

Healthcare & Education Alliance Secures \$400 Million for La Children

Since 2006, Healthcare & Education Alliance of Louisiana (HEAL) has helped schools secure more than \$400 million in Federal Medicaid funds to support in-school healthcare and health equity, officials said in an August press release.

HEAL partners with schools to successfully access federal Medicaid dollars that are currently being untapped by most Louisiana schools. These schools may not know the funds exist or might not have the information, staffing and resources to apply for these critically need funds.

Dr. Deborah Palmer, lead psychologist with HEAL, works in the Central City area of New Orleans where generational poverty is common and healthcare limited. As lead psychologist, she has

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Heat Deaths Now at 25 LDH Issues Warnings

On August 22, the Louisiana Department of Health (LDH) reported that they updated the total number of heat-related deaths to 25 for the months of June, July and August after an extensive examination of data from Louisiana Vital Records. The previous total reported on August 4 was 16.

Twenty-two of the deaths were male; three were female. Data shows men are often overrepresented in heat deaths because they are more likely to work outdoors. The age breakdown among individuals is as follows: 30-49: 7, 50-64: 6, and 65+: 12.

Governor Edwards issued a state of emergency due to excessive heat on

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September is Suicide Awareness & Prevention Month

CDC – Suicide Rates Continue to Rise; Life Expectancy Falls Again

In August, the CDC released its report on suicide in the United States. The provisional estimates released indicate that suicide deaths increased in 2022, rising from 48,183 deaths in 2021 to an estimated 49,449 deaths in 2022, an increase of approximately 2.6%. At the same time, life expectancy has hit the lowest point in nearly two decades.

According to the CDC numbers, adults 65 and older saw the largest increase in suicide deaths of any age group from 2021 to 2022, with an 8.1% rise. More men died by suicide than women, following a trend from 2021, but both men and women saw their suicide death numbers increase by 2.3% and 3.8% respectively.

Also according to the CDC, Americans who identify as White saw the largest number of deaths by suicide with 37,459, an increase of 2.1% from 2021. Most racial and ethnic groups

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Tulane's Dr. Baker Named for Psychology in The Public Interest

Tulane's Dr. Courtney Baker, leader for Project DIRECT, a community-engaged program for children who live in poverty, has been honored with the Award for Psychology in the Public Interest, announced this summer by the Louisiana Psychological Association (LPA).

Dr. Amanda Raines, spokesperson for LPA said the award is given "to an individual who has made significant scholarly or practical contributions to the health and well-being of the general public through their work in psychology.

"This year we are recognizing Courtney Baker, Ph.D. Dr. Baker is an Associate Professor in the Department of Psychology at Tulane University. Her program of work is designed to bridge the gap between science and practice, with a particular focus on disseminating and implementing evidence-based programs into school and community

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Dr. Baker (Tulane Photo)



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Editorial Page – Opinions

"Rich Men North of Richmond"— A Large System View by J. Nelson

Like most good art, Oliver Anthony's song about wealthy elites in Washington, D.C., highlights a system dynamic. The simplicity and resonating theme explains why it went viral.

"Rich Men North of Richmond" is a song about the current political establishment and the plight of the middle class and working poor.

The populist theme is soulfully captured in the performance, but it is also supported by straightforward facts.

The cost of living is now \$5000 more than the average family income. Inflation, caused by Government irresponsibly printing dollars, has ushered in a 50–75% rise in food and groceries. The housing market, juiced by inflation and corporate monopolies, is now almost completely out of reach for an average family. The goal of home ownership destroyed by the economic devastation. The national debt is over \$30 trillion and we're pouring money into an undeclared, proxy war that could lead to WWII.



Robert Kennedy, Jr., an antiestablishment, often censored, outsider candidate, says both political parties are tone deaf to the populist themes.

"Nobody's even talking about what's really going on in this country, which is this corrupt collusion between state and corporate power, that's strip-mining the wealth from the American middle class, and destroying the lives of the working poor, in this country where you do not have a chance anymore. The whole system is rigged against you," he said. "And those corporations, because of government collusion, these rich men north of Richmond, have their boots on the neck of every American."

Where does psychology fall in this? Do the rich men north of Richmond have their boots on the mental and psychological health of the American public? Does psychology oppose the populist theme or embrace it?

Health statistics on suicide and other "deaths of despair" point to a wholesale failure of psychology to have made an impact in the trajectory of chronic disease in the country, the mission we were given 50 years ago. Our vision was of an alternative to the medical model, not a facilitator of it.

Is the vision of an independent, scientific psychology being consumed by the establishment elites that run the health corporations? Are we blocked from creating real changes for the American citizens, citizens that rank at the bottom in health when compared to similar nations?

You can't see clearly from inside a system—the system will mindlessly generate ideas that profit the establishment, it will restrict information flow to profit its own agendas, and it will lack all ability to innovate new solutions. To offer a clear diagnosis of this system we must step back and think about the whole landscape.

The reason why we're in this situation right now is there is a large segment of people that for 30 or 40 years has been increasingly disenfranchised and ignored for a variety of reasons.

Oliver Anthony's song steps away from the issues of race and sexuality, the main ways they currently divide us—the oldest trick in the book—and draws the boundary instead around the middle class and working poor.

The populist view of this is something bigger than typical politics. It's not about Trump anymore—it's about the wealthy elites that run the country and that have cannibalized the American middle class.

[Julie Nelson, PhD, a licensed psychologist for over 40 years, has now turned journalist 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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We welcome ideas for news, features, Letters to the Editor, photos, and other material related to psychological community of Louisiana. Editorials and commentary reflect the opinions of this newspaper. Columns and Letters to the Editor express the opinions of the writers and not necessarily those of *The Psychology Times*. All materials copyrighted by J. Nelson unless otherwise noted.

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Corrections & Clarifications

No corrections were received for last month's issue. We made a few edits of our own. Please send your corrections to: psychologytimes@drjulienelson.com

Heat Deaths Now at 25, Louisiana Dept of Health Issues Warnings

continued

August 14. There have been 4,766 heat-related emergency department visits in Louisiana since April 1. From 2010 to 2020, there were an average of 2,700 emergency department visits annually, according to an Office of Public Health (OPH) report released in April.

“Every life lost to a heat-related cause is tragic, and it is a reminder that excessive heat can carry dangerous health consequences,” said LDH Secretary Stephen Russo.

“It is critical that everyone in Louisiana take precautions during extreme heat events, especially workers in physically demanding occupations who are frequently outdoors. Heat-related illness and death are preventable, and I encourage Louisiana residents to know the signs of heat-related illness, stay indoors with air conditioning if possible, and remember to hydrate, rest and stay in the shade if they must be outdoors. They should also check on their neighbors, and loved ones, especially those who are elderly.”

LDH officials warn, "Heat stress can be fatal. In Louisiana, heat was the most common cause of death during hurricanes Delta, Zeta, Laura and Ida. Of the 65 deaths attributed to the four storms collectively, 23 were due to extreme heat.

"Know what to do about heat exhaustion. Heat exhaustion symptoms can include muscle pain or spasms; cold, pale, clammy skin; tiredness or weakness and dizziness; and headache and fainting. Move to a cool place and loosen your clothes, put a cool, wet cloth on your body or take a cool bath. Sip on water, and seek medical attention if you're throwing up and/or if your symptoms last longer than an hour.

"Know what to do about heat stroke. Heat stroke symptoms can include a high body temperature (103F or higher); hot, red, dry or damp skin; fast, strong pulse; headache and dizziness; nausea and confusion; and loss of consciousness (passing out). Call 911 right away: Heat stroke is a medical emergency. Move to a cool place and loosen your clothes, put a cool, wet cloth on your body or take a cool bath. Do not drink anything. Be aware of your risk.

"Groups at higher risk of heat-related illness include: Outdoor workers; Individuals with heart, lung and/or kidney disease, high blood pressure, diabetes and obesity; Pregnant women; Older adults; Athletes; Young children.

"Air conditioning is the strongest protection against heat-related illness. Exposure to air conditioning even for a few hours a day will reduce the risk of health-related illness. If your air conditioning is not working, go to a public place with electricity, like a library or mall, or local heat-relief shelters. Follow the news and social media, including LDH and local health departments, for locations. Drink plenty of fluids. Don't wait until you're thirsty. Avoid alcohol, caffeine and sugary drinks. Stay in the shade. Limit outdoor activity to morning and evening hours. Check on people who live alone, especially the elderly."

Dr. Nemeth Collaborating to Help in War-Torn Ukraine

American and Ukrainian psychologists are collaborating to develop emotional rehabilitation workshops for Ukrainian veterans and their families, A recent event was held on the eve of the Ukrainian Independence Day Celebration. Participants gathered at the Veteran Hub on August 23, in Kyiv, according to the press release.

These events are sponsored by Chiraj’s founder, Rajeev Fernando, M.D., a Harvard-trained disaster medicine physician, who supplies medical support to those on the front line. Other sponsors include: International Association of Applied Psychology and the World Council for Psychotherapy. The Ukrainian psychologists at the Kyiv Center, Oleksandr Zharokv, Dmutro Tutyla and Irina Scheveleva, will demonstrate their art therapy techniques, Mandala paintings.

Trauma experts, Judy Kuriansky, Ph.D., and Joseph Geraci, Ph.D., from Columbia University, Teachers College along with their staff, Julia Maney, Caroline Burke, June Chang, and Carl Tauberman, are assisting with group interventions to promote wellness, resilience, and recovery. As was the case in their post-Katrina recovery workshops, Dr. Kuriansky, has paired with the Neuropsychology Center of Louisiana’s (NCLA) founder, Darlyne G. Nemeth, Ph.D., M.P., M.P.A.P., CGP, and her assistant, Cody Capps, to collaborate in this train-the-trainer style of intervention.

"We are emphasizing group intervention techniques," said Dr. Nemeth. "The three psychologists in the Ukraine are doing the work onsite, and the rest of us are participating via Zoom. Our work is then translated into the Ukrainian language and delivered by our onsite colleagues."



OCD Louisiana to Hold "Million Steps Walk" October 8 in New Orleans to Raise Awareness

OCD Louisiana announced that they will be hosting the Annual One Million Steps for OCD Walk on Sunday, October 8 in New Orleans. Check-in is 9:30 am. The location is Washington Square, 700 Elysian Fields Ave, New Orleans. Registration is free. "Join us in Washington Square for a morning of raising awareness," said officials.

OCD Louisiana program's aim to support all those affected by OCD, and to further educate the greater community about what it means to live with OCD and/or a related disorder.

Dr. Kristin Fitch previously explained, "OCD Louisiana is an official affiliate of the International OCD Foundation. OCD Louisiana aims to provide education, resources, and support to the local

Gov. Makes Appointments

In July, Gov. John Bel Edwards announced his appointments to the following Louisiana boards and commissions.

The Louisiana Rehabilitation Council listens to the concerns of those with disability issues, reviews, analyzes and evaluates the state rehabilitation program, collaborates with other state agencies, organizations and consumer groups.

Ms. Rikki N. David of Baton Rouge was appointed to the Louisiana Rehabilitation Council. Ms. David is a state ADA coordinator for the Louisiana Division of Administration. She will represent business, industry, and labor.

Ms. Donna L. Heckel-Reno of Hammond was appointed to the Louisiana Rehabilitation Council. Ms. Heckel-Reno is a special education teacher for the Tangipahoa Parish School System. She will represent individuals with disabilities who have difficulty representing themselves.

Ms. Laura S. Nata of Kenner was reappointed to the Louisiana Rehabilitation Council. Ms. Nata is the director of peer to peer support for Families Helping Families of GNO & LA Parent Training Information Center. She will serve as a representative from a parent training and information center established pursuant to Section 682(a) of the Individuals with Disabilities Education Act.

Ms. Lauren V. Womack of Lafayette was appointed to the Louisiana Rehabilitation Council. Ms. Womack is a WIOA counselor for Lafayette Consolidated Government. She will serve as a current or former applicant for or recipient of vocation rehabilitation services.

community to increase access to effective treatment and promote awareness about OCD and related disorders.

"Like our parent organization, OCD Louisiana is a donor-supported nonprofit organization run by

volunteers. We welcome individuals who suffer from one of these conditions, their family members and friends, mental health professionals, researchers, educators, religious leaders, and/or other interested community members to become involved or attend any of our events."



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CDC – Suicide Rates Continue to Rise; Life Expectancy Falls Again with "Deaths of Despair" - continued

saw an increase in suicide deaths, with Native Hawaiians and other Pacific Islanders seeing the largest jump at 15.9%. However, The CDC found that those who identify as American Indian or Alaska Native saw the largest percentage decrease in suicide deaths.

Specific data was as follows: Ages 10-24 years saw 7,126 suicide deaths in 2021 and 6,529 in 2022, a decrease of - 8.4%. In the age group 25-44 years the number was reported as 16,724 in 2021 and 16,843 in 2022, an increase of 0.7%.

The age group of 45-64 years increased 6.6% from 14,668 to 15,632. And the age group of ≥ 65 years increased 8.1% from 9,652 to 10,433.

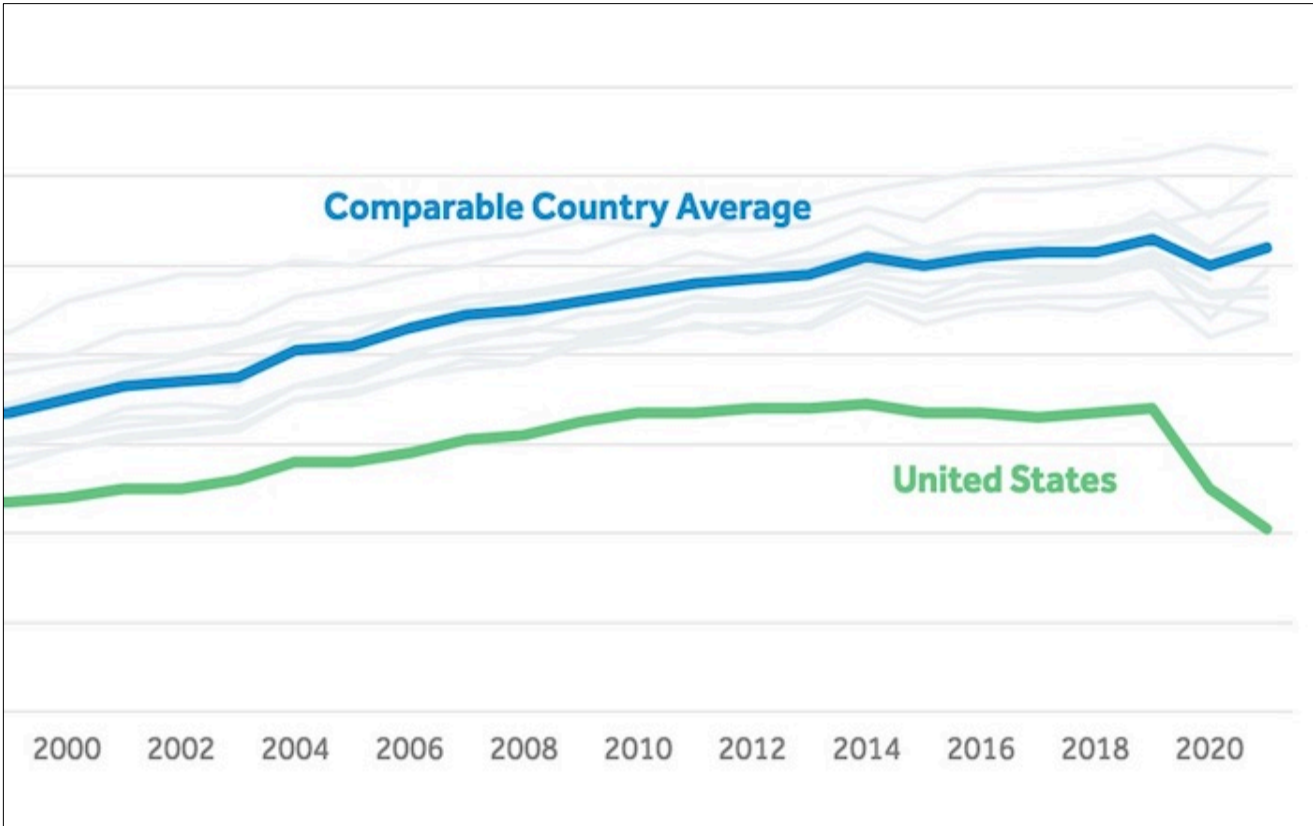
Male suicide deaths were 38,358 in 2021 and 39,255 in 2022, an increase of 2.3%. Female suicide deaths were 9,825 and 10,194, an increase of 3.8%.

“Today’s report underscores the depths of the devastating mental health crisis in America. Mental health has become the defining public health and societal challenge of our time. Far too many people and their families are suffering and feeling alone,” said U.S. Surgeon General Vivek Murthy, M.D., M.B.A.

“These numbers are a sobering reminder of how urgent it is that we further expand access to mental health care, address the root causes of mental health struggles, and recognize the importance of checking on and supporting one another. If you or a loved one are in emotional distress or suicidal crisis, please know that your life matters and that you are not alone. The 988 Suicide and Crisis Lifeline is available 24/7 for anyone who needs help.”

Suicide being one contributing factor, life expectancy for Americans has dropped for the second year in a row. PBS news reported the life expectancy dropped around the world in 2020 but that other countries rebounded while the United States continues on its downward course in life expectancy, hitting the lowest point in nearly two decades.

Dr. Stephen Woolf told PBS that life expectancy for the U.S.



Comparison of life expectancy between the United States and other industrialized countries. Data and chart by Peterson-KFF Health System Tracker.

has actually been declining for decades. Back in the 1990s the pace of increase in life expectancy began to fall off and in 2010 it began to stop increasing all together, Woolf said.

“It’s being driven by an Increase in death rates in the young and middle-aged adults, 25 to 64,” Woolf said. “And most of those relate to the problems of drug overdose, suicides, alcohol related causes – these are sometimes called deaths of despair. Also metabolic problems related to obesity.”

In a report by the WSJ, authors noted that, “For decades, advances in healthcare and safety steadily drove down death rates among American children.

“In an alarming reversal, rates have now risen to the highest level in nearly 15 years, particularly driven by homicides, drug overdoses, car accidents and suicides,” authors noted.

“The uptick among younger Americans accelerated in 2020. Though COVID-19 itself wasn’t a major cause of death for young people.”

According to WSJ, researchers say social disruption caused by the pandemic exacerbated public health problems, including worsening anxiety and

depression. More lethal narcotics also helped push up death rates.

“Between 2019 and 2020, the overall mortality rate for ages 1 to 19 rose by 10.7% and increased by an additional 8.3% the following year... That’s the highest increase for two consecutive years in the half century that the government has publicly tracked such figures,” reported WSJ.

“Covid, which surged to America’s number three cause of death during the pandemic, accounted for just 1/10 of the rise in mortality among young people in 2020, and 1/5 during 2021.”

Stephen Woolf told PBS, “There was something disturbing in the new data for 2021, that it showed this massive decrease in life expectancy. But it also showed an increase in death rates in children and teenagers. And an increase of that size has not been seen in my entire career,” he said.

“This upward trend is the result of four causes– suicides, homicides, drug overdoses and car accidents– mainly in young people 10 to 19 years old.”

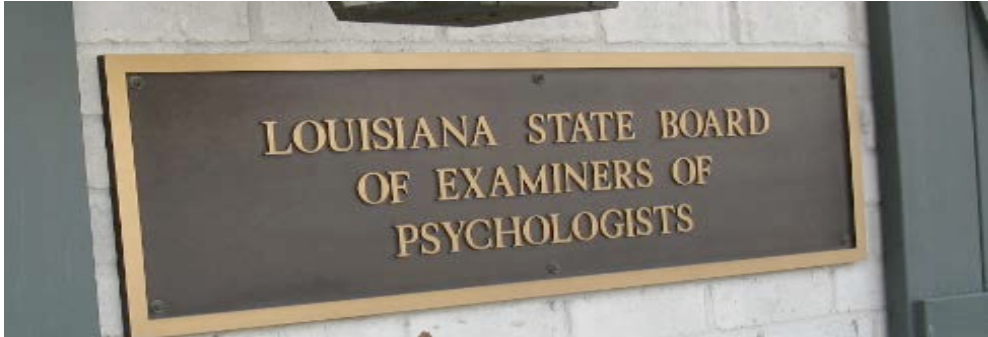
Gov. to Pray for US Rep. Scalise

Gov. Edwards released a statement following U.S. Rep. Steve Scalise's diagnosis with multiple myeloma, a blood cancer.

"Donna and I ask the people of Louisiana to join us in praying for United States Rep. Steve Scalise as he begins chemotherapy for multiple myeloma, a treatable, non-aggressive blood cancer. We know that Steve doesn't back down from a challenge. His toughness, his faith, and the love of his family will carry him through this. And the entire state will be by his side supporting him."

FEMA Approves Grant for Vernon, Rapides Parishes

On August 31, Gov. Edwards and the Governor’s Office of Homeland Security and Emergency Preparedness announced that FEMA has approved Louisiana’s request for a Fire Management Assistance Grant declaration to help with wildfire fighting efforts for the Highway 113 Fire in Vernon and Rapides parishes.



From the Minutes
Selected Items from Agendas of the Louisiana State Board of Examiners of Psychologists (LSBEP)

[Editor's Note: The state psychology board met in April and in July, however no minutes have been published as of our September deadline. We review some of the agenda topics below.]

LSBEP – Friday, April 21, 2023

- Review status of outstanding consent orders
- a. Legal Status Update and Review: Ahava - court proceedings: P12-13-10C, P13-14-04C, and P13-14-05C – General Counsel Amy Lowe.
 - b. Update: P15-16-03C, P16-17-14C, and P17-18-11C - debt owed to the Board is in excess of \$100,000.

DISCUSSION/ACTION ITEMS

- 1. LSBEP Election Results for the Seat 2023-2028/report to the Louisiana Psychological Association
- 2. La State Archives: Records Retention Schedule Renewal – Recommendations for revisions (JM)
- 3. POLICY DISCUSSION:
 - a. Review and discuss current Board Meeting Schedule including impacts on application workflows and licensing
 - b. Plan & vote on Awards recognition
 - c. Next meeting dates and location
 - d. Committee Delegations under quarterly meeting schedule
 - e. Scheduling Procedures for Oral Examinations and Committee Meetings
 - f. Election Policy Review
 - g. PPM 49 – Travel Policy/Exemption Request: Denied
 - h. Special Meals (including working lunches) – Delegation Required
 - i. Accept/Discuss ethics Attorney Letter: ASPPB CE’s for Board Members
- 7. 2023 Regular Legislative Session
 - a. Bills Impacting Practice/Regulation
 - b. Bills Impacting Agency
 - c. LSBEP Proposed Legislation
- 8. LDH – OCDD: Request for exceptions to Registration of Assistants.
- 9. La Department of Education – Recertification of School Psychologists
- 10. Masters Level Licensure (TSam):
 - a. APA Guidelines for the Undergraduate Psychology Major (Aug 2013)
 - b. APA Standards of Accreditation for Health Service Psychology: Master’s Programs (Feb 2021)
 - c. APA Principles for Quality Undergraduate Education in Psychology (Feb 2023)
 - d. APA Master’s Work Group and the CoA webpage
- 11. 2023 Regulatory Update and Training for Licensees
 - a. Part I: Continuing Professional Development
 - b. Part II: Registration of Assistants
 - c. Part III: Supervision Toward Licensure/Telesupervision

LSBEP Friday, July 21

- a. Report from Dr. Michelle Moore regarding APA Commission on Accreditations proposed changes to tele supervision requirements
- b. Dr. Shavaun Sam report on Supervision and Credentials Meeting on June 16, 2023
- c. Election Policy Review
- d. Delineation and clarification of roles- board officers and committee chairs versus board employees' authority, duties & responsibilities.
- e. Attorney: IN-HOUSE Executive Counsel (Prosecuting Attorney) – Consideration of adding policy to allow reimbursement/ reimbursement limits

- on licensing fees and/or continuing legal education
- f. Referrals to the District Attorney
- g. Motion by Dr. Sam that LSBEP adopt a policy regarding length of time between various meetings and the receipt of an initial draft of completed minutes by LSBEP staff to ensure that timely recording is given to reduce the disruption of progress and increase follow-up of tasks and assignment.

- 3. Potential Revision to Opinion No. 002: Clinical/Counseling Experience, for clarification and based on a revision to the LAC:46:LXIII. §305. Specialty Areas
- 6. Legislative Considerations
 - a. Removing the requirement for oral examination to allow for other assessment of skill (e.g. EPPP (Part 2).
 - b. 2022 Performance Audit Louisiana Legislative Auditors recommendations:
 - i. Criminal background checks for license renewal/ reinstatement– to require all currently licensed psychologist to have a criminal background check with the board.
 - ii. Impose Civil Monetary Penalties and Fines

- CPD COMMITTEE Friday, March 17, 2023 at 1:30 PM**
- DISCUSSION ITEMS
- a. Status of proposed Chapter 8 revisions.
 - b. Discuss recommendations for implementation of Section 806.B. pertaining to preapproval of applications by individuals to sponsor CPD activities, which discussion will include but may not be limited to: recommended application format, policy and procedure for receiving, reviewing and approving individual sponsor applications.

- EXECUTIVE COMMITTEE, Saturday, June 10**
- a. Consideration of a Recommendation by the Complaint Committee for Summary Suspension in complaint no. P22 – 23–12P pending formal hearing before the Louisiana State Board of Examiners of Psychologists.
 - b. Review complaint no. NP22 — 23 – 17C

Ivermectin Use Associated with 74% Reduction in Excess Deaths

Researchers published, "COVID-19 Excess Deaths in Peru’s 25 States in 2020: Nationwide Trends, Confounding Factors, and Correlations With the Extent of Ivermectin Treatment by State," in the journal *Cureus*, in August.

Juan J. Chamie, Data Analysis, Independent Data Analyst, Cambridge, USA, Jennifer A. Hibberd, Faculty of Dentistry, University of Toronto, Toronto, CAN, and David E. Scheim, Commissioned Corps, Inactive Reserve, United States Public Health Service, Blacksburg, USA, found a 74% reduction in deaths in the geographical areas that had the most intensive ivermectin use against Covid-19, in Peru.

The researchers noted, "Reductions in excess deaths over a period of 30 days after peak deaths averaged 74% in the 10 states with the most intensive IVM use. As determined across all 25 states, these reductions in excess deaths correlated closely with the extent of IVM use (p<0.002). During four months of IVM use in 2020, before a new president of Peru restricted its use, there was a 14-fold reduction in nationwide excess deaths and then a 13-fold increase in the two months following the restriction of IVM use. Notably, these trends in nationwide excess deaths align with WHO summary data for the same period in Peru.

"To evaluate possible IVM treatment effects, excess deaths as determined from Peruvian national health data were analyzed by state for ages ≥60 in Peru’s 25 states. These data were compared with monthly summary data for excess deaths in Peru for the period 2020-2021 as published by the WHO in 2022. To identify potential confounding factors, Google mobility data, population densities, SARS-CoV-2 genetic variations, and seropositivity rates were also examined."

Healthcare & Education Alliance Secures \$400 Million for La Children, continued

worked in multidisciplinary team settings, assisting those with autism, depression, anxiety, ADHD and trauma. She follows the Whole School, Whole Community, Whole Child model developed by the Center for Disease Control and Prevention.

The Health & Education Alliance’s mission is to eliminate the health and educational disparities for children who live in poverty in Louisiana. HEAL works directly with students, families, and schools to ensure students are healthy and academically successful, note officials.

"HEAL continues to work in New Orleans charter schools as well as several districts across Louisiana," Dr. Palmer explained. "We continue to help schools effectively screen for and provide appropriate treatment for both physical and mental health concerns. I’m spending more of my time these days providing professional development regarding appropriate behavior plans for students with emotional dysregulation, professional development regarding Medicaid implementation, and compliance checks for healthcare documentation requirements," she said.

"I find this type of work incredibly rewarding," she previously explained to the *Times*, "as we are addressing student challenges in the environment in which they spend a majority of their time." In addition, she noted that helping educators learn more about behavioral interventions supports them not only with a single student, but with all their students.

"The multidisciplinary nature of our project ensures that we are addressing the whole child, and not just an isolated symptom of a larger issue," Dr. Palmer said. "The integration of mental health services into the school setting makes so much sense in terms of access to services, but also in maximizing student outcomes."

Dr. Palmer provides classroom observations so she can identify a student’s triggers and behaviors, as well as teacher related behaviors and strategies. She also provides behavior management strategies, small group interventions for social skills, emotional literacy, emotional regulation, grief, and anger management, for example. She provides, "a clinical psychology ‘lens’ in meetings addressing students' with challenging behavior to ensure that real mental health issues aren't missed or misrepresented," she noted.

Results from a three-year pilot cohort study between 2014 to 2017 showed that schools that partnered with HEAL had seen a school-wide grade point increase of 25% on average during the three-year study with growth as much as 60% among high-risk children. During the study, HEAL reached 90,784 children in Louisiana and also saw a 25% reduction in failed vision screenings.

According to officials, HEAL is the only organization known to provide a system for schools to address all aspects of childhood health in school. HEAL also teaches schools



CDC Model used by HEAL

how to fund the Coordinated Care for the Whole Child™ model permanently and sustainably as part of every school year.

Why is this approach so important to Louisiana? "Students spend a good portion of their day in school and receiving healthcare services at school can save time and travel for the family," explained Dr. Palmer. "Also, the services in school are *in addition to* the services they can receive via traditional outpatient services—they can receive both!" she said.

"Funding for these services via Medicaid means the student/family does not have to pay for the services; and the free care ruling means that students that do not have Medicaid are also eligible to receive services in the school setting. Medicaid funding for school based services continues to be underutilized in the state of Louisiana."

According to the press release, this matters for three important reasons:

- One in four school-age children has a vision disorder that could go undiagnosed without access to regular screenings, according to the American Optometric Association.
- Undiagnosed hearing loss leads to speech delays and is the primary cause of misdiagnosed learning or behavioral disorders.
- More students are behind on regular healthcare checkups due to the Covid-19 lockdown.

"Louisiana schools are essentially leaving free money on the table," said Connie Bellone, RN MSHSC CCRN-K CCHC, Chief Executive Officer for HEAL. "Our goal is to use these funds to get a nurse in every building and a therapist in every school in our state, with a priority on lower-income communities where in-

school healthcare is even more critical to the wellbeing of our students."

HEAL also works with schools to create access to on-site nurses and critical health screenings including mental health, vision, hearing and dental.

"Not being able to see a smartboard or hear a teacher are obvious barriers to a child’s education," added Bellone, "but we also need to address mental health and undiagnosed chronic illnesses that prevent Louisiana students from reaching their full potential – especially in low-income communities and communities of color. By addressing these health barriers, we can give children a chance to break the cycle of poverty and receive an education."

One of the success stories from their webpage tells the story: Three boys, aged 16 but still in the 8th grade, had been labeled "emotionally disturbed" and were spending their school days in isolation due to disruptive behavior in the classroom. All three boys were legally deaf.

When the faculty of their school was informed, suddenly everything made sense. The boys weren’t refusing instructions—they weren’t hearing them. They weren’t intending to disrupt the classroom—they just weren’t aware that they were speaking or acting at inappropriate times because they couldn’t hear what was happening. Worse yet, these boys didn’t know they couldn’t hear. They just knew they were always in trouble, but they didn’t know why.

All three boys received interventions for their deafness. Two received hearing aids, and the other received a cochlear implant. They are now close to being

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Healthcare & Education Alliance Secures \$400 Million for La Children, continued

on level for their age and were saved from an eventuality that is unthinkable.

"HEAL was instrumental in changing the Louisiana Medicaid State Plan to cover more students," aid Dr. Palmer. "Previously only students with an IEP would be eligible for Medicaid reimbursement. With the change in the state plan, any student with Medicaid coverage and a medically necessary plan of care would be eligible for reimbursement," she said.

"HEAL continues to work with LDH to update the fee schedule to appropriately reflect the services provided in schools. HEAL is working with the Children's Cabinet to address the challenges schools face in appropriately documenting healthcare services. It is HEAL's belief that if there was a Universal Documentation system available to all schools; then students wouldn't miss out on their services if they had to change schools," Dr. Palmer explained.

According to the HEAL website, "Children from low-income households face the greatest challenges to completing school and achieving long-term success. You can teach a child only so much when that child is hungry, hurting, not sleeping at night, or simply can't see or hear well. Experts agree that health and academic achievement are inextricably linked. The CDC agrees that providing health services in schools, both mental and physical, plays a critical role in helping children achieve academically."

The HEAL program has three essential components. Health screenings, student support teams, and program sustainability. The approach is The Coordinated Care for The Whole Child™ Program. By bridging the gap between education leaders and health professionals, our program ensures comprehensive care for every child in our partner schools.

Jared Frank at HEAL partner Morris Jeff Community School, has seen the difference on-site healthcare can make in the lives of

students. "We are grateful for the work of HEAL with our school. With improved and increased access to on-site health care, we've seen a dramatic improvement in academic and social-emotional outcomes for our students. They feel better and have better access to health resources which allow them to thrive."

HEAL officials point out, "It's important for parents to understand that these are additional health services provided by schools and do NOT count against a student's individual Medicaid benefit limits. HEAL partners with schools statewide to expand school healthcare services at no additional cost to families."

HEAL has served 87 schools, districts, and education centers in Louisiana and reached 21% of those students. And 29 local education agencies in Louisiana have obtained Medicaid provider status thanks to HEAL. Since its founding in 2006, HEAL has served more than 147,000 children from early education through K-12. HEAL has performed 100,437 preventative health screenings in schools in Louisiana.

The movement is gaining momentum. According to the HEAL website, on May 10, 2023, Nevada Congresswoman Dina Titus reintroduced her Nurses for Under-Resourced Schools Everywhere Act, legislation that would help public elementary and secondary schools hire registered nurses by creating a grant program at the U.S. Department of Education. According to the National Association of School Nurses, only 39.3% of schools employ full-time school nurses, even though the Centers for Disease Control and Prevention has said that more than 40% of school-aged children and adolescents have at least one chronic health condition. "This legislation would help provide resources for schools to invest in public health and make sure our students have the support they need to thrive," said Rep. Titus.

Sixty years ago a man said ...

“I have a dream...
... that my four little children will one day live in a
nation where they will not be judged
by the color of their skin,
but by the content of their character.”

Martin Luther King
August 28, 1963

Thanks to all those in our community
who have helped to make that dream more of a reality.

The Psychology Times





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Tulane's Dr. Courtney Baker Named *Psychology in the Public Interest* by Louisiana Psychological Association *continued*

settings that serve children, youth, and families at risk for poor outcomes. Dr. Baker has published numerous peer-reviewed manuscripts and received support for her work through various intramural and extramural agencies. She routinely disseminates her work and gives back to the profession through her volunteer work with her academic institution, the field, and the community."

Dr. Baker is the Project DIRECT Team Leader and Principal Investigator, and an Associate Professor in the Department of Psychology at Tulane University. She is also a licensed clinical psychologist with a specialty in child clinical psychology and she directs the APA-Accredited School Psychology doctoral program at Tulane. She also co-directs the Tulane University Psychology Clinic for Children and Adolescents.

Dr. Baker and her team members are partnering with 13 New Orleans childcares, Head Starts, and pre-K/K classrooms within charter schools, which serve low-income children, in a program named Project DIRECT, a community-engaged approach, aimed to reduce disparities in mental health and academic achievement.

Baker is reaching children who live in poverty, racial and ethnic minority children, and children who have experienced trauma. The efforts created by Dr. Baker and her team are designed to deliver high-quality evidence-based prevention and improve intervention programs for real-life applications, especially for children who are vulnerable to poor outcomes.

Following the best practices for working with marginalized communities, Baker and her group use a community-engaged research approach, to create high-quality, community-based mental health programs. They work to bridge the gap between research and practice and to ensure the results deliver effective prevention and interventions.

The *Times* asked Dr. Baker how she felt about receiving the award.

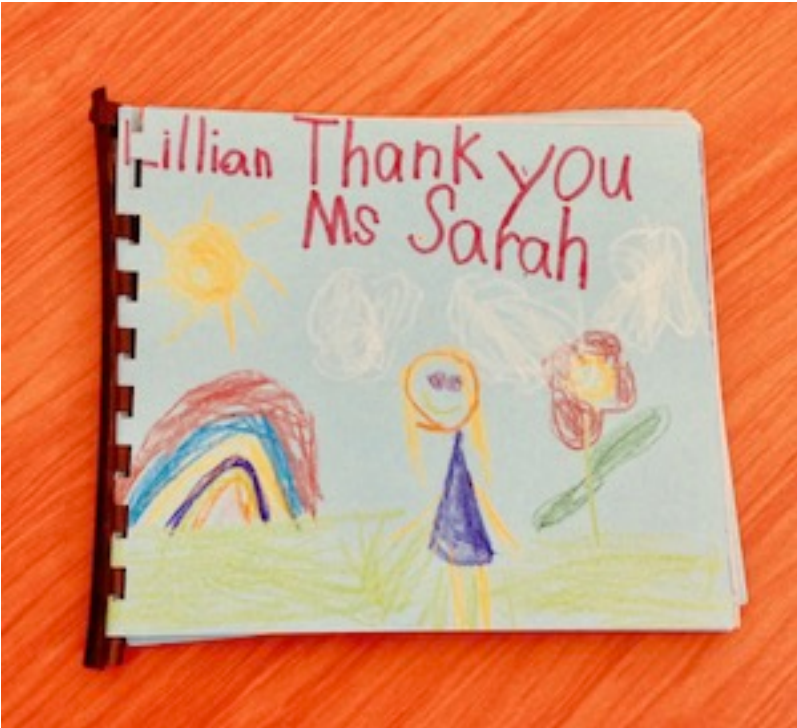
"I am beyond thrilled to be honored by my colleagues at LPA for my work in the area of psychology in the public interest. I have the beautiful award sitting prominently on my bookshelf behind me—which is a lovely addition to my still numerous Zoom meetings!

"I have worked throughout my career to engage in meaningful, relevant research that can change systems and improve lives," she said. "I am proud of my work so far, but I also strive to contribute so much more over the course of my career. The only way to do this work well, in my opinion, is to partner meaningfully with stakeholders who have more knowledge about the problems and solutions than I do. What I bring to the relationship is expertise in research methods and statistics (this may sound boring, but I think it's a lot of fun!). I love that my partners are not only patients or caregivers of those who might one day receive the interventions I evaluate but also the educators, clinicians, trainers, and other practitioners who are responsible for actually delivering the program. We have all seen that interventions developed without these key perspectives front and center often fail, and quickly."

Dr. Baker hopes to increase understanding and facilitate effective programs into community settings that serve children. One of the foundations of her work and scientific plan is the community-engaged research approach—to make sure all efforts are "relevant, culturally competent, and with a partnership focus and commitment to capacity building."

Dr. Baker's work is also guided by the fields of dissemination and implementation science and prevention science. Implementation science addresses the use of strategies to integrate evidence-based interventions and change practice patterns within specific settings.

Dissemination involves the distribution of an intervention or innovation to a specific audience. One of Dr. Baker's main research goals is to disseminate findings nationally via



From Project DIRECT. (courtesy photos.)

conference presentations, invited presentations, and publications in academic journals and books.

She turned her considerable understanding of trauma sensitive education into a useful and innovative guide for teachers who want to be responsive to trauma in their students and themselves. Dr. Baker has teamed up with Arlene Elizabeth Casimir to author *Trauma Responsive Pedagogy: Teaching for Healing and Transformation*. The book is part of the Heinemann series, dedicated to teachers and edited by Nell Duke and Colleen Cruz.

Trauma Responsive Pedagogy is based on the foundational principle that children who are experiencing significant stress, either chronic or acute, cannot learn in a regular classroom. What is required are insightful teachers who understand trauma and its ramifications. The authors add the complex notion that often the teachers are also experiencing their own chronic stress.

One of the pillars of thought offered by *Trauma Responsive Pedagogy* is that teachers must find the center of compassion and understanding, for dealing with chronic stressors of poverty, discrimination, health challenges, and environmental crises.

The small but profound work is chocked-full of ideas to help educators develop ways to acknowledge trauma and its correlates, and support students to help them learn and reach their full potential.

What is she working on currently? "I'm working on several active and funded projects related to crisis intervention and trauma-

Tulane's Dr. Courtney Baker Named *Psychology in the Public Interest* by Louisiana Psychological Association *continued*

informed approaches, especially in schools. My colleague Dr. Bonnie Nastasi and I, along with trainer and Nationally Certified School Psychologist, Mr. Brandon Wilks, recently held a crisis intervention training in New Orleans. We welcomed district staff from five Parishes, as well as staff from several non-profits with school-based mental health programs and school psychology faculty and trainees from two of the four programs in the state of Louisiana," she said.

"Together, we were trained in the national, evidence-informed PREPaRE model of school crisis prevention and intervention. The training was incredible, and we look forward to offering additional trainings in New Orleans and across the state. This project is funded by the U.S. Department of Justice STOP School Violence Program, and you can learn more at <https://projectpass.tulane.edu/>.

"Second," Dr. Baker said, "I am so grateful to be part of a national Center funded by SAMHSA called the Coalition for Compassionate Schools. We are working to disseminate and scale up trauma-informed approaches in New Orleans schools, by training educators in the intervention and providing consultation and technical assistance.

"Over time, we'll also work in after-school settings and with national partners. I have been particularly interested in measuring outcomes, evaluating processes, and understanding the impact of trauma-informed schools on students and educators. My role on the project focuses on these areas of inquiry, and I am so happy to spread the word nationally about the amazing work that the Coalition has been doing here in New Orleans," she said.

"Finally, I have been working for over five years as the external evaluator of Trauma Smart, which is a widely used, evidence-informed curriculum for trauma-informed approaches in early learn and school settings. We published the findings of our aggregate evaluation data in 2021 [...] and our most recent efforts have focused on understanding how and why some programs sustain the intervention even years into the future while others flounder.

"We developed the instrument with our partners at Trauma Smart, combining what is known from empirical investigations with what is understood from the day-to-day work of implementing and sustaining trauma-informed approaches in schools. We came up with an instrument, which our colleague Ryan Pankiewicz at Trauma Smart spearheaded and named the Trauma Smart Sustaining Organizations Scale (TSSOS, pronounced T-Sauce), and our next step is to evaluate how scores on the TSSOS relate to other metrics we already gather such as attitudes favorable to trauma-informed care. Stay tuned, as we hope to present this work at an upcoming conference!"

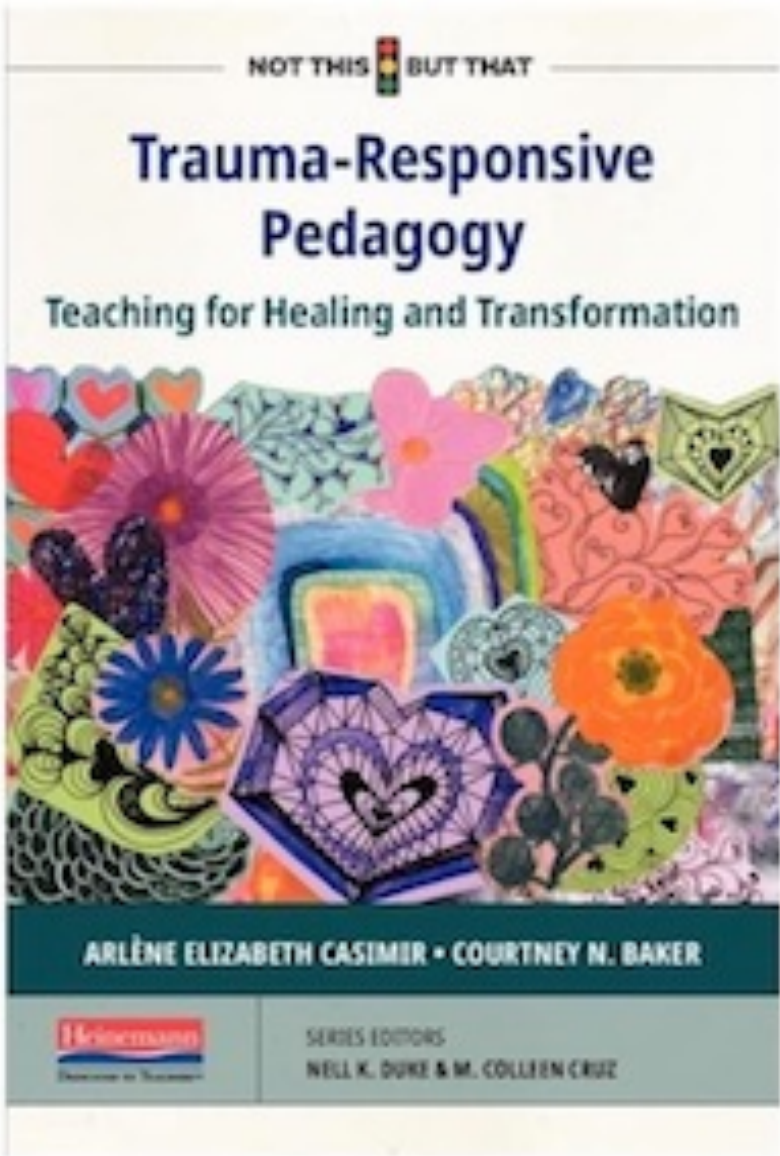
We asked her about what else is on the horizon.

"The future is always so exciting! I am very pleased to welcome my newest PhD student to my lab, Tulane, and New Orleans – Ms. Alanna Manigault, who comes to us from Pittsburgh and is interested in school discipline and equity, especially for marginalized youth. I can't wait to explore that topic with her during her time in our program!" Dr. Baker said.

"We are also working hard to get some funding from the federal government to conduct a randomized controlled trial of Trauma Smart, which I mentioned above. As you know, randomized experiments provide the best evidence of efficacy, although they are exceedingly difficult, complex, and expensive when the intervention happens at the whole school or system level.

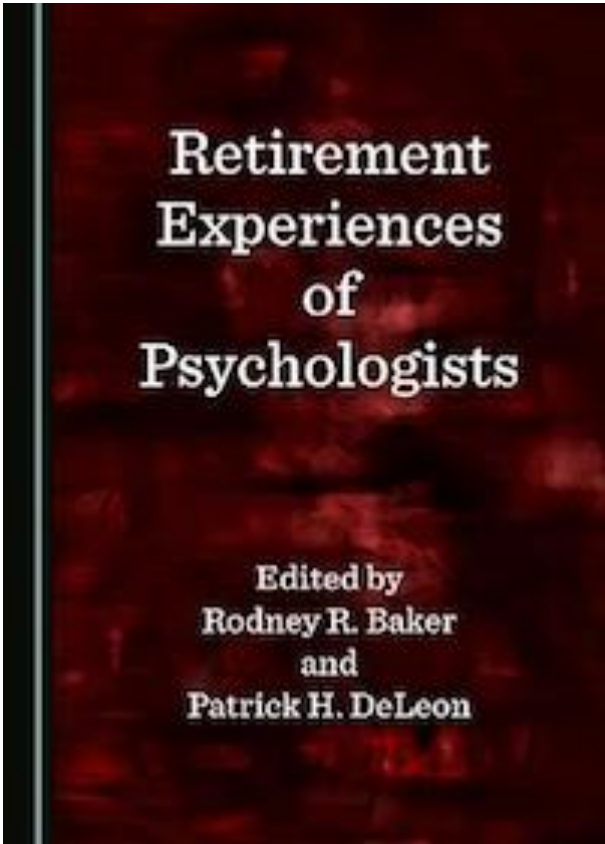
"My other plans for funded projects include some evaluation of and improvements to one of our more popular instruments, the ARTIC, as well as a recommitment to some of my early childhood social emotional learning and classroom behavior management work," she said.

"I'm also continuing in my role as the director of the APA-Accredited School Psychology program here at Tulane, and enjoying seeing our students move through the program and gain so much valuable experience in their pathways to becoming doctoral-level school psychologists—and hopefully remaining here in New Orleans and Louisiana once they are done!"



Cover of Dr. Baker's new book.

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How Much Do You Know About Suicide Prevention?

Questions by experts, Dr. William Schmitz, Jr., and Dr. April Foreman

Editor’s Note: Previously we asked two of our experts to help us with suicide prevention. Dr. William Schmitz, Jr., is a psychologist and has served as President of the American Association of Suicidology. Dr. April Foreman, Kansas psychologist, is an expert in suicide prevention, media, and education. Together they agreed to design a short quiz on suicide prevention basics. Here are the 10 questions and answers below.



Dr. April Foreman speaking at a past event.

TRUE OR FALSE?

- 1. If someone denies feeling suicidal, then they are not high risk for suicide.
- 2. Simply documenting lack of report of suicidal ideation, or denial of suicidal ideation is sufficient assessment and documentation of risk of suicide.
- 3. If someone reports suicidal ideation, but does not go to the hospital, then having your patient sign a “No Harm” contract is the standard of care you should meet.
- 4. When assessing for risk of suicide you should ask about and document which of the following: Suicidal Ideation; Suicide Planning; Intent to act on suicidal thoughts/feelings; Rehearsal for suicide and self-harm.
- 5. When assessing suicide risk you should do which of the following: 1) Assign a level of risk “low-medium-high,” with a corresponding treatment response, even if someone denies current suicidal ideation; 2) Prioritize assessing for “distal” risk factors, such as family history, which are more predictive than “proximal” risk factors such as agitation and current stressors; 3) Assign a lower level risk of suicide for patients who feel they are a burden vs. a higher level of risk patients who have a history of exposure to life-threatening situations.
- 6. You should generally only assess for risk of suicide when someone self-reports suicidal ideation, or if you are made aware of a history of suicide attempt.
- 7. No harm contracts are sufficient safety planning, as long as someone is in outpatient care.
- 8. When doing a basic 6-step safety plan, you should address restricting the means of suicide. For most patients this will mean restriction of access to guns.
- 9. Means restriction has been proved to be ineffective at preventing suicide. If you help a patient plan to make it difficult to get access to one means for killing themselves, they will just find another means. No harm contracts are preferred for this reason.
- 10. Inpatient care is the best standard of care for people assessed at high risk of suicide.

1. FALSE: Some studies indicate that the majority of people who die by suicide deny experiencing suicidal ideation at proximal mental health visits. It is more important to assess for overall risk factors, than to just ask about suicide, document it, and move on.
2. FALSE: If you are providing care under an independent license, then you are expected to know how to do a more thorough assessment of risk, and to document that clearly. If you are sued for malpractice, it is relatively easy for an attorney to demonstrate the standard of care for suicide risk assessment, intervention, and documentation, even though research shows that approximately 90% of Psychologists are not able to demonstrate knowledge of this standard.
3. FALSE: No Harm contracts are NOT the standard of care. An empirically based risk assessment and 6 step safety planning process is the accepted standard of care.
4. ALL OF THE ABOVE
5. NUMBER 1. Number 2 is false as both distal and proximal risk factors should be evaluated and addressed. Number 3 is false; as Perceived Burdensomeness, Thwarted Belonging, and Acquired Capability are all considered major risk factors for suicide.
6. FALSE: You should assess for risk of suicide at an initial intake, yearly, following all inpatient admissions, any time distress becomes more acute in the course of treatment, when a patient reports suicidal ideation, and regularly/frequently in the months after a suicide attempt.
7. FALSE: No harm contracts are not considered a standard of care, and have been empirical demonstrated not to significantly reduce risk of death by suicide. If you do a no-harm contract, and do not do the empirically validated 6-step safety plan, you have not met the understood standard of care, and may be in danger of malpractice. Inpatient or outpatient status is irrelevant. Many people in outpatient care remain at high risk for suicide.
8. TRUE: Self-inflicted gunshot wound is by far the most common way that someone dies by suicide--60-80% of cases. You should also ask about plans for suicide and restrict means used in those plan, as well as ask about means from prior attempts, and access to lethal types/quantities of medication.
9. FALSE: Research clearly shows that deaths by suicide significantly reduce after safety planning and means restriction. People who have their suicide plans interrupted by lack of access to lethal means to suicide often do not go on to attempt in other ways.
10. FALSE: When it comes to inpatient vs. outpatient treatment, providers should weigh the pros and cons of each approach and discuss that with high risk patients. Inpatient care is generally best to address acute issues such as immediate inability to keep one’s self alive or need to adjust medications under inpatient supervision. The majority of patients, however, can and should be treated on an outpatient basis using frequent contact with their mental health care team, safety planning, crisis contacts, and involvement of family/friends in safety and treatment planning. A 1-4 day stay in a hospital does not really have much long-term therapeutic benefit for most people with high risk of suicide.

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

Stress Solutions

by Susan Andrews, PhD

Can Stress Cause Dementia?

The relationship between stress and dementia is actually a fairly new research topic and one that is important the longer people live and the more complex, demanding, and chaotic our lives are becoming. Most of us find it difficult to avoid the chaos and conflicting demands on our time and resources. Given the circumstances, it is only natural to ask if stress can cause dementia.

The short answer is: Yes! Early studies are at least linking stress with an increased risk of dementia. Here are some of the recent findings.

1. A longitudinal study of 2 ½ years, involving 62 participants, with an average age of 78 years, who were diagnosed as either mild cognitive impairment or cognitively normal, were followed for cortisol levels, ratings of the amount of stress of lifetime events, and changes in independent psychiatric diagnoses. The authors concluded that prolonged highly stressful experiences can accelerate cognitive decline in people with aging, already susceptible brains. However, cortisol measures were not associated with decline or change in diagnosis. (Peavy, Jacobson, et al. 2012.)

2. In another study with mice, it was found that high levels of stress hormones are linked to higher levels of tau and amyloid precursor protein, which is linked to Alzheimer's.

3. The importance of highly stressful experiences and prolonged highly stressful experiences seem to be a repeating finding. One thing is well known: highly stressful experiences can age the brain more quickly than is typical in the passage of the same amount of time. Defining a "highly stressful experience" are things such as being fired after age 50 when it is much harder to find another job. Another experience that rates as highly stressful would be a financial crisis. One study of over a thousand



Adobe

participants found that each stressful experience aged the brain by 4 years. One implication from this finding is that there is most likely a cumulative effect of stress and each stressful event could increase the risk of dementia. The study's authors argued that this cumulative hypothesis may help explain why African-Americans, who tend to face higher rates of stress, have higher rates of dementia.

The risk of chronic stress increasing one's risk of dementia becomes a greater concern for people for whom dementia runs in their family. It is important for all of us to help pass the message that stress is something you can have significant control over. If people will wake up to the importance of reducing stress on a regular basis and become more aware of their states of mind, they should be able to reduce the risk of dementia by regularly reducing their stress.



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.

Best of

A Shrink at the Flicks

Dealing with The Devil: A Review of *Black Mass*

by Alvin G. Burstein, PhD

The biopic’s title prepares us for a consideration of moral perversion. Johnny Depp’s chilling portrayal of James (Whitey) Bulger, the Boston mob boss, his bloody career, and his relationship with the FBI provide that opportunity, raising questions, some of which go unanswered.

The film describes Bulger’s transition from a member of the Winter Hill mob of “Southies,” Boston toughs at war with the Italian mafia centered in north Boston, to a crime kingpin in that city, one whose odious tentacles extended abroad. His success, perverse indeed, was grounded in his murky collaboration with the FBI as much as in his elaborate murderous sadism.

From a dramatic point of view, Depp’s depiction of Bulger is extraordinarily effective. I find myself feeling an unreasoning reluctance to suggest an Oscar because of the evil of his creation. And the film director’s blood-splattered horror scenes of torture and murder will doubtless gratify any inhibited or displaced aggressive drives in eager audiences.

From a psychodiagnostic point of view, the movie poses a question about whether the portrayed Bulger is a psychopath, a person without the capacity for empathy and lacking a moral sense or whether he is a sociopath, someone whose morality is deviant, a person whose social surround and consequent morality deviates from that of the larger society.

Many of Bulger’s associates would appear to merit the second diagnosis: sociopath. They are loyal to their fellow crooks, see law enforcement as the enemy, and the larger society as naïve in its inhibitions. Bulger himself, despite the film’s nod in the direction of his having a love for his mother and his son, violates a basic law of his deviant tribe by becoming what the FBI called “a top echelon informant.” In that capacity, he was later claimed



to have contributed to the conviction of many members of the mafia. But he also escaped prosecution (until many years later) for serious crimes of his own.

A central question raised by these anomalies is the degree to which the FBI itself displays a kind of sociopathic readiness to collaborate in some criminal activities, perhaps even murder, in order to pursue other illegal practices. In the film, the FBI’s collusion with Bulger is regarded as the work of a few bad apples, but some commentators have suggested that a code of silence operates at the FBI level as well. Some have suggested that the Bulger’s success in avoiding capture for a decade and a half was due to the desire by the FBI to avoid questions about a practice instituted by J. Edgar Hoover in 1961, to develop “live sources within the upper echelon of the organized hoodlum element.”

The film does not go deeply into two fascinating loyalty issues. One is the tie between John Connolly and Whitey Bulger. Connolly was a fellow Southie who joined the FBI and who recruited Bulger as an informant. Connolly was one of the few of Bulger’s associates who did not agree to testify against his old buddy in return for a reduction of sentence. Like Bulger, Connolly is still in jail. And then there is Bulger’s younger brother, Billy. A long-time member of the state senate, Billy went on to become president of the University of Massachusetts. When it became clear that he had been lying to investigators about being in touch with his fugitive brother, he was forced to step down. What he has said about Whitey is, “...I cared about him deeply and I still do.” There is no indication that he ever suggested to his brother that he turn himself in.

One is left wondering about how Whitey, the sadistic murderer, feels about them.

Dr. Alvin Burstein

Burstein—a psychologist and psychoanalyst, 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 was also a member of Inklings, a Mandeville critique group that meets weekly to review its members’ imaginative writings. Burstein published flash fiction and autobiographical pieces in e-zines;



courtesy photo

The Owl, his first novelette, is available at Amazon. He was, in addition to being a movie fan, a committed Francophile, unsurprisingly a lover of fine cheese and wine, and an unrepentant cruciverbalist.

10 Years Ago!

What *the Times* was reporting on in September 2013



Reality Series from West Monroe Breaks Records

The Psychology Behind A&E’s Hit, *Duck Dynasty*

Duck Dynasty follows the rags to riches, duck-hunting, family and faith-oriented, Robertson clan of West Monroe. The show is a combination of wholesome clowning around, with dashes of humor and life philosophy that cause you to think twice. A little silly at times, it doesn’t matter. These bearded, duck-hunting, Robertson men are likable, funny, and on occasion surprisingly profound. We asked some of our experts in the Louisiana community for their thoughts.— Dr. McKay Bonner, Dr. Suzanne Chabaud, Dr. David Thomason, Dr. Susan Dardard.

New LSBEP Member Now Listed as MP

In late June, the state medical board listed Dr. Jessica Brown as qualifying for the medical psychologist certificate. This comes as a surprise to some in the Louisiana Psychological Association (LPA), where Brown had served as Legislative Chair during 2010 to 2011. Dr. Brown was recently appointed to the Louisiana State Board of Examiners of Psychologists (LSBEP).

LSU I/O is “Gone for Good” Says Psychology Chair

The Louisiana State University Industrial-Organization Psychology program is, “Gone for good,” current psychology chair Dr. Bob Mathews told the *Times* last week. “The official end of the program,” he said, “came at the end of last semester.” He said that the decision to narrow the overall program was a necessity. Dr. Tracey Rizutto, who along with Dr. Russell Mathews, led the specialty area at LSU psychology, told the *Times*, “The psych department has been a very difficult environment for the I/O program for the last 10 years or so.” Last year Rizutto moved to the LSU department of Human Resource & Leadership Development in the new School of Human Resource Education & Workforce Development, College of Human Science & Education. “The Human Resource and Leadership Development program is ecstatic to adopt the I/O training program,” Rizutto told the *Times*.

Psychology Gumbo

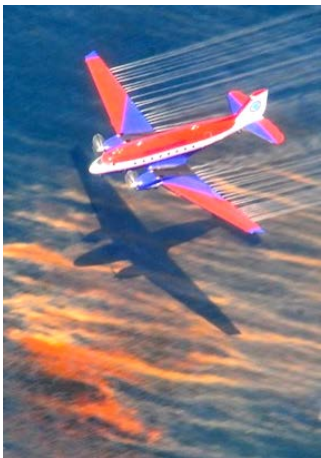
COMMENT: John W. Pickering, Ph.D., a clinical psychologist in private practice in Baton Rouge, serves on the teaching faculty of the Southern Louisiana (Psychology) Internship Consortium and the LSU-OLOL Psychiatric Residency Program, co-presenter of “A Day of Mindfulness for Mental Health Professionals.” COMMENT: Yael Banai, PhD, South East Regional Resource Center, Juneau, Alaska. Employed by the Ascension Parish School Board where she had been a practicing school psychologist for 21 years,

School Specialist Discussion Taking Shape After Survey

The psychology board received 186 responses from licensed psychologists and school specialists for a community survey about opinions regarding multi-level licensing for the specialist in school psychology, board Executive Director Kelly Parker told the *Times* last week. The survey was developed by the School Specialist Task Force, a group formed following the 2013 Long-Range Planning meeting in March, 2013. The task force, led by school psychologist and psychology board chair, Dr. Rita Culross, is addressing the issues of multi-level licensing for the school specialist in psychology.

BP Programs in 2nd Year; Vulnerabilities In Coastal Residents

It has been over 3 years since BP officials finally capped the well that killed 11 men and dumped 5 million barrels of crude oil into the Gulf of Mexico. [...] The oil spill catastrophe generated a number of projects to help those impacted, including projects funded by the legal settlement with BP. One of these is the “Mental and Behavioral Health Capacity Project,” led by Drs. Howard and Joy Osofsky, from LSU Health Sciences Center, School of Medicine, now in its second year.



Violence Prevention Group Teams Up With Louisiana Tech’s Dr. Igou

The Louisiana Coalition for Violence Prevention is teaming up with Dr. Frank Igou and his group from Louisiana Tech to design valid training systems for the Coalition’s program, the Coalition leaders said last week. Dr. Igou is Associate Professor of Industrial-Organizational Psychology in the LaTech Department of Psychology and Behavioral Sciences. Dr. John Simoneaux, a Coalition steering team member, said that the group will be working with Dr. Igou to develop ways to ensure that the training proposed by the Coalition will be scientifically designed. [...] Along with Simoneaux, other steering group members of the Coalition include Yael Banai, PhD, Bryan Gros, PhD, Bobette Laurendine, LCSW, and Cindy Nardini, LPC.

APA Accredits LAS*PIC While Funding Struggles Continue

Amid funding cuts in June that seriously endanger the future of Louisiana’s premier training internship for school psychology, the American Psychological Association has renewed the accreditation of the LAS*PIC program for seven more years. The Louisiana school psychology internship consortium, called LAS*PIC, is a program of the Human Development Center of the LSU Health Sciences Center.

Dr. Weyand President-Elect China-American Psychoanalytic Alliance

Carolyn Weyand, licensed psychologist, psychoanalyst, and faculty member with the New Orleans-Birmingham Psychoanalytic Institute, is taking on the duties as President-Elect for the China American Psychoanalytic Alliance. The Alliance, called CAPA, is a non-profit organization with professionals from all over the world, including Mexico, Canada, Australia, France, Great Britain.

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