji was not convicted of patient negligence, keeping subpar files, or haphazardly conducting her business. She was convicted of defrauding the Government [...]"

Forfeiture Laws: The Resources Trap

In the *U.S. Attorney's Bulletin*, "A Prosecutor's Secret Weapon: Federal Civil Forfeiture Law," Craig Gaumer writes, "Federal prosecutors can, and should, use civil forfeiture to enhance criminal cases and further the Department of Justice's (Department) goal of effective law enforcement."

Federal forfeiture laws give the DOJ a weapon that they can use to immobilize the defendant before the person can develop an adequate defense.

Prosecutors seized all assets from Hesson's company, personal bank accounts, cash and real estate, including the family home, immediately once charges were formal.

According to Stubblefield, her home and accounts, including her retirement accounts, were seized. She said her elderly father placed a second mortgage

on his home and that money allowed her to hire an attorney.

"I didn't have the money to fight it," she told the *Times*. "I never had the chance to defend myself against the conspiracy charge. Federal courts cost two or three times as much as other courts. It takes \$100,000 just as a start. I only had \$75,000."

The FBI notes, "Civil judicial forfeiture is a judicial process that does not require a criminal conviction and is a legal tool that allows law enforcement to seize property that is involved in a crime."

Conspiracy Trap and "Save Yourself"

Perhaps one of the most diabolical traps is the charge of "conspiracy." Conspiracy prosecution as a weapon began in the 1990s with drug traffickers. Conspiracy laws allow the government to prosecute a person who might not have actually committed a crime, or had a very minor contribution, and for the person to be punished at the top level of the offense.

In the criminal code the statute is, "Any person who attempts or conspires to commit any offense under this chapter

shall be subject to the same penalties as those prescribed for the offense, the commission of which was the object of the attempt or conspiracy."

The DOJ can then use the conspiracy threat to pressure an individual into confessions, plea bargaining, are to become a witnesses in the prosecution of others.

In an anonymous report to the *Times*, an individual being investigated for fraud in a health care business, said he was told he had the choice to go to jail for years and not see his wife or children, or plead guilty to co-conspiracy.

Judge Stewart in the Ganji verdict reversal explained how this usually works: "In the vast majority of concert of action cases, the Government presents an insider with direct evidence of the conspiratorial scheme who testifies to the individual actions she completed and the actions the defendant took to meet their common unlawful goal. Usually, the Government presents a co- conspirator who was involved in the specific conspiracy charged."

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TRAPS the DOJ Sets for Healthcare Providers, continued

With the Hesson case, charges against all four defendants were elevated to “conspiracy.” However, neither Stubblefield or Teal designed the testing program or benefited from the company's profits.

Stubblefield had accepted the title of “Clinical Director,” for only five months, and Teal had accepted the title of “Clinical Education Coordinator.”

“I was flattered,” Stubblefield previously told the *Times*, “but the position was just a ‘figurehead’ title. I really didn’t get to direct anything ...”. She was part-time and paid \$89,000 per year. Teal was full-time, earned around \$200,000 a year.

According to testimony, neither Stubblefield or Teal had information regarding the billing procedures. Both testified that they relied on Hesson and Parker to understand the laws regarding the CPT codes. “I never saw the billing,” Stubblefield told the *Times*. “I didn’t want anything to do with that part of the service. I was preparing to retire. I wanted everything simple.”

By the time they were on the witness stand, Stubblefield and Teal were expressing agreement with the prosecution's opinion: services had been “... provided by unqualified persons working with them,” and, they had billed for time when they were not present.

Being compliant during prosecution may be vital. In Kentucky, a psychologist convicted in a Social Security disability fraud case, maintained his innocence throughout. He was sentenced to 20 Counts and 25 years, while the two others convicted with him, a CPA and attorney, both pleaded guilty and received lesser sentences.

Would Stubblefield and Teal have been convicted of co-conspiracy if they could have waged a defense? Proving conspiracy should not be that easy, Judge Stewart explained when he overturned Dr. Ganji's conviction:

"To support a conviction under 18 U.S.C. § 1349, the Government must prove beyond a reasonable doubt that: '(1) two or more persons made an agreement to commit health care fraud; (2) that the defendant knew the unlawful purpose of the agreement; and (3) that the defendant joined in the agreement . . . with the intent to further the unlawful purpose.'

"Conspirators do not enter into an agreement by happenstance, and because an agreement is the essential element of conspiracy, an agreement to commit a crime cannot be lightly inferred." [...] And, “[E]ach party must have intended to enter into the agreement and the schemers must have had a common intent to commit an unlawful act.”

The psychological pressures on a defendant may cause them to change their thinking and comply with the prosecutors, a consulting attorney pointed out to the *Times*.

The psychological process is known as identification with the aggressor. In Stubblefield’s case, she pled guilty to a charge of conspiring. But this was only after she was disoriented, confused,



isolated from her support system, and having all her assets seized.

At trial, the prosecutor asked Dr. Teal, “Looking back on it, sir, was there a benefit to these patients for the tests you were performing on them?”

Teal said, “In general, that kind of testing could be helpful once perhaps, but the benefit of continuing to do that repeatedly over time the way we did it is limited and certainly questionable as far as how clinically useful it could be.”

Opinions given under threatening conditions are unlikely to be free from bias. Over 20 psychologists came and went through the Hesson company and had some knowledge of the service—all of them could not have condoned unethical practices.

V. Confusing and Contradictory Government Regulations (that no one really understands)

Primary in Rodney Hesson’s defense were regulations. His service depended on federal regulation 42 CFR 483.20, a law requiring nursing home residents be evaluated every three months in a “...comprehensive, accurate, standardized, reproducible,” manner.

42 CFR 483.20 stemmed from the public outcry about the almost universal overmedication of the elderly. Hessen, a geriatric psychologist, built his business around that need. He also relied on the laws allowing psychologists to utilize assistants who were under their supervision, like the way physicians utilize nurses.

Testimony also included CPT codes, Medicare instructions, and also state and federal regulations. "Under the diagnostic tests provision, all diagnostic tests are assigned a certain level of supervision," Hesson said, reading from the Medicare rules.

The defense attorney asked, “Did you rely on that in making your decision whether you could bill 96101?”

“Yes,” Hesson said, referring to Federal Code 42 CFR 410.32 for diagnostic tests. Under this regulation psychological testing is payable if “... personally furnished by a clinical psychologist, or “Furnished under the general supervision of a physician or a clinical psychologist.”

Additionally, state laws came into play. In Louisiana law, a psychologist may utilize assistants but billing must “... not be in the name of an assistant.”

The complexity of the rules and guidance was very important to clarify to the jury argues Hesson in his current \$2255 petition. The jury could not understand the governing Medicare rules and regulations that Hesson relied upon in his clinical and billing practices. "In the end, not even one governing Medicare regulation was presented in the court's instructions to jurors," he writes.

The original trial transcript confirms that confusion. The Judge acknowledged that he had not reviewed the regulations. “I have seen references to them [CPT codes] in all the pleadings, all the memoranda that have been filed. They said these are very complex regulations, does it pretty much say in black and white under 101 and 102 what you can do and not do?”

Prosecutor Kanellis' response was misleading at best, writes Hesson: “The CPT codes are very short. What [the defense] want[s] to do is they want to muddle the picture by saying here’s a way you interpret these codes,”

The judge asked, "You're going to propose or suggests legal instructions on that, right?" But that, in particularly the overlap with Medicare guidance, was never clarified for the jury.

Media Trap: Psychological Persuasion Warfare used by DOJ

The DOJ can bring powerful psychological tactics down on a psychologist before he or she knows what is happening.

“I never had my Miranda rights read to me,” Dr. Stubblefield said. “I didn’t even know I’d been indicted until a client saw it on the news and contacted me.”

The FBI came to her office and she didn’t know why. In an email to this reporter, she wrote, “The FBI interviewed me without stating why they were there and I was under the assumption that they were there regarding a high profile rape case who was a former patient because my office administrator said that someone was coming in regard to that case.”

Most people do not understand that an indictment can occur without a person's knowledge, that it is only a charge, and that a defendant has no opportunity to object to whatever is presented by the prosecutors.

Nevertheless, the indictment process conjures powerful psychological responses, the primary one being confirmation bias. The prosecutors themselves will have formed their own mental biases and be closed to new

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information, unconsciously. Prosecutors will automatically delete new evidence that does not support their premises in the indictment. It will be very difficult for contradictory information to enter their cognitive frames.

Another powerful psychological weapon the DOJ uses is to get out in front of the public through their press releases. In their communication the DOJ characterizes the defendant as guilty, a cognitive frame which gets carried along in the day-to-day newspapers who do not dig deeper. This psychologically primes the public opinion to see the defendant as guilty.

The press release about Hessen, Gangi, and others included 1,217 words. The very last sixteen words was, "A complaint or indictment is merely a charge, and defendants are presumed innocent until proven guilty."

In these press releases the prosecutors publish their version of the case, often in sensational and self-congratulatory language, such as, "Charges Part of Largest National Medicare Fraud Takedown in History."

They promote themselves with projects named "Operation Double Helix" and "Operation Brace Yourself."

They exaggerate numbers. For example, in the Hessen case the headline read, "... \$25 Million Psychological Testing Scheme Carried Out Through Eight Companies in Four Gulf Coast States." Twenty-five million dollars sounds like a lot but the amount is combined over six or seven years. The actual per year amount identifies them as no more than a small business, according to measures at the Small Business Association.

The psychological impact of all of this is to demoralize the defendant. It also serves to cull the person from their herd, to limit support from their community. Everyone close to the accused scatters out of fear and potential guilt by association. This would make it nearly impossible for the defense to find psychologists who can see the other side of the issue.

Not only deep pockets but high numbers of elite attorneys are launched against individual citizens. According to records from the Government Medicaid Fraud Control Unit most recent reporting, Louisiana has a top number of "Staff on Board." While Mississippi has 34 "Staff on Board," Arkansas has 21, and Alabama has 10, Louisiana has 67 staff on board.

Conclusions

Based on what we have discovered it is probably safe to be an individual provider as long as you're not making very much money from the government. It looks like it may be dangerous for small businesses, especially those that are doing well or trying any innovations.

Defendants cannot protect themselves against abuse of their Constitutional rights. The government is too big and has too many resources. Seek representation immediately if you find yourself under investigation. Do not say a word without your attorney. Honest mistakes or minor malpractice can get turned into a federal crime.

The state and national associations should do something for professionals who are targeted. The base rate, the true actual number of fraudulent healthcare professionals, is obviously going to be very low when compared to individuals in organized crime. However, the treatment from the DOJ may not be that different.

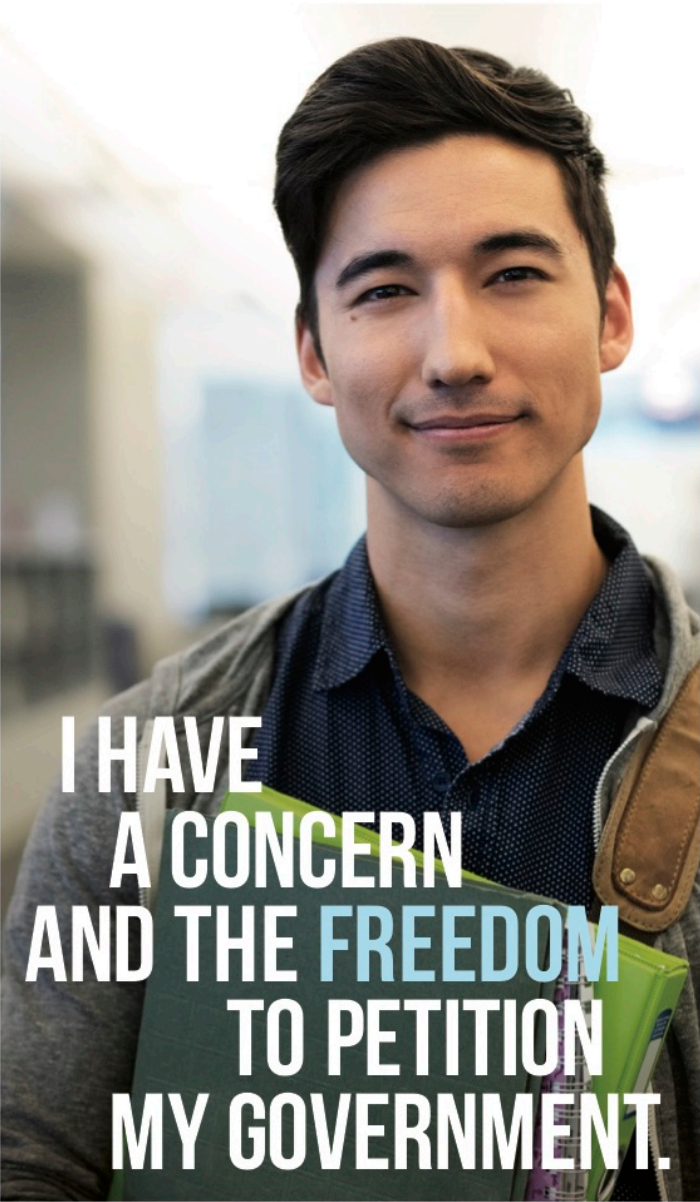
In February 2018, Dr. Stubblefield wrote a letter to past-president of the American Psychological Association, asking that they take a stand for sentencing reform in regard to white collar, first offenders.

"In regard to white collar crime," she wrote, "there are many innocent professional women here who have been charged with the ill-defined 'castnet' of conspiracy, when the only thing they've done was to comply with company procedures or file data given to them. If they went to trial, the sentence was automatically doubled," she wrote. "Losing one's license and livelihood is punishment enough, but the Department of Justice seizes or places a lien on everything owned including your home and retirement accounts because judges set unrealistically high restitution of millions of dollars never received by the people charged. The people charged are primarily MDs, PhDs, CPAs and NPs who have licenses, Medicare/Medicaid numbers, and ethical standards or responsibilities, not office managers or company owners who may be the ones submitting faulty claims."

Defendants cannot protect themselves against abuse of their Constitutional rights. The government is too big and has too many resources. Seek representation immediately if you find yourself under investigation.

Do not say a word ...

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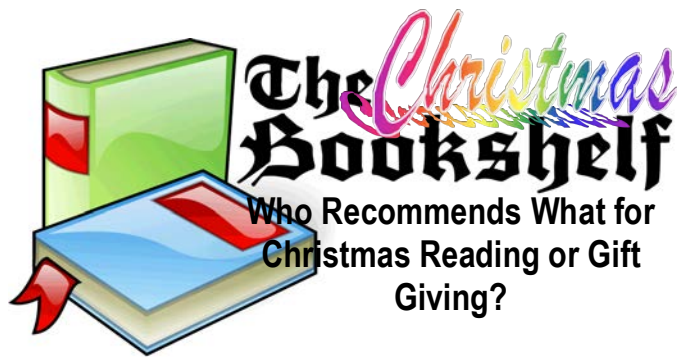
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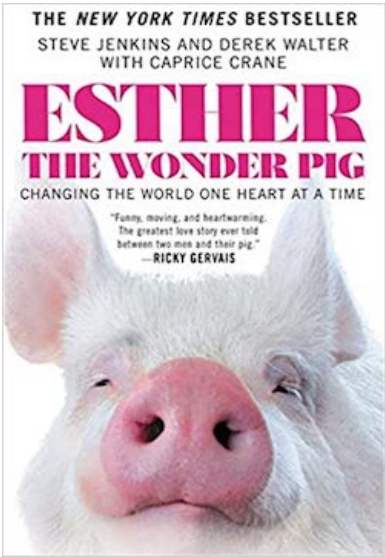


ESTHER the Wonder Pig

Review by
Judith Stewart, PhD
New Orleans
Past-President Florida Psych Ass

As a long term fan of *Esther the Wonder Pig* on facebook I finally got around to reading the two books about her and her adoption by Steve and Derek. The two books are: *Esther the Wonder Pig*, changing the world one heart at a time, and *Happily Ever Esther*, two men, a wonder pig and their life saving mission to give animals a home.

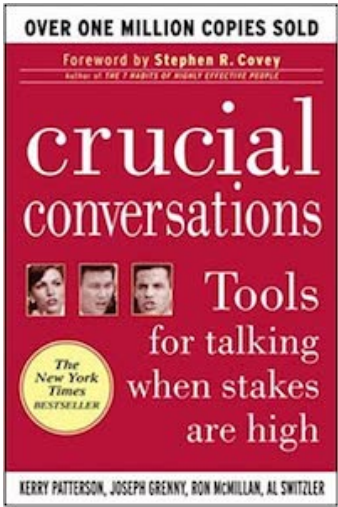
When Steve and Derek adopted Esther they thought she was a baby mini pig. Things worked out differently. She currently weighs 700 or 800 lbs. What fascinated me about the books were two things. The first was getting to know a pig by proxy. I never have had that opportunity. The second was even more fascinating, getting to know the men who adopted her. As a result of their relationship with the pig both men became vegetarians, gave up successful careers, bought a farm mainly with money from Esther’s fan club (of thousands) and built a place for homeless and unwanted animals. A breathtaking change.



Crucial Conversations

Review by
Courtland Chaney, PhD
Industrial-Organizational Psychologist
Human Resource Management Associates,
Retired LSU faculty member

“Crucial Conversations – Tools for Talking When Stakes are High,” which was first published in 2002, became a New York Times bestseller and has since sold over 4 million copies. Multiple reviews suggest the book has touched a very important and sensitive issue:



We have conversations with others throughout our lives that affect our relationships and, ultimately, the course of our life. Even day-to-day conversations can become crucial to our wellbeing.

The authors begin by discussing their definition of a “crucial conversation” as one in which the “stakes are high, opinions vary, and emotions start to run strong.” They also make point out that, when we face the need to have a crucial conversation, we typically find three likely outcomes: 1. We avoid them (and nothing changes or we delay the confrontation), 2. We face them and handle them poorly, reacting with silence or (verbal) violence because we are hurt, frustrated or angry, or 3. We face them and handle them well (or at least with some degree of success).

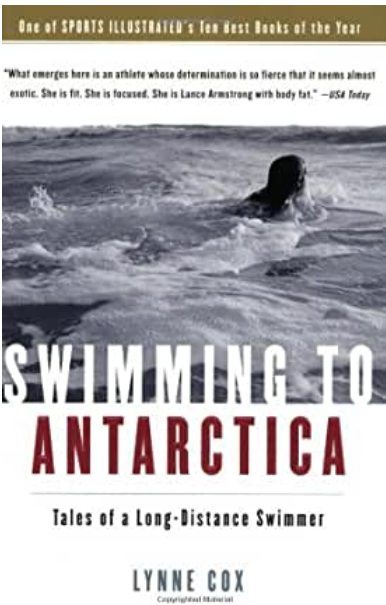
In setting the stage for their discussion and recommendations, the authors provide an ample list of examples of “crucial” conversations we often face. Examples of potentially crucial conversations include: ending a relationship, talking to a coworker who offended us, asking a friend to repay a loan, giving a boss feedback, resolving custody or visitation issues with an ex-spouse, discussing problems with sexual intimacy, confronting a loved one about substance abuse problems, and giving an unfavorable performance review, just to mention a few. Obviously, crucial conversations are a major part of life.

This well written and easy-to-read 240-page softback book is both an excellent reference and a self-help text. While the text has 11 distinctive chapters, its message is organized around seven themes: 1) Defining conversations as crucial, 2) Preparing yourself, 3) Observing and analyzing the situation, 4) Making others feel safe, 5) Sharing and understanding stories, 6) Mastering our stories and the art of dialog, and 7) Converting dialog into action. It includes case studies and resources. It is well worth the read!

Swimming to Antarctica

Review by
John Fanning, PhD
Neuropsychologist, New Orleans
Past President, LA Psych Assn

Lynne Cox is an open-water long-distance swimmer, a solitary, arduous sport in which the swimmer must persevere in the face numbingly cold water, treacherous ocean currents, exhaustion from many hours in the water, jellyfish stings, and sometimes visual hallucinations which develop over many hours of exertion. Toughness in some sports is described in terms of an athlete’s ability to dish out punishment, like a linebacker or boxer. In this sport, it is defined by the ability to sustain and persevere despite pain, cold, and exhaustion.



By the mid-1970s Cox had made a sizable number of notable swims, including the first swim across the Cook Strait (separating the north and south islands of New Zealand), across the Straits of Magellan in Chile, and around the Cape of Good Hope in South Africa.

However, by the 1980s her goals focused on global issues which alarmed her, particularly the Cold War. She pursued the idea of doing a swim between American and Soviet islands in the Aleutian chain, Little Diomed and Big Diomed, respectively. She thought this would call attention to the need for addressing issues peacefully at a time when the Cold War had become increasingly belligerent.

Her letters to various ambassadors, diplomats, and a succession of Soviet leaders went unanswered. However, she made a connection with Armand Hammer, who knew someone at the Soviet consulate in San Francisco. So on the appointed date she took a notebook containing news accounts of her swims and walked into the Soviet consulate to pitch her idea.

She subsequently got a call from the FBI. The agent who called her wanted to know why she went to the Soviet consulate, and had her come to the agency office for an interview.

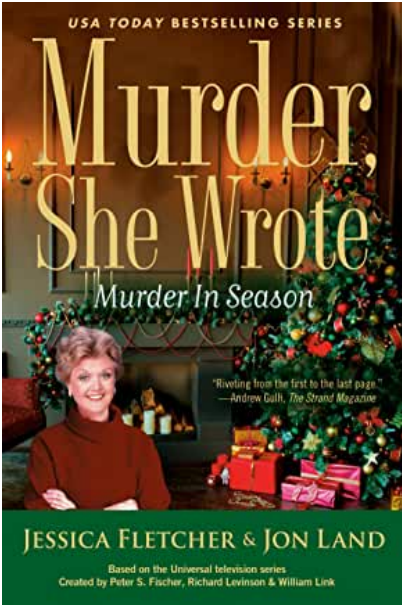
After numerous delays she finally made the swim, not particularly long (2.3 miles), but fraught with significance. And in 43-degree water with no wetsuit (a requirement in the sport). In part the delays were due to the Soviet bureaucracy, as the Soviet military did not share the enthusiasm the people in the Ministry of Sport had for her idea. At the signing of the INF Missile Treaty in Washington some time later, Gorbachov drank a toast to her.

I found this book unique in its combination of almost naive idealism, dogged persistence, and courage in the face of political, logistical and athletic challenges. I was struck by the number of times she received unexpected assistance at critical moments from people she had never met before, and also by her appreciation of her benefactors. The passages describing her swims often had a lyrical, almost dreamlike quality, although the rigors of her sport—especially trying to warm up after swimming in bitterly cold waters—were also striking. Throughout her swim career Cox scrounged for funding for her swims. But her writing has a large-spiritedness which is heartening.

Murder She Wrote: Murder in Season

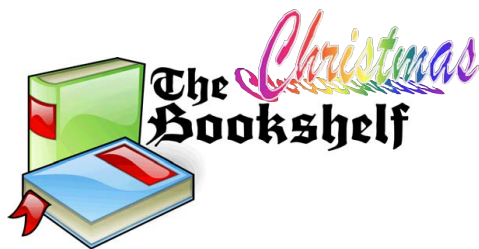
Review by
Kim VanGeffen, PhD
Neuropsychologist, New Orleans
LPA Director and Past President
2015 Distinguished Psychologist

Now that the house is decorated for Christmas, it's time to relax with this year's Christmas Cozy Mystery. One of my favorite series is the Murder She Wrote series which are really written by Jessica Fletcher who is the fictional character in the books. This is the same Jessica Fletcher of the TV series. The Murder She Wrote Books are very cozy indeed.



They feature Jessica Fletcher, a retired high school teacher who lives in Maine and who manages to stumble into and to solve murders in her home town and wherever she travels. There are 52 books in the series and the latest one is a Christmas mystery. In this book, Jessica is preparing for Christmas when she discovers sets of bones on her property. One set is ancient and one set is more recent. Of course, Jessica sets out to figure out whether these sets of bones are connected and how they managed to end up on her property.

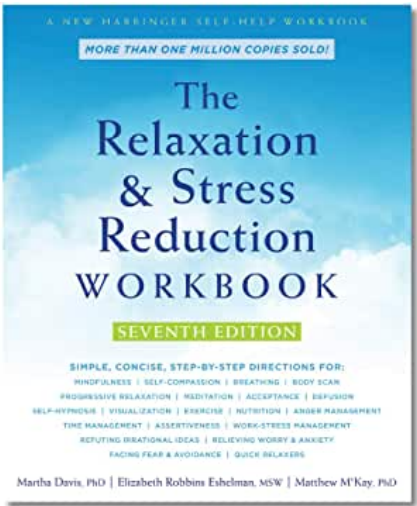
For those who enjoy Cozy Mysteries, this is definitely a series to check out. They are always fun reads.



The Relaxation & Stress Reduction Workbook

Review by
Christoph Leonhard, PhD
Professor, Clinical PsyD Program
TCSPP at Xavier University of Louisiana

New edition of a long-time favorite with over one million copies sold. One of the most accessible summaries of basic CBT techniques with reproducible client forms, verbatim exercises, and several practical assessment instruments at a very affordable price point and written such that it is suitable for handing (or selling) to clients.



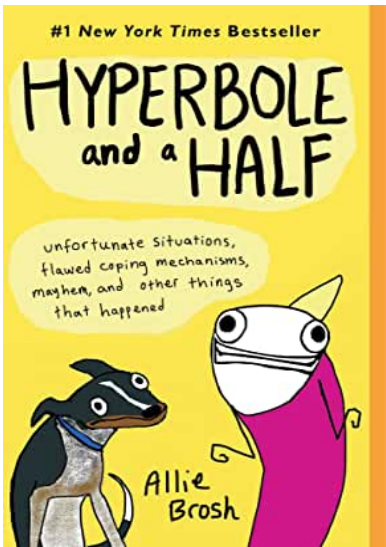
I have used it for decades in basic doctoral-level CBT classes where students go through a six-session course of self-practice and self-reflection as they learn to measure and address stress practicing various forms of relaxation, cognitive restructuring, mindfulness, and behavioral activation. I have also used it with clients, to enhance affect management, social skills, and time management. Also includes chapters on increasing physical activity and improving nutrition – an excellent foundation for health psychology.

Thanks to its non-dogmatic, common sense language it is quite accessible even for those otherwise not steeped in CBT. It can also serve as a quick reference for how to do social skills training, anger management, and motivational and self-compassion work. And clinicians might even find themselves learning a thing or two about reducing their own stress level...

Hyperbole and a Half

Review by
Lillian Range, PhD
Professor
College of Counseling, Education and Business
Professor Emeritus, The University of Southern Mississippi
University of Holy Cross

Ostensibly a graphic novel, *Hyperbole and a Half* (Brosh) blends standard narrative and simple but highly effective graphic panels. Loosely organized into chapters about depression, dogs, and other aspects of her life, this book is read-to-your family, laugh-out-loud, and very insightful.



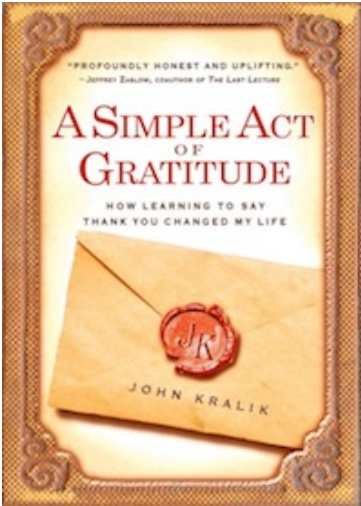
Some chapters might be particularly relevant to clients, such as the two on depression. Brosh gives an amazing description of the personal experience of severe depression (*trying to use willpower to overcome the apathetic sort of sadness that accompanies depression is like a person with no arms trying to punch themselves until their hands grow back*), and helpful observations of those trying to help (... *the positivity starts coming out in a spray—a giant, desperate happiness sprinkler pointed directly at your face*).

Other chapters might be particularly relevant to dog lovers, such as a hilarious list of dog misconceptions (*Dogs: you’re wrong about the holes*). There are a few adult words, such as what you might hear in a movie. I

A Simple Act of Gratitude

Review by
ValaRay Irvin, PhD
Director of Counseling Center
Southern University, Baton Rouge
LPA Secretary

“A Simple Act of Gratitude,” emphasized that when one focuses on giving thanks, even for the ‘smallest’ things, over time positive changes will occur internally, which then makes for external transformation of how you see your life, and the world around you.



How to Be an Artist

Review by
Randee Booksh, PhD
Neuropsychologist, Private Practice
Metairie

This delightful small coffee table book contains 63 bite size pieces of advice from Saltz organized into six steps to becoming an artist. He includes artistic exercises for some of his pointers. While the exercises are mainly for visual artists, his concepts are for artists of all sorts and apply to anyone who relies on creativity for their craft, regardless of the medium or discipline. Saltz reflects on his own story and draws inspiration from musicians, scientists, and writers, as well as visual artists.

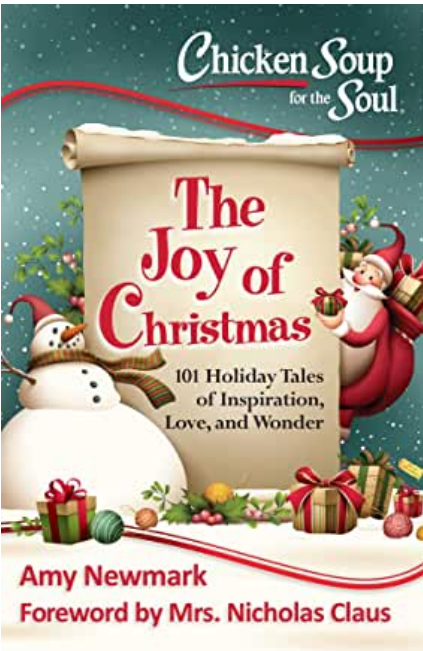


Photographs of artists, their works, and anecdotes from their lives effectively illustrate his points. The tone is encouraging and motivating. The advice is a mix of practical suggestions, timeless truths, and sage advice. It's one of those books you can randomly open to any page for an inspirational quote or idea. Tip #60 You Must Prize Radical Vulnerability. Saltz defines this as “...following your work into the darkest or most dangerous corners of your psyche, revealing things about yourself that you don't want to reveal but that your work requires you to, and allowing yourself the potential of disappointment.”

Chicken Soup for the Soul: The Joy of Christmas

Review by
Tiffany Jennings, PsyD
Neuropsychologist, Shreveport
Chair, Rural Health, LPA

To say that the year 2020 was a little wild is kind of like saying the sky is a little blue. Life didn't get thrown sideways. The fabric of society, in almost every aspect world wide, has had to adjust to a new normal. And frankly, we've all had our struggles with this adjustment. Work, family, friends, traditions, have all been impacted in some way. Many of us have experienced a loss, either directly or indirectly.



People look for ways to settle their mind. Yes, I know some folks head for the higher octane beverages or food, but I'm trying to keep this G rated. When I think of ways to soothe the soul, I think of a good cup of tea, tasty treat (hey I'm Southern and food is a wonderful part of our culture), crafts, and of course, a good book.

Chicken Soup for the Soul: The Joy of Christmas: 101 Holiday Tales of Inspiration, Love and Wonder, edited by Amy Newmark is a lovely collection of stories about the holidays.

These stories cover a multitude of holiday topics, including gifts, miracles, family, memories, traditions and decorating. For me, the decorating stories and those from a child's perspective are the most salient. It brings to mind some of the traditions my husband and I are sharing with our young child, and her joy and enthusiasm at Christmas are infectious.

The story of the Barbie Christmas Tree had me thinking of my little one and how fast the dolls would come off the tree. The story of Perfectly Imperfect particularly struck me as the author describes her mother-in-law's NOEL decoration that was missing a letter. The point of the short little story really struck home this season. Here, the author speaks of how an imperfect holiday set resembles a family. How family is not perfect, but it is still family. Life isn't perfect, but people can be resilient and go on.

A Shrink at the Flicks

J. R. ‘Bob’ Dobbs and the Church of the SubGenius

by Alvin G. Burstein, PhD

This film will not be everyone’s cup of tea. It is not a drama or biopic. It is part documentary and part essay, posing a problem and raising troubling questions. It is an indie film funded by a Kickstarter campaign, rough around the edges, available on Amazon. It describes an elaborate spoof, the founding of a hoax church inveighing at the bonds our mercantile society imposes on us. It begins with the acerbic advice from L. Ron Hubbard, the founder of Dianetics and Scientology, “You don’t get rich writing science fiction. If you want to get rich, you start a religion.” It closes with scenes of Trump rallies and antifa/neo-fascist riots.

The film documents the activities of two Texas youngsters, self-described nerdy outsiders, Douglas Smith and Steve Wilcox, who began to amuse themselves by circulating bogus rumors on CB radio. Adopting the pseudonyms Ivan Stang and Philo Drummond, they moved on to distribute their church’s founding document, *SubGenius Pamphlet #1*, composed of clip art and text taken from promotional self-help literature the two had been collecting. Sent to a horde of publishers, it was picked up by Simon and Schuster—arguably a bona fide miracle—generating income and new followers, who themselves adopted *noms de guerre*.

In choppy episodes we meet and hear from core members of their pseudo cult and learn of the impact and discomforts of increasing notoriety. We hear, too, about the church’s slow decline and eventual migration into the internet. The movie ends with a kind of coda, the founders’ reflections on the question of whether there are limits to what can be joked about. Can one poke fun at the Holocaust, at Columbine? They leave

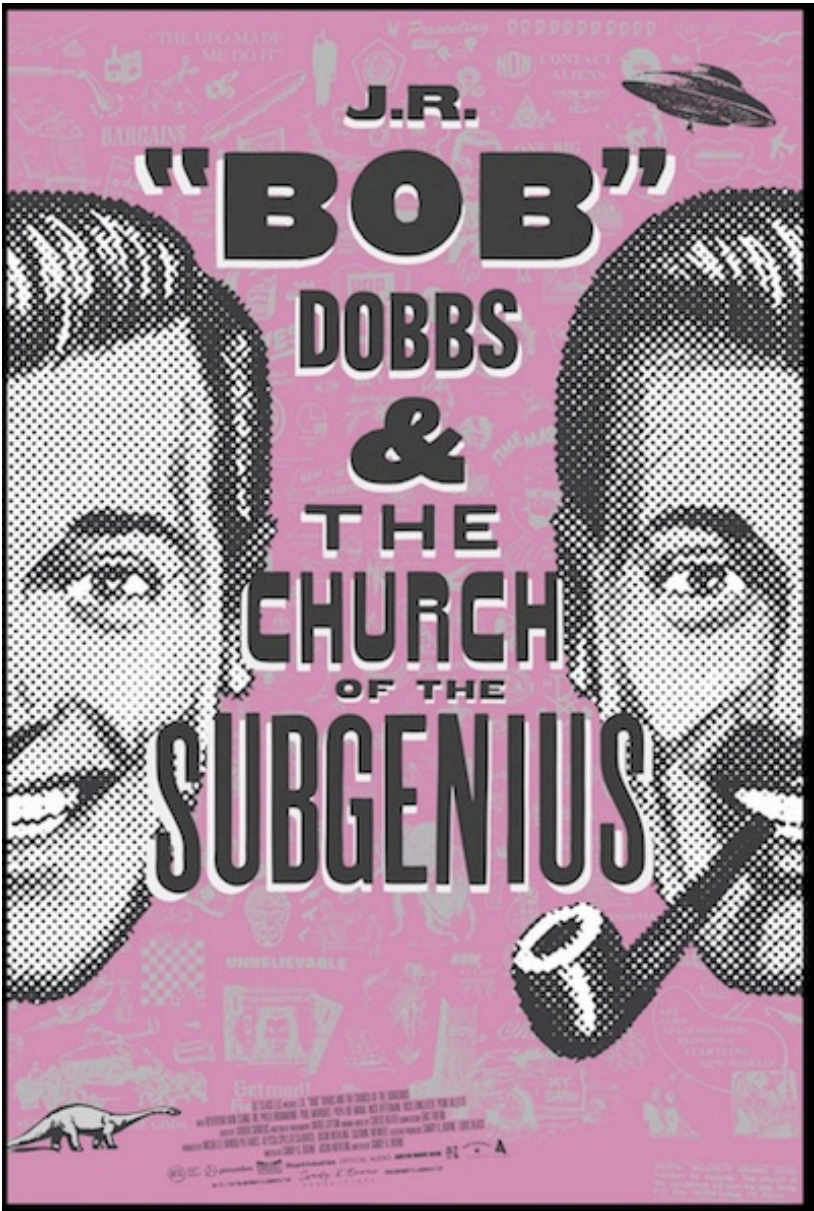
Guest Columnist,
Dr. Alvin Burstein

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



courtesy photo

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.



unaddressed the issue of whether there is an edge of anger or intolerance in the Subgenius mantra “F---k ‘em if they can’t take a joke”?

In a *Texas Monthly* interview with Smith and his wife, Sandy Boone, who directed the film, the couple acknowledge that their resolve to make the film was sparked by Donald Trump’s campaign for the presidency, and their wish to harpoon the candidate’s style of replacing truth with hyperbole, misrepresentation and denial. Thus they anticipated a critique by President Obama in a recent BBC interview positing that Trumpism’s most serious threat to our society was its encouragement of “truth decay,” a phenomenon described by Kavanaugh and Rich in their 2018 book by that title, in which the difference between truth and falsehood disappears.

However, the problem goes beyond truth decay and is one that did not originate with Trump. What is involved is a mushrooming of distrust of authority and the proliferation of conspiracy theories about perceived grievances. This dyad is rooted in the accelerating collapse of a euro-centric male caste system. The collapse is experienced, not as a sharing of privilege, but as a painful loss, a deprivation of worth generated by looking down on others. In self psychology terms, the loss can be assuaged by deeming it illegitimate, the result of a scheme or a plot, and by identifying with an all-powerful charismatic leader, who promises to make the imagined malefactors pay.

A central concept in SubGenius church is “slack.” Slack is not explicitly defined, but it is highly valued. It seems to mean something like doing your own thing, something like freedom from convention and conformity—a kind of personal liberty. SubGenius is at its heart, then, anti-authoritarian on two levels based on authority’s dual meaning. One meaning has to do with credibility, a basis for belief or trust, the second has to do with the ability to compel compliance. Like any hoax this pseudo-church is contra-factual, a pretense that privileges fakery. And its pursuit of slack argues against compulsion.

This movie is intended to invoke humor as a weapon against Trumpism’s substitution of charisma and pretense for credibility based on reality testing and science—what Freud would call secondary process. Hoaxy humor may not be the most effective weapon in that contest.

Other News

Louisiana Launches Business Startup Program for Veterans

According to a press release from the governor last month, Louisiana leaders launched an innovative program to hone the entrepreneurial skills of veterans who start a business in the state. Pathway to Assist Veteran Entrepreneurs, or PAVE, is a partnership of the Louisiana Department of Veterans Affairs, Louisiana Economic Development, the Louisiana National Guard and the Louisiana Small Business Development Center Network.

PAVE begins with three online courses available 24 hours a day. Upon completing that self-paced training, veterans register for a virtual boot camp. Following the interactive boot camp, each veteran receives ongoing support from a designated counselor in the LSBDC Network. The program is open to Louisiana military personnel or veterans who intend to start a business.

"Through service to their nation, our men and women in uniform have gained unparalleled skills, including leadership, management, assertiveness and technical training, all of

which suit them for turning business plans into reality," said Gov. John Bel Edwards. "I am proud to join with state leaders to announce the launch of the Pathway to Assist Veteran Entrepreneurs Program, which will equip our veteran entrepreneurs with the resources they need to see their businesses grow and thrive."

"The PAVE Program is a tremendous addition to resources available for our Louisiana veterans," said LDVA Secretary Joey Strickland, who is a retired U.S. Army colonel. "I commend Secretary Pierson, a veteran himself, his team at Louisiana Economic Development and also the Louisiana Small Business Development Center for their hard work. This comprehensive, hands-on platform will greatly assist our aspiring veteran entrepreneurs in a way that we have not experienced before."

PAVE is open to active-duty personnel and reservists in good standing, as well as veterans discharged under conditions other than dishonorable.

Gov. Edwards Announces Members of Climate Initiatives Task Force in November

On November 6, Gov. Edwards announced his appointments to the Climate Initiatives Task Force, which will recommend strategies to cut statewide net greenhouse gas emissions among other issues relating to how the climate affects Louisiana. The Gov. called on leaders from across government, the private sector, academic institutions, and civil society to follow the science to arrive at policies able to help reduce Louisiana's contributions to global climate change while fully recognizing Louisiana's climate vulnerabilities and its industrial and economic characteristics.

"By engaging stakeholders from all sides of this issue in the development of these policies, we will take a comprehensive look at how to best meet the challenges of the future. I know we can achieve consensus on the most important points because I know we all want a better future for Louisiana and its people," said Gov. Edwards.

Merry Christmas & Happy Holidays from the

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