

BA Board Named

Governor Jindal announced the appointments to the newly created Louisiana Behavior Analyst Board on July 19. According to the press release, five members from across the state will be serving. All five are appointed to serve as a behavior analyst, and were nominated by the Louisiana Behavior Analysis Association.

They are:

Emily Bellaci, M.A., BCBA, of Metairie. Bellaci is the Director of Within Reach Center for Autism in Metairie.

Cassie Bradford, BCBA, of Baton Rouge. Bradford is the owner of the Behavioral Intervention Group in Baton Rouge.

Ellen Brocato, MS, BCBA, of Alexandria. Brocato is an ABA School Consultant in Alexandria.

Kathy Chovanec, MA, LPC, LMFT, BCBA, of Lake Charles. Chovanec owns a private practice for behavior analysis and mental health in Lake Charles.

Jennifer Longwell, BCBA, of New Orleans. Longwell is a behavioral analyst at Tulane Hospital in New Orleans.

Also, Marc Zimmermann, PhD, MP, who currently serves as Vice Chair on the state psychology board, will serve as an Ex Officio member on the Behavior Analyst Board, as directed by the legislation that created the board. He will be a non-voting member and was elected by the psychology board to fill the role.

Ms. Kelly Parker is currently serving as the new board's Executive Director.

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NASA photo

Researchers Attend APA, Get Drenched by Flossie

Researchers from around the state are enjoying the beautiful sights and sounds of Honolulu, Hawai'i, while they attend the Annual Convention of the American Psychological Association, July 31 to August 4.

However, they are also in the middle of tropical depression, Flossie, which is dumping rain on them as if they were still in our beloved, wet Louisiana.

Interestingly, in August of 2007 another storm, also named Flossie, drenched Honolulu in August of that year.

The *Times* reported on many of the presenters in our July issue and continue in this issue to report on the Louisiana psychologists, professors, graduate and undergraduate students who are presenting their research and chairing symposiums.

Those presenting at this year's conference include Tulane's Dr. Stacy Overstreet and Dr. Bonnie

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LSU's Dr. Buckner Helps Discover New Treatments for Dual Diagnosis

Dr. Julia Buckner and her team at Louisiana State University's Anxiety and Addictive Behaviors Laboratory & Clinic have begun work to develop a new treatment for those struggling with a combination of anxiety and marijuana dependency.

Buckner has been awarded a research grant for \$632,442 from the National Institute on

Drug Abuse for her project, "Integrated CBT [Cognitive Behavioral Therapy] for Cannabis Dependence with Co-occurring Anxiety Disorders." The work is one of the first attempts to find a more effective therapy for those who suffer with both anxiety and marijuana (cannabis) dependency. People with anxiety disorders are highly vulnerable

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(© EJ White/Fotolia)

The combination of anxiety and marijuana dependence is a growing concern. LSU professor and psychologist Dr. Julia Buckner hopes to contribute to possible solutions.

Dr. Tucker Appointed

Dr. Susan Tucker, Chief Psychologist and Assistant Warden at the Bossier Sherriff Medium Correctional Facility in Plain Dealing, has been appointed by the governor to Louisiana's Commission on Addictive Disorders.

The commission is a 13-member board with the goal of helping to promote healthy lifestyles for Louisiana citizens by developing ideas and programs that increase public awareness. The members work to help to prevent the abuse of alcohol, drugs, and compulsive gambling.

"I am honored and grateful to have this opportunity to work in a

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(Courtesy photo)

Dr. Scaramella New NIH Chair

University of New Orleans (UNO) Psychology Professor, Dr. Laura Scaramella has been named Chairperson of a National Institute of Health (NIH) peer review group. She will oversee the Psychosocial Development, Risk and Prevention study section of the Center for Scientific Review, according to a July UNO press release.

The news release noted that the group that Scaramella will lead is a type of gateway for NIH grant applications and for

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(Photo: B. Waters)

The governor has appointed Dr. Susan Tucker, leader of the innovative programs at the Bossier Sherriff's Correctional Facility, to the Louisiana Commission on Addictive Disorders. Above, she is interviewed after one of the program's graduation ceremonies.

Tucker Appointed to Commission, continued

new way for the state of Louisiana," Tucker told the *Times*.

Tucker's innovative programs at the Correctional Facility at Forcht Wade, now at the Bossier Sherriff's Correction Facility, have received

national recognition. Tucker directs the Steve Hoyle Intensive Substance Abuse Program at the Correctional Facility in Plain Dealing.

What aspects of her background and does Tucker think might have led

to the appointment? "Well certainly, 20 years of developing and implementing treatment programs," she noted, "as well as a lot of research has led me to some clear goals in the provision of services."

"I look forward to being more involved in the prevention aspect of addictive disorders with different populations other than offenders in the criminal justice system," she said.

Dr. Susan Tucker serves as the Louisiana state-wide Sex Offender Treatment Program Coordinator and the Louisiana state-wide Substance Abuse Program Coordinator. She also serves on the Interagency Council on the Prevention of Sex Offenses.

Tucker's programs recognize the underlying issues in effective treatment for offenders and recidivism issues. "In light of research that indicates between 70-80 percent of offenders have a substance abuse history or problem and only 15 percent actually receive intensive treatment, DOC Secretary LeBlanc saw the need for a specialized program," Dr. Tucker told the *Times* in a previous interview. Rather than "warehousing" offenders, Tucker's programs focus on offering intensive treatment, skill development, and educational opportunities, as well as post release support and care.

The Commission on Addictive Disorders advises

BA Board Named

Continued

The new board, the Louisiana Behavior Analyst Board or LBAB, will hold its first meeting August 6, at the Psychology board's office in Baton Rouge.

According to the agenda for the first meeting, the board members will nominate the 2013-2014 Chair and Vice Chair, and establish Committees and assignments.

The agenda notes that the members will discuss the Memorandum of Understanding with the Louisiana State Board of Examiners of Psychologists. This is one of the first tasks of the new board will have to do, Ex. Director Parker indicated in a previous interview. The Memorandum, called an MOU, will set out the ways the two boards will follow the law regarding sharing resources. "The execution of the MOU is a priority," Parker explained.

The document is also helpful because it outlines each party's responsibilities and expectations regarding sharing of resources, finances and the regulation of dually licensed individuals."

The new board will also adopt a budget for they coming year, and discuss contracts and rules. Among other matters, the agenda notes that the group will discuss a Notice for the Behavior Analyst Practice Act, website, application process, Jurisprudence Exam, and LaBAA Polices and Procedures.

Governors Jindal and Walker Give Opinion in Wall Street J.

Louisiana Governor Bobby Jindal teamed up with Wisconsin's Governor Scott Walker to author "Unworkable ObamaCare: Opaque rules, big delays and rising costs: The chaos is mounting," for the Opinion section of the Wall Street Journal's July 25 online issue.

Pointing out that governors have the experience of having to implement public-assistance programs, Jinal and Walker criticized the new healthcare reform saying it was not thought through and that seven million Americans will lose their employer-based health insurance. "... the guidance that President Obama has offered to date has been inconsistent, arbitrary and frustrating—contributing further to the grave uncertainty that surrounds this law," they said.

the state Office for Addictive Disorders concerning policies with regard to alcohol and drug abuse; recommending an annual state plan or program; serving as liaisons between state and local government groups about the prevention and treatment of alcohol and drug abuse. The commission reports to the Governor, the Chairs of the House and Senate Committees on Health & Welfare, and to the Secretary of the Department of Health & Hospitals.

The Commission also works in conjunction with entities such as The

Governor's Drug Policy Board, The Louisiana Association on Compulsive Gambling, The Governors Safe & Drug Free School & Communities, The Louisiana Drug Court Association, and The Louisiana Alliance to Prevent Underage Drinking.

Dr. Tucker will attend her first meeting August 13, in Baton Rouge.

Also appointed was Michael Slocum from Pineville, retired former Commander of the Narcotics Division in Rapides Parish Sheriff's Office.

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

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Consultation/collaboration
LPC Rules Clarify
“When Medication
May Be Indicated”

The 26-page revision of regulations governing counselors was published in the July issue of the *Louisiana Register*. Licensed Professional Counselor Board (LPC Board) Executive Director Mary Alice Olsan previously told the *Times*, “It was a huge body of changes.”

The LPC Board reworked major sections of the rules because of Act 320 of the 2011 legislative session and Act 636 of 2012, which amended Act 320. The LPC Board had also passed emergency rules in order to deal with some of the problems in the consultation and collaboration requirements in the 2011 law that expanded the scope of practice for counselors.

But, Act 320 prohibited the counselor from working with a person with serious mental illness, “... unless that individual is under the active care of a practitioner who is licensed by the Louisiana State Board of Medical Examiners and is authorized to prescribe medications in the management of psychiatric illness, and only in the context of an ongoing consultation and collaboration with that practitioner.”

The wording created problems with client rights, confidentiality and healthcare costs.

In 2012, Act 636 amended the earlier law by deleting the requirement that the counselor’s client had to be under the active care of a practitioner who is licensed by the state medical board. The words, “when medication may be indicated” and “in accordance with industry best practices, consults and collaborates with...” were substituted. Also, an advanced practice registered nurse was included as a choice for consultation.

The new rules clarify the consultation/collaboration situation which says that the counselor may not work with a person suffering from a serious mental illness “when medication may be indicated,” and so must consult with a professional who is licensed under the state medical board to prescribe, such as physicians, psychiatric nurse practitioners, or medical psychologists.

The rule provides the following background:

“1. *Mental Health Counseling/Psychotherapy Services*—rendering or offering prevention, assessment, diagnosis, and treatment, which include psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed

professional counselor, which is consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession.

“2. However, a counselor may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness when medication may be indicated, unless the counselor consults and collaborates with a practitioner who is licensed or holds a permit with the Louisiana state Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana state Board of Nursing who is certified as a psychiatric nurse practitioner.”

“The definition of Serious Mental Illness applies to individuals suffering from schizophrenia or schizoaffective disorder, bipolar disorder, panic disorder, obsessive-compulsive disorder, major depressive disorder, moderate to severe, anorexia/bulimia, intermittent explosive disorder, autism, psychosis NOS (not otherwise specified) when diagnosed in a child under 17 years of age, Rett’s disorder, Tourette’s disorder, and dementia.”

The new rule clarifies certain aspects of wording of *Medication is Indicated*:

“*Medication is Indicated*—when the client has been diagnosed with a serious mental illness and: i. when the client or legal guardian discloses the prescribed use of psychiatric medication; ii. when the counselor, client, or

legal guardian believes that the use of prescribed psychiatric medication may facilitate treatment goals and improve client functioning.”

The rule also clarifies that consultation and collaboration, “—may be specific or general in nature.” This distinction allows the counselor to choose a variety of different actions depending on whether the client gives permission for, or agrees to a particular track for consultation and collaboration with someone licensed under the medical board.

The new rule notes, “General *Consultation and Collaboration*. When medication is indicated for clients who have been diagnosed with a serious mental illness and when the client does not assent to a specific consultation, the counselor must attempt to consult with a practitioner within a reasonable time for a general consultation without releasing any identifying information about the client.”

The 26 pages of revisions and additions were also needed to implement Act 276 of 2012, which allows for licensure of individuals in military. And, the changes updated the LPC Code of Conduct with the latest edition of the American Counseling Association Code of Ethics.

The full text is available in the July issue of the *Louisiana Register*.

Corrections &
Clarifications

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



Mary Alice Olsan, Executive Director of the LPC Board speaks to members at board meeting this year. The board published 26 pages of new rules, including clarifications about consultation with prescribers.

Psych Board
Notices Rules

Comments by August 9

The psychology board has proposed rules for updating contact information, and for temporary registration for out-of-state psychologists, in the July *Louisiana Register*.

A rule requiring psychologists to update their contact information with the board within 30 days if they change their address or contact, was proposed. The rule states: “A licensed psychologist shall notify the board within 30 days, with documentation, attesting to any change of contact information including mailing address, work address, telephone number and email address. This documentation notice shall include the psychologist’s full name, license number, and the old and new contact information.”

Another proposed rule sets out the paperwork that is to be completed for the temporary registration for out-of-state psychologists. The temporarily registered psychologist is to pass the Jurisprudence exam and pay a fee. The proposed new rule also outlines the conditions for emergency temporary registration and also expedited status for licensure for military applicants.

Both Notices of Intent can be read online at the *Louisiana Register*. Public comments should be given to the Executive Director, Kelly Parker, by 12 pm, August 9.

State and National News



Members of the School Specialist Task Team preparing topics for discussion and survey. From front left, clockwise: E. Francoise Parr, Dr. Conni Patterson, Kelly Parker, and Dr. Rita Culross.

School Psychology Task Team Probes Community On Multi-Level License

The School Specialist Task Force created by the state psychology board met in June to discuss the possibility of regulation under the Louisiana Board of Examiners of Psychologists (LSBEP) for the school psychology specialist.

Members of the Task Force attending were Chair Dr. Rita Culross, Dr. Steven Welsh, Dr. Carmen Broussard, Dr. Conni Patterson, and E. Francoise Parr. Also attending was the Executive Director, Kelly Parker. Also on the Task Force, but absent from this meeting, were David White, Executive Director of the Louisiana Psychological Association and Susan Ratterree, National School Psychology Representative.

According to the minutes, Dr. Welsh summarized some of the ideas that he expressed at the March Long-Range Planning meeting. He suggested that if the Board decides to license school specialists, he saw this as an “optional” license and thought it may allow practitioners to contract with places like learning centers and charter schools.

Dr. Broussard said that licensing school specialists would make services more available in rural areas, and noted that she was the only school psychologist in her area.

Also according to the minutes, the group reviewed the Texas model for licensed school specialist and discussed the advantages and disadvantages of a license for the specialist. They also reviewed educational requirements for several programs.

The group discussed the possible qualifications, which included a 72-hour degree with internship from an accredited, along with a national exam, a state jurisprudence exam, and criminal background check.

The Task Force also agreed to prepare a survey for the community which sent by email to members of the psychology community and school psychology community.

According to Kelly Parker, about 140 responses have been received so far. The questionnaire asked respondents, “If the LSBEP were to consider licensure of school specialists, what do you believe is appropriate employment possibilities for a licensed school specialist? – Contract with a licensed psychologist; Contract with school system; Private Practice; or other.”

In an item about qualifications, the authors asked which training and credentials the community members considered important: School Specialist Degree, internship, NASP academic program or equivalent, NCSP written exam, Jurisprudence Exam, criminal background check, continuing education.

The survey also asked respondents to list competencies they viewed as important for the school specialist. These included instructional design, organization and operation of schools, psychoeducational assessment, social-emotional assessment, consultation, behavior management, professional and legal issues, counseling, and practicum.

Executive Director Kelly Parker explained to the *Times* that she will be keeping the survey open for additional responses from community members. The survey can be found on the LSBEP website under the news section.

GlaxoSmithKline To Pay LA \$45 Million for Medicaid Fraud Allegation

Press Release
July 26, 2013

As a result of litigation pursued by Attorney General Buddy Caldwell, the state of Louisiana is receiving \$45 million from British health care giant GlaxoSmithKline (GSK) to resolve Medicaid fraud and deceptive marketing allegations related to its popular diabetes drug, Avandia, and other prescription medications. The agreement, announced today in the 19th Judicial District Court before Judge Janice Clark, is the largest such pharmaceutical recovery ever received by the state.

“Today’s multi-million dollar recovery is historic for Louisiana and marks an important victory for our consumers who have every right to know about the risks and negative side-effects of prescription drugs,” said Attorney General Caldwell. “These kinds of deceptive tactics and misrepresentations will not be tolerated in this state, and violators like GSK will be held accountable.”



Dr. Lee Matthews (seated) speaking with Dr. Joe Comaty at public meeting of the state psychology board. Comaty wrote the to the *National Psychologist* about medical psychologists.

Dr. Comaty Writes to National Psychologist

Dr. Joe Comaty wrote to *The National Psychologist* and his letter was published in the July/August issue. He noted an error in the paper’s March/April edition.

In the article, “Illinois, New Jersey and Ohio ripe for RxP?” Comaty pointed out that a description about New Mexico, Louisiana and Guam having indicated “... some oversight or supervision by licensed MDs,” for medical psychologists, and he wrote this was not correct.

Comaty said that there is “... no reference anywhere to any requirement for MPs [medical psychologists] in Louisiana to have oversight or be supervised by MDs.” And, “Louisiana MPs can now and have always had the authority to prescribe independently. The only requirement for entry level MPs is that they discuss proposed tx plans with the patient’s primary or attending physician before prescribing and have concurrence.”

“But this does not constitute oversight nor supervision as the physician has no ongoing responsibility for the treatment plan.”

He explained that MPs who hold the Certificate of Advanced Practice are not required to contact the physician for concurrence, citing R.S. 37:1360.57. He wrote that MPs are “... in every sense of the word independent prescribers.”

Ex. Directors To Meet in August

For the first time in many years, the Executive Directors of state boards governing professional health occupations will meet together to discuss issues of mutual interest and education. Attendees include Kelly Parker of the state psych-ology board, Emily Efferson from social work board, Mary Alice Olsan from the LPC board, and a designee from the state medical board, and also others.

The effort was initiated by Ms. Parker, who noted to the *Times* that Ms. Efferson assisted in coordinating the first meeting, which will take place at the social work board in Baton Rouge, August 2.

State and National News

“Telehealth” Study Group Draws Attention of LSBME

A study group charged with looking into expanding the ways that health care providers can assist patients through electronic communications, called “telehealth,” drew the attention of the state medical board in June, when a report authored by Kathy Kliebert was reviewed by the physicians. Among other recommendations, the report suggested repealing the law defining “telemedicine,” saying that it is too narrow in its definition.

Kliebert, Department of Health and Hospitals Deputy Secretary, signed the report which listed the main findings of the group. The task force was created by a 2012 House Concurrent Resolution to look into the benefits of telehealth, and called for the Department of Health and Hospitals (DHH) to study issues that could expand access to telehealth services.

The Resolution noted that telemedicine is the term typically used to refer to medical information exchanged between sites. The resolution, HCR 96, suggested a broader definition.

“... the term ‘telehealth’ encompasses telemedicine as well as other health services which can be provided remotely through communication technologies,” noted the author of the Resolution. “... common examples of telehealth services in practice include primary care, medical specialty consultations, behavioral health services, and home monitoring of chronic disease; ...”

“WHEREAS, if our state is to achieve much needed improvement in health outcomes, a prudent and responsible policy for doing so would be to balance patient safety and access to care through expanding access by Louisianians to telehealth services,” wrote the Resolution’s author, Representative Simon.

The medical board’s discussion was prompted by a January 30, 2013 report, signed by Kliebert, to the Chairs of both Health and Welfare Committees. In the report, Kliebert noted the legal definition of telemedicine in R.S. 37:1262 and said, “Telehealth is more comprehensive than telemedicine. Telehealth can include innovation methods to deliver health services through home monitoring, synchronous (real time) or asynchronous interactions.”

Kliebert wrote that the study group recommends a new model for telehealth and to

repeal the provisions of the 2005 Telemedicine Rule, (LAC 50: 1.501–503) in its entirety. “This Rule has a narrow definition of telemedicine limited only to live interactive audio and video. The provisions do not provide guidance on provider types, reimbursement policies, or location of health services,” she wrote.

Kliebert’s letter also noted a recommendation to develop and adopt a new comprehensive Rule that redefines telemedicine to telehealth and include issues of “... services, modes of delivery, provider types, and reimbursement protocol to encourage private health insurers and Medicaid Program to reimburse for encounters between health care providers and clients regardless of location of patient and, when appropriate, health care providers.”

Kliebert wrote that another recommendation is to identify and recognize a Telehealth Consultation Standard, which is different from a “Face-to-Face” Consultation Standard, and establish reimbursement for in-home telehealth monitoring.

The authors of the in the study group also included concerns about telehealth, research, and benefits of telehealth, in their report.

The participants in the study group, set out by the HCR came from these groups: The health care services division of the Louisiana State University System, Tulane University School of Medicine, The Louisiana State Medical Society, The Louisiana Primary Care Association, The Louisiana Health Care Quality Forum, The HomeCare Association of Louisiana, The Louisiana Hospital Association, The Louisiana Association of Health Plans, and The Louisiana Cable and Telecommunications Association.

The full report from the HCR 96 study group can be found at <http://dhh.louisiana.gov/assets/docs/LegisReports/HCR96-2013.pdf>

The state medical board reviewed a memorandum prepared by then Executive Director, Robert Marier, MD, regarding the expansion of telehealth services, according to their June minutes. They agreed to express concerns about the redefining of “telemedicine” to “telehealth” and to inform the study group of the board’s willingness to participate in the future.



The psychology board has been working on the changes to continuing education since 2011. Above are members Drs. Darla Burnett, Rita Culross, and Lee Matthews.

Psychology Board

New Proposed CE Changes Published in July Register

The state psychology board published their Notice of Intent laying out proposed changes to the continuing education rules, in the July issue of the *Louisiana Register*. After almost three years of discussions about these changes, prompted by recommendations from the Association of State and Provincial Psychology Boards (ASPPB) and first discussed in 2011, the board is presenting what may be the final proposal for these changes.

The current version of the proposed rule increases hours, or credits, from 30 to 40, and greatly expands the types of training allowed. The new rule using the term “continuing professional development” rather than continuing education.

This latest version incorporates ideas from community members gathered last fall and also this past March, at the board’s long-range planning meeting. Based on this feedback, the board removed the fixed percentages of training hours that would have been required for various categories of training activities. Now, psychologists will have a great deal of flexibility to choose the type of educational activity he or she wants.

However, the psychologist will have to take training in at least two of the categories, a requirement board members felt was needed to stop some from choosing 100 percent self-study.

Written public comments about this “Notice of Intent” should be

sent to the Board’s Executive Director, Kelly Parker, by noon, August 9.

Psychologists will have time to get used to the changes. Licensees will use the new categories during their reporting cycles in 2014–2016 (for those with even-numbered licenses) and 2015–2017 (for odd-numbered). However, the increase in hours, from 30 to 40, will not take effect under the reporting cycles that follows.

These new categories will be:

- 1. Peer Consultation (1 hour of peer consultation equals 1 credit). Examples include case consultation groups, journal clubs, regional research groups.
- 2. Practice Outcome Monitoring (1 completed questionnaire equals 1 credit). This is an activity where the psychologist assesses patient/client outcomes.
- 3. Professional Activities (one year equals 10 credits) involves serving on a national, regional, or state psychological association board or committee or board.
- 4. Conferences and Conventions (one conference day equals one credit).
- 5. Academic Courses (one three-hour course or equivalent equals 20 credits). Examples include graduate-level course related to psychologist’s discipline.
- 6. Instruction (one three-hour course equals 20 credits; one full-day workshop equals 10 credits).

LSU's Dr. Buckner Helps Discover New Treatments, continued

to cannabis dependence, Dr. Buckner explained. And clients with these two combined disorders have the worse outcomes with existing treatments.

"We are now pilot testing this newly developed, empirically informed treatment," Dr. Buckner told the *Times*, "with the hypothesis that the new approach will have better outcomes than the current approaches.

"Despite the high rates of co-occurring Cannabis Use Disorders [CUD] and anxiety disorders," explained Buckner, "and the poorer outcomes associated with anxiety during CUD treatment, there are currently no empirically supported interventions for these dually diagnosed patients."

"In fact, study of the treatment of CUD among patients with anxiety disorders, or the treatment of anxiety disorders among patients with CUD, is virtually nonexistent," she said.

Buckner's effort is critical because cannabis dependence is the most common illicit substance dependence in the U.S. According to a report in *Scientific American*, a Michigan State University psychologist found that 43 percent of U.S. adults have tried marijuana at least once. Estimates

suggest that about 9 percent of those who use the drug become dependent on it.

"We have written a draft of the treatment manual that outlines the integrated treatment for dually diagnosed patients," Buckner said.

"This manual integrates MET-CBT for CUD with the transdiagnostic CBT, False Safety Aid Elimination Therapy, that has empirical support for use with patients with anxiety disorders."

"This approach allows us to conduct group therapy with patients with a variety of anxiety disorders," she said. Buckner will be testing this novel combination of therapy approaches, and creating a new one that she hopes will have better outcomes than what is currently available.

"MET" is Motivational Enhancement Therapy, a type of therapy that works to strengthen the client's resolve by engaging the person to develop their goals for change.

"MET combined with CBT is an effective intervention for cannabis dependence, but MET-CBT for marijuana usually primarily addresses the marijuana use and does not adequately teach patients skills to help them cope with their anxiety," Buckner said. "We believe this is why anxious patients have worse outcomes."



(Courtesy photo.)

LSU's Dr. Julia Buckner at a supervision meeting. Buckner and her team are working to combine therapies in an innovative approach that will help those with both anxiety and Cannabis Use Disorder.

To help with this, she will draw on False Safety Aid Elimination Therapy (FSET). False Safety Aids are behaviors people engage in order to help them manage their anxiety in the short-term, but may actually increase their anxiety in the long-term. This includes such behaviors as avoidance or reliance on companions, explained Buckner. FSET teaches patients more adaptive ways to manage their emotions which decreasing their use of these types of aids.

FSET can also be helpful with people who suffer from different types of anxiety, such as social anxiety, generalized anxiety, or panic.

The use of cannabis to manage anxiety can be targeted in such a

treatment, Buckner explained. MET will be used to increase motivation to quit cannabis, CBT for cannabis dependence to teach patients skills to manage high-risk cannabis use situations, and FSET will be used to teach patients skills to manage their anxiety.

"We have started our first group ... and have begun recruitment for our second group, which we plan to start in August," Buckner said.

The research team's efforts will attempt to meet one of the strategic goals of the National Institute on Drug Abuse (NIDA), including developing treatments for CUD that occurs in association with conditions, such as anxiety.

"The treatment is being conducted in groups—which is the modality

Cont'd next pg

CE Changes in July Register Continued

7. Publications (one article equals 10 credits; book chapter equals 10 credits). Publications including authoring an article for peer-reviewed publications, or being the editor or co-editor of a book related to the field of psychology.

8. Traditional Continuing Education. Includes approved Sponsored CE (one hour equals 1 credit) workshops from a recognized approved sponsor such as APA or any of its approved sponsors, academies of professional specialty boards, regionally accredited colleges or universities, continuing medical education in

category 1 of AMA or its subsidiaries including grand rounds.

9. Self-directed Learning (one hour equals one credit). Examples include reading, videos, and/or other unsponsored activities.

A tenth category, Board Certification from the American Board of Professional Psychology, was dropped from earlier versions.

The proposed rules can be found at the *Louisiana Register*, July 2013 issue. Go to <http://www.doa.la.gov/osr/reg/register.htm>

American Board of Medical Psychology



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

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

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

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Science and Education

LSU’s Dr. Buckner Helps Discover New Treatments, continued

used by many drug abuse treatment centers—and can thus be administered to clients with CUD with any anxiety disorder,” Buckner explained.

This was another goal of NIDA; to develop a treatment that can be easily implemented with community treatment providers. One of the practical benefits of the proposed treatment is that it will minimize the amount of training needed by the psychotherapists, because the same anxiety management skills can be used with patients regardless of type of anxiety, Buckner noted.

The feedback so far has been very positive from both clients and the study therapists.

After the pilot groups are complete, she and her team will launch another part of the study with the new treatment, which Buckner is tentatively calling, Anxiety and Cannabis Cessation Treatment or ACCT. She will compare outcomes to MET–CBT for cannabis dependency alone.

“ACCT is a hybrid of treatment for cannabis and treatment for anxiety,” she said, “addressing the reciprocal nature of the relation between anxiety and cannabis use. If we achieve our aims, this project could begin to change the treatment landscape by providing an empirically supported treatment for patients with co-occurring CUD and anxiety disorders, as well as serve as a model for future work aimed at improving treatment for other dually diagnosed patients.”

“Further,” Buckner said, “our ACCT protocol may provide preliminary support for the global theory that integrated treatments may be particularly promising for dually diagnosed patients.”

This could help meet another strategic goal of NIDA, to develop knowledge that leads to personalized or customized treatments and a better understanding of underlying mechanisms.

LSU psychology graduate students Tony Ecker and Jen Beighley are part of the research team and the student therapists conducting the therapy.

Michael J. Zvolensky, PhD, from the University of

Houston is a Co-Principle Investigator on the project. Norman Schmidt, PhD, from Florida State University wrote the FSET protocol and is a consultant. Kathy Carroll, PhD, from Yale University School of Medicine, who was one of the authors of the MET–CBT manual is also a consultant.

This is Dr. Julia Buckner’s second grant from National Institute of Addictive Disorders while at LSU. Her first NIDA grant was, “Multi-method Assessment of Affective and Situational Antecedents of Marijuana Use.”

Julia Buckner received her Ph.D. in 2008 from Florida State University, completed her Clinical Internship at the Yale University School of Medicine in the Substance Abuse Division, and joined the LSU Psychology Department where she is currently Assistant Professor. She is the Director of LSU’s Anxiety and Addictive Behaviors Laboratory & Clinic. She has received several awards from organizations such as the American Psychological Association, Anxiety Disorders Association of America, and the Association for Behavioral and Cognitive Therapies. She was recently awarded the LSU Rainmaker Emerging Scholar Award for Research and Creative Activity in the Arts, Humanities, and Social or Behavioral Sciences.



(Hawaii Tourism Authority/Tor Johnson)
Kuan Yin statue in Maunakea Marketplace, Honolulu.

APA in Hawai’i Continued

Nastasi, University of Louisiana Monroe’s Dr. Karen Kopera-Frye and Dr. Bill McCown, Dr. Darlyne Nemeth, Dr. Lee Matthews, Loyola’s Dr. Janet Matthews, Drs. Greg Gormanous and Warren Lowe, Dr. Kelly Ray, and a number from LaTech including Drs. Guler Boyraz, Mary M. Livingston, Walter Buboltz, Janelle McDaniel, and Steve Jenkins.

Dr. Karen Kopera-Frye from the University of Louisiana Monroe is presenting her research, “Service Learning Involving a CBPE [Community-Based Participatory Evaluation] Needs Assessment in a Rural

and Impoverished Community,” with co-author Dr. Pamela Higgins Saulsberry.

“Service Learning (SL) has been defined as structured learning experience that combines community service with preparation and reflection ...” Kopera-Frye writes. “A rural, small town in Louisiana afforded a wonderful opportunity for Gerontology and Social Work undergraduates to demonstrate ‘good practice in community service learning pedagogy’ [...]”

She looked at Lake Providence, in northeast Louisiana and its challenges. “Currently, it is considered the poorest town in the US,” she explained.

Dr. Kopera-Frye and Janease Traylor, also from U. of Louisiana at Monroe, participated in a symposium chaired by Dr. Lee Matthews, “Essential Topics for SPTAs—Ethics, Advocacy, Service, and Education.” Traylor surveyed matters regarding state psychological associations.

Louisiana Tech’s Devin Merritt from the counseling psychology doctoral program will present “Sleep Practices and Behavioral Dimensions that Affect Sleep Quality in College Students.” His co-authors include Rebecca Cox, Victoria Felix, and Drs. Walter Buboltz, Janelle McDaniel, and Steve Jenkins from the LaTech faculty. The researchers demonstrated multiple relationships between behaviors and sleep quality in college students, showing how sleep habits and practices significantly affect overall quality of sleep.

Retired LaTech professor Dr. Alice Carter is co-author with first

Cont’d next pg



Psychology researchers presenting at the Louisiana Psychological Association meeting recently. Some of those who presented at the Baton Rouge meeting are also presenting their work at the American Psychological Association Convention in Hawai’i. Above are (L to R) Melissa Dufrene, Chelsie Songy, John Tracy, and Amber Germillion.

Mixed Opinions On New DSM-V

by S. Lowery

Earlier this year, the American Psychiatric Association (APA) released the newest version of the *Diagnostic and Statistical Manual of Mental Disorders*, the DSM-V. First published in 1952, the DSM has become the gold standard of psychiatric diagnosis, providing clinicians with a standard way to classify, diagnose, and treat disorders.

This is the first revision of the DSM in almost 20 years. However, changes to the new edition have been met with some mixed views, debate, and even some resistance.

The *Times* spoke with Dr. William McCown of the University of Louisiana-Monroe (ULM), Dr. Tony Young of Louisiana Tech, and Dr. Gary Gintner, to learn more about the controversial changes surrounding the new DSM-V.

“I think there are some problems with the DSM-V...the whole process was kind of closed and everyone is confused about what happened,” Dr. Bill McCown told the *Times*. McCown is a licensed clinical psychologist and Interim Dean of the Graduate School at ULM.

“What’s very frustrating with the DSM-V,” he said, “is that they wanted to get rid of a lot of the ambiguity, and we’re not there yet.”

Dr. Tony Young, Chester Ellis Endowed Professor in

Education in the Department of Psychology & Behavioral Sciences at Louisiana Tech, and licensed clinical psychologist, also expressed concern when asked about the new changes. “One of the biggest concerns is the broadening of diagnostic categories. They are more inclusive, so more people wind up with the disorder,” Young said.

Some of the new changes, such as combining the Autism subcategories into one disorder, have caused concern among those in the mental health community. Some are unhappy with the new categories, believing they are in response to pharmaceutical pressures.

Dr. Young told the *Times*, “The way the field [psychiatry] works and its coziness with the pharmaceutical industry, I’m not sure people are going to go with it anymore. I’m concerned that this is where it ends, because we’re ready for a change, we’re ready for information that is independent of market forces.” He referred to other groups, such as researchers, who also use the DSM. “There needs to be a more concerted effort for people who are scientists outside the guild who are most affected by the categories.”

McCown echoed Young’s sentiment, “Sixty-nine or seventy percent of the people [developers] had ties to the pharmaceutical industry, that’s scary.”



Dr. Tony Young, Chester Ellis Endowed Professor at LaTech, and past Chair of the psychology has some concerns about aspects of the new DSM-V.

When asked what should have been done differently with the new version, McCown said, “It would have been nice if each description was based upon some summary of how much was empirical vs. how much was just expert opinion or from people in the pharmaceutical industry.”

The question remains as to whether users of the DSM will begin to seek alternatives, such as the International Classification of Diseases (ICD). Currently, most insurance companies request that disorders be submitted using ICD codes, so diagnosticians already have some familiarity with the publication.

“Some of the people I have talked to said they have already gone to the ICD...there are not dramatic differences between them,” said Young. When asked whether the ICD would be a strong alternative to the DSM-V, “Insurance

companies would prefer you use the ICD,” he said.

Dr. Gary Gintner, Associate Professor and Program Leader of the Counseling Program at Louisiana State University, and Licensed Professional Counselor, has been doing DSM workshops since the 1990s. He has trained people around the country and recently presented for the Ohio Psychological Association on the DSM-V. He will be presenting at the Annual Meeting of the Louisiana Counseling Association this September.

Gintner sees the new DSM more favorably, and notes that the ICD and DSM work together, the ICD being a coding manual. “What people don’t understand is that we’ve always used the ICD codes. The ICD codes are your administrative codes, but the resource you use to understand and make the diagnosis—that is the DSM.” He views the new manual as having the value of coming more from the development perspective, but he says, “There is a major paradigm shift going on,” and people will have an adjustment period.

A feeling shared by both Drs. McCown and Young was that, “Time will tell.” Whether the new DSM-V has finally reached the tipping point that causes mental health professionals to go elsewhere remains to be seen.

The controversy surrounding the new text has not gone unnoticed and seemed to peak with the announcement that the National Institute of Health would no longer fund research for DSM categories.

With its future uncertain, one can’t help but wonder what will happen to the once denoted “bible” of psychiatric diagnosis.

(Shane Lowery, MS, is a LSU industrial-organizational psychology doctoral student and Times’ intern.)

LA Researchers At APA in Hawai’i Continued

author Dr. Julie Osland, assistant professor of psychology at Wheeling Jesuit University in Wheeling, WV. In their work, “Factor Structure of the Revised Implicit Theories of Intelligence Scale.”

Dr. Carter and Dr. Mary M. Livingston are also co-authors with first author Osland, presenting “Evaluating Stereotype Threat Manipulations and Math Performance.”

First author Dr. Guler Boyraz from LaTech’s faculty, along with graduate student coauthors John Waits, Victoria Felix, and Danita Wynes, Lisa Battle, and Aisha Armstrong will present

“Integration of Stressful Events and Well-Being Among College Students.”

LaTech doctoral student Danita Wynes will present as first author of “Stressful Events and PTSD Symptomatology Among College Students.” Her coauthors are Victoria Felix, Brandon Waits, and Dr. Guler Boyraz.

“Stressful Events and PTSD Symptomatology among College Students Post-traumatic stress disorder (PTSD) has been reported to impact approximately 7.8% of the U.S. population, ...” the authors noted.

“Approximately 44% of the participants indicated that they had experienced more than one stressful event within the last two years. The most commonly reported stressful events were loss of a loved one (13%) and financial hardship (10%); violent crime (1%) and combat (1%) were among the least commonly reported stressful events. Using the cutoff score of 50 on PTSD Checklist [...] 28.1% of the participants were screened positive for PTSD. These results begin to shed light on the overlooked prevalence of PTSD in college students,” noted the authors.

Obamacare Corner

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

by J. Nelson



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For anyone who likes clearly defined issues and variables that synch up theoretically, the Patient Protection and Affordable Care Act is not going to be your cup of tea. And factoring in human behavior is not a focus. The confusion between actual prevention and screening, or secondary prevention, can be annoying to purists.

Given that, Obamacare takes up the banner of prevention in several different ways, some direct and obvious, others more related to cost cutting in looking at quality and efficiency. The law also has a lot to say about community health efforts, and asks for innovations in this area, likely of interest to those in research.

I'll describe some parts of the law that seem related to those in science of psychology and behavioral health. And I had the opportunity to chat with two community leaders who are working through the maze, in some interesting ways.

Once again, I will warn you that there is so much we just don't know, that none of this should be taken as advice or guidance.

1. Mandated screening and prevention

In Title I, "Quality, Affordable Health Care for All Americans," the authors first address prevention. In Section 1302, "Essential health benefits required," prevention is listed as the 9th required service: "Preventive and wellness services and chronic disease management."

So, all new benefit plans, the Bronze, Silver, Gold, and Platinum as they are called, must include these essential services by January 1, 2014, if things go as scheduled.

Title I, Subtitle A, Part A, Subpart II – Improving Coverage, lays out some of the issues for prevention, in Section 2713:

"(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for— [...] "(1) evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force; ..."

The U.S. Preventive Services Task Force has a growing list of these A and B recommendations, and it would seem that they would be covered.

The Task Force can be found at the Agency for Healthcare Research and Quality or AHRQ, which falls under the U.S. Department of Health & Human Services. While AHRQ supports the Task Force, it is supposed to be an independent body and it does not require HHS approval.

According the website, the Task Force "... is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medications." The group is made up of volunteers, mostly practicing clinicians who

1. Mandated Screening and Prevention
2. Wellness and Prevention in "Ensuring the Quality of Care"
3. Improving the Quality of Health Care, Prevention of Chronic Disease
4. A Chat with Two Community Leaders

Louisiana's Top Health Issues:

- Asthma
- Diabetes
- Heart Disease
- Infant Mortality
- Obesity
- Tobacco Use
- Disparities

Source: Louisiana Public Health Institute

represent preventive medicine and primary care. Based on limited information from the website list, the group appears composed of 12 physicians, a number who also have a master's in public health and/or a master's in business administration, and/or a PhD in epidemiology. There are two RNs with PhDs, and then a PhD in public health.

Go to <http://www.uspreventiveservicestaskforce.org/> for more information.

The actual implementation of these screenings seems a little more confusing. The “Essential health benefits” benchmark plan for each state, Louisiana included, is listed on the Center for Medicare and Medicaid Services (CMS). The Center for Consumer information & Insurance Oversight, and Additional Information on Proposed State Essential Health Benefits Benchmark Plans is at <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>

The CMS cautions that the “EHB-benchmark plans” given may not comply with the Mental Health Parity and Addiction Equity Act of 2008, or the preventive services described in 45 CFR 147.130. However, in both cases, the CMS notes that the plans must comply with these laws, and they offer a guide to help understand what is posted.

So, things are not clear yet, as to exactly how the Essential Benefit of prevention is going to be implemented.

2. Wellness and Prevention in “Ensuring the Quality of Care”

Also covered in Title I, this time in Section 2717 on “Ensuring the Quality of Care,” the law’s authors include wellness and health promotion, along with directions for quality improvements, cost reductions, and safety.

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary, in consultation with experts in health care quality and stakeholders, shall develop reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage, with respect to plan or coverage benefits and health care provider reimbursement structures that—

“(A) improve health outcomes through the implementation of activities such as quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes model as defined for purposes of section 3602 of the Patient Protection and Affordable Care Act, for treatment or services under the plan or coverage;

“(B) implement activities to prevent hospital readmissions



Examples of “A” and “B” Preventive Services

- Tobacco use counseling and interventions: nonpregnant adults: (A) The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.
- Tobacco use counseling: pregnant women; (A) The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.
- Obesity screening and counseling: (B): The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.
- Alcohol misuse: screening and counseling (B): The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
- Depression screening: adolescents: (B) The USPSTF recommends screening adolescents (ages 12 to 18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.
- Depression screening: adults: (B) The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.
- Intimate partner violence screening: women of childbearing age (B): The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.
- Sexually transmitted infections counseling: The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.

<http://www.uspreventiveservicestaskforce.org/index.html>

through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;

“(C) implement activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage; and

“(D) implement wellness and health promotion activities.” [...]

The authors write:

“(b) WELLNESS AND PREVENTION PROGRAMS.—For purposes of subsection (a)(1)(D), wellness and health promotion activities may include personalized wellness and prevention services, which are coordinated, maintained or delivered by a health care provider, a wellness and prevention plan manager, or a health, wellness or prevention services organization that conducts health risk assessments or offers ongoing face-to-face, telephonic or web-based intervention efforts for each of the program’s participants, and which may include the following wellness and prevention efforts:

- (1) Smoking cessation.
- (2) Weight management.
- (3) Stress management.
- (4) Physical fitness.
- (5) Nutrition.
- (6) Heart disease prevention.
- (7) Healthy lifestyle support.
- (8) Diabetes prevention.”

While it seems possible that this could be mandated, it just is not clear yet.

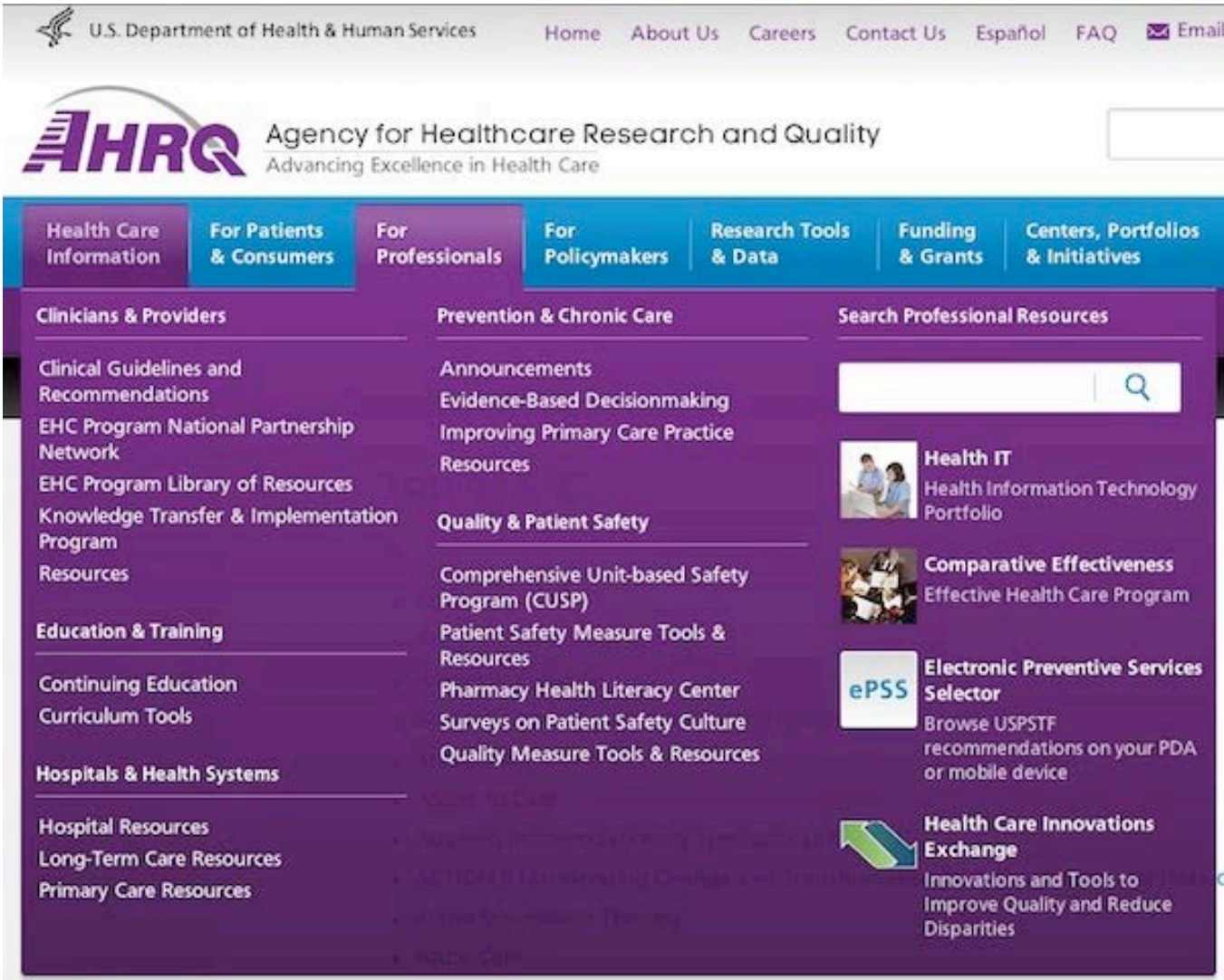
In Louisiana, the Department of

Health and Hospitals introduced “Living Well in Louisiana” an online effort to promote awareness about physical activity, healthy foods and eating, which includes an online wellness center function. Go to www.livingwellinlouisiana.org.

3. Improving the Quality of Health Care, Prevention of Chronic Disease

The sections of Obamacare that may be most important to researchers may be Titles III and IV, which are heavy into plans and suggestions for research.

Related to prevention, this time more from the public health direction, Obamacare directs



NQS Priorities

-  Making care safer by reducing harm caused in the delivery of care.
-  Ensuring that each person and family are engaged as partners in their care.
-  Promoting effective communication and coordination of care.
-  Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
-  Working with communities to promote wide use of best practices to enable healthy living.
-  Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

The Agency for Healthcare Research and Quality (AHRQ) is part of the U.S. Department of Health & Human Services. The AHRQ website is full of information including some resources that could help practitioners in adapting to the new healthcare law and help them with their work. On the right: the National Quality Strategy priorities, developed because of directions in the healthcare law.

Surgeon General to put together a national strategy, to develop new patient care models, and it lists numerous improvements for Medicare.

In Title IV, the authors float ideas to support prevention and public health innovation, primarily by pointing to research funding. In Part 2, the law directs the development of a “National Strategy to Improve Health Care Quality.” While not directly related to prevention and wellness, the authors do take on the interrelated issues of quality improvement and health outcomes.

The authors direct the Secretary to “establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.”

There are sections about quality measures, grants and contracts about health outcomes, use of health information, patient experiences, and so on.

Title IV, “Prevention of Chronic Disease and Improving Public Health,” creates another council, called the “National Prevention, Health Promotion and Public Health Council.” The Surgeon General serves as the Chair. This group is to “... develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States; ...”

And, “... provide coordination and leadership at the Federal level, and among all Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States ...”

The group produced a report and has set the priorities, which are:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-being

There are sections on community health and a variety of tasks, such as making available risk assessment tools and increasing

access to clinical preventive services through for example, school-based programs (Sec. 4101), includes grants.

There is also information about grants for prevention programs for Medicaid (Sec 4108) and grants for helping communities (Sec. 4201) and for services to those in Medicare (Sec. 4202).

If you’re in to this area, there may be a grant for you. The innovation center is at <http://innovation.cms.gov/> and the Surgeon General’s group is at <http://www.surgeongeneral.gov/initiatives/prevention/about/index.html>

The one that seems the most packed full of information, including some interesting tools, is the <http://www.ahrq.gov/> , the Agency for Healthcare Research and Quality, under DHH.

4. A Chat with Two Community Leaders

In an attempt to understand the impact on decision makers I spoke with a business leader, Mr. Shannon Arceneaux, who heads up Human Relations and Public Affairs for Rubicon in Geismar, Louisiana. Arceneaux also serves on the Blue Cross Blue Shield Employer Advisory Council.

I also spoke with Dr. David Carmouche, Chief Medical Director and Senior Vice President at Blue Cross Blue Shield of Louisiana (BCBS).

Rubicon is a petrochemical company that has routinely invested in wellness programs for its employees. Over the years offering such activities as health education, Weight Watchers, and walking paths. The company is self-insured, and so the obvious reason for the effort is insurance cost savings, but the company is also very interested in the well-being of its employees. This is often the case for employers despite the sometimes mixed results that research on company wellness programs produce.

I asked Mr. Arceneaux about Obamacare, and also the recent employers delay.

“The postponement of the employers’ mandate does not affect us,” he explained. “We already provide our employees with the type of benefits required by law.”

Obamacare Corner

But, he cautioned that companies will need to stay aware of the 40 percent excise tax on Cadillac plans. “Employers will have to be mindful of that as they go forward,” he said.

He explained that while his company’s plan, administered by BCBS, does not currently fall over the Cadillac threshold, most employers will eventually have to contend with this tax because the law sets the penalty for Cadillac plans to increase based on the Consumer Price Index. “Healthcare costs increase at triple that rate,” he said, “at eight to 10 percent a year. It will only take our plan six or so years to reach the Cadillac threshold.”

At that point, employers may be forced to look at other options. “The end-game looks like a single-payer,” said Arceneaux. “We will be mindful as things unfold.”

If the single payer is the government, that will shift at least part of the incentive that self-insured companies now have to support employee wellness.

I also spoke with Dr. David Carmouche, Chief Medical Director and Senior Vice President at Blue Cross Blue Shield of Louisiana (BCBS). Dr. Carmouche looks at the changes from the perspective of one of the largest insurers in the state.

“I think that the imperative facing major health insurers,” he said, “is the rising health costs. Health care has been too expensive. The way that health care has been provided as been to reactive, and not well coordinated.”

For BCBS this issue was already on the table, he explained. “Our stakeholders were screaming for something to happen long before Obamacare was passed.”

“We have the largest commercial base,” he said, and noted that his perspective includes both sides of the equation. “I represent the healthcare providers themselves and the people they serve.”

Carmouche said that BCBS has a number of initiatives to address the issues. One of the first things that his team has been working on is an educational effort, The Louisiana Health Education Coalition, created and supported by BCBS.

“The Coalition has 140 members and it is an unbiased group that works to share information across the state, including a speakers’ bureau,” Carmouche said. The Coalition aims to help people get objective information about the drivers of healthcare costs, personal wellness, and healthcare reform.

A second initiative, explained Dr. Carmouche, is to enhance and support the relationships and effectiveness at the level of the primary care providers. “Our strategy is to engage providers in communication so that patients develop a trusted relationship with a primary care provider,” he said. “We are doing this through our program, Quality Blue Primary Care.”

“We have the largest population of primary care doctors,” he said. “And we

want to bring a couple of things to bear in this area.”

“We are supplying web-based tools for clinical data and practice management, which helps the practitioner with data about risk, costs, and complexity, so the practitioner can focus their efforts on what is important.”

They can aggregate data and look at quality variables, use case management teams to help with higher risk people, and help providers in assessments, including behavioral assessments.

“We’re giving them the IT tools, connectivity, standard assessments, and help measure quality.” He explained that with these improved processes, the providers can receive extra payments, a care management fee above and beyond the regular payment.

BCBS will be rolling out this program over the next three years, with 90 or more entities, not only individuals, and touching over 500,000 people.

A third initiative for BCBS has to do with serving those individuals who will have insurance for the first time.

“We do believe people will be getting insurance who have previously not had care, and these will have pent-up needs for care,” he said. Dr. Carmouche’s expectation is that costs will be substantially higher than those who have had insurance in the past.

“We are exploring a novel approach with a company named Tamber Health.”

Tamber Health is led by Dr. James Rundell, the Chief Medical Officer. Rundell an LSU School of Medicine graduate with 23 years in the Department of Defense and seven at Mayo Clinic. The team consists of physicians, psychiatrists, nurses, and social workers, according to their website.

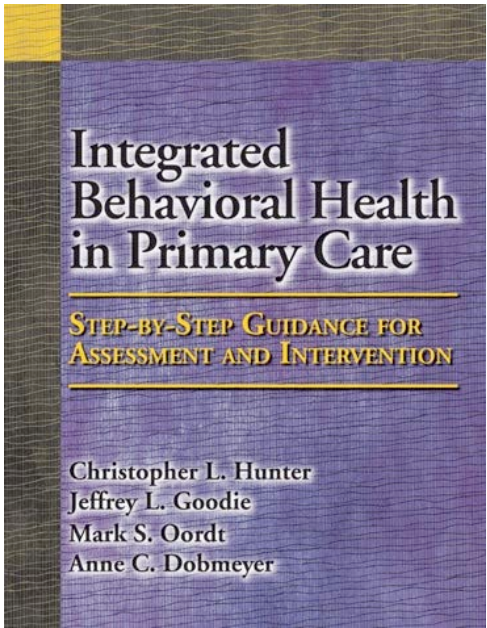
“They tie the behavioral realities to primary care,” said Carmouche, “integrating behavioral health. They put the behavior into the equation. The primary care doctors are incredibly appreciative of this help.”

“Physicians are frustrated with not being able to get these folks to the right resources,” said Carmouche, who was in primary care himself for 15 years. He explained that he used psychologists as first line professionals. “As a primary care doctor, it makes your life so much easier. Integrating behavioral health into primary care has a lot of value,” he said.

What about prevention? “We are so sick. We have to focus on the top percentage, to help us get some breathing room, then we can look at long-term prevention. It is clearly a dual path,” Carmouche said.

“We were on this path already, because at the end of the day we were having to reduce health care costs anyway.”

“There were a whole lot of people who had figured out that we were going to have to be more engaged with providers, and help find ways to solve these problems,” he said.



Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention is listed on the HRQ Health Care Innovations Exchange as one of many “tools.”

The book includes a long list of assessments and handouts for working in the primary care setting, such as the following:

✓ The Insomnia Severity Index

✓ Health Anxiety Inventory Short Version

✓ Sample Assessment Questions for Asthma

✓ Assessment Questions for Patients with Cardio-vascular Disease

✓ The High Blood Pressure Handout

✓ Four A’s for Managing Alcohol Consumption Handout

✓ Understanding Chronic Pain Handout

Next month: More on Obamacare

People

UNO’s Dr. Scaramella Chair at NIH
Continued

the review for their scientific merit. Her appointment begins September 1 and she will serve for approximately two years. The report noted that her group will focus on the identification of risk and protective factions, the development of problem behaviors, and the design and assessment of interventions.

Scaramella told UNO press, "I am honored to be selected as chair. As chair, my goal is to preserve the integrity of the peer review process. The peer review process is one mechanism by which scientifically critical research is advanced."

Scaramella is a professor of psychology and graduate coordinator for the psychology department. At UNO, she is the Graduate Coordinator and leads the Families in Transition Lab, with on-going projects: Bambini Project, Mothers and Preschoolers Study, and the Family Transitions Project.

"Dr. Scaramella's research focuses on social, genetic,

and biological mechanisms affecting the parenting quality and the emergence of behavior problems during early childhood. Her works seeks to uncover how social contextual stressors, like economic disadvantage and neighborhood danger, and children’s temperamental characteristics affect parenting quality and children’s behavioral and social adjustment. Towards this end, Dr. Scaramella is actively engaged in several longitudinal research studies."

Scaramella is also working with the Healthy Gulf Coast/Healthy Communities consortia, a group of researchers from across the gulf coast that are examining the impact of DeepWater Horizon Oil Spill on families and communities. Her focus is to help understand the impact of the oil spill on the quality of family relationships and on children’s social adjustment.

Dr. Jennifer Curry Named Interim Associate Dean, College of Human Sciences & Education at LSU, BR

Source: LSU Media – Billy Gomila

The LSU College of Human Sciences & Education has announced that Dr. Jennifer Curry was named interim associate dean for programs and services, according to LSU media. Curry formerly served as the coordinator of the school counseling program within the College of Human Sciences & Education.

In her new assignment, Curry will report to the dean of the college, which includes the School of Education, the School of Human Resource Education and Workforce Development, the School of Kinesiology, the School of Library and Information Science, the School of Social Work and

the University Laboratory School. " ... As we enter our second year as the College of Human Sciences & Education, I look forward to collaborating with faculty and staff throughout CHSE and am thankful for the opportunity to be part of our progress," she said, according to the news release.

Curry formerly served as the coordinator of the school counseling program within the College of Human Sciences & Education. She earned her master's in human development counseling from Vanderbilt University, and a doctorate in counselor education from the University of Central Florida.

Curry co-edited the newly published book,

Integrating Play Techniques in Comprehensive School Counseling Programs. The book focuses on various play techniques and the application of various play therapy theories, such as child-centered play therapy, solution-focused play therapy and cognitive-behavioral play therapy within comprehensive school counseling programs.

She presented her work at more than 70 national and international conferences. She has published more than 40 articles in peer-reviewed, refereed national and international counseling journals, as well as an edited book on play therapy and a P-12 career and college readiness textbook.



South River Stories®

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People

Changes Coming For Baton Rouge Speech & Hearing

Dr. Brian Esteve and his colleagues at Baton Rouge Speech & Hearing Foundation are getting ready for big changes coming in 2014. This past January the Foundation broke ground at Innovation Park, LSU’s new complex opening next spring.

The Foundation, one of the most respected service organizations in the region, will be donning a new face and a new name. The new 26,000-square-foot facility will be called The Emerge Center for Communication, Behavior & Development.

“We will triple the number of clients we are able to serve,” Esteve told the *Times*. “We offer a variety of pediatric services and I oversee our autism program,” he said. “It is an interdisciplinary program that involves applied behavior analysis, speech therapy and occupational therapy.”

Esteve is the full-time psychologist and behavior analyst on staff, and joined by part-time psychologists, Dr. Jane Morton, who oversees home-based ABA services, and Dr. Emily Boudreaux who provides a variety of evaluation and therapeutic services and who specializes in developmental disabilities. Also behavior analyst, Katie Barlow, supervises ABA programs.

The new Center will be able to double the number of children served in the group speech program and increase the number of children in the Autism program from 46 to 100 in about five years, according to LSU news.

The staff at the Emerge Center will continue to offer evidence-based therapies to children and adults with communication difficulties from the Greater Baton Rouge area and across Southern Louisiana, regardless of their ability to pay, just as Baton Rouge Speech & Hearing has for decades.

Dr. Brian Esteve explained to the *Times* his unique history with Baton Rouge Speech & Hearing. He worked as a graduate assistant in the autism program from 2005-2007 under the mentorship of George Noell, PhD, LSU professor and licensed school psychologist. After completing an internship with Louisiana State University Health Sciences Center, Esteve rejoined the staff at BR Speech & Hearing in 2008 as supervisor of Applied Behavior Analysis services. Because of this, he has had the opportunity to see the autism program grow from a small pilot program, consisting of four children, to the comprehensive program it is today.

Dr. Esteve is a Louisiana native, a licensed school psychologist and a board certified behavior analyst.

He is the Chairperson for the Board of Directors for Families Helping Families of Greater Baton Rouge, is a non-profit, family directed resource center for individuals with disabilities and their families. Along with their many community services and activities, Families Helping Families hosts the annual “Active for Autism 5K Run/Walk & Fun Fest” held annually to benefit The Resource Center for Autism Spectrum Disorders, one of the organization’s programs.

The new Emerge Center will be the first tenant in the new complex dedicated for research commercialization by Louisiana State University, Baton Rouge campus.



(Photo by B. Waters)

Louisiana Tech graduate students recently presented their work at the Louisiana Tech Conference. Some of the students have presentations at APA. Above they watch research competitions. L to R, graduate students Stephanie Murphy, Deborah Simpson, Bharati Belwalkar, Jordan Lindsey, Jennifer Thibodeaux, and Victoria Felix.

Celebrating 45 Years

Galbraith Takes Reigns Of LA Counseling Assn



Bruce Galbraith

The Louisiana Counseling Association held its first meeting for the 2013-2014 year on July 12 and 13, in Baton Rouge, said the association’s Executive Director, Diane Austin. The association elected new officers and they are: Bruce Galbraith, President, John Crawford President-Elect, and Paul Ceasar will take on the position of Past President.

The new President noted on the group’s website, “In 2013, LCA will proudly celebrate 45 years as the state’s professional association for Louisiana’s counselors.”

“The Louisiana Counseling Association is the state’s primary professional counseling association and one of the most highly respected counseling organizations in the United States,” he said. “Those who are involved in the counseling profession encompass a variety of settings including schools, universities, private mental health practice, residential facilities, hospitals,

community agencies, businesses, industries and government.”

Ms. Austin told the *Times* that some of the goals for the coming year will include launching a new website and continuing the group’s on-going legislative advocacy on behalf of licensed professional counselors.

The group will also be developing a public service announcement to help the public better understand the services that professional counselors provide, she explained. The effort will also help people know that there is an organization that can provide more information about the profession.

Along with new directions for the year, the counselors’ association will also be continuing its partnership with the military to help returning service men and women, explained Austin.

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Up-Coming Events

Sept 15-17 LCA Convention To Be Held In New Orleans

The Louisiana Counseling Association (LCA) will hold its 45th Annual Conference in New Orleans, September 15 –17, at the InterContinental Hotel, 444 St. Charles Avenue.

This year’s theme will be; “This is Our Time: To Review, To Renew, and to Refocus.” The three day conference will offer 81 seminars including a two-part presentation by the state counselors’ board on “Ethical and Legal Issues for LPCs and LMFTs in Louisiana: An LPC Board Overview.”

The conference will provide educational presentations for counselors, marriage & family therapists, school counselors, supervisors, and administrators, and others.

The keynote speakers will include three nationally recognized professionals. Dr. Clifton Mitchell, a licensed psychologist, will present “The Hidden Power of Language for Superior Client Outcomes and Self-Improvement.” He is the author of *Effective Techniques for Dealing with Highly Resistant Clients*, for managing psychological resistance.

Dr. Cirecie West-Olatunji, President-Elect of the American Counseling Association, will provide the welcome address at the Opening Session on the 15th. Dr. West-Olatunji serves as Associate Professor/Coordinator of the Counseling Program and Director of the Center for Traumatic Stress Research at the University of Cincinnati.

Dr. Keith Morgen is the national president of the International Association of Addictions and Offender Counselors and Licensed Professional Counselor in New Jersey. Dr. Morgen will present “*Integrating Addictions Counseling into the Professional Counselor Identity*” on Sunday. He is faculty advisor for Psi Chi, the International Honor Society for Psychology and is a past recipient of the Centenary College Distinguished Teaching Award.

The three days are full of a variety of presentations and workshops. These include, “An Overview of the Gottman Methods of Couples Therapy,” by Mark Reynaud, LPC-S, LMFT-S, and “Learning to Connect Emotionally in Relationships the John Gottman Way,” presented by Dr. Ernie Cowger, LPC, LMFT, April MacGinley, MA, LPC, and Mary-Louise McMahon, and John Bundrick, LaTech graduate students.

Family Group Decision Making: Empowering the Family, will be presented by Susan Norwood, LPC, MEd, and Dr. Charles Gagnon, LPC-S, LMFT, will present MFT Ethics, a review of the major points of the American Association for Marriage and Family Therapy Code of Ethics.

Dr. Peter Emerson, LPC, EdD, will present “The Ethical School Counselor,” and Christopher Belser, MEd and Kellie Mitchell-Hargroder, LPC, LAC, MEd, EdS, will present, “Understanding the ASCA Model and How to Implement It In Your School.”

Drs. Christine Anthony, Faye White, and Gwen Duhon, will guide participants in ways to manage stress, evaluate emotions, and incorporate healthy lifestyle changes, in “This is our Time to Renew: Managing Occupational and Lifestyle Stressors.”

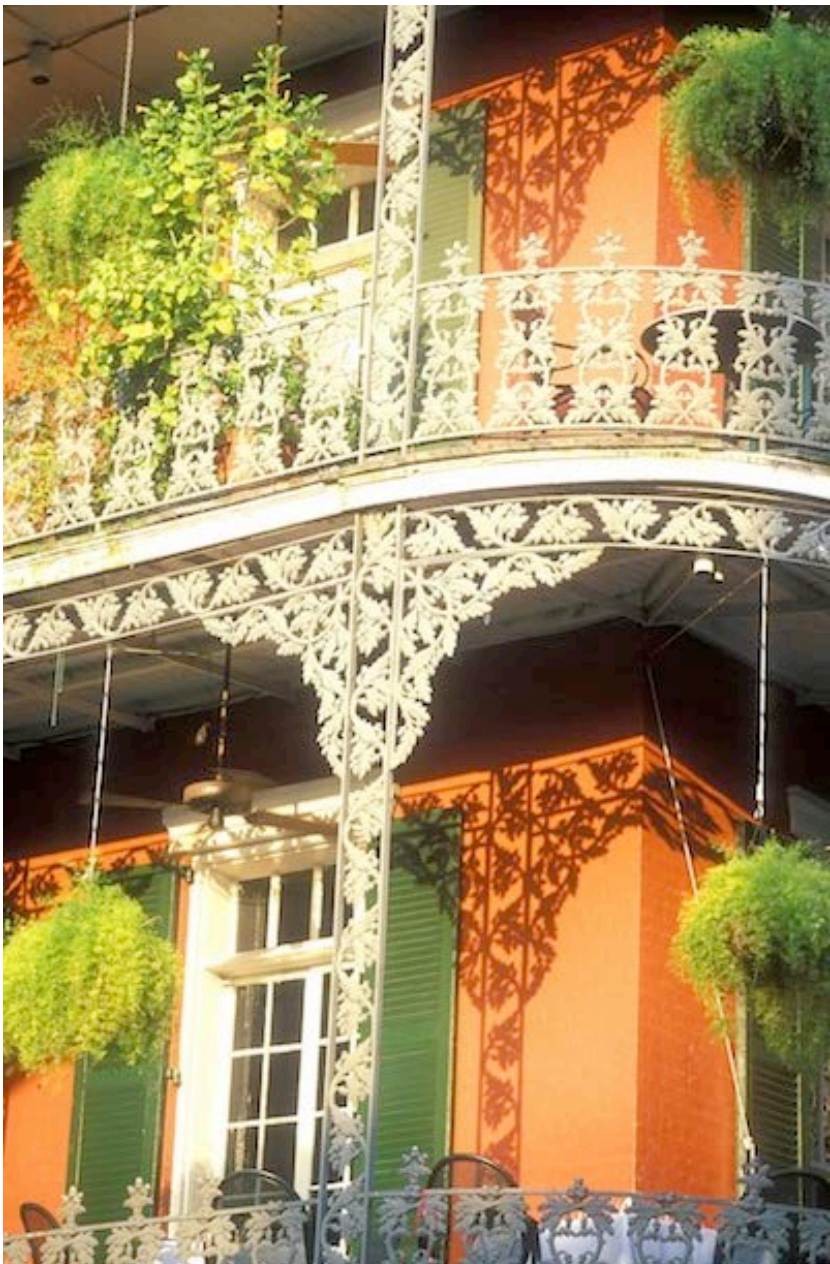
Dr. Bill McHenry, PhD, LPC, will present, “This Time for Neurocounseling Has Come,” and Dr. Dudley Chewing, EdD, LPC, LMFC, will present “How to Determine if Clients Are Benefiting from Your Services.”

“Social Media and Suicide Prevention: Time to Consider the Role of Adolescents,” presented by Dr. Latifey LaFleur, PhD, LPC-S, and graduate student Andrea Durousseau.

Dr. Gary Gintner, PhD, LPC, along with LSU graduate students Kevin Credeur, Heather Parker, and Melissa Ray, will present “DSM-5 Has Arrived.”

Dr. Holly Bell, and Deatrice Green, MHS, will present, “Using Children’s Books as a Tool for Coping,” and Janice Tkaczyk, MEd, and Jerry Ellner, will present, “S.T.E.M.: Time to Fuel Our Students’ Futures.”

Drs. Corrie Minges, PhD, LPC, and Roxane Dufrene, PhD, LMFT, LPC-S, and UNO graduate student Emma Eckert, will present “Counseling Service Members and Their Families.”



French Quarter Balcony © Alex Demyan

October 19 LPA Teams with Tulane To Bring Dr. Irving Kirsch For Conference

The Louisiana Psychological Association is teaming up with Tulane to bring Dr. Irving Kirsh, an internationally known expert in the area of placebo effects, antidepressant medication, hypnosis, and suggestion, to New Orleans for the LPA Fall Conference. The workshop will be on Saturday, October 19.

Dr. Paula Zeanah, Chair of the Continuing Education Committee and a Director for Louisiana Psychological Association (LPA) told the *Times*, “We are excited about the LPA Fall Workshop. Dr. Kirsch is internationally recognized for his work in hypnosis, placebo responses, and most recently, his research on the impact of placebo response and antidepressant therapy.”

The program is co-sponsored by Tulane Department of Psychiatry and Behavioral Sciences. Dr. Kirsch will also be presenting to the Adult and Child Psychiatry Grand Rounds while he is in New Orleans, said Zeanah.

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

“Because we believe this topic will be of broad interest,” said Zeanah, “we will be offering this LPA workshop to other health and mental health professionals as well.”

Dr. Zeanah is a clinical psychologist and works with medically ill children on the Tulane Pediatric Psychiatry Consultation-Liaison service at Tulane Hospital. She is the supervisor for the pediatric psychology track of the internship program.

Cont’d next pg

Susie Marie PhD



I have triplets!

Last month I wrote about having twins, the business, *South River Stories, Inc.*, and the program, *South River Stories® - The TV Show*. I have prepared myself to care for both of them and to raise them well.

Recently, however, my *South River Stories®* "healthcare provider" (i.e., consultant) calmly corrected my clever metaphor, delivering the unexpected news that I also have a third baby, my market!

Of course, *South River Stories® - Promotions*. She's the one who already is making the most noise, fussing for me to blog and tweet and post and message and link-in and network. She probably will be the first one to walk, and the last one to sleep through the night.

My very playful *show baby* keeps me engaged for hours, developing ideas, creating stories and writing scripts, and I pay close attention to my more

serious *business baby*, because neglected paper work becomes a very stinky diaper.

I already had an office PC computer for my *business baby* and a MacBook Pro for my *show baby*. Now my *promotions baby* wants an iPad! I can tell having triplets is going to require quite an investment.

So, here I am, seven months after establishing the business, three months away from the premiere of the TV show, and today I have a wonderful opportunity for promotion right here in the *Psychology Times*.

You've arrived at the last page of this newspaper. Did you find my ad?

LCA Convention To Be Held In New Orleans, Continued

Dr. Richard Mathis, EdD, LPC, and Dr. Chris Rachal, PhD, MP, and Victoria Verdun, Nicholls State graduate student, will present "Do Counselors Need Psychopharmacology Training."

"Overmedicated and Undernourished: Understanding the Role of Diet in Child and Adolescent Behavior and School Performance," will be presented by Drs. Mary Ballard and Hunter Alessie, both LPCs.

"Sex Offenses and Sex Abuse: Systemic Interventions," will be presented by Dr. Christian Dean, PhD, LPC, LMFT, and Amanda Chapoton, MA, LPC, LMFT.

"Treating Couple Infidelity Utilizing Gottman Methods couples Therapy," presented by Mark Reynaud, MA, LPC-S, LMFT-S, "Working with the Military and Their Families," presented by Drs. Charles Gagnon, EdD, LPC-S, LMFT, and Christina Dean, PhD, LPC, LMFT, and "Crisis Intervention: Understanding the Incident Command System When First Responders React to an Active Shooter on Campus," presented by Dr. Thomas Fonseca, PhD, LPC-S, LMFT, and OLOHCC graduate student, Kimberly McDuffie.

Dr. Mary Feduccia, PhD, LPC-S, LMFT, will present, "Careerscape: Evolutionary Shifts in the World of Work," Dr. Meredith Nelson, PhD, LPC, LMFT, and LSU-S graduate student, Christopher Moneaux, will present "Genes, Environment, and the Gene-Environment Interplay: The Future of Mental Health Treatment?"

For a complete list of all events, go to the Louisiana Counseling Association website.

The Psychology Times

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Dr. Gary Gintner Highlighted in NP

Dr. Gary Gintner, LSU Associate Professor and Program Leader of the Counseling Program at Louisiana State University, was featured in the lead story for the July/August issue of *The National Psychologist*, a newspaper for practitioners with national circulation.

In the front page story, titled "Expert sees value in DSM-5," the reporter noted that Gintner is a nationally recognized expert on the DSM and considers that views of the DSM-5 are more negative than warranted. Gintner said that adjusting to the new manual will likely require additional training for most practitioners, noted the article.

Gintner was the invited speaker to the Ohio Psychological Association training event hosted by the Ohio association and the National Psychologist. He presented "DSM-5: A User's Guide Workshop."

Dr. Gintner is currently the DSM-5 Task Force Chair for the American Mental Health Counselors Association and a nationally recognized trainer on the DSM. As Chair, he has provided responses for the DSM-5 development for the American Psychiatric Association.

Dr. Gintner has conducted workshops on the DSM since the early 1990s. He has provided training for the American Counseling Association, the American Mental Health Counseling Association, and many state associations, including Marriage and Family Therapy state associations.

The *Times* reported on Dr. Gintner's presentation in its July issue.

Gulf Coast ABA Conference Set For October 18-19, 2013

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

The Keynote speaker will be Dr. R. Douglas Greer from the Columbia University Graduate School of Arts and Sciences and Teachers College, according to information on the association's (LaBAA) website.

Conference events will include workshops, paper sessions, symposia, and opportunities for continuing education.

The call for papers is now open.

The Psychology Times

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None of the content is intended as advice for anyone.