Independent Voice for Psychology and Behavioral Sciences in Louisiana

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School Specialist **Discussion Taking** Shape After Survey



and Dr. Patterson.

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.

"This is the largest response we've ever seen in a survey," Parker said, "at least for as long as I've been here."

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.

So far, Parker explained, 58 percent of the responses to the survey are from non-licensed individuals and 42 percent are from

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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 spill's economic and environmental impact landed on the same Louisiana citizens and communities that were still working to recover and rebuild from Katrina.

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."



An eNewspaper for the

Psychology Community

(Coast Guard/ Stephen Lehmann.)

Three years have gone by since the BP oil spill; people along the coast show vulnerabilities

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Reality Series from West Monroe Breaks Records

The Psychology Behind A&E's Hit, Duck Dynasty

What's the Psychology Behind the Popularity of West Monroe's Duck Dynasty?

A once dirt-poor family from West Monroe has knocked it out of the park with their A&E reality show, Duck Dynasty. The fourth season premier aired last month and broke all cable television records with a "whopping 11.8 million viewers," reported A&E. This made Duck Dynasty the #1 nonfiction series telecast in cable history. The show has drawn appeal from all age groups, and in more than 100 countries, reported the New York Times last month.

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.

"When you don't know what you're doing, it's best to do it quickly." - Jase

"First it's pretty tires, then it's pretty guns—next thing you know, you're shavin' your beard and wearin' Capri pants." - Si

"Nothing makes a dad happier than seeing his daughter with a smile on her face and her boyfriend with fear in his eyes." - Willie

"Uptown living, you've got to call 911. Where I am, I am 911." - Phil

Cont'd pg 7

Left: Patriarch and riverbank philosopher, Phil Robertson, one of the stars of the hit reality series, A&E's Duck Dynasty. Phil sums up life in one-liners such as, "If you are too busy to go hunting and fishing, you're too busy." The show broke all the records for its fourth season premier last month.

(A&E photo/ by Karolina Wojtasik)

Dr. Brown Listed on Medical Board as New MP, **Surprises Some** in LPA

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I/O "Gone for Good" says LSU **Psychology Chair**

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Editorial Page

More Like Torture

Jase Robertson, one of the Duckmen from *Duck Dynasty*, commented on the season premiere that helping his wife decorate the yard for his parents' renewal wedding ceremony wasn't like work — "It's more like torture." I know exactly what he means. I'm reading the Patient Protection and Affordable Care Act.

We've known for a long time that psychological and behavioral health is a major component of a person's health, and that 60 percent of medical costs have at least some element of behavior connected. I believe it's a higher percentage even than that, because many of the variables are still unknown. Medicine doesn't always go looking for them.

So, I'm reading Obama care and besides having to deal with the horrible communication style, I'm thinking every other word something like, "This violates social exchange theory; this assumes the validity of the criterion; this ignores behavior theory; this suggests no intervening variables; this assumes leadership traits that are unlikely..." Torture.

When I drill down trying to understand the federal rules on ACOs, I see that the incentives and bonuses in the shared savings program for Medicare are designated only for physicians, nurses, and physician assistants.

First off, why would anyone hard-wire the incentives and limit who can develop and profit from savings innovations, based on some arbitrary criterion of professional category? We can never really know beforehand where the innovations and excellence are going to pop up. Perhaps the designers were thinking of motivation only (as if that can be predicted). But at least, we should strive to avoid decisions that shout to the rooftops: "What we see is all there is!"

Secondly, someone decided to leave out the professionals who might actually be able to connect the dots and impact health/behavior, truly reducing waste and improving quality. Huh?

The troubling thing for all of us should be that this is evidence of the continuation of the medical model in healthcare, which amounts to a serious dose of groupthink. This suggests to me that political issues are driving the decision-making. I wonder if the public started catching on around 2002, when the increases in medical costs began to decline, and continued to decline, reaching a puzzling, 50-year low.

For now, what's left to those in psychology and behavioral science is to market the evidence-based benefits we offer to the physicians, nurses, and physician assistants, regardless of the errors in Obamacare. It is more uphill than it needed to be, but it is certainly something our community could work on together.

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Publisher: Julie Nelson, PhD

Journalism Consultant:
Robert Holeman,
Editor (Ret.), The Coushatta Citizen,
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Columnists/Reporters: Suzanne Booth, MA, Intern Shane Lowery, MS, Intern Natasha Jordan, Correspondent Susie Marie, PhD, Columnist

Cartoonist: Jake Nelson-Dooley

Photography: M. Dooley, Tom Stigall, Britney Waters

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

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State and National News

School Specialist Discussion Continued

individuals with a license in psychology. The survey was sent to nearly 300 school specialists and over 650 licensed psychologists around the state.

"This first survey," said Parker, "was to generate discussion and feedback to guide our thinking." She explained that the task force is exploring ideas and opinions from the community, and that at the time of the survey the team was not at the point where issues of scope of practice were being developed. Parker noted that the scope of practice will be discussed at the coming meeting of the task force, scheduled for September 6.

Parker said that from task force discussions and survey feedback that two of the possible reasons that school specialists might favor the new type of credential under the psychology board could involve reimbursement for services and the opportunity to increase services in rural, underserved areas.

The *Times* recently spoke with Dr. Alan Coulter, Director for **Educational Innovations** at the LSU Health Sciences Services **Human Development** Center. Coulter is a licensed school psychologist and a leader in the school psychology and school specialist community. "This is a positive move symbolically," he said. But, he explained, he was not sure what the incentives for another certification or license

"This is a positive move symbolically."

But, he explained, he was not sure what the incentives for another certification or license would be for the school specialist.

– Dr. Alan Coulter

would be for the school specialist. He explained that currently the school specialist pays \$25 for their credential through the state, valid for five years.

Parker told the *Times* that some of the school specialists surveyed noted that they would use the credential to help them contract with schools or to contract with licensed psychologists.

While members of the Louisiana Psychological Association have been silent about the matter on their listserv, sources say that some members of the Louisiana Academy of Medical Psychologists (LAMP) have been critical of the move and stating some negative feedback on their listserv. One LAMP member told the *Times* that there was some "grumbling" going on.

LSBEP Executive Director Parker told the *Times* that she had heard about some of the complaints, and they appeared to stem from the idea that newly credentialed school specialists would be in direct competition with licensed psychologists. Also, there appeared to be concerns that specialists would provide the same services as licensed school psychologists, she said.

There were also comments about master's level professionals holding a position at the board level.

Parker explained that there is no plan for the sub-doctoral specialist to have a seat on the LSBEP, but that possibly a licensed school psychologist might be included as a permanent board position. In reference to the school specialists, she said, "It is my understanding that the group would be perfectly happy with the panel." This is in contrast to the merged-board arrangement that was proposed by the LSBEP for the behavioral analysts, a controversy during the last legislative

Also, she explained that school specialists, have additional training over



Dr. Conni Patterson, Tulane Professor and member of the School Specialist Task Team preparing for her presentation at the 2012 Louisiana School Psychological Association. Dr. Kevin Jones, head of the school specialist program at LSU-Shreveport, is assisting.

and above the master's training level.

If the LSBEP goes forward with the multilevel credentialing, Parker told the *Times*, the license would be optional. "We would never make this mandatory," she said. And, "The license would be as a school specialist, not a licensed psychologist, obviously."

In a forthright statement on the LAMP listserv. provided to the Times, Dr. Bruce McCormick, licensed school psychologist and medical psychologist, challenged some of the criticisms from his colleagues. "Doomsday notions such as an SSP as chair of the LSBEP or unbridled, unregulated clinical services by anyone with an MA in psychology are foolish, uninformed, provocative, and I would suggest counterproductive. Much of the difficulty we have today comes from an arrogant history of Louisiana psychology dismissing intelligent, well educated, subdoctoral personnel."

McCormick noted that it has been that type of

climate that has created the high number of "poorly trained" providers in the state.

We have been a narcissistic, self-aggrandizing profession for too long."

– Dr. Bruce McCormick

"I am convinced that licensed psychology has already lost the battles of psychotherapy— which will be a predominately masters level activity within a decade, and psychological and psychoeducational testing, which (except for forensic activities) will also be dominate[d] by masters or specialist level personnel."

"We have been a narcissistic, self-aggrandizing profession for too long. [...]" He warned colleagues that if they could not "... find a way to bring subdoctoral folks into the fold in an appropriate way and at an

appropriate level, their services will remain largely unregulated and their scope of practice will expand. To simply dismiss the issue as unacceptable is the strategy of an ostrich. A soon to be extinct ostrich."

The LSBEP task force came into being at the March long-range planning meeting of the state psychology board. At that meeting, Dr. Steven Welch spoke to members about the need for correction in a trend toward the "old model." He explained that this meant that people were coming in and doing testing without a broader understanding of theory and practice of psychology. He also noted problems with access to school psychology services in the state and problems with Medicaid reimbursement and benefits to both schools and students, as well as psychologists, if changes could be made in this area.

Welsh also noted that it was the first time in 30 years that the Louisiana school psychological Association had been officially asked to talk to the psychology board.

Vulnerabilities in Coastal Parishes, Continued

This is led by Drs. Howard and Joy Osofsky, from LSU Health Sciences Center, School of Medicine, now in its second year.

The team got to work quickly to meet the immediate needs of the residents of seven parishes, providing mental and behavioral health treatment and longer-term services to the individual's families and communities affected by Deepwater Horizon spill.

One of the most important goals of the project has been to integrate mental and behavioral health into the primary care facilities along the Louisiana Gulf Coast parishes affected by the spill.

One of the most important goals of the project has been to integrate mental and behavioral health into the primary care facilities along the Louisiana Gulf Coast parishes affected by the spill. According to the website, clinicians have been placed in clinics along the coastal parishes and in particular those most heavily impacted by the outcomes of the oil spill. These are Cameron, Jefferson, LaFourche, Orleans, Plaquemines, St. Bernard, and Terrebonne.

The team is working with several clinics including Hackberry Rural Health Clinic in Cameron Parish, Kids 1st Clinic in Orleans Parish East, Plaquemines Medical Center, and St. Bernard Health Center.

The clinicians from the LSUHSC project are also providing "therapeutic school-based interventions with children and families, as well as training and counsel to consultations to school administration and personnel."

According to the program directors, screenings are being done in the schools in collaboration with LSUHSC which help to identify those youngsters and adolescents who may benefit from services.

The clinicians also work together with the school administrators to provide services to children in need. "Currently, LSUHSC clinicians run bimonthly group consultation meetings with school counselors and social workers from Terrebonne and Lafourche parishes that allow these school leaders to discuss and process difficult cases and situations that are occurring in their perspective schools," noted the website.

According to the researchers' findings, schools in the seven parishes that would require enhanced mental and behavioral health services include several from Lafourche (Bayou Blue Middle School, Central Lafourche High, Golden Meadow Middle, and Lockport Middle). In Orleans Parish, Reed High School requires enhanced services.

St. Bernard Parish also has a number of schools needing additional behavioral health services, which include Andrew Jackson, Arabi Elementary, Chalmette Elementary and High School, Gauthier Elementary, Lacoste Elementary, and Rowley Alternative.

Terrebonne Parish East Street Alternative High, Evergreen Junior High, Houma Junior

MENTAL WELL-BEING

Depression and anxiety are among the most commonly occurring mental health conditions in the United States of America – both often co-occur with physical health conditions.

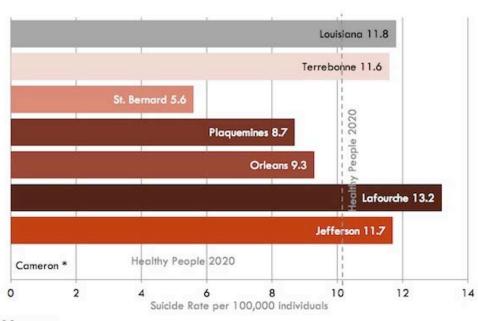
Suicide Rate

The suicide rate in Lafourche Parish is higher than the state rate and the Healthy People 2020 target.

The suicide rate in
Terrebonne and
Jefferson Parishes is
similar to the state rate
and higher than the
Healthy People 2020
target.

The suicide rate in St. Bernard, Plaquemines, and Orleans Parishes is lower than the state

and the Healthy People 2020 target.



One chart from many included in the "Comprehensive Regional Community Health Assessment Report," produced by the Louisiana Public Health Institute. The Institute coordinates the "Primary Care Capacity Project," one of the projects funded by BP. The work overlaps with the "Mental and Behavioral Health Capacity Project "led by Drs. Howard and Joy Osofsky, from the LSU Health Sciences Center, School of Medicine, and also funded by the BP settlement.

High, and Oaklawn Jr. High, require enhanced services.

As part of a 432-page class action medical settlement between plaintiffs and BP, which set out compensation procedures for those with illnesses arising from the spill, BP agreed to four projects to support residents' primary and psychological care. Collectively, these projects are called the "Gulf Region Health Outreach Program."

"Data gathered from the Gulf state population survey, Oxfam America and existing national and state sources suggest that residents in these 7 parishes are vulnerable to socio-economic, social and environmental factors."

Comprehensive Regional Community Health Assessment Report

The LSUHSC project's findings dovetail with the recent report from another of the projects, the "Primary Care Capacity Project," coordinated by Louisiana Public Health Institute.

In the first year report from this group, the "Comprehensive Regional Community Health Assessment Report," authors concluded that the existing data shows key health and healthcare needs and vulnerabilities in the seven Louisiana parishes impacted in the spill.

"Data gathered from the Gulf state population survey, Oxfam America and existing national and state sources," authors note, "suggest that residents in these 7 parishes are vulnerable to socio-economic, social and environmental factors."

The authors also concluded that residents across these parishes experience "substantial levels of chronic health conditions such as diabetes, obesity,

hypertension, and congestive heart failure, which not only reflect the health status of residence but also indicate a lack of adequate preventative care in the region."

The authors also studied availability and access to healthcare and concluded that there are health professional shortage areas, known as HPSAs, in all seven parishes.

Other team members for the project include Dr. Kristin Callahan, a developmental psychologist and Assistnat Professor. She is Project Coordinator for Supportive Services.

Helping the group with Tele-Psychiatry services is Dr. Erich Contrad is a physican and consultant for Integrated Mental and Behavioral Health Services. Dr. Erin T. Reuther, a clinical psychologist, is Coordinator for Evaluation and also Assistant Professor of Clinical Psychiatry.

Drs. Kristopher Kaliebe and John Wells, both physicians, are Coordinator for Child and Adolescent Integrated Mental and Behavioral Health Services, and Coordinator for Integrated Mental and Behavioral Health Services in Primary Care Clinics, respectively. Both are helping with Tele-Psychiatry Services.

Joy Osofsky is Barbara Lemann Professor of Pediatrics and Psychiatry and Head of Pediatric Mental Health. She is a clinical and developmental psychologist and is nationally and internationally recognized for her work with children impacted by disasters and trauma.

Corrections & Clarifications

Two corrections were received for our August issue of the *Times*.

Regarding our article about the DSM, a reader told us that the new DSM goes by the number 5 rather than the Roman numeral V. In the article on Dr. Susan Tucker, a reader told us that the Office of Addictive Disorders had merged into the Office of Behavioral Health.

State and National News



The 2010 working group, created by Senator Mount. L to R: Drs. Joe Comaty, Darla Burnett, Jessica Brown, and Jacqueline Shellington from the social work board. The members failed to reach a compromise solution.

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. One insider in the association said to the *Times*, "I had no idea," in response to the news.

The verification on the medical board site indicates that Brown had earned the psychopharmacology master's in 2010, graduating from Alliant University. Alliant is the organization offering a degree in clinical psychopharmacology which operates a Baton Rouge campus, developed by Dr. John Bolter, an Alliant faculty member. Bolter has been a key figure in the medical psychology community.

Dr. Brown was recently appointed to the Louisiana State Board of Examiners of Psychologists (LSBEP). However, she did not list her 2010 preparation training for the MP on her nomination form. Brown's appointment to the LSBEP brings the composition of the state psychology board to 60 percent medical psychologist (MP). Currently, MPs represent less than 5 percent of all licensed psychologists. However, MPs now serve in 3 of the 5 positions on the LSBEP.

The same year that Brown earned her masters in clinical psychopharmacology, she was appointed to serve as the Louisiana Psychological Association (LPA) Legislative Chair, by then president Dr. Judith Levy, also an MP.

Brown served in this position until 2011, when she failed to be re-elected. Following that, she dropped her membership in the association. Levy has also dropped, as has Dr. Kelly Ray, also an MP, who was LPA president in 2010–2011.

The majority of MPs have dropped from LPA, going from a high of 46 in 2009 to around 7 to 10 today, according to several sources.

Cont'd next pg

Psychology Board

Final CE Changes to Be Published in Oct Register

The changes for LSBEP (Louisiana State Board of Examiners of Psychology) continuing education are going forward with the final rule scheduled to be published this month, said the board's Executive Director Kelly Parker.

The Notice of Intent, published in the July *Louisiana Register*, provided the board with approximately 30 comments, Parker explained.

Most of the comments had to do with increasing hours from 30 to 40 for the two-year reporting period, she said. While some of the comments were in response to changes in types of training, she said that the majority had to do with the number of hours. There were also comments that were supportive and appreciative for the changes.

Parker said that the comments and requests for a public hearing did not reach the level required to hold an additional hearing, and so the board will go forward on finalizing the rule. The final rule is likely to come out in the October *Louisiana Register*.

The changes to the continuing education rule tracked the Association of State and Provincial Psychology Boards (ASPPB) recommendations. Changes include an increase of five credits each year, or from 30 to 40 over the two-year reporting period.

The new rule also expands the types of training allowed, including peer consultation, outcome monitoring, and professional activities

DHH Reminds Residents Louisiana Spirit Still Open

In a news announcement August 27, the Department of Health and Hospitals said it wants to remind residents affected by Hurricane Isaac that counseling services are still available through Louisiana Spirit. Spirit is a federally funded Crisis Counseling and Stress Management program, offering counseling in 14 of the 26 presidentially declared disaster areas across the state. These parishes are Plaquemines, Jefferson, Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, Terrebonne, Livingston, St. Helena, St. Tammany, Tangipahoa and Washington.

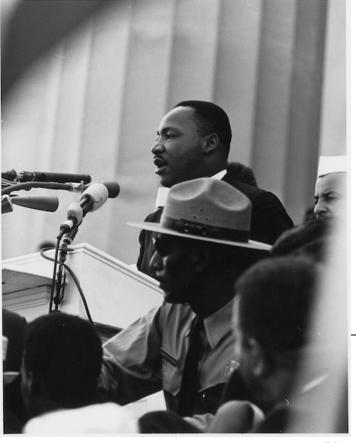
Fifty years ago a man said ...

"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

New LSBEP Member, continued

During Brown's tenure as LPA Legislative Chair she was involved in several controversies.

One of these controversies occurred during the 2011 legislative session, when Senator Willie Mount put forth a bill to consolidate the psychology and LPC (Licensed Professional Counselor) boards. Mount pulled the bill after strong opposition, then surprised most in LPA when she substituted a short, two-page bill to clarify the counselors' scope of practice.

While some psychologists were comfortable with most of what was in the new bill, Brown asked the LPA council if she could obtain assistance from the Louisiana Academy of Medical Psychologists (LAMP) to help fight the bill. The council agreed.

But what emerged from the behind-the-scene negotiations one week later, was a bill that required counselors' to collaborate and consult with a medical psychologist or a physician, and for their patients to be under the active care of a medical psychologist or a physician, if medication was indicated.

Brown came under criticism for the new wording. One psychologist wrote, "Once again, MPs are elevated above us 'regular' psychologists in that only MPs have the ability to oversee the work of LPCs. So for example, if I do an evaluation and I have an LPC in my office who is treating the person for, let's say OCD based on my evaluation results, the LPC must seek consultation with an MP or physician, even though I recommended exposure with response prevention rather than medication."

In defending her approach, Brown pointed to the lack of involvement and political connections of LPA psychologists and the superior political influence of LAMP. Brown wrote on the listserv, "As legislative chair, I'm given the option to make the best deal I could for psychology." And she wrote, "We did not have a chance at getting an amendment in without LAMP's assistance and their deep connections to legislators and their access to CN [Courson Nickel]."

However, some members felt that Brown was blocking their involvement.

One member who had attended a meeting with Brown, told the *Times* recently, "She denied us access to the lobbyist. She told us, 'We've got it under control, we don't need your help. You can damage the process, damage the negotiations.'

Another member said, "I was dismayed. That here was an EC member telling people that they were not needed. People were always complaining that people weren't willing to help. And, here was the opposite. There were people clamoring to be involved. We were told no. I just didn't understand that mentality."

And on May 31, President Kelly Ray, an MP, instructed LPA members to refrain from talking to their representatives. She wrote, "Your legislative committee and lobbyists are working on SB268 (the substitution bill for SB226). Our legislative committee and lobbyists are in communication with the counselors in trying to work out concerns. Please allow them to do their job and recognize that any outside communications /interference might be more harmful than good."

Brown, again in defending her actions, noted that LPA had a new lobbyist, "We hired a brand new lobbyist, who is still learning our issues," she posted.

However, in a recent phone conversation with governmental affairs consultant Kevin Hayes, he said, "I took my directions from the association, mostly with Jessica Brown." In regard to 268, he said it was a very convoluted process and, "I was essentially hands off." Hayes also explained that he did not know that Brown was in preparation for becoming an MP.

The language of the amendment was odd, requiring that counselors somehow place patients under the active care of medical psychologists or physicians. This was nullified by emergency rules by the LPC board almost immediately and then corrected with new language through legislation in 2012.

Some psychologists were concerned about protecting the practice of psychological testing, and Brown mentioned that concern in a posting. However, several sources from the counseling community said this was not an issue. One told the *Times*, "Testing was never on the table."

Brown was involved in another controversy in October 2010, when LPA members attempted to push through a measure after the executive council shot down a resolution to support the "... autonomous practice and regulation of the profession of psychology." The resolution was supported by a strong majority of regular psychologist members. Dr. Susan Dardard then collected signatures for a special meeting



Dr. Bryan Gros (L), Cindy Nardini, and Dr. John Simoneaux, discussing issues about violence prevention at a recent community training session.

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. The goal is to
improve clinicians' and others'
ability to accurately detect those
who could become violent and
take needed steps to ensure
general safety.

The Coalition for Violence Prevention is a group of professionals from various segments of the community, who have joined together to promote safety in Louisiana by strengthening early identification of those at risk of interpersonal violence. The group includes a cross section of leaders from school psychology, counseling, psychology, and social work.

Along with Simoneaux, other steering group members of the Coalition include Yael Banai, PhD, Bryan Gros, PhD, Bobette Laurendine, LCSW, and Cindy Nardini, LPC.

Dr. Frank Igou is currently the Program Coordinator of the Industrial/Organizational Master's Degree Program at Louisiana Tech and a member of the core faculty for the Industrial/Organizational Psychology PhD program. He is faculty advisor for Applied Research of Organizational Settings (AROS) a graduate student staffed consulting organization headquartered in Louisiana Tech's Research Park.

and submitted the petition to the council. Within hours LAMP leader Dr. Jim Quillin had the list of names, and contacted one of the people who signed the petition.

When asked how this happened, then President Kelly Ray said that the petition included people who were "unknown" to us, and "others" were asked about the signatures. She gave no coherent reason why the executive director was not enlisted to help identify those who had signed the petition.

After these confusing explanations, Brown eventually acknowledged that she had

given the list to someone, but would not disclose to whom. She denied giving the petition to Quillin. She apologized and offered to be sanctioned. (See PT, Vol 2, No 4)

Dr. Brown is now working at the NeuroMedical Center in Baton Rouge with Dr. Bolter. Dr. Bolter was a key figure in Act 251, testifying in support of the 2009 legislation, a joint effort between LAMP and the state medical board.

Act 251 repealed the 2004 prescriptive authority law under the state psychology board, and placed medical psychologists under the regulatory authority of the state medical board, including their practice of psychology.



Family dinner at the Robertsons of *Duck Dynasty*. (A&E/photo by Zach Dilgard)

If story is character, *Duck Dynasty* has plenty, an entire extended family of characters.

Phil is 66, the patriarch and curmudgeon, who has a masters degree and was a Louisiana Tech quarterback equal in talent to Terry Bradshaw. Phil turned down a chance in the NFL because of hunting. Son Willie, a business major, took the family business and jacked it up with, among other things, online hunting videos (be sure and see these on uTube). Add the natural comic timing of son Jase, Jep, the clowning around of Phil's Viet Nam Vet brother Si, and all the others in the Robertson family, and even when contrived, these guys are naturally funny.

But there are loads of funny shows, so what is it about the Duckmen that pull in the ratings? We asked some of our experts in the Louisiana community for their thoughts.

•••

Dr. Mkay Bonner, licensed IO psychologist and owner of Bonner Solutions & Services, lives in West Monroe. One of her interns even works at the Duck Commander store. She recently ran into one of the Duckmen at Brookshires.

"One thing that does come to mind is the fact that many people can identify with them..." she said. "They are everyday people; they did not start life with millions of dollars; they did not start with fame nor did they have that as a life goal. Therefore, it provides some encouragement to other people that maybe they can 'make it' one day. And 'make it' does not have to mean fame and fortune but for many it does.

"I think I might sum it up as hope," Bonner said. "They are providing hope to their viewers. Some people need hope that faith and family can survive, some need hope that they can be successful without being born wealthy, and some need hope that they can get past their struggles. The object of the hope is different for people but it is still what we all so desperately need, hope."

"I think I might sum it up as hope. They are providing hope to their viewers."

Dr. Mkay Bonner West Monroe

"So people can watch a show about real people and laugh and be entertained and be encouraged and feel good when the show is over. And, they have hope."

New Orleans clinical psychologist, and consultant to another A&E series, *Hoarders*, Dr Suzanne Chabaud said, "I think that people are intrigued with anything that falls outside of their normal life, and the Louisiana culture stands apart from most people's culture. It's intriguing and mysterious," she said.

"Also, the show pushes into the modern verbal and cognitive process. Here's a show about people who just live life, they just face it, do what they can do. They jump into the experience," she said.

"It's a show that draws you away from the modern tendency to process and reprocess, and have a verbally controlled and dominating guide to everything you do. This is a show that focuses more on reaction and responding to the moment. Responding to the moment without over processing—deal with it as it happens."

Dr. David Thomason is a Monroe medical psychologist, with training in Naturopathic Medicine. He is well known in the Monroe area for his holistic approach. "I think it is popular because of the family values and the genuineness of the people involved," he said.

"They portray a life style that is joyful while fully embracing individual differences. Their conflicts are right out in the open and not always resolved. But it is clear that they care for and respect one another."

"They have a balance of male and female roles," Thomason said, "both genders are presented with the ability to be flexible and with an understanding of each other."

Dr. Susan Dardard's early training was in clinical-

"They portray a life style that is joyful while fully embracing individual differences.

Dr. David Thomason Monroe

developmental psychology. But her appreciation of the power of the media compelled her to work exclusively in the public broadcast arena. Now, as *Susie Marie PhD*, she is creating her own home-grown, real-life TV show, *South River Stories®*, about her adventures in rural South Louisiana, where she now resides.

"I can relate to the *Duck Dynasty* guys," she said, "a North Louisiana version of the country boys around here, whom I love, respect, and admire as confident-in-theirown skin, high-testosterone, noapologies, strong men," she said.

"The psychological importance of helping young children become secure in their own gender identities – including acceptance and support of the rough-and-tumble reality of most little boys – seems lost in our society, which appears afraid of and completely

Cont'd next pg



The Duckmen from West Monroe's Robertson family and hit series *Duck Dynasty*. L to R: Phil, Jase, Si, and Willie. (*A&E/photo by Jim Fiscus*)

"...country boys ...
whom I love,
respect, and admire
as confident-intheir-own skin,
high-testosterone,
no-apologies, strong
men."

Dr. Susan Dardard St. Francisville

clueless about the vital importance of such masculinity," she said.

"Thank goodness for the back waters of Louisiana where the real men, the real strong men of *Duck Dynasty*, can flourish, and remind the rest of us that these men can be themselves without the world coming to an end. Indeed, in my opinion, such men, an endangered species if ever there was one, are the very ones we'll need to save the world."

Dr. David Govener, aLicensed Marriage and Family Therapist from Monroe, is originally from New York, but came south to earn his doctorate from Louisiana Tech. He works in his Monroe clinic with his wife, Dr. Molly Govener, also a Licensed Marriage and Family Therapist.

"I think of the things I've heard Phil say, and I feel that one of the main things that appeals to the public about Phil Robertson is that he does not bend his knee to the god of political-correctness," Dr. Govener told the *Times*. "I believe that at some level people in

our culture are afraid, and I think that seeing someone who is not afraid, gives them hope."

"If there is someone who represents the wild man, who will not conform, then there is hope. I think that's what the beards are about," he said. "I think the reason that Phil is not afraid ... is because he is convinced that he has another God."

"It is authenticity, in a fragmented, politicallycorrect world; when there is pressure to conform in the name of diversity," Govenor said.

"I believe that at some level people in our culture are afraid, and I think that seeing someone who is not afraid, gives them hope."

Dr. David Govener Monroe

"When they bend their knee to the god of political correctness, they stop thinking. Medication is increasing all over the country and this is because it's politically incorrect to tell anyone anything," he said.

"One of the reasons
Phil is able to live
authentically, in what he
believes, without fear, is
because this culture
doesn't have anything he

wants. They can't take his money because he doesn't care about money," said Govener.

"There is very real punishment for dissent in the present culture. I think the tremendous popularity for *Duck Dynasty* is a statement that there are more people that long for the ability to stand up for their conservative beliefs without fear...."

"Something else that gives me hope is the popularity of *The Bible*, on the History channel, a sister television network. This also had recordbreaking numbers. There's a lot of Americans that maybe aren't completely aware of what's going on and why, but they know that this makes them feel better."

Dr. Mkay Bonner said, "I think the overall impression I got when it was over was rather uplifting. Your heart could feel lighter, as compared to the negativity, stress, tension, and darkness from so many other shows. This is not very psychologically scholarly — but when the show is over, you can feel better not worse, which is worth gold in today's world. "

Whatever the reasons for the popularity, "The show has certainly put West Monroe and Northeast Louisiana on the map, that's for sure," said Dr. David Thomason.

His West Coast friends call and the first thing they want to know is: "Hey, what's happening with *Duck Dynasty?*"

ADRA Publishes New Rule Change For CITs

The Addictive Disorder Regulatory Authority published a new Rule in the August issue of the *Louisiana Register*. The rule sets out requirements for the Counselor-in-Training. The most significant change, according to the Authority, is that Counselor-in-Training applicants must now document completion of 180 substance abuse/addiction specific education hours.

The ADRA is working to complete work on the "Competencies Verification Form," which is to be used by supervisors to document competencies of the CIT. The rule also indicates that the CIT in connection with the supervisor will develop a learning plan that includes acquiring the competencies outlined in the Substance Abuse and Mental Health Services Administration (SAMHS) technical assistance publications series for addiction counseling competencies. This process must be documented in the learning plan.

For more information, go to http://www.la-adra.org/.

Medical Psych Advisory Committee Meets Aug 29

The Medical Psychology Advisory Committee met on August 29 to discuss the minutes of their March 7, 2013, meeting. Also on the agenda was the approval of the minutes of their executive session of March 7. Along with new business, the agenda said that the group would be reviewing certificates for advanced practice.

Dr. Nemeth Points To Work of APA Council of Representatives

Dr. Darlyne Nemeth, the American Psychological Association (APA) Delegate representing the Louisiana Psychological Association, provided information to the *Times* about the recent Council of Representatives actions. The Council met at the recent APA convention in Honolulu.

According to the information from Nemeth, and *Monitor* writer, Rhea Farberman, the group voted to adopt measures that would increase the quality of psychology education, and to make changes to the way APA handles duties based on the "Good Governance Project," results.

The Council adopted three measures to strengthen psychology teaching, including new teaching tools and new student learning and benchmarking measures.

The Council voted to revise certain aspects of APA governance, which President Donald Bersoff, PhD, JD, noted would allow the Council to be more effective in important association issues.

These issues include research funding and psychology's role in integrated health care, and other things that members are most concerned about, and to align efforts with the strategic plan.

Also during the meeting, the Council recognized sleep psychology and police and public safety psychology of specialties, and also approved the continuing recognition of counseling psychology and school psychology. In other business they adopted guidelines for the practice of tele-psychology, and practice with older adults, and they adopted the recognition of biofeedback as a proficiency in professional psychology.

The group also adopted a resolution reconciling APA's policies against torture.

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. We had a faculty meeting and discussed the resources we have. We are now down to 22, from a decade ago when we had 33 faculty members." He said that the decision to narrow the overall program was a necessity.

"The faculty members discussed resources we and determined we simply don't have the resources," Mathews said.

The program is hiring new faculty in clinical and cognitive, however, and has finally filled an endowed chair, he explained. The program will retain four specialties: clinical, cognitive, school, and biological psychology. "We're going to end up very strong, but not as broad," Mathews said.

Dr. Tracey Rizutto, who along with Dr. Russell Matthews, 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. She took the research lab and graduate curriculum with her and hopes to formally move the I/O concentration to Human Resources.

"The Human Resource and Leadership Development program is ecstatic to adopt the I/O training program," Rizutto told the *Times*. "We already have a functioning graduate training HR-IO consultancy," she said, and hopes to expand to offer the B.S., master's and doctorate. "It was sad to see such a long tradition in psychology come to an end," she noted, "but I truly believe I/O will be far better off with the support and leadership in HR."

Dr. Courtland Chaney, a graduate of the LSU I/O psychology program, told the *Times* that he was not surprised by the termination of the program at LSU psychology.

The demise of I-O programs is related to the economy, job markets, and self-interest, he said. "I-O psychology graduates typically are qualified for faculty positions in many different academic departments, the most obvious of which are psychology, management, marketing, and human resource management" He explained that in psychology departments faculty salaries are usually significantly lower, often from \$10,000 to \$25,000 per year lower, than in a business school.

"It is difficult to imagine holders of I/O psychology doctorates being so loyal to psychology that they remain in a psychology department," he said. He also explained that psychology licensing boards do not understand I/O psychologists, and many of these psychologists do not bother with the license.

However, the I/O psychology program is growing at Louisiana Tech. Although in its infancy, LaTech's program has four full-time faculty, 15 graduate students, and is developing international recognition. The *Times*' intern Shane Lowery reported recently on the program. He spoke with Dr. Tillman Sheets, who leads the group about the growth. "...we have projects that come through our *AROS* consultancy, which is Applied Research for Organizational Solutions," he



Dr. Alan Coulter speaking at the Louisiana School Psychological Association last year. He talked with the Times about the funding issues in the LAS*PIC internship program.

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 (LSUHSC) in New Orleans. The program attracts high-quality school psychology students to the state and collaboratively places them in area school systems to help combat critical shortages in school psychology services.

Dr. Alan Coulter, the Director for Educational Innovations at the LSUHSC Human Development Center, told the *Times*, "We and our 199 alumni are delighted that APA has recognized the hard work and earnest efforts of the faculty, professional supervisors, and school partners and our adherence to an authentic school psychology experience for interns."

However, this past June, with two years remaining on their contract with the Board of Elementary and Secondary Education (BESE), the program's funds were cut by Stephen Osborne of the Louisiana Department of Education, noted Colter.

"Despite more than 17 school psychology vacancies in Jefferson parish schools and extensive unmet needs in the New Orleans and Baton Rouge metropolitan areas," Coulter explained to the *Times*, "LAS*PIC was abandoned by the Louisiana Department of Education after 23 years of continuous support."

"LAS*PIC is entering a new era with the 2013-14 internship class of six pre-doctoral interns," Coulter said. "Five interns are placed in charter schools in New Orleans and one intern is placed in St. Tammany schools. With the support of our partners and using residual funds LAS*PIC has survived for this year."

But, he noted, "Within the next two months, a decision must be made regarding the feasibility of continuing to recruit and place school psychology interns for our state. We are doing everything we can to explore alternative sources of funding. We are very appreciative of the support that we have received from the professional psychology community."

Dr. Allen Coulter is a licensed school psychologist and a former president of the National Association of School Psychologists. Dr. George Hebert, a previous president of the Louisiana School Psychological Association, serves as the LAS*PIC program training coordinator.

said. "We've gone international, with an engineering firm doing a cultural analysis for companies in South Africa."

The LSU Industrial-Organizational Psychology Program was one of the oldest, continuously running I/O programs in the US, with a long, distinguished legacy. It marked its 60th anniversary in 2012, beginning in 1952 with Dr. Bernard Bass, an early expert in I/O who gained national acclaim for his work in transformational leadership. The combination of Dr. Larry Siegel and Dr.

Irv Lane, both who served as Chair of the Psychology Department, marked for many a profound influence through the 60s, 70s, and 80s. With Greg Dobbins and Dirk Steiner taking the reins into the next decade, and to a program led by Dr. Tracey Rizzuto and Dr. Russell Matthews until recently.

"While one can be sad to learn of the passing of an era, as observers of human evolution, we should not be surprised to learn of the passing," Dr. Chaney said.

Science and Education



Dr. Carolyn Weyand at a recent conference. She is the new President-Elect for the China-American Psychoanalytic Alliance.

Dr. Weyand President-Elect China-American Psychoanalytic Alliance

Dr. 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. Over 200 experienced psychotherapists from around the Western are involved in teaching, supervising and treating Chinese trainees, with the goal of helping them become independent and self-regulating, explained Weyand to the *Times*.

As the current President-Elect, Weyand shadows founder Elise Snyder, MD, who will be stepping down as president in June, 2014. Snyder founded CAPA eight years ago (at age 71) in response to requests for training in psychoanalytic psychotherapy from Chinese psychiatrists and psychologists. "She has the energy and stamina of a hurricane," said Weyand.

CAPA sponsors an annual fall tour for mental health professionals to teach and supervise in person. The group begins in Beijing with some sightseeing and hold an

academic conference at The Beijing University of Forestry."

"The tour goes to Xi'an to commune with the Terracotta Warriors," she said, "then we are off to Chengdu, the capital of Szechuan Province." The academic conference and graduation are held at the Southwest University of Forestry and Economics, explained Weyand.

CAPA is working with Chinese professionals to organize local groups into CAPA China for mutual support, networking and creating a forum for furthering their training for themselves, explained Wegand. "Organizing is a concept that is very new to them."

The demand for mental health education in China is very strong," Weyand explained. "The Chinese government sees a need for the training and supports it."

New ED at Pennington

Dr. Steven Heymsfield is stepping down from Executive Director of Pennington Biomedical Research Center to fully devote his time to research, noted a June press release from the Center. Taking on his duties will be William Cefalu, a Louisiana native who is described as a very successful grant-writing researcher in the Pennington article.



Psychology Gumbo

by Julie Nelson

My good friends John Pickering and Yael Banai have graciously agreed to comment this month. John is becoming the state expert on mindfulness and a real resource for us. Yael, commenting for us on the impact of stereotyping on test scores, has flown the coop. She's off to Alaska but thanks to modern telecommuting, I have hardly noticed.

• How Does Mindfulness Meditation Work? Proposing Mechanisms of Action From a Conceptual and Neural Perspective. Holzel, et al, – *Perspectives on Psychological Science*, November 2011.

The authors point out that mindfulness mediation has increasingly become part of therapy, for anxiety, depression, substance abuse, eating disorders, or chronic pain. Here, they offer a framework that attempts to explain how these mindfulness interventions work, from a conceptual and neural perspective.

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-Our Lady Of the Lake Psychiatric Residency Program. Over the past four years, he has been a co-presenter of "A Day of Mindfulness for Mental Health Professionals," held annually at the Tam Bao Meditation Hall in Baton Rouge.

"This article provides a good review of research efforts in the newly emerging field of mindfulness meditation, and makes a very fruitful attempt to provide a neurally-based theoretical framework to synthesize and explicate the research findings. A practice to increase self-knowledge and reduce suffering, mindfulness meditation has been emphasized in Buddhist teachings for the past 2 ½ millennia; however only within the last 30 years has it been systematically incorporated into psychotherapy interventions and subjected to rigorous scientific investigation, usually by mental health professionals (e.g., Jon Kabat-Zinn, Marsha Linehan, Steven Hayes) who have studied many years under zen or other Buddhist masters. The authors delineate four components through which research studies have suggested that mindfulness meditation exerts its effects: attention regulation, body awareness, emotional regulation and change in perspective on the self, and they describe how these components may interact and mutually facilitate one another in producing the effects observed. This is the first attempt I am aware of to arrive at a comprehensive understanding of the phenomena, and thus it should be regarded as quite tentative and almost certainly subject to revision, however it provides a cohesive framework that will likely be very helpful in guiding future research efforts and will provide a helpful introduction for anyone who has an interest in this subject."

• Latent Ability: Grades and Test Scores Systematically Underestimate the Intellectual Ability of Negatively Stereotyped Students. Walton and Spencer, – Psychological Science, September 2009.

Walton and Spencer from Stanford and U. of Waterloo look into important considerations to test validity. They suggest that a bias is present with non-Asian ethic minorities and with women in quantitative fields. In this article they test their hypothesis by combining data from 18,976 students in five countries. They found that under conditions of reduced psychological threat, the stereotyped students performed better than nonstereotyped students at the same level of past performance.

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 the last 21 years, Dr. Banai recently retired from APSB and took on school psychology duties whit the South East Regional Resource Center in Juneau, Alaska. Based in Anchorage, Banai will provide services to outlying communities throughout Alaska. She has been active in the Louisiana School Psychological Association, and is currently past president.

"Possibly one of the most controversial issues in psychology and education is large group differences in academic and intellectual performance. This article specifically deals with bias resulting from psychological threat which is embedded in the environment, despite our best efforts to overtly remove it (such as situating students in an egalitarian setting, using culturally non-biased language, etc.). This stereotype threat resides in the individual's worry that a poor performance might give credence to the prevailing stereotype for his particular group (non-Asian minorities and women). Though Walton and Spencer have provided important information about the dimensions of the problem, for this practically oriented psychologist, they are short on solutions, other than to suggest "scaling up" threat reducing interventions "to improve performance in mass".

**

The "Psychology Gumbo" is for linking science, practice, and people in the Louisiana psychology and behavioral science community. If you have a topic to share with the *Times*' readers, please contact me at psychologytimes@drjulienelson.com. I'd like to have you in the stew.



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The Accountable Care Organization (ACO)

The PPACA's Effort to Hold Down Costs While Propping Up Quality

No Behavioral Health at the Table

Swimmers' ear

I recently infected my ear by swimming in our outdoor lap pool, when any sane person would have avoided it. The water was a milky, greenish color, clear evidence of nonhumanoid wild life making its home. Being compulsive, I swam my laps anyway and found myself with a raging case of swimmer's ear a few days later.

"My ear is infected and I need someone to take a lot at it for me," I told the pleasant young lady at the Urgent Care.

"What type of insurance do you have?"

"I have Blue Cross Blue Shield but it's a high deductable and so I'd just like to pay," I said.

"Okay, the visit is \$95."

"That's perfect. Can I give you a check?"

"Huh? Uh, I think I still need to have your insurance card," she hesitated. "Let me go ask."

I've encountered this many times—the clerical person shocked into a transderivational search when I attempt to pay for a medical service. The young lady disappeared and returned in few minutes saying that I had to go through my insurance—because there was a policy—and they'd be breaking the law if they didn't file. And oh, by the way, the fee was now \$244.

"Next time," she whispered conspiratorially across the reception window, "just say you don't have insurance."

"Oh, all right," I said, "then I'll be the one committing fraud instead of you."

For the biotic predator taking up residence in my ear, I was seen by an equally friendly young man, a nurse practitioner. He diagnosed my problem and explained that the "best" drops

for my ear were somewhat expensive, so if I was concerned about costs, he could write the prescription for something else that would probably work also, just not as well.

By this time I was fairly miserable and wondering if I had expressed adequate sympathy for my children when they had had swimmer's ear. "Give me the good stuff, doc," I said.

The good stuff turned out to be a 10 mL bottle of Cipro®HC Otic. This tiny bottle cost me \$303 at the local drug store. (By the way, the online Canadian pharmacy price is \$59.99.)

The antibiotic wreaked havoc on the squatters in my ear and in seven days I was cured. No one said a word about how to prevent the infection, which could have sounded something like, "Stay out of the lap pool if the water's green, moron, and save \$547."

The other lessen is that the system is terribly misaligned. Costs, prevention, and individual behavior are variables that Obamacare hopes to impact. Prevention remains a fuzzy concept and not at all logically addressed in the text of the law and rules. And, behavioral health is not embedded in the new efforts to redesign.

Of particular note for *Times*' readers, is the fact that those in the mental and behavioral health areas are not allowed to be stakeholders, they are not included as 'participants' in the shared savings programs.

In this issue I'll cover some basics about the Accountable Care Organization (ACO), a program that some experts say will be the model for the majority of health care in the future. The ACO is the cost-sharing model for Medicare.

Costs

According to Kaiser Family Foundation, the average person spent \$8,402 on his or her health care in 2010. This translates into \$2.6 trillion or 17.9 percent of the gross national product. Kaiser says it like this: "The U.S. spent \$8,402 per person on health care in 2010."

This figure is a little misleading, due to the major skew in the distribution. Also according to Kaiser, a full 50 percent of people spend relatively little each year, \$851 or less.

"... models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment."

-Stated goal in PPACA

In contrast, the very top one percent spend \$51,951 or more. If we look at the top 5 percent, this group spends \$17,401 or more.

While the rate of increase in medical spending skyrocketed for decades, since 2002 it has been in a decline, and actually a 50-year low.

With these facts in mind, it is no wonder government is looking at hospitals and Medicare in the first wave of efforts to lower costs. So, how does the Patient Protection and Affordable Care Act (PPACA) approach this? It spells out the aim in Part 3, with a forthright statement that its goal is to move away from fee-for-service based reimbursement.

"PART 3—ENCOURAGING DEVELOPMENT OF NEW PATIENT CARE MODELS

SEC. 3021.
ESTABLISHMENT OF
CENTER FOR MEDICARE
AND MEDICAID
INNOVATION WITHIN CMS.

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'(i) Promoting broad payment and practice reform in primary care, including patient-centered medical home models for highneed applicable individuals, medical homes that address women's unique health care needs, and models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment.

Accountable Care Organizations (ACOs)

Obamacare promotes the ACO as a way of holding down costs. This first pass with the new models is for Medicare, but experts say it will be moving toward all other types of delivery as PPACA continues to unfold. Medscape wrote recently that physicians are rushing to join ACOs, and when I spoke last month to chief medical officer at BCBS, Dr. David Carmouche, he explained that their new program in this vein was, "Community Blue."

The ACO is to be a network of doctors and hospitals that share responsibility for providing care to patients. In the new law, an ACO would agree to manage all of the health care needs of at least 5,000 Medicare beneficiaries for at least three years. 'Participants' will be rewarded with bonus money if they can keep counts down.

The rules, finalized last year, allow physicians, nurses, physician assistants to hold risk/benefit positions.
Psychologists, counselors, marriage & family therapists, or social workers can not be 'participants' and do not have a place at the table. There are no behavioral health stakeholders.

Here are some excerpts from the text of Obamacare:

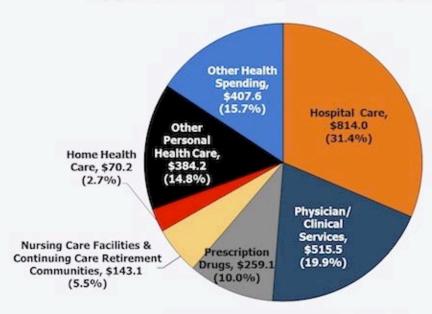
"Sec. 3022. Medicare Shared Savings Program. [Referred to as MSSP.]

- "... encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery."
- "... ACOs that meet quality performance standards established by the Secretary are eligible to receive payments for shared savings ..."

Eligible ACOs include:

"(A) ACO professionals in group practice arrangements. "(B) Networks of individual practices of ACO professionals.

Distribution of National Health Expenditures, by Type of Service (in Billions), 2010



NHE Total Expenditures: \$2,593.6 billion

Note: Other Personal Health Care includes, for example, dental and other professional health services, durable medical equipment, etc. Other Health Spending includes, for example, administration and net cost of private health insurance, public health activity, research, and structures and equipment, etc.

Source: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (see Historical; National Health Expenditures by type of service and source of funds, CY 1960-2010; file nhe2010.zip).



Kaiser Family Foundation's numbers for 2010 health expenditures. Hospital and physicians services makeup just over 50 percent. The likely target for cost reductions is in Hospital Care, which ACOs aim for, while also attempting to provide primary care.

- "(C) Partnerships or joint venture arrangements between hospitals and ACO professionals.
- "(D) Hospitals employing ACO professionals.
- "(E) Such other groups of providers of services and suppliers as the Secretary determines appropriate.

Some of the requirements are:

- "The ACO shall be willing to become accountable for the quality, cost, and overall care of the Medicare fee- for-service beneficiaries assigned to it.
- "The ACO shall enter into an agreement with the Secretary to participate in the program for not less than a 3-year period (referred to in this section as the 'agreement period')."
- "The ACO shall include primary care ACO professionals that are sufficient for the number of Medicare fee- for-service beneficiaries assigned to the ACO under sub- section (c). At a minimum, the ACO shall have at least 5,000 such beneficiaries assigned to it under subsection (c) in order to be eligible to participate in the ACO program."
- "The ACO shall have in place a leadership and management structure that includes clinical and administrative systems."
- "The ACO shall define processes to promote evidencebased medicine and patient engagement, report on quality

and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies."

"(H) The ACO shall demonstrate to the Secretary that it meets patient-centeredness criteria specified by the Secretary, such as the use of patient and caregiver assessments or the use of individualized care plans.

The final rules for ACOs can be found at CMS.gov, under Statutes/Regulations/Guidance: Final Rule Published in the Federal Register on November 2, 2011. Try http://www.gpo.gov/fdsvs/pkg/FR-

http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf

How are ACOs supposed to Work?

Kaiser health news noted that as lawmakers look for ways to reduce the national deficit, "Medicare is a prime target." And, "With baby boomers entering retirement age, the costs of the program for elderly and disabled Americans are expected to soar." The ACO aims to encourage providers to keep people out of the hospitals.

"ACOs make providers jointly accountable for the health of their patients, giving them financial incentives to cooperate and save money by avoiding unnecessary tests and procedures," notes Kaiser, who also points out that

HHS feels that ACOs could save Medicare up to \$940 million in the first four years. "If the program is successful, it can be expanded by the Secretary of Health and Human Services."

Each physician or other provider participating in an ACO (each a "Participant") can continue to be paid directly by Medicare as in the past, but in addition may derive profits from the ACO if the ACO performs well.

What's the carrot? While the whole accounting thing is complex, the Final Rules stated, "Final Decision: We are finalizing our proposal under § 425.604 and §425.606 that ACOs under the one-sided model can earn up to 50 percent total savings based on quality performance and ACOs under the two-sided model can earn up to 60 percent of total savings based on quality performance."

The government predicts that the "Medicare Shared Savings Program" or MSSP, could save \$510 to \$960 million in the first three years. However, some experts think these estimates are inflated and that ACOs will be unsuccessful.

In July the Center for Medicare and Medicaid reported that some of the first test cases had some positive results. "Costs for the more than 669,000 beneficiaries aligned to Pioneer

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Obamacare Corner

ACOs grew by only 0.3 percent in 2012 where as costs for similar beneficiaries grew by 0.8 percent in the same period. 13 out of 32 pioneer ACOs produced shared savings with CMS, generating a gross savings of \$87.6 million in 2012 and saving nearly \$33 million to the Medicare Trust Funds." But 7 did not produce savings and two had losses. The notice said that program savings were driven, "... in part, by reductions that Pioneer ACOs generated in hospital admissions and readmissions."

Quality Measures

The ACO rewards its members with shared savings, but the ACO must provide so-called evidence of maintaining quality. "The Secretary shall determine appropriate measures to assess the quality of care furnished by the ACO,..."
These measure may include clinical processes and outcomes, caregiver experience of care, utilization.

So far, there are 33 measures, which are listed at AHRQ under "CAHPS, Survey and Tools to Advance Patient-Centered Care," at http://cahps.ahrq.gov/#

Examples are:

1. CAHPS: Getting Timely Care, Appointments, and Information; 2. CAHPS: How Well Your Doctors Communicate; 3. CAHPS: Patients' Rating of Doctor; 4. CAHPS: Access to Specialists; 5. CAHPS: Health Promotion and Education; 6. CAHPS: Shared Decision Making; 7. CAHPS: Health Status/Functional Status; 8. Risk-Standardized, All Condition Readmission (being developed).

Also, 13. Falls: Screening for Fall Risk; 14. Influenza Immunization; 15. Pneumococcal Vaccination; 16. Adult Weight Screening and Follow-up; 17. Tobacco Use Assessment and Tobacco Cessation Intervention; 18. Depression Screening.

Interview with CA Attorney David Ries

The *Times* spoke with Attorney David K. Ries of Human Capital Specialists, Inc., San Diego, CA, last month about the ACO and behavioral health providers.

Ries authored, "ACO mission: Behavioral Healthcare Under the Medicare Shared Savings Program," for the American "The broad recognition of the importance of behavioral health to overall wellness indicates that ACOs are unlikely to achieve their treatment objectives under the clinical model proposed by the proposed rules."

— David Ries, Attorney
Human Capital Specialists, Inc., San Diego, CA
In "ACO mission: Behavioral Healthcare Under the Medicare
Shared Savings Program"
American Bar Association's June 2011 special issue.

Bar Association's June 2011 special issue.

Last month, he explained that nothing had changed since the 2011 article, and the final rules had gone forward without any changes about including psychologists or behavioral health providers, despite him having submitted comments at several points in the rule making.

In his 2011 article, Ries explained that new gains in behavioral healthcare over the last two decades, including mental health parity and additional equity, and the awareness that mental and behavioral health is fundamentally involved in overall health, is absent in the underlying structure of the ACO.

"American healthcare is possibly being transformed by PPACA, but there were promising policy reforms prior to that landmark legislation which are losing significance in its wake. This is especially true in the area of behavioral healthcare – the treatment of mental health and substance abuse disorders."

"Unfortunately," Ries wrote, "these positive changes are not reflected in the proposed rules for ACOs, and their impact on beneficiaries will be muted under the MSSP, where the provision of behavioral health treatment will not be integrated with the delivery of medical treatment."

Last month he confirmed that providers in psychology (and other behavioral science disciplines) are excluded from the definition of "ACO professional."

This is disappointing, he noted, "... from the standpoint of assisting people with mental health

issues, but also from the standpoint of affecting behavior change," he said.

In his 2011 article, he wrote: "Given the importance of the ACO model beyond Medicare, the clinical approach of the proposed regulations is arguably disappointing."

And he said, "Compounding this exclusion of most behavior health expertise from ACOs' management is the lack of consideration for mental well-being among the

U.S. Department of Health & Human Services

proposed rules' proposed patient-centeredness criteria."

He points to advancements in the understanding and recognition of how the psychological component is key to overall health, including the development of the military's behavioral health integration in its busiest clinics.

He wrote, "The broad recognition of the importance of behavioral health to overall wellness indicates that ACOs are unlikely to achieve their treatment objectives under the clinical model proposed by the proposed rules."

Conclusion

What does all of this mean? Learn to effectively communicate what psychology and behavioral health can bring to the table. Nothing new, but more essential than ever. NAPPP seems to be ahead of the game, with an October conference specifically for this goal. There is a major place for applied science and behavioral health. But good marketing will have to be part of the package.

Next month, we'll see if some of the local talents in primary care and innovation service approaches will share their thinking on how to manage the coming changes.

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AHRQ Agency for H	lealthcare Research and Quali	ity
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AHPS Home bout CAHPS urveys & Guidance	cohps' Surveys and Advance Pati	Tools to tent-Centered Care
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provider's office to care you needed ri	s, when you phoned this get an appointment for ght away , how often intment as soon as you	10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
		 11. In the last 12 months, did you phone this provider's office with a medical question after regular office hours? ¹ Yes ² No → If No, go to #13
appointment for a c care with this provi	is, when you made an heck-up or routine der, how often did you as soon as you needed?	12. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
		13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time? 1 Never 2 Sometimes 3 Usually

Example of items from one of the quality measures for ACOs.

More Presentations At APA in Honolulu

The American Psychological Association held its annual convention in Honolulu, Hawi'i, from July 31 to August 4. The *Times* covered many of the presenters, Louisiana professors, psychologists, graduate and undergraduate researchers in the July and August issues of the *Times*.

Other presenters at this year's American Psychological Association meeting in Honolulu include Drs. Rita Culross, Jason Hicks, and Joe Tramontana.

Dr. Joe Tramontana, president-elect for the Louisiana Psychological Association, presented to Division 30, the group for clinical hypnosis. He presented on performance in sports and life, in " "Hypnosis and Self-hypnosis Training for **Enhancing Peak Performance** in Sports and Life." He also participated in a panel discussion with Chelsea Sony, on the similarities and differences between storms Katrina and Sandy.

Also presenting was Dr.
Jason Hicks, LSU professor.
Dr. Hicks chaired a paper
presentation on experimental
psychology. Dr. Hicks has
received the LSU Alumni
Association Faculty
Excellence Award.

Dr. Rita Culross presented "Educating the Ablest: 20 years later," at the annual event. In her presentation she reviewed information about the current lives of 35 individuals who participated in the high school gifted programs 20 years ago. Culross looked at the

educational attainment and career goals of this group in terms of expressed aspirations in high school. She described for the audience how she used social media and other Internet resources in her data collection. She also discussed how the results indicated continued support for positive life outcomes, a finding that is found in previous longitudinal research for the gifted.

Culross previously spoke at the Oxford Roundtable at Harris Manchester College in the University of Oxford in Oxford, England, last year. She presented her paper, "Talent Development and Talent Enhancement of the Olympic Athlete." The event was just prior to the 2012 Summer Olympic Games in London. Culross is the Jo Ellen Levy Yates Endowed Professor of Gifted Education in the Department of Educational Theory, Policy & Practice at LSU. She teaches courses in creative behavior and the gifted and she is currently the chair of the state psychology board.

Others presenting at this year's APA convention, and reported on in previous issues, included Tulane's Dr. Stacy Overstreet and Dr. Bonnie 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. Jesse Lambert (L) was named by the Louisiana Psychological Association (LPA) as the Early Career Psychologist. Above: Dr. John Fanning, current LPA president, congratulates Dr. Lambert. Lambert is a licensed psychologist and recently elected as Secretary for LPA.



Dr. Robert Marier, the Executive Director of the state medical board, recently retired. Dr. Cecilia Mouton will take his place on the Medical Psychology Advisory Committee.



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Up-Coming Events

Sept 15-17 Preparations In Last Lap for LCA Conference in NO

The Louisiana Counseling Association (LCA) is nearing the start date for its 45th Annual Conference in New Orleans, September 15 –17, at the Inter-Continential Hotel, 444 St. Charles Avenue.

With 81 seminars and presentations, the group will support this year's theme of "This is Our Time: To Review, To Renew, and to Refocus."

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

The *Times* spoke briefly with Dr. Ernie Cowger, who said that everyone is getting ready for the conference. Dr. Cowger serves on the LPC board and who will be presenting at this year's conference on "Learning to Connect Emotionally in Relationships the John Gottman Way. Dr. Cowger, LPC, LMFT, will be presenting with April



Dr. Ernie Cowger (L) serves on the LPC board and will be presenting at this year's Louisiana Counseling Association conference on "Learning to Connect Emotionally in Relationships the John Gottman Way." Above, Cowger listens to Dr. David Legendre at an LPC board meeting.

MacGinley, MA, LPC, and Mary-Louise McMahon, and John Bundrick, LaTech graduate students.

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.

Other highlighted presentations, among many, include:

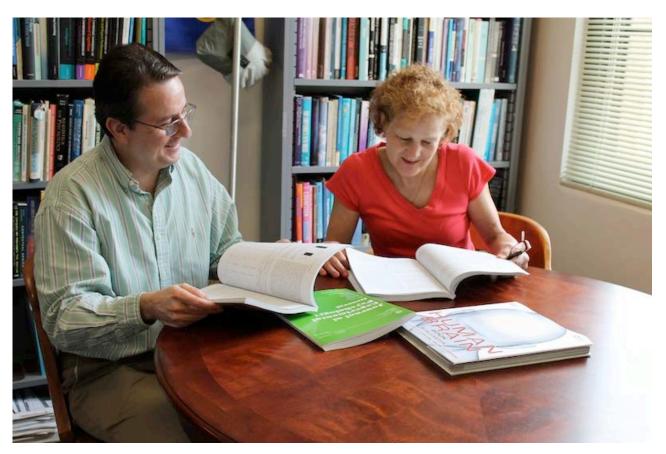
"An Overview of the Gottman Methods of Couples Therapy," by Mark Reynaud, LPC-S, LMFT-S.

"Family Group Decision Making: Empowering the Family, will be presented by Susan Norwood, LPC, MEd. 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. And, Dr. Peter Emerson, LPC, EdD, will present "The Ethical School Counselor."

See LCA website complete listings.

Submissions due this month, Sept 30

Am Psychology-Law Society to Hold 2014 Conference in NO



LSU professors Dr. Sean Lane and Dr. Mary Lou Kelley, review some materials at the psychology department. Dr. Lane is involved in psychology and law topics for the Am. Psychology and Law Society.

The American Psychology and Law Society will hold its conference next year, 2014, in New Orleans from March 6 through the 9.

Dr. Sean Lane, LSU professor who works in this area of research, noted that submissions are due by September 30, 2013.

The society, also called AP–LS, notes: "We invite proposals for symposia, papers, and posters addressing topics in all areas of psychology and law, especially proposals that are empirically based and those that involve new and emerging topics within psychology and law. Empirical research submissions that do not include data are discouraged."

The symposia should be a coordinated group of presentations that focus on one topic. The conference will also include papers and posters. Papers are up to 60 minutes.

Topics and key words for those presenting include criminal settings and cases, domestic violence, legal theory, law enforcement, gender issues, competency, risk assessment, social psychology, wrongful convictions.

The deadline for submissions is *Monday, September 30th, 2013 11:59p.m. EST

Susie Marie PhD

Phil Robertson of *Duck Dynasty* and I, Susie Marie PhD of *South River Stories*, have a few things in common. We both have businesses in rural Louisiana, he in the north, I in the south and, thanks to his son Willie and my friend Eric, we both have TV shows. His has grown into a huge success, mine is a winner yet to be born.

I like that Phil turned away from a professional football career to stay focused on his true passion, ducks. I left a promising psychology career to go back to school to pursue my passion, music. Voice was my declared "instrument," but I was more interested in composing my own music and analyzing the music of others.

I probably will have to wait for the afterlife to be an opera composer. That is my top-of-the-mountain, nirvana, dream-come-true job. I pray that in heaven I will be free to compose for hours, then ride my horse for miles, compose and ride, ride and compose, day after night after day, through eternity.

Meanwhile, back on earth, as I work on this show about the people, places,



crops, and critters that make living in the country so wonderful, I hear music everywhere. The featured guests on my fall special, frogs, have their own enchanting sounds and songs, and I plan to sing about frogs on my show, and comment on the frog songs of others.

Know what? I think I may need to talk with Phil about those Duck Commander duck calls, because I'm hearing a frog and duck duet, maybe even a dramatic opera. After all, ducks have been known to eat frogs.

I'm planning on eating some frogs, too, after I go on my first frog hunt and grab on my South River Stories fall TV special, and fry them up on the outdoor fire pit. The last time I had any fun with dead frogs was when I was dissecting them in biology class. Cutting them up for my supper is going to be a lot better kind of fun. No formaldehyde!

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NAPPP Pinpoints Lifestyle For October Conference

The National Alliance of Professional Psychology Providers and The Lifestyle Advocate Institute will present a two-day training event on October 19 and 20, in Las Vegas.

The Alliance, called NAPPP, notes that the conference is specifically designed to help professionals deal with healthcare reform.

"In line with our goals and mission to help practitioners get the most out of healthcare reform, this year's continuing education program focuses not only on the future of psychology practice but on developing skills beyond traditional psychological practice."

They note, "Behavioral intervention is the foundation of Lifestyle Medicine practice." The training focuses on integrating lifestyle medicine into practice and learning how to market your skills to physicians. Including in the topics are: "Family Interventions in Lifestyle Medicine," "Addressing Cardiovascular Disease," and "Cultural Factors in Lifestyle Treatments."

Also the conference will address, "Integrating Lifestyle Medicine into Behavioral Care," "Functional Medicine is Lifestyle Medicine," and "Impact of Life Style Changes on Chronic Disorders and Diseases."

The Psychology Times

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October 19

"Kirsh is Psychologist-Scholar" Says Zeanah As Tulane and LPA Co-Sponsor Conference

This October Tulane and the Louisiana Psychological Association have invited Dr. Irving Kirsh, an internationally known expert in the area of placebo effects, medication, hypnosis, and suggestion, for the LPA Fall Conference. The workshop will be on Saturday, October 19.

Planning the conference, Dr. Paula Zeanah noted how important Kirsh had been in her education. She said to the *Times*, "He was a professor of mine, and several other LPA members, including Drs. Caroline Weyand and Margaret Hauck, at University of Connecticut, and his class on response



Dr. Paula Zeanah

expectancy was one that has influenced my thinking for well over 20 years. Over his career, he has been exploring the connections between mind and body: how what we expect impacts how we respond to treatments. This is truly a *core* concept for health and mental health clinicians alike."

"Dr. Kirsch is a psychologist-scholar," she said. "While his work on placebo and antidepressant therapy has been controversial, as scientist-practitioners, I believe psychologists are well-poised to appreciate the importance of asking challenging questions and good research in understanding the what and how of the interventions we use. His work on antidepressants, and his work on the neurobiology of placebo provide new ideas about placebo as an active ingredient in responses to treatment."

"I believe that anyone who is involved in treatment or research on depression or use of psychopharmacology will find his work important, fascinating, and perhaps, provocative!"

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.

The Psychology Times

The *Psychology Times* is provided as a community service for those in the practice, teaching, and science of psychology and the behavioral sciences in Louisiana, and related individuals and groups. The *Times* offers information, entertainment, and networking for those in this Louisiana community.

None of the content is intended as advice for anyone.