

## Anti-depressants are 75% placebo

# Dr. Kirsch Stuns Audience with Facts on Science, Politics and Anti-Depressant Drug Industry

## FDA Approvals Skewed to Favor Drug Companies

Stunning the audience with a review of scientific research showing that the main reason anti-depressants appear to work is due to their placebo effects, Harvard's Dr. Irving Kirsch, laid out the damning evidence that drug companies and the FDA skew research to approve drugs that have little actual value.

Kirsch presented his decade-long compilation of research to a group of psychologists, professors, and social workers last month at the jointly sponsored conference of the Louisiana Psychological Association and Tulane University, held at

Tulane in New Orleans on October 19.

"The placebo response is about 75 percent of the drug response," Kirsch told the group, presenting exhaustive research to back up his views. However, laypeople and even many physicians often do not understand this fact or its consequences, he noted.

Kirsch, Associate Director of the Program for Placebo Studies at Harvard Medical School, and professor of psychology at Plymouth University in the UK, laid out the evidence that placebo effects are a significant part of the

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Panelist Dr. Chris Garner (center) speaks about suggestion and "emotional contagion" in social groups, at the recent presentation by Harvard's Dr. Irving Kirsch. Dr. Darlyne Nemeth (L) and clinical social worker, Bob Waggener (R) also spoke as panelists at the conference which was jointly sponsored by Tulane and the Louisiana Psychological Association.

## LA School Psychological Assn to Hold Annual Conference, November 6-8

"Our School, Our Community, Our Future," will be the theme for the 33<sup>rd</sup> Annual Conference of the Louisiana School Psychological Association. The conference will be held November 6 to 8, at the Hilton Lafayette in Lafayette. Photo: Tulane's Chair of Psychology, Dr. Stacy Overstreet presented at last year's conference and will again this year.



U.S. Navy Petty Officer 2<sup>nd</sup> Class Janet Lee signals to pilots in Helicopter Sea Combat Squadron 26 on deck of USS Monterey in the Arabian Gulf. Women veterans are the focus of a new program at the Alexandria VA.  
(Photo/Petty Officer 3<sup>rd</sup> Class Billy Ho.)

## Alexandria VA

# Innovation Key In Health Program for Women Vets

While many in the community are scratching their heads about how to integrate mind and body health care, psychologist and innovator, Dr. Denise Batton has jumped out ahead of the crowd with her "Healthy Women Are Active" Program for women veterans at the Alexandria VA.

The new program is a comprehensive, creative approach for helping the veterans served by the Alexandria VA Medical Center and the surrounding Community Based Outpatient Clinics.

Evolving since August last year, the program is a holistic approach, where combinations of activity groups, social groups, and therapy groups help lead clients toward a balanced mental and physical life. She includes the "Spiritual, Cultural, Intellectual, Physical and Psychological," aspects of health, says Batton, and calls it "SCIPP."

"Come SCIPP your way to better health," she says to potential participants.

Dr. Batton is the Psychologist for Women's Health at Alexandria VA Health Care System. Her training is strong in education as well as psychology, having earned her first masters in education from Indiana State, and then going on to earn another masters and doctorate in clinical psychology from Indiana University of Pennsylvania. Her work has been driven by her desire to make a difference in lives by designing programs that help the group and population. Her previous efforts include Program Director

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# Editorial Page

## What's Really Alarming

by J. Nelson

Mark Twain wrote, "Always do right. This will gratify some people, and astonish the rest."

That's exactly what Irving Kirsch provided to the audience last month at the LPA-Tulane conference, gratification and astonishment.

Kirsch presented more proof that Big Pharma and the FDA skew data in favor of drug approvals when the drugs don't really work. Not surprising, since the FDA receives 40% of their funding from these companies. Kirsch had to pull out all the stops to get at the truth, including filing a Freedom of Information Act request for raw data.

This is more damning evidence about the medical-industrial complex, just like the multibillion dollar fines that have become commonplace for drug companies' illegal actions in research and marketing, usually only exposed by some whistleblower.

Recently I read an account of how Penn State officials participated in the cover up of Jerry Sandusky's decade-long criminal child molesting. The authors point to toxic leadership as one element for such a horrendous occurrence. But they also note that the environment has to be conducive, and there have to be followers, both the colluders and the conformers.

Kirsch showed us that the FDA is a colluder, and its fails in the role of staying neutral, to act as a check and balance on behalf of the citizen. We see this more and more lately, and it is and should be disturbing to all social scientists.

What should be alarming is our society's combined level of critical-thinking. If anti-depressants are a sham, or the model for them is a sham, what other models in health care might be fabricated by the medical-industrial complex and its groupthink colluders and conformers, including the FDA in this case?

When we come up with a new theory or discovery or new technology, do we need to ask, "Who profits?"

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

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

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## Letters to the Editor

[Editor's Note: In the September Times, we published a story on psychology board member Dr. Jessica Brown and her new credential as medical psychologist. In our October issue, medical psychologist and past chair of the psychology board, Dr. Joe Comaty, expressed criticism of our article on Brown in a Letter to the Editor. Below, Dr. Roy Allen, also past chair of the psychology board, writes regarding Dr. Comaty's October Letter.]

Dear editor,

I think Dr. Comaty is being disingenuous when he questions why anyone should care if Dr. Brown is an MP (October, *The Psychology Times*). For the benefit of those who may sincerely be confused about the issue, I will break it down.

1) MPs have a history of being dishonest with non-MP psychologists.

I do not say this to be provocative, but merely to state a germane fact. As one example, I am sure Dr. Comaty recalls the LAMP meeting at which he and others agreed among themselves to deceive the non-MPs about the nature of the MP-enabling legislation (i.e., that it would place them under the Medical Board.) I was one of those deceived.

2) The MPs have made an organized effort to gain and maintain control of the LSBEP.

This is obvious from the success they have had at it, but it is not a speculation on my part. I have it from the lips of an MP who claims to have suggested the idea. The reader might ask, do they think non-MPs not as vigilant in their duty to protect the public? But of course that is not the point.

3) The point is, when issues have come before the board in which there might have been a conflict between the interests of the MPs, and the interests of psychologists in general and the Louisiana public, the MPs on the board have used their control to further their own interests.

For example, the bizarre and unique finding that persons who are not licensed by any psychology board should be allowed to supervise candidates for licensure in Louisiana, if they are MPs. (I certainly hope those candidates are honest with the boards of other states where they might try to get licensed!)

I have nothing against Dr. Brown. But I question where her loyalties lie, and how she will make decisions on the board. Dr. Comaty may think her MP status should be irrelevant to the non-MPs, but I assure you it is relevant to most of the MPs who voted for her. I believe the non-MP psychologists should have the same opportunity to protect their interests (and the interests of the Louisiana public) as the MPs.

If there are non-MP psychologists who are suspicious of the motives of the MPs, there are good reasons for it.

R. Roy Allen, PhD  
Baton Rouge

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Anti-depressants, placebo  
Continued

response to tricyclics, SSRIs (selective serotonin re-uptake inhibitors), other antidepressants, and also with other drugs, such as lithium or benzodiazepines.

Kirsch also demonstrated how the remaining positive changes for the patient are usually not clinically significant. With one exception, a small sub-set of people classified as “severely depressed,” the non-placebo benefits of drugs often make little practical difference for the patient.

Kirsch’s presentation stands in stark contract to the current flood of anti-depressant use and direct marketing to consumers. Despite anti-depressants being primarily placebos, these medications are the number one pill prescribed in the US.

One in ten people in the U.S. now take an antidepressant according to a 2011 report by *Reuters*, based on the Center for Disease Control’s National Health and Nutrition Examination Surveys from 2005 to 2008. The CDC reported that antidepressants were the most common drug used by adults age 18 to 44. And, once taking the drugs, 60 percent of people continue taking them.

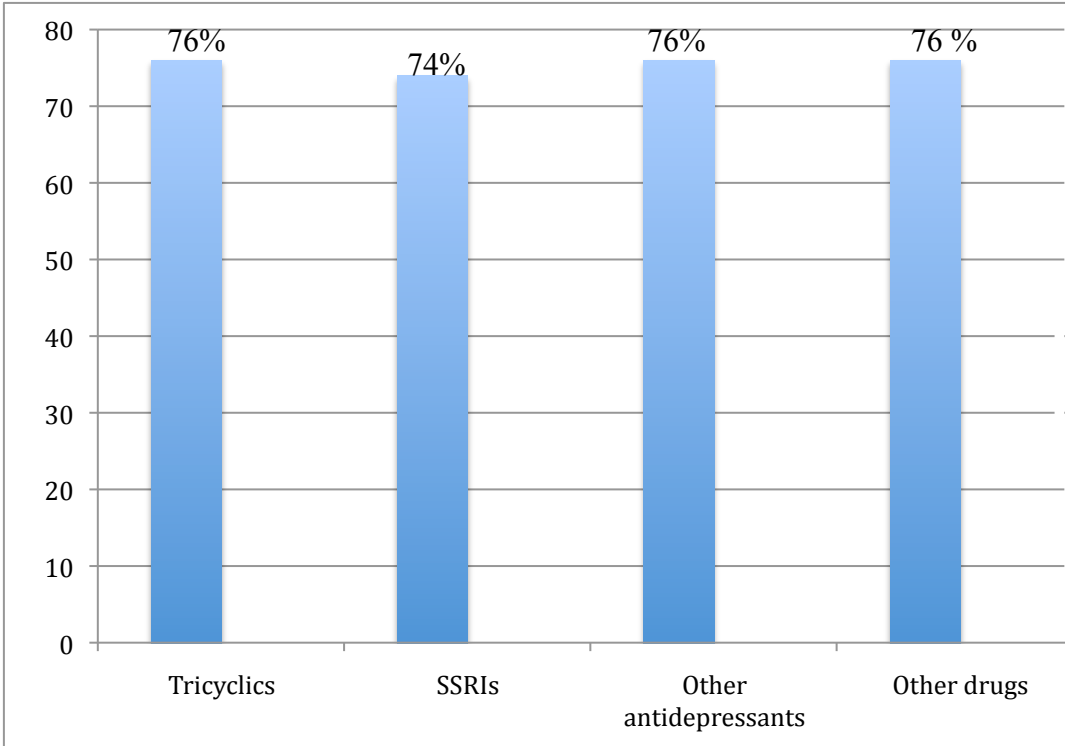
This leads to a worldwide market of \$693 billion, according to Mercola.com, who also reported that drug companies spend twice as much on marketing as they do on research.

One of the major points in Kirsch’s presentation was the ethical issue of giving a placebo with serious side effects.



Dr. Irving Kirsch, Associate Director of the Program for Placebo Studies at Harvard Medical School, presents to group at Tulane about placebo being the main part of the value of anti-depressants.

The Placebo Response, as a % of the Drug Response  
From Kirsch (Kirsch & Sapirstein,1998)



Kirsch’s exhaustive research is included in his 2011 book, *The Emperor’s New Drugs: Exploding the Anti-depressant Myth*.

Among the points from his book that Kirsch covered at the October 19 presentation was the fact that that newer anti-depressants were no better than older anti-depressants.

He reviewed evidence to show that medications such as sedative barbiturates, stimulants, opiates, and thyroid medications were often as effective as anti-depressants for treating depression.

In one of the more startling examples, Kirsch showed the audience how medications designed to *inhibit* serotonin re-uptake had the same effect as drugs designed to *enhance* re-uptake in depressed patients. He explained that this finding was one of many that bring into question the entire model that psychiatry uses regarding brain-chemistry imbalance.

***“Drugs designed to inhibit serotonin re-uptake had the same effect as a drug designed to enhance re-uptake, and this calls into question the model ...”***

*Dr. Irving Kirsch*

Perhaps the most alarming part of Kirsch’s presentation had to do with his exposing the various ways that pharmaceutical companies and the FDA skew the outcomes of drug trials to favor approval of new drugs for commercial purposes.

He explained how he filed a Freedom of Information Act request with the FDA to obtain raw data and the serious research flaws he discovered, which include suppression of studies with negative results and cherry-picking studies in favor of drug approvals.

He explained to the audience how FDA regulators require only two clinical trials

with positive results, and negative trials don’t count, and are dismissed. Because of this, a company has only to do is continue their studies until they obtain the minimum of two positive results, even if the bulk of the studies show no effect, Kirsch explained to the group.

He also noted how double-blind studies often aren’t truly double-blind, because the drugs have side effects which patients and doctors notice, “breaking blind” and leading to flawed results.

Kirsch explained that the FDA receives 40 percent of its funding from the pharmaceutical companies. “Its not quite a bad here as it is in the UK,” he said,, pointing out that in the United Kingdom the approving agency is 100 percent funded by drug companies.

After his review of the science and politics around anti-depressants, Kirsch treated attendees to information about suggestion, hypnosis, non-deceptive placebo, and other alternative treatments. “The brain is an expectation machine,” he said.

In one example of non-deceptive placebo treatment, Kirsch described an example of a nurse who fully understood the science of placebo. She was given a placebo, he said. She was told it was a placebo, and instructed to take it two times a day for her Irritable Bowel Syndrome. She improved, and while somewhat perplexed, she found it to be the first relief she had experienced in years, Kirsch told the audience. She has remained very committed to the therapy.

Kirsch also amused the audience with findings that blue placebo pills were more effective as sedatives, red pills were more effective as stimulant, and red was also more effective for analgesic purposes that white, blue, or green.

He noted that some people are better at placebo than others. Those higher in extraversion, agreeableness, and openness to experience, have a stronger placebo response.





Dr. Paula Zeanah (standing) conducts a question and answer session at the recent presentation by Dr. Irving Kirsch on anti-depressants as placebo. Panel participants (L to R) are Drs. Joe Tramontana, Karen Slaton, Darlyne Nemeth, Christopher Garner, and social worker Bob Waggener.

Kirsch, Placebo, continued

But, Kirsch told the audience, “There is no unitary placebo effect. It depends on the condition being treated and the type of placebo used.”

"Should we prescribe antidepressants as active placebos?" Kirsch asked the group, and laid out the problems with ethical issues. He said that when there are no effective active treatments that “open label” placebo treatment and hypnosis may be the best alternatives. “Giving placebos can be more ethical than giving active medications,” he said.

The workshop included a panel discussion with Drs. Joe Tramontana and Karen Slaton, speaking about “More on hypnosis as a non-deceptive placebo.”

Dr. Darlyne Nemeth, spoke to the group about “Reducing reliance on medications.”

Dr. Christopher Garner, shared ideas on “Emotional contagion in group therapy,” and Licensed Clinical Social Worker, Bob Waggener, spoke about “Trust as a Foundation for Suggestion.”

Nemeth, who has a neurological and medical psychology practice in Baton Rouge, told the

***“This is profound research. ... It shows us again that the mind has the ability to heal itself or make itself sick.”***

*Bob Waggener, LCSW*

*Times*, “As a medical psychologist, having factual, rather than marketed, information regarding the effects of these various anti-depressants was most revealing. Basically, what I learned is that most anti-depressants provide a placebo effect with side-effects,” she said. “Rather, hypnosis, group therapy, individual therapy, cognitive behavioral therapy, exercise, etc. are very good alternatives.”

Clinical Social Worker, Bob Waggener, also a panel discussant with a practice in Baton Rouge, said, “This is profound research. It shows that the mind is dynamic and so it is even more important for us as therapists to respect its power. It shows us again that the mind has the ability to heal itself or make itself sick.”

New Rule for Continuing Education From Psych Board Finally Published

Major changes in the continuing education for licensed psychologists have finally been published as a final Rule in the October issue of the *Louisiana Register*, after three years of study and discussion.

According to the Rule“... each licensed psychologist is required to complete continuing education hours within biennial reporting periods. Continuing education is an ongoing process consisting of learning activities that increase professional development. Continuing professional development (CPD) activities: 1. are relevant to psychological practice, education and science; 2. enable psychologists to keep pace with emerging issues and technologies; and 3. allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession.”

The changes to the continuing education rule tracked the Association of State and Provincial Psychology Boards (ASPPB) recommendations. Changes include an increase of five credits each year, or from 30 to 40 over the two-year reporting period.The new rule also expands the types of training allowed, including peer consultation, outcome monitoring, and professional activities, publication, and traditional conferences, for example.

Dr. Chafetz Reviews Science for Another US Senator & Staff

Dr. Michael Chafetz, New Orleans clinical and neuropsychologist, presented his research about malingering to United States Senator Tom Carper’s office, on October 30. The webinar was provided as a service in the public interest and was hosted by the Louisiana Psychological Association and their On-Line Academy.

Senator Carper is the US Senator from Delaware and is Deputy Whip. He is chair of the Homeland Security and Governmental Affairs Committee and the Environment and Public Works Committee, and serves on the Finance Committee.

Chafetz reviewed his research spanning from 2007 to 2013 for the Senator, which shows that 42 to 45 percent of social security claimants for disability exhibit some degree, often a high degree, of false or exaggerated symptoms.

In his presentation Chafetz noted that this is part of human nature and is an issue in private disability as well as in the public program.

He described for the Senator and staff some of the problems he sees with the current programs or policies, some which activity discourage validity testing. He spoke about how science can provide helpful tools and increase the prediction accuracy.

And, he looked at cost savings throughout the program from a new publication from he and Underhill, providing specific calculations for various mental listings.

In regard to the backlogs in SS Disability, he said that the Administrative Law Judges are not the driver of the problems, and must follow the administrative law as written. But they are not permitted to order tests of validity.

Chafetz has been at the center of a national discussion on the use of psychometric instruments to help psychologists make more accurate determinations about social security disability claims. The Social Security Administration (SSA) has rejected the use of these tests saying that they are not useful. More recently, the Office of Inspector General for the SSA found no support for the SSA’s position and asked them to reconsider the issue. (See PT, Vol 5, No 2, for review.)

Chafetz has also helped educate Senator Tom Coburn and staff regarding the science behind malingering. Coburn was recently interviewed on *Sixty Minutes* about malingering in social security disability.

Dr. Chafetz is a board certified neuropsychologist and serves on the board of the American Association of Clinical Neuropsychologists. He told the attendees of the October 30 webinar that SSA would need guidance in this area, in order to improve their approaches.

Corrections & Clarifications

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





U.S. Army Pvt. 1<sup>st</sup> Class Jo Marie Rivera (L), and US Army Sgt. 1<sup>st</sup> Class Rebecca Hamby provide security during a meeting at a clinic in the Tarnek Wa Jaldek district in Afghanistan’s Zabul province in September. Rivera, a human resources specialist, and Hamby, a military police officer, are assigned to the 3<sup>rd</sup> Brigade Combat Team. Women veterans are the focus of a new health program at the Alexandria VA.

(US Army photo by Sgt. Kandi Huggins.)

# Innovation Key In Health Program for Women Veterans, Continued

for Cambria County Mental Health in Johnstown, Pennsylvania, Founder and Director for the Mothers and Sons Youth Development Programs in Watts, Compton, Los Angeles, she her work with Departments of Corrections in both California and Florida.

“Since my areas of clinical expertise are designing salient programming from a systems perspective to address both micro and macro problems within a system or population,” said Batton, “I examined the surrounding environment to determine what resources it could offer to address these health problems and symptomology of the population it is serving.”

Ferretting out invigorating and inspiring activities to support broad therapeutic goals of the program is something for which Dr. Batton seems to have a particular knack.

Once she conceptualized the needs and found the resources for the program, she collaborated with Women’s Health, Psychology Service, Recreation Therapy and Voluntary Service at the Alexandria VA. Then she pulled in local community resources and also national VA programs to form “Healthy Women Are Active.”

“It started out in the beginning to be just one or two activities,” Batton told the *Times*, “but over time it took on a life of its own and grew to approximately seven programs and seven therapeutic group offerings.”

“I noticed that the women were isolated,” she said, “so I thought, ‘How do I get them out of the house and connected to other women veterans with similar life experiences? I know that once they feel that connection of sharing their experiences and perspectives on life, it will bring about the natural curative factors of catharsis, support, commonality and acceptance.”

“I thought they would be more comfortable with other Veterans,” Batton explained, “and so I started looking around, thinking, ‘I’m going to go out and find who else is doing what’, and see if they wanted to participate in forming this women’s program.”

For example, she discovered a greenhouse and gardening spots on the VA grounds, and thought, “Ah, I’m going to get them interested in gardening and producing their own healthy food.” Then she linked up with the Alexandria Food Bank and discovered that community gardens were one of the Food Bank’s services.

“They go around helping to start and supply community gardens,” she said. “They were more than happy to assist the women veterans in learning seasonal planting and provided them the starter plants. We had watermelon, squash, green beans, tomatoes and flowers.”

Within the Pineville and Alexandria community, Batton noticed residents riding horses and she remembered how Equine Therapy had made a difference in patients she had seen in Indiana. So, she contacted Crossroads Riding Center in Alexandria, and working with the VA Recreation Therapy staff, wrote a grant for the Equine Therapy Program. “Within two months that program was funded along with an Art Class to boot,” she said.

She started a fishing group after noticing a pond on the VA grounds. “There we go, now we have fishing, we having horseback riding, we have gardening and an art class,” she said. “It seemed like everywhere I looked there were VA resources available just for the asking and local community vendors more than willing to volunteer one or two hours a week to serve our veterans, free of charge or at least at a large discounted rate.”

Batton was also creative when it came to the funding. “In order to make sure this endeavor did not cost the VA any direct funding, I recruited volunteer individuals to facilitate groups in their area of expertise,” she explained. The Alexandria Food Bank offered gardening lessons and starter plants, the local gym offered yoga instruction, the VA Pond and Recreation Therapists offered the fishing, and Local Do Joi offered martial arts/self- defense.

“All in all, it is a win-win situation,” she said. “My women veterans enhance their perspectives of what healthy means because they work hard toward it in therapy and in the programs and the VA increases their numbers of success stories. After all that is what it is all about, ‘Serving Those Who Served For Us.’ You can’t loose with that type of respect for others,” she said.

What has emerged was a multilevel approach that includes Art Classes (“Face of A Veteran”), Equine Therapy, Fishing, Gardening, Martial Arts – Self Defense, Golfing, and “The Connection” Potluck. These programs are linked with the therapeutic groups, which include Couples Group, Military Sexual Trauma Group, Silver Veterans Over 50 Group, and the Understand Mental Health Group.

“As you know, groups are one of the best clinical experiences,” Batton explained, “because it is a ‘social microcosm’ that provides key curative factors.” She noted that these factors include instillation of hope, interpersonal learning, self-understanding and insight, existential learning, and catharsis. “When you add commonality of problems, camaraderie of service and an ability to experience joy while acquiring mental health assistance, that is a recipe for curative success,” she said.

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State and National News

Women Veterans, continued

Batton also wanted to change the paradigm about what it means to be healthy. “Healthy Women Are Active” suggests that healthy means, “... well balanced across several dimensions of a woman’s ‘personhood,’ she explained.

“In other words,” she said, “striving to be healthy on the 360 for 24/7 across the arenas of, Spiritually, Culturally, Intellectually, Physically and Psychologically.”

When Batton took her position at the Alexandria VA, she immediately saw the need for integrative and innovative approaches. “My caseload of patients are women veterans who are diagnosed with Military Sexual Trauma, primarily, and other mental health disorders...” But Batton also noticed many other issues for her clients. “Physically many of the patients have high blood pressure, diabetes, severe obesity and chronic pain,” she said.

Batton understood that the combined problems manifested in lack of motivation, low energy, sleeping and eating disturbances, and other problems, but also in “... separation and isolation from society at large and from family support systems also,” she explained. So, “I began to design groups that would provide the women with opportunities to experiences unique therapeutic activities.”

The kick-off to the program was at the Women’s History Month Event championed by Batton for Psychology Service and Women’s Health last year. The event was highlighted with skits, guest women VA employee speakers, and women veterans performing. The program had been growing since that time.

Most recently, the program added the component with participation in the National Adaptive Sports Clinics that is held across the United States. Dr. Batton coordinated with the VA Recreation Therapist, Ms. Janice Riggs, who partners with the National group to support local activities.

The National Adaptive Sports Clinics includes Summer and Winter Sports Clinic, Golf Tournament, Valor Games, Golden Age Games, Wheelchair Games, Para-Olympic Experiences, and the National Arts Festival. Women from the “Healthy Women Are Active”



Dr. Denise Batton  
(courtesy photo)

program have participated locally in the arts festival and two women from the area have even brought home national honors from the national arts festival, one in Oratory Arts and another in Ethnic Dance.

“Another woman veteran was chosen to participate in the Summer National Veterans’ Sports Clinic in San Diego this September. Now we want women to enroll for all the National Adaptive Sports Clinics to learn sports they never dreamed of...thus expanding their own life dreams of “accomplishments”.... see how a dream can become infectious!” Batton told the *Times*.

“Once the women participate in a few programs,” Dr. Batton explained, “their mental health issues began to decline, they acquire more energy, volition and feel confident enough to be more amenable to opening up in a therapeutic group. And eventually have no need for treatment at all, just living her life with new hobbies and a healthier lifestyle,” she said.

Even for those not completely ready to participate in the full range of therapies, Batton explained, the women gain from whichever groups they choose to engage, and this can open the door for future participation and “full actualization,” she said.

“I just want the women veterans to know that we care about their needs, we are ready to serve them and all they need to do is step forward and we’ll walk the rest of the way toward their goals with them. You did it for us,” she said, “now let us do this for you.”

Psych Board To Hold Planning Meet, Nov 8

The Louisiana State Board of Examiners of Psychologists will hold a Long-Range Planning meeting on Friday, November 8, 2013.

According to the announcement, the meeting is open to the public. Topics will include School Specialists, telepsychology, Emeritus licenses, Texas Reciprocity Agreement and Provisional Licenses.

For more information contact Executive Director Ms. Kelly Parker.

Nominations for LSBEP Position Close on Nov 7

Self-nominations can be made until November 7, 2013, for an election to fill a position on the Louisiana State Board of Examiners of Psychologists. This according to a request for nominations announcement sent October 3 to licensed psychologists.

To qualify to serve on the board, psychologists must be a US citizen and Louisiana resident, and have rendered “service, teaching, training, or research in psychology for at least five years,” noted the announcement from Dr. Bryan Gros. Gros is the Elections Committee chair for the Louisiana Psychological Association, who conducts the election for names to be submitted to the governor for appointments.

Self-nominations forms must be returned and post-marked by the extended deadline of November 7, 2013, according to the announcement. Interested persons can contact Dr. Gros for additional information at the Louisiana Psychological Association.

Tulane University Recognized for Suicide Prevention

Source: Tulane, Keith Brannon

Tulane University has been awarded the JedCampus Seal from the Jed Foundation, a leading organization working to promote emotional health and prevent suicide among college and university students. The seal recognizes schools that exhibit comprehensive mental health promotion and suicide prevention programming on campus.

To earn the seal, Tulane took a voluntary self-assessment reviewing its campus mental health and suicide prevention programming. The Jed Foundation then compared the school’s responses to its recommended practices as well as those of the Suicide Prevention Resource Center. As part of this process, Tulane received confidential feedback designed to enhance programming and resources.

Tulane also plans to expand its suicide prevention and mental health programs with a recently awarded federal Substance Abuse and Mental Health Services Administration grant. The three-year, \$300,000 grant will fund a campus coordinator for suicide prevention training programs and increased outreach efforts.

The Jed Foundation was founded in 2000 by Donna and Phil Satow after they lost their son Jed to suicide.



U.S. Air Force Capt. Tracy Tucker at an exercise at Fort McCoy in Wisconsin. Tucker is a flight nurse with the 433<sup>rd</sup> Aeromedical Evacuation Squadron. About 14 percent of our military are women.  
(U.S. Air Force photo by Tech. Sgt. Efren Lopez.)



State and National News

LSU’s Dr. Curry Honored by La. Counseling Assn

Billy Gomila  
LSU Media

LSU College of Human Science and Education faculty member Jennifer Curry received the Advocacy Award from the Louisiana Counseling Association (LCA).

“I can think of no other individual in Louisiana who has dedicated as much effort to advocacy on behalf of both the profession and of students/clients,” said Laura Choate, LSU associate professor.

“She has only lived in Louisiana for seven years, but the impact of her efforts in that short time will be experienced by counselors for many years to come.”

Curry is currently an associate professor of counselor education at LSU, where she is the coordinator of the school counseling program. She also serves as interim associate dean of the College of Human Sciences & Education.

LSU media also reported on Dr. Curry recently publishing a new book, *Career Counseling in P-12 Schools*.

*Career Counseling in P-12 Schools* presents a comprehensive, developmental and practical approach to preparing school counselors to conceptualize the career development needs of P-12 students and design and implement relevant career interventions.

According to the report, the text covers career counseling and development specifically geared to Pre K-12 schools and reflects the American School Counselor Association’s National Model for school counseling with career counseling as a core competency.

Career Counseling describes a developmental, ecosystemic approach informed by career theory and presents career counseling programs and interventions sequentially, based on grade and age level. It also features case studies, end-of-chapter discussion points, self-test questions and counselor activities.

“In this book, we take a multisystemic, developmental and comprehensive approach to Pre K-12 Career and College Readiness,” said Curry. “There is no other book like this on the market. It’s the first book of its kind to highlight contemporary federal initiatives for promoting students’ post-secondary options, the American School Counselor Association’s National model for school counseling programs, and application of career and college readiness by grade level elementary through secondary.”

The LCA Advocacy Award received by Curry was established to honor and recognize an LCA member who has taken the initiative to advocate for the counseling profession on a local and/or state level and by doing so, increased awareness about the counseling profession making it stronger and more visible in the state of Louisiana.



Dr. Mary Livers, Deputy Secretary for the Office of Juvenile Justice, spoke to members of the Louisiana Counselors for Social Justice, during the Louisiana Counseling Association convention recently. The Office of Juvenile Justice published its strategic plan recently for 2014 – 2018.

La. Office of Juvenile Justice Publishes Its Strategic Plan

The Office of Juvenile Justice published its strategic plan for 2014 recently, noting that its mission is to protect the public by “safe and effective individualized services to youth, who will become productive, law-abiding citizens.”

The authors also noted that the Office of Juvenile Justice (OJJ) has a vision of “quality system of care which embraces partnerships with families, communities and stakeholders to assist youth in redirecting their lives toward responsible citizenship.”

To develop the strategic plan, the OJJ participated in statewide stakeholder meetings and asked participants about juvenile justice reform and next steps.

Results of these meetings, suggested that the top priority area was in the area of “services,” noted the authors. “This group further clarified this recommendation by calling for better access to services, timeliness of services, and clear linkages to the right

services for certain populations of at-risk youth and juvenile justice youth.”

The authors also wrote that “Ensuring youth with mental health needs are appropriately diverted to the mental health system (Louisiana has traditionally high rates of youth with mental illness in the juvenile justice system, sometimes

as a way to access services, and also because there is no clear way for youth to get effective mental health services prior to their involvement with the juvenile justice system; there was a clear desire to correct this problem).”

The complete Strategic Plan can be downloaded from the OJJ at <http://ojj.la.gov>

American Board of Medical Psychology

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

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Science & Education

Behavior Analysis  
Assn Holds First  
Annual Conference

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

Behavior analysts from Louisiana, Kansas, New York, Virginia, Washington, New Jersey, the United Kingdom and Bosnia attended and presented research, according to the association.

The keynote speaker was Dr. R. Douglas Greer from the Columbia University Graduate School of Arts and Sciences and Teachers College. Greer spoke to the group on, “The Real Sources of Language and Social Deficits in Children with Autism.”

The many symposia offered included, “Observational Learning: Conditioning Reinforcement through Observation with Four Young Children in a Self-Contained Special Education Classroom,” presented by Dolleen-Day Keohane (Nicholls State University) Grant Gautreaux (Nicholls State University) & Jenny Cronier Zeringue (Nicholls State University).

“Look but Don’t Touch: Maximizing Learning Via Observation,” was offered by Grant Gautreaux & Lauren Becnel from Nicholls State University).

“The Effects of Varying Levels of Response Effort Related to Data Collection on Treatment Fidelity,” was presented by G. Richmond Mancil from Louisiana Tech University.

And, “Learning Span: Assessing the Effects of Instructional Set Size on Optimal Learning,” was presented by Elise Baker, Meredith Harris, George Noell, Sarah Miller, Jessica Alvarez, and Michael Schafer from Louisiana State University.

Grant Gautreaux chaired a discussion about bringing behavior analysts into the classroom. Panel experts for this presentation include Joann Robbins, PhD (Morningside Academy); Jessica Singer-Dudek, PhD, (Columbia University Teachers College); Keynote Speaker R. Douglas Greer, PhD, (Columbia University Teachers College); Dolleen-Day Keohane, PhD, (Nicholls State University and The Faison School); T.V. Joe Layng, PhD, (Generategy, LLC); Kathy Matthews, PhD, (The Faison School); Ken Denny, PhD, (Louisiana State University); and



Janice Huber and Dr. Grant Gautreaux (standing) register for the Behavior Analysis conference with conference attendees and volunteers (left side, front to back) Lydie Neumann, Leah Turner, Melissa Stallings (hidden) and Amber Lenard.



Conference attendees and volunteers take a break to check over materials. L to R: Michelle Graves, Kelsey Long, and Amanda Morgan, from Educational Center for Autism in Shreveport, and Carmen Vara-Napier, from “Abilities.”

Rich Mancil, PhD,  
(Louisiana Tech University.)

The conference also included a “Meet the Louisiana Behavior Analyst Board,” presentation for attendees to learn about the newly formed regularly board. The meeting was chaired by Janice Huber. Presenters were board members Jenny Longwell, Emily Bellaci, Ellen Brocato, Kathy Chovenac and Cassie Bradford, and also attending was Kelly Parker, the Executive Director for the Behavior Analyst Board.

Behavior Analyst Board Publishes  
Emergency Rules in Oct *Register*

The Behavior Analyst Board published emergency rules in the October issue of the *Louisiana Register*. This Emergency Rule was effective October 8, 2013, and will remain in effect for a period of 120 days. (See Public Notice, page 16.) The emergency rule addresses application procedures, standards, and fees. Included are directions for Behavior Analysts, Certified Assistant Behavior Analysts, and registration for Line Technicians.

Because there is no grandfathering clause in Act 351 and individuals are practicing behavior analysis in the community, there is insufficient time to promulgate these rules under the usual Administrative Procedures Act rule-making process.

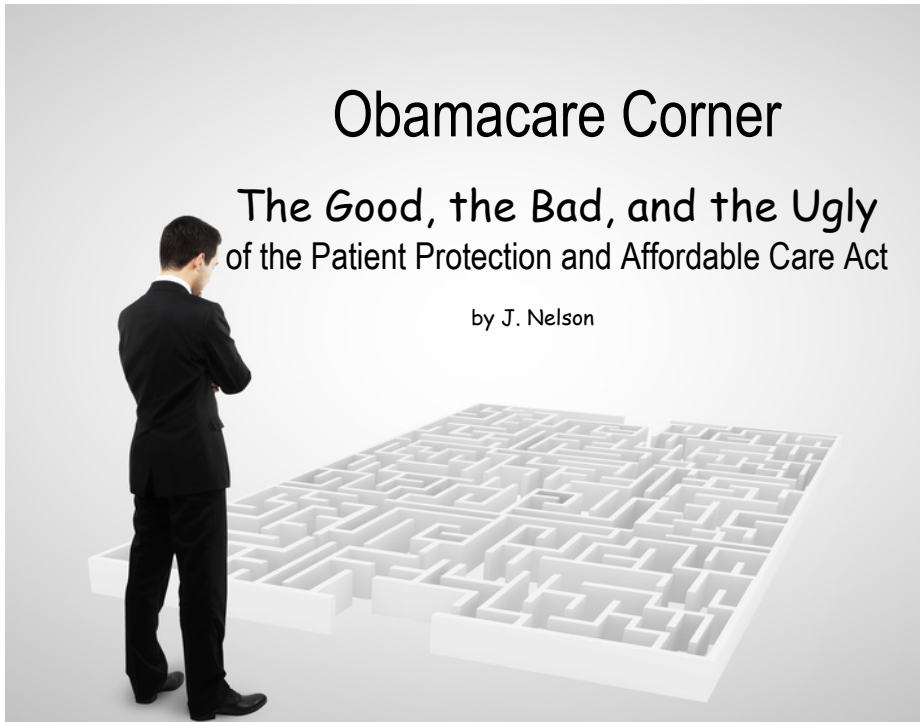
The board will be publishing a Notice of Intent to adopt a permanent Rule later, said the emergency notice. For more information contact Executive Director Kelly Parker.



## Obamacare Corner

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

by J. Nelson



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# Prevention and Wellness in the ACA

## Chatting with Author and Health Psychology Expert, Dr. Linda Brannon

### Prevention—Anyone?

Despite the problems with the Affordable Care Act (ACA) predictions remain that there will be more insured, more people for doctors to see, and most seem set on their plans to save money by channeling more efforts into primary care.

The idea seems to be that this will help curtail waste, inefficiency, and unnecessary hospital services. The notion is not totally out of line, since the one-to-one relationship with a primary care physician should increase the overall quality of the system if other variables are in place.

But what does seem to be missing is exactly how this is going to happen, what rabbit is the primary care provider going to pull out of his or her hat, to help in the cascading decline in health in the US.

In the model promoted by the ACA, particularly the Accountable Care Organization (ACO), it looks like primary care and behavioral health professionals will be needed to lend a hand to primary care physicians. Some say these primary care doctors will be over-burdened with an influx of new people, some with medical needs that have been ignored. At the same time, primary care doctors will be restricted in their use of specialists and some surveys suggest that physicians are opting

out of the system, which could further overload those that stay put.

According to the Kaiser Foundation and CDC, the main drivers of health care costs are aging of the population, technology, prescription drugs, chronic disease, and administrative costs.

The Center for Disease Control said in a 2010 report, that “lifestyle diseases” are estimated to account for over 75 percent of the health expenditures in the country. The CDC pointed to four main behaviors at the core of the problem: inactivity, poor nutrition, tobacco use, and frequent alcohol consumption.

And the ACA does mandate screenings, and puts these topics under prevention. Among the quality measures required for ACOs, and the new insurance plans, preventive health screenings include:

- 14. Influenza Immunization
- 15. Pneumococcal Vaccination
- 16. Adult Weight Screening and Follow-up
- 17. Tobacco Use Assessment and Tobacco Cessation Intervention
- 18. Depression Screening
- 19. Colorectal Cancer Screening
- 20. Mammography Screening
- 21. Proportion of Adults 18+ who had their Blood Pressure Measured within the preceding 2 years

So, weight and smoking are highlighted. There is also some overlap with blood pressure, and maybe depression, and other health problems.

While focusing on these “lifestyle diseases,” might be the trick, research from employer wellness programs suggests that impacting this bottom line of health and prevention is anything but easy.

“Our findings suggest that uptake of worksite wellness programs remains limited,” was the bottom line of a federally sponsored, comprehensive study of Employer Based Wellness Programs by the Rand Corporation.

Even when supported by employers, only 46 percent of the employees chose to take part in screenings or health assessments. And more importantly, only one fifth or less of those identified as needing to engage in an intervention based on the screening, actually participated.

Of those identified for smoking cessation, only 7 percent participated; for weight control, 10 percent; and for disease management, 16 percent. Fitness was the highest participation level, at 21 percent.

And, the continued effect of participation was very disappointing.

While participating in an exercise program was associated with a significant increase in exercise, the continuous participation over five years was associated with only an increase of “... about 1.5 additional days of at least 20 minutes of exercise per week.”

That’s a total gain of only 30 minutes of exercise over a full week!

One year of program participation in a smoking cessation program was associated with a 30 percent decrease in the smoking rates, but this effect decreases over time, and becomes statistically insignificant by the fourth year.

The researchers found that participation in a program to control body weight was associated with a 0.9 pound lost for women and a 1.0 loss for men.

The researchers summarized by saying that while program participation was associated with a trend for lower health costs, these changes were not statistically significant.

## Interview with Health Psychology Professor, Linda Brannon, PhD

To get a little more traction on these issues, the *Times* interviewed health psychology expert, author, and McNeese professor, Dr. Linda Brannon, about her ideas regarding wellness and prevention. Dr. Brannon has authored over 30 books and study guides on topics within psychology, including the popular *Health Psychology: An Introduction to Behavior and Health*, recently released by Cengage Learning in it’s eight Edition.

**Q. What are the most important themes or trends these days in health and wellness psychology?**

A. As far as trends, there is more and more emphasis being placed on the dangers of obesity. You don’t have to be in health psychology to see this trend; just look at news reports on the TV. Type 2 diabetes is a growing concern, and obesity, and physical inactivity, seem to be the main culprits. The demographers are saying that the generation that is now young may have a shorter lifespan than previous generations because



McNeese professor, author, and expert in Health Psychology, Dr. Linda Brannon.  
(courtesy photo)



# Obamacare Corner

of the mortality toll from obesity. There are so many diseases for which obesity is a risk factor, especially Type 2 diabetes, which has increased in prevalence over the past decade.

**Q. What do you think are the areas of highest payoff for individuals who can dedicate some additional time and energy to their health?**

A. Being healthier is simple but not easy. That is, results from the Alameda County study, which started in the 1960s, discovered that people who follow five health behaviors have a longer life and better health than people who follow only one or two of these behaviors. They are 1) not smoking, 2) drinking alcohol moderately or not at all, 3) maintaining a weight that is close to the recommended one, 4) being physically active, and 5) getting 7 to 8 hours of sleep each night.

None of these recommendations is new and none is unfamiliar; everybody has heard them for **years**. But many people fail to follow these recommendations. It's easy to eat too much; it's hard to lose weight; it's difficult to make time in a busy schedule to exercise (plus, it's easier to sit than to do something); it's difficult to make yourself go to bed rather than do the thousand things that await your attention. So no matter how simple the recommendations are, they are not easy to follow.

If I had to nominate one health behavior with the highest payoff, it would be: Don't smoke.

If I had another nomination, it would be: Control your weight. If you are overweight, find a palatable (sorry about the pun) way to lose weight. Don't let your degree of overweight discourage you; losing some weight is healthier than remaining as overweight as you are. Even if you cannot attain an ideal weight, research indicates that losing 10% of your body weight is a health advantage.

**Q. What do you see as the opportunities for practitioners in the area of applied health psychology given the changes in the country?**

A. I belong to APA's Division 38, Health Psychology, and I am on their listserv, so I see the emails that go out to members with questions, problems, requests for information, job ads, etc. One of the trends that I have noticed within that group is how many psychologists work in medical settings addressing problems of physical health with behavioral components. Of course, many psychologists in Division 38 deal with psychological issues for people with health conditions, but many psychologists are working on teams with physicians and other health care providers. These relationships are not easy or smooth yet, but psychologists are increasingly accepted into medical settings. Indeed, some are primary providers, and psychologists are involved in many facets of physical health.

If ANYONE from ANY profession could come up with an effective way to counter obesity, that would make a huge difference. None of the diet pills are worth a darn. Bariatric surgery works in some sense but not always, and it is dangerous and expensive. Surgery is clearly not the answer to the obesity epidemic. All diets work, but we live in an environment of food plenty, so staying on a lifelong diet (and that's what's required) is very difficult. Indeed, some experts have

analyzed our current situation as a toxic food environment; it's easier and cheaper to eat poorly than to eat healthy. No wonder people make bad choices.

From that point of view, psychology's potential is limited by its emphasis on the individual and individual behavior. Psychologists have effective interventions to modify behavior, but putting a changed person into an unchanged environment presents challenges that the person often fails. People fall back into old habits. (Those brownies begin to call one's name.) That is, the problem of relapse is one that plagues all of the programs that initiate changes in health-related behaviors. The relapse rate for alcohol, drugs, smoking, and dieting are rather similar.

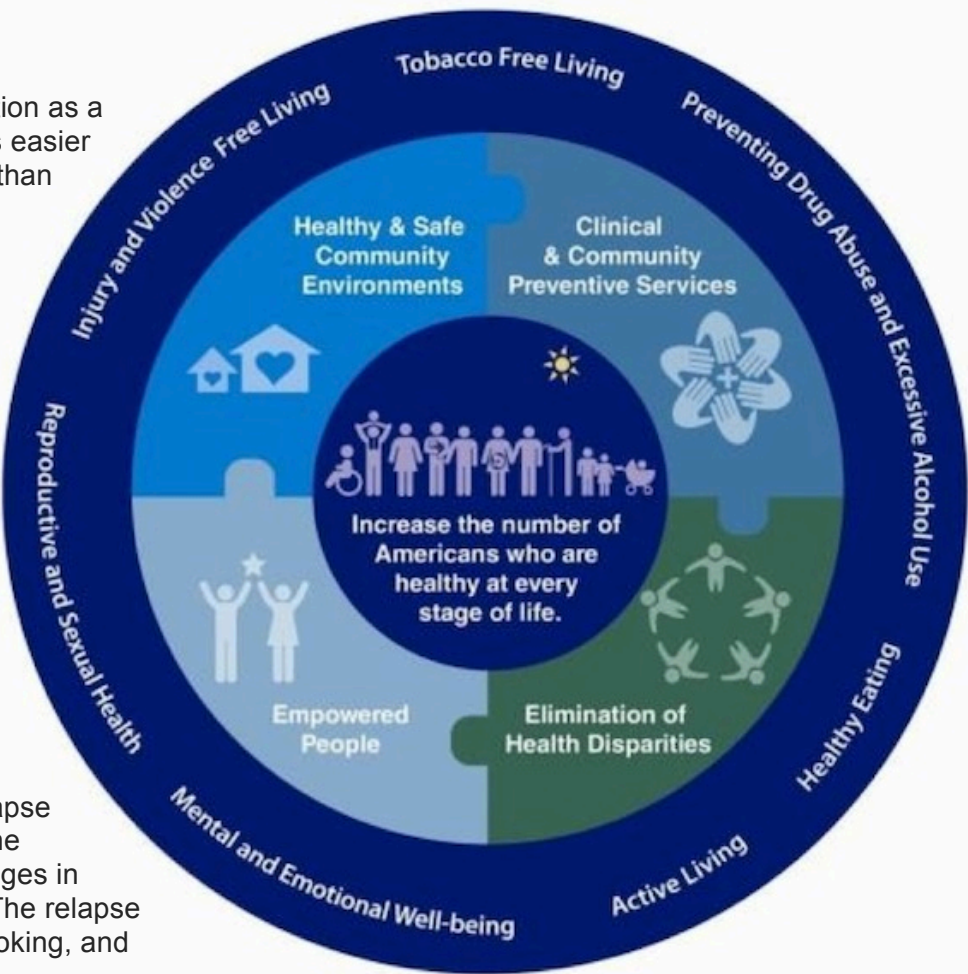
Change may be difficult, but it is possible, even on a large scale. For example, the smoking rate in the U.S. is less than half of what it was in 1964, so it is possible to effect massive changes in behavior, but it seems to take more than an individualized approach. Most of those millions of people who are not smoking have not gone through treatment; they either quit on their own or never started smoking. Smoking cigarettes has gone from completely socially acceptable to not. Smoking is now restricted to specific areas, socially frowned upon, and much more expensive than it was in 1964. So a person who quits or does not smoke has a variety of incentives and social supports for refraining. I don't think the situation with overeating and physical inactivity have been addressed in the ways that smoking has.

The improvement in behavior change with social/environmental engineering as well as individual interventions seems more successful than addressing health behaviors as an individual problem. I am pleased and optimistic about psychologists' acceptance into the area of public health/community health and health education. I think that psychologists have valuable contributions to those areas, and programs for changing health behaviors probably need to be more oriented to communities as well as available to individuals. If healthy choices are available, people will take them.

In terms of change for individuals, although nothing is stunningly effective, cognitive behavioral therapy seems to be a good choice for some health behaviors. I see a lot of promise in applied behavior analysis, and that potential has not been developed. I think that ABA [Applied Behavior Analysis] could address some of the persistent problems in relapse that are such big problems for many health behaviors, including the obvious ones such as taking medication as prescribed to eating a healthy diet, sticking with an exercise program, etc.

**Q. How can psychologists and behavioral health service providers best help consumers?**

A. People are so inundated with health information that they find it difficult knowing what to believe and what is hype, promotion, and pseudoscience. That is, health literacy is not so great. One of the problems in



As part of the ACA, the Surgeon General created a plan, characterized by the wellness elements in this diagram.

developing health literacy is that advertising has big budgets, and health promotion does not. I have no good suggestions about how to fight McDonald's ads. (For more info on this topic, see Kelly Brownell's excellent 2004 book *Food Fight*.)

One area that may be amenable to change involves urging health care providers to address health habits. All health care providers, including psychologists. The division of health into mental and physical health is a false dichotomy that we need to get over. I think that many providers address the presenting problem to the extent that they do not look beyond it. For example, many physicians are reluctant to address overweight and sedentary lifestyle. Those behaviors are a personal choice, so some providers may consider inquiries to be intrusive or irrelevant to the issue that brought the person to the provider. Do psychologists routinely address health-related behaviors for individuals who seek mental health care from them? Eating, smoking, drinking, and physical activity all have a huge impact on physical health, and I think that all varieties of providers should lead their clients toward understanding how their behaviors affect their physical well-being and help toward improving health.

\*\*\*\*\*  
[Editor's Note: Dr. Linda Brannon earned her doctorate in human experimental psychology, and she has authored over 30 books and study guides on topics within psychology, including eight editions of *Health Psychology: An Introduction to Behavior and Health*, six editions of *Gender: Psychological Perspectives*, and editions of *Psychology*. She provides reviews for American Psychological Association Division on the Psychology of Women and Health Psychology. She reviews for *Biopsychology*, *Women Today: A Psychology of Women Anthology*, and *Readings in Health Psychology*. She is a member of the American Psychological Association (APA) and past member and president of the Louisiana Psychological Association, and an active member of the APA Division of Health Psychology. She presents regularly to state and national audiences. Her website is [lindabrannon.com](http://lindabrannon.com).]



# New Rules Require Psychologists To Update Contact Info

The state psychology board published a rule in the October *Louisiana Register* requiring licensed psychologists to notify the board of a change in address and other contact information within 30 days of a change.

The Rule noted that the contact information includes the person’s mailing address, work address, telephone number and also email address.

# Association for Psychological Science Calls for Submissions

The Association for Psychological Science (APS) will hold it 2014 convention in San Francisco, California, on May 22 to 25, 2014.

The organization has put out a call for Symposium submissions. The deadline for symposium submissions is December 1, 2013.

Poster submissions are due by January 31, 2014.

The announcement noted that Symposium submitters will be notified by December 31, and poster submitters will be notified on a rolling basis.

Keynote address will be delivered by Dr. Mahzarin Banaji of Harvard University, on “Group Love.”

The President Symposium will be delivered by Elizabeth Phelps, of New York University, on “Stress: mechanisms and Consequences.”

Cross cutting themes planned for the 2014 conference are “Big Data: Understanding Patterns of Human Behavior,” “The Psychology of Violence,” and “Changing Neurobiology with Behavior.”



Last year’s conference team at the La. School Psychological Assn. L to R: Dr. Carmen Broussard, Professor, Department of Psychology and Counselor Education at Nicholls U., Dr. Katherine Wickstrom, Professor in Psychology Department at LSUS, and Susan Ratterree, LSPA Representative to National Association School Psychologists, talk with Dr. Kevin Jones, Professor from LSUS.

## John White to give Keynote Address “Our School, Our Community, Our Future,” Theme of LA School Psychological Assn, Nov 6-8 in Lafayette

“Our School, Our Community, Our Future,” will be the theme for the 33<sup>rd</sup> Annual Conference of the Louisiana School Psychological Association. The conference will be held November 6 through 8, at the Hilton Lafayette in Lafayette.

John White, Superintendent of Louisiana Department of Education, will provide the Keynote Address.

Highlights include the President of the National Association of School Psychology, Sally Baas, Ed.D., speaking to the group about, “Building Meaningful Community Partnerships,” and “Creating Access: Collaborate, Advocate, Lead.”

Dr. Frank Gresham, Professor in the Department of Psychology at Louisiana State University, will speak on “Role of School Psychologists in

Atkins Cases and Social Security Income Eligibility Cases.”

Tulane professor Dr. Conni Patterson and Dr. Chavez Phelps will present on “Motivational Interviewing.”

Tulane Professor and Chair of Psychology, Dr. Stacy Overstreet, will speak on “Universal Screening for Social and Emotional At-Risk Student.”



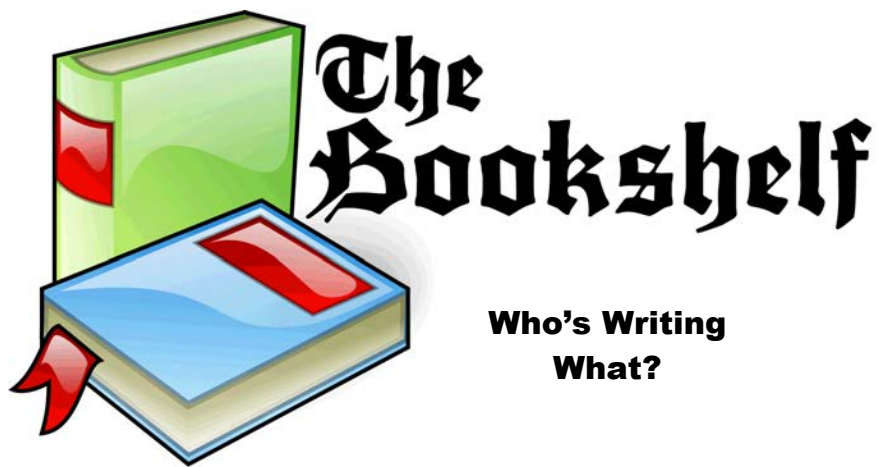
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## *Clinical Work with Traumatized Young Children*

edited by  
**Joy D. Osofsky, PhD**

*Guilford, 2011*

*Clinical Work with Traumatized Young Children* is a book that increases the reader's awareness about the needs of young children who have experienced trauma, a sometimes overlooked and minimized population of patients who deal with the same traumas as adults.

Editor Dr. Joy Osofsky, points out that the impacts of childhood trauma are cumulative and can include family dysfunction, mental health problems, substance abuse, and domestic violence. She notes in the introduction that these and other problems can lead to brain abnormalities, stress hormone dysregulation, and psychosocial effects, and she points out that without early intervention, cognitive, emotional, and social problems can result.

"These problems have been referred to as the developmental cascade of transgenerational child maltreatment risk," she writes.

She sees these as causes of poverty, social marginalization, cultural dislocation, political instability, and suggests that when healthy development is upset, traumatized adults become parents who can pass the trauma along to their children and create an "intergenerational cycle of psychopathology."

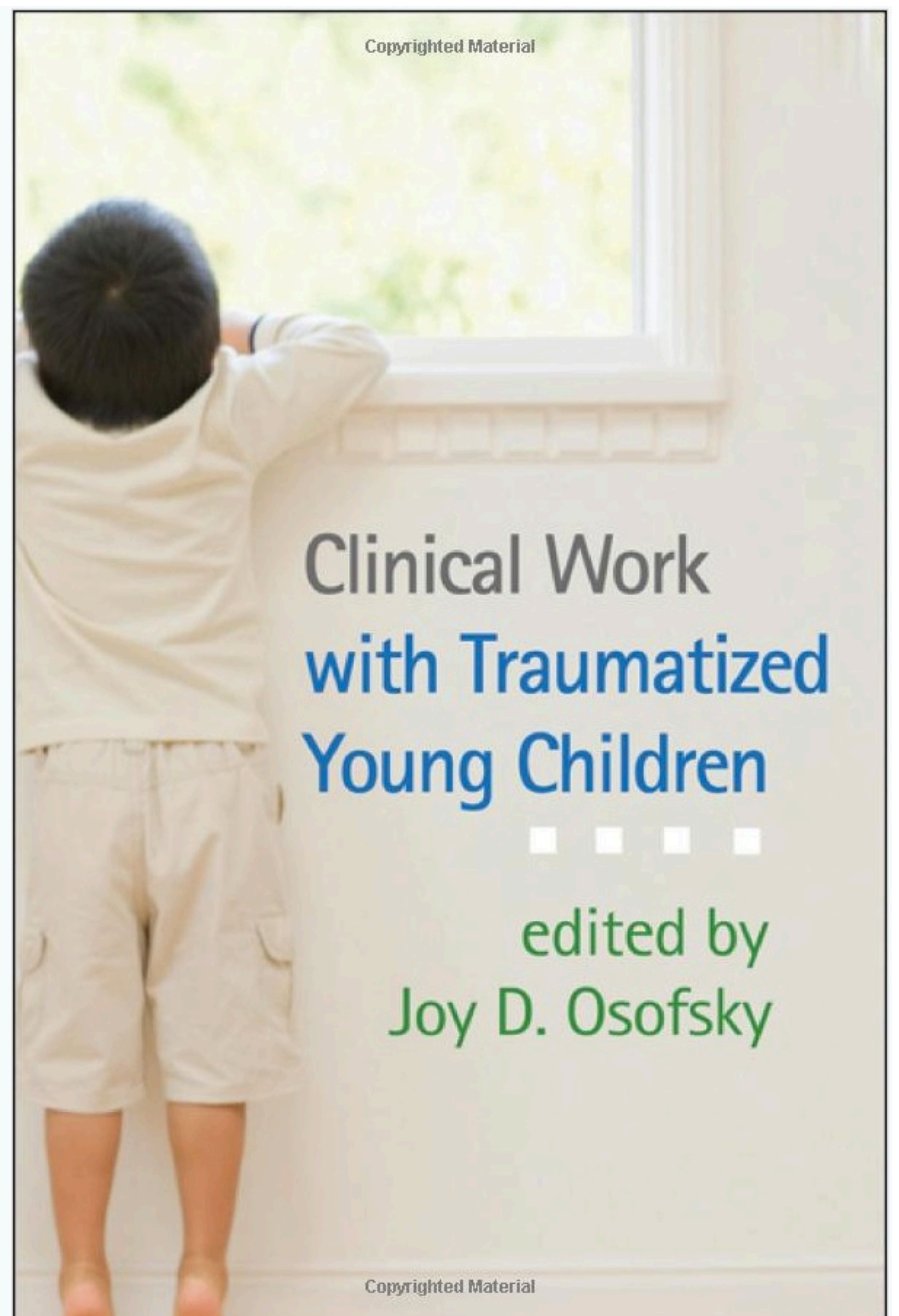
*Clinical Work* is based on this understanding, the ecological transactional model of development, a major advance in psychology in the last 25 years.

In a diverse group of contributors, the authors attempt to broaden reader's understanding about prevention, intervention, and treatment for professionals working with toddlers and young children. The text is designed to provide a state-of-the-art view of what is new about treating children who have experienced trauma, much of which is not included in the traditional education for clinicians, explains Osofsky.

Joy D. Osofsky, PhD, a clinical and developmental psychologist and psychoanalyst, is Barbara Lemann Professor of Pediatrics and Psychiatry at Louisiana State University Health Sciences Center, where she is also Head of the Division of Pediatric Mental Health. She is co-director of the Louisiana Rural Trauma Services Center, part of the National Child Traumatic Stress Network, and Director of the Harris Program for Infant Mental Health. She is also past president of Zero to Three and of the World Association for Infant Mental Health.

Osofsky draws from a broad group of experts in the field including Louisiana's Dr. Marla Lewis, from the Tulane University School of Social Work, and Drs. Mindy Kronenberg, and Amy Dickinson, from the Department of Psychiatry, Louisiana State University Health Sciences Center in New Orleans.

*Clinical Work* is divided into five sections covering an array of topics regarding abused and neglected children, and the traumatic experience youngsters experience.



Part 1, "Perspectives Related to Trauma and Its Impact on Young Children," includes chapters about the impact of trauma on the developing social brain with descriptions of the stress continuum and stress response, adult dysregulation and structural brain changes after trauma.

The chapter summarizes important research about the stress continuum and the physiological responses to trauma, including that for infants toddlers and preschoolers. A focus on the evidence that the quality of relationships continue to impact the HPA did dysregulation for the adult, show the reader how this leads to disorganize states of mind regarding attachment.

Chapter 3, "They Just Don't Get It: A Diversity-Informed Approach to Understanding Engagement," is coauthored by Dr. Chandra Ippen and Tulane's Dr. Marva Lewis.

They outline the diversity awareness model and examine how differences in experience and differences in ethnicity and socioeconomic status influence interactions between people and their perceptions of intervention including the degree to which they engage with services. The authors focus on perspectives and use a practical vignette to show the core concepts about perception and diversity.

Part 2, "Evaluation and Treatment Models for Infants and Young Children Exposed to Trauma," includes chapters on state-of-the-art therapy for traumatized children, beginning with "Child-Parent Psychotherapy with Traumatized Young Children in Kinship Care." In this chapter, contributors review the approach for working with caregivers other than biological parents and discuss the role of play and how child parent psychotherapy is adapted for young children in kinship care.

Chapter 5, "Attachment-Based Treatment for Young, Vulnerable Children," provides readers with a helpful review of attachment and biological catch-up interventions. Authors note the issues of how children push parents away, how parents own issues get in the way of providing nurturance, and how parents need to provide non-frightening relationships for the youngster. A well-written chapter that will have practical use for the reader, the authors look at attending to the child's signals, the importance of touch, looking at the child's emotions, and keys to implementing the interventions effectively.

**Cont'd next pg**



Bookshelf, continued

“Relational Interventions for Young Children Who Have Been Maltreated,” follows and provides readers with a developmental psychopathology framework for designing relational interventions for youngsters.

Clinicians from Louisiana Healthcare Services Center in New Orleans, Dr. Amy Dickinson and Dr. Mindy Kronenberg provide Chapter 7, “The Importance of Relationship-Based Evaluations for Traumatized Young Children and Their Caregivers.”

Dixon and Kronenberg describe how to conduct a relationship-based evaluation and focus the assessment specifically when that caregiver–child relationship has been disturbed by trauma. The authors cover the “Working Model of the Child Interview,” also known as the WMCI, developed by Dr. Charles Zeanah of Tulane.

The authors relate the evaluation to attachment theory and trauma research, both which indicate that the child's functioning should include the context of the primary attachment relationship. Authors also outline specific information for the Modified Parent–Child Relationship Assessment (MPCRA).

The editor and contributors bring their considerable expertise for expanding awareness of the experiences of young children in military families, the subject of Part 3, “Young Children from Military Families Exposed to Trauma, Including the Stress of Deployment.”

*“If I only had my old room back I'd be good.”*

*5-year-old after Hurricane Katrina*

*from Clinical Work with Traumatized Young Children*

In Chapter 8, readers learn about the impact of parental combat injury on young children of military families. And, Chapters 9 and 10 further address military families and issues in “Working with Young Children of the National Guard and Reserve During a Family Member's Deployment,” and “Coming Together Around Military Families.”

In Part 4, contributors explain new approaches for coordination between legal and court system and weave in the needs of traumatized children, including Chapter 11, “Treating Drug Addicted Mothers and their Infants: A Guide for Understanding and Clinical Practice.” Authors point to importance of relationship-based approach and describe the Harris Program in Child development and Infant Mental Health at the University of Colorado School of Medicine.

Chapter 12, “Partnerships for Young Children in Court: How Judges Shape Collaborations Serving Traumatized Children,” focuses on the importance of young children in the court system and describes how San Francisco's court team

was developed as part of a national effort by the Zero to Three organization to bring experts into the courts and child welfare systems.

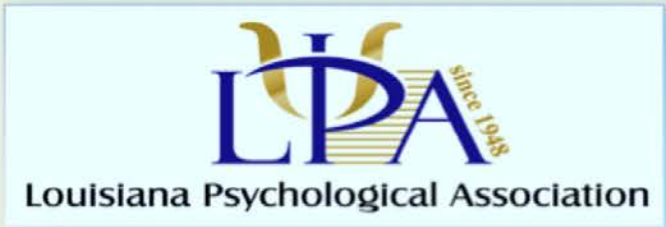
Chapter 13, “Dependency Drug Court: An Intensive Intervention for Traumatized Mothers and Young Children,” and Chapter 14, which outlines the Zero to Three Family Drug Treatment Court that opened in Omaha Nebraska, describe new innovations in these systems.

In the final section, “Special Issues,” Joy Osofsky contributes a chapter on youngsters and Hurricane Katrina, “Young Children and Disasters: Lessons Learned from Hurricane Katrina about the Impact of Disasters and Postdisaster Recovery.” She outlines the impact of Katrina on the youngsters in Louisiana area and describes the variables that affect resilience and recovery for children.

Chapter 16, follows, “The Role of Pediatric Practitioners in Identifying and Responding to Traumatize Children.”

The final chapter, “Vicarious Traumatization and the Need for Self-Care in Working with Traumatized Young Children,” by Osofsky, examines compassion fatigue in those working with youngsters experiencing trauma.

*Clinical Work with Traumatized Young Children* shows us the multiple, varied ways that the world can be cruel to youngsters, and helps us look at this very important patient group with more awareness and compassion.



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## Dr. Dammers Comments in Business Report on Stress

Dr. Paul Dammers, medical psychologist and neuropsychologist at the NeuroMedical Center in Baton Rouge, was interviewed by reporter Penny Font of the Baton Rouge Business Report for the October 18 article, “It’s a mad mad mad world.”

The article covered the issue of the modern tendency to be continually connected to Internet, email, and iPhones, etc.

Dammers told Font that he has treated patients who spend all night on their computers, talking or surfing the web. He said that some people can’t stop looking at e-mail or checking their BlackBerry, and “...we end up being overwhelmed and never finished.”

“In pharmaceutical terms, the drugs that are the most addictive are the ones with the most immediate effect, like Xanax,” Dammers said. “The same is true with technology. Responding to an e-mail or a text message or an online game becomes a compulsive act with immediate reward.”

Dr. Charles Figley of Tulane, Professor and Director of the Tulane Traumatology Institute, was also interviewed for the article.

## Pennington Holds Conference On Childhood Obesity

The Pennington Biomedical Research Center held its sixth annual childhood obesity and public health conference on October 17, 2013 in at the Center in Baton Rouge.

The conference, designed for professionals engaged in public health efforts, hosted Timothy Lobstein, PhD, Director of Policy and Programs for the International Obesity Task Force & International Association for the Study of Obesity. Lobstein spoke on “Obesity Prevention & Treatment from an International Perspective.”

Among those presenting were Cheryl Lovelady, PhD, and registered dietitian from the University of North Carolina, speaking on “Role of Breastfeeding in Preventing Childhood Obesity,” Leanne Redman, PhD, from Pennington, speaking on “Maternal Weight Gain & Childhood Obesity,” and Cren “Sam” Pourcia, RNC, from the Louisiana Department of Health and Hospitals, Office of Public Health. Pourcia spoke on “Obesity Prevention & Treatment within Public Health: Louisiana Initiatives.”

Peter Katzmarzyk, PhD, Associate Director for Preventive Medicine & Health Aging at Pennington, welcomed attendees.

This is the sixth conference and a program for physicians, nutritionists, physical activity specialists, registered dietitians, nurses, health educators, psychologists, and counselors. The program was also designed for healthcare policy makers, researchers, media, business and civic leaders, parks and recreation personnel, and early childhood and school-age educators and decision-makers, according to the Pennington Biomedical news service.

# Psychology At The Movies

Guest Columnist, Dr. Alvin Burstein  
Professor emeritus, UTK

*Suspicion* is the 1941 Hitchcock RKO thriller that earned Joan Fontaine an Oscar, and cast her co-star, Cary Grant, in an uncharacteristically dark role. Hitchcock is known, of course, as a master of the suspense. In this film, the focus, as its title indicates, is on the psychological tension generated by the brooding concern that evil threatens one. That concern, of course, is the hallmark of paranoia.

In the film the protagonist, a shy young Englishwoman encounters a dashing and seductive man who sweeps her into a marriage. Clearly thrilled, she is troubled by on-going episodes of a reckless manipulative streak in him, one that culminates in the likelihood that he murdered his best friend for financial advantage. Her attempt to shake off her growing sense that she, too, should fear him is deftly symbolized in her continual need to reach for her glasses, to clear her vision.

In this version of the original story, her suspicions prove ungrounded, an outcome that Hitchcock later claimed was decreed by the studio’s wish to

protect Cary Grant’s positive image. But the climax of the film is clearly the moment when Grant, shrouded in shadows, carries a glass of milk to his ailing wife. Grant had earlier been seeking information about untraceable poisons, and, as he walks up the stairs to the bedside of his wife, the milk-filled glass is eerily luminescent. We are sure it is poisoned.

The film’s grip on the viewer testifies to the resonance of the Kleinian view of a universal, very early, preverbal, struggle to deal with a maternal image that is the antithesis of nurturant, that is poisonous.



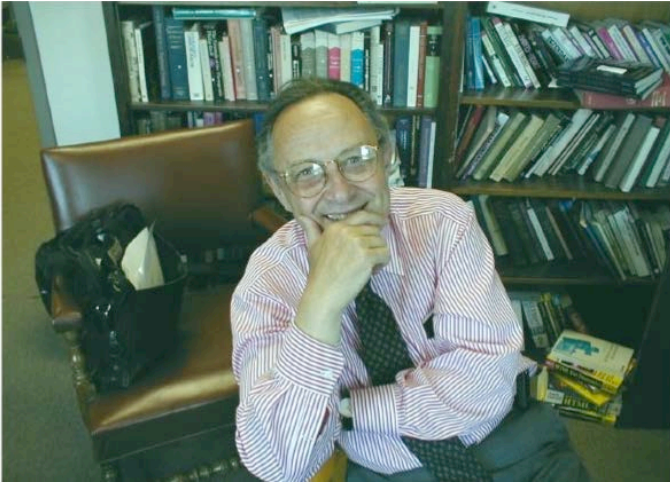
Melanie Klein and other British Object Relations psychoanalytic theorists draw our attention to early infantile experience before positive and negative parenting interactions are integrated in the child’s mind, when the infant’s fearful/rageful parenting exchanges are not integrated with gratified/loving ones. Idealized positive maternal images are closer to consciousness. But deeply buried primitive and powerful archetypal experiences of a dangerous parent exist as well. They find cultural expression in the fairy tales of evil step-mothers, like the one that offers Snow White a poisoned apple; they are reflected in the oral seduction of the candy house in Hansel and Gretel and in the wicked witch of Oz’s assault on Dorothy. They feed the persistent urban myth of poisoned Halloween treats.

It is Hitchcock’s genius that, Kleinian or no, he crafted this film to tap this universal concern.

*Suspicion* was the October offering in the New Orleans-Birmingham Psychoanalytic Center film series, screened on the third Sunday of each month. This year, the film series focuses on classic films that have shaped the public view of mind.

See the schedule at:

[http://www.nobpc.org/Page\\_Calendar/filmseries.html](http://www.nobpc.org/Page_Calendar/filmseries.html)



Alvin Burstein, PhD, is on the faculty of the New Orleans-Birmingham Psychoanalytic Center. He moderates the Film & Discussion Series for the Center.

(courtesy photo)



# Up-Coming Events

## South River Stories On Cox, Tuesdays

Dr. Susan Dardard, aka Susie Marie PhD, will star in a new reality television show set in rural Louisiana, called *South River Stories®*. The show airs this month on Cox Cable in Lafayette, New Orleans, and Baton Rouge, Tuesdays at 7:30 pm.

The show is about how "... Susie finds out firsthand what makes country living so exciting and so much fun." The show is crafted for family entertainment against the backdrop of community, family, nature, and insightful living in rural Louisiana.

In the November episodes she finds herself unable to sleep because of some night noises and winds up going on "... adventures in the dark of the night and the middle of nowhere," to find out what's causing the ruckus.



Film crew working on the new television show, "South River Stories" starring Susie Marie PhD. The show airs this month on Cox Cable TV in Baton Rouge, Lafayette, and New Orleans, Tuesdays at 7:30 pm.

## Dr. Jensen Presents Tomorrow at LA Group Psychotherapy Society

The Louisiana Group Psychotherapy Society will hold its 2013 Fall Conference tomorrow, November 2, 2013, at the LSU campus in Baton Rouge. The presenter will be Dr. Suzanne Jensen who will speak on "Finding Your Own Style as a Group Psychotherapist." The institute will be held at Peabody Hall on the LSU campus in Baton Rouge.

"Developing and finding one's own style is not a simple process or accidental event. Style is determined by biological givens, personality at adaptations, theoretical orientations, and personal and professional experiences," said Jensen.

## Tulane's "Brain & Behavior," Dec 6-7

Tulane University will hold its "Brain & Behavior" conference on December 6-7, at the Ritz Carlton Hotel in New Orleans. The topic is, "May You Live in Interesting Times: Welcome to New Orleans 2013." The conference is presented by the Tulane University School of Medicine, Department of Psychiatry and Behavioral Science and the Center for Continuing Education

Among other topics participants will have a chance to discuss health care reform benefits through the exchanges and review the key components of the Affordable Care Act, and its impact on doctors.

## Human Development Center Offers Help For Those Serving Schools and Children, Dec 2

The LSUHSC Human Development Center will offer two half-day training sessions on December 2: "Critical Issues in Implementing Response to Intervention (RtI) in Schools," and "Stay Out of I.D.E.A. Jail: Ensuring Your Evaluations are 1508 Compliant. Workshops will be held at the Mildred Osborne Charter School, in New Orleans.

Both workshops are particularly important for those in the mental health community who serve local schools, said Dr. Alan Coulter, Director of Education Innovations at the LSUHSC Human Development Center.

"The morning session will focus on the state-required use of response to intervention systems in schools as part of identification of disabilities," Coulter said. "The afternoon session will feature a working session for professionals to ensure compliance of assessments of children for eligibility under Bulletin 1508 (IDEA) submitted to schools as part of an evaluation for special education."

Coulter noted that he has begun to see more child assessments that are rejected

by compliance reviewers, and that those in private practice need to be aware of Bulletin 1508 and other regulations.

Amanda VanDerHeyden, PhD, will present the morning workshop, "Critical Issues in Implementing Response to Intervention (RtI) in Schools." She is a psychologist and researcher who has directed and evaluated numerous school-wide intervention and reform efforts, according to the program information.

VanDerHeyden will illustrate how RtI, when implemented effectively, can produce large returns for school systems. "\

VanDerHeyden's work has been featured by the U.S. Department of Education on "Education News Parents Can Use" on PBS and The Learning Channel. Dr. VanDerHeyden serves as advisor to the National Center for Learning Disabilities and iSTEOP (a web-based data management system). She has consulted with several state departments of Education to guide and evaluate instruction and intervention effects and has given keynote addresses to state school psychology associations and state departments of education in 21 states.

The afternoon workshop will feature a working session for professionals to ensure compliance of assessments of children for eligibility under Bulletin 1508 (IDEA) submitted to schools as part of an evaluation for special education.

"Stay Out of I.D.E.A. Jail: Ensuring Your Evaluations are 1508 Compliant." "DSM and other diagnostic systems commonly used outside of schools are largely irrelevant and can be misleading in determining eligibility for special education. Importantly, if an evaluation is not 1508-compliant, schools find the information useless in determining a need for special education services and may be cited for non-compliance by the Louisiana Department of Education."

This workshop will provide a practical overview of the Bulletin 1508 requirements, a tool for determining compliance, and guided activities in examining evaluations.



# CLASSIFIED ADS

For Rent Metairie:

Large office (18' X 11' 9") and small office (11' 5" X 10' 2") on Ridgelake. Excellent location for Mandeville, N.O., and Metairie clients. Office suite with four other therapists. Automatically locking door between waiting room and six therapy offices. Two bathrooms- one for therapists only. Small kitchenette with fridge and microwave. Includes once per week cleaning, utilities, Kentwood water, basic paper products for bathroom. Ample parking. Large office \$500 mo. Small office \$340 mo.

Call Elaine Salzer PhD (504) 837-6018

Office space available for mental health professionals in Metairie (517 N. Causeway Blvd). Contact Marian Arnoult-Jackson (504)250-8202.

Position Wanted: Research Associate, Health Psychology. Accomplished and dynamic masters level professional with degree in health psychology. Competencies include: Health Care · Patient Assessments · Patient Relations · Health & Safety Regulation · Care Coordination Policies / Procedures Compliance · Time Management · Needs Assessment · Email for more info at [Neurology579@yahoo.com](mailto:Neurology579@yahoo.com)

Private Office Space for Rent in complex with other mental health professionals: **Baton Rouge, South Sherwood area.** Utilities included. \$650 per month. Call 850-564-0077 for more information.



Photo by A. Dooley

The Staff Hopes You Get the Biggest Pumpkin.

Happy Thanksgiving!

The Psychology Times

## PUBLIC NOTICE

### State Behavior Analyst Licensing Mandate

#### Louisiana Behavior Analyst Board

On August 1, 2013, Louisiana Act 351 took effect to establish the Louisiana Behavior Analyst Practice Act and Behavior Analyst Board within the Department of Health and Hospitals which will be subject to the provisions of R.S. 36:803. Louisiana Act 351 mandates that individuals wishing to hold themselves out as Licensed Behavior Analysts, State Certified Assistant Behavior Analysts, or Registered Line Technicians must be licensed, certified, or registered through the Louisiana Behavior Analyst Board.

Effective October 8, 2013, emergency rules will be posted regarding the application process and fees. At this time, applicants can begin submitting the required application forms. This Act will be enforced beginning December 31, 2013. At minimum, applicants must submit the application form, official transcripts, BACB certification verification form, and fees no later December 31, 2013. These forms will be made available upon request to the Board office.

The following is a summary of the qualifications for licensure, certification and registration:

##### Licensed Behavior Analyst

Licensure shall be renewed annually beginning January 2015. The qualifications of an applicant for licensure as a Licensed Behavior Analyst shall include the following criteria:

- Completed and notarized application form
- Payment of mandatory licensure fees
- Proof of good moral character
- Completion of a criminal background check as approved by the Board
- Proof of passage of a nationally recognized examination
- Completion of a LA jurisprudence examination as approved by the Board
- Proof the applicant conducts activities in accordance with accepted ethical standards
- Official transcripts – Master or Doctoral Level

##### State Certified Assistant Behavior Analyst

Certification shall be renewed annually beginning January 2015. State Certified Assistant Behavior Analysts cannot work independently. All certified assistants must be supervised by a Louisiana Licensed Behavior Analyst. The qualifications of an applicant for certification as a State Certified Assistant Behavior Analyst should include the following criteria:

- Completed and notarized application form
- Payment of mandatory licensure fees
- Proof of good moral character
- Completion of a criminal background check as approved by the Board
- Proof of passage of a nationally recognized examination
- Completion of a LA jurisprudence examination as approved by the Board
- Proof the applicant conducts activities in accordance with accepted ethical standards
- Board approved supervision form
- Official transcripts – Bachelors Degree

##### Registered Line Technician

Registration shall be renewed annually beginning January 2015. A Registered Line Technician cannot work independently. All Registered Line Techs must be supervised by a Louisiana Licensed Behavior Analyst. The qualifications of an application for registration as a Registered Line Technician shall include the following criteria:

- Board approved supervision form
- Completion of a criminal background check as approved by the Board

For more information about this notice, please contact the Louisiana Behavior Analyst Board at [baboard@la.gov](mailto:baboard@la.gov). As of October 1, 2013, our office will be located at 8706 Jefferson Highway, Suite 8B, Baton Rouge, LA 70809.