



Dr. Rita Culross, current Chair of the psychology board, and Dr. Marc Zimmermann, Vice Chair, listen to attendees at the November 21 Long-Range Planning meeting of the LSBEP.

## — Inside —

What's Behind the  
Price of Health Care?  
Page 6

Do You Know How to  
Help Prevent Suicide?  
Let the Experts Quiz  
You on Page 8-9

Stress and Your  
DNA  
Page 8  
Dr. Andrews

*Christmas*  
Bookshelf  
Who's Reading What  
for Christmas?  
Page 11

## More Cuts Probably Coming for Beleaguered Higher Education

A \$171 million mid-year budget shortfall prompted some in higher education to begin to brace for more cuts, following 7 years and a 46 percent reduction in funding to the state's universities.

After the Revenue Estimating Conference posted a review on November 14, the Jindal Administration said that higher education would be protected. But at the same time, it is unlikely that higher education can remain unscathed from a projected \$1.4 billion problem that is forecasted for the following cycle.

Cont pg 5

## School Violence Training Highlighted at Conference

With record attendance, Dr. Debra Duhe presented a daylong workshop developed by the National Association of School Psychologists (NASP) at the recent annual conference of the Louisiana School Psychological Association, held November 5-7 in Lafayette.

The workshop is one of the steps in a program that NASP has been developing over the last decade, to provide

Cont pg 10

*"Inappropriate" or "unprofessional"*

## LSBEP Plans Sweeping New Discipline Category

At a November 21 planning meeting of the Louisiana Board of Examiners of Psychologists, board members described their intention to add to the list of reasons they can discipline psychologists.

In a handout to those attending the meeting, board members suggested wording for a new category of discipline: "Inappropriate behavior. Psychologists shall not behave in such a manner that would be regarded by other psychologists, Board members or Board staff, as unprofessional conduct, disparaging, disrespectful or as a discredit to the profession while practicing the profession of psychology or representing themselves as a psychologist."

The move would be an addition to R.S. 37:2359, section "B" which currently includes 15 disciplinary categories, for the "denial,

revocation, or suspension of license."

"One of the reasons we're adding, proposing adding #16," Chair Dr. Rita Culross told the group, "is because the APA [American Psychological Association] ethics code does not cover psychologist-psychologist interactions. It covers how you relate to clients but it doesn't cover an interaction between two psychologists and that's come up as an issue and we want to make it specific that you can't engage in an unprofessional manner towards your colleagues, ..." said Culross.

If the board decides to go forward they will introduce a bill at the 2015 legislature for change, and follow with writing Rules.

Among the materials provided by the board was

Cont pg 3



## Oh, Beautiful

What did our roving photographer, Dr. Tom Stigall, find in the canyons of the Southwest? See Pages 15 –16.



## Holiday Blues

Guest Editorial by Drs. Janet and Lee Matthews

The holiday season for most people is a fun time of the year filled with parties, celebrations and social gatherings with family and friends. For some people, it is a time filled with sadness, self-reflection, loneliness, depression and anxiety.

Cont next pg



# Editorial Page – Opinions



## Holiday Blues, continued

*Guest Editorial Column by Drs. Janet and Lee Matthews*

Whether you call it Holiday Blues, Holiday Depression (sometimes called Winter Blues just to confuse things) or Holiday Grief, these feelings may impact us or our clients at this time of the year. The Blues can result from a mismatch between high expectations for the perfect holiday mixed with memories of holidays past, loved ones no longer present and the reality of the current holiday.

There are several factors responsible for these feelings. Fewer daylight hours and the fact that between 2-5% of the population have some symptoms of seasonal depression (the old term was Seasonal Affective Disorder).

A second factor is extra costs that often strain our weekly, monthly or yearly budgets, whether it is special presents or last minute travel costs. The holidays also mean more activities and less time. We know you will not believe it, but there are only 168 hours in each week. The normal responsibilities and tasks involving family and work get added to by other chores, so many of us and our clients feel a significant time crunch. We all know and tell our clients that when you are stressed, exercise and sleep are good antidotes for those feelings, but they often take a back seat to extra errands and household chores.

Throw in overindulgence in food and drink, and the blues may follow. Relationships can be a trigger point for holiday blues.

Whether it is the cousin Lee whose personality you can't stand, or the first holiday season without a loved one, you can find yourself feeling sad.

Another factor is non-traditional living. Back around the middle of the last century (You know, 1950-1960), the family was two parents, two children, (and maybe two dogs). Today less than 23 % of all households meet that criteria. We have redefined the family, but separations, divorce, death, adoptions, social change have lead to the creation of alternative family forms that may cause some people to feel some dissonance with the traditional holiday-related behavior and values.

What about intervention for holiday blues. Here is a Baker's dozen (We are both related to families named Baker) keys to reduce holiday blues.

- 1) One key to minimizing holiday blues is to know that the holidays can trigger stress and depression.
- 2) Accept that things aren't always going to go as planned. Something always comes up. Accept those imperfections, both in yourself and in others.
- 3) Acknowledge and express your feelings. You can't force yourself to be happy just because it's the holiday season, especially if you have had a recent loss in the family or you can't be with loved ones.
- 4) Don't be a martyr. Seek support, be it from family, friends, the community, or religious activities. Helping others can lift your spirits and broaden your friendships.
- 5) Be realistic. Traditions and rituals change as families change and grow. Hold on to those you can and want to keep, but accept that you may have to let go of others. Find new ways to celebrate.
- 6) Stick to a budget. You can't buy happiness with gifts.
- 7) Set realistic resolutions. Don't resolve to change your whole life, return to basic healthy routines with small specific goals set in a reasonable time span.
- 8) Accept family members and friends as they are. Practice forgiveness, or at least set aside grievances for later.
- 9) Plan ahead, whether it is menus, shopping trips or travel.
- 10) Learn to say "NO." If you say yes only when you want to do something, you will avoid feeling overwhelmed, resentful or bitter.
- 11) Make some time for yourself. Hide in the bathroom, take an evening walk, listen to music, even if only for a few minutes.
- 12) Don't abandon health habits. Get some exercise, some sleep, and some indulgence, but not overindulgence.
- 13) Seek "professional" help. Whether it is your own psychologist, your spouse, significant other, fishing buddy, coffee group, canine, or in our case, feline companions to help you realize you need to do the 12 above keys.

Happy Holidays from the Matthews: Ménage, Janet, Lee, Judy and Lucy

## The Psychology Times

*Member, Louisiana Press Association*

Published monthly  
by Nelson News, LLC.

[psychologytimes@drjulienelson.com](mailto:psychologytimes@drjulienelson.com)

Publisher: Julie Nelson, PhD

Journalism Consultant:  
Robert Holeman,  
*Editor (Ret.), The Coushatta Citizen,  
Winn Parish Enterprise.*

Columnists/Reporters:  
Shane Lowery, MS, Intern  
Natasha Jordan, Correspondent  
Dr. Yael Banai

Cartoonist: Jake Nelson-Dooley

Photography: Suzi Andrews, Yael Banai, 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.

Editorials and commentary reflect the opinions of this newspaper. Columns and Letters to the Editor express the opinions of the writers and not necessarily those of *The Psychology Times*.

*All materials copyrighted by J. Nelson  
unless otherwise noted.*

Subscriptions are free. To subscribe go to the *Times* at  
<http://thepsychologytimes.com/>

# Merry Christmas!



From publisher and the staff at

## The Psychology Times



State and National News

Psych Board Proposes Sweeping Addition

continued

a copy of an anonymous letter (see below), sent to the board, following a November 10 email from Executive Director Kelly Parker. In that email, Parker noted the discussion may include, “profane communication in a professional setting directed at a client, another health care professional, a member of the public, or any profane communication directed at the Board, Board members, or its staff.”

Board members and attendees discussed the proposal for about 45 minutes at the November meeting, including the issue of free speech.

“This is actually not talking about speech, it’s talking about behavior,” Parker said. “It’s not talking about attempting to regulate the speech, it talking about someone’s behavior.”

Board member Dr. Joe Comaty said, “Clearly, the First Amendment does not absolutely protect free speech. There are limits on the rights of free speech, in a number of categories. One of which has to do with what’s considered in the context of federal regulations, ‘fighting words.’ And that’s where an individual uses language to incite another individual and its based on whether the other individual feels threatened.”

The board members indicated that Ms. Parker felt threatened by a licensee on the phone and this was an example of the type of problem the new law would cover.

“So for example,” said Comaty, “if someone calls the staff and threatens them, that could be considered a limit on the right of free speech and an



Dr. Joe Tramontana looks on as Dr. Darlyne Nemeth suggests a change in wording about internship experiences for those using the title neuropsychologist.

encroachment on the safety of that individual within the office. I don’t believe that the board or a member of the board’s staff should be subjected to threats from licensees, either implied or direct.”

“I believe that the board has a responsibility to take steps necessary to protect the safety of the staff,” he said. “The issue is whether the board has the authority to regulate the behavior of its licensees, and like I said,

that’s been upheld. And, I believe that it is appropriate for licensees to behave in an professional manner, and what we have not defined yet is what the limits of that are.”

“We have people who will curse on the phone to our staff,” said Dr. Darla Burnett. “That’s inappropriate behavior.”

Parker told the group that Canada has a code of professionalism, and that Oregon is implementing one. Also, she said, Nevada is looking into the topic. “And I can’t tell you what we deal with at the board office,” she said.

“This is a growing thing,” Vice Chair, Dr. Marc Zimmermann, said. “Professionalism is a growing thing separated out from ethics.” He explained that the lawyers have policies for professionalism.

Attendees and board members also discussed whether current law and Rules should be satisfactory in covering behaviors that would be of concern.

Currently the law includes 15 items as grounds for discipline, in R.S. 37:2359. These include endangering the welfare of patients, harassment, sexual conduct, gross malpractice or gross negligence. Also included are certain types of fraud, deception, lying, and exploitation. Also, #12 includes ethics violations and “other immoral, unprofessional, or dishonorable

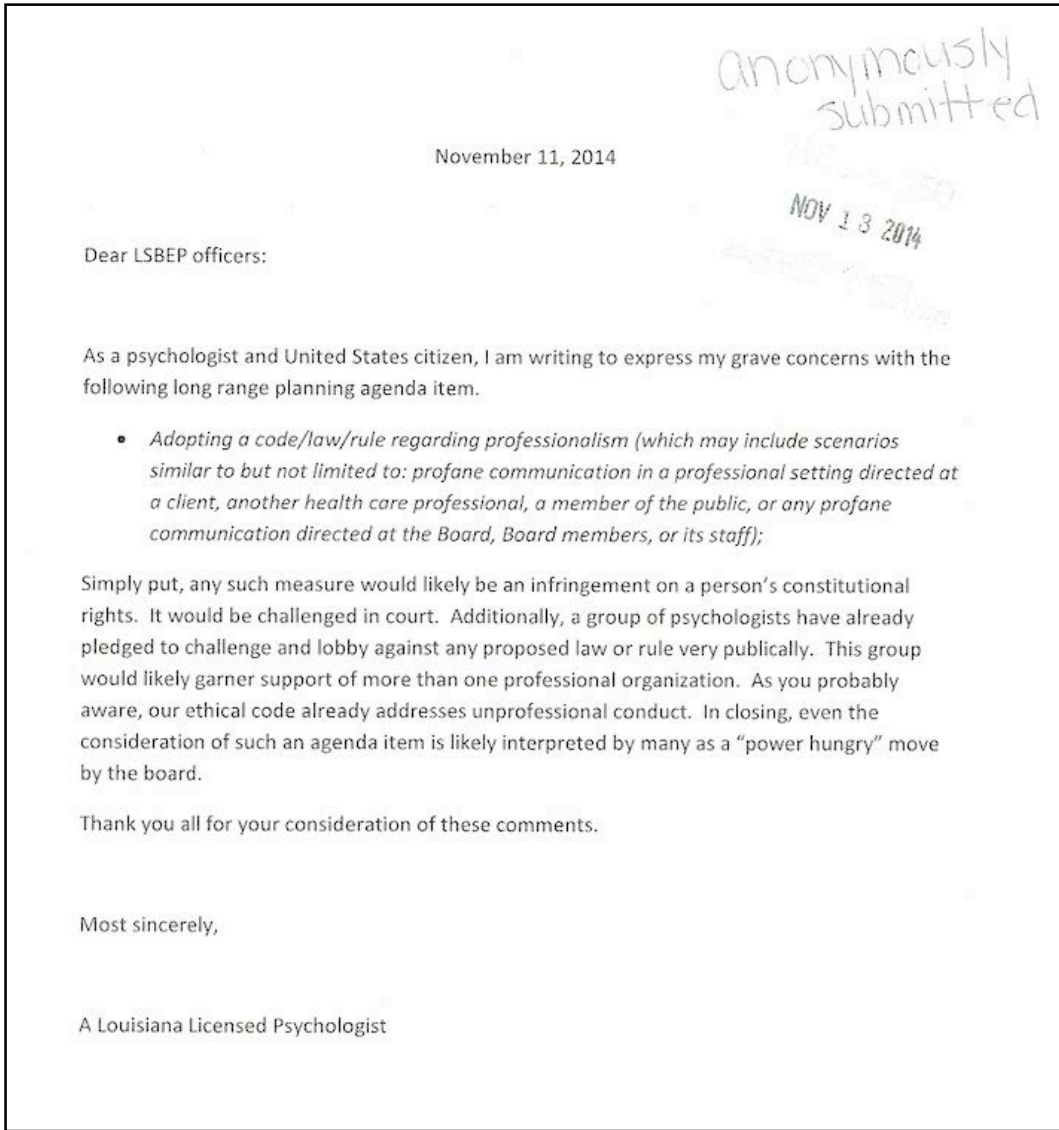
conduct as defined in the rules and regulations of the board.”

Dr. Joe Tramontana, current president of the Louisiana Psychological Association, said, “I could be wrong, but I seem to remember that APA used to have something in the code about character assassination of our colleagues. It might not be there anymore. Am I wrong?”

Dr. Comaty responded, “The problem is that it is in the preamble to the code, which is aspirational and not enforceable. But yes, it does speak to the issue of professional behavior. As do other references. ASBBP is working on a code of conduct.”

“We have looked at this from a federal level, from a constitutional level, from a regulatory level,” said Comaty, “and there’s a concept in constitutional law called the government’s authority to regulate the Bar. And that speaks specifically to the regulatory authority of, in this case the Bar Association, to regulate the behavior of its individuals who are licensed under the Bar,” he said.

“This, in the broad context, actually extends this authority to all regulatory boards to regulate the behavior of





Sweeping Addition

continued

its licensees, so that the safety of the public is protected. Part of the safety of the public is appropriate professional behavior. So, this clearly is within the scope of the authority of regulatory agencies,” Comaty said.

Dr. Darla Burnett said, “Rule number 12 actually says, ‘other moral, unprofessional, or dishonorable conduct. We don’t have Rules that cover the things such as Joe’s mentioning,” she said.

“For me,” said Dr. Phil Griffin, “there’s no teeth in it. It doesn’t really say anything. It just saying behave like a lady or a gentleman.”

“And the fact that it is happening on a more regular basis, raises the level of concern,” said Dr. Comaty, “to the point where its necessary to consider something that would address issues in a specific manner, by the APA code of ethics. That’s why, the frequency with which this occurs across the country, in other jurisdictions, that ASPPB is drafting a code of conduct.”

“Psychologists calling other psychologists names, as is mentioned, in public. Where it might influence the concern of a client, a patient, the public. The profession has to be respected, and when we have licensees who behave in a manner that does discredit to the profession vis a vis the public. I believe that is the appropriate purview for the regulatory board,” he said.

Discussion included whether it is the board’s responsibility to protect a profession.

“When it has an effect on the clients,” said Dr. Culross, “it certainly does because the board is representing to the public that these are the individuals who are duly licensed and okay to treat you, and if you have the behavior where one psychologist is disparaging another, for no reason at all, then that public is denied access to that second individual,” she said.

“... we just wanted to review the list,” said Parker, current Executive Director, “since we’ve been having so many issues. We’ve actually been very busy in the investigation arena.”

Dr. Culross said the board has not voted on the matter, and “We will take all these comments under consideration and continue to explore this issue.”

Psychology Board to Remove Emeritus Designation from Law

The psychology board plans to remove the Emeritus designation from the Psychology Practice Act in the upcoming 2015 legislative session, said board representatives at a November planning meeting.

The move would delete the sentence, ‘The status of psychologist emeritus is hereby created.’ Those over age 65 who wish to retain a license will pay ½ of the regular renewal fee.

“Basically what we’re proposing here is that once a psychologist is over the age of 65 and has held continuous licensure as a psychologist for at least 20 years and is retired from full time practice of psychology, they’ll only pay half of whatever the fees are ...” said Chair, Dr. Rita Culross. “But what we’re doing is removing the emeritus title because it is confusing to the public.”

“Emeritus is typically associated with a individual who is retired and many of our emeritus people continue to practice,” she said. “So what we’re maintaining here, is the ability, once you turn 65, of significantly less fees. But, you would still be called a psychologist at that point in time.”

“And if this goes into effect we’ll make allowances for anybody who is emeritus to assume this new position without any kind of penalty in the current process,” she said.

The *Times* asked if the emeritus title would remain for those who no longer practice at all. Culross said, “I don’t think so. Because if the individual is still licensed, then they’ll still be a psychologist.”

Culross said that Louisiana is the only state with the emeritus status, and while most states give

psychologists over age 65 or 70 a fee reduction, there is no separate category.

“... you’re either licensed or not, you’re either a psychologist or not,” Culross said.

Dr. Darla Burnett said, “We debated amongst ourselves, keeping it, not keeping it, calling it ..., making it a new category if you’re retired. But if you’re licensed you can still practice psychology. So, It becomes tricky, because, does the board want to maintain a list of people that aren’t licensed but they can still say they psychologists?” she said.

“We went back and forth on the best way to do it. And decided that as long your licensed and you can still practice, you have to stay licensed.”

Dr. Marc Zimmermann said, “I think previous boards have been remiss. I hope I’m not insulting anyone, in the fact that what we’re saying is, ‘if you’re, old, you don’t have to learn anything new.’ Or ‘you only have to learn half of the new stuff,’” he said.

“And, how do you justify if you’re treating one patient or a thousand patients? If CE or CPD is what’s important and valid, then how do you defend that, just because you’re old, you don’t need it?”

Culross said that the board had surveyed their complaints, and looked at national data, and found that the majority of complaints come for older psychologists.

Kelly Parker, Executive Director, said that complaints are higher for those with 20 years of practice and more.

Currently there are 49 or 50 emeritus psychologists, Parker said.



Ms. Kelly Parker, Executive Director of the psychology board and Dr. Joe Comaty, recently appointed member, listen to the discussion from the other board members at a November planning meeting.

Clarifications

No corrections or clarifications were received for our November issue.

Please send corrections to the *Times* at [psychologytimes@drjulienelson.com](mailto:psychologytimes@drjulienelson.com)



State and National News

Higher Education Bracing continued

Governor Jindal’s administration said on November 21 that the mid-year gap could be closed, in part, with \$130.4 million collected through bits and pieces of other programs.

One of these pieces involves eliminating 167 vacant positions and freeze hiring. According to *NOLA.com*, 47 positions will come from the Department of Health and Hospitals, 40 from the Department of Children and Family Services, and 14 from the Department of Education. Other savings are to come from travel, contracts, supplies, and other sources.

*Nola.com* asked State Senator Jack Donahue, Chair of the Senate Finance Committee if he thought it was possible to make the necessary spending cuts while protecting higher education. He said, "No. I don't."

As reported in *The Advertiser*, Sandra Woodley, president of the University of Louisiana system said, "The administration has indicated its commitment to protecting the state's investment in higher education. As such, we do not anticipate a mid-year budget reduction for our nine universities."

But some observers say that higher education is one of the few sources left for cuts, and it will be in the bull’s eye come the issues with the \$1.4 billion shortfall.

In a recent editorial on the state’s problems, the *American Press* (Monroe) author wrote, “Pity the future for higher education in Louisiana. It is now the major target when it comes to cutting the budget.”

The recent passage of Amendments on the November 4 ballot gave nursing homes, pharmacies, some health care providers, and hospitals, protection from cuts. American Press reported that Rep. Jim Fannin, chair of the House Appropriations Committee said about these Admendments, “Now you’re leaving higher education unprotected. It takes another item off the agenda when you have a shortfall.”

The four college systems in Louisiana have loss \$700 million in state funding since 2008. This is one of the most severe cuts across the nation for higher education.

Three Run for LSBEP Spot

Three candidates are offering to fill an upcoming position on the psychology board. Koren Boggs, PhD, Beverly Stubblefield, PhD, and Jesse Lambert, PsyD.

Dr. Boggs is a clinical psychologist at Children’s Hospital in New Orleans. She received her degree in 2007 from the University of Mississippi and has been licensed for a number of years and in Louisiana since 2013. She is a member of the Assn. for Behavior Analysis International and International Society for Autism Research.

Dr. Stubblefield is in private practice in Slidell and has been licensed since 1987 with a specialty in clinical. Her degree is from the University of Mississippi and she is also licensed in Mississippi. She is a member of American Psychological Assn, Louisiana Psych Assn, and Southeastern Psych Assn.

Dr. Lambert is from Gonzales and has been licensed since 2009 in clinical. He graduated from Argosy University in Dallas, Texas. He is a member of the Baton Rouge Area Society of Psychologists and student member of the Louisiana Academy of Medical Psychologists.

Magellan is Out: DHH to Integrate Behavioral Health Services into Medicaid Managed Care

The *Advocate* reported November 24 that the Jindal administration will not be renewing its contract with Magellan of Louisiana. Magellan came under fire from legislative audits about its failure to meet requirements, wrote *Advocate* reporter Marsha Shuler.

In a press release November 19 the Department of Health and Hospitals (DHH) announced that it plans to integrate specialized behavioral health services into the benefits coordinated by Bayou Health.

According to the announcement, DHH will integrate specialized behavioral health services into the benefits coordinated by Bayou Health plans for Medicaid recipients. Currently, these services are provided separately in a program called the Louisiana Behavioral Health Partnership. The Department will work with the five managed care organizations contracted to provide care to Louisiana's Medicaid recipients, as well as providers, recipients and stakeholders on the transition set for implementation on Dec. 1, 2015.

"Integrating behavioral health care into the acute medical care for Medicaid recipients is the best way for us to serve Louisiana residents. We have to care for the individual as a whole person rather than compartmentalizing types of services by the provider type," said DHH Office of Behavioral Health Assistant Secretary Dr. Rochelle Head-Dunham said. "With careful planning and by working closely with our providers and advocacy organizations, I believe that coordinating care for primary, acute and behavioral health care needs of our residents will help us improve outcomes."

The *Advocate* reported that the companies will be paid a “capitated” rate to provide care for about two thirds of Louisiana’s 1.4 Medicaid recipients.

The announcement also said that over the next few weeks, DHH will name an advisory group to partner state agencies, local governing entities, providers, advocates, and others to give ideas for the addition of behavioral health services to Bayou Health as things develop.

Emergency Rule for Marriage & Family Therapists’ Cont Ed

The Licensed Professional Counseling Board of Examiners published an Emergency Rule on November 20 outlining the required continuing education in diagnosis for Licensed Marriage and Family Therapists.

“A licensee must accrue six clock hours of training in diagnosis every renewal period that specifically addresses the assessment, diagnosis, and treatment of clinical conditions under the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), as published by the American Psychiatric Association on May 18, 2013. This required training may be specific to the diagnosis, assessment, and treatment of a particular condition and/or may be general training in diagnosis, assessment, and treatment under the *Diagnostic and Statistical Manual of Mental Disorders*, Edition (DSM-5), published on May 18, 2013.”

Other conditions are listed in the Rule which can be reviewed at the *Louisiana Register*.



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

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

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

Join our interest society or present your credentials and training for examination and diplomat status at:

[www.amphome.org](http://www.amphome.org)

State and National News

Telepsychology Task Force To Offer Concise Guide

The psychology board will propose guidelines for the practice of telepsychology, to conform to Act 442 on telehealth that took effect in August.

“It was our goal not to micromanage,” said Dr. Phil Griffin. “It was our goal to put the burden of almost everything on the individual psychologist, to make sure you’re practicing correctly, to make sure that you know your technology if you’re using technology, to make sure you know about consent forms, make sure you know about your backup plans in case your technology goes bad. That was our philosophy.”

The overview was provided to attendees at a November 21 planning meeting held in Baton Rouge. Griffin leads the board’s Telepsychology Task Force formed in July. Also in the task force are Dr. Joe Comaty, Dr. Anne Ciccone, Dr. Darlyne Nemeth, and Ms. Kelly Parker.

“ASPPB is working on a master plan to cover practice cross state lines and we just didn’t want to deal with that. We’ll deal with that when we get to it,” Griffin said.

The proposed guidelines include a definition of telepsychology, general guidelines for its appropriate use, and a reminder that all legal and ethical requirements are still in place with telecommunications.

The guidelines also include responsibilities for the verification of identity of both the psychologist and the client, verification of locations, use of secure HIPAA/HITECH compliant communications or issues for non-secured methods. Requirements for informed consent and efforts to maintain privacy were also outlined.

The psychologist should have plans for an emergency arising during the telepsychology session, aspects of recordkeeping, concerns for quality, validity and reliability of assessments, limitations, cultural competence, and complaints.

“We wanted to make it usable,” said Dr. Comaty. “Keep in mind that these are guidelines, so they are frameworks for people to use with guidance in regards to shaping their own practice with regard to telepsychology. That it is only for intrastate, not interstate.”

“So the intent was give the psychologist an awareness of the areas that are most critical in regard to understanding and added burdens in the practice of telepsychology, so they can take the appropriate steps to protect themselves, to protect the clients, and safeguard the public, with regard to this practice,” Comaty said.

“The idea of this is not to restrict services,” Griffin said, “but to be able to provide more services. We need to keep that in mind.”

“... there are some responsibilities that are attached to this,” Comaty said. “and therefore we want psychologists to be aware that this is not something to be entered into lightly and that they need to be aware of certain additional requirements that have federal rules attached to it, under HIPPA, high tech, and for which there is increasing liability.”

Additional discussion involved interstate issues. Each jurisdiction has its own definitions said Dr. Marc Zimmermann, Vice

Invisible Forces Behind Health Care

by Julie Nelson

“It is not enough to do your best; you must know what to do, and then do your best.”  
Edward Deming

Last month the Department of Health and Hospitals declared that they would integrate behavioral health into medical care for the nearly 1 million on Medicaid in Louisiana.

This is an admirable goal, but not an easy one.

Integrative health care—where psychology is combined with physical health care—has been repeatedly shown to lower costs and improve outcomes. But even after decades of evidence, nothing much has changed.

One of the reasons change comes so slow in the US health care system is because of the forces behind what is paid for and how much is paid, the CPT and RUC.

CPT and RUC, short for “Current Procedural Technology” and “The Relative Value Scale Update Committee,” are the behind-the-scenes forces that shape the landscape of health care in the US. It is a system created by organized medicine with government, insurance, and hospitals.

**Health care conundrum**

Health care is the largest industry in the country, accounting for 18 percent of the Gross Domestic Product and about \$2.8 trillion in sales. At the same time the U.S. trails peer nations in health but leads in costs.

Various reasons have been suggested for this conundrum: aging population, high tech solutions, and chronic illness (heart disease, stroke, cancer) are at the top of most lists.

Chronic illness is a big part of the problem. The CDC estimates that three lifestyle factors—poor diet, inactivity, and smoking—account for 80 percent of heart disease and stroke, 80 percent of type 2 diabetes, and 40 percent of cancer. Psychologists have pointed to the

Chair. Each may have different definitions about where the client resides and psychologists may have to know the laws in other states when working across state lines, he said. “I don’t care whether the psychologist is in Louisiana or the patient is in Louisiana, if somebody practices mal, we’re responsible for dealing with that,” Zimmermann said.

The discussion also touched on industrial-organization, research psychology, or forensic psychology, but these areas are not addressed in the guidelines.

“That seems to be a much thornier issue, for other specialties,” said Chair Dr. Rita Culross, “because as many of the IO people pointed out at ASPPB, you could be working for a company that has 12 plant sites across the country.”

The new telehealth law, Act 442, notes that location is irrelevant to providing service, as long as certain conditions are met. “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,” is considered by the author, Representative Scott Simon, to be a cornerstone of the new law.

connections between lifestyle and behavior for decades. In an interview with primary care psychologist Dr. Michele Larzelere, she said there is scientific agreement for a 30 to 60 percent reduction in medical use with integrated behavioral health services.

But psychology and other groups have not been able to garner a place at the medical table. California Attorney David Ries of Human Capital Specialists tried to persuade federal Rule makers to include psychologists in the bonus plan for Accountable Care Organizations (ACOs) but failed. He told the *Times* that the final Rules were very disappointing. “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,” he said.

Not surprisingly, primary care doctors, the specialty closest to the patient, are carrying water for behavioral health. In a special issue of the *American Psychologist* on Primary Care and Psychology (May 2014), Dr. Susan McDaniel and primary care leader Dr. Frank deGruy reviewed evidence that for each primary care physician added to a social system, “all-cause mortality decreases by 5.3 percent.” Conversely, for every specialist added the mortality rate goes up 2 percent.

Dr. David Carmouche, Chief Medical Director and Senior VP at Blue Cross Blue Shield of Louisiana (BCBS) is working to build primary care back into programs. “Our strategy is to engage providers in communication so that patients develop a trusted relationship with a primary care provider,” Carmouche told the *Times*.

Still, when a person gets really sick, care becomes expensive. The top 1 percent spends \$51,951, the top 5 percent spends \$17,401, while the bottom 50 percent spends \$850 or less on yearly health care, says Kaiser Health.

In “The Anatomy of Health Care in the United States” (November 2013, *JAMA*) authors contradict several common assumptions about the rise in costs. While medical costs are driven by chronic disease, they say, it is not due to an aging population. They show that 67 percent of those with chronic illnesses are younger than 65, and when trauma is included, about 80 percent of the total health care cost is accounted for by those under 65.

The authors, a group of physicians and MBAs, write that the common view that higher costs are being driven by the aging population and increased demand for services is wrong. They show that 91 percent of the increase in healthcare costs in the last decade was due to an increase in prices.

Overall, the US health care picture indicates two main issues. Prices are unreasonably high and we aren’t treating the right health problems. Both can be explained by the forces of the CPT/RUC.

Cont’d next pg



# Invisible Forces

continued

## Follow the Money: CPT and RUC

At a recent meeting of the Louisiana Psychological Association, Dr. Tony Puente spoke about coming health care changes and CPT codes. Those attending were well familiar with using CPT codes, required to bill for health services. But Puente also spoke briefly about how CPT codes are developed.

It turns out to be a system steeped in politics and power.

Officially, “CPT is a set of codes and descriptors for reporting medical services and procedures which provides a common language to accurately describe services in the health care profession,” writes the American Medical Association (AMA). CPT is owned by the Center for Medicare and Medicaid Services (CMS), leased to AMA, who then copyrights it.

CPT codes begin with three hundred “Advisors and Experts” who hammer things out and then attempt to influence the CPT Editorial Panel. The 17-member Panel makes the final decisions on which codes will be approved.

The 300 advisors come primarily from the AMA House of Delegates. They represent 109 medical specialties and they form into about 20 teams to lobby the Panel. The Panel includes 11 physicians from the Medical Societies, two representatives from insurance (Blue Cross Blue Shield and America’s Health Insurance Plans) and someone from the Center for Medicare and Medicaid Services (CMS). Then there are two people from the Health Care Professional Advisory Committee, the only representatives who are non-physicians.

“Essentially the CPT tries to divvy it up in a way that is theoretically and empirically, and diplomatically and politically, correct.” Dr. Puente said. “That it is a very demanding and a very transparent activity.”

Actually, it is not transparent. Information about CPT negotiations is restricted, meetings are closed and participants have to sign confidentiality agreements and can be barred from future meetings if they disclose any information. No press is allowed.

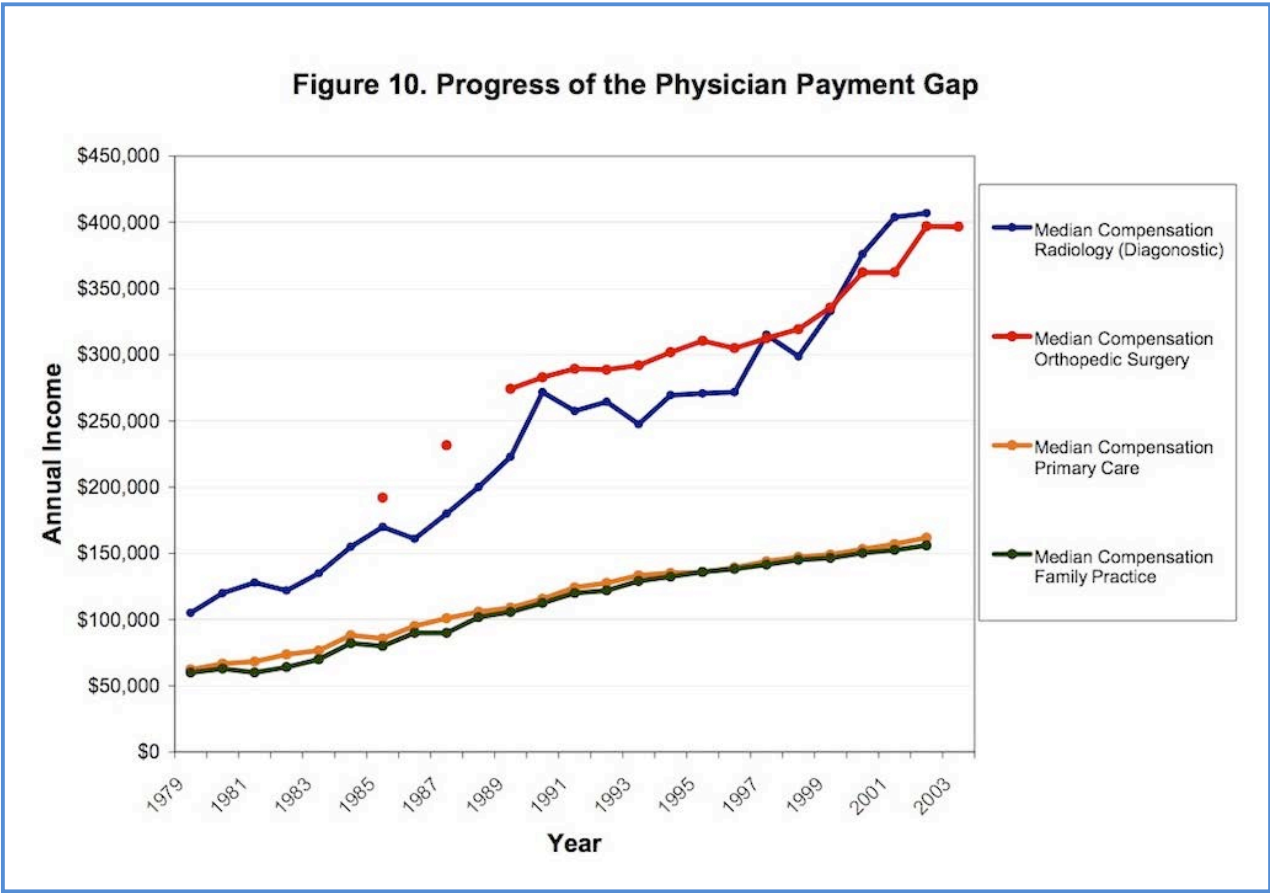
The CPT system is dominated by organized medicine. “Every seat at the table has a vested interest, mostly not supporting your proposed code,” said Dr. Travis Thompson, professor, psychologist, and leader in the Association for Behavior Analysis International. He was speaking after it took him and colleagues three years to muscle through codes for the treatment of autism.

## Primary Care Against RUC

While the CPT approval is a first leg of a long journey, another element of this behind-the-scenes influence is the a panel known as AMA/ Specialty Relative Value Scale Update Committee, or simply RUC.

Since 1991 members of the RUC establish the value or price for the CPT codes. Somehow this is not considered price-fixing.

“The RUC Advisory Committee was constructed to allow participation by every specialty seated in the AMA House of Delegates, say AMA documents. “The RUC Advisors serve as advocates for their specialty, while RUC members must exercise independent judgment and are not involved in



Comparing income growth between primary care and two specialties in medicine. (Used with permission, The Robert Graham Center: Policy Studies in Family Medicine and Primary Care special report, "Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student & Resident Choices?" March 2009. Data source: Medical Group Management Association.)

their specialty’s presentations.” But authors do not explain how a physician is to separate from his or her beliefs or biases.

There are 28 voting members on RUC, most who represent medicine specialties such as anesthesiology, cardiology, dermatology, emergency medicine, general surgery, neurology, neurosurgery, obstetrics, oncology, psychiatry, and so on.

The group’s design reflects the composition of the medical profession, rather than reflecting the needs of the consumer. But even within the medical family this led to problems because of an underrepresentation and undervaluing of primary care.

In 1992 the Medicare payment for a primary care type office visit was \$31 while cataract surgery was \$941 and a lumbar spine MRI was \$485.

While things have improved somewhat, there has been trouble in paradise. In a report on RUC and Primary Care, AMA Board of Trustees wrote, “The intense RUC review did lead to a divisive debate within medicine ...” Trying to calm the waters, they said, “The Board of Trustees believes that organized medicine should work together to support the RUC’s efforts.”

Outcomes of these forces can be seen in how the profession is reshaping itself. The Robert Graham Center for Policy Studies in Family Medicine and Primary Care produced a 2009 report that explained disincentives for medical students to choose a career in primary care over one of the specialties, and why shortages are becoming severe. Figure 10 from the Center’s report, compares the grow of incomes for primary care and specialty physicians.

Control of the CPT and RUC have helped shaped health care toward high tech/high price, services, less primary care, and probably lower quality primary care because these physicians might push toward higher volume to help make up for differences.

## Louisiana and ACA

Dr. Puente explained to psychologists this past spring that the CMS would set the bar under

the ACA, but that decisions would shift from national level to the state level. And they have.

Louisiana Department of Health and Hospitals (DHH) considers family medicine, general internal medicine, and pediatric medicine to be primary care. Fee schedules for Medicaid posted by the DHH indicate that office visits are paid at \$25.78 to \$40.83. For a more expanded office visit the fee is \$49.16 to \$70.63. Office visits of high complexity can be paid nearly \$200.

But the fee for removing a foreign body from the eye in an out-patient, ambulatory setting ranges from \$269.57 to \$509.99. Or, for removing an ear lesion the physician can bill \$412.84 to \$805.45.

At the same time Medicaid fee for a Behavioral Health Counseling Therapy session is \$17.02. Mental Health Assessment is \$23.65. And, Multi-Systemic Therapy is \$32.83. While Medication Management is \$46.32, a situation to drive providers to medication as the first treatment.

Hopefully, the recent announcement to review and build integrated care will help.

## CPT/RUC: A Process for Poor Quality

The social and political influences stemming from the CPT and RUC systems appear not only to have helped create major barriers for those outside of medicine to make contributions, they has blocked innovation, quality and driven up prices.

“If you can’t describe the process, you don’t know what you’re doing,” wrote Edward Demming about quality. The system we have seems to be one of confusion, rather than insight, of entitlement, rather than performance.

The customer is not empowered and is almost entirely absent from the process that creates services. Considering what we know about conditions that support quality outcomes, any arrangement where the customer and vendor are so distanced from each other is doomed to perform poorly.

# How Much Do You Know About ...?

*Editor's Note: We began looking at how much people know about different topics and decided to engage readers with quizzes on important areas. For this first article we asked two of our Louisiana experts to help us with suicide prevention.*

*Dr. William Schmitz, Jr., is a psychologist and President of the American Association of Suicidology. His colleague is Dr. April Foreman, Kansas psychologist and expert in suicide prevention, media, and education.*

*Together they agreed to design a short quiz on suicide prevention basics. Here are the 10 questions. Answers are on the next page.*

## TRUE OR FALSE?

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

Answers next page.

**The Psychology Times**  
Your community newspaper

Winner of 28 Louisiana Press  
Association Awards

The *Times* is a free, community newspaper.  
Subscribe at [thepsychologytimes.com](http://thepsychologytimes.com)

## Stress Solutions

*by Susan Andrews, PhD*

### Chronic Stress Can Harm Your DNA

Most everyone over 30 is concerned with aging and age-related illnesses, like cancer and heart disease. The role of stress and cortisol in aging and chronic illness is now well established. But how increased cortisol is linked to early aging has not been clear...until very recently. Scientists at the U. of California, San Francisco have been working for a decade on the links in this chain. And, the answer is: short telomeres.

Telomeres function like a cap whose job it is to protect the end of the chromosome where the genes lie. Each time the cell divides, a bit of the telomere is cut off (instead of the gene). Dr. Elizabeth Blackburn, a molecular biologist now at UCSF, won the Nobel Prize in 2009 for her discovery of how chromosomes and genes are protected. Over time, with repeated reproduction, the telomere gets shorter. As the telomere becomes shorter, the organism begins to age and irregularities creep into the reproduction process. Some cancers may be due to these irregularities. Dr. Blackburn's discovery was that the telomeres are actually replenished by an enzyme, telomerase reverse transcriptase.

The bad news, however, is that stress and excess cortisol damage the body's supply of telomerase. So chronic stress can cause premature aging and illness because the constant overproduction of cortisol reduces the supply of telomerase and that prevents the cell from reversing the effects of stress. Telomere length (TL) can now be measured. However, if you are the President of the US, one does not need fancy tests to measure your TL. Stress is not the only way that telomeres become short too soon. Some people have the bad luck to be born with shorter telomeres. Others earn shorter telomeres in advance of their years by their life style choices. And, some have been exposed to early life adversities, which lead to shorter TLs over time.

The same scientists that discovered telomerase have been working on finding solutions to the harmful effects of chronic stress on DNA. In 2010, Dr. Puterman and colleagues demonstrated that moderate to vigorous physical exercise can buffer the effect of chronic stress on TL. Subjects took the Perceived Stress Scale and were divided into sedentary (not exercising) versus the active group (those getting the CDC recommended amount of daily exercise). The likelihood of having short versus long telomeres was calculated as a function of stress and exercise group, covarying age, BMI, and education. There was a significant moderating effect of exercise. Non-exercisers with even a one unit increase on the Perceived Stress Scale showed a 15-fold increase in the odds of having short telomeres, whereas for the exercisers, perceived stress was unrelated to telomere length. The conclusion is that “vigorous physical activity” (increased HR, sweating, +/- rapid breathing) appears to protect people experiencing high stress.

The USDA recommends that adults (18 to 64) do at least 2 hours, 30 minutes each week of moderate physical activity (brisk walking, dancing) OR 1 hour, 15 minutes each week of aerobic physical activity at a vigorous level (running, walking fast uphill, cycling). Being active 5 hours or more a week can provide even more health benefits. It is recommended that the physical activity be spread out over at least 3 days a week and that each activity should last at least 10 minutes at a time. Strengthening exercises are also recommended, like sit ups, weights, at least 2 days a week to maintain memory.

In sum, as you age, it is essential to protect your telomere length by a minimum of 25 minutes at least 3 days a week of vigorous exercise. Next month we will look at how the damage of chronic stress to DNA can be inherited or transferred to the next generation.



*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).*



# School Psychology

Continued

evidence-based resources and consultation related to school crisis prevention and response.

Dr. Duhe presented the first workshop, on prevention and preparedness, to the packed conference. A second workshop on crisis intervention and recovery is part of the NASP program, that also offers train-the-trainer workshops.

PREPaRE stands for Prevent, Reaffirm, Evaluate, Provide and Respond, and Examine. The training is designed for schools committed to improving and strengthening their school safety and crisis management plans and emergency response, according to NASP. The goal is to help schools improve their safety and crisis management using existing resources.

The November conference had one of the highest attendance records with 225 school psychologists from over the state attending, said Dr. Yael Banai, past President of the association. She also noted that one of the main issues being discussed is the licensure of Specialists in School Psychology, and their potential work in Charter Schools.



(L to R) Dr. Chavez Phelps, President elect of The Louisiana School Psychological Association, Candace Dozier, SSP, President of LSPA, and Francoise Parr, SSP, Past-President of LSPA. The group attended the recent 34<sup>th</sup> annual conference in Lafayette. The conference was highlighted by two day-long workshops conducted by Dr. Debra Duhe and by Dr. Bonnie Nastasi of Tulane University. The convention had one of the highest records for attendance, more than 225 school psychologists from all over the state attended.

(Photo by Dr. Yael Banai)

## How Much Do You Know About ...?

Questions by experts

Dr. William Schmitz, Jr., and Dr. April Foreman

The Livingworks education website [www.livingworks.net](http://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.

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

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



*No Agreement reached*

## Art Therapy Task Force To Give Report at Year End

The task force established to study licensure for art therapists has distributed a draft of a report to task force members and others, in preparation for completing the final report by year end. But, the group did not reach agreement on the matter.

The task force was created by House Concurrent Resolution 159 during the 2014 legislation session. The group will finalize their report and provide it to the Health and Welfare legislative committees.

In the draft, chair Celeste Schexneydre and co-chair Hollie French indicate that the task force studied the profession of art therapy, training, and possible options for a regulating board. They also indicated that the group looked at scope of practice for art therapists.

In an introductory message to the draft, Schexneydre and French note that an agreement about a "baseline framework for licensure was not reached."

Participants of the task force included representatives from the Louisiana Art Therapy Association, LPC Board, Louisiana Association for Marriage and Family Therapy, Louisiana Counseling Assn, Departments of Education, Health and Hospitals, Louisiana State Board of Examiners of Psychologists, Louisiana Psychological Association, Louisiana Association of Clinical Social Workers, and the Louisiana Hospital Association.

Several sources noted that the leaders in the Art Therapy community appear to be hoping for regulation under the LPC board.

## CDC: Adult Cigarette Smoking All Time Low

The cigarette smoking rate among adults in the U.S. dropped from 20.9 percent in 2005 to 17.8 percent in 2013, according to new data published by the Centers for Disease Control and Prevention (CDC) in today's Morbidity and Mortality Weekly Report.

That is the lowest prevalence of adult smoking since the CDC's National Health Interview Survey (NHIS) began keeping such records in 1965. The report also shows the number of cigarette smokers dropped from 45.1 million in 2005 to 42.1 million in 2013, despite the increasing population in the U.S.

While smoking rates have dropped, there is a significant need to help those who continue to smoke, said CDC. Cigarette smoking remains especially high among certain groups, most notably those below the poverty level, those who have less education, Americans of multiple race, American Indians/Alaska Natives, males, those who live in the South or Midwest, those who have a disability or limitation, and those who are lesbian/gay/bisexual. Data specific to sexual orientation were collected for the first time by the NHIS in 2013.



THE UNIVERSITY of  
NEW ORLEANS

### Tenure-Track Assistant Professor in Biological Bases of Psychopathology/Developmental Psychopathology

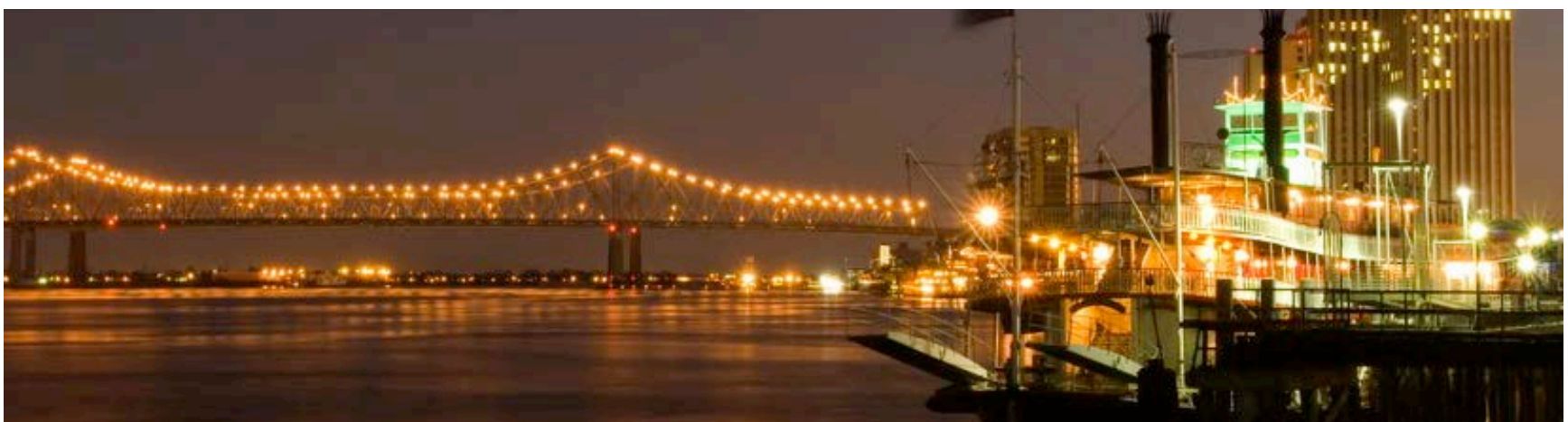
The psychology department at the University of New Orleans (UNO) is seeking applicants for a full-time tenure-track faculty position at the level of assistant professor. Recently recognized as the highest ranked PhD program at the University of New Orleans, the psychology department has a group of energetic and highly productive faculty. The Department has two strong and unique Ph.D. programs: one in Applied Biological Psychology and one in Applied Developmental Psychology. There is a strong context of collaboration and integration across research labs, faculty, and the programs. More information on the department is available at <http://www.uno.edu/cos/psychology/index.aspx>.

We are particularly interested in candidates who have strong potential for externally funded research and whose area of research complements existing research programs in the department. For example, candidates with a biopsychology research emphasis studying the etiology, prevalence, onset, or trajectory of behaviors and stressors associated with childhood psychopathology are particularly encouraged to apply. This position comes with dedicated research space with a turn-key biosafety certified and climate controlled chemistry laboratory that includes, a -80 freezer, biosafety cabinet, microbalances, microscope, pipettes, Millipore ultrapure water system, Biotek plate reader and washer and other equipment necessary for conducting a variety of biological assays. In addition, EEG, MRI, immunological, and molecular genetic data collection equipment are available in collaboration with other laboratories in the department, university, and with community partners.

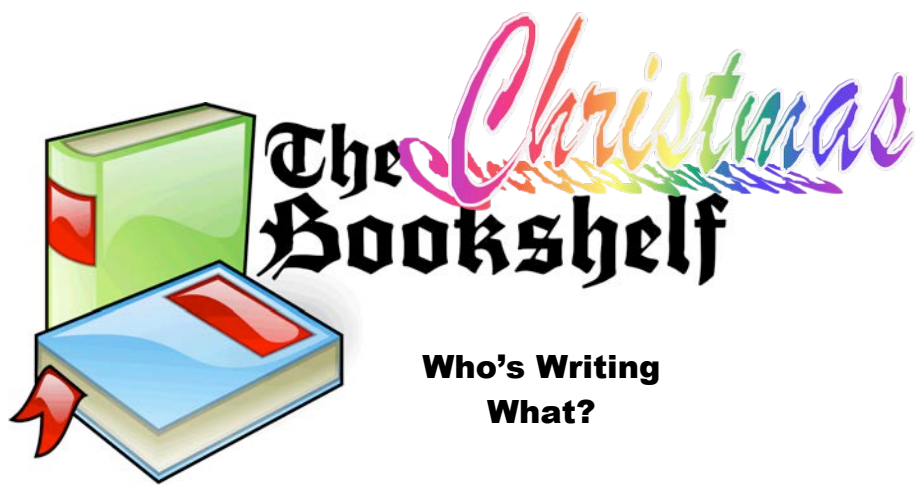
Minimum qualifications include a PhD in psychology or closely related field. Review of applications begins Dec. 1 and continues until the position is filled. Applicants should submit (a) letter of application, (b) curriculum vita, (c) research and teaching statement, (d) representative reprints, and (e) three letters of recommendation (enclosed or sent separately by the letter writers). Materials should be sent electronically as a PDF document to [calandr2@uno.edu](mailto:calandr2@uno.edu) or through mail to: Chair, Faculty Search Committee; Department of Psychology; 2001 Geology and Psychology Bldg.; New Orleans, LA, 70148. Informal inquiries about the position can be sent to Professor Carl Weems PhD, interim director of the Biopsychology PhD program, and the search committee chair, at [cweems@uno.edu](mailto:cweems@uno.edu). The University of New Orleans is an Affirmative Action/Equal Employment Opportunity employer. Women, ethnic minorities, veterans and persons with disabilities are encouraged to apply.

All applicants will be considered for employment without regard to retirement status and without regard to an applicant's having previously accused the UL System Board or any of its universities of unlawful discrimination. Retirement status shall not be considered in the hiring process by any University in the UL System.

**The University of New Orleans is an Affirmative Action/Equal Employment Opportunity employer.  
Women, ethnic minorities, veterans and persons with disabilities are encouraged to apply.**







### Who's Writing What?

#### Donna Thomas, Ph.D.

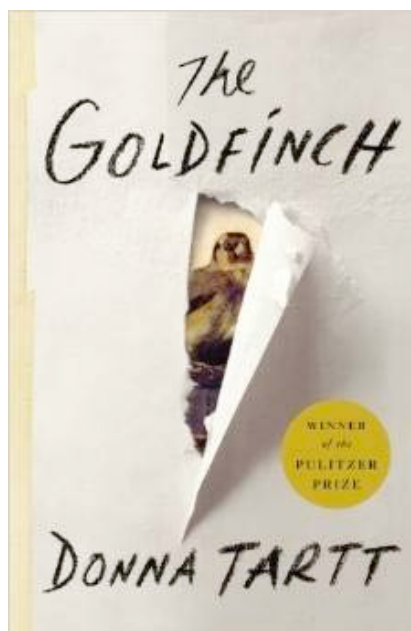
Department Chair, Psychology & Behavioral Sciences  
George and Jean Baldwin Endowed Associate Professor  
Louisiana Tech University

#### *The Goldfinch: A Novel*

by Donna Tartt

At a hefty 785 pages, the hardcover version of *The Goldfinch: A Novel* might not have been the smartest purchase to stick in my carry-on bag, but that's the only strike I have against the book, so far. Although I am only halfway into the book, I highly recommend it if for the beautiful language and writing style of Donna Tartt. *The Goldfinch* is a story of a young boy, Theo, who tragically loses his mother in a terrorist attack, bounces from home to home, but never quite finds the solace and sanctuary he desperately seeks. The book's title refers to a painting Theo steals from the museum in the confusing and heartbreaking moments following the attack. Tartt weaves a captivating tale of a young man who suffers greatly as he navigates the art world that his beloved mother treasured, eventually resorting to a life of crime that is, at least, well-intentioned.

*The Goldfinch: A Novel* was awarded the Pulitzer Prize for fiction, but was not popular among noted critics from *The Washington Post*, *Vanity Fair*, and several others, due to its unlikely plots, distracting turns, and mundane characters. I am not a trained critic, so I can only rely on the fact that once I had read twenty pages, I decided this book was so beautifully written that I wanted to read it every night before I fall asleep. I have maintained that pledge most nights and I have not been disappointed yet.

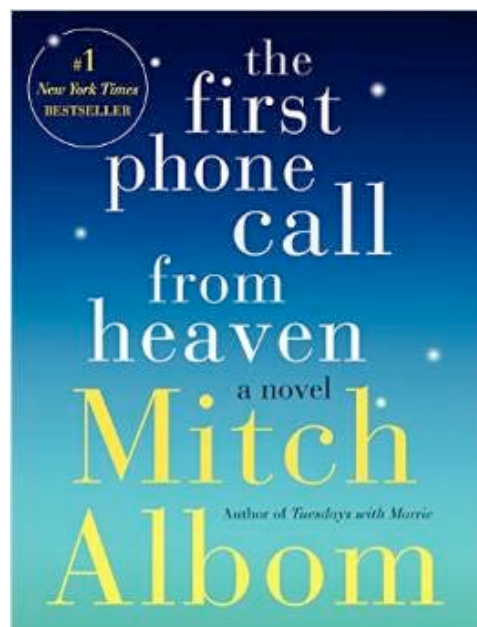


#### Marilyn Medoza, PhD

Psychologist  
Author, *We Do Not Die Alone*

#### *The First Phone Call From Heaven*

by Mitch Albom



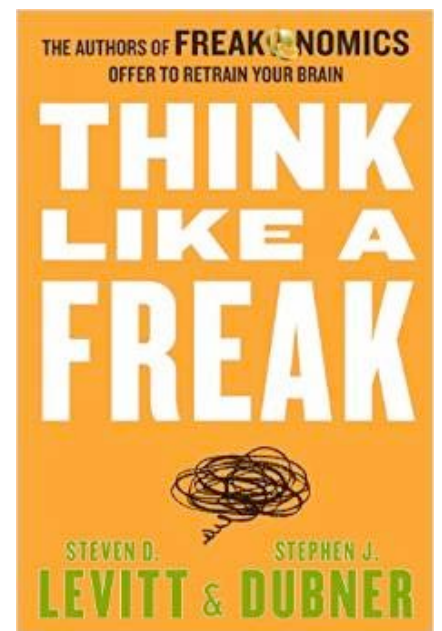
I read the most delightful book, *The First Phone Call from Heaven* by Mitch Albom. It is about a small town in which people begin receiving phone calls from their deceased loved ones. It is full of humor and pathos. He does a wonderful job of capturing human nature and the impact these calls have on the town and the country. For me, it was one of those books that I did not want to end.

#### Bill McCown, PhD

Associate Dean, College of Business and Social Sciences.  
U. of Louisiana Monroe,  
Author: *Strange Attractors: Chaos, Complexity, and the Art of Family Therapy; Treating Gambling Problems, Procrastination and Task Avoidance*, and others.)

#### *Think Like a Freak: The Authors of Freakonomics Offer to Retrain Your Brain*

by Steven D. Levitt, Stephen J. Dubner



Everyone talks about the much clichéd “thinking outside the box”. The last thing needed is another popular book for this gullible market. *Think Like a Freak: The Authors of Freakonomics Offer to Retrain Your Brain* seemed like it is titled to fill just this niche. However, this third volume from these wildly lauded and internationally acclaimed bestselling authors is genuinely helpful in encouraging readers to radically reconceptualize routine problems.

The strategy is simple. Look at problems differently and you may find solutions. The steps, if they can be reduced to simple formulas, are not at all hard to implement. Free yourself from the rigidities of expectations. Let your attention occasionally wander. Be open to novel, often very novel solutions. Look for solutions when you are not expecting them. Keep trying. Don't ever discount insight.

While these findings are nothing new, their emphasis on nonlinear thinking is something we need to hear about-constantly.

This is the third in a series from these authors. Steven Levitt, is a professor of economics at the University of Chicago. Stephen Dubner is a multi talented author, who makes complex ideas sound simple and almost whimsical. Their chapters resonate together and across each others' mutual strengths, the way the best Lennon and McCartney songs did back in their most productive period.

To me, the real question is why these authors' message, which is about psychology, is coming from an economist and his associate. Why not from one of *us*? This seems to be another example of how psychologists have typically failed to realize that we have something unique to contribute. For whatever reason, it seems if it is “psychological,” we often feel it is mired in the murky areas of untrustworthy. It is not applicable outside the clinic, and barely there, either.

Maybe it's time our profession starts thinking like a freak.

#### Kim E. VanGeffen, Ph.D.

Neuropsychologist  
LPA Director and Past President

#### *Aunt Dimity's Christmas*

by Nancy Atherton

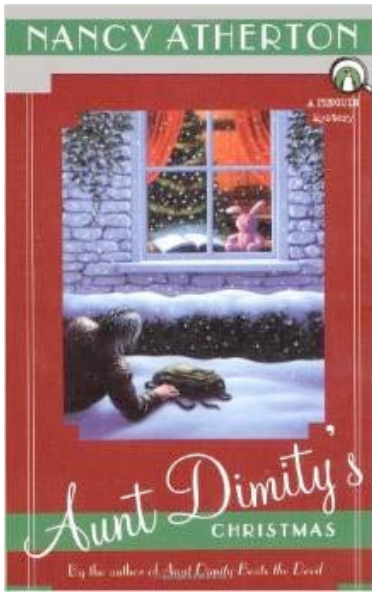
In last year's Christmas Bookshelf column, I wrote about my love of reading what are referred to as “Cozy Mysteries.” I especially enjoy reading these types of mysteries when the theme relates to holidays. This year, I have picked out (but not yet started to read) *Aunt Dimity's Christmas* by Nancy Atherton. This book is one in a series of Aunt Dimity books, she being a ghost who pays regular visits to a young woman who inherited and lives in her English cottage. Aunt Dimity provides assistance to this young woman as she solves various mysteries in her small village in the Cotswolds. They are truly cozy mysteries and I hope for some cold weather so that I can build a fire in the fireplace and imagine that I am in an English cottage as I read this book.

I am also in the process of organizing my children's Christmas books. I am looking forward to spending Christmas with my grand niece, Kaylee, who will be staying at my house for Christmas with her parents, grandfather and uncle. At four years



Christmas Bookshelf

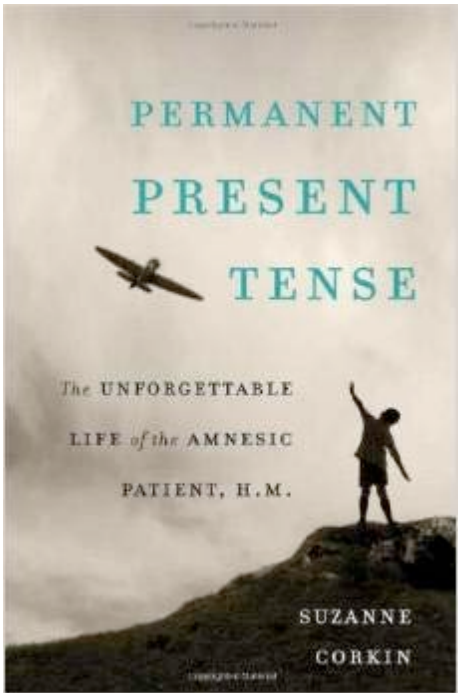
of age, she is at the perfect age to appreciate the magic of Christmas. Kaylee lost her grandmother, my sister, this past September so I hope to fill in and provide her with some special traditions and memories for Christmas. I am hoping to share with her some of my favorite Christmas stories from my childhood. One of my all time childhood favorites was the Littlest Snowman, a story about a snowman who comes to life to help provide a town with a snowy Christmas. I had saved this book for many years, lost it in Hurricane Katrina, and found another copy at a book fair. So it is a prized possession. I have also replaced my copies of *How the Grinch Stole Christmas*, *The Littlest Angel*, *A Charlie Brown Christmas* and *The Miracle on 34th Street*, all books which I always loved as a child. I hope that Kaylee will come to love these stories as much as I do.



**John Fanning**  
Neuropsychologist  
LPA Past-President

***Permanent Present Tense: The Unforgettable Life of the Amnesic Patient, H.M.***  
by Suzanne Corkin

*Permanent Present Tense: The Unforgettable Life of the Amnesic Patient, H.M.* is a scientific biography of Henry Molaison, perhaps the most intensively studied patient in the history of neurology, written by Suzanne Corkin, a psychologist who did research with him for forty-six years. In 1953 Molaison underwent brain surgery in an attempt to treat his intractable seizure disorder. The neurosurgeon removed the hippocampi and surrounding tissues from both hemispheres of his brain, despite a lack of clear-cut evidence regarding the point of origin of his seizures. From a present perspective the surgeon was almost literally operating in the dark.



The surgery actually succeeded in its therapeutic goal, but at that time no one was aware that removing these brain structures would almost entirely eliminate his ability to form new memories for facts, events, names, people, or his own personal history after his surgery. As a result he was—as the book's title implies—adrift in the present moment for the rest of his life. It was as if the narrative thread of his life history were being continuously erased thirty seconds behind the present moment. He had at least some awareness that his memory was not very good, but no grasp of the implications of just how profoundly altered he was, or how limited. An ironic upside to his situation was that with no continuity of personal narrative, he was blithely pleasant and untroubled by the stressors the rest of us experience in life. Scientific study of H.M. produced enormous gains in our understanding of how memory processes operate, including, for instance, the fact that he could improve through practice on motor skills tasks, even though learning for facts or events was almost entirely eliminated.

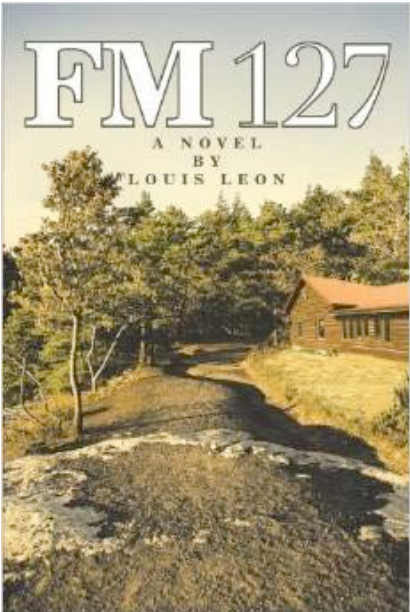
Corkin gives a sympathetic portrayal of H.M. as an individual, a pleasant, somewhat introverted man with a good sense of humor, who was almost unfailingly cooperative with the scientists who studied him intensively over many years. She also presents a considerable amount of information on learning and memory in an engaging and lucid manner.

**Michael Chafetz, PhD**  
Neuropsychologist

***FM127***  
by Louis Leon

The author of FM127, the 93 year old Louis Leon, my uncle, is a most interesting man. A combat engineer for the Army in WWII, he was involved in every campaign from Normandy to the Elb River. He graduated from Texas A&M with a civil engineering degree, and worked for one of the large engineering firms with international reach, Fluor Corporation, rising to become Vice President and Project Manager.

At age 70, he entered a 4-year course in novel writing at Rice University. He was married for 68 years to his beloved wife, Fannie. FM127, published by iUniverse in 2012, was his third published novel.



The Farm To Market (FM) roads are a system of connecting routes from rural areas to market towns built and maintained by the Texas Department of Transportation in the 1940s. The FM system is credited with helping Texas rise to mercantile prominence after the War. Using FM127 as the title, Leon evokes a rise to money and power by his heroine, Caroline Morgan, a beautiful and powerful woman accused of murdering her husband. The real problem was caused when a low-level Texas gangster, Gambretti, sets up operations for money laundering, gambling, and prostitution. Morgan strikes back, arranging to use the sheriff's forces to counter Gambretti.

This is a story about money, power, and corruption, but the people with money and power aren't necessarily the bad guys. Leon thoroughly understands how money and power work, and how communication and back-dealing on the golf course or while eating steaks are effective means of handling transactions. His clear understanding creates the authenticity in this story.

Readers are treated to real back-roads Texas politics ("all politics is local"), which I found far more interesting than the stereotypic episodes of *Dallas*. Businessmen and women, judges, lawyers, and reporters populate this novel. There are no psychologists in it, but Louisiana psychologists will appreciate the straightforward analysis of motivation and self-interest, and will certainly understand how money is used to get things done, for good or bad.

**Judith Stewart, PhD**  
Psychologist  
Past President,  
Florida Psychological Assn

***Into Thin Air***  
by Jon Krakauer

I love books that open the door to understanding how human beings get into and react to situations that are unusual. *Into Thin Air* by Jon Krakauer is the story of his trip to climb Mount Everest. Turned out to be the deadliest season ever on the mountain. Krakauer went to write an article for *Outside* magazine.

Climbing takes the climber to a world full of danger and unpredictable events, and requires decisions that are a matter of life and death. By the time you make an attempt at the top (in what is called the death zone) you are usually sick and sleep deprived. On Krakauer's trip a storm came up long before everyone on line had gone up. The most challenging part of an expedition on Everest is getting down. What a nightmare. Bodies cannot be evacuated from the top of the mountain so part of your experience is passing the dead bodies as you climb.

How do human beings cope with such dangerous and difficult circumstances? No one better to tell you than Krakauer. He is a superb writer and a fine observer.





# Dr. Jessica Alexander, Dr. Dennis Poepsel Join Centenary Psych

Dr. Jessica Alexander and Dr. Dennis Poepsel have joined the Centenary College Psychology Department, located in Shreveport.

Dr. Alexander is an Assistant Professor who comes from Concord University in Athens, West Virginia where she was Asst Professor of Psychology. At Concord she taught psychology, linguistics, and neuroscience and also served as research mentor. She is a graduate of Hendrix College and completed her graduate studies at Emory University's Cognition and Development Psychology program. She has published in the *Journal of Acoustical Society of America*, *J. of Experimental Psychology: Human Perception and Performance*, and *Personality and Individual Differences*.

Alexander told the Centenary news service, "I am excited to join the fantastic faculty and staff at Centenary, and I'm looking forward to meeting the excellent students that I've heard so much about," said Alexander.

Dr. Dennis Lawrence Poepsel has joined as Visiting Professor and comes to Centenary from Truman State University in Kirksville, Missouri. There he was Asst Professor of Psychology. He earned his doctorate in Experimental Psychology with a Social Emphasis from the University of Arkansas. In his dissertation, *Are All Voices Created Equal?: Conditional Indirect Effects of Directness of One's Voice on Perceived Uncertainty and Performance*, he looked at voice and decision making in groups. His research interests include intergroup cooperation, social dilemmas, and procedural justice.

# Dr. Alvarez Rejoins Tulane Faculty

Dr. Julie Alvarex has rejoined the Tulane psychology department as Senior Professor of Practice in Psychology. She will be teaching both graduate and undergraduate courses said the Tulane announcement. Her graduate courses will include Health Psychology I and II.

Alvarez obtained her doctorate in clinical from Emory University. She is returning to Tulane after a year as staff psychologist at the Southeast Louisiana Veterans Health Care System in New Orleans. The announcement notes that she is enthusiastic to return "home."

# Dr. Gray Joins Tulane

Dr. Sarah Gray has joined the Tulane faculty as Assistant Professor. She obtained her doctorate in 2013 in Clinical Psychology from the University of Massachusetts Boston, with a post-doctoral Fellowship at the Yale Child Study Center, according to Tulane news.

Dr. Gray's Dr. Gray's research focuses on early childhood mental health, trauma, and psychosocial and school readiness outcomes. Her work has appeared in *Developmental Psychology* and the *Journal of Clinical Child & Adolescent Psychology*. She is teaching and also recruiting students for her lab.

*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

## 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.

**Start Date:** Open until filled

**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.



# Up-Coming Events

## Tulane Medical to Host Brain & Behavior 2014, December 12-13

The Brain and Behavior Conference, and the 19<sup>th</sup> Robert G. Heath, MD Lecture, will be held this year on Friday and Saturday, December 12 and 13 at the Westin Canal Place in New Orleans. The title is “Back to Our Roots: Neuropsychiatry,” presented by Tulane University School of Medicine and the Department of Psychiatry and Behavioral Sciences.

“Our intent with this year’s meeting was to revisit and review neuropsychiatric disorders as these often pose some of the biggest challenges to clinicians,” conference organizer and Assistant Professor of Psychiatry, Dr. Maryellen Romero, told the *Times*.

“Our slate of speakers is outstanding,” she said, “with local, national and international experts discussing psychiatric issues in Parkinson’s Disease, epilepsy, and multiple sclerosis.”

Curt LaFrance, MD, of the Alpert School of Medicine at Brown University will present on assessment and management of psychogenic seizures and conversion.

“This year’s Heath Lecture will be delivered by Lucia Braga, Ph.D., of the SARAH Hospital Network in Brasilia, Brazil, whose work on neural circuits and neuroplasticity has been widely published—including in *Science*,” said Romero. “This is complemented by a lecture by Ben Sheldon, MD, of the University of Massachusetts Medical School, on the frontal lobes and executive function.”

“In addition, we are very pleased to have Robert Garry, Ph.D., Tulane professor of Microbiology & Immunology and internationally-recognized expert on Ebola virus, provide the most up-to-date information on the war against this deadly disease.”

In addition to the conference, the Departments of Psychiatry and Behavioral Sciences as well as Neurology will be hosting a holiday reception on Friday night, at 7pm, also at the Westin Canal Place, and all registered attendees are welcome said Dr. Romero.

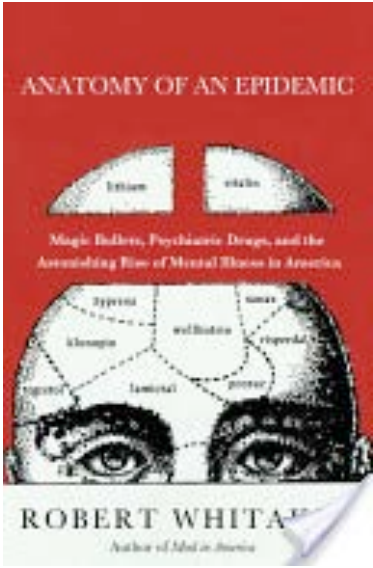
For anyone interested in registration, please visit the online registration portal at <http://tulane.edu/cce/>

## LAMFT to Host Robert Whitaker February 2015

The Louisiana Association for Marriage and Family Therapy will host award-winning author and science writer, Robert Whitaker at its Annual Conference, February 19-21, 2015.

Whitaker will speak on “Psychotherapeutic Alternatives to Medications,” at the event to be held in Baton Rouge at the Renaissance Hotel.

Whitaker is a journalist who has specialized in reporting on medical science. He has won the George Polk Award and a National Association of Science writers’ Award for his work reporting on psychiatry and the pharmaceutical industry.



He has written about abuses in psychiatric research and was a finalist for the Pulitzer Prize in Public Service. He is author of four books, including *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, the Astonishing Rise of Mental Illness in America*.

## Assn of Family & Conciliation Courts-La Chapter To Hold 5<sup>th</sup> State Conference January 30-31

The Louisiana Chapter of the Association of Family and Conciliation Courts (AFCC-LA) will hold its 5<sup>th</sup> State Conference on January 30-31 at the Paul M. Hebert Law Center at LSU in Baton Rouge.

The theme of this year’s conference is “Current Issues in Family Court: Interdisciplinary Perspectives.”

The conference will include a panel on “Improving the Parent Coordination Model.” Presenters are Renee McCarthy, LCSW, Leslie Todd, LCSW, Wendy Edwards, JD, and Lisa Mathews, JD.

Dr. Alyson McCain and Dr. Deann Johnson will present on “Relocation.”

“Supervised Visitation,” will be covered by presenters Yevonne Baran, LPC, Ladonna Ward, LPC, and Pam Guedry, LPC.

Todd Gaudin, JD, will present on “Extended Support Beyond 18 for Handicapped Children/Interdictions.”

Judge Pam Baker will present “What Do We Need from Each Other to Better Serve the Families We Work With?” as the final training on the first day.

On Saturday, Bob Lancaster, JD, will present on “Transformative, Facilitative, and Evaluative Styles of Mediation with Demonstrations of Each.”

A Panel Discussion on “Pros and Cons of the Types of Mediation in Family Divorce Situations,” will be offered by Lila Hogan, JD, Cinday Nassar, LPC, and Stacy Marcel, JD.

After a catered lunch the conference attendees will have the opportunity to engage in fishbowl/role play training.

The conference is limited to 90 attendees. In the February 2014 of the *Times*, past president and founder of the Louisiana Chapter Leslie Todd, said the group’s members are evenly split between legal and mental health professionals, with a few financial experts as well. “We have one of the highest percentages of judge members in the nation. Our Board is interdisciplinary; our second President was a judge, and our third is an attorney-mediator.” (See story, Feb 2014 *Times*.)

## 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.



## Gone Fishing



*[Editor's Note: Our photographer, Dr. Tom Stigall, traveled into the wilderness to capture the magnificence of mountains and canyons for us this holiday season.]*

### ***Northern Utah***

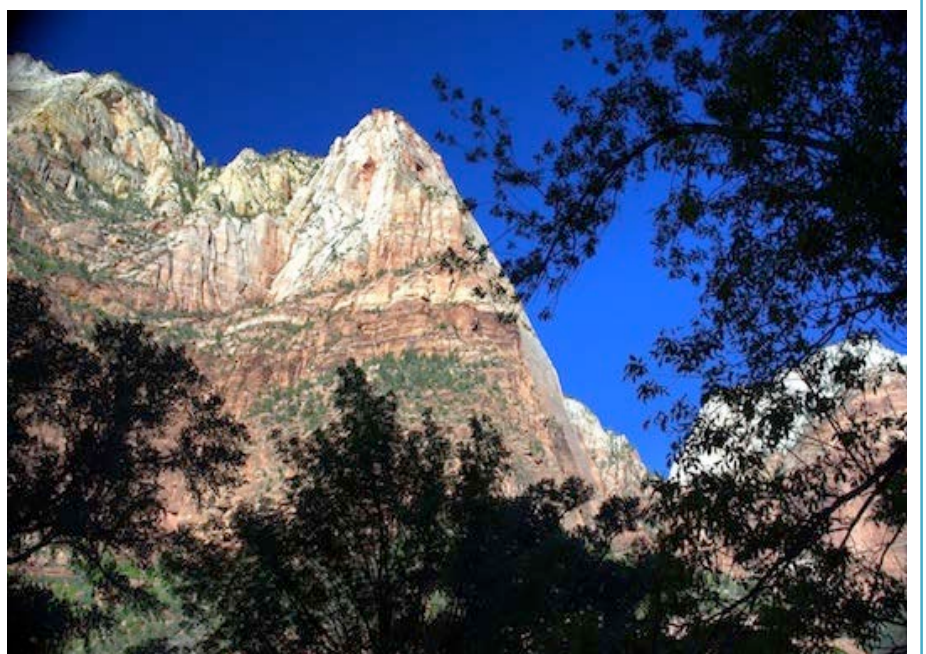
*The top photo captures the aspens in northern Utah, with the trees extending on and on until they seem to disappear in mist.*

### ***Zion National Park, Utah***

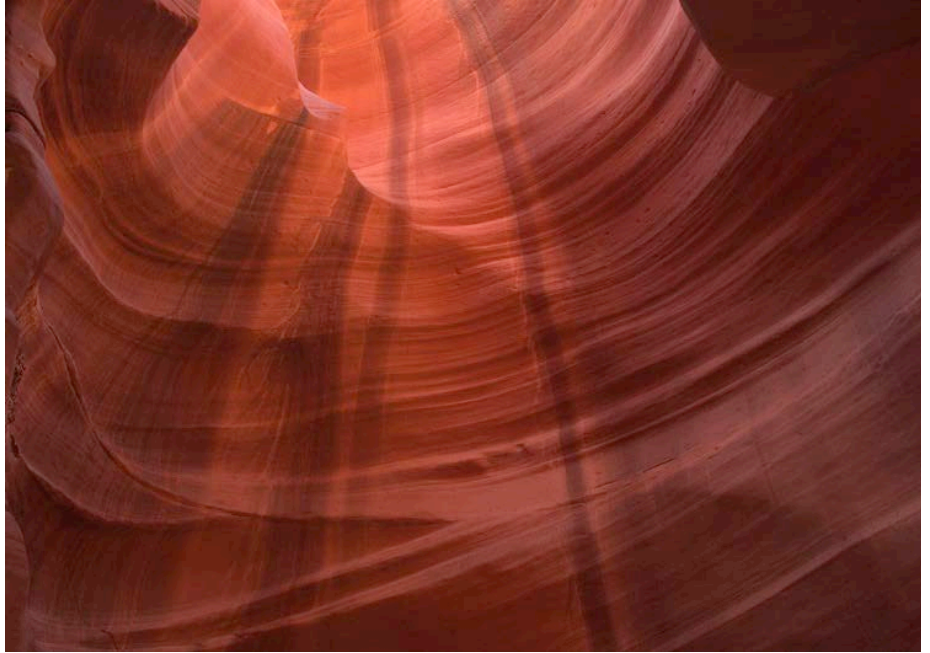
*"... these were taken in Zion National Park along the Virgin River," said Tom. "For me, they show the magnificence and grandeur of Nature."*

*"The sheer cliff walls flanking the river are impressive for their size and massive faces," Tom said. The middle image has a clump of yellow flowers called Rabbit Bush in the foreground. Zion is Utah's First National Park.*

*The bottom photo Tom calls "Grand Peaks," with three large peaks of sandstone in the distance.*







## *Gone Fishing*

### ***Antelope Canyon Navajo land near Page, Arizona***

*The dramatic formations in Antelope Canyon are due to the erosion of Navajo Sandstone. Over time, passageways have formed with deep corridors, flowing shapes, and mysterious light sources that create intense patches of illumination.*

*Tom named the large photo, “Lightbeam from Above.”*

*“There are several places in the canyon where these occur when the sun is in just the right position,” he said. “It occurs to me that ‘Lightbeam from Above’ might have particular relevance during the Christmas season. The landscape in this part of the country is spectacular and begs to be photographed.”*

