

## Legislators Plug Away At the Plethora of Bills

Legislators got into their stride this week as the final deadlines for filing bills ended and agendas for committees filled up. A slate of proposals is being watched by different groups in the community. A bill for mandating continuing education for suicide prevention has drawn attention and prompted discussion (see story this page), and several of the bills are expected to move out of their assigned committees this week.

### Updates on Bills of Interest

**Clarify Scope for Marriage and Family Therapists: Senate Bill 121** by Senator Morrell was introduced in the Senate on March 10 and referred to the Committee on Commerce, Consumer Protection and

International Affairs. The bill would clarify definitions in the Louisiana Mental Health Counseling Licensing Act. According to the digest, the proposed law amends present law and defines "practice of marriage and family therapy" to mean the rendering of professional marriage and family therapy and psychotherapy services, limited to prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, couples, and families, and so on.

**Specialist in School Psychology Bill: SB 128** by Senator Martiny will create a new license under the psychology board for "Specialist in School

Cont pg 3

## SB 539 Highlights State Suicide Rates, Need for Training in Healthcare Ranks

Senator Ben Nevers from Bogalusa has introduced a measure that would mandate suicide prevention training for mental health professionals to be included in required continuing education. The measure has drawn interest from a number of professional associations, some supporting the move and others expressing concerns about a law requiring specific topics for professional continuing education.

As currently written, SB 539 would direct boards and other regulatory authorities for mental health counselors, social workers, physicians, psychiatrists, psychologists, and others to implement training in suicide prevention.

"Suicide is the 10<sup>th</sup> leading cause of deaths for all people in Louisiana," Baton Rouge suicide prevention expert and Kansas licensed psychologist, Dr. April Foreman, told the *Times*. "It takes more lives than traffic accidents, HIV, and the Swine Flu combined," she said. "This is a public health issue that is squarely in psychology's wheelhouse."

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

Dr. William "Bill" Schmitz, Jr., a licensed clinical psychologist in Baton Rouge, working primarily with the nation's veterans, is current President of the American Association for Suicidology. "I'm wholeheartedly in favor of this bill," Dr. Schmitz told the *Times*. "Suicide is 10<sup>th</sup> in the country as cause of death and 11<sup>th</sup> in Louisiana," he said. "It is the number one emergency in mental health and the most lethal situation a professional will encounter. But, no one is required to have training," he said.

Schmitz is the first author of a 2012 white paper, "Preventing Suicide through Improved Training in Suicide Risk Assessment and Care," a report of the American Association of Suicidology Task Force, which Schmitz chaired.

Cont pg 5

### SPECIAL REPORT

Public's Right to Participate:  
How Our Boards Do Promoting Openness

Page 11

Tulane's  
Dr. Janet Ruscher  
Helps Launch APS  
*Observer* Column  
"Speaking  
of Science"

Page 13

April is  
Cancer Control  
Month  
Dr. Columbus Ellis  
Helps Others and  
Himself

Page 14



Attendees at the first annual Legislative Forum. Left back to right front: Carmen Weisner of the National Assn of Social Workers, La Chapter, Lisa Bayhi, Louisiana Assn of Nurse Practitioners, Dr. John Fanning, Louisiana Psychological Assn, and Matt Morris, La Assn of Marriage and Family Therapy.

Photo by Tatman Group

## Community Members Attend First Ever Legislative Forum

For the first time ever members of the mental health professions met to discuss their various positions on legislation that is being proposed for the 2014 Louisiana legislative session.

The Legislative Forum was co-sponsored by the Louisiana Counseling Association and the Louisiana Chapter of the National Association of Social Workers, and held in

Baton Rouge on March 21, at the Tatman Group Offices.

Representatives from the Louisiana Association of Clinical Social Workers, Louisiana Association for Marriage and Family Therapy, Louisiana Association of Nurse Practitioners, Louisiana Psychological Association, National Association of Social Workers, Louisiana Chapter, and Louisiana

Cont pg 6

### Science News

## LSU's Dr. Papesh: Checking Photo IDs is Risky Business

Louisiana State University Assistant Professor of Psychology, Dr. Megan Papesh, has authored new research demonstrating that people can't match photo IDs nearly as well as expected, bringing into question issues of security programs that use photo ID matching to catch false passports and other high-risk situations.

In her recent article, "Infrequent identity mismatches are frequently undetected," Papesh and co-author, Dr. Stephen Goldinger, Arizona State University, found that error rates for catching a face to photo ID mismatch could go as high as 40 percent under certain conditions.

The article, published in *Attention, Perception and*

Cont pg 10

# Editorial Page

## Trials and Tribulations of a Wanna-Be Journalist

by J. Nelson

Last week was a bummer.

In January I'd submitted a request for public documents to LPA (the psychology association) asking about the LSBEP election. Things seemed a little weird and I wanted to find out what was happening. LPA conducts the election for the state psychology board, or should we say *tries* to conduct the election.

Also, I had it from reliable sources that one of the candidates, Joe Comaty, had questioned another candidate's qualifications, and I wanted to see what that was about.

After much weeping and gnashing of teeth by LPA over my request for documents, partly because they didn't want to have to pay an attorney to help figure this out, I gave in and agreed to substitute an interview with the president, John Fanning, as long as the Council would give him the authority to tell the truth. They agreed.

So last week John tells me that LPA has reneged on the deal, not in those words of course. And, after all my co-dependent waffling, they'd gone to an attorney after all. The attorney has the opinion that they do not fall under public records laws. This in spite of the fact that they help conduct the election for a public board.

I also glean that they are afraid that if they release emails they could get sued for something or other.

First, I feel like a schmuck for ever making the deal in the first place. This is what I deserve for compromising my principles. I'm never going to admit to my journalism consultant that I did this—I'll take it to my grave.

Second, is LPA more afraid of a candidate suing them for confidentiality (what confidentiality?!) than the *Times* suing them because they refuse to release information about the public's business? I obviously am a schmuck because they aren't afraid of me at all.

But the week was not over yet.

I had also asked for documents from the state board on this same matter the week before by email. The director told me to send the request in snail mail, so I did. The next week I received a response from the director saying that they were working on it, and that it would be processed in the order that it was received. (How many public records requests do they get?)

She also said they are having to go to another state agency, because I didn't narrow the dates. After this they would have their attorney review it all. Then, they'll invoice me and then I'll send a check and then when they've received my check, they'll release the documents, she said.

Because I'm now jumping through the new hoops that the psychology board has put in place regarding openness, I decided to exercise my right to "examine documents" in person. I figured I could get the gist of the election matter, but I also wanted info on some other issues, like an Emeritus problem.

Well, of course my bad luck held. The director was off to some conference or another, and the very nice assistant was not about to give me anything and I don't blame her.

But then, shortly after that, I got a call from the director, scolding me about something, but I wasn't exactly sure what. I don't think she appreciated me dropping by.

To top it all off, I contacted Joe Comaty to see if he would tell me anything, and he declined to comment until the records process was complete. Fair enough and he did respond very quickly.

But, he also took the opportunity to alert me to his view that I'm misleading readers when I sign my name with "PhD" over the publication title, *The Psychology Times*. He thinks this gives people the impression that my doctorate is in journalism.

Not only don't I have a doctorate in journalism, I've never even taken a course. I'm not even sure if anyone gets this degree any more, since LSU journalism is under the School of Mass Communications and the blurb says it's about "storytelling in a multimedia world." What is that, a degree in Facebook and Twitter? Not a word about the First Amendment.

My parents were LSU journalism graduates and newspaper people. I know what they were about, and it was a lot more than storytelling. A lot more. I think perhaps that real journalists are a dying breed.

But I still remember.

And I remember what they stood for and why.

## Letters to the Editor

[Editor's Note: Last issue the *Times*' Editorial, "What's so important about openness?" outlined issues of from social psychology and characteristics of group cultures. The *Times* receives many readers' comments, and this Letter to Editor, on the topic. The publisher appreciates the responses and Dr. Davis' letter.]

### LETTER TO EDITOR

Openness is about the power of secrets.

Bear witness to the struggles of the Senate with the CIA, to see this power in action. Our Board is obviously not the CIA, but a lack of transparency provides freedom of action behind the scenes. So, power.

But Board members need to have a channel of communication with the public through the Board.

So, that channel has to be easily available and it must work, that is, give the public a real response, timely too.

**Fred E. Davis, PhD**  
New Orleans

## The Psychology Times

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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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## Corrections & Clarifications

We did not receive any corrections or clarifications for last month's issue of the *Times*.



# Legislators Plug Away Continued

Psychology.” The measure would add to existing psychology law, the definition of “Licensed specialist in school psychology.” The measure was reported with amendments on March 18 from the Committee on Commerce, Consumer Protections and International Affairs and passed the Senate floor on March 24, with a 37 to 0 vote. Amendments included addition of “Nothing in this Chapter shall be construed to permit a licensed specialist in school psychology to diagnose mental disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders or International Classification of Disease diagnosis.” It was referred to the House Committee on Health and Welfare.

**A Bill for Provisional License in Psychology: Senate Bill 157** by Senator Martiny would allow the state psychology board to issue a provisional license to those who are being supervised for a psychology licensure. The measure was reported out of committee on March 18 and passed the full Senator floor with a vote of 36 to 0. It was sent to the House Committee on Health and Welfare. Amendments included the addition of “Has completed a minimum of one year experience practicing psychology under the supervision of a licensed psychologist or has completed an approved predoctoral internship as defined in the

rules and regulations of the board.” Another amendment was, “A provisional licensed psychologist shall maintain a relationship with a licensed psychologist for the purposes of clinical supervision. The supervising psychologist shall have legal functioning authority over the professional activities of the provisional licensed psychologist.”

**New Terms for Counselor and MFT Interns: Senate Bill 194** by Senator Mills was would replace the title Counselor Intern with “Provisional Licensed Professional Counselor” and also the title Marriage and Family Therapist Intern with “Provisional Licensed Marriage and Family Therapist.” It is to be heard by Health and Welfare this week.

**Mandated Suicide Prevention Training: Senate Bill 539** by Senator Nevers would require mental health and health professionals to participate in training for suicide assessment, intervention, treatment, and management. It was prefiled and referred to the Committee on Health and Welfare on March 10.

**Counselors Serve on Sanity Teams: House Bill 15** by Representative James to add licensed professional counselors to the list of persons who may serve on a clinical team appointed in lieu of a sanity commission was referred

to the Committee on Administration of Criminal Justice on March 10.

**Criminalizing Sex with Patients: House Bill 215** by Representative Richard to create the crime of prohibited sexual contact by a psychotherapist was referred to Committee on Administration of Criminal Justice on March 10. Punishment is set as imprisonment of not more than 10 years, fines not more that \$10,000, or both. With “therapeutic deception” punishments are higher.

**Art Therapist Profession: House Bill 634** by Representative Bishop to establish the profession of art therapist was referred to House Committee on Health and Welfare on March 10. The measure would create an Advisory Committee for art therapists under the Licensed Professional Counselors Board. The proposed law defines “art therapy” as the integrated use of psychotherapeutic principles, art media, and the creative process by an art therapist.

**A Senate Concurrent Resolution** by Senator Cortez requests Louisiana State Medical Society and the Louisiana Academy of Family Physicians to educate its members about state and federal programs for children with developmental disabilities. The measure was reported favorably.

## Hold the Presses-- Last Minute News On Specific Bills

**SB 71** by Senator Morrell would makes **change to the Behavior Analyst Practice Act** regarding **line technicians**, providing for certain requirements including being registered by his or her supervising behavior analyst with the board. The measure was reported with an amendment from the Senate Health and Welfare Committee on April 2. The amendment deletes “practicum” and inserts “supervised field or clinical experience, provided the experience is conducted under the extended authority of the university faculty member assigned to the course and supervised by a licensed behavior analyst.” Pending Senate floor action is scheduled for April 3.

**SB 194** by Senator Mills was reported favorably out of committee on April 2. SB194 would **replace the titles**, of Counselor Intern with “Provisional Licensed Professional Counselor” and also the title of Marriage and Family Therapist Intern with “Provisional Licensed Marriage and Family Therapist.” A vote on the Senate floor is scheduled for April 3.

**SB 185** by Senator Mills makes technical changes to the **emergency certificate**. It was reported favorably out of committee on April 2 and is listed as pending Senate floor action scheduled for April 3. It allows for information to be transmitted by electronic devices to peace officers or ambulance workers.



Last fall the psychology board invited the public to a long-range planning meeting. Topics discussed including provisional licenses and the specialist in school psychology topics which the board developed into legislative efforts for this session.



Legislative News

# SB 649 Would Create La State Health Care Profession Institute

Senate Bill 649 by Senator Mills was introduced on April 1 and referred to the Committee on Senate and Government Affairs. The proposed law creates of the Louisiana State Health Care Profession Institute, a 27-member council to exist within the Louisiana State Health Care Profession Institute.

The Institute would be formed is to carry on research regarding health care professions. Duties would include: To consider needed improvements with the professions providing health care services and to make recommendations concerning the same to the legislature; To examine and study the scope of practices of health care professionals and of recommending needed reforms; To receive and consider suggestions from the legislature and the public generally as to issues regarding health care professions and the services such professions provide; To recommend from time to time such changes in the law as it deems necessary to modify or eliminate antiquated and inequitable scope of health care profession issues, and to bring the laws and regulations of the state, into harmony with modern conditions.

## HB 758 Points To a New Task Force for Bullying

A bill that would create the La. Bullying Awareness and Treatment Task Force within the Dept. of Health and Hospitals was introduced Representative Norton. If approved the proposed law will be known and may be cited as the "La. Bullying Awareness and Treatment Act". Several positions would be filled by the mental health community members, from counseling and social work.

The purpose of proposed law is to develop a comprehensive, coordinated plan to address the mental health needs of youths who are victims of bullying as well as youths who are involved in bullying, and to provide needed guidance to carry out the goals the task force shall recommend.

The proposal creates a task force with these members or their designees: secretary of Department of Health and Hospitals, secretary of Department of Children and Family Services.

Also on the task force would be the executive Director of the National Association of Social Workers, president of the La. Counseling Association, president of the La. Association for Behavioral Health, president of the La. School Counselor Association, an education professional, parents, and members appointed by the legislature.

The proposal requires the task force to make a thorough study of the feasibility and practicality of providing counseling and other treatment services to youths who are victims of bullying as well as youths who are involved in bullying. The proposed law would authorizes the task force to render objective, fiscally feasible recommendations to the legislature for the implementation of policies that could be adopted by the state.



Task force of the psychology board working on issues regarding the specialist in school psychology. The efforts resulted in Senate Bill 128, which passed the Senate on March 24, with a 37 to 0 vote, and heads to the House. L to R: E. Francoise Parr, President of the Louisiana School Psychological Assn, Dr. Conni Patterson, Professor of Practice at Tulane University and past president of the Louisiana School Psychological Assn., Kelly Parker, Executive Director of psychology board, and current Chair Dr. Rita Culross. The task force found that in Louisiana there was less than one school psychologist for every 10,000 school children.

## Gov. Jindal Strengthens Laws for Human Trafficking

In his opening speech to the legislature, Governor Jindal announced the human trafficking bill is part of his list of priorities for this legislative session.

In a March 11 press release the Governor said human trafficking occurs when a person is forced to provide commercial services against her will, often related to sex – and it is occurring at alarming rates in Louisiana. According to an analysis done by Shared Hope International, Baton Rouge ranks in the top 10 cities in the nation for human trafficking. The Governor said this proposed legislation will punish criminals to the fullest extent of the law and it will provide victims more tools for further protection.

State Representative Abramson, New Orleans, announced he is filing legislation (HB1025) that will advance Louisiana’s human trafficking laws and create harsher punishments and better tools for cracking down on human trafficking and commercial sex related offenses, according to the announcement.

The legislation targets those purchasing sex by creating the crime of “unlawful purchase of

commercial sexual activity” and requiring a person who commits this crime with a minor to register as a sex offender. It expands the present crimes of human trafficking and trafficking of children for sexual purposes to include the act of receiving, isolating, and enticing another person in order to engage in sexual services or labor.

HB 569 filed by Representative Julie Stokes authorizes district courts to designate a section or division of court for human trafficking courts.

This legislation requires that these human trafficking courts emphasize training for judges on the issues involved in human trafficking and specialize in hearing cases involving prostitution related offenses for the purpose of identifying victims.

Rep. Stokes said, “HB569 authorizes district courts to designate a section or division of court for human trafficking courts where they deem that it would be beneficial to do so. The purpose of trafficking court is education. Human trafficking victims are often prosecuted as offenders when the real need of the victim is rescue, restoration, and rehabilitation.”

## HB 903 Redefines “TeleHealth”

A bill put forth by Representative Simon would provide for greater access to telehealth services by providing for standards of care, confidentiality, and insurance coverage; expands the definition of telemedicine; creates the La. Commission on Telehealth Access. The proposal directs that a patient receiving telemedicine services may be in any location at the time that the telemedicine services are rendered and a telemedicine provider may be in any location when providing telemedicine services to a patient.

The proposed law defines "telemedicine" as the practice of medicine and transfer of medical data using interactive telecommunication technology that enables

a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously or through the use of asynchronous store-and-forward technology.

The proposed law repeals present law and requires any person authorized by LSMBE to use the same standard of care as if the healthcare services were provided in person. The proposal further provides that the telemedicine provider is not required to conduct a patient history or physical examination of the patient before engaging in a telemedicine encounter if the telemedicine provider conducts a patient evaluation sufficient to meet the community standard of care for the service provided. The patient evaluation may be performed using telemedicine.



# SB539 Highlights Suicide Rates, Need for Training Continued

In the report, authors noted that training for suicide prevention is inconsistent at best. The majority of mental health professionals receive very little, if any formal training in suicide prevention. The exceptions are the psychiatrists; 94 percent have received some training. However, even in this group, only about a quarter of these receive skill development training, in contrast to didactic, knowledge training, noted the report.

***“Suicide is the 10<sup>th</sup> leading cause of deaths for all people in Louisiana. It takes more lives than traffic accidents, HIV, and the Swine Flu combined. This is a public health issue that is squarely in psychology’s wheelhouse.”***

— Dr. April Foreman

“An hour of didactic training may increase knowledge,” Schmitz explained to the *Times*, “but it doesn’t do anything to actually change competency.”

Dr. Foreman has also looked carefully into the competency problem. “When the state of Georgia was asking these same questions in 2005,” she said, “they assessed a sample of mental health professionals, and the competency rate was 9 percent. A few hours of training raised the rate to 83 percent,” she said. “That’s a huge difference. Mandated training would ensure our state will have a strong, measurable increase in competency among our mental health professionals.”

“This is an issue that is near and dear to my heart,” said Dr. Schmitz. “Over the last 18 years there have been numerous calls for training.” The organizations and agencies asking for increased training include the World Health Organization, the Surgeon General and the U.S. Department of Health and Human Services, and the Suicide Prevention Action Network, explained Schmitz.

Reactions in the community to Senator Nevers’ bill appear mixed at this time. Concerns about a mandate for a specific topic, seem to be the central issue from those who do not favor the proposal.

Cindy Nardini, Licensed Professional Counselor and Government Relations chair for

the Louisiana Counseling Association, explained the concern. Her group helped organize a recent Legislative Forum, a meeting of members from various professional associations to discuss upcoming bills. Nardini told the *Times* that some people are concerned about this measure setting a precedent, potentially leading to a situation where legislators pass one bill after another that direct continuing education.

“We’re hesitant to have our continuing education units designated,” Nardini explained. Some people are wondering about if this might become a common approach by regulators, and where that could lead down the road, she explained.

Initial reports indicated that the social work and nurse practitioners were in favor of the measure, while physicians, psychology, and counselors are hesitant. However, then social work may have changed their stand, it is unclear at this time.

President of the Louisiana Psychological Association (LPA), Dr. John Fanning, told the *Times* that LPA was still looking at the bill. “We don’t have a firm position at this point,” he said, “but have been talking with representatives of other groups on this. We’re collectively thinking about the best way to approach this,” he said. “We’re certainly in support of suicide prevention, of course.”

While not surprised by the various reactions from the different groups to mandate training, “I wonder if they are familiar with research that shows that competency rates for suicide assessment and intervention hovers around 10% for mental health professionals,” Foreman said, to the *Times*.

“But, hey, if our leadership is anxious about mandates,” she said, “I’m okay with that. That’s just what I am putting on the table, as a practical way to reduce death from suicide in Louisiana.”

“I see that a lot of mental health folks want to take that off the table,” she said. “My question to them is, ‘What will you put on the table?’ Either you keep things the way they are and you basically say, ‘Hey, we’re comfortable with our suicide death rates, nothing needs to be changed.’ Or you say, ‘Mandates aren’t our favorite, but here is something else we can do, with empirical support that it works...’ and I’ll jump right on that bandwagon,” Foreman said.

Dr. Schmitz agrees. “I know the word mandated scares people, but it doesn’t happen otherwise.” He said that the continuing education that professionals buy are the ones that are mandated. “What’s easiest, what’s down the street, what’s free,” Schmitz said, is what people purchase to fulfill their training requirements.

Senate Bill 539 would include 6 hours of continuing education training in the area of suicide assessment, intervention, treatment and management, over six years. The professional may take a single six-hour block or spread the training out. Boards may allow exemptions for those individuals clearly uninvolved in health care.

If passed in its present form, the law would require that the secretary of the Department of Health and Hospitals and the boards work together to develop a model list of training programs, guided by the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, as well as consult with public and private universities and experts in the area.

The measure is very similar to legislation in Washington State, called the Matt Adler Suicide Assessment Treatment and Management Act, passed in 2012.

The idea for SB 539 came into being when Dr. Foreman was having a “warm duck salad at Mansur’s with some great ladies...” One thing lead to another, and the idea was taken to Senator Nevers

***“I know the word mandated scares people, but it doesn’t happen otherwise. What’s easiest, what’s down the street, what’s free, is what people purchase to fulfill their training requirements.”***

— Dr. William Schmitz

who “took the ball and ran with it,” said Foreman.

But she is a strong supporter of taking positive actions. “Because, at the end of the day, I just want fewer people to die from lethal emotional pain,” she said. “I want suicide to become a *rare* cause of death in Louisiana. And I’m willing to do what it takes, because it’s possible. Other people have done it.” And she said, “I’m willing to partner with anyone who can help make this happen.”

[Eds Note: For white paper by Dr. Schmitz go to [http://www.suicidology.org/c/document\\_library/get\\_file?folderId=266&name=DLFE-615.pdf](http://www.suicidology.org/c/document_library/get_file?folderId=266&name=DLFE-615.pdf)

Information about evidenced-based training and core competencies is available at <http://www.sprc.org/bpr>  
The Best Practices Registry is a collaboration between the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention.]



### 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:

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# First Forum

continued

Counseling Association, attended the Forum. This, according to the press release from Carmen Weisner, LCSW and Executive Director of the Social Workers Chapter, and Cindy Nardini, LPC and Government Relations Chair for the Louisiana Counseling Association.

Forum participants reviewed 18 pieces of legislation for the 2014 session. The group shared Information on the history of the legislation, and discussed potential legal and regulatory issues, according to the news release.

Dr. John Fanning attended the Forum for the Louisiana Psychological Association. “The Behavioral Health Summit forum was excellent, in my opinion,” he said. “There was discussion of a wide range of bills, including several with which I'd been unfamiliar. While the goals and interests of the various groups varied, of course, there was a somewhat surprising degree of concurrence on many of the bills. The two bills which were most-discussed were those involving mandated suicide prevention training and criminalization of sex with patients.”

The behavioral health community has had a reputation of poor conflict resolution efforts with the state legislature.

In 2011, after the 2010 “Behavioral Health Professional Working Group,” failed to meet her goals, Senator Willie Mount, at that time Chair of the Senate Health and Welfare Committee threatened to consolidate boards in the community because of “constant bickering.” She wrote to the community in an open letter, “With the history of senseless conflict and fighting and the failure of the professions to take advantage of the opportunity provided by the working group, I am left with no other options other than to introduce legislation to consolidate these boards.”

In a talk to the Louisiana Psychological Association last year, Senator J.P. Morrell said that working with the different groups in the mental health area should be like working in a team, but instead, “It is like warring fiefdoms.”

One of the organizers of the Forum, Cindy Nardini, told



The first Legislative Forum was co-sponsored by the Louisiana Counseling Association (LCA) and the Louisiana Chapter of the National Association of Clinical Social Workers (LACSW) and held in Baton Rouge on March 21. The goals of the organizers were to allow community members to work collaboratively on issues before going in front of the state legislature. Attending are (from upper left around clockwise) Kristen Eckhardt, LCA, Keli Williams, LCA Lobbyist, Cindy Nardini, LCA, Gary Gintner, LCA, Deb Fernandez, LACSW, Maxine Cormier, LACSW Lobbyist, Tom Caffery, LAMFT (Louisiana Assn of Marriage and Family Therapists), Howie Brownell, LAMFT, and Eric Sunstrum, LAMFT Lobbyist.

Photo courtesy of Tatman Group

## Duckmen Receive Award for Entrepreneurial Excellence From Governor Jindal

Governor Jindal awarded the Duck Commander, headquartered in West Monroe, Louisiana, the inaugural Governor’s Award for Entrepreneurial Excellence. The Governor’s Award will be periodically given by the Governor to homegrown Louisiana businesses that grow and provide more opportunity, more jobs, and more commerce for the State of Louisiana.

the *Times*, “We [LCA] had a vision of getting the associations together to discuss and collaborate on the bills of interest to our members and clients and when possible speak with one voice to the legislators.”

“In past years our associations have been known for having conflict and being unable to work together,” she said. “Of all professional groups we, as behavioral/mental health groups, should be able to do better. We help our clients with communication and conflict resolution, but weren’t using those same skills with the other associations. Shame on us,” she said, and noted that LCA was thrilled to have been part of the first annual Behavioral Health Legislative Forum.

# One More Emergency Rule: Amends Other Rules for Applied Behavior Analysis

Department of Health and Hospitals and the Office of Citizens with Developmental Disabilities amended the provisions for the Children’s Choice Waiver in late March with an Emergency Rule.

The notice said that this was to clarify and adopt provisions for self-direction initiative which will allow participants to receive services through a direct support professional rather than a licensed enrolled provider agency.

The emergency rule provides for opportunities for Medicaid eligible children identified in the Melanie Chisholm, et al vs. Kathy Kliebert class action litigation who have a diagnosis of Pervasive Developmental Disorder or Autism Spectrum Disorder, and are in need of Applied Behavioral Analysis services.

The department has amended and promulgated several rules. This latest rules states that “Subsequent to the publication of the February 22, 2014 Emergency Rule, the Behavior Analyst Practice Act (R.S. 37:3701 et seq.) became enforceable thereby making it a misdemeanor for any individual not licensed, state certified, or registered by the Louisiana Behavior Analyst Board to engage in the practice of behavior analysis. As a result, certain providers authorized to provide ABA services under the provisions of this Emergency Rule may no longer provide services without being in violation of the Behavior Analyst Practice Act, thus necessitating an amendment to these provisions.”

The new amendment to the Rules includes some changes to recipient qualifications, admission denial or discharge criteria, allocation of waiver opportunities, and service cap. Service Definitions include “Applied Behavioral Analysis-Based Therapy.”

Provider Requirements for enrollment note that ABA service providers are exempt from these enrollment requirements.

Under Professional Service Providers: “I. Applied Behavioral Analysis-Based Therapy services must be provided by persons enrolled in Medicaid Program who:

- 1. meet the following licensure and/or certification requirements:
  - a. be a board-certified behavior analyst (BCBA) who has applied for licensure with the Louisiana Behavior Analyst Board;
  - b. be licensed by the Louisiana Behavior Analyst Board; or
  - c. be a currently Louisiana licensed psychologist whose education, training and expertise includes applied behavior analysis services.”

Other provider requirements are listed.



# DHH Publishes Notice of Intent, 42 Pages of Rules For Facilities, Providers

Act 308 of the 2013 legislative session repealed parts of the existing laws governing standards for mental health clinics and substance abuse/addiction treatment facilities. In compliance with the directives of Act 308, the Department of Health and Hospitals proposes to adopt provisions to establish licensing standards for these facilities and also behavioral health service providers. The Notice of Intent puts forth 42 pages of new Rules, published last month in the *Louisiana Register*.

Some of those exempt from the licensure requirements for BHS providers include: n individual licensed mental health professional (LMHP), whether incorporated or unincorporated, or a group practice of LMHPs, providing services under the auspices of and pursuant to the scope of the individual’s license or group’s licenses. *Licensed Mental Health Professional (LMHP)*—an individual who is currently licensed and in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts and the individual’s professional license, as one of the following: 1. medical psychologist; 2.licensed psychologist; 3.licensed clinical social worker (LCSW); 4. licensed professional counselor (LPC);5. licensed marriage and family therapist (LMFT); 6.licensed addiction counselor (LAC); 7.advance practice registered nurse (APRN); or 8. licensed rehabilitation counselor (LRC).

A public hearing on the proposed Rules is scheduled for Thursday, April 24, 2014 at 9:30 a.m. in the Bienville Building, 628 North Fourth Street, Baton Rouge. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Individuals may submit written comments to Cecile Castello, Bureau of Health Services Financing, P.O. Box 3767, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule.

The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

The introduction to the Rules explains that Department of Health and Hospitals (DHH) hereby establishes licensing standards for behavioral health service (BHS) providers. The purpose of these Chapters is to provide for the development, establishment and enforcement of statewide licensing standards for the care of clients receiving services from BHS providers, to ensure the maintenance of these standards, and to regulate conditions of these providers through a program of licensure that shall promote safe and adequate treatment of clients of BHS providers.

Providers tp be licensed under the BHS provider license include: substance abuse/addiction treatment facilities; mental health clinics; and any other entity that meets the definition of a BHS provider.

The Notice says, “*Behavioral Health Service (BHS) Provider or Provider*—a facility, agency, institution, person, society, corporation, partnership, unincorporated association, group, or other legal entity that provides behavioral health services, presents itself to the public as a provider of behavioral health services.”

Also exempt are hospitals licensed under R.S. 40:2100 et seq.; crisis receiving centers licensed under 40:2180.11 et seq.; psychiatric residential treatment facilities and therapeutic group homes licensed under R.S. 40:2009; facilities or services operated by the federal government; and federally qualified health care centers (FQHCs) certified by the federal government, among others.



Members of the psychology board at that time preparing to present at a 2011 meeting of the Louisiana Psychological Association (LPA). The LPA Council recently decided to end a decades long agreement with the board that involved LPA helping conduct elections for the state board. Above, L to R: Current Executive Director Kelly Parker, previous Ex. Director Jaime Monic, Drs. Rita Culross, Lee Matthews, and Tony Young.

## La. Psychological Association Opting Out of Conducting Board Elections, Says President

Process took too much time and energy, and other states or getting out of their arrangements, according to president.

The Louisiana Psychological Association terminated its agreement with the state psychology board which required them to help conduct elections for the Louisiana State Board of Examiners of Psychologists.

“We voted to do that by an eight to 1 margin,” said President John Fanning told the *Times* in an email last week. The vote occurred at the March meeting of the group’s Executive Counsel.

This follows two recalled mailings of election ballots for a current board position, which reportedly were due to clerical errors in the ballots and communications.

Fanning explained to the *Times* that he found the experience of handling the election costly and timely, and something “... we don’t want to find ourselves repeating in the future.” He said that handling the elections took valuable time and resources that could be better used in other ways.

“There were some electoral machinations from outside LPA, which took up time and energy for the EC to address,” he also said.

Fanning explained that most states do not involve themselves in the elections in this way, and that those that do are trying find ways to remove themselves from the task.

The Council gave the state psychology board their notice to terminate “A

Cooperative Endeavor Agreement Between the Louisiana State Board of Examiners of Psychologists and the Louisiana Psychological Association.” Ended the arrangement is allowed by the agreement. According to the Agreement, the “Cooperative Endeavor serves public interests by facilitating the appointment of members whose responsibility will include the protection of the public through the regulation of psychologists (R.S.37:2351).” It sets out policies and procedures for the board’s election.

Terminating the agreement will also allow the group to lobby regarding elections, with was prohibited by the Agreement, explained Fanning.

## Third Set of Ballots Have Been Sent for Same LSBEP Election

Ballots for the Louisiana State Board of Examiners of Psychologists election have been sent to licensed psychologists for the third time, after two efforts that ended in decisions by officials to resend new ballots.

Candidates are Robin Chapman, PsyD, Joseph Comaty, PhD,MP, and Constance Patterson, PhD.

Ballots are due by April 22.



*News Feature*

# Continuing Education: Does It Accomplish What We Think It Does?

*by J. Nelson and Shane Lowery*

One of the bills submitted this legislative session would mandate continuing education training in suicide prevention for physicians, counselors, psychologists, social workers, and others in the health professions. The bill, SB 539, is drawing interest in the community, with concerns that legislators might begin setting out specific topics for professionals' continued education.

Professionals are charged with maintaining competence in their areas of practice and also with knowing when they lack expertise. They must self-assess and direct their own professional development activities.

But does this approach really work?

Dr. April Foreman, a Baton Rouge psychologist, public speaker, and educator, provided input to the bill and points out a very real problem. While suicide is the 10<sup>th</sup> leading cause of death, research shows that mental health professionals do not have the knowledge and skills to deal with the problem effectively. "When I hear that our leadership feels suicide training is adequate, I wonder if they are familiar with research that shows that competency rates for suicide assessment and intervention hover around 10 percent for mental health professionals," Foreman said.

This issue mirrors concerns of the Louisiana Coalition for Violence Prevention, a multi-disciplinary group formed after the Sandy Hook Elementary School shootings in December 2012. The group also found that mental health professionals are not always prepared to assess risks of violence.

Dr. John Simoneaux, forensic psychologist and owner of Professional Training Resources in Pineville, is a member of the group's steering committee. "We have a mental health problem," he said. "... and it is our responsibility to use our science, our skills, and our knowledge to deliver the answers and the help that we have to offer." The Coalition members proposed a plan to increase skill levels for behavioral health providers that helps in the early detection of potentially violent individuals.

**Growing awareness of problems**

SB 539 highlights the topic of continuing education for licensed professionals, a topic that has come into the spotlight in recent years. One reason for this is research showing just how flawed human judgment can be in self-assessment about competence.

Psychological scientists have found that individuals low in certain competence areas tend to overestimate their ability. What might be even worse is the finding that suggests when low-competence individuals are given feedback about their deficits, they do not correct their self-assessment. This points to a serious issue for healthcare professionals who guide their own continuing education.

In 2012, the Association of State and Provincial Psychology Boards (ASPPB) updated its recommendations to state boards to include a variety of professional development activities, and not rely solely on traditional classroom type training. In their report they noted that the advocacy group, Citizen Advocacy Center of the AARP, pointed to major problems in both quality and safety in the healthcare industry, and called for regulatory organizations to go beyond mandatory continuing education to an actual assessment of performance and demonstration of current competence.

In an attempt to adjust to the new guidelines, the psychology board recently changed its Rules on continuing education to include new categories such as client-outcome monitoring and peer supervision activities. The LPC board's Rules currently include some of these interactive experiences, such as being in counseling and peer supervision hours.

The board for social workers includes "learning forums," professional consultation, and formal study groups.

**Training is a \$10M+ market**

Licensing boards are charged with somehow assessing initial competence, mostly a process of verifying educational credentials and requirements for supervision. Following this hurdle the obligation is passed to continuing education (CE). CE requirements are

typically around 20 hours per year, most boards requiring a report from the licensee every two years.

The state medical board requires physicians to complete 20 units of continuing medical education. Counselors, Marriage and Family Therapists, and Social Workers, are all required to obtain 20 CE units. Psychologists go from 15 to 20 starting this July. Medical psychologists must obtain 35 hours per year, composed of 20 in medical psychology and 15 in psychology.

With approximately 11,169 active physicians, 6,499 social workers, 2,956 counselors and family therapists, 655 psychologists, and 70 medical psychologists, efforts to train over 20,000 professionals, even at a minimal \$30 an CE hour, could easily reach \$10 million per year. If registered nurses are included, which are estimated by Kaiser Health to be around 40,000, this rockets up.

But how much of commercial training is evidenced-based? And, how much is it linked to the participants' actual areas of needed development?

**The science of training**

"A lot of organizations will engage in training under the assumption that it is what everyone needs," Dr. Frank Igou, said. Igou is an Industrial and Organizational Psychologist at Louisiana Tech. "But a lot of times, the training is not well researched and it is not based on

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News Feature

# Continuing Education: Does It Accomplish What We Think?

continued

anything other than assumptions,” he said. Igou is currently working with the Louisiana Coalition for Violence Prevention to develop valid training for mental health professionals that would help develop their skills for violence risk prediction. Regulatory bodies require continuing education to be offered by certain approved sponsors but few of these sponsors actually require that training demonstrate improved competency. For example, the American Psychological Association requires proof of attendance and a report of the participant’s reactions.

“Historically, most organizations have attempted to evaluate training with Kirkpatrick’s level one,” explained Dr. Igou, “and that’s reactions. What you are shooting for is that everybody is happy with the training and it was well received. It can be important, but it doesn’t tell you if people will actually use the training.”

The levels are: 1. reaction; 2. learning; 3. behavior; and 4. results. Developed by Donald Kirkpatrick, past-president of the American Society for Training and Development, and Professor Emeritus at University of Wisconsin, the scale was set out in 1975 and again in 1994.

“The problem with that is a lot of what gets picked up is faddish and doesn’t have any basis in terms of empirical evidence saying this is what is effective,” Igou noted.

Level 2 measures how much information the participant has retained in the training, but there are weaknesses with that also, since acquisition of knowledge and skill is still not necessarily linked to outcomes.

Members of the Coalition for Violence Prevention spoke with Dr. Eduardo Salas, Institute for Simulation & Training at the University of Central Florida about these issues. Salas was lead author of “The Science of Training and Development in Organizations: What

Matters in Practice,” published in *Psychological Science in the Public Interest*, June 2012, a journal of the Association for Psychological Science.

Salas summed the problem up, saying, “Knowledge is necessary but not sufficient for skill acquisition...at the end of the day you need practice and guided feedback in context....”

IO psychologists have laid out the basics for training to be effective, Dr. Igou explained. One of the first steps is a training needs analysis, which acts as a cornerstone to develop as well as assess the benefits. Part of this process involves identifying the knowledge, skills, or abilities that need to be developed.

Secondly, the content of the training should be directly related to the training needs. Often, explained Igou, there is a disconnect between the content of training and what is actually needed by employees or professionals.

While it may sound obvious, the content of training must be delivered in such a way that learning can occur. “The more the training resembles the actual situations in which the training outcomes are going to be demonstrated,” explained Igou, “usually the better the transfer or the more likely the people are going to use the outcomes in their work setting.”

The last step, and one that is often missing, is that the outcomes of the training should be measured in terms of effectiveness.

Training effectiveness can be measured on many levels from participant reactions to how well the knowledge is applied to a real-world setting. This latter variable, referred to as “transfer of training,” is not always reached. And demonstration that the training has changed the trainees behavior and improved competence, seems to be generally rare.

In the area of suicide prevention, Baton Rouge psychologist Dr. Bill Schmidt Schmitz, current President of American Association of Suicidology Task Force, looks at these issues. “An hour of didactic training may increase knowledge,” Schmitz explained to the *Times*, “but it doesn’t do anything to actually change competency.”

A scientific approach to training should always be the goal, explained Dr. Igou. “If you go through some systematic process to identify your training content, your delivery process, and outcome measures,” he said, “you can tie everything together to see if something is or is not working, or even with the things that are working, you can track them over time to see if things need to be adjusted or changed.”

### A meta-problem?

While it is possible to increase training outcomes, even all the way up to level 4 or results level, one could wonder why it not discussed more often for the mental health community and that boards do not address this issue more firmly. Self-assessment may itself be a competency, or a meta-competency, some experts suggest, as a root problem.

Scientific methods are available however, including ways to help professionals with valid self-assessment of their own competency.

But could it be an ironic and human frailty pointed out by Mark Twain: “All you need is ignorance and confidence and the success is sure.”



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(J. Nelson, PhD, is an organizational psychologist and publisher of the Times; Shane Lowery, MA, is an Industrial-Organizational psychology graduate student at LSU, previous student at ULM, and Times Intern.)



Science News

LSU’s Dr. Papesh: Checking Photo IDs is Risky Business

continued

Airport Security? Error Rates 40 Percent Under Some Conditions

*Psychophysics*, examined the ability of people to match face photos to IDs under conditions where the observer encounters a fake ID only rarely, or when the observer encounters a high number of fake IDs.

When observers encountered a high number of faked IDs, the error rates were about 20 percent. However, during trials where the frequency of faked IDs was less regular and frequent, the error rates jumped to over 40 percent misses.

So in the easier task, the person missed two out of 10 faked ID, but when the context becomes complicated, he or she can miss as many as four out of 10. How serious? If ten people with faked passports try and come through the airport security gate, four might just keep right on going.

Also, these error rates remained high even when the researchers attempted to have observers slow down and work to catch their mistakes. This suggested to the scientists that face matching is difficult under the best of conditions and errors rates can rocket up when the conditions become more difficult, as in most real world situations.

In the study, volunteers observed current photographs of consenting adults and tried to determine if there was a match or not, with a ID photo which could be up to seven years earlier of the same individual.

The results have important applications and the news media picked the story up quickly. LSUverse.tumblr.com, All Voices,

News.nom.co, Science News for Writers, and Science Daily were just some of the media outlets carrying the announcement. Dr. Papesh is the director of the Eye Movements, Memory, and Attention Laboratory at LSU. Her research on face matching has been covered by the *Huffington Post*, *Wall Street Journal*, and on National Public Radio.

Dr. Papesh published an essay on “MIND Guest Blog” for *Scientific American* describing her work and its potential relevance.

“Imagine that you are a bouncer, checking IDs outside a popular bar in a college town,” she wrote. “It is somewhat dark outside the door, there are many distractions: loud music is playing and your job requires you to also keep an eye on the crowd for trouble. And because the patrons are dressed for a night out, many of them look somewhat different than their ID photos. Despite all these challenges, intuition probably tells you that matching faces to ID photos is easy and accurate.”

That intuition is wrong, she tells readers, and goes on to describe situations at airport security stations.

The *Times* asked Dr. Papesh what she views as some of the most useful applications of this research. “The most useful piece of information to come from our specific study is that performance is drastically affected by contextual statistics (i.e., the frequency with which observers

encounter fake IDs). For example, people can typically assume that a small minority of individuals traveling by air are going to present fake/stolen—but, for all other intents and purposes, valid—photo IDs. Unfortunately, those low-prevalence conditions are the ones that give rise to the worst performance, in terms of catching fake IDs.”

She explained that she and her team will be adding to this discovery. “Absolutely! We are currently following up with a number of experiments aimed at determining the cognitive basis of these effects, and whether they can be alleviated by different training protocols. We’re also ever on the lookout to expand our stimulus set to include a greater range of ages and ethnicities. Our current study likely overestimated performance, as our stimuli depicted college students and our observers were also college students.”

At her Eye Movements, Memory, and Attention Laboratory at LSU, she and her team also research topics related to episodic, memory, language processing, and visual search.

“My work is going to continue to focus on the issue of unfamiliar face matching,” she said, “but I also investigate human memory processes, language, and the role of eye movements in learning and retrieval.” She collaborates with researchers at Arizona State University, University of Pittsburgh, and University of Southampton.

“We are investigating eye movements during ‘mindless reading’ — those times when you catch yourself at the bottom of the page and wonder ‘What did I just read?’”



Sample research items constructed for use in Dr. Megan Papesh’s research on the challenges of photo ID and face matching. People can’t match photo IDs nearly as well as expected, bringing into question issues of security programs that use photo ID matching to catch false passports and other high-risk situations. Here we see the photos of Louis Jones, undergraduate research assistant in Dr. Papesh’s lab at LSU, the type used to simulate face-ID tasks.



SPECIAL REPORT

# Do the Boards Support “Direct Participation?”

## What Citizens Should Know *by J. Nelson*

The larger and more complex government becomes, the less likely the public is to be informed about its decisions or to have any chance of participating in those decisions. The day-to-day tasks of boards are to grant licenses and review complaints about practitioners. Boards also make other decisions that amplify and expand their control. In the Louisiana mental health community we have a number of regulatory boards for mental and behavioral health professionals, charged with being open and transparent as they go about their tasks. But, this is not a given: the board has a good deal of leeway in how it meets its obligations to be open.

For this special report, I’ve reviewed characteristics of some boards in our community. It is only a snapshot, a rough estimate and incomplete. For some boards I have much more experience than with others. And, it was confusing to try and locate postings and it looks like technical problems are often involved, but this is what the average citizen would encounter in trying to follow the breadcrumbs. With all these limitations in mind, I hope the review provides readers some ideas about how to participate in their government.

### The Public’s “Right to Direct Participation”

The public’s right to know and participate in government is set forth in the Louisiana Constitution, Article 12, Section 3, “Right to Direct Participation.” The section states, “*No person shall be denied the right to observe the deliberations of public bodies and examine public documents, except in cases established by law.*”

Two sets of laws put this principle into more specific terms, called the Open Meetings Laws and Public Records Laws. Within these laws there is a good deal of support for citizen rights. A reminder about the spirit of the law is set out:

*“It is essential to the maintenance of a democratic society that public business be performed in an open and public manner and that the citizens be advised of and aware of the performance of public officials and the deliberations and decisions that go into the making of public policy. Toward this end, the provisions of this Chapter shall be construed liberally.”*

Boards are prohibited in all the ways they could try and avoid public scrutiny, such as “... any manner of proxy voting procedure, secret balloting, or any other means to circumvent the intent of this Chapter.” While executive sessions are allowed for specific reasons, such as discussions about security issues, on-going investigations, or

discussions of character, the law warns that these sessions cannot “... be used as a subterfuge to defeat the purposes of this Chapter.”

Another plus for a citizen who wants to participate is §14. This section tells us that a board “... shall allow a public comment period at any point in the meeting prior to action on an agenda item upon which a vote is to be taken.”

The law makes sure that citizens have prior notice about what the board will discuss in the form of agendas. Unfortunately, a board can change its agenda with as little as 24 hours. However, open meetings law requires that if an issue is taken up by a board not on the agenda, it must be described in “reasonable specificity” in the minutes. “The public body shall not use its authority to take up a matter not on the agenda as a subterfuge to defeat the purposes of this Chapter.”

Another place in the law that supports the spirit of openness and public participation is in the minutes. Minutes must include, “The substance of all matters decided....” Also, the law instructs that minutes “shall be available within a reasonable time after the meeting.”

If a board makes a decision without allowing for direct knowledge and participation, the decision can be voided. However, the citizen must exercise his or her right to void the decision by filing a lawsuit within 60 days.

Public Records Law lists another set of rights. RS 44:31 gives a citizen the right to examine public records, and the records custodian “shall extend to the person all reasonable comfort and the facility for full exercise of the right...” While there are many specific exceptions to what is public, most common sense, the law states that if a question is raised as to whether a record is public or not, the custodian should notify the person about this in three working days. Otherwise, if the record is available and not in use, it is to be “immediately presented...”

So with these powerful laws, the spirit of openness is mandated. In practical terms, it is harder, both for the boards and for citizens. To get a sense of both the letter and the spirit of the law when it comes to our boards, I looked at the following characteristics.

- **Notices and agendas**

The first hurdle for the citizen is to be informed of what the board is going to discuss. This done through notices and agendas. Are they timely? Are they complete?

- **Minutes – Timeliness, substance, and completeness**

Are the minutes published quickly? Is the writing complete and does it explain the “substance” of the board’s decisions? Do the authors include sufficient detail for the public to understand and participate?

- **Response to informal requests**

Does someone at the board respond quickly and in a friendly manner to requests?

- **Does the board/committee exhibit an open, participative spirit**

While imprecise, I’ve rated the culture of each board by feel. Do they make it easy for someone to ask for information? Are they friendly, open, and supportive?

For this article, I reviewed some boards and committees on March 23, 2014, as a snapshot. I searched different websites. I also sent a pop-test, an email request for the most recent minutes, to see if and how they responded to an inquiry. And, I included some past experiences. This is a broad brush, I’m sure with some errors, because there is not only a lot of data, but apparent technical issues too. But with that in mind, here’s what I found.

### Addictive Disorders Regulatory Authority

The Addictive Disorders board meets six times a year. They post public documents on the Boards & Commissions website (B&C) and the notices for dates of meetings match the posted minutes, and all the minutes are available to download.

The agenda seems a little bit succinct, but adequate for someone who has some background knowledge. A positive is the direct invitation in

**Cont’d next pg**



A meeting of the Marriage and Family Therapist Advisory Committee.



# SPECIAL REPORT

## Support “Direct Participation?”

the agenda for, “Public Introductions and Representation” and “Public Questions or Comments.”

Overall, the minutes are very good, with the “substance” usually made clear. The author explains the discussion well and a reader could follow what was discussed and why, including a train of reasoning. The board’s representative responded the next day to my email request for the most recent minutes, saying that they would be posted soon on the site. The message seemed friendly.

I gave this board good marks, despite my limited contact with them. The minutes showed a sincere attempt to inform people of what the board is working on and why. They directly invite participation in their meeting format. Timeliness is a problem however, because the system for approving minutes and then having them posted, creates a serious delay.

### Behavior Analyst Board

The new Behavior Analyst Board seems to post their notices quickly. However, the agenda listed topics but did not give much additional detail. For example, “The Board may discuss policies and procedures” is too board, leaving the public to try and guess what is going to be reviewed. And, the board has ample room to discuss many different topics while adhering to the letter of the law about notices.

The December 2013 minutes are posted. (They meet six times a year.) The minutes themselves seem fairly complete, with a good amount of detail. While there were some gaps where topics were summarized rather than fully explained, most items were detailed and reasonably complete.

The Executive Director responded immediately, within one hour, to a request for most recent minutes, noting that that approved minutes were posted.

The high points for the new BA board are the detailed minutes and quick response from their office to a general, simple question.

### Licensed Professional Counselor Board of Examiners

This board meets every other month. They have postings on the B&C website, but these are confusing. Notices don’t regularly include the agendas, some of the dates don’t match, and some dates seem to be missing. So, people need to go to the LPC board website for documents, which is more reliable and consistent for retrieving documents

The most recent minutes on the LPC site were for November 8, 2013. (September on the B&C site.) Agenda topics are listed, but not always much about what or why. An example, “Telephonic Counseling,” is listed in old business. However, the minutes seem complete with fairly good detail. Perhaps there is a little too much jargon for citizens unfamiliar with terms, but for those in the field, the descriptions should work.

I have interacted with the board’s staff on several occasions and they have been open and friendly. Calls were returned quickly by Executive Director (ED) or staff. In the past, the ED has been quite cordial and quickly provided requested public documents without resistance or delay. In the pop-test, she returned the message within two hours.

Overall, the board has an open feel, with adequate minutes and agendas. The quick response regarding public documents was refreshing. Timeliness of posting minutes is a problem. There is a bit of a jumble going on between the two websites, but it can be overcome with persistence on the part of the public.

### Louisiana State Board of Examiners of Psychologists

This board meets monthly and appears to post its documents on the B&C website. Not all of the minutes are available.

In regard to the substance of the agendas, they are sketchy. For example, “The Board may discuss continuing education requirements.” The public has very little advance warning about what or why the topic is going to be addressed, or how to guess what decisions might be made.

The January minutes were the most recent posted, so this is a long delay. In respect to the substance of minutes, this is mixed. Some topics are explained in good detail, more so with straightforward and administrative topics. But others lack the “because” or “why” part of substance.

The problem can be seen in this example with a too board agenda item and a narrow description of what and why something was decided. The agenda item posted in advance was, “The Board may discuss issues concerning Continuing Education.” What happened was described in the minutes this way: “Dr. Culross addressed the group about the retention of CE records. The Board discussed the issue carefully. Dr. Culross moved to issue a Board opinion that all psychologists should retain continuing education records or certificates for 6 years. The motion passed by roll call vote ...”

In response to the pop-test, the Executive Director responded immediately, within an hour of the request, pointing out that approved minutes were posted.

They list a “Pubic Hour” and at many meetings I’ve attended, the chair has asked for public comments. This should help the people feel invited. Also, has also been a push to hold and invite the public to planning meetings.

However, in a recent communication the board directed that all contacts must go through the board office and questions must be received in the US mail. Also, in requesting public documents in the past, and also currently, the *Times* has encountered resistance.

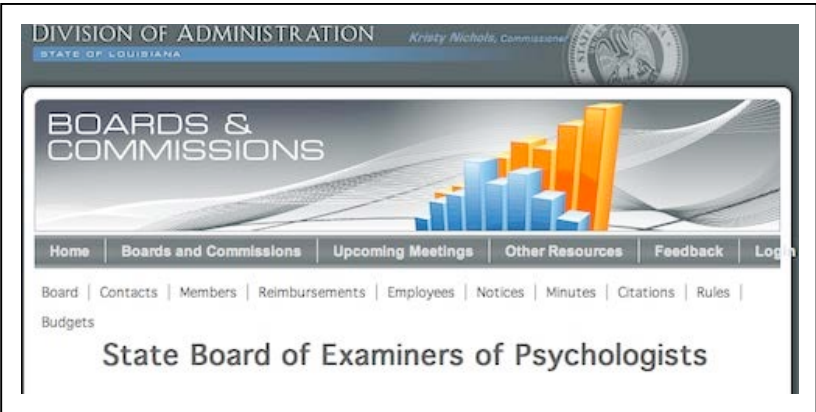
The psychology board expresses a mixed culture when it comes to openness. Good efforts to invite the public to its long-range meetings and other formal efforts are commendable. But, the agendas and minutes need to be improved. Access to public documents has been very difficult and in some cases perplexing.

### Louisiana State Board of Medical Examiners

The public is directed from the B&C site to the state medical board. However, during most of 2013 the medical board’s minutes were in a muddle, many documents unavailable on either site. This appears to have been corrected with their new website.

The agendas are brief and not completely clear as to what topics will be discussed. The most recent minutes are January 13, 2014,

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#### Meeting Notices

March 21, 2014 <a href="#">View Notice</a>
February 21, 2014 <a href="#">View Notice</a>
January 24, 2014 <a href="#">View Notice</a>
December 13, 2013 <a href="#">View Notice</a>
November 08, 2013 <a href="#">View Notice</a>
November 07, 2013 <a href="#">View Notice</a>
October 11, 2013 <a href="#">View Notice</a>
September 13, 2013 <a href="#">View Notice</a>
August 09, 2013 <a href="#">View Notice</a>
July 05, 2013 <a href="#">View Notice</a>
June 21, 2013 <a href="#">View Notice</a>
June 07, 2013 <a href="#">View Notice</a>

#### Meeting Minutes

January 24, 2014 <a href="#">View Minutes</a>
December 13, 2013 <a href="#">View Minutes</a>
September 13, 2013 <a href="#">View Minutes</a>
July 05, 2013 <a href="#">View Minutes</a>
June 28, 2013 <a href="#">View Minutes</a>
June 21, 2013 <a href="#">View Minutes</a>
June 21, 2013 <a href="#">View Minutes</a>
May 10, 2013 <a href="#">View Minutes</a>
April 19, 2013 <a href="#">View Minutes</a>
March 28, 2013 <a href="#">View Minutes</a>
March 14, 2013 <a href="#">View Minutes</a>
December 07, 2012 <a href="#">View Minutes</a>

Screen clippings of the Boards & Commissions website for the psychology board. Citizens can download notices and minutes, but some are not always available.



# SPECIAL REPORT

## Support “Direct Participation?”

and appear to be mostly complete, with some areas of limited detail. There is no specific notation regarding public input.

The *Times*’ experience with obtaining documents from the medical board has been mixed. I have had to send certified mail requests in the past to get documents, but at other times the ED has responded quickly. The assistant to the ED responded within two days to the pop test, sending the requested minutes and also indicating that the minutes were posted. (They weren’t, but then she acknowledged this.) Budget information is not posted on the B&C website even though Act 12 of 2009 requires it.

It seems that the medical board is open when it is asked to be, as if it hasn’t occurred to them it is needed. They seem to stick to business, much like the social work board, below.

**Louisiana State Board of Social Work Examiners**

The LSBSWE posts agendas on its own site, and only 4 are posted on the B&C site. The public might need a link to the board’s site, which is more consistent for retrieving documents.

The agendas list specific topics and seem reasonably detailed and complete.

The minutes are some of the best minutes I found. They give the why and the what of the discussion, and seem to be very complete. The topic, facts, reasoning, and conclusion are included much of the time. A member of the public would be well informed by these reports. The reasons for the Executive Sessions are spelled out in detail. Perhaps supporting this is the specificity of the topics, the Social Work board seems to stay within a well-defined scope of activities.

However, there was no response to the *Times*’ request for recent minutes. In a previous contact, it required extra requests to get a reply to a general question about the financial data posted on the B&C site.

The culture of this board seems formal and it is difficult to get extra information, but their attention to their minutes and notices is very good. This gives them the feel of a very transparent group. So, while they are not all that open, the public can still get a sense for what is going on and why, even if participation is low.

**Marriage and Family Therapy Advisory Committee**

The minutes of this committee are included in the body of the LPC board’s minutes, and they track the same timelines. The report is a short narrative summary and seems to include the topics and some of the discussion about why and what is relevant. Because these reviews are rather brief, citizens might have questions about what was decided and why.

In a previous experience with this committee however the *Times* was encouraged to attend and observe, and the chair was friendly and inviting. The pop-test request for recent minutes was returned by the ED (LPC board) quickly.

The climate of this committee seems open, but they could do better informing the public about their work. However, since this is a committee, they may not have the same duty to report under the law.

**Medical Psychology Advisory Committee – State Board of Medical Examiners**

This committee falls under the medical board, and so like the marriage and family therapy committee, may not have the same duty to report. And, the medical board only requires that they meet twice a year.

There are no notices posted on the B&C site, and only 6 minutes over 4 years. On the medical board site, they have a page, with postings, but these are jumbled. Only three sets of minutes are available on the medical board site, the most recent August 2011. There are inconsistencies in what is published.

Overall, the agendas are very succinct with little detail. The minutes are also succinct, with little additional detail. It is not clear where meeting notices will be posted on the new website, because it does not have a news page. There was no response to a request for most recent minutes, or to other requests over the years.

# People

## Dr. Janet Ruscher

### Helps Launch APS

#### *Speaking of Science*

Tulane’s Professor and Dean, Dr. Janet Ruscher, is helping launch the new series about how those in psychology should talk to the rest of the world.

The new series, “Speaking of Science,” premiered in the January issue of *Observer*, the magazine of the Association for Psychological Science (APS).

The new column focused on what is called “science writing,” which highlight ways psychological scientists and psychologists can bridge the gap and put complex issues into clear, understandable,

and interesting ways for people outside the discipline.

The new series will focus on communicating psychology to diverse audiences such as teachers, community leaders, and the media.

Dr. Ruscher wrote the inaugural column, “The Elevator Talk.” She is an APS Fellow, professor of psychology, and associate dean of graduate programs in the Tulane University School of Science and Engineering. Ruscher has chaired three conventions for the national association.

In her column Ruscher outlines some key to communicate with clarity, brevity, and an understanding of listeners.

When asked what we do, she explains, our listeners usually hear: “I am neither able nor willing to communicate effectively about what I do and why it matters, except to people in my own narrow discipline.’ Out come the jargon, acronyms, minutiae, and esoterica.”



Tulane’s Dr. Janet Ruscher  
*Courtesy photo*

Cont’d next pg

**Conclusions**

The boards each seem to have their own culture, with strengths and weaknesses. Some however, could do a much better job of adhering both to the letter as well as the spirit of the laws for, “direct participation.” Probably, without a newspaper in the community, and with citizens who are most interested in a board’s actions being those also under its authority, this area has not had the attention it deserves. Here are some specific conclusions.

**1. Delays in publishing minutes is a big problem.** There is a serious delay in posting minutes. This seems to be tradition, waiting until the next physical meeting to approve minutes. But in the digital age, this can be easily remedied. And, video recording of meetings would make this problem disappear.

**2. In some cases agendas and minutes need to be better.** In those cases where the agendas are open-ended and vague, this should be corrected. Minutes should always include exactly what the topic is about and why, and boards should stick to a narrow, specific agenda, knowing that decisions are made all the time, not just those voted on in a formal manner.

**3. Inconsistencies in availability of documents.** Past documents are sometimes lacking, or not easy to find. Perhaps I couldn’t locate them, but if so, it needs to be easier for everyone. Also, boards that don’t have a system for the public to request public records, or examine them, should develop this capability.



April – Cancer Control Month

# Cancer Survivor Spreads Hope



Dr. Columbus Ellis (above) told the *Times*, “Social Gerontology has been an interest of mine for a long time and that fits well with my work at the Ochsner Cancer Center. Volunteerism is a mighty important opportunity to aid adjustment to senior citizenship. I have over the past 5 years had the significant chance to have a relationship with several hundred cancer patients. I receive much more than I give.”

Photo by Stephen Legendre

by Courtney Meyer  
Kiwanis International

A cancer diagnosis can be devastating, confusing and frustrating. But Kenner North, Louisiana, Kiwanian Columbus “Lum” Ellis has made it his mission to desensitize the word “cancer” and bring patients comfort and understanding.

In February 2009, Ellis received a startling diagnosis. After experiencing progressively worsening stomach pain over the course of a month, he visited an emergency room. An assessment revealed non-Hodgkin’s lymphoma, a form of cancer that originates in your lymphatic system — a network in your body that typically fights disease.

“I was so impressed with the way they treated me,” Ellis says of Ochsner Medical Center in New Orleans, Louisiana. “Everyone loved and cared

for me. So I told them, ‘If you get me well, I’ll be a volunteer.’”

He kept his word. Four years ago, he helped one of the oncology nurses initiate a chemotherapy orientation to teach patients what to expect after they are diagnosed. “Some of these people are so anxious and nervous, they don’t even want to undergo treatment, let alone do it with a willing heart,” he says.

Social psychology trained, Ellis knows the importance of building relationships, and makes time every day to interact with newly diagnosed patients, as well as chat with familiar faces to make sure they’re at ease with their medical situation.

“I see people change, through their body language and facial expressions. And when you can honestly tell them that 68 percent of the people diagnosed get over it and die of something else — that’s a bold statement, and I’ve seen it happen many times.”

Another of his strategies involves using the word “cancer” frequently — “to try to get them over thinking that’s a bad word. ... We try to put ourselves in that patient’s place, and this chemo class is our best effort to make a personal relationship with the patient. We give them a tour of the lab so they understand what it looks like, and answer questions like whether it will hurt, why their hair falls out and why blood work

is done.” He also reminds them of the importance of proper nutrition and exercising caution around sick family members since their immune system is already low.

“Lum has the ability to make patients feel welcomed and at home when they aren’t feeling their best. He enjoys spending time with our patients, providing support and comfort as they undergo treatment,” his supervisors say.

Even though interactions with him have changed the way patients view their prognoses, Ellis cites a study demonstrating the mental benefits of volunteering, and insists that spending two days per week with the oncology department give him much more than he could ever offer another person.

“I hope that more Kiwanians — particularly as they approach the time in their lives when they have the time and need for service — recognize its much more fun than anything than ever got paid to do!,” Ellis says.

[Editors Note: Columbus Ellis received his PhD in Sociology from Louisiana State University in 1970 and taught social psychology at Northwestern Louisiana State University from 1970 to 1976. He moved to administration and served as Assistant to the President there until 1980 at which time he moved to New Orleans Delgado Community College. He retired from Delgado as Vice President Emeritus in 1995.]

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Kiwanis International

## Dr. Janet Ruscher Helps Launch, continued

Ruscher points to the concept of the Elevator Talk, sometimes also called the elevator pitch.

“It is the quick sell,” she notes, “the 2-minute drill, the abstract of the abstract, the unique DNA of each scholar’s work. It typically is 100–150 words, about the length of a journal abstract — just long enough for a short elevator ride.”

Ruscher tells us that not only must we be brief but “accessible.” The talk must be “devoid of jargon” and use the perspective of the listener as a foundation.

She says to focus on why the work is intriguing, useful, or important. She recommends we provide the “hook” for grabbing interest and attention.

Ruscher also reminds us that we have to do the work for the audience. Saying something in fewer words takes more effort. “No jaron. No acronyms.”

“... you never should be found without a working elevator talk,” she warns. “The complexity or ‘nonsexiness’ of a scholar’s

work should not prevent him or her from having an elevator talk. I’ve heard effective elevator talks about fluid mechanics, the many-body problem, robot decision-making algorithms, and protein folding. Find a way to make it work,” she wrote.

“Be creative. Use analogy. Be brief.”

Dr. Ruscher’s complete column can be found at the APS website:  
[www.psychologicalscience.org](http://www.psychologicalscience.org)

**“No jargon. No acronyms.”**  
...  
**“Be creative. Use analogy. Be brief.”**  
— Dr. Janet Ruscher



# Up-Coming Events

## Fifth Mindfulness Day To Be Held April 5, in Baton Rouge

“Mindfulness: Proposed Mechanisms of Actions: A Day of Mindfulness for Mental Health Professionals,” will be held Saturday, April 5, in Baton Rouge at the Tam Bao Meditation Hall, 975 Monterrey Blvd.

The day of training is presented by Thay Dao Quang, M.Ed., David Weibel, Ph.D., Sherry Desselle, Ph.D., & John Pickering, Ph.D.

The workshop presenters will introduce attendees to the principles and concepts underlying the use of mindfulness and meditation in psychotherapy, according to workshop materials. Following a review of recent research findings, a conceptual framework will be provided which lays out proposed mechanisms of action involved in mindfulness interventions.

Presenters will discuss the importance of the therapist establishing a personal meditation practice and opportunities will be provided throughout the day for attendees to engage in guided meditation led by a zen-trained Buddhist monk who is also a Licensed Professional Counselor.

Dr. John Pickering, one of the presenters and organizers, said that they have almost twice as many attendees this year, and many others indicating interest.

The schedule includes topics of Proposed Mechanisms of Action: Attention Regulation, Guided Sitting Meditation, Proposed Mechanisms of Action: Body Awareness and Emotional Regulation, Walking Meditation, and Proposed Mechanisms of Action: Change in Perspective on the Self.

## PTR Offers Training Courses On “Obsessions” and Webinar On Subpoenas in April

Professional Training Resources will offer the workshop, “Obsessions” in Baton Rouge on April 4 and in Monroe on April 11. PTR’s course on this topic is designed to help participants to recognized the manifestations of obsessions, both within the obsessive-compulsive spectrum and otherwise. The presenter will review theories about the etiology of Obsessive-Compulsive Disorder and critique the reasoning underlying changes in the DSM-5 related to obsessive symptoms.

Also in April, PTR will offer a Webinar on “Subpoenas–How to Respond When Lawyers Want You or Your Records.” This presentation is set for April 30 at 10:00am to noon

## University of Louisiana To Hold Academic Summit April 11 and 12 at Lafayette

The University of Louisiana System will hold its third annual Academic Summit on Friday, April 11 and 12 on the campus of University of Louisiana at Lafayette. The Summit is a two-day conference showcasing academic excellence across the System's nine universities by combining service-learning, art, and undergraduate research.



A reconnaissance Marine with landing team of the 11<sup>th</sup> Marine Expeditionary Unit.  
(Photo by Cpl. Gene Allen Ainsworth, III)

## Counseling Center, Southern U. Co-Hosts Training with Center for Deployment Psychology, May 27

The University Counseling Center at Southern University-Baton Rouge, and the Center for Deployment Psychology (CDP) from Bethesda, MD, will co-sponsor a free, one-day training workshop for clinicians working with service members and veterans on college campuses. The training will be held May 27, 2014.

According to their website, the CDP helps prepare health care professionals to better meet the deployment-related emotional and psychological needs of military personnel and their families. “More than two million service members have deployed during the conflicts

overseas, including many who have deployed multiple times. With these increased deployments, service members and their families undergo increased stress and psychological health challenges.”

To meet its mission, CDP trains health care professionals through presentations, online learning, consultations and education.

For more information about the upcoming training, contact Dr. ValaRay Irving, Director of the University Counseling Center at Southern University–Baton Rouge.

### April is...

Alcohol Awareness Month  
Cancer Control Month  
Child Abuse Prevention Month  
Couple Appreciation Month  
Jazz Appreciation Month

National Autism Awareness Month  
National Humor Month  
National Occupation Therapy Month  
National Pecan Month  
Stress Awareness Month



The Psychology Times

# 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.

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one of the two inpatient OCD treatment  
centers, and will offer focused specific  
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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  
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## Psychologist Opportunity

**Busy, multidisciplinary, fee-for-  
service, mental health practice  
located in the  
Garden District of New Orleans,  
Louisiana**

is currently seeking an  
experienced, licensed psychologist  
interested in providing assessment  
and psychotherapy services to  
adolescents and adults.  
Neuropsychology specialty skills  
are encouraged.

Please submit a letter of interest along with a  
curriculum vitae to  
[pkmkirkhart@bellsouth.net](mailto:pkmkirkhart@bellsouth.net)

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