

MPs Retain Majority on LSBEP

Gov. Appoints Dr. Comaty

Governor Jindal has selected the second ranked nominee, Dr. Joe Comaty to fill a five-year spot on the psychology board, according to an August 14 announcement from the Governor's office.

The appointment came after a long delay, with leaked rumors and continuing tensions between the Louisiana Psychological Association (LPA) and the psychology board. Comaty's appointment solidifies the continued majority representation of medical psychologists on the

psychology board, which has been the case since passage of Act 251 in 2009.

The election and appointment were characterized by an unusual number of tensions and problems. Dr. Comaty expressed complaints about security matters in the election, such

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Right: Dr. Joe Comaty listens to Dr. Darlyne Nemeth speak at a previous long-range planning meeting of the state psychology board.



IOM Reviews Symptom Validity Testing at SSA

The Institute of Medicine is reviewing testimony from a variety of sources about the value of using symptom validity tests to measure exaggeration or malingering by claimants in Social Security

Administration disability evaluations. Two informational meetings have been held, one in June this year and the other on August 11.

The review followed a 2013 report by the Office of Inspector General saying that the Social Security Administration (SSA) should update its policy that disallows certain tests for malingering. The SSA disagreed and sought the help of the Institute of Medicine (IOM).

Among those presenting research or theory for the Institute's reviewers

LSU's Dr. Matson In "Most Influential Scientific Minds"

LSU Professor and Distinguished Research Master, Dr. Johnny Matson, has been named as one of the "Most Influential Scientific Minds of Our Time."

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Dr. Patterson to Chair

Assn for Psychological Science Helps LPA Build Connections To Academics, Researchers

The Louisiana Psychological Association (LPA) and the Association for Psychological Science have teamed up to support the Academic/Research membership of LPA, aimed at helping renew the connections between practitioners and psychological scientists in the state.

Dr. Constance Patterson will facilitate the group within LPA with the help of co-facilitator, Dr. Paul Frick. Dr.

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Need for Training in Mental Health Professionals, Experts Say

Robin Williams' Death Points to Rising Suicide Rates



Robin Williams on December 17, 2010, with troops at the US Embassy Kabul during a USO Tour Event.

©Wildkatphoto/Dreamstime

CDC Report for 1999 to 2010

Suicide Rate Up 28%

Men, age 50 to 59, Up 48%

The death of beloved actor-comedian Robin Williams of suicide last month brings into sharp focus the tragedy and challenges related to the nation's 10th most common cause of death, and the disturbing increases in suicide rates, especially for baby boomers and White males.

Williams, one of the creative geniuses of our times, was a comedian, actor, screenwriter, and film producer. From his early *Mork & Mindy*, to critically acclaimed films such as *The World According to Garp*, *Good Morning, Vietnam*, and *The Fisher King*, to box office successes like *Mrs. Doubtfire*, audiences loved him.

Sources note that Williams was exhausted from a straight 18 months of work and was dealing with career and health problems. In early July he entered Hazelden, a medical addiction treatment facility. His publicist said he was "taking the opportunity to fine-tune and focus" Only a few weeks after being discharged Williams took his own life. He had just turned 63.

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Editorial Page — Opinions

The Einsellung Effect *by J. Nelson*

Who knows if the recent appointment of Dr. Joe Comaty to the psychology board was due to behind-the-scenes politics of LAMP or the board's piling-on the first-ranked candidate. All the fuss and bother surrounding the election could have been just a distraction for us in the peanut gallery, while stealthy LAMP did its usual thing.

But even if the outcome was predetermined, it doesn't excuse the board's behavior.

Dr. Comaty had every right to pepper the Governor's Office with complaints and accusations; he had every right to plop down in the front row at the Ethics Board; and he had every right to confuse the distinctions between dual roles, conflict of interest, ethics and efficiency.

The psychology board, on the other hand, had no such rights. They should have sat unobtrusively on the sidelines while the democratic process played out.

But the situation does provide us with some insights about how the board solves problems and manages its group dynamics. Their trip over to the Ethics Administration was an impressive, albeit embarrassing, example of the Einsellung Effect.

The Einsellung Effect is the name for the common human tendency to ignore new information that doesn't fit with our initial idea. There is a long list of related cognitive biases: Kahneman's WYSIATI, the availability heuristic, focusing and framing effects, illusion of validity, confirmation bias, and so on.

The Einsellung Effect explains why physicians ignore new information after they've made a diagnosis, why government agencies overlook new facts that contradicts their current programs, and

why even scientists, whose job it is to remain open to new data, adhere so strongly to their favorite theory that they can't see information that is right in front of their eyes.

The Effect works on us unconsciously. By studying eye movements, we've found that even chess masters will fixate on a familiar solution, their eyes returning to it repeatedly, even when a better solution is present and should be obvious.

When in the grip of the Einsellung Effect, International Masters, who generally perform at five standard deviations above the mean, drop to the level of Class A players, National Masters drop to Class B, average players drop well below average, and so on. The Effect causes a loss of three standard deviations in performance.

If we translate this to teams, using a standard IQ type scale, we can predict a team that performs at 130 can drop to 85, or a team at 115 drops to 70. Pretty soon, even rehab can't help.

Of course there are other individual and group dynamics that impact outcomes, such as Need for (premature) Closure, Need for Power, over-confidence, defensiveness, etc. Characteristics such as openness and self-awareness become critical also, since they act as antidotes to some of the biases. And then there is motivation.

It's a little hard to know for sure which cognitive biases were in operation for the board without knowing what they were thinking—and they are fairly stubborn when it comes to explaining themselves. But it seems a good guess that they accepted Joe Comaty's "direct conflict of interests" frame, because they took the issue to where people take conflict of interest questions, suggesting they were pretty confident of their

frame because no one goes to the state Ethics board to brainstorm with them.

The psychology board defined the problem incorrectly then went looking for confirmation, which made them look silly. The Ethics members were puzzled to see the question brought before them. (By golly, there really is such a thing as a stupid question.)

The Einsellung Effect, along with other cognitive biases and power issues, helps account for some of the more regressive decisions we've seen. Act 251 taking the top spot and Opinion #12 running a close second.

A litmus test for the psychology board to prove it is performing well would be when it decides that Opinion #12 just might not be right after all -- that all the other states in the US might actually have it right, and we're the ones who have it wrong. The probability of correcting that is near zero, what with Dr. Comaty back on the board and LAMP having written itself into the two latest psychology bills.

Regardless, it would be nice if the psychology board worked on its group processes using science whenever possible. Like Eduardo Salas says, "There's a science for that." Luckily, it's ours.

One approach they might borrow from the cognitive psychologists is to place mirrors in front of themselves during meetings, an experimental method that has been shown to increase both self-awareness and moral behavior. Since their new meeting room has no windows, this could be a real win-win.

Then we can do the same with the legislature, and maybe even Congress.



Gov. Appoints Comaty continued

as the use of white paper for ballots and concerns about who would open and count the votes. The Louisiana State Board of Examiners of Psychologists (LSBEP) also sent a warning to LPA that the third vote could be in doubt due to a report that some envelopes had been opened by the association’s Executive Director. The concerns resulted in a historic three ballots being sent to licensed psychologists.

LPA Council later noted to it members that the insinuations of election rigging on the part of LPA were “completely untrue.” They asked their members to support the top vote getter.

Another unprecedented action, a videotaping of the vote count took place, and votes were counted

publically on April 26. Dr. Constance Patterson took the majority with 116, Dr. Comaty had 77, and Dr. Robin Chapman received 20 votes. This seemed to calm complaints about the election process or possible balloting fraud.

However, another of Dr. Comaty’s complaints, this time having to do with the qualifications of his opponent became the focus. Comaty said that Patterson had a “direct conflict of interest.” Patterson had worked as a consultant to the board on certain cases over the last several years. Some of these cases were still outstanding. If appointed, Patterson would need to recuse herself.

While very few cases reach an affirmative vote (five over the last four years), the LSBEP said they considered this to be

a hardship. In another unprecedented move, the board called an emergency meeting on May 6 where they decided to send a request for advisory opinion to the state Ethics Administration about the suitability of Patterson to serve. The Ethics panel members found nothing relevant to its laws and pointed out that the law allows a person to recuse themselves.

In a records request, the *Times* found that Comaty sent 29 pages of communications in January and February to Boards and Commissions with a list of his concerns and complaints, and also background emails.

Again in April Dr. Comaty sent another letter to Boards and Commissions, again listing his complaints and offering to meet with Mr. Dirmann. It is not known if Dirmann and Comaty met or not.

The documents from Boards and Commissions also included a number of supportive letters in favor of the appointment of Patterson, including letters from the President of Tulane, Chair of Psychology at Tulane, President of the Louisiana School Psychological Association, Representative Patricia Hayes Smith, and a number of educators and psychologists. There were no other letters of support for either of the two other candidates.

Included in the release were letters from the LSBEP regarding the Ethics board matter.

And, LPA sent a letter, signed by Dr. John Fanning, saying that Patterson met all legal qualifications and



Due to tensions concerning the voting and ballots, LPA Council members videotaped the counting. Above, Dr. Lucinda DeGrange manages the camera.

objecting to some of Dr. Comaty’s complaints.

In a May presentation to LPA members Dr. Rita Culross, speaking for the LSBEP, indicated that the issue would create a hardship for the board and that the Governor could not appoint a temporary replacement.

Past board chair, Dr. Tom Hannie, questioned this reasoning at a later psychology board meeting, pointing to the Administrative Law requiring temporary appointments. The board declined to explain, citing attorney-client privilege.

The *Times* is waiting for additional documents from both the LSBEP and Boards and Commissions. The LSBEP has ignored several requests for an interview, but recently said they would discuss media requests at their next meeting.

Dr. Joe Comaty is a Baton Rouge medical psychologist and clinical psychologist. He has held the position of Chief Psychologist for the Louisiana Department of Health and Hospitals (DHH) Office of Behavioral Health, according to the Governor’s announcement.

He currently is a consultant to DHH. According to state records, Comaty currently assists with the implementation of applied behavior analysis services and behavior analysis interventions, with the DHH Medical Vendor Administration for a contract fee of \$49,900 through March 2015.

This will be Dr. Comaty’s second time to serve on the LSBEP. He previously served from 2006 to 2011.

He was a member of the LSBEP when the Louisiana Academy of Medical Psychologists negotiated Act 251 with the state medical board and repealed RxP from under the psychology board.

In 2011 the LSBEP, Chaired by Comaty, reversed an earlier decision after Dr. Robert Marier, Executive Director of the Louisiana State Board of Medical Examiners, and Dr. John Bolter, member of the Medical Psychology Advisory Committee, requested that the LSBEP and Comaty qualify MPs to supervise interns even if the MP had no state psychology license.

In their letters Drs. Marier and Bolter said that it was the intent of Act 251 to transfer all aspects of psychology practice to medicine. They said that this conclusion could be inferred from numerous references throughout the law.

Bolter wrote that the LSBEP’s decision to define a psychologist as a person licensed under the psychology board was, “a very narrow interpretation of the definition of a psychologist.”

The Association of State and Provincial Psychology Boards’ Executive Director called the decision, “Playing with fire.”

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

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Corrections & Clarifications

Other than typos, no corrections or clarifications were received for our August issue.

IOM Reviews Symptom Validity Testing at SSA

continued

were Louisiana neuropsychologists Dr. Michael Chafetz and Dr. Kevin Bianchini. Other presenters for the Institute’s panel included nationally recognized neuropsychologist Dr. Glenn Larrabee of Florida, Dr. Michael Kirkwood of Colorado, and Dr. Jennifer Manly of New York.

The Institute convened their “consensus study” at the Keck Center in Washington DC, titled, “Workshop on Psychological Testing, Including Symptom Validity Testing, for Social Security Administration Disability Determinations.”

According to an official at the Institute, the August meeting focused on the use of validity testing and SSA policy. He said the group also explored the application of the policy “on the ground at the state level.”

Subsequent meetings will be closed sessions reserved for deliberations, noted the official. A final report will follow those closed-door deliberations.

Last year U.S. Senator Tom Coburn, known for his critique of government waste and ineffectiveness, prompted the SSA Office of Inspector General (OIG) to study the issue after Coburn’s team uncovered problems with budget overruns and backlogs in the SSA process and their administrative law judges who make decisions about claims.

After reviewing customary practices in the insurance industry and the VA, the OIG said these agencies’ goal was to look at all relevant information in making a judgment. The OIG concluded that the SSA was the only agency that rejects the use of symptom validity tests (SVTs) as an additional source of information.

The OIG concluded that SSA stands out in its unwillingness to allow the use of these tests in appropriate situations, writing, “Medical literature indicates there is consensus in the medical community that SVTs are useful in determining the validity of disability claims ...”

The SSA disagreed, saying, “Due to differing opinions on the use of SVTs, and whether they add value to our disability programs, we plan to seek impartial, external expertise to evaluate our policy on the purchase of SVTs, as resources permit.” The OIG encouraged the SSA to move forward with its plans.

An important topic in medical-legal evaluations, symptom exaggeration or malingering is shown to fall between 30 percent and 64 percent when compensation is involved. Dr. Chafetz and others have determined that malingering rates in social security examinations are likely to fall between 42 percent and 45 percent.

In one study, the rates of malingering or symptom exaggeration were found to be highest when claimants were seeking federal benefits, followed next by those seeking benefits from the state, and were lowest in private cases. Researchers have also found that the degree of malingering is “dose dependent,” where the higher the reward the higher the degree of exaggeration.

Currently about 11 million people receive Social Security Disability (SSD) and 8.2 million receive Social Security Insurance (SSI) benefits. Mental disorders make up



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about 33 percent of the SSD and about 60 percent of SSI.

Representatives for Senator Coburn’s office participated in a seminar by Dr. Chafetz hosted by the Louisiana Psychological Association in 2013 to understand the science behind symptom validity measures.

The Institute of Medicine heard several types of testimony from neuropsychologists. In his presentation on “Performance and symptom validity,” well known researcher Dr. Glen Larrabee noted that validity tests are easy to pass in patients with bona fide problems.

Erin Bigler, PhD, from Brigham Young University, presented his view that symptom validity tests are the best method to infer valid performance, but he also said that there are still questions.

Jennifer Manly, PhD., from Columbia, spoke about using these tests with culturally diverse populations and posed questions about generalizing from one cultural group to another.

Kevin Bianchini, PhD, from New Orleans, presented methodology regarding pain-related disability, and noted that in the SSA population exaggeration of disability is the central issue, not malingering.

Michael Kirkwood, PhD, from Children’s Hospital in California, reviewed validity testing in pediatric populations and deception in youngsters.

Presenters from the VA, Robert Seegmiller and Stacey Pollack, PhD, the National Director of Program Policy Implementation, Mental Health Services, VA, explained that

VA policy does not require or prohibit any specific tests or categories of tests. The option to order psychological/ validity tests is left to the discretion of the examiner, they said.

The August 11 meeting included presentations by the Chief Psychologist, Office of Medical Assistance, SSA, and Robin Doyle, SSA Medical Policy Expert. An afternoon panel discussion included the President, Past President, and President Elect of the National Association of Disability Examiners.

From the public documents it is not clear if comparisons were made between the current methods for establishing validity in disability evaluations and the neuropsychological methods. Senator Coburn is set to retire at the end of the current congressional term.



Dr. Michael Chafetz presented information on validity and neuropsychological testing at a state conference.

LPC Board News

Reynaud Leaves LPC Board, MFTAC; Augustine is New Member-at-Large for LPC Bd

Mark Reynaud, a member of the Louisiana Professional Counselors Board and the Marriage and Family Therapy Advisory Committee (MFTAC) has stepped down from his service on the Board and the MFTAC effective in July.

“He was a Board member for just over 4 years—so we’re very thankful for his service!” Executive Director Mary Alice Olsan told the *Times*. “The MFTAC will determine who will be the next Chair of the MFTAC probably at their September

meeting, Olsan said. She also noted that the Louisiana Association of Marriage and Family Therapy is currently working on who will replace Mr. Reynaud on the MFTAC and Board.

In other news, the LPC Board received notification in July that Mr. Earl Augustine has been appointed the new Member at Large. “He will be joining us for his first meeting with the Board on September 19th,” Olsan said.

Task Force Working On Details

Telehealth Law Will Change Locations, Aid Innovations

A law that greatly expands the opportunities for working with patients through electronic means of communication, Act 442 took effect in August. A task force was formed to work out problems, and met for the first time last month, on August 26. The next meeting will take place September 22 at 10:00 am in Baton Rouge, according to Tyler Carruth, MS, MPA-C, Chair of the Task Force on Telehealth and Medical Management Information Systems Modernization Director for the Department of Health and Hospitals.

One of the cornerstones of the new law is that location is irrelevant to providing service, as long as certain conditions are met and quality is maintained. Act 442 states directly, “A patient receiving telemedicine services may be in any location at the time that the telemedicine services are rendered. A physician practicing telemedicine may be in any location when providing telemedicine services to a patient.”

The Act includes a comprehensive list of professionals. "Healthcare provider" means a person, partnership, limited liability partnership, limited liability

company, corporation, facility, or institution licensed or certified by this state to provide health care or professional services as a physician assistant, hospital, nursing home, dentist, registered nurse, advanced practice registered nurse, licensed practical nurse, certified nurse assistant, offshore health service provider, ambulance service, licensed midwife, pharmacist, speech-language pathologist, audiologist, optometrist, podiatrist, chiropractor, physical therapist, occupational therapist, certified or licensed athletic trainer, psychologist, medical psychologist, social worker, licensed professional counselor, licensed perfusionist, licensed respiratory therapist, licensed radiologic technologist, or licensed clinical laboratory scientist.

The Times spoke with Representative Scott Simon who authored the bill about the reasons the law was needed.

“The crux of the argument includes three causes,” he said. “First, there is healthcare crisis that not only affects Louisiana but the whole nation. But we also have the problem with poor health outcomes. Louisiana has the worst health outcomes in the nation,” he said.

“At the same time, we have the battle with the budget, where we have the issues with less money and dollars all the way around. We have to do more and do it more efficiently, to combat this crisis.”

The reasons behind the bill include these issues, Representative Simon explained, but also that technology is the future in healthcare. “This is only the tip of the iceberg of where we need to go with improved outcomes and efforts to keep costs down,” he said.

“We can’t create more doctors to cover the healthcare crisis and the coming doctor shortage. We have to put every tool we can to use to overcome this crisis and improve healthcare outcomes for the Louisiana citizen,” Representative Simon said.

The task force, called the “Task Force on Telehealth Access” was created by a House Concurrent Resolution, HCR 88, during the past legislative session, to help manage the major changes ahead. Meeting on August 26, once source said that there were numerous tensions. Twenty-three representatives are part of the task force. These include representatives from the Department of Health and Hospitals, Louisiana State Board of Medical Examiners, Louisiana

State University Health Sciences Center at New Orleans, Louisiana State University Health Sciences Center at Shreveport, Tulane University School of Medicine, Louisiana State Medical Society, Louisiana Primary Care Association, Louisiana Health Care Quality Forum, HomeCare Association of Louisiana, Louisiana Hospital Association, Louisiana Association of Health Plans, Louisiana Cable and Telecommunications Association, TexLa Telehealth Resource Center, Louisiana Association of Nurse Practitioners, Department of Public Safety and Corrections, Ochsner Health System, Our Lady of the Lake Regional Medical Center, Louisiana Rural Hospital Coalition, Inc., Louisiana Ambulance Alliance, Louisiana Nursing Home Association, Louisiana Academy of Medical Psychologists, Louisiana Psychiatric Medical Association, and Louisiana State Board of Nursing.

“The physician practicing telemedicine shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telemedicine encounter if the physician satisfies certain conditions, one that he or she maintains a physical practice location within the state of Louisiana.

According to Act 442, “ ‘Telehealth’ means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers.”

The law designates the licensing or registration of out-of-state healthcare providers who seek to furnish healthcare services via telehealth to persons at originating sites in Louisiana, to the various boards. But Act 442 notes, “The rules shall ensure that any such healthcare provider possesses, at a minimum, an unrestricted and unencumbered license in good standing to perform the healthcare service in the state in which the healthcare provider is located, and that the license is comparable to its corresponding license in Louisiana as determined by the respective Louisiana licensing agency, board, or commission.”



The 2014 House Health and Welfare Committee members listen to psychology board Executive Director, Kelly Parker (L on video screen), Senator Martiny (C), and Dr. Rita Culross. The Telehealth law was also reviewed and passed in the recent legislative session, authored by Representative Simon (also shown on video screen).

APS Helps LPA Build Connections To Academics, Researchers

Continued

Patterson is a Tulane Professor and Frick is Chair of Psychology at the University of New Orleans.

LPA established eight honorary memberships aimed to help connect with psychological scientists and professors of psychology across the state.

They are working with Dr. Alan Kraut, Executive Director of the Association for Psychological Science (APS) on the joint effort.

Dr. Kraut, on behalf of APS, granted complimentary memberships to support this effort. “The Association for Psychological Science (APS) and the Louisiana Psychological Association (LPA) share the common goals of advancing the science of psychology, as well as using that science as a vital tool for improving human welfare,” Kraut wrote.

Kraut said that the complimentary memberships were to recognize these shared interests.

Participants so far include Dr. Mitzi Desselles for industrial-organizational psychology from LaTech, Dr. Lore Dickey for counseling psychology from LaTech.

Dr. Elliott Beaton, for neuroscience, stress, and cognition science, from the University of New Orleans, Dr. Paul Frick, for developmental and psychopathology science and Chair from University of New Orleans are also included.

Dr. Constance Patterson, Professor of Practice and in school psychology from Tulane, and Dr. Michael Cunningham, adolescent development, African and African Diaspora Studies, and Associate Provost Center for Engaged Learning and Teaching, will join from Tulane.

Dr. Bryan Gros, LPA Director and Membership Chair, and former President of LPA, said, “In the past, LPA has offered little for academic and research psychologists. I am excited about this group,” he told the *Times*. “LPA is very much looking forward to their guidance in making LPA a home for academic and research psychologists.”

“The evidence is that mainstream clinical psychology has gotten further and further away from its roots in research and science,” Gros said. “This hasn’t helped either psychologists or those we serve.”

“With this effort, and other efforts, LPA is working to correct this problem and provide the interpersonal and scientific connections that sustain our unique contribution within the field of mental health, and also other areas of services.”

“This is a win-win-win, in my view,” Gros said.

Dr. Gros also noted that the idea meshes well with the organizational mission of LPA. He noted that the mission is “... To support and advance psychology as a science, as a profession, and as a means of promoting health, education, and human welfare.”

The research-academic psychologists’ group will be looking at how mutual goals might best be met by the state association, and what areas could help the larger society within the state.

Published August 1 Provisional Psychology Licensure Emergency Rule

An Emergency Rule was published August 1 to continue the process for provisional licensure of psychologists related to Act 137 that took effect on August 1. Emergency Rules will remain in effect for 120 days. The Rule defines the applicant requirements, qualifications of supervisors, and includes a section on fees. Application for Provisional Licensure is listed as \$150, and renewal is \$100. A complete text of the Emergency rule is available at the *Louisiana Register*.



Dr. Michael Cunningham and Dr. Lucinda DeGrange discuss a recent presentation. Dr. Cunningham will join with other scientists in an effort to better link those in science and practice of psychology.

Published August 4 Emergency Rules for Behavior Analysts

Emergency Rules were published on August 4 to continue to regulate the practice of behavior analysis. The Emergency Rule was effective August 4, 2014, and will remain in effect for a period of 120 days, noted the announcement. Included are sections on applications procedures for state licensure for Behavior Analysts, for Certified Assistant Behavior Analysts, and for registration of Line Technicians. Behavior Analysts will need to provide

proof of a master’s degree and submit verification of passing a national exam, among other requirements. Assistant Behavior Analysts will need to provide proof of a bachelor’s degree, passing an exam, and line technicians must complete a criminal background check. Fees are listed as \$400 for application for Licensed Behavior Analyst, \$250 for State Certified Assistant Behavior Analyst, and \$50 for Line Technicians.

The complete text of the Emergency rule is available at the *Louisiana Register*.

American Board of Medical Psychology



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Robin Williams’ Death Points to Rising Suicide Rates

continued

Increase in Suicide Rates

According to the Center for Disease Control (CDC) suicide rates have been increasing. In 2009 the number of deaths from suicide surpassed the number of deaths from automobile accidents. Last year CDC researchers reported that the annual, age-adjusted suicide rate among persons aged 35 to 64 years had increased 28.4 percent from 1999 to 2010.

For men aged 50 to 54 and 55 to 59 years, the rate increased 49.4 percent and 47.8 percent respectively. For women, there was a 59.7 percent increase in the 60 to 64 year olds.

Looking at racial/ethnic groups, Blacks, who have a lower suicide rate overall, had no change over the decade. But suicide rates for Whites increased by 40.4 percent and the rate for American Indian/Alaska Natives increased by 65.2 percent.

President of the American Association of Suicidology, Baton Rouge psychologist, Dr. William Schmitz, Jr., writing for the August CNN *Opinion*, reminded readers that more than 39,000 people commit suicide each year. “When I learned about Williams’ suicide on Monday,” Schmitz wrote, “it knocked the wind out of me.” He noted his affection for the actor and his work. But, Schmitz also pointed out that 107 other people died that same day from self-inflicted injuries.

The *Times* asked Dr. Schmitz about the rising suicide rates over the last decade. “Suicide rates have been gradually, and rather steadily, increasing,” he said.

“There are several theories regarding this trend, though a specific and definitive explanation has not emerged,” Schmitz noted. “We do know that suicide attempts, across the lifespan, tend to become more lethal,” explaining that the ratio of suicide attempts to death is 100-200 to one for adolescents and young adults, but for those over 65 the ratio is four to one.

“Coupled with this,” Schmitz said, “I would also add that help-seeking and mental health treatment remain very stigmatized among the older adult populations. There is lingering doubt and fears associated with institutionalization, asylums, and being ‘locked up’ if one

divulges any thought of suicide,” he explained. “This is very disconcerting given the clear evidence that even people determined to be at high risk for suicide have been shown to respond to intensive outpatient therapy.”

Dr. Frank Campbell is a Licensed Clinical Social Worker and expert from Lacombe, Louisiana, former Executive Director of the Baton Rouge Crisis Intervention Center, and also Past-President of the American Association for Suicidology.

“It is important to accept that suicide is a very complex and paradoxical cause of death to develop clear understandings from,” Dr. Campbell told the *Times*. “It is an N of 1 and by that I mean each suicide is unique.”

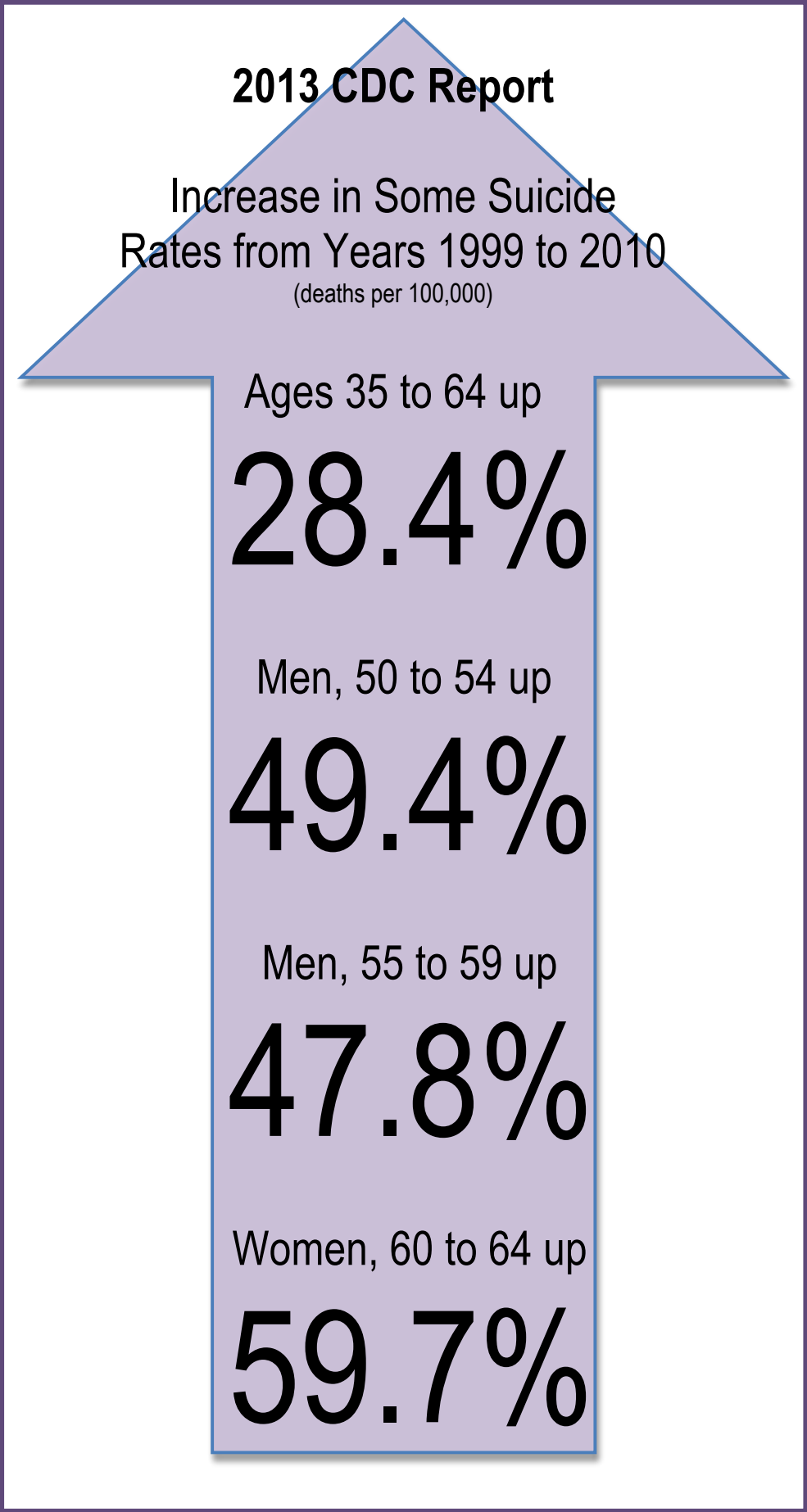
Campbell is certified in Thanatology and practices in Forensic Suicidology. He and colleagues currently provide “Postvention Workshops and Training,” through Lossteam, a program to aid newly bereaved from a death by suicide and to help reduce the multi-generational impact of risk that can follow. Dr. Campbell’s work has been featured in a documentary for the Discovery Channel.

“For me the most comprehensive micro or individual answer to any death by suicide,” he said, “is that it happens as a result of a self-defined crisis where the individual’s ability to cope with the precipitating event which brings on the crisis response—decline in coping and possible increase in maladaptive coping—was unable to keep that person safe from suicide,” Dr. Campbell said.

“Data is helpful in awareness but each death impacts the community in ways that are unique and little research has been conducted on the impact suicide has on generating additional casualties both in the short term or long term for a community,” he said.

“The macro response would include considering the impact of social and economic changes in the past 10 years,” Campbell said, “because economic conditions have historically correlated with upward trends in suicide.”

Also, “... a growing number of citizens who are veterans of



military service—mostly men—which are estimated to equal one out of each five deaths by suicide,” he said.

Is the Help, Helping?

Dr. Schmitz pointed out that there is growing evidence supporting various approaches that help those at risk. “There are treatments that work, there are warning signs and basic skills of suicide assessment and management that should be core clinical competencies,” said Schmitz.

“Unfortunately, the majority of mental health professionals do not obtain this training in

either their graduate studies or continuing education,” he said. “Providers that are not engaging their patients in active discussions about means restriction and crisis response planning really terrify me,” he said.

“Right now, I focus a lot of my attention on promoting education for providers—and consumers. Too many people who reach out to mental health professionals in a trusting/vulnerable state are marginalized, invalidated, or avoided—‘quick, get them in the hospital, they said the word suicide.’ If providers were more comfortable talking about and working with suicidality, I

Robin Williams’ Death Points to Rising Suicide Rates, *continued*

believe that we would have better outcomes and an improved image among the general public,” he said.

“The general public simply expects that all licensed mental health professionals are ‘the experts in working with suicide’ and the various mental health disciplines seem content to perpetuate this myth,” Schmitz said.

Kansas licensed psychologist Dr. April Foreman, is also an expert in suicide prevention efforts, focusing on media and social education. During the past legislative session, Foreman helped Senator Ben Nevers develop his measure that would

“The general public simply expects that all licensed mental health professionals are ‘the experts in working with suicide’ and the various mental health disciplines seem content to perpetuate this myth.”

Dr. William Schmitz, Jr.
President, American Association of Suicidology

have mandated six hours of suicide prevention training for mental health professionals.

Foreman points to a serious problem regarding competency in suicide prevention within the mental health community. “Only 9 to 10 percent of mental health professionals can pass a competency exam,” in this topic, explained Foreman previously. “This is a big training deficit.”

Nevers’ bill was eventually passed, creating resources under the state, but the mandate was dropped.

“What are we doing right? Not much, truth be told,” said Foreman. “When 90 percent of our licensed psychologists cannot pass a basic competency exam on suicide risk assessment and intervention—the number one mental health emergency—then we have a real problem. You expect your doctor to know what to do if you walk into his office with chest pains. We should similarly expect licensed psychologists to know what to do during a mental health emergency.”

Foreman points out that licensed psychologists and other behavioral healthcare professionals should know some basic knowledge and skills. She outlined these as: 1) How to assess for suicide risk; 2) How to differentiate between ideation, plan, intent, and means; 3) The six steps of a safety plan—including means restriction; 4) How to be able to clearly articulate the risks/benefits of hospitalization for a given patient; and 5) How to either provide, or effectively refer patients with risk of suicide to competent care that focuses on reducing and stabilizing suicide risk.

Dr. Schmitz previously told the *Times*, “It is the number one emergency in mental health and the most lethal situation a professional will encounter. But, no one is required to have training.”

Schmitz is the first author of a 2012 white paper, “Preventing Suicide through Improved Training in Suicide Risk Assessment and Care,” a report of the American Association of Suicidology Task Force, which pointed out that training is limited, inconsistent and mostly didactic. “An hour of didactic training may increase knowledge,” Schmitz explained to the *Times*, “but it doesn’t do anything to actually change competency.”

So currently, training in this area is left to the professional’s judgment. Some are responding to that need, such as Dr. ValaRay Irvin, Psychologist and Director of the University Counseling Center at Southern University in Baton Rouge. She has looked at additional training for herself, her faculty and staff.

“Just last week I spoke with an individual in an effort to align my Center with the Historically Black Colleges and Universities – Center for Excellence at Morehouse School of Medicine, where they are funded through a SAMHSA grant to offer a number of ‘critical’ trainings for *HBCU Counseling Centers*,” she told the *Times*.

She is looking at one of the training programs that teach individuals a five-step plan to support other developing signs and symptoms of a mental health crisis, including specifics with risk of suicide. Her goal is to install the training for others, including key Student Affairs units, as well as faculty and staff, after she completes the training herself.

What is the role of psychiatric drugs?

Williams’ close friend, actor Rob Schneider publically blamed Williams’ death on the

“What are we doing right? Not much, truth be told. When 90 percent of our licensed psychologists cannot pass a basic competency exam on suicide risk assessment and intervention—the number one mental health emergency—then we have a real problem.”

Dr. April Foreman
Expert in Suicide Prevention, Media, and Education

medications Williams was taking. According to reports these medications were for depression, anxiety, and early stages of Parkinson’s. Other reports said he was sleeping hours a day and withdrawn.

Science writer Dr. Gary Kohls, a family physician and mental health specialist, and author at Global Research, wrote that the focus is on Williams’ pre-existing mental health problems but that the suddenness with which Williams took his life and what psychiatric drugs he was being given is being ignored.

"Knowing that Williams had been under the care of psychiatrists for the last six weeks of his life, certain taboo questions need to be asked and answered," wrote Dr. Kohls in a recent article on

Cont’d next pg

Suicide Rates by Groupings: Comparison of 2001 and 2011

AGE GROUP	2001	2011
5-14	0.7	0.7
15-24	9.9	11.0
25-34	12.8	14.6
35-44	14.7	16.2
45-54	15.2	19.8
55-64	13.1	17.1
65-74	13.3	14.1
75-84	17.4	16.5
85+	17.5	16.9
65+	15.3	15.3
Total	10.8	12.7
Men	17.6	20.2
Women	4.1	5.4
White	11.9	14.5
Nonwhite	5.6	5.8
Black	5.3	5.3
45-64	14.4	18.6

Statistics prepared for American Association of Suicidology by John McIntosh, PhD and Christopher Drapeau, MA. Source is the Center for Disease Control. (Information, courtesy of Dr. Campbell.)

Robin Williams’ Death Points to Rising Suicide Rates, *continued*

Global Research about the dangers of combining psychiatric drugs.

"There will be no answers unless we get them in the secret details of what happened at Hazelden, including what brain-altering drugs [Williams] was on."

Kohls wrote that every SSRI class medication bears a black box warning indicating that it doubles the risk of suicide, but that this is often ignored. Kohl directly pointed to seeking help at Hazelden, writing, "In retrospect, that decision had fatal consequences," wrote Kohl.

Kohls analysis parallels science writer Robert Whitaker’s *Anatomy of an Epidemic*, who concludes that as the use of medicine has risen, so has mental illness.

Reports were that Williams was exhausted, and dealing with emotional stress.

Cass Nelson-Dooley, owner of Health First Consulting, noted, "What that means, is that he was depleted in multiple ways." She helps medical professionals and organizations treat hidden nutritional, biochemical, and

“The river of suicide is large in this country and it is up to all of us in our communities to become trained as lifeguards.”

Dr. Frank Campbell
Former Executive Director of the Baton Rouge Crisis Intervention Center, Past-President of American Association for Suicidology. LCSW

metabolic causes of disease as part of their health programs.

"In a person who struggles with alcohol or drug addiction, we often see that their neurotransmitters and hormones are damaged. These systems are necessary for a healthy mood. A person with alcohol or drug addiction might also have nutritional deficiencies that can be missed by most doctors. Neurotransmitters, hormones, and nutrients would be very important areas to analyze in someone who is self-medicating with alcohol or drugs. These areas are also often abnormal in depression and suicide."

"Someone who we know has vulnerabilities, who we know uses drugs and alcohol to try and feel better, to try and prop themselves up, will likely become very depleted over an 18-month push."

"Without testing, we don't know about Robin Williams' underlying biochemical make-up," she said. "But given what we see in other patients like him, he probably had imbalanced neurochemistry that predisposed him to struggle with depression and addiction. Eighteen months of stress could have worsened an already precarious nutritional and hormonal imbalance. He may have been unable to resist the severe depression that resulted in his suicide."



© Lagron49, Dreamstime

Robin Williams was one of the most creative and talented entertainers of our day. His death calls attention to a disturbing trend for White, male baby-boomers.

"It is no wonder someone with his known vulnerabilities would have been teetering on the brink of a danger zone, and with added stressors, even lose hope that he could ever feel better," she said.

Dr. Campbell said, "Managing transitions in life if not easy and when health and loneliness are isolating factors along breakdown geographically of the family and health care challenges it is a lot to manage. Generational expectations are not always shared or expressed clearly to family who might be wanting to help but just don't know how."

"My thought is that if we had the number of folks who die by suicide each year drowning then we would train more lifeguards to stand by those in the water."

"The river of suicide is large in this country and it is up to all of us in our communities to become trained as lifeguards," Campbell said. "One such training that is for all care givers is the two day ASIST (Applied Suicide Intervention Skills Training) that helps anyone help another at risk from the river to safety for now."

The Livingworks education website www.livingworks.net is for those who want to know more about the many skill trainings in Louisiana that are suicide related for clinicians. There are new professional programs coming out each year.

The national suicide lifeline number 800-273-TALK is for anyone having thoughts and most local folks can even call 211 to know about resources in Louisiana to refer those bereaved by suicide, as well as those with thoughts.

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

The Times appreciates these references and reminders from Dr. Campbell.

LSU’s Dr. Matson In “Most Influential Scientific Minds of Our Times”

Continued

The honor comes from Thomson Reuters, who use their *Web of Science* platform, a search and discovery environment for the sciences, social sciences, and arts and humanities, along with *InCites*, a web-based scientific evaluation and benchmarking platform, to identify the most highly cited researchers in the world. Thomson Reuters is a multinational corporation serving clients in the scientific information industry.

Matson falls into the group of researchers who published the greatest number of highly cited papers in one of the major fields of scientific endeavor, during the years from 2002 to 2012.

Matson’s work, based on how often it was cited by other scientists, ranks in the top 1% in the field of psychology and social science.

Thomson Reuters, who provides impact statistics and the h-index, notes, “It is precisely this type of recognition, recognition by peers, in the form of citations, that makes their status meaningful. The identification of these individuals is rooted in the collective, objective opinions of the scientific community. Fellow scientists, through their citations, give credit to these people and their work.”

There were no other psychologists or social scientist from Louisiana in the Reuters compilations.

The *Times* spoke with Dr. Matson about the honor. “Well, it is gratifying,” he said. “Also, it points out that this is a reward for working 60-70 hour weeks over 30 years and having great coworkers and family support.”

An expert in autism, mental disabilities, and severe emotional disorders in children and adolescents, Dr. Johnny Matson has produced 700+ publications including 38+ books.

Just a few of his titles are the *International Handbook of Autism and Pervasive Developmental Disorders*, *Practitioner’s Guide to Applied Behavior Analysis for Children with Autism Spectrum Disorders*, *Practitioner’s Guide to Social Behavior and Social Skills in Children*, and *Assessing Childhood Psychopathology and Developmental Disabilities*, and *Treating Childhood Psychopathology and Developmental Disabilities*.

He has served as Editor-in-Chief for *Research in Autism Spectrum Disorders* (Oxford England), Editor-in- Chief for *Research in Developmental Disabilities* (Oxford, England), and Associate Editor for *Journal of Mental Health Research in Intellectual Disabilities* (London).

Through the years he has served on 80 editorial boards, both US and International, including as Editor-in-Chief for *Applied Research in Mental Retardation* and the *Official Journal of the American Association for University Affiliated Programs*. He has also served

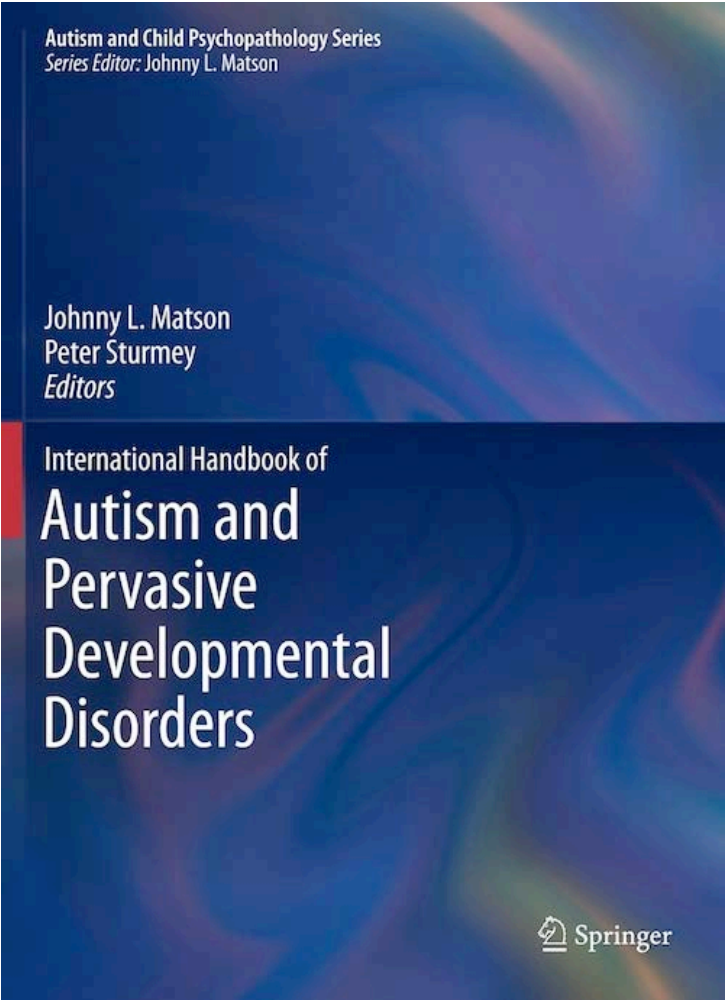
as guess reviewer for over 50 journals, both US and International. And, he has visited as a professor around the world, including in Canada, Sweden, and India.

Among his many professional activities, Matson has been a guess expert on ABC’s 20/20, consulted with the Alabama, California, Georgia, Illinois, Iowa, Louisiana, Missouri, Virginia, and the US Departments of Mental Health. He has been a guess expert on CBS Eye-to-Eye and consulted for the DSM III-R Educational Testing Service. He has served on the President’s Committee on Mental Retardation, and consulted to the US States Department of Justice, and the US Department of Education.

“This is really about having a few decent ideas but mostly about having a goal and working and working to reach it,” Dr. Matson said to the *Times*.

“Maintaining that level of focus over that period of time is not easy,” he said, “at least it wasn’t for me. In my case, largely it has been about getting researchers and clinicians to be made aware of and to have the tools to identify co-morbid challenging behaviors and psychopathology in persons with autism and/or intellectual disabilities,” he said.

“If I have been able to do that, in some small way, then it will mean better care for many persons with developmental disabilities.”



The *International Handbook of Autism and Pervasive Developmental Disorders*, edited by Dr. Johnny Matson and Dr. Peter Sturmey, is just one of the many comprehensive volumes produced by LSU Distinguished Research Master, Dr. Johnny Matson. He provides continual texts to help scientists and clinicians make sense of the rapidly changing terrain regarding the etiology, assessment, and treatment of autism and related disorders. Based on how many times he has been cited by others, Thomson Reuters has named him in their list “Most Influential Scientific Minds of Our Times.”

**Department of Psychology,
Northwestern State University,
has an opening for an
Assistant/Associate Professor or Full
Professor**

Position: Assistant/Associate Professor or Full Professor – tenure track:
Earned doctorate in Psychology (Preferred Clinical Psychology) Salary:
\$54,000 to \$57,000. Experience the culture and relaxed living in Louisiana’s
oldest city.

Responsibilities: Responsibilities include teaching courses at the
undergraduate and graduate levels, graduate thesis research and paper-in-lieu,
advising, university and department service, and research/publication
endeavors.

Application: Send vita, transcripts, and 3 letters of recommendation:
Northwestern State University Department of Psychology Dr. Susan Thorson-
Barnett, Chairperson ATTN: Search Committee 311 Bienvenu Hall
Natchitoches, LA 71497. Review of application will begin immediately and
will continue until position is filled.

Stress Solutions

by Susan Andrews, PhD

What do Obesity, Chronic High Stress, Heart Disease, Diabetes, Hypertension, and Depression have in common?

If you guessed **Sleep Deprivation**, my hat's off to you.

While there is no “magic number” of hours that we should sleep, it is now firmly established that you cannot lose weight if you do not sleep a solid 7-8 hours a night. Research says the average American misses 200-300 hours of needed sleep each year. This is known as a *sleep debt*.

Studies suggest that healthy adults have a *basal sleep* need of seven to eight hours every night. Where things get complicated is the interaction between the basal need and sleep debt. For instance, you might meet your basal sleep need on any single night or a few nights in a row, but still have an unresolved sleep debt that may make you feel more sleepy and less alert at times, particularly in conjunction with *circadian dips*, those times in the 24-hour cycle when we are biologically programmed to be more sleepy and less alert, such as overnight hours and mid-afternoon.

Cortisol is not the only factor that inhibits weight loss but it is a big one. Some physicians are willing to flatly state that you cannot lose weight if you do not get to bed early and get a solid 7 or 8 hours.

What getting a good night's sleep can do for you

- A good night's sleep has a positive effect on your *blood pressure*, meaning that for most of us it goes down at night. If your hours of sleep are interrupted or too short, your blood pressure may never fall low enough.
- Insulin resistance is reduced by good sleep. Dr. Michael Breus, a psychologist and sleep specialist, emphasizes the fact that even short-term sleep loss (being awake for approximately 36 hours) can cause blood glucose levels to be higher than normal.
- A routine schedule for sleeping will help your body keep its internal biological clock running smoothly. You will be more alert, with good



Dr. Susan Andrews, Clinical Neuropsychologist, is currently Clinical Assistant Professor, LSU Health Sciences Center, Department of Medicine and Psychiatry, engaged in a Phase III study on HBOT and Persistent PostConcussion Syndrome. In addition to private clinical practice, Dr. Andrews is an award-winning author (*Stress Solutions for Pregnant Moms*, 2013).

* * * *

reaction time and physical ability, in other words, less accident-prone.

How psychologists can help

Many psychologists are focusing on sleep habits in the patients they are treating. A study in the Journal of Clinical Sleep Medicine, looking at adults with insomnia, found that more than 85% of the study sample who completed 3 or more sleep-focused treatment sessions were able to nod off faster and stay asleep longer. A 6-month follow-up revealed that those patients who had 3 or more sessions spent significantly less money on health care and had fewer doctor visits – compared to the 6 months before their therapy sessions focused on sleep habits. The weekly therapy sessions included relaxation exercises and education on topics such as activities to avoid doing 2 hours before bedtime (like exercise, heavy meals, and smoking). The APA magazine, *Good Practice*, (Spring/Summer 2014) offers an informative short article on tips to *Getting a Good Night's Sleep*.

In the next Stress Solutions Column, we look at ways to assess how much chronic stress you have accumulated.

Part Time to Full Time Position Available

Assist Clients in
University Counseling Center
Southern University
Baton Rouge

Experience in Assessment of ADHD/ADD
and Learning Disabilities preferred

Contact Dr. ValaRay Irvin
Psychologist/Director
University Counseling Center
Southern University

Join with Southern in Celebrating its Centennial
100 Years on the Baton Rouge Campus

Michael Chafetz, PhD, ABPP
is pleased to announce the formation of a new
practice:

Algiers Neurobehavioral Resource, LLC

Still featuring evidence-based neuropsychological
and psychological evaluations in clinical, disability,
and forensic cases.

Announcing that Melissa Dufrene, PsyD will be joining the
practice, offering evidence-based therapy services for
psychological disorders.
Dr. Dufrene trained at one of the two inpatient OCD treatment
centers, and will offer focused specific treatments for anxiety-
based disorders.

Feel free to call or visit us.

Michael Chafetz, PhD, LLC and
Melissa Dufrene, PsyD
Algiers Neurobehavioral Resource, LLC
3520 General DeGaulle Dr., #3044
New Orleans, LA 70114
work: 504-636-6120
fax: 504-208-3138

Editor’s note: It will be a real treat to explore the creativity in Dr. Ed Chandler’s photography, this month’s Gone Fishing feature. Be sure and study the photo before you read the caption, so you can get the full “aha” experience.



Front Row Seat © Ed Chandler
It was sunrise on New Year’s Day morning, when Ed came across this scene. He took 200 shots that morning, he said, but this was the very first, as he was crossing the railroad tracks at the levee in New Orleans. See his “Cityscapes New Orleans” Gallery with 94 views of the Big Easy, at his website.



Holy Veil © Ed Chandler
A Baltimore park revealed through the open spaces in a waterfall, frozen in 1/3200th of a second.

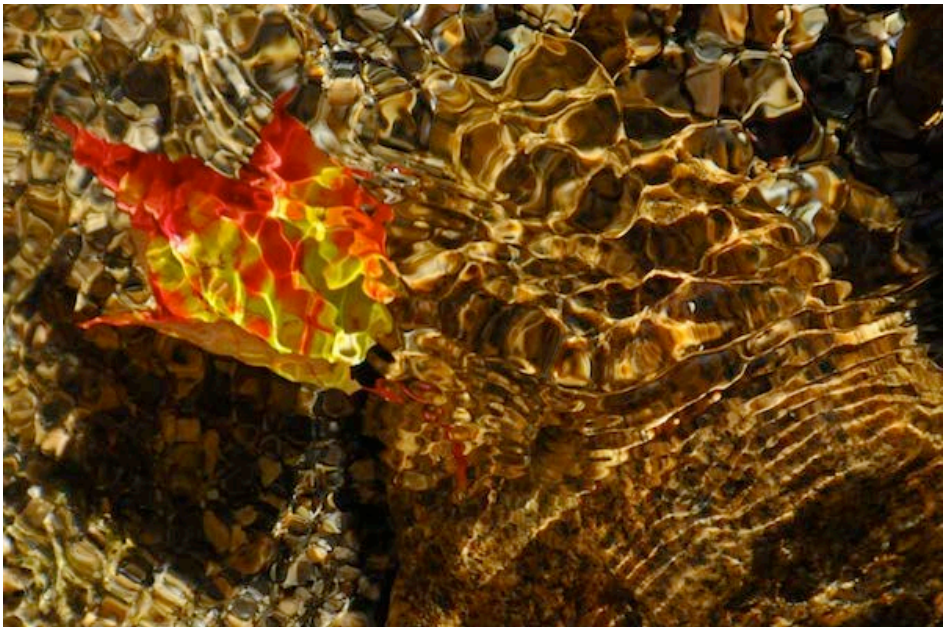
Dr. Ed Chandler— Aha Photo and Glass

Dr. Ed Chandler, and his wife, Dr. D’Lane Miller, both graduated from the LSU doctoral program in clinical psychology in 1981. Now they operate their clinic, Turning Point Center for Psychological and Family Growth, in Fort Walton Beach, Florida.

Ed purchased his first digital camera in April 2008, though he’d played with cameras from his boyhood days in Grand Island, New York, a few miles upstream from Niagara Falls, he said.

“My psychologist friends will no doubt delight in one of my repetitive dreams as a child, of my island breaking loose from its underpinnings and floating irreversibly downstream, as I awaited the horrendous endgame,” he admits.

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Streaming Leaf © Ed Chandler
The beauty of Maine in October was captured by Ed as he spotted this maple leaf floating toward him in a “tiny, pebble strewn stream.”

Gone Fishing Feature

Dr. Ed Chandler—Aha Photo and Glass

continued

Years later, in the digital age, he was “freed from the expense of developing every frame of film,” and “I could and did experiment at will,” he said.

In recent years, Ed has nurtured his avocations in photography and stained glass, allowing him creative expression and garnering some well-deserved acknowledgements along the way. “My macro shots produced the nicest surprise of my artistic life,” he explained, when he won ‘Best of Show’ for a body of work at the 2009 Southeast Regional Juried Fine Arts Show.

He noted a parallel between artistic expression and the process of psychotherapy, stating, “Following the impulses arising from one’s creative spirit is a process which fuels psychological recovery. In psychotherapy, you must learn to listen for feelings, impulses, and memories which arise from within, even from dark corners, rather than discarding such unwelcome feelings into a disowned subconscious junkyard. You must also learn to access the wise, loving, and creative side of yourself to heal the most damaged parts of self,” he said. “So it is when conceiving rectangles of reality, whether they be photographs or stained glass panels. Following feelings, impulses and spontaneous associations down the rabbit hole leads to inspirations which can then be tempered by the dictates of realistic and conventional thinking.”

In his photography Chandler engages his keen eye for what is waiting to be discovered, and invites his audience into an experience he has named Aha! reactions.

To do this he sometimes zooms his lens inside the boundaries of an object, removing perceptual cues from the observer. Other times, he uses water or mirrored surfaces to achieve the desired degree of distortion. “I enjoy the distortions of reality offered by reflections, via puddles, chrome, tubas, mirrored skyscrapers, or whatever,” he noted. “When possible, I like to invite you into an ‘Aha!’ experience, where you find yourself wondering what in the world you are gazing at, but only for a few seconds, before your perplexity yields to surprise.”



Bridge Quake © Ed Chandler

“I was traveling around Baltimore with my daughter, admiring this bridge, but I couldn’t find the right perspective until we were on the way to the airport for my flight back to Florida. I spotted the bridge reflected in a mirrored skyscraper and yelled “Stop!”

Another target of his camera is *The Micro World*. These are shots with a macro lens that bring the smallest of creatures details of everyday life into clear display for the viewer. “I enjoy the small world,” he said, “the unnoticed details of life that delighted us as children, as well as the small gems that a macro lens can bring into focus.”

In another vein, he noted that “Unusual combinations are also intriguing, whether it be a dragonfly on a string of barbed wire, a lottery billboard intruding over a graveyard, or ice encased azaleas in February,” he explained. “Conventional shots can be beautiful or inspiring; atypical ones can be arresting, perplexing, and convey unexpected emotions.

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Silver Nitrate Cubed © Ed Chandler

The photo is one Houston skyscraper reflected in another, at sunrise. “You can play with and adjust colors and hues in these shots as if they were virtual abstract paintings,” Ed explained.

Gone Fishing Feature
Dr. Ed Chandler–Aha Photo and Glass

Ed has also branched out into stained glass which allows him even more freedom for expression, in a more painstaking art form. He has been creating portraits over the last few years, using geodes for eyes, ears, and mouths. One is a representation of Katrina, with swirling white and black glass for the face, Mardi Gras doubloons for earrings, and jugular wound covered with a FEMA band aid.

In the Glass Gallery in his online photo website, one can find portraits of various icons who require only a first name, Pablo, and Albert, with an atomic blast rising from his face. “I guess I can’t escape my 60s political angle,” he said. The glass work gives him the chance to creatively work without language. He finds it a “good getaway from the abstract, verbal, and social world of psychotherapy,” he said, “escaping to the more tangible, visual world of glass.”

“You know you’re in a more concrete world when you make a mistake, you bleed.”



Geaux Tigers! © Ed Chandler
“What set of reflection shots by an LSU grad would be complete without a game day shot into the mouth of a tuba?”



Stained Glass
Katrina © Ed Chandler
“I had my doubloons from many a Mardi Gras, my sadness for my friends in New Orleans, and my outrage at the Bushwhacker and FEMA to inspire this one.”

To see Ed's full gallery of photos and stained glass works go to www.ahaphotoandglass.com.



Footprint © Ed Chandler
Ed was writing a psych eval at his dining room table when he heard rustling noises from a plant he’d brought inside for the winter. He grabbed his camera when he saw this chameleon poke his nose over the red-leaved edge, for this shot.

Up-Coming Events

Louisiana Counseling Association Conference September 21- 23

The La Counseling Assn will hold its annual conference at the InterContinental Hotel, 444 ST Charles Ave., in New Orleans, September 21 through 23. Pre-conference workshops will begin on September 20.

This year's conference is packed with speakers and topics, including some samples below.

The invited keynote speaker, is Dr. Samuel Gladding.

Gladding is Chair and Professor in the Department of Counseling at Wake Forest University. He is a fellow in the American Counseling Association and former President. He will speak on "Some Fun and Funny Facts about Wellness: How Humor Adds to Your Health." He will explain how "Humor adds to the quality and longevity of life. This keynote will highlight the value of humor and how the comical can be cultivated creatively and effectively in counseling."

Gladding will also speak on "Becoming Creative or More Creative as a Counselor." Counseling is a creative way of helping individuals to make choices and changes in their lives, he said, and the program will focus on ways counselors can be creative in sessions.

Dr. Gary Gintner will speak on "New Disorders and Specifiers in DSM-5."



Dr. Brenda Roberts (L), Regina Robichaux, and Melissa Thomas (seated) gather at last years packed LCA Convention. This year's convention will again be held in New Orleans.

The DSM-5 introduced a number of new disorders and specifiers which may be unfamiliar to many counselors. Gintner will discuss these conditions and review treatment implications and recommendations. He will also present, "DSM-5 Informed Case Formation," and "DSM-5 Depressive Disorders: Diagnostic and Treatment Implications." Since DSM-5 introduces a new

chapter on Depressive Disorders, Dr. Gintner will review the disorders in this area such as Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, and Persistent Depressive Disorder. He'll present diagnostic criteria, assessment issues and treatment recommendations and examples to illustrate diagnostic and treatment planning issues.

Dr Laura Choate will be speaking on "Treatment for Depression in Girls and Women." Girls and women are twice as likely as men to experience depression, she notes and because of the differences, it is important for counselors to consider gender issues in the conceptualization and treatment of depression. The presenters will cover best practice treatments for depression with particular attention to girls' and women's needs.

Dr. Jan Case, will present "Humor and Service: The Importance of Not Being Too Earnest." She notes in the program, "At times, the spirits of those who serve as counselors soar, but at other times, the cares and challenges experienced by the counselor can cause those same spirits to sink." Presenters will help counselors to revisit the roles and significance of humor, and explore the fresh implications of humor for their own well-being and for the well-being of their clients.

Dr. Erin Dugan, will present, "Addressing Attachment Styles." Dr. Dugan reminds us that individual psychotherapy is not always the most appropriate intervention



Joan Fischer, LPC Supervisor and LMFT Supervisor, from Our Lady of Holy Cross College, worked with participants on supervision methods and theory at last year's LCA Convention.

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Louisiana Counseling Association Conference

Continued

when providing psychotherapy to young children. “Clinicians must first assess the child-caregiver relationship in order to determine the most appropriate treatment intervention. Assessment and evaluations are becoming key ingredients in establishing on-going treatment to children and their families.” According to materials, the presenters will give an overview of assessments and evaluation tools used to define the attachment style between a child, or children, and their caregiver(s). Additionally, this workshop will present varied approaches used to enhance the relationships between children and their caregivers.

Dr. Beth Christensen will present, “Of Mind and Matter: Physical Effects of Trauma.”

“Psychological trauma is becoming better understood as mental health professionals deal with survivors of combat, relational, and environmental traumas in a variety of settings. This session will familiarize the counselor with the effect of trauma on the brain and body in order to enhance understanding

of clients and promote effective treatment planning and multidisciplinary coordination of care.”

Dr. John Simoneaux will present, “What Makes People Happy.” “Throughout the history of psychology and the mental health profession, most of our attention has focused on pathology—those things that lead to and hopefully ameliorate emotional discomfort,” noted the program. “For the past twenty years, however, significant resources have been directed at offering science in “positive psychology” with attempt to understand and explain how people experience fulfillment and contentment in this life. Thanks to these studies, we now have a better understanding about how people become and stay happy.” He will briefly review major research findings that informs professionals about effective ways to facilitate and enhance the lives of others.

For a complete listing of offerings, go to <http://www.lacounseling.org/lca/Conference.asp>.

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.

The *Psychology Times* is **not affiliated** with any professional group other than the **Louisiana Press Association.**

None of the content in the *Times* is intended as advice for anyone.

Louisiana Coalition for Violence Prevention

Do You Know Enough to Prevent the Next Sandy Hook?

If the potentially violent individual can be identified early, by those directly involved, steps can be taken to reduce the likelihood that a violent act will occur. Research completed over the past two decades has provided clear evidence of identifiable risk factors and helpful protective factors useful in reducing potential danger.

The Louisiana Coalition for Violence Prevention, a multidisciplinary coalition of professionals who have embraced a mission to eliminate violence in our state, is partnering with Professional Training Resources and scientists from Louisiana Tech to provide an empirically-based continuing education workshop for mental health professionals to build skills for violence prevention.

Dr. John Simoneaux of Professional Training Resources and director of the Coalition’s Institute will present a daylong CEU/CPD training event on Risk Assessment throughout the state this fall. Dates are:

Sept 26	West Monroe	Oct 31	Shreveport
Oct 3	Baton Rouge	Nov 21	Lafayette
Oct 24	Kenner		

For information go to:
<http://professionaltrainingresourcesinc.com/upcoming-events/obsessions>

For more about the Coalition go to <http://louisianacoalitionforviolenceprevention.com>

Or, speak with any of our steering committee members: Yael Banai, PhD, LPC, NCSP, McKay Bonner, PhD, Bryan Gros, PhD, Bobette Laurendine, MSW, LCSW, E. Francoise Parr, SSP, NCSP, Cindy L. Nardini, MS, LPC, John C. Simoneaux, PhD, or Carmen D. Weisner, LCSW, ACSW.
Community sponsor: *The Psychology Times*.

Be Part of the Solution.