

SB 461 – Family Court More  
Adversarial? Dr. Taylor Comments

Page 4

Governor's Executive Budget  
"Welcome to the Real World"

Page 5

(Not) Talking about Death  
Dr. Breaux's Group Looks Deeper

Page 11

La. Psychological Assn May 20-21

Drs. LaHoste, Kelley, Leonhard, Moody-Thomas, Palmer-Seal, Kaliebe, Chafez, Greve, Taylor, Kizer, Maynard, Nemeth, Pastrana, Volz and others

Page 15-16



Dr. Burstein's  
Rumble in the  
Jungle  
A review of  
*The Jungle  
Book*  
Page 14

*"... virtually no detectable oversight"*

## Senate Concurrent Resolution Calls for Supervision of State Regulatory Boards

A measure leading to supervision and oversight of state regulatory boards has passed favorably out of committee and heads to the Senate floor.

The Senate Concurrent Resolution, authored by Senator Fred Mills, calls for the creation of a "Task Force on Meaningful Oversight." The bill directs the task force to review laws and possible structures for oversight of the 25 healthcare boards that fall under the Department of Health and Hospitals (DHH). The task force is to make recommendations to the legislature for the 2017 session.

The Resolution notes: "WHEREAS, there are twenty-five professional healthcare licensing boards statutorily created within the Department of Health and Hospitals; and WHEREAS, the boards operate autonomously from the department with virtually no detectable oversight; ..."

And also, "WHEREAS, when individuals are

Cont pg 3



Senator Fred Mills speaks to the Senate Health & Welfare Committee. Mills is proposing a task team develop ways that the Dept of Health & Hospitals can supervisor state boards. Senator Barrow is at bottom left.

*Scope of Practice Struggles—Less Politics?*

## HCR 86 to Change How Turfs Wars are Waged

A Resolution authored by Representative Frank Hoffman will create a study group to examine methods to sort out turf conflicts, called Scope of Practice, between health professionals in a more effective way. The Resolution points to a model program in Connecticut, that went into effect in 2011, that is viewed as "one of the most effective programs of its type in the nation."

Cont pg 3

## Tulane's Dr. Bonnie Nastasi and LSU are Top Scholarly Sources

Dr. Bonnie Nastasi, Professor of Psychology at Tulane University, has been found to be one of the most prolific scholars in school psychology literature, based on an analysis of almost 5,000 psychological scientists and thousands of publications in over 300 scientific journals.

In the same study, Louisiana State University (LSU) was found to be among the top universities in productivity for school psychology literature.

Dr. George Noell directs the school psychology program at LSU.

The findings come from a study, "The Emergence and Evolution of School Psychology Literature: A Scientometric Analysis From

1907 Through 2014," published in the recent issue of *School Psychology Quarterly*, a journal of the American Psychological Association.

The authors analyzed documents from the Web of Science and thousands of authors and articles. The researchers discovered that 20 of the most productive scholars contributed 14 percent of all the articles.

Dr. Nastasi ranked number 12 in total local citation score, an indication of the impact of her work. She ranked 15 in a total number of articles, when her productivity was compared to 4,806 other scholars.

Cont pg 8



Dr. Bonnie Nastasi (L) at a presentation last year, with Louisiana School Psychological Association president Amber St. Martin.



# Editorial Page – Opinions

## Trying to Do the Right Things

by J. Nelson

Thinking outside of the box is sometimes not enough to create system-wide change. In 1981, Barry Marshall and Robin Warren, working in a hospital in Perth, Australia discovered that ulcers were caused by the bacteria, *H. pylori*. This idea had the potential of improving the lives of hundreds of millions of people worldwide, because 10 percent of us are going to suffer with ulcers sooner or later.

The news of a cure was not well received—no medical journal would publish their work. Totally frustrated, Marshall decided to do something unusual. Instead of his breakfast one morning, he chugged down a full glass of *H. pylori*. Two days later he was sick as a dog, vomiting, nauseous, and with all the symptoms of gastritis, common precursor to ulcers. The endoscopic exam confirmed it—his stomach lining was inflamed and ripe for problems. A dose of antibiotic and bismuth cured him. Marshall and Robin eventually won the Nobel Prize for the discovery.

But it took well over a decade for the innovation to be fully accepted.

It also took physicians 25 years to stop x-raying pregnant women, even though the evidence was available that the procedure damage the babies.

It has taken decades for us to figure out if sunshine and D3 are essential. I first read the idea and proof in the 80s. Vitamin D3 is

accepted finally, and in March an article in *J. of Internal Medicine*, in a study of 30,000 Swedish women, found avoiding the sun was as dangerous as smoking for life expectancy.

Pregnant women are today regularly warned to take adequate folic acid, something I knew 37 years ago because I was pregnant with our first child and knew how to use the library. Luckily I had a home-birth doctor who was a curmudgeon, and when I asked him about it, he said he had no idea, but I should “Do what you want to do, you’re going to anyway.” My mom and sister freaked however, since folic acid sounds like something that could eat through metal, rather than a B vitamin.

The chaos and change in health is calling for out of the box thinking and good problem-solving, at the individual, group and multi-group levels. But, health care seems to me especially prone to poor problem-solving. Last week the CMS announces its new bonus plans, presumably to shape behaviors of providers. They are starting with “eligible professions” — physicians, physician assistants, and nurses. And, they have 900+ pages of rules.

This is not a formula for innovative problem-solving. Restricting who can create new approaches and then pouring hundreds of pages of regulations on things, including the possibility of being targeted by the enforcement arm of government when you try something novel, is sure to douse any spark of genius that slips through.

But we have to try and good people, some insightful Senators and a hopeful governor right now in our state, who want to make things better. But, I wonder about if these “task teams” and other efforts, and wish they might be designed for the quality outcomes our state really needs. So, I decided to give some tips:

- 1) Don’t create task teams of 10, or 15, and especially not 17 people. The task teams created by recent bills include lots of “stakeholders” and just the number and the hidden agendas would give them very little chance of being truly effective.
- 2) Make sure members know their problem-solving styles and check to see if your team is top-heavy (this is likely) in one style or the other, which means your solutions and even your problem-finding efforts will be skewed.
- 3) Train your team members in group and interpersonal skills. Make sure to help those who dominate the process or those who flee at the first sign of conflict, and especially those with hidden agendas.
- 4) Make sure your meeting schedule supports good thinking. Or does it cause mental and emotional fatigue, so that people give up, give in, or give thanks for the sugar the secretaries have brought in to poison everyone.
- 5) Consider a competent facilitator who can help deal with challenges, and who does not have an agenda. For complex groups this might be the only way.

If this sounds complicated, that’s because it is. We’ve got to find the right problems to solve, that includes innovation but doesn’t stop there. As W. Edwards Deming said, “It is not enough to do your best; you must know what to do, and then do your best.”

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## Corrections &Clarifications

We did not receive any corrections or clarifications for April.

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



# SCR 65 — “Task Force on Meaningful Oversight” of Boards continued

aggrieved by actions or inactions by the boards, there is virtually no interest or opportunity for intervention by the department; ...”

The move in part is because of the 2015 Supreme Court decision finding that the North Carolina State Board of Dental Examiners violated antitrust laws when they attempted to stop teeth-whitening by non-licensed individuals.

Senator Mills’ measure states that the Supreme Court decision hinged on the issue that boards “cannot invoke state-action antitrust immunity if they are not subject to active supervision by the state,” when it comes to professions pursuing

self-interests or restraining trade, from the power of their positions on boards, which are typically filled by “active market participants” in that profession.

The measure also stems from Senator Mills’ observations about problems with the boards and where citizens have nowhere to go when they feel harassed or treated unfairly.

In an interview last week, Senator Mills explained, “I’ve gotten complaints from people regulated by the boards, and there are a lot of personalities involved. But, there has to be a place for consumers and practitioners to go when they feel they haven’t gotten a fair shake from their boards.”

“Also,” Mills said, “if a board that they’re not regulated under, tells them that they are not within their practice standards, there is nowhere that person can go.”

Senator Mills said he has received complaints where individuals feel harassed by a board, and yet there is no place where the complaint can be addressed adequately.

Also, Senator Mills said that members of boards have also come to him asking, “Where do I appeal this issue to? ‘Who do I talk to about this?’ It has to be the DHH,” Mills said.

SCR 65 directs the task force to develop approaches to 1) minimize exposure to antitrust claims; 2) review board composition regarding diversity

membership, and 3) to develop a meaningful structure of oversight of the boards by the department, and then to present findings and recommendations to the legislature.

Members of the task force will include representatives Louisiana State Board of Examiners of Psychologists, the Louisiana Behavior Analyst Board, Louisiana Licensed Professional Counselors Board of Examiners, the Louisiana Addictive Disorder Regulatory Authority, Louisiana State Board of Medical Examiners, Louisiana State Board of Nursing, Louisiana State Board of Social Work Examiners, among many others.

The Resolution also notes

an impetus for the effort includes that “participants in the occupations that the board regulates, and are appearing before the legislature in an ever growing frequency to debate scope of practice matters that create an atmosphere of anticompetitive conduct; ...”

Last year, both the medical board and the psychology board wound up in front of the legislature. In the past, the psychology board clashed with the behavior analyst community, and before that, with the counselor community.

Another measure, House Concurrent Resolution 86 by Representative Hoffman, relates to turf battles. (See story below.)



Dr. Jackie Mims (hidden, at microphone) and Dr. John Fanning (foreground) gave views in a previous legislative session.

# HCR 86 Would Change How Turfs Wars are Waged, continued

Hoffman’s Resolution notes that “some form of independent, nonpolitical scope of practice review committee would greatly enhance the ability of legislators to make the most informed and most prudent policy decisions when faced with matters so vital to the well-being of Louisiana’s citizens as proposals affecting the scope of practice of our state’s health professions.”

The Resolution also says that the need for this type of review committee is clear because of the “legislature’s experience of recent sessions of considering high-profile and highly controversial scope of practice proposals affecting several health professions; ...”.

It is not clear what issues these were, but both the medical and psychology boards were before the committee last year.

The measure also notes that the, “ ... policymaking role occurs within an inherently political context; and WHEREAS, in taking up any prospective expansion, limitation, or other revision to a health profession’s scope of practice, the legislature must evaluate numerous considerations, the most significant of which is the delicate balance between expanding access to care and ensuring patient safety; ...”.

The effort will cover all healthcare professions, including addiction counselors; behavior analysts; marriage and family therapists; medical psychologists; mental health counselors; professional counselors, psychologists, social workers, and many others such as nurses,

occupational therapists, physicians, physician assistants, and rehabilitation counselors.

Members of the task force are to include the secretary of the Department of Health and Hospitals, chancellor of the Louisiana State University Health Sciences Center at New Orleans, chancellor of the Louisiana State University Health Sciences Center at Shreveport, dean of the Tulane University School of Public Health and Tropical Medicine, dean of the Southern University School of Nursing, chief executive officer of the Louisiana Public Health Institute, director of the Louisiana State Law Institute, and others.

The 2011 Connecticut Act established a process for anyone wanting a change in scope of practice and would begin with written request submitted to the Department of Public Health.

The request or proposal would include an analysis, including a “plain language description of the request,” public health and safety benefits, review of impact on public access to health care, summary of relevant laws and current oversight, what are the expected impacts to current health care delivery system, health care trends, and other topics. The process then allows anyone impacted to respond in writing and a review panel would make recommendations to the legislature.

The Connecticut Psychological Association supported that state’s bill. President Dr. Christine Farber wrote that the state association supported any process marked by objectivity, transparency, and disclosure of information.



# SB 461 Seeks Change in Custody Evaluations

Senator Troy Carter has put forth a bill that is pending in Committee, and which would dramatically change how results from forensic psychologists are used in court.

Among changes would be a prohibition that the judge "... read or consider any report prepared by a mental health professional, until such time that the report is duly admitted into evidence..." and "all parties have been allowed the opportunity to cross-examine the mental health professional in open court."

Also in SB 461, "A mental health professional's opinion on the credibility of a person shall not be admissible, ...". And, "A mental health professional shall not be permitted to testify to an opinion concerning the application of substantive law to the parties..." and other matters.

The *Times* asked forensic psychologist Dr. Alan Taylor for his comment on the proposed legislation. Dr. Taylor has over 30 years of work in independent practice and 20 years of focus on family court issues. Dr. Taylor provided a review about SB 461, which we include here in full:

"GENERAL

The proposed changes in Senate Bill 461 represent a rather thinly disguised attempt to undermine and reverse the progress of more than 50 years of establishing a model for family court that emphasizes a collaborative approach and partnership between legal and mental health professionals. This approach recognizes that family court is a distinctly different type of court more resembling a social service agency, with the goal of helping families through the divorce process in a way that minimizes conflict and promotes the best interests of the children and family as a whole. In this model the legal and mental health professions work together as colleagues to avoid the damage that is done by litigation.

The old adversarial model with a "win or lose" approach has long since faded into the background, but is still present in some family court systems and also in the mind of individual practitioners, primarily attorneys trained in the adversarial model.

SPECIFICS

Bill 461 represents some long-established rules and requirements that have been in place for

years and are redundant and unnecessary. Primarily, because they are part of the standard ethical codes of all major professional organizations.

However, there are several proposed changes that are extremely serious in their potential impact on family court work. I will outline these below.

Section B would require that a child who is witness to or a victim of alleged domestic violence or child abuse, must provide testimony on the record in chambers to the court. Children should not automatically be required to testify for the following reasons:

- This is likely to be severely damaging to the child's emotional well-being, since the testimony can precipitate damaging parental reactions.
- If the child is in therapy, their relationship with the therapist will be compromised and they will learn that mental health professionals are not to be trusted and cannot protect them.
- There are wide variations in children's capability to testify and the court and the judge would be ill-suited in terms of sophistication or expertise in interviewing children as compared to mental health professionals.
- Section 8 of the proposal states that all parties shall have the right to access the entire file of the mental health professional regarding the case. The most common practice in many jurisdictions is to consider that the official custody evaluation report is considered to be "the file". This report is submitted to the attorneys and the court with the opportunity for attorneys to cross-examine it and raise any questions that they have. Access to the entire file exposes the risk that information provided by the children will become available to the parents and this can produce damaging reactions. Children will learn that they cannot rely on the mental health professional to maintain confidentiality. Statements made by the parents can inflame an already hostile situation and shift the focus from resolving conflict to continued fighting, striking a serious blow to settlement prospects. The file then becomes something for the attorneys to fight over.

The custody evaluator is appointed by the court and is an officer of the court. They occupy the

same neutral and objective status and the presumption of competence and ethics as does the judge. If there are serious issues, a complaint can always be made to the mental health professional's board. Attorneys do not have to give up their "work product" or have their files examined – why should court ordered professionals have to do so?

- Part C2 of the proposed bill prohibits any type of contact between the mental health professional and the court. It is understood that particulars of the case should not be discussed privately in advance, but this proposal does not allow any discussion of procedural issues or clarification of questions that the judge may wish answered, and essentially keeps both sides operating "in the dark", defeating the purpose of the evaluation.
- Section D of the proposed bill states that the absence of an arrest or official finding concerning abuse allegations shall not be considered as proof that the alleged conduct did not occur. While this statement is valid (and common sense), the opposite situation is not addressed. The most common problem is that allegations are raised for which no proof is ever offered, but the court "out of an abundance of caution" imposes severe penalties on the person whom the allegations have been made, without a trial or finding of guilt. Parents can wait for months or years under severe penalties when they have actually never had their day in court. The language in this section should address the equally serious problem of presuming a parent "guilty" without any previous official findings.

The above list of serious problems does not exhaust all of the problems with the bill. In general the bill is either almost entirely redundant or extremely dangerous in terms of limiting and sabotaging the ability of mental health professionals to conduct their roles in a professional manner."

*[Editors Note: Dr. Alan Taylor is presenting as part of a forensic psychologists panel this month at the Louisiana Psychological Association Annual Convention, discussing these and similar matters regarding family court.]*



Photo by A. Dooley



## Telehealth Bills Skate Through

Senate Bill 328 by Senator Dan Claitor, passed the Senate 34 to 0. The bill extend the options of communications in telehealth. The present law requires a physician practicing telemedicine to maintain a physical practice location in Louisiana or affirms that he has an arrangement for referrals with a physician in Louisiana. The proposed law repeals that requirement, allows for two-way video or audio interactions, and also requires rules not be more restrictive than the telehealth laws. HB 570, adding dietitians and nutritionists to those using telehealth methods, passed the House 91 to 0.

## “Stabilization Units” Passes House, Pending In Senate Committee

House Bill 763 aim to create and support “intervention and stabilization units” by the human services districts, passed the House 90 to 2, and is pending in the Senate Health & Welfare committee.

## SB 326 Adds Starvation to Child Abuse Reporting

A bill that will add starvation and malnutrition to the definition of "serious bodily injury" to child abuse reporting laws, has passed the Senate in a 33 to 0 vote. It is pending in the House Health & Welfare Committee.

## Correction to Specialty Court Exemptions

A measure addressing an issue with a 2015 law, exempting certain facilities that provide substance abuse and mental health services to specialty courts, from certified providers.

SB 210 will change wording to ensure that providers are qualified. The measure passed the House, 90 to 2, and is pending in the Senate Health & Welfare committee.

## HB 252 Exempts LPC Board from Ex-Offender Licensing Protections

A measure to exempt the LPC Board from a law that authorizes entities issuing licenses for certain fields of work to issue provisional licenses to ex-offenders, has passed the Senate floor in a 37 to 0 vote.



## “Welcome to the Real World” Governor’s Budget Published

In a not so tongue-in-cheek title in the 2016-2017 Executive Budget released April 12, the authors tell readers, “Welcome to the Real World.” Then they explain that the past seven years of budgets were based on one-time money and false assumptions, and that this fiscal year the state will embrace reductions of nearly \$750 million to government agencies.

The budget lays out cuts to DHH (Department of Health and Hospitals), of \$408.7 million, to TOPS of \$183.2 million, to higher education of \$46.1 million and to corrections of \$34.1 million. Also the budget lists cuts to the Judicial Branch of \$15.9 million and to the Legislative branch of \$7.3 million.

Other reductions are to come from the Executive Department with reductions of \$14.5 million, Juvenile Justice is to be cut by \$18 million, and the Department of Education by \$52.4 million.

The report notes that there are no reductions in General Fund for Mental Health Advocacy, Military Affairs, Public Defender Board, Veterans Affairs, Ethics

Administration, State Police Commission, or Board of Tax Appeals. Also, certain funding is required by the constitution, such as elections, textbooks, debt service to corrections, and general obligation debt, for examples.

The report’s authors note that the 2016 Extraordinary Session resulted in increased revenue forecasted to be \$1,259,100,000. This resulted in anticipated cuts of 63 percent dropping to a much smaller reductions, authors say.

However, even with the boost in tax revenues, the authors summarize the 2016-2017 budget authors title the bottom line, “The Harsh Reality.”

According to the Louisiana Budget Project, legislators are trying to find TOPS money, and there is a “standoff” at the Capitol over holding another special fiscal session. The Project reported that some lawmakers are resisting tax increases and others want deeper cuts in the state contracts.

Another session would have to come after the June 6 adjournment of the regular session, now in progress.

### STRESS MANAGEMENT STRATEGIES FOR WOMEN LIVING WITH MS: COGNITIVE BEHAVIORAL METHODS IN A GROUP SETTING



### BEGINNING FEBRUARY 2016

#### Group treatment

The intention of this group is to foster development of specific strategies and practices that have been shown to reduce fatigue and improve mood in individuals living with multiple sclerosis. Topics that will be addressed include social functioning (communication and assertiveness), fatigue, anxiety, relaxation, pain management, and cognitive impairment.

Women are invited to participate, and it will be led by clinical psychologist, Melissa Dufrene, PsyD. Participants will be asked to practice skills outside of sessions and to monitor their progress.



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Legislative and State News

Medical Board Back Under the Gun for More Change, This Time in Nominations

After significant changes caused by Act 441 in 2015 regarding investigations, the state medical board is again looking at more changes, this time in how its members are chosen. Senate Bill 429 would restructure the process for board nominations. The move prompted a comment by the board’s president to ask that law-makers give the board time to adjust to last years reforms, which included a new Executive Director, separating investigations from the Director’s duties, reorganizing the staff, and new rules relating to complaints and investigations, before another set of changes are imposed.

However, at the Senate Health & Welfare Committee, author Senator Regina Barrow felt that the additional changes were needed. SB 429 would cause potential board members come from districts and be elected, rather than originate from the three associations. Current law specifies that the medical board be composed of four physicians from the Louisiana State Medical Society, two from the Louisiana Medical Association, and one the Louisiana Academy of Family Practice Physicians.

The measure directs the secretary of the board to issue ballots and conduct counting of votes. The proposed law would also establish specific qualifications for appointees.

At the Senate Health & Welfare Committee meeting on April 27, author Senator Barrow said, “At the end of the day, [...] I think this provides fairness and parity as it relates to this particular discipline, as it relates to the make-up of the board.” She said that she had concerns about the board being heavy with those placed by their associations, and none were elected.

Senator Dan Claitor asked, “Who does the medical board supervise?” And the current Executive Director, Mr. Eric Torres, explained that the board includes 16 categories of licensees. He listed acupuncturists, athletic trainers, clinical exercise physiologists, clinical laboratory personnel, medical psychologists, midwives, occupational therapists, and others.

Senator Claitor said, “I appreciate that and understand the way the board’s put together. Its physicians and consumers but none of these other folks that are supervised by the board. Do they have any feelings? Or are they completely comfortable with being the subjects of the physicians?”

Mr. Torres said, “We currently have 10 advisory committees and its my understanding that everyone’s satisfied with how that works, currently.”

Senator Claitor asked Senator Barrow if she had “Heard anything?” She said she had not.

Representatives from the Louisiana Medical Society opposed the measure, but declined to speak. Dr. Jim Taylor, legislative affairs for the Academy of Louisiana Family Physicians did testify, saying that he was concerned how the individuals would be vetted. He also noted his concern that the timing of the bill was “curious,” and noted his concern that it could be it could be “retaliatory.” He did not explain further.

Gender Discrimination Bill Waits in Committee

Senator J.P. Morrell has offered Senate Bill 332 which adds sexual orientation and gender identity or expression in provisions prohibiting discrimination. The bill is pending in Senate Judiciary B.

Rules for Psychology CEs Under Review

The March “Notice of Intent” for changes to the psychology board’s rules for continuing education, also called continuing professional development, are being reviewed. The board received 23 comments about issues in the proposed rules. Current Executive Director, Ms. Jaime Monic, noted, “We received 23 comments via email prior to the deadline to submit comments. At this time, the Board will give consideration to those comments, make a decision on how to proceed, respond to the comments and provide a report to the respective oversight committees.” Monic said the issue is on the Board’s agenda for its May 13 meeting.

SB 36 Aims at Malpractice Reform

Senator Ryan Gatti has proposed SB 36 to make it an intentional tort (an illegal act) and not subject to the present laws about medical malpractice, for a physician to hold himself out as a specialist in an area of medicine in which he is not board certified or credentialed. From the

legislative digest: “Proposed law clarifies that intentionally representing oneself as a specialist without having obtained the required clinical training, education and board certification shall cause a physician, his employer, hospital or corporation to be subject to liability under the general tort law.”



### 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.

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



# Psych Board Discusses Specialty Titles, Unlicensed Assistants, Budget, and more in March

Minutes from the March meeting of the state psychology board were approved in April, and note discussions:

Specialty Designations: Dr. Jesse Lambert initiated a discussion about specialty designations and defining scope of practice for specialties in contrast to the option of a broader focus of defining healthcare provider and non-healthcare provider. “The Board agreed to continue this discussion, investigation and receiving input on this subject.”

Unlicensed Assistants: “RULE: Unlicensed Assistants to Psychologists – The Board continued to discuss the current requirement for supervision of unlicensed assistants and establishing a requirement to register assistants to psychologists. The Board agreed to continue its study and investigation of this potential.”

Complaints Process: The Board reviewed the revisions and comments proposed by Amy Lowe, General Counsel for the Board regarding the current Complaints Process. The Board approved the revisions. The minutes it don’t describe what these changes are or any specifics.

Investigations of Dual Licensed Psychologists: “Ms. Monic and Dr. Zimmermann brought this

issue to the Board where the Board currently has information concerning potential violations of two Licensed Psychologists who are also licensed with the Board of Medical Examiners. Ms. Monic requested direction from the Board on any history of dual investigations/cooperation in investigations against dually licensed psychologists. The Board was not aware of a past precedent and directed Ms. Monic to proceed with an investigation under the current procedures.”

“New Proposed Rule: LAC Title 37, LXIII Chapter 13. Code of Ethics – Dr. Burnett presented draft regulations for the Code of Ethics. The Board discussed these proposals at length as they pertained to applicability to Louisiana psychologists; statutes and regulations. Amendments were suggestion and Dr. Burnett agreed to work with Ms. Monic on a final draft to present to the Board in April or May 2016.”

Finance Committee: The board reviewed financial statements and Ms. Monic reported that the Board remained under budget with the exception of legal and auditing expenses. “The Board has enough cash in the bank to pay its expenses and if there are no unusually large expenses, we are on track to have a small reserve on 6/30/16.”



Dr. Marc Zimmermann (L), current LSBEP Chair, and Dr. Darla Burnett, Vice-Chair, consider issues at the long-range planning meeting last year. The latest minutes indicate that the board is discussing possible registrations for unlicensed assistants and reviewing matters regarding specialty designations.

## Nominations Open for School Specialist Advisory Committee

The Louisiana State Board of Examiners of Psychologists published a notice that the board is accepting self-nominations from those wishing to serve on the Licensed Specialist in School Psychology Advisory Committee. Nominations are due by June 7. The position is for the term July 1, 2016 to June 30, 2019.

The current members of the Advisory Committee are Lucinda DeGrange, PhD, J. Steven Welsh, PhD, and Carmen Broussard, PhD. The opening comes from Dr. DeGrange completing her term this June.

# BA Board Notes New Rule, Comments Due by May 10

The Behavior Analyst Board published a proposed Rule, also known as a “Notice of Intent” in the April Louisiana *Register*. The authors outlined the supervision requirements for State Certified Assistant Behavior Analysts and for Registered Line Technicians.

There are currently 143 Licensed Behavior Analysts, and 700 Registered Line Technicians, said the authors. There was no mention of the total assistant behavior analysts.

Interested persons may submit written comments to Rhonda Boe, Executive Director, 8706 Jefferson Highway, Suite B, Baton Rouge, LA 70809. All comments must be submitted by 12 p.m. on May 10, 2016.

## Medical Board Publishes Rules for Complaint Process, Staff Duties

The state medical board published a new Rule in the April *Louisiana Register*, which requires that the Executive Director and the Director of Investigations be separate positions. Also, the new requirements separate the preliminary review of a complaint from a formal review for certain types of information, and provides flexibility to support a recommendation to dismiss in lieu of automatically beginning a formal investigation. The Rule notes that a preliminary review is not reportable, and also that the formal review is to be completed within 24 months, but this may be extended if needed by the board.

# CMS Publishes 962 Pages of Rules: Pay for Performance

In a 962-page regulation published April 29, the Centers for Medicare and Medicaid Services (CMS) propose “a new frame work for rewarding health care providers for giving better care, not just more care.”

The rule originates from the Medicare Access and CHIP Reauthorization Act (MACRA) passed last year by Congress. The law offers certain eligible professionals a choice of payment models where they are rewarded for performance. These models are viewed by some to become guides for states and private insurance.

One of these models is the Merit-based Incentive Payment Systems, called MIPS. The other is the Alternative Payment Models or APMs. Reporting begins in 2017 and physicians will receive a composite performance score linked to bonuses and penalties, ranging from 4 percent in 2019 to 9

percent starting in 2022, according to sources.

“Eligible professionals” for the first two years of MIPS are: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and nurse anesthetists.

For the third and succeeding years, other professionals become “eligible:” physical or occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical psychologists, clinical social workers, and dietitians/nutritionists.

The president of the American Medical Association, Dr. Steven Stack, said that the rules offer both opportunities and poses risks. The opportunities involve better rewards for improvements, and the risk is that regulatory approaches will drive “the alarming rate of physician burnout.”



# Tulane’s Dr. Nastasi, LSU Named Top Scholarly Sources

continued

Among the top universities whose faculties and students authored the most articles, Louisiana State University ranked 29 out of 1,210 leading universities.

Current school psychology faculty at LSU are Dr. George Noell, Professor and School Psychology Program Director, Dr. Frank Gresham, Professor, Dr. Mary Lou Kelly, Professor, Dr. Tyler Renshaw, Assistant Professor, and Dr. Anna Long, Assistant Professor.

Chair of Psychology at Tulane, Dr. Stacy Overstreet said, “The article in SPQ highlights what we at Tulane already know about Bonnie—She is an incredibly talented scholar in the field of School Psychology who has built a national and international reputation based on her programmatic lines of research in the areas of mental health, qualitative research design, and program development and evaluation.”

“Her leadership as President of Division 16 (School Psychology) within the American Psychological Association and as President of the International School Psychology Association illustrate the high regard she has earned in our field. Kudos to Bonnie,” said Overstreet.

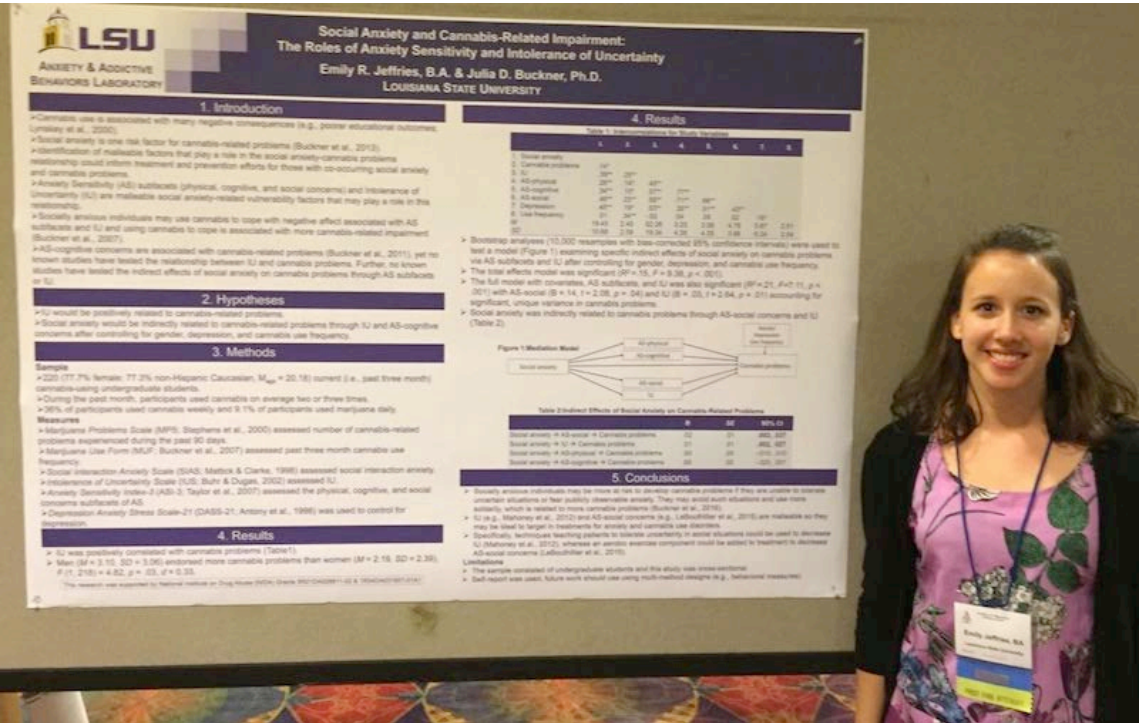
Director of Clinical Training at Tulane, Dr. Constance Patterson, said, “It is wonderful to see Dr. Nastasi recognized for her scholarly work, and there is certainly no doubt that she is a very capable scholar. She is also a generous colleague, an excellent model for effective collaboration, and a gifted teacher and mentor for our students.”

Dr. Nastasi’s highest impact work was “School psychologists as health-care providers in the 21st Century: Conceptual framework, professional identity, and professional practice,” in *School Psychology Review*, 2000. The authors analyzed this work to fall in the “main development path” for the progression of the discipline.

Among many positions, Dr. Nastasi is a past-president of APA Division for School Psychology, past-president of the Louisiana School Psychological Association, President-elect of the International School Psychology Association, past co-chair of APA’s Committee on International Relations in Psychology.

In response to the news about LSU’s top position among leading university, School Psychology Program Director Dr. George Noell, said, “LSU has consistently ranked as one of the most productive school psychology programs in terms of scholarship on a number of reviews conducted by diverse scholars at different universities using different methodologies.”

“I think these consistent findings are a testament to the impact our program has had and is having on knowledge generation in our field,” said Dr. Noell. “This remains particularly striking given the relatively small size of the LSU program compared to many of our peers,” he said.



Emily Jeffries, doctoral student of Dr. Julia Buckner and researcher at Buckner’s Anxiety and Addictive Behaviors Laboratory at Louisiana State University, poses with her work. (Courtesy photo.)

## LSU Researchers Present Work in April at Anxiety and Depression Association of America

Emily Jeffries and Austin Lemke, doctoral students of Dr. Julia Buckner and researchers at Buckner’s lab, Louisiana State University (LSU) Anxiety and Addictive Behaviors Laboratory, presented research at the 35<sup>th</sup> Annual Conference of the Anxiety and Depression Association of America. The Conference was held in Philadelphia, Pennsylvania, in early April.

Ms. Jeffries, coauthored with Dr. Buckner, *Social anxiety and cannabis-related impairment: The roles of anxiety sensitivity and intolerance of uncertainty.*

Mr. Lemke, coauthored with Dr. Buckner, *Social anxiety and drinking problems: The roles of drinking to manage negative and positive affect in social situations.*

In a study of 220 individuals who use cannabis, Jeffries and Buckner found that “Intolerance of Uncertainty,” or IU, was correlated with cannabis problems. Men endorsed more cannabis problems than women, and social anxiety was indirectly related to problems through “Anxiety Sensitivity” and IU.

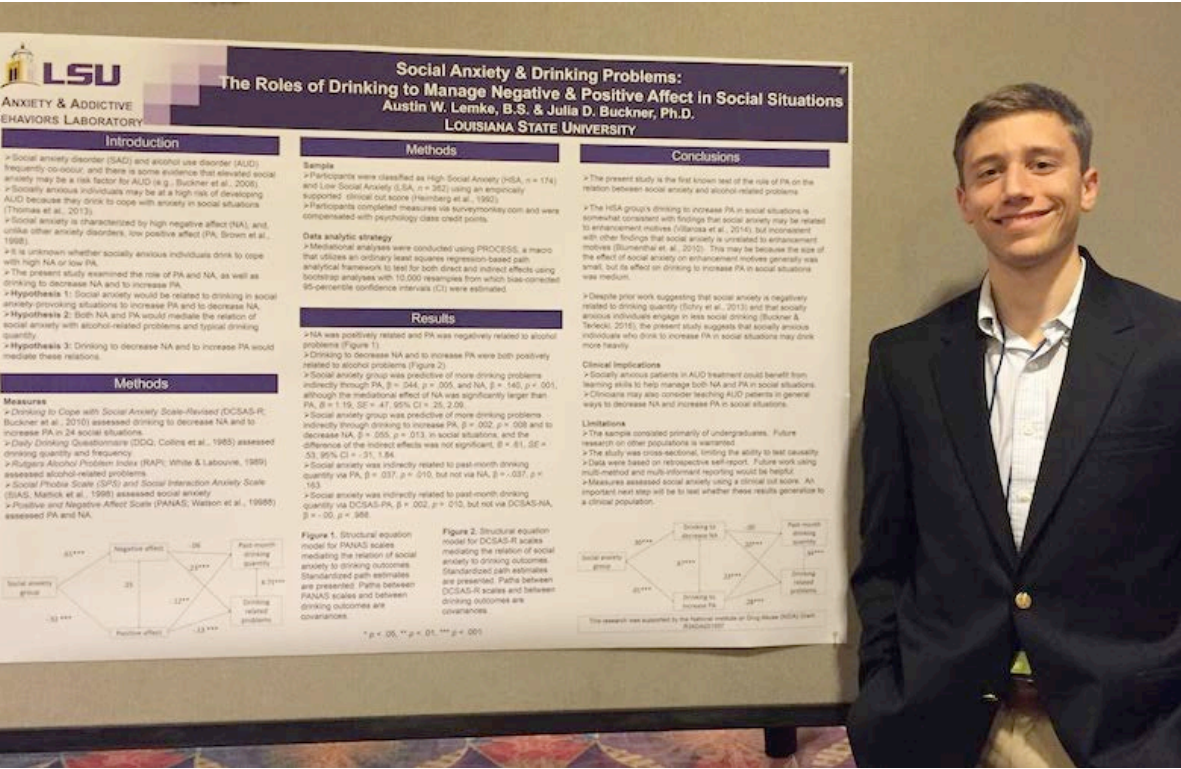
“Findings from our research,” said Jeffries, “suggest that social anxiety is associated

with experiencing more cannabis-related problems among cannabis users. This relationship may be accounted for by anxiety-related vulnerability factors (i.e., intolerance of uncertainty, anxiety sensitivity). These vulnerability factors may be ideal factors to target in psychosocial treatments for individuals with social anxiety and cannabis-related impairment given that they are malleable through cognitive-behavioral interventions,” she said.

Lemke and Buckne looked at Social Anxiety Disorder (SAD) and alcohol use disorder (AUD) and Positive and Negative Affect. Structural equation models showed that Negative Affect was positively related and Positive Affect negatively related to alcohol problems. Social anxiety was indirectly related to drinking problems.

“An important finding is that socially anxious individuals experience alcohol-related problems not only because of drinking to cope with high negative affect in social situations,” Lemke said, “but also because of drinking to cope with low positive affect in social situations.”

Ms. Jeffries is originally from Cincinnati, Ohio, and Mr. Lemke is from New Orleans.



Austin Lemke, student of Dr. Buckner, presented work at the Anxiety and Depression Association. (Courtesy photo.)



# Psychologists Speak at Louisiana Primary Care Assn 3<sup>rd</sup> Annual Clinical Summit in New Orleans – June 3-4

Dr. Melissa Bonnell, Dr. William (Gig) Costelloe, and Dr. Karen Slaton are among the presenters this year at the 3<sup>rd</sup> Annual Clinical Summit of the Louisiana Primary Care Association. The summit will be hosted along with the Louisiana Rural Health Association (LRHA) and held June 3-4, in New Orleans at the Downtown Marriott Convention Center. The theme is “Big Ideas in the Big Easy: Uniting Rural and Urban Providers.”

Drs. Bonnell and Slaton will present “Three Behaviors = Four Disease Processes = 50% of All Mortality: How to Help Patients Change the Big Three.”

Dr. Melissa Bonnell is with the Veterans Health Care System in New Orleans, and also a member of the Southern Pain Society. She works on interdisciplinary teams composed of anesthesiologists, physical therapists, occupational therapists, a pharmacist, nurses, and psychiatrists, to help veterans improve health and quality of life.

Dr. Karen Slaton is also a health psychologist at Southeast Louisiana Veterans Health Care System. She is currently the Program Manager for Behavioral Medicine and Health Psychology and serves as Health Behavior Coordinator in the Health Promotion and Disease Prevention program. At the VA, her clinical practice is in the area of primary care–behavioral health integration, chronic pain and integrated health.

Dr. Slaton noted, “This talk will describe three health behaviors (tobacco use, diet and inactivity) that contribute to four major chronic diseases (CVD, Type 2 DM, chronic lung disease and many cancers) which are responsible for 50% of global mortality,” she said. “Providers will be introduced to health coaching and will learn skills (mostly from motivational interviewing and problem solving) to help their patients change problematic behaviors.”

“... from my perspective,” Slaton said, “most patients want to be healthier—they just don’t have the knowledge, skills and confidence to become healthier. Providers can use skills from health coaching to help patients set goals that are in line with their core values which makes it much more likely that changes in behavior will occur.”

Dr. Bonnell explained, “... one thing I think to emphasize is that motivational interviewing (MI) allows healthcare providers to efficiently communicate with patients about their health goals and enhance treatment adherence. In the age of managed care and pressure to increase patient access, performance, and positive outcomes, having confidence in MI skills allows providers to meet the demands of the agency while still allowing the patient to feel *heard*.”

Dr. Gig Costelloe will also present at the primary care summit on Friday. He will talk about “Creating Effective Teamwork and Collaboration in Integrated Settings.” Dr. Costelloe is president of Costelloe & Associates in New Orleans and a licensed Industrial-Organizational Psychologist. He has consulted for 35 years to public corporations

and businesses across the country, providing pre-employment assessment, team-building, employee surveys and other psychological tools for business and industry.

The Louisiana Primary Care Association (LPCA) is a non-profit state trade association whose purpose is to promote accessible, affordable, quality primary health care for the uninsured and medically underserved populations in Louisiana, noted Shannon Robertson, Clinical Education Coordinator. The LPCA represents 34 organizations with over 170 health care sites, private non-profit and public FQHCs across Louisiana that serves more than 300,000 patients annually, she said.



Psychologists speaking at the conference are coordinated through the Speakers’ Bureau of the Louisiana Psychological Association, serving the public interest through psychological science.



Dr. Melissa Bonnell will be a speaker at the upcoming Louisiana Primary Care Association in June. She will speak on the “Three Behaviors = Four Diseases” that lead to 50 percent of deaths. She will be presenting with Dr. Karen Slaton. *(Courtesy photo.)*

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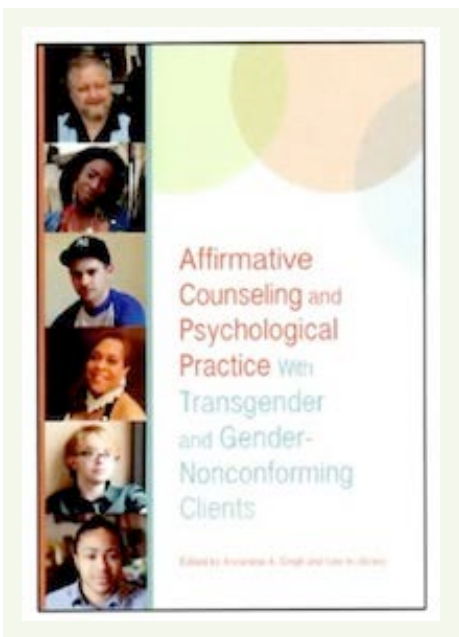


# LaTech’s Dr. lore dickey to Take New Position at Northern Arizona U.

Dr. lore dickey has accepted a new position, as Assistant Professor and Director of Training for the Counseling/School Combined Psychology PhD program at the Northern Arizona University in Flagstaff, Arizona. A LaTech faculty member, Dr. dickey explained to the *Times* the move is happening this month. “I grew up in Arizona – so it is a going home of sorts for me—and a great move in my career,” dickey said.

Dr. dickey has 19 publications coming out in the next six to nine months, all on transgender issues, an area in which Dr. dickey is a national expert. One of the most recent is “Health Disparities in the Transgender Community: Exploring Differences in Health Coverage,” published in *Psychology of Sexual Orientation and Gender Diversity*.

Dr. dickey presented at an international conference in Valencia, Spain, last month, and will present at the World Professional Association for Transgender Health in Amsterdam in



Dr. dickey will have a book out in August, published by APA.

June, and also at the International Congress for Psychology in Yokohama, Japan, and at the American Psychological Association (APA) this year, dickey explained.

Dr. dickey has an edited book to be released in August, *Affirmative Counseling and Psychological Practice With Transgender and Gender-Nonconforming Clients*,” published by the American Psychological Association.

## Other News

### Governor Edward Signs Order

Governor John Bel Edwards signed an executive order in April providing employment protections for state employees and employees of state contractors on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, political affiliation, disability, or age. This executive order also prohibits discrimination in services provided by state agencies, and recognizes an exemption for churches and religious organizations.

### LPA Holds Elections

The Louisiana Psychological Association is currently holding elections. Running for President-Elect are Drs. Carolyn Wegan and Julie Nelson. Running for Treasurer is Dr. Charles Burchell. And running for Director are Drs. Gig Costelloe, Fernando Pastrana, Jr., Constance Patterson, Rebecca Rothbaum, and Kim Van Geffen.

### AG Tells Funeral Directors Board They Took Too Much Authority

The office of the Louisiana Attorney General, Jeff Landry, issued an Opinion in April finding that the Funeral Directors Board exceeded its statutory authority when it imposed additional requirements on applicants to qualify for a license. The AG wrote, “A Board being only an administrative agency of the state, cannot on its own authority enlarge the powers delegated to it by the Legislature.”

## Stress Solutions

by Susan Andrews, PhD

### Stress Linked to Increased Risk of Dementia

Chronic stress has become not only a #1 health risk, but also a major way of life for too many of us. If you are honest with yourself, the risk of dementia is more frightening than a heart attack. We can survive a heart attack but once dementia sets in, there is no escape – to date. The important link for all us neuroscientists is how anxiety, fear, and stress affect the brain. Adding to the burgeoning research that has been done on how stress can damage the brain, Dr. Linda Mah and her colleagues at the Rotman Research Institute at Baycrest Health Sciences in Canada recently published a review article in the journal, *Current Opinion in Psychiatry* (2016, 29, p 56-63). The article reasoned that stress exacerbates mental illnesses such as depression but also appears to increase the risk of dementia; this suggests a common mechanism for the development of dementia and stress-induced depression.

Chronic stress was defined as a “pathological state caused by prolonged activation of the normal acute physiological stress response.” Once the stress response becomes chronic, damage to the brain occurs by altering the neurocircuitry of fear: enhancing amygdalar functioning, while causing structural degeneration in the prefrontal cortex (PFC), the orbitofrontal cortex, and the hippocampus. This circuit ends by inhibiting PFC/hippocampus control over the stress response.

The hippocampus plays an important role in memory but it also plays a role in the regulation of emotions during a fear experience. Long-term exposure to cortisol and other stress hormones can cause the hippocampus to atrophy. The fear and anxiety neurocircuitry engages when the amygdala detects a threat and generates emotions, such as fear and anxiety. Then the medial prefrontal cortex and hippocampus work to downregulate the amygdala. Emotional regulation is achieved when the amygdala is balanced with the activity of the mPFC and hippocampus. A simplification is that fear and stress can cause the amygdala to become overactive and cause the PFC to become underactive. The end result is an increase in fear and anxiety (stress) and a decrease in the “thinking areas” of the brain that regulate the emotional response. In sum, “pathological anxiety and chronic stress are associated with structural degeneration and poor functioning of the hippocampus and the PFC, which Dr. Mah’s team believes may account for the increased risk of developing neuropsychiatric disorders, including depression and dementia.

While that is definitely sobering, there are some major positive comments to consider. For one thing, we know ways to control “chronic stress” such as mindfulness and exercise. For another, the damage to the hippocampus and the PFC may not be entirely irreversible. Antidepressant treatment and exercise both show promise in repairing the hippocampus. Sleep and power naps are effective in regenerating the PFC. Nonetheless, this brings us back to the most important point: *Nothing changes until you do. Just knowing a fix exists doesn’t help unless you use it.*



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



# (Not) Talking about Death — Dr. Breaux and Researchers at Lafayette Study the Words We Use in Place of “Died”

“Passed away”, “kicked the bucket”, “gone with the wind”, “in a better place,” and “in heaven now.”

“No longer with us”, “didn’t make it”, and “not here anymore.”

These are some of the more common ways we talk about the topic of death, that Dr. Brook Breaux and her student researchers from psychology at the University of Louisiana Lafayette have found. The group conducted studies to learn more about the words we use, and don’t use, when we talk about, or don’t talk about, the big one.

Mark LaCour is one of the students conducting the research. He explained that terms like “passed away” were by far the most common. But there were some unusual ones, too.

“The faiths got ‘em” and “in the sky” were examples, LaCour said. There were also references to murder or suicide, “which we did not mention in the instructions,” he said.

Very few studies have directly examined the idea that people tend to avoid using direct and literal words to describe death, but rather express facts about death in symbolic and figurative terms.

The University of Louisiana Lafayette researchers found that our language has many words for living, but many fewer words for death. The authors wrote, “The results suggest that although speakers of American English use words related to death (106,633) and dying (113,757), they do so at a noticeably lower rate as compared to words related to life (379,285) and living (201,323).” The authors presented their results at the Southeastern Psychological Association meeting held in New Orleans recently.

Breaux and her students asked participants to provide examples of how they, or their friends or family members, might say that someone had died, without using the word *died*. On average, participants produced six words, with the most common being “passed away.” A full 75 percent of the participants produced this as their first response. And 93



Dr. Brook Breaux (R) and her student researchers from University of Louisiana Lafayette presented at SEPA this year. Back row (left to right): Kylie Garber, Iesha King, Dylan Richard, and Dustin Dronet. Front row (left to right): Mark LaCour and Dylan Harrell.

percent produced at least one response referring to the afterlife.

What else did they find? “While women didn’t generate more phrases compared to men overall,” said Mark LaCour, “they did generate more phrases that were categorized as involving continuation, the afterlife, of positive affect compared to men,” he explained.

The researchers asked participants if they experienced the death of a family member or a close friend as well as their rating of how many deaths they have experienced compared to the average person.

“Strangely enough,” said LaCour, answers to these questions were not predictors of any of the variables we looked at (e.g., number of metaphors generated, number of metaphors within a category).”

“Even stranger,” he noted, “some individuals were highly discrepant with their answers. For instance, people who said they had not experienced the death of a family member or close friend would rate themselves as having experienced more deaths

than the average person while another participant would report that they had experienced the death of a friend and family member, yet still rate themselves as having experienced fewer deaths than the average person.”

Dr. Breaux’s group has an ongoing research agenda in this area, and they hope to uncover information that helps with managing fears and coping with mortality.

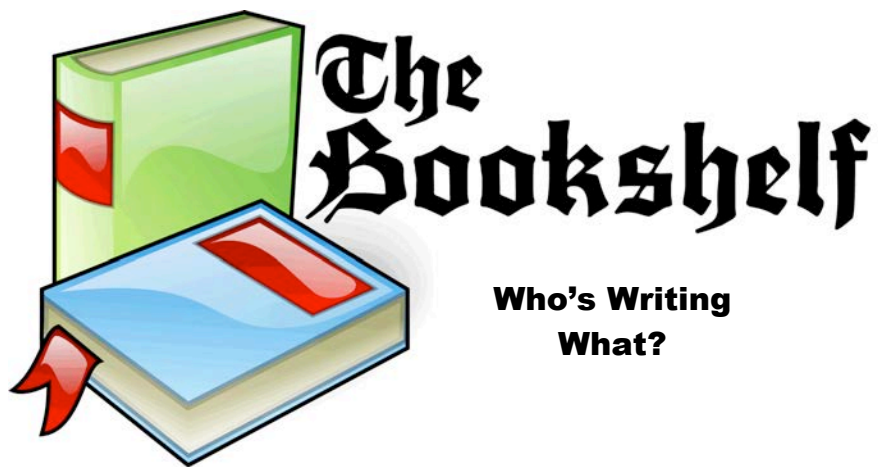
## Openings for Participants in Hyperbaric Oxygen Therapy Study

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## *Medical Psychology Practice and Policy Perspectives*

John Caccavale, PhD, ABMP  
Editor

*NAPPP Books, 2013*

In *Medical Psychology Practice and Policy Perspectives*, Dr. John Caccavale brings together key figures in the national medical psychology community to define a vision of quality healthcare and of psychologists' participation in that vision.

Caccavale and his contributors show how psychologists, competently and broadly prepared, work in the present and future integrated medical settings. This direction moves beyond the traditional biomedical model and is characterized by comprehensive understanding of biopsychosocial levels, physical causes of psychological disorders, and psychological causes of physical illness, as well as accurate and appropriate diagnoses, team leadership, lifestyle perspectives, and behavioral interventions.

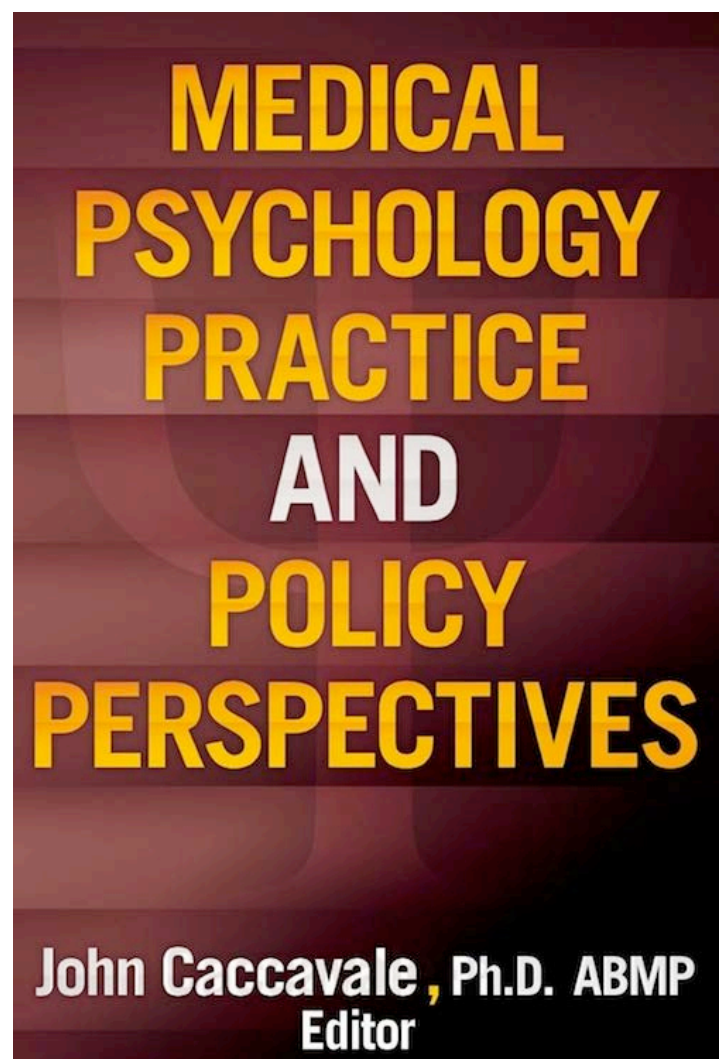
Dr. Caccavale and his contributors provide a rich set of examples of integrated and primary care in the array of chapters. "Centralization and integrated care, for the time being," Caccavale writes, "are the main goals for reform. For psychologists, this means that we have to communicate to physicians that we are capable of dealing with patients who have existing medical problems alongside of the mental or behavioral treatment. We need to communicate with them in their language, as most have no idea about ours."

He points out that the new healthcare landscape put forth by Affordable Care Act (ACA) will transform the healthcare system from one of provider services to one of provider performance. And he sees that medical psychology, as defined at the national level, is an answer.

Caccavale is a clinical and neuropsychologist from California, past director of the Academy of Medical Psychology and diplomate of the American Board of Medical Psychology. He has served on the National Institute of Behavioral Health Quality, the American Board of Behavioral Health Practice, the Lifestyle Medicine Foundation, and is a director the National Alliance of Professional Psychology Providers (NAPPP).

"Behavioral intervention is the foundation for lifestyle medicine," writes Dr. Caccavale. "Demonstrating performance, however, will be difficult for physicians who continue to practice in their traditional manner. Of the top four classes of medical problems in America – metabolic disorders, respiratory disease, cardiovascular disease, and a mental disorders – physicians will have great difficulty demonstrating that they are improving patient health by utilizing medications as a first-line treatment for these classes of disorders," writes Caccavale.

Chapters in *Medical Psychology* range from a review of evidence for psychotherapy as a first-line treatment, to experiences in community mental health settings, to treatments of the elderly in nursing homes, to a chapter on functional medicine, to a chapter on the consultation model in health systems.



Primary among themes woven through the text is a continuing critique —more of a sound thrashing—about the limitations and failures of the biomedical model and use of medications as first-line or sole treatment. This view is punctuated in chapters on adverse drug events and implications, a chapter on the need for science-based prescribing, and a chapter on poor science around antidepressant medication.

Almost as strong is the critique of organized psychology for what the authors see as a failure to lead and even of placing obstacles in the way of change for psychology. The authors are also critical of the Louisiana Act 251, which they see as limiting the issue to prescribing, rather than supporting the national model for the role of medical psychologists.

Among the issues that Caccavale explains in *Medical Psychology*, is that "... physicians and patients have been lulled into believing that these medications are safe and without serious side effects," he writes.

He points out that an adequate workforce of behaviorally trained primary care physicians does not currently exist. Eighty percent of primary care physicians have difficulty in finding quality outpatient mental health services, he points out, and, there are serious shortages in all physician groups, psychiatrists in particular.

One of the contributors, Dr. Cornelius Cuza, writes, "The standard traditional medical model has been the organizing force in the public health efforts," and this has caused the focus to be on the "single underlying disease entity as the cause of illness." Cuza also writes that the medical model, which is driven by mental health interventions, is "demonstrating a diminishing return on efforts. As the pharmacological revolution for mental health disorders has been with us for well over a generation, no enlightened authority would hail pharmacological treatment a real success."

Contributors include a who's who in national medical psychology, including Dr. Jerry Morris, President of Academy of Medical Psychology, who provides several chapters. Dr. Jack Wiggins, former APA President who provides, "Milestone Events in the History and Development of Medical Psychology," Dr. Cuza with a chapter on community mental health, and Dr. Howard Rubin on, "Medical Psychologist: Consultant or Multidisciplinary Team?"

Dr. Nicholas Cummings, another past president of APA and health care innovator, provides the rocky history of integrated

Cont next pg



# Medical Psychology Practice and Policy Perspectives, *Continued*

care efforts, in his chapter on “Integrating Medical Psychology into Primary Care.”

Dr. David Reinhardt, as expert in nutrients and mental health, offers a delightful addition on Functional Medicine, which is a rare medical subspecialty that focuses on underlying causes typically overlooked in mainstream medicine, in “Functional Medicine and Medical Psychology.” Reinhardt points out that functional medicine, which is focused on promoting health, is easily aligned to the philosophies of psychology.

In “Psychotherapy as a First-Line Treatment for Behavioral Disorders: Treatments, Outcomes, and Cost Effectiveness,” Caccavale outlines the problems in the current system and provides the hard evidence about benefits of psychotherapy and the costs of the current methods of drug therapy. This is followed by his coauthored chapter with Wiggins, on “Adverse Drug Events: Implications for Prescribing Psychotropic Medications.”

Caccavale, Rubin, and Cummings follow with a chapter on “The Need for Science-Based Prescribing Standards in Mental Health Treatment.” This focus provides the foundation for the legislative model, outlined in the final chapters. “Antidepressant Medication Claims are Ineffective and Misleading,” by Morris and Caccavale follows.

Policy issues and needed changes are next, starting with “Changes to Reimbursement Rules for Prescribing Psychotropic Medications,” by Caccavale, and then, “Changes in Medicare Rules Affecting Hospital and Health Care Facility Psychology,” by Morris.

Dr. Joseph Casciani, PhD, expert in clinical geropsychology and author provides, “The Treatment of the Elderly in Nursing Homes.” And, “The Golden Age of Psychology: Serving the Public Health Facilities’ Need in the Age of Integrated Care,” follows, by Dr. Morris. In the closing chapter, Dr. Caccavale sets out, “A Model Prescribing Act for Psychologists Seeking Prescriptive Authority.”

The *Times* asked Dr. Caccavale about current challenges in a recent question and answer exchange. Following are excerpts from that interview:

**Times:** What do you see as the major way that psychologists can “enter the systems” which seem fairly closed by the medical-pharma-hospital business structures?

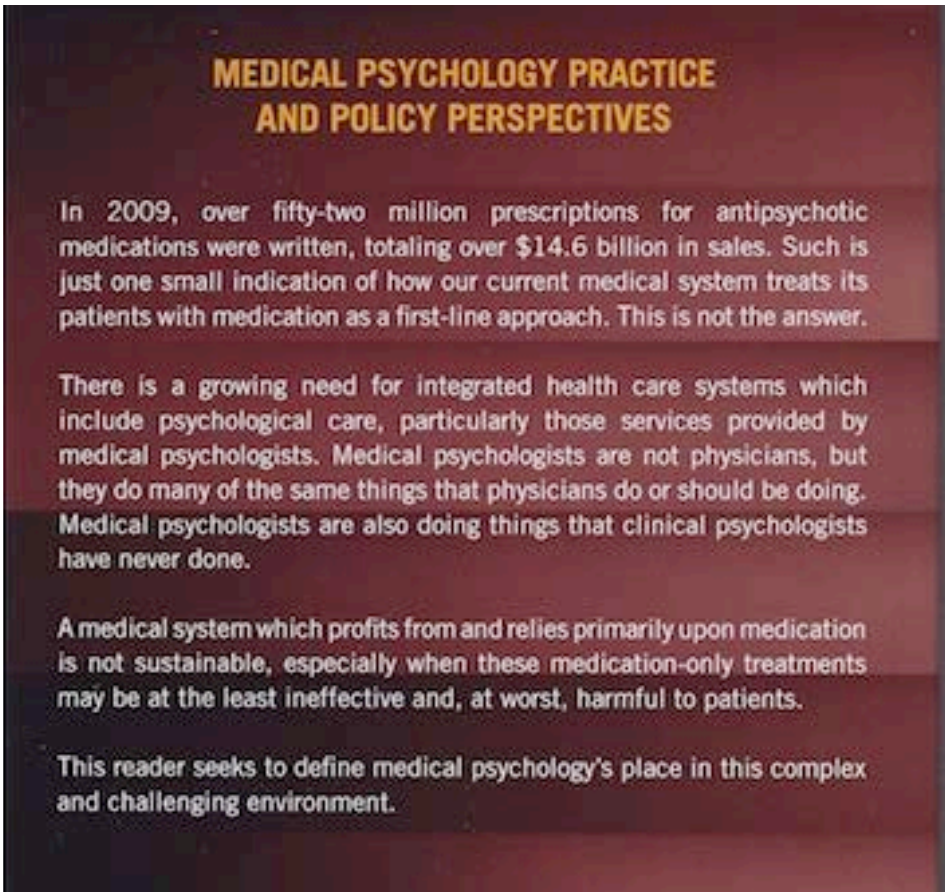
**Dr. Caccavale:** “Like any other business or profession, psychologists need to learn how to market our services. There is no legal bar to psychologists providing services in the venues you cite. In fact, many have been doing this prior to the ACA. The ACA and ACOs make it easier for us to enter these venues. These venues need providers who can distinguish themselves and show added value. This means knowing how to market your talents. Training in the medical psychology as defined in the book focuses on a breath of treatment options and not on medications as first line treatment. [...]”

As for policy changes, as the ACA matures, these venues will see that strictly medical interventions are far more costly in the long run and less effective for many of the issues patients present with. I would suggest that psychologists take a look at the writings of Dr. Nick Cummings, who is also a contributing author on this issue.”

**Times:** I would also like to get your view on prevention and ACA. What I see is that while there is some lip service to the idea, there is still not much true help in prevention.

**Dr. Caccavale:** You are correct, traditionally, in medical practice, prevention is not a high priority because physicians treat people while others are more concerned with prevention. That is changing because demonstrating results is now becoming a focus in healthcare. Psychologists have always been concerned with prevention. In a way, psychotherapy is both treatment and a guide for future prevention. We do not, however, market psychotherapy as prevention because many of us are still stuck in a model that looks at psychotherapy treatment, only. [...]

There is considerable research supporting our role in prevention. But, how many psychologists openly market psychological services as preventive care?



**Times:** What directions and policy changes do you feel are the best chances for change?

**Dr. Caccavale:** Changes in psychology practice, in my opinion, will be difficult. Our organizations have let us down as they have failed to fight for practice. Practice has continually declined over the last 25 years. The medicalization of mental health is a big contributor to this decline. I reserve, however, my biggest criticism to us. As psychologists, we have fought the wrong causes and have not been very astute in predicting trends and, more importantly, how to gain control over treatment options.

**Times:** Did I read it right, that the cost for adverse drug reactions was \$72 billion to \$172 billion while the cost for the drugs was \$132 billion for 2001. Is this possible?

**Dr. Caccavale:** Actually, it's now worse. For 2014, the costs of medications is about \$400 billion dollars. The total healthcare budget was \$2.5 trillion dollars. However, the incidence of hospitalizations from adverse events has risen substantially because of the growing use of medications in all categories. For example, in 2001, the average cost for a hospital stay associated with an adverse event was between \$5000 and \$6000. Today, that cost is much greater.

**Times:** What was the most rewarding thing about getting the book written/published, and what was the most challenging?

**Dr. Caccavale:** The most challenging aspect of anything we write is when we write about a subject in a different way or from a different perspective. Prescribing psychologists who wrote to me after reading the book were upset because they believed that I was sabotaging the RxP movement for stating that medications should not be a first line treatment in psychology and that most were not that effective in the first place. They also complained that the book promotes prescribing standards to be included in a practice law as opposed to “guidelines.” Apparently, there are many prescribing psychologists who believe that control should trump science and we should not be held to standards because no other prescriber is. In my opinion, the challenges I cite are really the rewards because some things need to be said whether they cause controversy and rebuke.”

*Medical Psychology Practice and Policy Perspectives* is an intriguing inside look at some of the thinking and practice of leaders in this area of psychology. It will leave the reader with some answers and also some questions about the future of healthcare psychology, and is well worth reading.

[Editors’ Note: Dr. Caccavale noted that the NAPPP certificate in Primary Care Psychology and the AMP training in medical psychology, and their model for legislation is a “completely different” training curriculum than the APA model. If readers wish to talk to him about training he would be happy to answer questions. Readers can contact the publisher for Dr. Caccavale’s number and email.]



# A Shrink at the Flicks

## The Rumble in the Jungle—A Review of *The Jungle Book*

by Alvin G. Burstein

The salience of concerns about *belonging* in literary classics, especially children’s stories, from *The Ugly Duckling* and *Pinocchio* to *Harry Potter* tell us that worries about adoption and alienation abide in human psychology. These concerns are central to Kipling’s classic, *The Jungle Book*, both in its original form and in its transformation in the 2016 Disney film by that name.

The basic story in both tellings is that of an orphaned child, Mowgli, who is raised by wolves, and the issues of belonging that arise because of his situation. Mowgli begins by thinking about himself as a wolf, a creature of the wild, and struggles with the problems of being accepted in that context, only to face problems in being human as well.

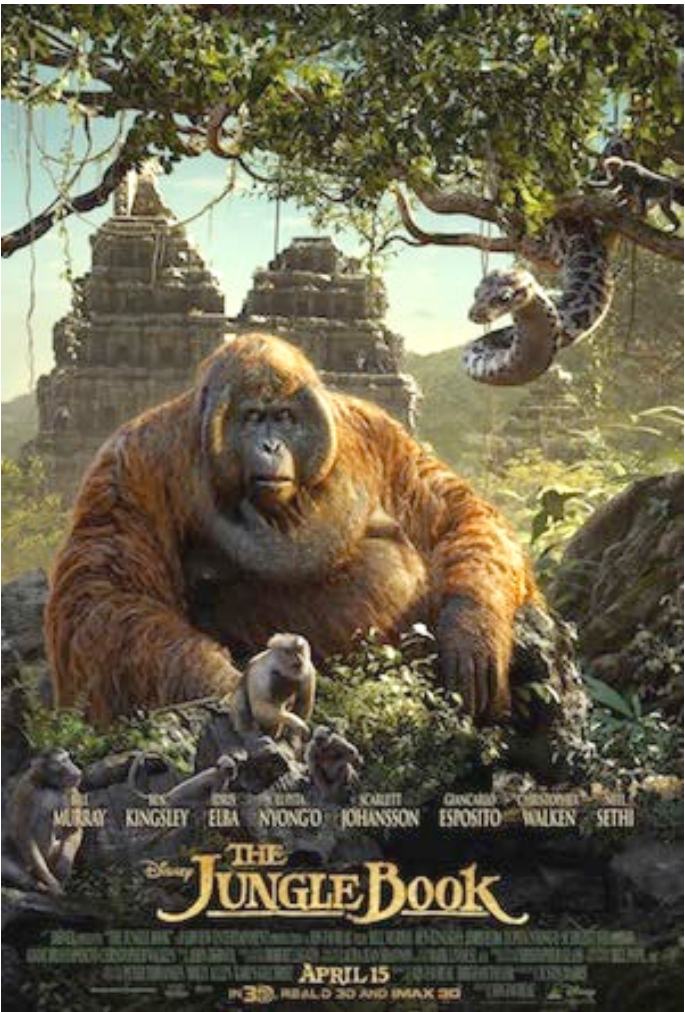
The Disney decision to adapt a classic invites comparison of the two versions. The major characters remain the same, Mowgli, the adopted child; Akela, the leader of the wolf pack; Raksha, Mowgli’s foster mother; Shere Khan, the man-killer tiger; Bagheera, Mowgli’s black panther protector; Baloo, the wolf-boy’s mentor; Kaa, the boa, an ambiguous ally.

The movie adds a new character, King Louie, a giant simian who fosters a plot to have his monkey subordinates kidnap Mowgli. His purpose is to persuade Mowgli to bring him the “scarlet flower,” fire, which the simian sees as the key to sharing, or maybe overthrowing, human domination. The riff on Prometheus seems heavy handed, and the incongruity is emphasized by the King’s breaking into a jazzy aria about wanting to be “...like youu....”

Guest Columnist,  
Dr. Alvin Burstein

Burstein, a psychologist and psychoanalyst, is a professor emeritus at the University of Tennessee and a former faculty member of the New Orleans-Birmingham Psychoanalytic Center with numerous scholarly works to his credit. He is also a member of Inklings, a Mandeville critique group that meets weekly to review its members’ imaginative writings.

Burstein has published flash fiction and autobiographical pieces in e-zines; *The Owl*, his first novelette, is available at Amazon. He is, in addition to being a movie fan, a committed Francophile, unsurprisingly a lover of fine cheese and wine, and an unrepentant cruciverbalist.



Missing in the Disney version is the hyena, Tabaqui, a sly trouble-maker who conspires with Shere Khan. Not missing, but greatly changed, is Baloo. In Kipling’s tale Baloo is the strict mentor who drills Mowgli in the Law of the Jungle and the Words of Power. The film presents Baloo as manipulative but bumbling conman with a heart of gold. An interesting character, to be sure, but one that mars the mood of grandeur and mystery in the wild that Kipling presents.

Mood and atmosphere differ in Kipling’s tale and Disney’s film. Disney, using special effects, creates an impressive virtual jungle of great beauty; Kipling, relying on lyrical language, helps us imagine and feel an exotic and mysterious locale.

In the film, Shere Khan menaces the wolf pack and Mowgli out of sheer evil and a lust for power. In Kipling’s tale, the tiger kills cattle and men because he is born crippled. His malice and hate are rooted in a physical defect.

The film has Shere Khan killing the aging leader of the pack and usurping his power until Mowgli lures the tiger to his death, permitting his foster mother, Raksha to become the pack’s leader.

In Kipling’s tale Akela, the aging pack leader, is not killed, but deposed when he fails to make a required ritual kill. He survives to help Mowgli in luring Shere Khan to his death. We know from Shere Khan and Mowgli’s first encounter that it is fated for one of them to kill the other. When Mowgli fulfills an early vow by bringing the slain tiger’s pelt to a meeting of the pack, the aging leader is restored to power.

The differing outcomes with regard to pack leadership is not a central point, but one suspects that Raksha’s becoming the pack leader is an attempt to modernize Kipling’s tale by avoiding gender stereotypes.

The more important and arguably more tragic outcome issue is that Mowgli does not have a home among wolves nor among humans. In both tellings, Kipling’s and Disney’s, the story ends with Mowgli, Baboo and Bagheera pictured as united, a group in the wild, one belonging neither in the pack nor among humans.

In the film, the trio is pictured as almost on a carefree vacation at a resort. In the book, the outcome is more ambiguous: the three remain together in the wild, but only for now. Mowgli will find it necessary to become more fully human in the future.

*The Jungle Book* provokes profound questions. To what degree does social identity depend upon group acceptance? To what extent is tool-using, Mowgli’s “tricks”—using of fire and the like—essential to our human nature? Are there social bonds that transcend utility?



# Up-Coming Events

## New Directions in Health Services, Recent Advances in Assessment, Ethics, and Resilience—Among Topics at LPA Convention this Month in Kenner, May 20-21

The Louisiana Psychological Association will hold its Annual Convention and business meeting May 20 and 21, at the Doubletree Hotel in Kenner, Louisiana. The theme will be “Psychology Across the Spectrum.” The program is designed to address current issues and science matters for psychologists, and programs are structured for continuing education level credits, including options for Ethics/Forensics. Attendees can enjoy lunches, a cocktail reception, the state board presentation, vendor presentations, and interest area chat groups.

Gerald LaHoste, PhD, University of New Orleans Biopsychology and genetic researcher, will deliver the keynote address on epigenetics in health and behavior. LaHoste will discuss how science shows that while our genes are our health blueprints, the genes are in ongoing communication with the inner and outer environments of the individual. Psychological, social, and physical

environments can all work to switch genes on or off - a process called epigenetics. These multiple feedback loops show a direct influence on health outcomes, for better or for worse. Psychology finds a warm welcome in emerging epigenetic science. Backed by his discoveries of the link between the dopamine D4 receptor gene and ADHD, and also of the novel gene, Rhes, he will describe the foundations of epigenetics related to psychological health.

This is followed by panel on current issues in psychology: “New Directions in Health Service Psychology.” Chris Leonhard, PhD, from the Chicago Professional School at Xavier, will review the new training model of the American Psychological Association (APA) for Health Services Psychology and blend with new challenges for healthcare practitioners under the Affordable Care Act and other advancements.

Mary Lou Kelley, PhD, Professor and Director of Pediatric Psychology Service at

Baton Rouge Clinic will discuss the role of the consulting psychologist; Sarah Moody-Thomas, PhD, Professor at the LSU School of Public Health and director of the Community Health Program, will review public health and the Tobacco Cessation Initiative; and Deborah Palmer-Seal, PhD, with the Health & Education Alliance of Louisiana will present the CDC Whole School, Whole Community, Whole Child model. The panel will engage in candid discussions about the roles and opportunities for independent psychologists and options in their careers as the healthcare landscape changes.

Also on Friday, Kristopher Kaliebe, MD, will present: “ADHD Overdiagnosis in Louisiana: A Child and Adolescent Psychiatrist’s Perspective.” Dr. Kaliebe will discuss the high degree of variation in ADHD stimulant prescribing within Louisiana and multidisciplinary strategies that ensure appropriate use of stimulant medications.

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Dr. Michelle Moore (back left, speaking) guided psychologists in the fun and therapeutic use of stuffed animals in therapy with youngsters at a previous year’s convention.



# Up-Coming Events

## LPA Convention this Month in Kenner, May 20-21, continued

“Advances in Psychological Testing in Legal and Scientific Arenas,” looks at current issues for assessment in medical and legal areas. Presenters are Michael Chafetz, PhD, Kevin Greve, PhD, and Alan Taylor, PhD. This roundtable presentation, moderated by Dr. Chafetz, reviews recent advances in forensic psychological and neuropsychological assessment, with applications for those working in health, disability, custody and other areas of neuropsychological and psychological evaluation.

“Ethical Considerations in the Treatment of Transgender and Gender Variant Individuals Across All Facets of Psychology,” will be presented by Bobby Kizer, PhD. Dr. Kizer will discuss recent developments in gender identity theory, gender dysphoria treatment and political climate, and how these developments affect all types of psychological practice.

“Professional Standards for Psychological/Neuropsychological Assessments and Acceptance in the Courts & Dealing with Opposing Expert Evaluations,” will be presented by Richard Ivins, PhD. Dr. Ivins will outline an approach to help inoculate an expert’s report from being discredited and having a Daubert challenge. He will review a fixed vs flexible battery, court rulings, and standards for transferring information to other experts.

“The Katrina 10 Project: Individual & Community Resilience,” will be presented by, Darlyne Nemeth, PhD. Dr. Nemeth will review stress and resilience, and how psychologists can promote well-being using the Katrina 10 Wellness Workshops as examples.

Devi Miron-Murphy, PhD, will present, “Youth PTSD: A Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder in Children. Dr. Murphy will provide an overview of Youth PTSD Treatment (YPT) - a theory-based, 12-session, manual-driven protocol for individual cognitive-behavioral treatment for children and adolescents with PTSD.

Darlyne Nemeth, PhD, Fernando Pastrana, PhD., Jennifer Volz, PhD., and Julia Hussey, BA., will review “Interventions for Children with Neurological/ Neurodevelopmental Disorders including ADHD, LD, BD. & the 504 Process.” The panel will review medication management and behavioral interventions that may benefit children with neurological and neurodevelopmental disorders, including, but not limited to, ADHD, LD, and Behavioral Disorders.

“It’s Just Not that Simple: Why a DSM-5 Diagnosis is Never Sufficient for Special Education Eligibility,” will be presented by Jennifer Maynard, PhD. Mental health professionals providing evaluations to schools and school administrators who are required to judge the compliance requirements of evaluations must adhere to the requirements of Louisiana Bulletin 1508. If an evaluation is not 1508-compliant, schools find the information largely useless. Participants will leave the session with a clear understanding of the role of a clinician in adjusting their evaluation to assist with 1508 compliance when their report is being submitted to schools.

Early Career Psychologist Panel, with Moderator, Amy Henke, Psy.D and panelists Michelle Moore, PhD., Sarah Gray, PhD., Chavez Phelps, PhD.,

Courtney Lewis, PhD., Elizabeth Carey, PhD., Corrin Johnson, PhD., Aaron Armelie, PhD. and Alyssa Lee, MA, will look at practical advice for students, interns, postdocs, and early career psychologists. Topics such as transitioning from pre-doctoral intern to post-doctoral fellowship, developing and marketing a private practice, negotiating the first job, and life in academia, will be covered. A Q&A time will also be available and attendees are encouraged to actively contribute to the discussion.

More information and registration can be found at [louisianapsychologist.org](http://louisianapsychologist.org).

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Psychologists at a fall conference last year. Left to right, Dr. Beverly Stubblefield, Dr. Kim Van Geffen, Dr. Charles Burchell, and Dr. Constance Patterson (facing away.).