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On August 31, Dr. Eric Cerwonka filed suit in the United States District Court, Western District of Louisiana, stating that his Constitutional Rights were violated by the Louisiana State Board of Examiners of Psychologists (LSBEP).

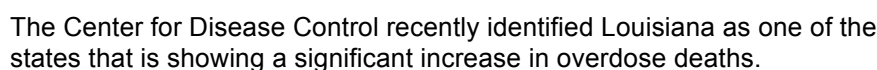
Cerwonka and his attorney, Lane Roy of Brown Sims, Lafayette, filed the complaint alleging violations of Dr. Cerwonka's civil rights, according to Justia.com. The case is assigned to Judge Rebecca F Doherty and Magistrate Judge Carol B Whitehurst.

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Dr. Tracey Rizzuto and colleagues are helping those in the hardest hit storm affected areas to rebuild the local business communities, through a group composed of leadership and members of the Society for Industrial-Organizational Psychology and the Society of Consulting Psychology, two Divisions of the American Psychological Association.

The effort began recently as the Harvey Organizational Psychology Effort or HOPE, Dr. Rizzuto told the *Times*. However, the project quickly

Cont pg 3



by J. Nelson

In an example of flawed decisions in the medical/pharma industrial complex, over-prescribing has catapulted overdose deaths to the top, compared to peak years for auto fatalities, HIV or gun deaths.

"We now know that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths," writes the Center for Disease Control (CDC).

The National Institute on Drug Abuse says opioid overdoses account for 60% of those deaths. Researchers from the University of Virginia say these statistics are underreported by 24% for opioids and 22% for heroin overdose deaths, and with particularly large errors in certain states, one being Louisiana.

Overdoses are trending up, not down, by almost 20% for last

year. *STAT News* predicts that opioids could kill nearly 500,000 people in the next decade.

At the peak of the prescribing frenzy, 2013, doctors wrote nearly 250,000,000 opioid prescriptions—enough for every adult in the United States of have his or her own bottle of pills, reports the CDC.

Despite the flood of legal opioids into the society, the CDC reported no change in pain that would meaningfully drive the prescribing: "...there had not been an overall change in the amount of pain that Americans reported."

Last year, 20 years after the opioid marketing blitz and prescribing ramp-up began, the CDC found that there was no long-term benefit for opioids compared to no opioids. However, they did find ample

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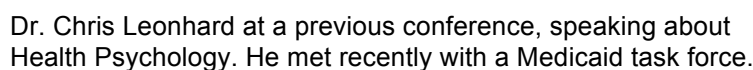
Dr. Christoph Leonhard, PhD, ABPP, Professor in the clinical PsyD program of The Chicago School of Professional Psychology at Xavier University of Louisiana, met recently with the Medicaid Integrated Assessment Task Force, a group created by Representative Barbara Norton and others, with the goal to “make a thorough study and evaluation of Louisiana’s current statewide system of healthcare delivery for Medicaid enrollees with serious mental illness.”

Dr. Leonhard is a member of the Louisiana Psychological Association's task group to study innovations in healthcare, a committee chaired by Dr. Lacey Seymour.

Leonhard is also the Chair of the Health Psychology Interest Area for the Psychological Association.

Representative Norton's 2017 House Concurrent Resolution No.55 created the Medicaid Task Force, and had noted, "...the mental health and well-being of the residents of Louisiana is a vital issue that affects not only quality of life, but also the health of communities, families, and economic stability."

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Editorials and Opinions

Today’s Medical Care: Buyer Beware

by Times publisher, J. Nelson

Archimedes and I have an on-going debate about how social exchange systems self-correct.

He’s a true believer in the free market—over time, he says, the bad product or bad service will be eliminated. The customer will choose what is best. And, any outside attempt to intervene on the supposed behalf of the consumer, especially intervention by government or third-party do-gooders, will foul up the system and make things worse in the long-run.

I essentially agree with this but accuse him of being a purist of the Milton Friedman fan club variety. I say he is not thinking of the free market but of the perfect market, the clean as the driven snow market, full of white hats and black hats and no gray hats. The consumer I say to him must be all knowing, prescient, telepathic, clairvoyant and with an IQ of at least 150.

He yawns and goes back to *Free to Choose*. I turn the volume back up on *Star Trek*.

We never quite reach a consensus but often I demand for him to tell me just how many two-year olds have to die from dangerous baby cribs before he’s willing to regulate the market and then he asks me how and what higher power is going to make the decision which baby crib is defective. And, he warns that the method will result in dead babies now and even more dead babies in the long term.

Of course I’m a scientist (or like to think of myself that way to feel superior about something or another) and say, “With good research we’d know!” Of course that’s a lie because it is not possible to know everything before we know it. Usually we don’t even know the right questions to ask. Life is messy.

It is a month like the last one that reminds me how very little control any of us actually have, adding to Archimedes’ depressing (or is it uplifting) philosophy.

Even so, and accepting that social exchange can never be perfect, there are some elements that are “must haves” if the exchange system is going to even have a chance of working. They are:

- 1) Knowledge: The consumer must be completely informed about what is known about the produce or service. Any attempt by the vendor to hide information or manipulate facts is prohibited (usually called fraud). Complete, relevant knowledge is required.
- 2) Awareness: The customer or consumer must understand the consequences of his/her selection decisions, the long-term costs and benefits.
- 3) Choice: The consumer must have the power to select between alternatives, so that some vendors are rewarded and others are not. This helps connect to responsibility and just to remind us, motivation for the customer and vendor.
- 4) On the vendor side of the equation, vendors are prohibited from lying, cheating, stealing and so forth, either consciously or unconsciously.

There are lots of other variables and issues, but these are a good start for this lifetime.

The current heartbreaking crisis in opioid prescribing is nowhere close to meeting system requirements. The healthcare industry is so far off at this point that—I really hate to say this—there is no hope.

If we were in the Wild West and this healthcare system was our horse, we’d have to just shoot it.

We are 50th in the 55 industrialized nations, medical mistakes are the 3rd reason we die, and we now find that manipulation of the pain treatment marketplace enriched drug companies and addicted a lot of new people and is even killing so many that the mortality figures are changing.

So many elements of the system are in bed with other elements of the system that it looks like a scene from a daytime soap opera. A conflict of interest occurs when a physician, hospital, insurance company, or drug company cannot improve care for a patient AND at the same time, improve its own revenues. These conflicts are everywhere in this system, they are the rule rather than the exception.

It is every man for himself, every woman for herself, — the consumers are on their own.

Caveat emptor.

[Julie Nelson is a licensed psychologist, journalist, organizational consultant, and publisher of the Times. She also holds other various positions in the community. However, her opinions here are those of her own, and do not represent any group or association. She and the Times receive no compensation other than paid advertizing. Email her at drj@drjulienelson.com. —she welcomes feedback.]

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Corrections & Clarifications

Mike Chafetz wanted us to be clear that Lezak and Iverson were past presenters, and corrected our typos for “Danderyds” Hospital and “Karolinska” Institute. Thanks!

Marty Saeman, Managing Editor at *The National Psychologist* pointed out that in the caption under the eclipse progression photo on page three, we wrote it was a “rare comic event ...” We thanked him for the laugh.

Please send your corrections or clarifications to the *Times* at:
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Civil Rights Suit continued

According to documents, the plaintiff contents that, without a hearing of any kind, or vote of the board, a staff employee of the board removed his license. Among other grievances, the complaint states that information had been gathered in illegal ways, and then presented as proof when it was not.

The complaint notes that the prosecuting attorney for the Board had previously represented Dr. Cerwonka in a “hotly contested custody battle” just a few years before and “... despite the objection of Dr. Cerwonka of a conflict of interest, the attorney continued to represent the Board as prosecutor, would not recuse himself from it, and actually used evidence which he had obtained from prior representation of Dr. Cerwonka as evidence in the hearing of this matter.”

The complaint also notes that the judge in the evidentiary hearing was the law partner of the attorney representing the Board, and this judge participated in the hearing and asked questions, and ruled on the admission of evidence.

The authors state that these and other actions have caused considerable damage to Dr. Cerwonka, his reputation and livelihood. And, these instances are indications of the board’s “...arbitrariness, lack of responsibility, violation of the Constitutions of the United States and the State of Louisiana, and violation of the law in Louisiana regarding the Board.”

The August 31 filing is related to issues during an investigation and hearing conducted earlier this year, after which the board suspended Dr. Cerwonka’s license.

Cerwonka and his attorney subsequently filed a motion in the 19th Judicial District Court to reinstate Cerwonka’s license while Cerwonka appealed the board’s decision. However, the Judge in that matter vacated the board’s decision rather than send the issue to appeal.

On May 2, Judge R. Michael Caldwell of the 19th District Court in Baton Rouge said that the procedures leading to the suspension of Dr. Eric Cerwonka’s psychology license included so many Constitutional violations that the decision could not stand, as relayed to the *Times* by Cerwonka’s attorney, Mr. Lane Roy, in a previous interview.

Judge Caldwell agreed to hear additional arguments from the LSBEP attorney, Ms. Amy Lowe, but on June 26 Judge Caldwell confirmed his initial opinion, which was to vacate the Board’s decision. Caldwell used the term “reeks” to describe some of the violations, said Mr. Roy.

On July 7 the Board met and decided to appeal Judge Caldwell’s decision. According to the LSBEP Executive Director, Ms. Jaime Monic, “The Board thoroughly discussed this matter and the Order from the 19th Judicial District Court at a special meeting held on July 7, 2017,” she said. “With consideration being given to the costs of a new hearing as well as the Administrative Procedures and other statutorily supported procedures that were followed by LSBEP staff, and in consultation with Attorney Amy Groves Lowe, the Board voted to appeal the decision of the 19th JDC.”



Rebuilding after disasters may take months or years of not only adapting to personal losses but also to economic changes stemming from the damage to infrastructures and business interconnections. Here, a Coast Guard photo of the area east of Baton Rouge last year after the Flood of 2016. Dr. Tracey Rizzuto and her team are developing services to help disaster victims to rebuild following this year’s Hurricanes Harvey and Irma.

Dr. Rizzuto Leading Group to Rebuild After Storms, continued

evolved into an effort between the two Divisions of APA, to be called the Catastrophe Aid and Rebuilding Effort, or CARE.

The group “... is now positioned to respond to a broader range of disaster events,” said Rizzuto, Associate Director, School of Leadership and Human Resource Development, at the LSU College of Human Science & Education.

The interdivisional APA taskforce is working to provide pro bono business recovery services to those in the storm-affected areas, explained Rizzuto. The growing taskforce has over 30 volunteers at present and is working to link with regional leaders in the hardest-hit areas, she said.

The original group, HOPE, started working to connect to local Industrial-Organizational psychologists in the Texas and Louisiana area, to local government administrations, and to identify businesses in need of services, she explained.

“We’re reaching out to our professional base to inquire about needs for assistance,” such as “housing/food donations, replacing books, assist with academic lectures if possible,” said Rizzuto.

The current project is modeled after Rizzuto’s work on the Katrina Aid and Relief Effort,” called KARE, Rizzuto said. In the wake of Hurricane Katrina, the leadership of the Society of Industrial-Organization (SIOP) called on its membership to deliver needed resources to people and businesses

affected by the storm. “The Katrina Aid and Relief Effort (KARE) became SIOP’s first outreach taskforce designed to deliver pro bono business consulting services with the goal of aiding disaster recovery,” explained Rizzuto.

Along those same lines, the current effort will likely help with a host of services including emotional management, hiring/selection tools, training programs, recruitment, etc.

According to a report in *Industrial-Organizational Psychology*, KARE provided assistance in managing stress and adversity, change, motivation, and healing from the disaster. Also some of those served voiced interest in hiring, leadership, training, team management and general business issues.

KARE received commendations from the Louisiana State Senate, the American Society of Association Executives, and the Center for Association Leadership for the work.

Dr. Rizzuto and her team are welcoming volunteers. CARE group volunteers will be placed in complementary teams composed of individuals with a wide range of experience and expertise. Dr. Rizzuto explained that volunteers will work alongside colleagues. “You will not be alone,” she said. The group meets every Wednesday on Zoom.

For those interested in volunteering, the site for the Castastrophe Aid and Rebuilding Effort (CARE) site is: <https://www.facebook.com/CARECatastrpheAidandRebuildingEffort>

State & National News

Louisiana Department of Health Files Suit Against Opioid Manufacturers

On September, the Louisiana Department of Health announced a law suit filed against several leading opioid manufacturers for their role in escalating the opioid crisis in Louisiana. The lawsuit, filed in the 19th Judicial District Court in East Baton Rouge Parish, alleges that the drug companies engaged in fraudulent marketing regarding the risks and benefits of prescription opioids, which helped fuel Louisiana’s opioid epidemic.

“These drug companies led prescribers to believe that opioids were not addictive and even suggested that treating physicians prescribe greater dosage units to those who had already become addicted to opioids,” said Gov. John Bel Edwards. “As evident by the hundreds of Louisiana families that have lost loved ones due to this crisis, nothing could be further from the truth. We intend to hold these pharmaceutical companies responsible for the lasting damage they have caused upon our people and the millions of dollars their wrongful claims have cost our state.”

The Louisiana Department of Health is seeking damages for the amounts it has already paid for excessive opioid prescriptions and treatment costs as a result of those prescriptions.

Louisiana joins dozens of other cities, counties and states that have filed similar lawsuits in response to the alarming number of cases of opioid addition and opioid-related deaths throughout the country. Lawsuits were also filed last week by local sheriff’s offices in Avoyelles, Lafayette, Jefferson Davis and Rapides Parishes.

"By all means necessary, we are fighting the opioid epidemic in Louisiana. All indicators of this problem - opioid prescriptions, overdoses and deaths - are up. Recognizing that a key contributor to opioid addiction is prescription medications, where 110 prescriptions for opioids are written for every 100 Louisiana residents, we are addressing a fundamental cause of this problem," said Dr. Rebekah Gee, secretary of the Louisiana Department of Health.

Governor Edwards Issues Statement on Violence, Orders Flags Lowered

Earlier this week Governor Edwards issued a following statement in response to violence in Louisiana and Las Vegas, Nev.:

“My heart is heavy this morning as we all woke up to terrible news both here in Louisiana and in Las Vegas, Nevada. Last night, a Lafayette police officer was fatally shot while on duty. Words are never enough to show gratitude to those who pay the ultimate price while carrying out their oath to protect and serve. We are forever grateful for this officer’s service to our community.

“Louisianans have experienced the heartbreak of horrific, calculated violence in recent years and our hearts go out to those who lost loved ones and those who sustained injuries during last night’s attack in Nevada. In the wake of evil and hardship, communities across our country come together and demonstrate the inherent goodness in people. Donna and I continue to pray for the family of the slain officer here in Louisiana and for the people of Las Vegas and offer our assistance to help in any way we can.”

CDC Awards \$1 Million to State for Opioid Data Collection

The CDC’s Data-Driven Prevention Initiative has awarded the state \$540,000 to be used for increased surveillance of opioid overdoses and deaths. This funding is an extension of a grant first awarded in 2016 which allowed the Department to work with external partners to merge statewide data sources that track deaths, prescription rates and emergency room and inpatient utilization. This according to a press release last month.

Through its Enhanced State Opioid Overdose Surveillance initiative, the CDC has awarded a second grant for \$457,702 which will be used for the establishment of a “rapid surveillance” system through a collaboration with local law enforcement agencies and coroners. This will make data on fatal and non-fatal overdoses available within weeks of the event.

On September 18, Gov. Edwards said, “Experts suggest that the actual impact of opioid overdoses and deaths might be under reported for the simple reason that there is no standard for recording opioid overdoses and deaths,” said Gov. Edwards. “Accurate reporting and tracking is crucial to determining how funding is allocated. Grants like this will allow Louisiana to have the data that is necessary to best target prevention and response strategies.”

Since 2012, the Louisiana Department of Health’s Bureau of Vital Records has shown that opioid-related deaths and overdoses in Louisiana have steadily climbed from 155 deaths in 2012 to 305 in 2016. Many experts believe these numbers are under-reported.

“With this support from the CDC, we can partner with various agencies to enable a comprehensive approach to collecting and analyzing opioid-related data,” said Dr. Esteban Gershnik, director of the Department’s Bureau of Health Informatics. “Prevention and treatment programs will be able to better understand the populations most affected by this

opioid crisis and target efforts in reducing overdoses and deaths in the state.”

The expanded funding is part of the U.S. Department of Health and Human Services’ five-point strategy to fight the opioid epidemic that includes strengthening the understanding of the opioid crisis through better public health data and reporting.



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State & National News

Psychology Board Nominations Open

The Louisiana State Board of Examiners of Psychologists has called for nominations for a 2018-2023 seat on the state board for psychology. Nominations are open now and will close on November 1, according to an announcement from the Board's Executive Director, Ms. Jaime Monic. Application information can be found on the Board's website and should be mailed to the Board's office in Baton Rouge. Those applying will be reviewed at the upcoming long-range meeting in November.

Dr. Boudloche Appointed to LBAB, Killam Reappointed

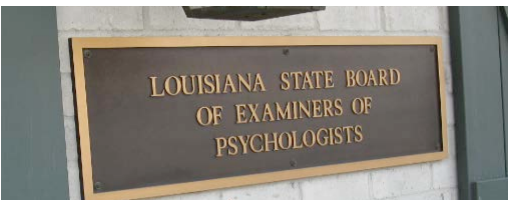
Governor Edwards has appointed Lloyd J. Boudloche, Ed.D., of West Monroe, to the Louisiana Behavior Analyst Board. Boudloche is a licensed professional counselor and a licensed behavior analyst and the owner of Behavioral Development Services, LLC. As required by statute, he was nominated by the Louisiana Behavior Analysis Association.

The Louisiana Behavior Analyst Board serves to license and regulate Louisiana Behavior Analysts, to certify and regulate State Certified Assistant Behavior Analysts, and to register Louisiana line technicians.

Also, Susan G. Killam, of New Orleans, was reappointed to the Louisiana Rehabilitation Council. Killam is the Transition and Employment Initiatives Director with LSU Health's Human Development Center. She will serve as a representative of individuals with disabilities who have difficulty representing themselves.

LSU Physicists Earn Nobel Prize

Two Louisiana State University physicists working at the Laser Interferometer Gravitational-wave Observatory (LIGO), Professor Rainer Weiss, Barry Barrish, in collaboration with Professor Kip Thorne from California, have earned the 2017 Nobel Prize. The team detected gravitational waves, a ripple in space-time, caused by colliding black holes, 1.3 billion light years away. Einstein predicted this in his theory of general relativity.



From the Minutes

Selected Items from August Discussions at the LSBEP

Ms. Monic reported that the Board's total operating loss at the end of the 2016-17FY was -\$167,976 (Total Revenues \$272,783 less Operating Expenses \$440,759). Given the Board's net position at the beginning of the FY (-\$216,841) the net position ending FY 2016-17 is -\$384,767. Ms. Monic encouraged the Board members to continue actively pursuing the options for developing revenue sources as set for discussion on this days agenda.

Emeritus Status Rule – Dr. Griffin presented this topic noting that he would like to see the Board redevelop the Emeritus status as a true retired status where a psychologist is fully retired and therefore not required to report continuing education and required to pay a nominal fee to maintain. Dr. Henke moved to continue to establish such status as described by Dr. Griffin and begin rule making. The motion passed unanimously.

Inactive License Status – The Board agreed to continue to develop an inactive status and explore how this works in other jurisdictions.

LSBEP Review and Approval of Continuing Professional Development – The Board agreed to continue to explore the review and approval of continuing education.

Masters Level License – Dr. Henke elaborated on advantages to a Masters License being to increase mental health services to rural populations noting that it would be challenging separating the doctoral scope of practice from the masters level scope of practice. Dr. Henke noted that the American Psychological Association is moving in the direction of supporting Masters Level licenses.

Registration of Assistants to Psychologists – Dr. Griffin presented this topic to the Board. Dr. Henke moved to eliminate the proposed rule development that would require the registration of assistants to psychologists with the LSBEP. Dr. Henke's motion passed by roll call vote as follows: Griffin – Abstained, Boggs - YEA, Lambert – YEA, Henke – YEA, Crouch - YEA.

Complaints Committee (Ad hoc Study Group)(JL) – Dr. Lambert proposed that the Ad hoc Study group be comprised of himself, a member of the Louisiana Psychological Association, Attorney Courtney P. Newton and Ms. Monic. The primary objective of the group will be to meet monthly for 4 months to review and examine the complaints process of the Louisiana State Board of Examiners of Psychologists and report to the Board on potential revisions to the process.

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Inside the Opioid Crisis, continued

evidence for harm, a fact that the FDA had failed to discover when they approved drugs like OxyContin in the 90s.

Not surprisingly, at least for psychologists, the CDC did find that psychological and physical treatments for pain were beneficial (“CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016,”). This despite the fact that these non-medical approaches are rarely integrated into treatment programs.

Echoing the overprescribing of anti-depressants, citizens hoping for genuine healthcare appear to have once again become the unwitting lab rats of a commercial, profit-driven industry, where they and many providers are lulled into quick fixes that ignore long-term consequences and the psychology of the whole person.

Depth of the Problem

Opioids are derived from the same type of compound as heroin, and have morphine-like effects for pain relief. The effects also include feelings of relaxation and euphoria. One recreational user described it as “Bliss.” Another as, “Physical—warmth, relaxation. Mental—Joy, boost in self-confidence, loss of anxiety...”.

Schedule I and II drugs have been determined to have a high risk for physical and psychological addiction. Schedule I are illegal and Schedule II are considered to have medical value and so legal by prescription. Heroin is a Schedule I opioid. Drugs like oxycodone, hydrocodone, and methadone are Schedule II opioids.

With continued use, tolerance and dependence result. Increased dosages are needed for the same results. Researchers say that dependency can occur after as few as seven days. Overdose risks go up.

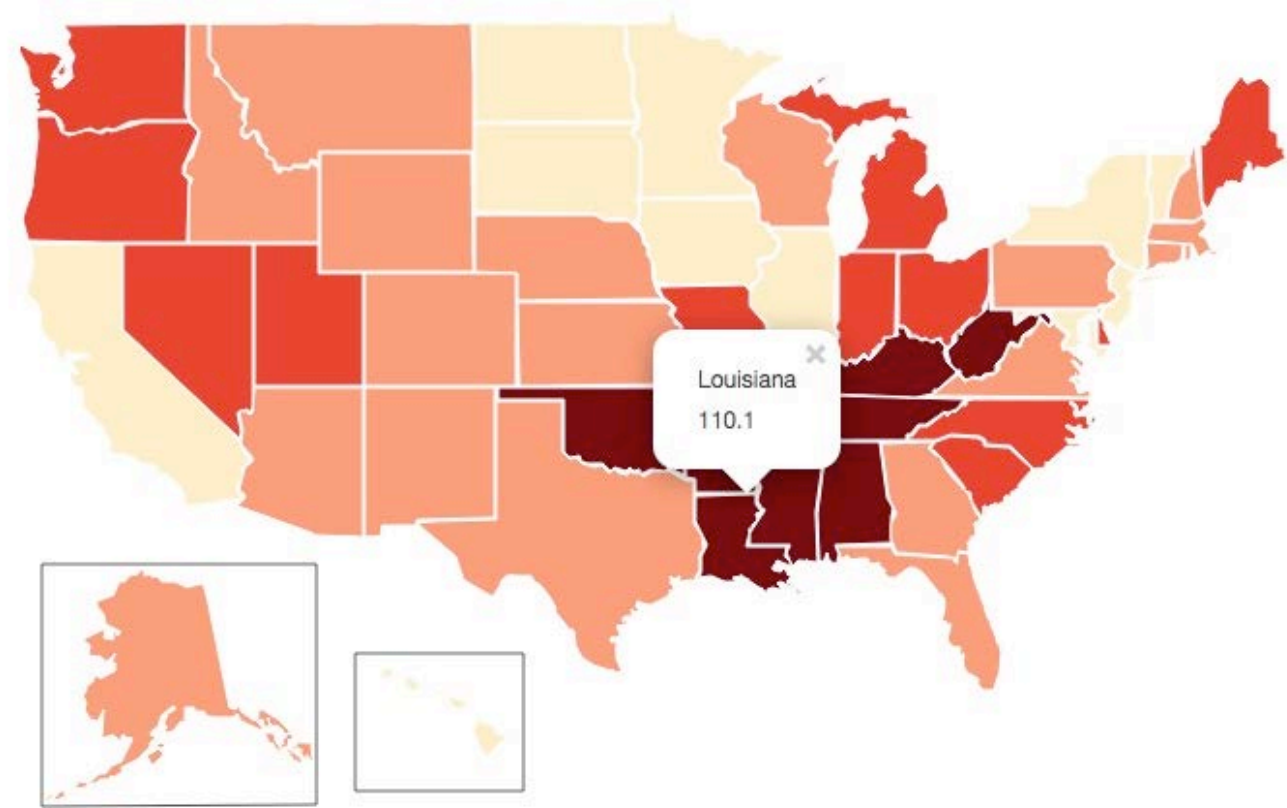
In the 1990s drug manufacturers launched new opioid formulations, assumed to be safe. They expanded markets to non-cancer pain and moderate or temporary pain. Building on a new theme that all pain should be eliminated the opioid market quadrupled from 1999 to 2010, according to the General Accounting Office (GAO),

Physicians for Responsible Opioid Prescribing (PROP) found that the supposed safety of the new formulations in the 1990s was based, not on research, but primarily on a letter to the editor in a medical journal. The sound-bite idea began to circulate in the medical communities and was uncritically accepted as fact, notes PROP researchers.

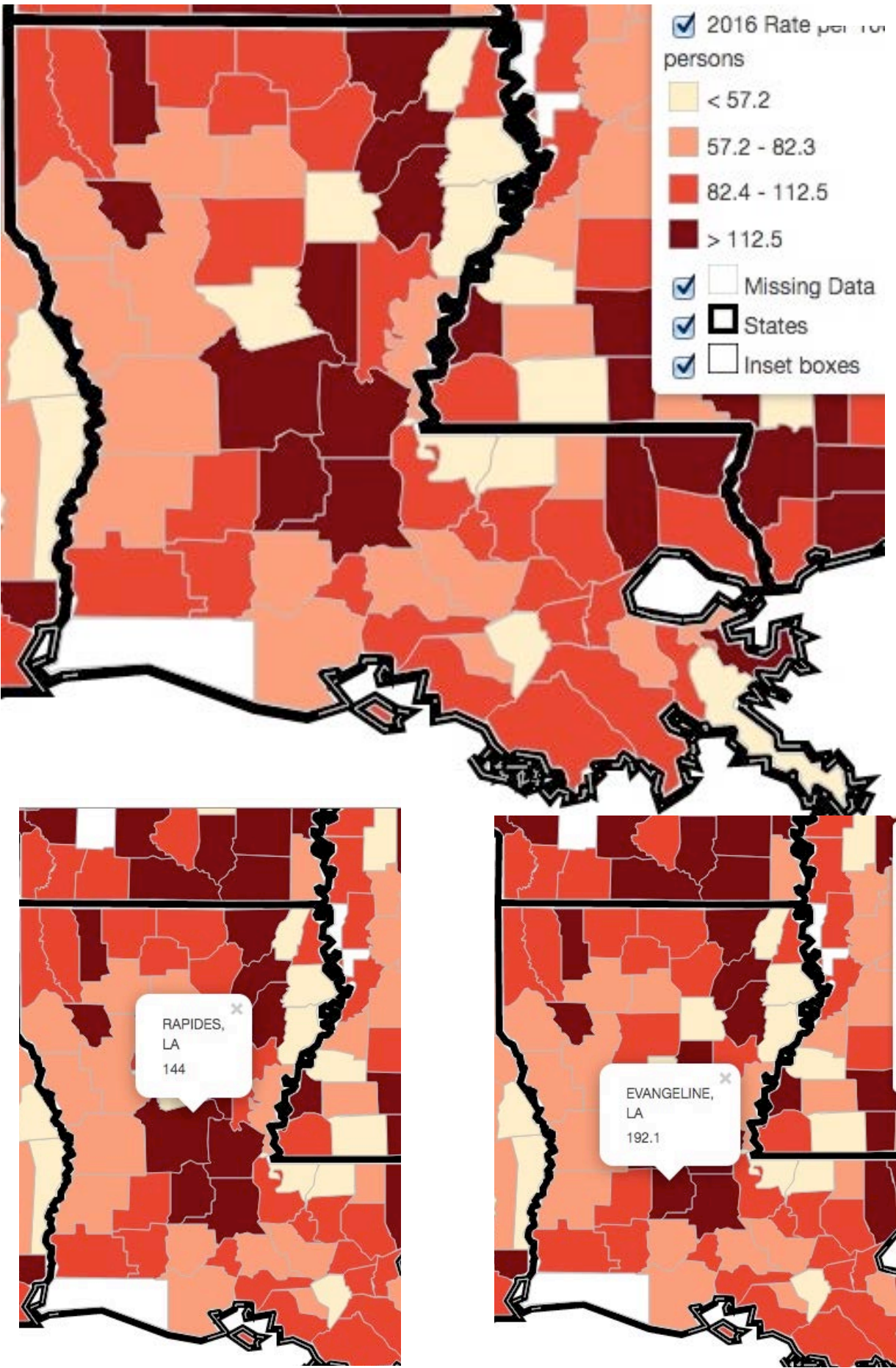
The risk of addiction is serious. Among new heroin users, approximately 75% report having abused prescription opioids before turning to heroin, notes the CDC. The National Institute on Drug Abuse places the figure at 80%. PROP researchers reported that people get hooked by a prescription and then turn to street heroin.

Heroin use has been increasing among men and women, in all income levels. Those historically low in rates of heroin use—women, the privately insured, and those with higher incomes are seeing the greatest increases, says CDC.

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Opioid prescribing map developed by the Center for Disease Control (CDC) showing the highest prescribing rates across the country. Here, in 2007, the cluster of southeastern states that have had the most prescribing of opioids.



Prescribers vary greatly from county to county. Here are maps with two prescribing parishes identified: Rapides with a rate of 144 per 100 people and Evangeline a rate of 192.1. Data from the CDC.

Inside the Opioid Crisis, continued

While addictions were up overall, those mainly affected were whites, especially those with less education.

In 2015 two Princeton researchers, Anne Case and Angus Deaton, presented findings to the National Academy of Sciences that drug and alcohol poisonings, suicide, and chronic liver diseases and cirrhosis, had increased so dramatically that all-cause mortality was up for US middle-class whites, while declining for Blacks, Hispanics and for those in other countries.

“Over the 15-year period, midlife all-cause mortality fell by more than 200 per 100,000 for black non-Hispanics, and by more than 60 per 100,000 for Hispanics. By contrast, white non-Hispanic mortality rose by 34 per 100,000.”

“This is a disturbing trend,” said Dr. William Schmitz, Jr., Past-President of the American Suicidology Association. “The addiction chips away at the person’s hope and adds to the burdensomeness they experience,” he said. “There is overlap between the accidental overdose and the intentional. The person may think, ‘I’m taking this and if I die, I die and if not, I’ll be here tomorrow.’ What this really speaks to is the increasing need for collaboration in mental and physical health,” he said.

The Problem in Louisiana

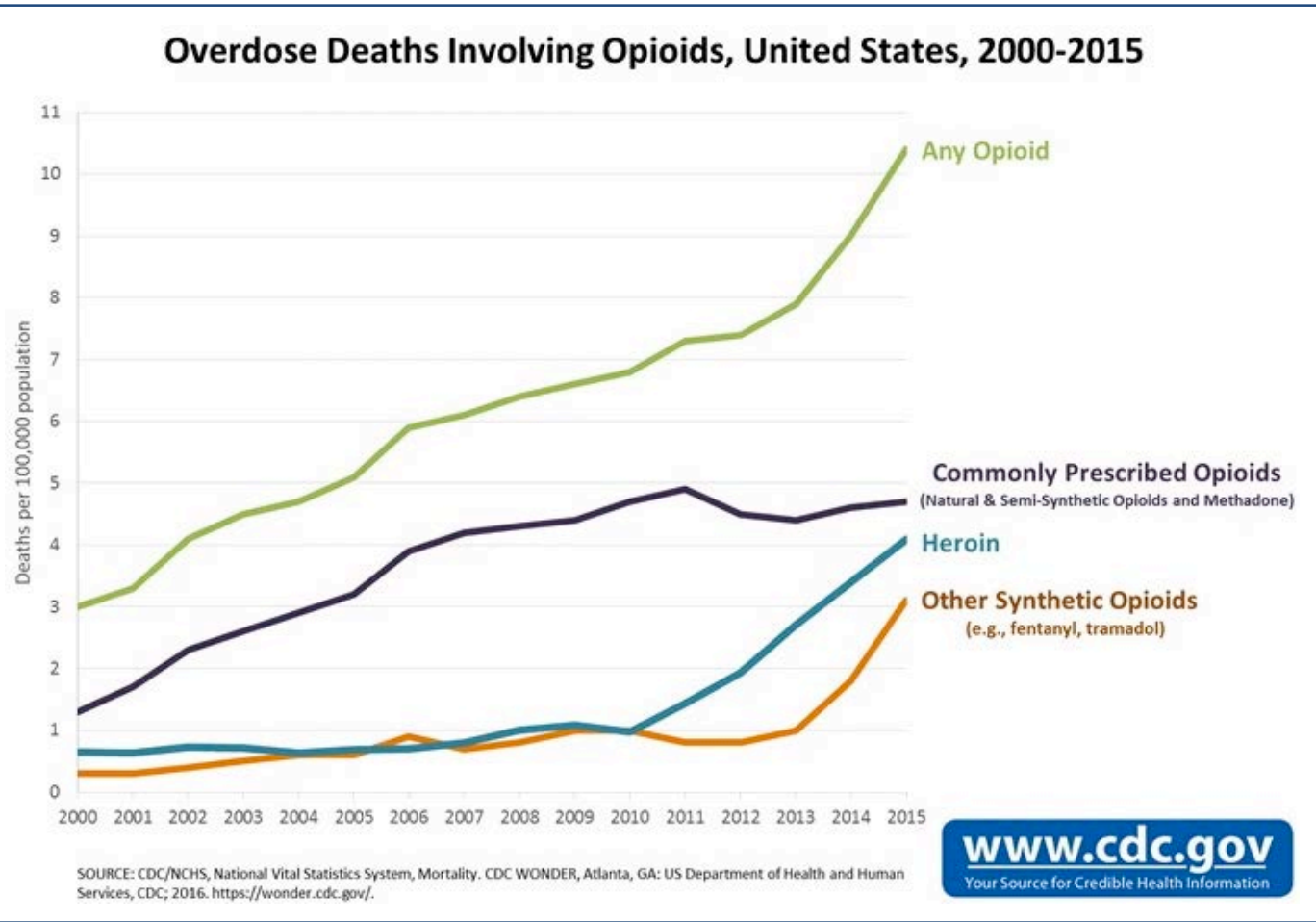
Louisiana is in the middle of the crisis, with some of the highest opioid prescribing rates and an escalating death rate from overdose.

In a Louisiana House Health and Welfare Committee hearing this past April, Representative Helena Moreno told members that there are “... more opioids prescribed in Louisiana than are people in this state.”

In 2007, Louisiana prescribers gave out 110.1 opioid prescriptions per 100 persons, based on numbers from the CDC. Only five others were higher: West Virginia (135.1), Kentucky (130.8), Tennessee (128.8), Alabama (120.3), and Oklahoma at (114.4).

Little change has occurred in recent years. In 2012 the map of southern rural states was the same: Louisiana had a 112.4 rate, with a slight drop to 108.9 in 2015. The rate again dropped slightly last year, down to 100.4.

The Louisiana Commission on Preventing Opioid Abuse, looking at internal figures from the state’s Prescription Monitoring Program (PMP), says that the number is even higher. “Over the last six



Overdose deaths have been rising steadily since the 1990s when their safety was misjudged.

years, since the PMP began monitoring narcotic prescribing behavior, Louisiana has averaged 122 prescriptions per 100 persons. This rate is 39% percent higher than the national average (87.44).”

Addictions have rocketed up along with prescriptions. Ed Carlson, CEO Odyssey House Louisiana, testified at a Senate hearing that, “All of the drug and alcohol treatment programs throughout the state were overwhelmed with the amount of the people who were seeking and needing treatment. We currently have waiting lists for all of our programs,” he said.

Louisiana has also experienced a significant increase in overdose deaths, with a 12.4% increase for 2014 to 2015, according to the CDC.

Another characteristic of the opioid crisis is the inconsistency in prescribers, not accounted for by the illness level of those being treated.

Prescribing varies widely across the nation from county to county. In 2015, six times more opioids per resident were dispensed in the highest-prescribing counties than in the lowest-prescribing counties, notes the CDC. Characteristics such as rural versus urban, income level, and other demographics, explain only about a third of the differences found in prescribing rates across the country.

In Louisiana, highest parishes include Evangeline (192.1), St. Landry (145.5) Rapides (144), Richland (139.3), Washington (136), and Tangipahoa (129.5).

Examples from ProPublica, using Medicare Part D

information, shows that Hydrocodone Acetaminophen was the first ranked drug prescribed in Louisiana with 812,468 claims.

Highest prescribers were physicians in Pain Medicine and Physical Rehabilitation. The top prescriber wrote 14,223 prescriptions for opioids. Of his 866 patients, 91% filled at least one prescription for an opioid. The review by ProPublica rated his patients as less sick than average.

Another prescriber in Alexandria reported 1,333 patients receiving prescriptions from Medicare Part D and 98% of these filled at least one prescription for an opioid.

True Believers: A Bad Idea Gains Momentum

According to a 2003 report by the GAO, several national pain organizations issued new guidelines in the mid-1990s, based on their belief that pain was undertreated in non-cancer pain patients.

In 1995, the American Pain Society, led by Dr. Russell Portenoy, a New York pain doctor, recommended that pain should be treated in a special category. In an investigative report by the *Wall Street Journal* (“A Pain-Drug Champion Has Second Thoughts”), said Portenoy urged the tracking of pain as a “Fifth Vital Sign.”

The idea of a 5th vital sign was adopted by the Joint Commission on Accreditation of Healthcare Organizations, the Veterans Administration, and the Federation of State Medical Boards who provided reassurance to doctors who wanted to more freely prescribe opioids. The Federation drew up

recommendations with the help of individuals linked to drug manufacturers, including Purdue Pharma (OxyContin), according to *WSJ*. The federation received nearly \$2 million from opioid makers.

Around the same time, OxyContin was approved by the FDA, but lists no research on the drug.

An explanation by the FDA states: “At the time of approval, FDA believed the controlled-release formulation of OxyContin would result in less abuse potential, since the drug would be absorbed slowly and there would not be an immediate “rush” or high that would promote abuse. In part, FDA based its judgment on the prior marketing history of a similar product, MS Contin, a controlled-release formulation of morphine approved by FDA and used in the medical community since 1987 without significant reports of abuse and misuse.”

In a *Los Angeles Times* investigation, based on sealed court documents, the physician who led the agency’s review of the drug, declined to speak with the press. The *Times* noted that shortly after OxyContin’s approval, the physician left the FDA and in two years was working for Purdue Pharma.

As enthusiasm grew the then Agency for Health Care Policy and Research, part of the national Department of Health, offered reassurance to prescribers about their “exaggerated concerns.” The GAO noted that providers and hospitals were further required to ensure that

Inside the Opioid Crisis, continued

patients received pain treatment. The Joint Commission implemented its pain standards for hospital accreditation in 2001, a guide sponsored by Purdue Pharma.

Reassurances of safety appeared to be based on limited scientific research, a letter to the editor to *JAMA*, according to PROP and others, and perhaps a small study of 38 individuals.

How could such a gap in scientific decisions occur?

“Most doctors and virtually all patients are unschooled in how meaningfully to compare the risks of foregoing versus undergoing treatment, and the patient’s frantic desire to ‘do something now’ often trumps the doctor’s ancient commitment to ‘first, do no harm,’” wrote law professor John Monahan in a special report on statistical illiteracy in medicine, published by the Association for Psychological Science.

Dr. Jason Harman, a decision science expert at LSU, notes, “Doctors have very complex jobs. I know from some of my work on learning in complex systems that accurate and timely feedback is essential for optimal performance in a complex task.”

“Some outcomes however have delayed or obscured feedback. In terms of opioids, the immediate feedback a doctor receives is generally positive—pain is reduced—while feedback about negative consequences is delayed if it is received at all. This basic structure of feedback in the environment makes it very understandable to me how doctors, who have the best intentions, could fall into such an ultimately harmful practice ...”

Marketing Blitz on Doctors’ Psyches

In 1997 Purdue Pharma created a marketing effort that overshadowed anything previously and catapulted sales of OxyContin.

“Purdue directed its sales representatives to focus on the physicians in their sales territories who were high opioid prescribers,” said the GAO. “This group included cancer and pain specialists, primary care physicians, and physicians who were high prescribers of Purdue’s older product, MS Contin. One of Purdue’s goals was to identify primary care physicians who would expand the company’s OxyContin

prescribing base. Sales representatives were also directed to call on oncology nurses, consultant pharmacists, hospices, hospitals, and nursing homes.”

By 2003 primary care physicians had grown to constitute nearly half of all OxyContin prescribers, based on data from IMS Health, an information service providing pharmaceutical market research. The GAO report stated that the DEA expressed concern that this resulted in OxyContin’s being promoted to physicians who were not adequately trained in pain management.

Purdue doubled the total OxyContin sales force by the year 2000, to nearly 700, and reached up to 94,000 physicians. Bonuses topped at \$240,000, on a salary of \$55,000.

Purdue expanded its physician speaker bureau, conducted speaker-training conferences, sponsored pain-related educational programs, and issued OxyContin starter coupons for patients’ initial prescriptions.

They also sponsored pain-related Web sites, advertising OxyContin in medical journals, and

distributed OxyContin marketing items to health care professionals—fishing hats, stuffed plush toys, coffee mugs with heat-activated messages, music compact discs, luggage tags, and pens containing a pullout conversion chart.

Purdue conducted over 40 national pain management and speaker training conferences, usually in resort locations, to recruit and train health care practitioners for its national speaker bureau. Over five years, more than 5,000 physicians, pharmacists, and nurses, whose travel, lodging, and meal costs were paid by the company, were engaged. By 2002, Purdue’s speaker bureau list included nearly 2,500 physicians and over 20,000 pain-related educational programs.

“For the first time in marketing any of its products, Purdue used a patient starter coupon program for OxyContin to provide patients with a free limited-time prescription,” and by 2001, 34,000 coupons had been redeemed nationally.

Purdue’s market share increased fourfold for cancer pain and tenfold for non-cancer pain by 2002.

Outdated Medical Model of Pain

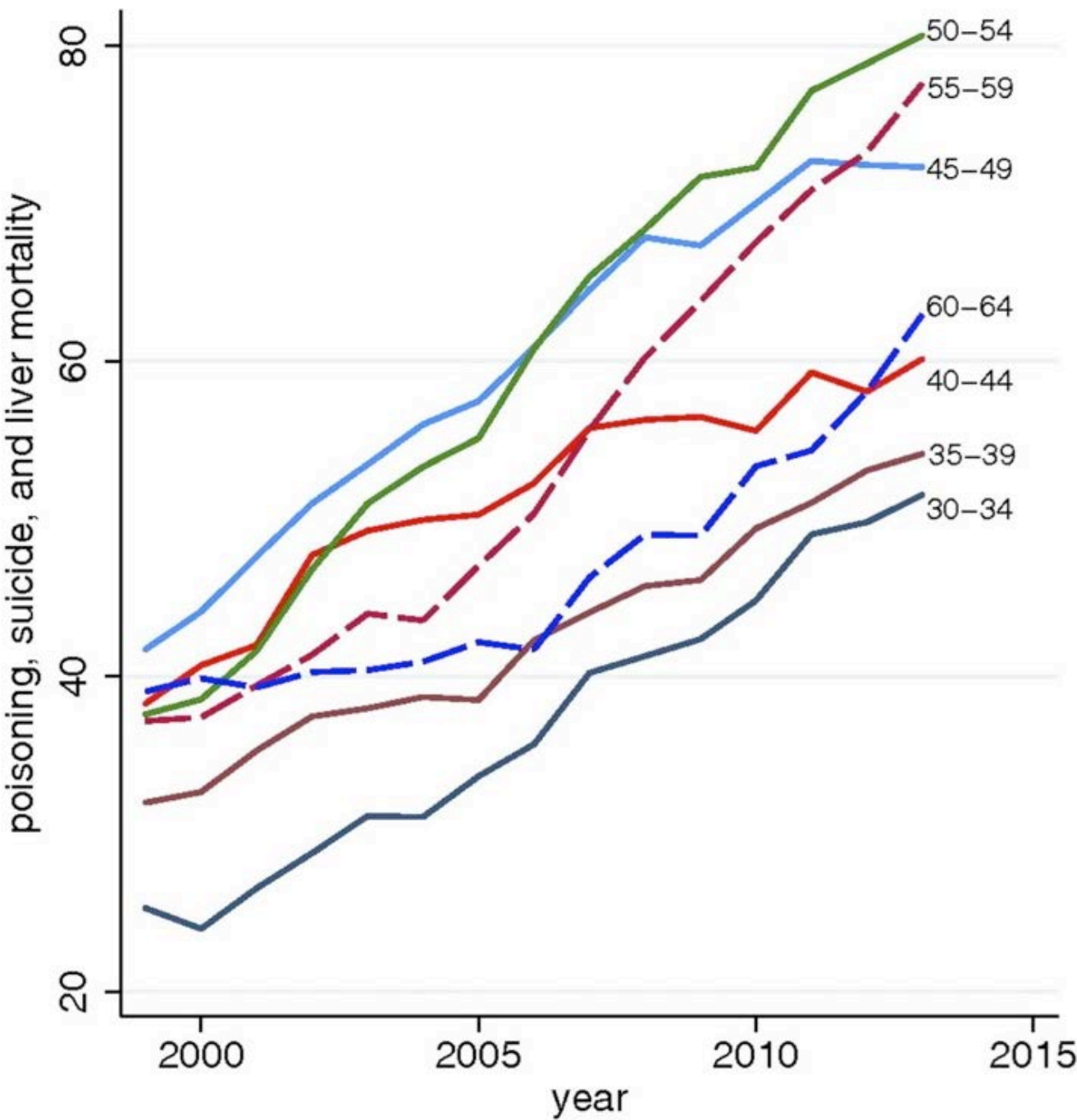
“It is now widely accepted that pain is a biopsychosocial phenomenon,” clinical health psychologist and Past-President of the Southern Pain Society, Dr. Geralyn Datz, told the *Times*.

“For many years the biomedical model of treatment has prevailed as a way to treat pain patients,” Datz said. “This model is based on some very early research about acute pain and basically states that there is a one-to-one correspondence between the extent of injury and the amount of pain experienced. Therefore, large injuries lead to large pains and small injuries lead to small pains,” she said.

Datz explained that this model also assumes that surgery and medications can fix pain. “While this is sometimes true, this model fails to appreciate what we now know about the central nervous system,” she said.

“We know that chronic pain is a complex and dynamic process, and it involves a person’s thoughts, beliefs, experiences

Cont’d next pg



Mortality by poisoning, suicides, and liver disease, in U.S. whites, by age groupings. Results from Anne Case and Angus Deaton at the 2015 Proceedings of the National Academy of Sciences in 2015. Overall mortality rose significantly for whites while life expectancy improved for other groups. (Courtesy of PNAS.)

Inside the Opioid Crisis, continued

and these all can influence pain for better or worse. In addition, conditions such as depression and anxiety can arise from the presence of pain, and these also can worsen pain through interactions of the brain with the body.”

“In order to really address chronic pain, we must address the persons reactions to it and teach ways to overcome it, including retraining the brain away from the unpleasant pain signals. This is a psychological process involving education and training and coaching,” Datz said.

“We know that cognitive behavioral treatments create quantifiable changes in the brain, and that these are distinct to this type of treatment. So these effects are lasting and result in long term success.”

Dr. Datz says that the “best results are achieved through collaborative care,” but too often, insurance companies make it difficult for patients to have this type of help.

Treating with inappropriate drug therapy, is costly,” said Dr. John Caccavale, author of *Medical Psychology Practice and Policy Perspectives*. The cost for adverse drug reactions in 2001 was \$72 billion to \$172 billion while the cost for the drugs was \$132 billion. “Actually, it’s now worse,” Caccavale said. “The incidence of hospitalizations from adverse events has risen substantially because of the growing use of medications in all categories.”

Failed Health System

The opioid crisis suggests one more area of poor outcomes for the U.S. healthcare system. *Bloomberg* has reported that of 55 countries in a measure of life expectancy and high medical care spending, the U.S. ranks 50th, dubbing the U.S. the “least-efficient” health-care system in the world. In a comparison of age-adjusted deaths from all causes, the World

Health Organization ranks the United States last in similar countries.

Medical care is the largest industry in the U.S., accounting for almost \$3 trillion in sales in 2015, according to the National Health Expenditure Data from CMS. At the same time, life expectancy in the U.S. is only 78.9 years, falling behind all other nations except for those such as Jordan, Colombia, and Russia, said *Bloomberg*.

Likewise, Louisiana ranks 50th of all the states, according to the Louisiana Department of Health and the 2015 Report from America’s Health Rankings.

“Health is a misnomer, because most activity involves illness,” say authors of “The Anatomy of Health Care in the United States” in a 2013, *JAMA* article. “Prevention requires tools that are often unfamiliar because educational, behavioral, and social interventions, not usually considered to be part of medicine, may be most effective for many diseases,” the authors write.

The system is politically closed to innovation. Three hundred “Advisors and Experts,” primarily from the American Medical Association’s House of Delegates, representing 109 medical specialties, lobby an “Editorial Panel,” composed of representatives from medical societies, insurance companies and the government, decide on what is paid for, by way of codes.

The “Current Procedural Terminology” or CPT codes, and how much is paid for each service, is decided behind closed doors of the Relative Value Scale Update Committee,” or “RUC,” by those who stand to profit the most.

The system includes the FDA. Dr. Irving Kirsch, Associate Director of the Program for Placebo Studies at Harvard Medical

School, has laid out the damning evidence that drug companies and the FDA skew research to approve drugs that have little actual value. The FDA receives 40 percent of its funding from the pharmaceutical companies, Kirsch said.

Add to this the political force of the top spenders for lobbying in Washington: Blue Cross/Blue Shield (3rd), American Hospital Association (4th) the American Medical Association (5th), and the Pharmaceutical Industry (6th).

This closed system is not surprising. In 2002 the 10 drug companies in the Fortune 500 made \$35.9 billion in profits, more than all the other 490 companies’ profits combined.

Legislators in Louisiana are trying. In 2017 there were numerous bills and resolutions put forth to stem the tide of prescribing.

Senators Mizell and White asked for medical societies and hospitals to eliminate pain as the 5th vital sign, in Resolution 21. House Bill 192 led by Representative Moreno and 43 others, put some restrictions on prescribing opioids, became law as Act 82.

Act 88 by Representative Leger and others established the Drug Policy Board’s Advisory Council on Heroin and Opioid Prevention and Education, and Act 76 led by Senator Mills encourages prescribers to use the Prescripion Monitoring Program, where currently only about one third use the system.

The enforcement of these measures will depend on the professional boards. The Department of Health has filed a suit against drug companies.

It will be seen if this can help in the opioid prescribing crisis or the “underlying epidemic” suggested by Case and Deaton that may have contributed to what author Christopher Caldwell calls, “American Carnage.”



Senator Barrow (lower left) asked questions about Senator Fred Mills’ bill designed to have more physicians participate in the tracking program for drugs. From left to right at table: Jennifer Marusak, Government Relations for the Louisiana State Medical Society (LSMS), Senator Mills, and Dr. Bill Clark, President of the LSMS and East Baton Rouge Parish Coroner.

**Dr. Dawley’s Film
The Lost Homecoming
Airs Oct 9 & 17 on PBS**

Dr. Harold Dawley’s documentary, *The Lost Homecoming—When Our Vietnam Veterans Came Home*, will air October 9 at 11 pm and again on October 17 at 10 pm, on the New Orleans PBS channel WYES following the Ken Burns segment on the Vietnam War.

The Lost Homecoming tells the story of the Vietnam Veterans returning home to an apathetic or sometimes even hostile nation.

“They were fighting in something the public didn’t support, and so they really felt defeated,” Dawley said to the *Sun Herald*. The documentary lays out the Veterans’ experiences and losses in a time when returning soldiers were more likely to be shunned than celebrated, and the impact that had on how they healed and reconnected with their communities.

“I’m hoping a large number of Vietnam veterans will see this and get satisfaction, and I hope this educates the public on the reception they received,” Dawley said.

Harold H. Dawley Jr., Ph.D., is a retired clinical psychologist, former self-help book publisher and business owner in Pass Christian, Mississippi. He spent twenty years on the staff of the New Orleans Veterans Affairs Medical Center where he served as Chief of the Psychiatry Service Day Hospital and Day Treatment programs.

During this period he also held clinical faculty appointments in the Department of Pathology at the Louisiana State University Medical School, the Department of Medicine and the Department of Psychiatry and Neurology at Tulane University School of Medicine, and an adjunct faculty appointment in the Department of Allied Sciences at Tulane University School of Public Health and Tropical Medicine. Recipient of the Outstanding Psychologist Award from the Louisiana Psychological Association and the Distinguished Service Award from the Division of Psychologists in Public Service of the American Psychological Association (APA) Dr. Dawley was elected a Fellow of the APA.

He is a Past President of the APA Division of Psychologists in Public Service and is also a Past President of the National Association of Veterans Affairs Psychologists. He also served three years in the Marine Corps before going to college and is the Commandant of the Marine Corps League Detachment in Diamondhead, Mississippi.

Louisiana
School Psychological
Association

*Dr. Conni Patterson
Scholarship Fund*

Donations c/o
www.lspaonline.org

Stress Solutions

by Susan Andrews, PhD

Stress Comes of Age

For generations traditional medicine has refused to consider “stress” and other emotional problems as having a direct effect on our body and health. The doctor might nod sagely and say things like, “it’s all in your head or that is *just* your imagination.” Slowly, persistently, the evidence built up showing many direct effects of stress on the body. Then, the stress was shown to be transmitted across generations – from a parent to the child, not just environmentally, but also physically – in the developing brain of the neonate.

But, today, it appears as if stress as a topic of real consideration has come of age. Cardiologists and internists are now overheard as saying, “next visit we will talk about stress.” It is like the physicians have decided that stress and its many “physical friends and relations” really should belong to medicine, as much as if not more than it does to psychologists. This may afford psychologists an opportunity to build working relationships with medical practices. Medical professionals may be able to talk about stress in physical and medical terms but stress is still best treated without medication and before it causes illness.

Not only can physicians now be heard talking about stress to their patients, but also more and more continuing education programs are focusing on the topic. Most recently, the serious connection between stress and inflammation is being taught around the world. This is hugely important as unresolved inflammatory responses are fingered as the root cause of many chronic illnesses and dis-eases, such as diabetes, metabolic syndrome, age-related changes and neurodegeneration, heart disease, cancer, MS, ulcerative colitis, Crohn’s Disease, and Rheumatoid arthritis.

You can appreciate how close the relationship between chronic stress and chronic inflammation is when you look at the potential causes of just one chronic inflammatory illness, such as chronic inflammation in the digestive tract. The #1 cause is often listed as Emotional Stress in the form of panic attacks, rapid pulse, with night sweats. This constellation of symptoms is a sign of a cortisol-prompted inflammation. When cortisol remains high in the blood (immune system and adrenals on overdrive), it results in dilated blood vessels that force blood to your organs in preparation of an attack. The #2 cause is Physical Stress.

Another indicator that Stress has come of age is the number of related hits Google gives you for a search on “stress.” Any guess between 115,000,000 and 150,000,000 is acceptable. Actually, today the result was 131,000,000. The results range from causes and triggers of stress to Symptoms of Anxiety and Stress to things stress is associated with to ways to manage stress.

It is the ways to manage stress that we do best as psychologists. The bulk of the 131 million websites that came up are focused on ways to reduce, manage, get rid of, or lower stress. Many of these websites are very superficial and even misleading. Or, they are aimed at *selling* their product. Stress can almost never be properly managed by simply reading an article or book or looking at a website. It takes time, determination and good coaching or therapy for a person to begin to drop bad habits, learn how to live a more healthy life, and then finally put what they learned into real action. The techniques to reduce stress only work if you use them.



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) and 2016 Distinguished Psychologist of the Louisiana Psychological Association.



THE UNIVERSITY of NEW ORLEANS

Position Announcement

POSITION TITLE:

Assistant Professor in Applied Developmental Psychology

POSITION #: 1916

DEPARTMENT: Psychology

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

We are particularly interested in developmental candidates with strong potential for externally funded research and whose area of research complements existing research programs in the department. Candidates with a developmental research emphasis or a developmental-biopsychology research emphasis studying the etiology, prevalence, onset, or trajectory of behaviors and stressors associated with childhood psychopathology are particularly encouraged to apply.

RESPONSIBILITIES: Conduct programmatic research on the development of psychopathology, undergraduate and graduate teaching, supervision of graduate students, and service to the department, university and community.

REQUIRED QUALIFICATIONS: Applicants must have a Ph.D. in psychology; individuals trained in any area of developmental or biological psychology will be considered, as long as their research contributes to theories and/or applications related to psychopathology.

DESIRED QUALIFICATIONS: Expertise in clinical psychology, developmental psychology or childhood psychopathology, especially with translational research programs or interests.

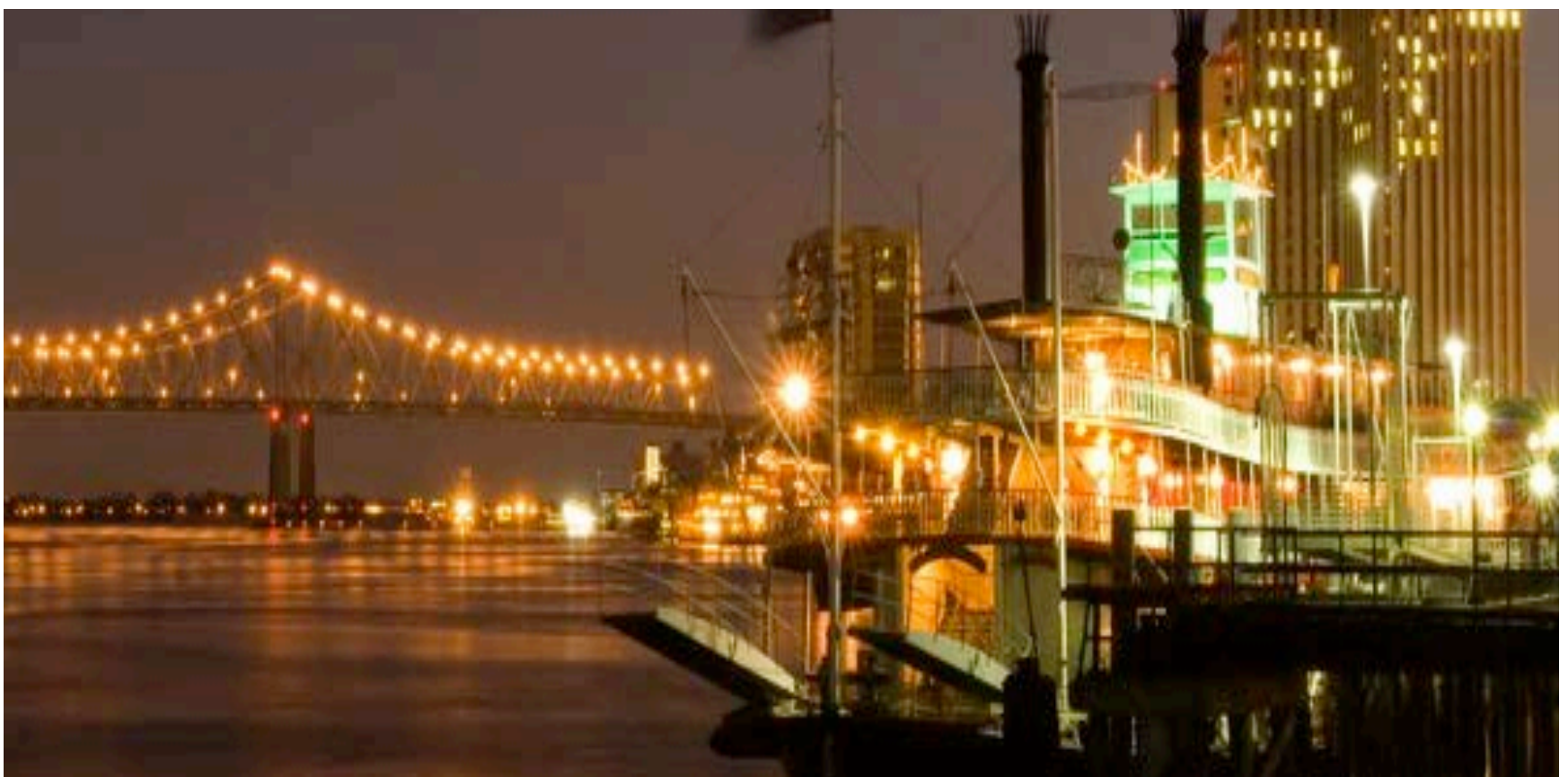
SALARY: Commensurate with experience.

APPLICATION PROCEDURE: Applicants should email their vita, a statement of research interests and career goals, sample reprints/preprints, and three letters of reference to Dr. Elliott Beaton, ebeaton@uno.edu, chair of the search committee, Department of Psychology, University of New Orleans, New Orleans, LA 70148.

DATE POSTED: Review of applications will begin on October 15, 2017 and continue until the available positions are filled.

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

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



A Shrink at the Flicks

It: Chapter One

A Movie Review

by Alvin G. Burstein, PhD

Well, Steven King, abetted by director Andy Muschietti and a stable of screenwriters, has done it again. His 1986 publication, *It*, has appeared on screen, and has audiences lined up waiting to experience horror. The plot is slick. A group of school kids, each of whom is weighed down by a social disqualification, struggles with rejection and bullying in and out of school. The group coalesces, aptly calling themselves “The Losers.” Their leader stutters badly, another is an overweight nerd, there is a sexually abused girl seen as promiscuous, a hypochondriac, a loudmouth, a Jewish kid being coerced into rabbinic studies, and a black. As a group and individually, they are the target of vicious bullying by school mates.

Then worse erupts. The younger brother of one of The Losers is lured into a sewer by an evil creature who calls himself Pennywise the Dancing Clown. The film takes us into The Losers’ battle against victimhood at the hands of real life bullies and the surreal, cannibalistic, shape shifting It.

Rather than rehearsing the twists, turns and outcome of the tale, I will remark that the movie’s title is a promise that if you enjoyed chapter one, you will be titillated by the prospect of more to come. Beyond that, the film epitomizes the horror flic genre, and raises the question of what attracts viewers to this film and its counterparts. Where does horror or terror fit in the panoply of emotion? Why would one pursue an opportunity to experience that feeling? How is it that a clown might be an apt focus for that feeling?

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



courtesy photo

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.



That the experience of fear and terror, independent of an objective threat, is universal is attested by the phenomenon of night terrors and nightmares in children and by their beliefs in boogiemens and toilet monsters. King tips his hat to that latter by It’s residence in the sewer system and It’s eruption out of drain pipes. Inadvertently or deliberately, King also gestures toward Freudian theory in Pennywise and the eponymous account of his doings by naming Pennywise “It.” Of Freud’s three mental agencies, Ego, Superego and Id, the last is the arena of hidden and stormy passions—and Freud knew well, and so might King, that “Id” is Latin for “It.”

From a psychoanalytic point of view, maternal empathic soothing and protection in the earliest months of life transmutes into a sense of safety and self-assurance in dealing with the world. The obverse of that mothering, early ruptures of that bastion, is a catastrophic experience. Otto Rank, one of the early psychoanalysts, posited that the universal and traumatic experience of ejection from the womb lays down an inescapable fearful template that is part of the human condition. Thus each of us, it can be argued, have somewhere within us, in the darkness of the Id, that template of terror. From a cultural point of view, the story of the eviction from Eden in Abrahamic societies can be understood as a literary endorsement of Rank’s insight.

But why clowns? There was an explosion of concerns about evil-doing clowns in 2014 and again two years later. The concerns were amplified by social media and were of questionable authenticity. But they parallel the persistent rumors of poison and razor blades in Halloween treats. Clowns are intended to give us something to laugh about. But there is also something eerie and artificial about them. Something might be hidden under that mask of grease paint, that carmined rictus.

Life and living involve dire risks on which we do not like to dwell, lest they trigger an eruption of a well of terror that swirls, deep and hidden in our minds. Horror films provide an opportunity to play with those fears, to entertain them—briefly and under our control.

Up-Coming Events

November 3 in New Orleans

LSU's Dr. Harman to Describe Decision Science at LPA Workshop

The Louisiana Psychological Association will present a Fall Workshop on Friday, November 3, to be held at the DoubleTree by Hilton, New Orleans airport.

A panel discussion on, "Conflict Management at the Individual, Group, and Societal Level: What Psychological Science Tells Us about Charlottesville," will take place as part of the morning training activities.

Expert practitioners will participate in the panel discussion session, "Ethical and Effective Ways to Deal with Third-Party Payers," for the afternoon.

Other elements of the one-day educational activity will include the Science Café and a Lunch & Learn experiential training activity with colleagues.

Panelists in the conflict management topic will include Dr. Marva Lewis, Associate Professor at Tulane University whose doctorate is in Sociocultural Psychology. Lewis' research focuses on the development of culturally valid research methods and measures of racism-based stress during pregnancy, Colorism in African American families, and parental acceptance or rejection of children.

Dr. Tyree Mitchell, Assistant Professor in industrial-organization psychology at the Louisiana Human Resource Education & Workforce Development, College of Human Sciences & Education will also be a panelist. Dr. Mitchell's work focuses on effective leadership and group functioning, including elements of culture, gender, negotiation and other characteristics important in social interactions.

Louisiana State University Psychology Assistant Professor, Dr. Jason Harman will add the perspective of conflict from a cognitive, judgment, and decision-making framework. Dr. Harman earned his doctorate from Carnegie Mellon University and the Social and Decision Sciences Department. Dr. Harman's research involves Dynamic Decision Making, Cognitive Models, Goal

Pursuit, and Applied Decision Science.

"Virtually every consequential area of life involves humans making judgments and decisions," Dr. Harman explained to the *Times*.

"Two areas we've been working on recently are equity in salary negotiations and environmental decision making. In terms of salary negotiations, we know that women are less likely than men to negotiate for higher salaries, and when they do negotiate they are seen as difficult and demanding whereas men are seen as confident and ambitious for the same behavior," explained Harman.

"Here at LSU," he said, "we're helping to expand our knowledge of this important topic by looking specifically at minority women in salary negotiation and how these known issues and solutions may be different depending on not only gender but the interaction of gender and race."

"In general, humans are amazingly good at making decisions and forming

judgments," he said.

While Dr. Harman said he is an optimist when it comes to human decisions, "... there are factors that introduce biases or predictable errors into the decision making process and the current political climate seems to be a perfect storm of these factors," he explained.

"In-group biases—us and them, negative emotions—fear & anger, and biased information are three important factors that influence decision making—usually in a counter productive way—that seem to be prevalent in the current climate."

"In practical terms we see this in the observation that conservatives get all of their news from fox news and liberal get their news from other sources. Some friends of mine at Carnegie Mellon University have recently been studying the other side of this bias, information avoidance, the idea that people not only gather information to confirm their beliefs but

actively avoid information that could cause internal conflict or negative emotions even when that information could help us make more accurate decisions."

"Probably the most effective remedy to these biasing factors is exposure; exposure to people from different groups and to ideas and information that doesn't necessarily concur with your beliefs. We've known for a long time about confirmation bias: seeking out information that confirms our beliefs instead of information that challenges them.

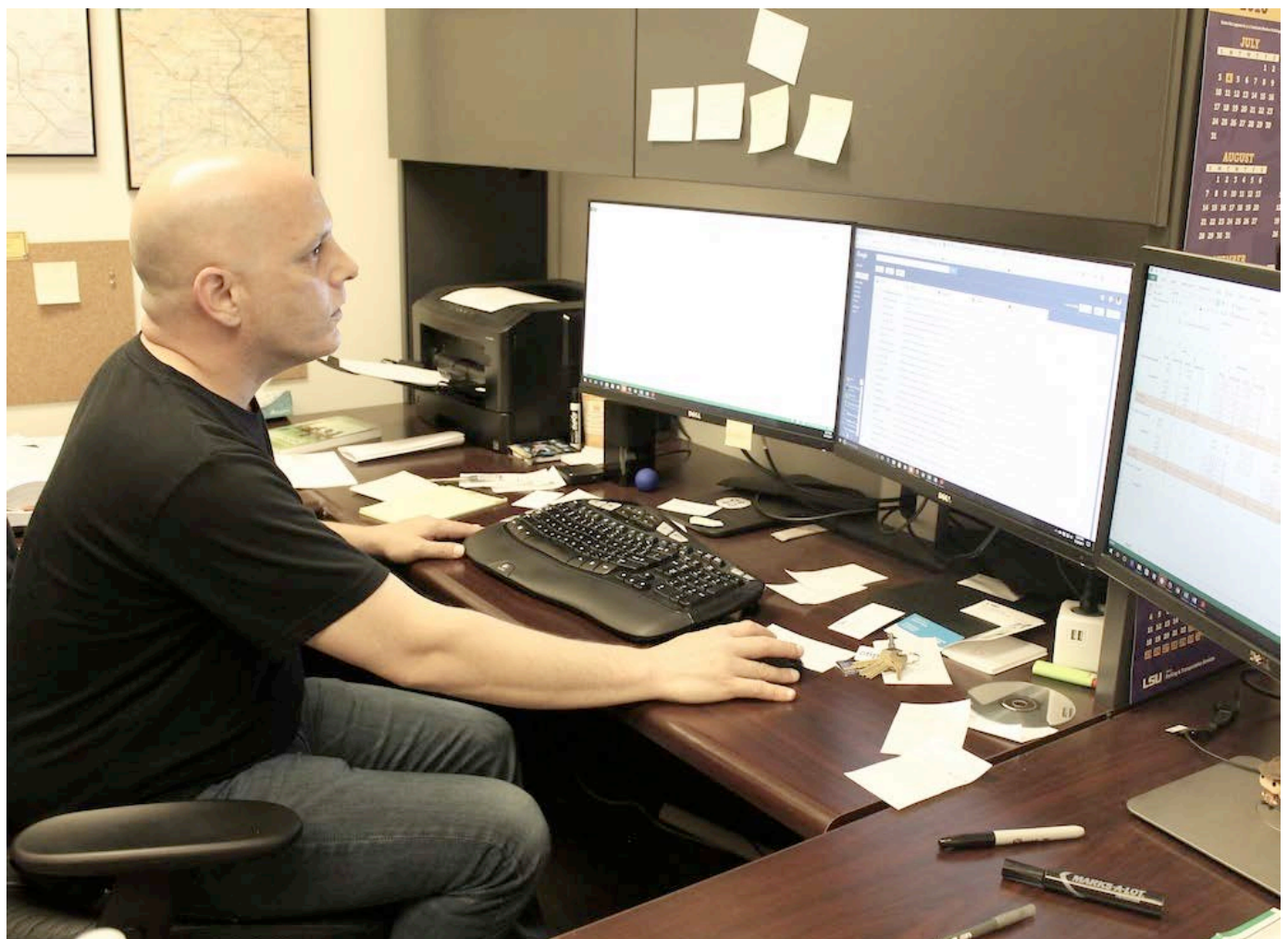
This is a human bias, not a political one. In fact it was first studied in scientists who should be more aware than anyone the fact that truth can only be advanced by seeking out disconfirming information and gathering confirming information gets you no closer to knowing if an idea is true."

So overall, the best action we can take to

improve our social decision making is exposing ourselves to diverse people and diverse ideas.

Also at the workshop, licensed psychologists Drs. Kathryn Kirkhard, Kim VanGeffen, Rafael Salcedo and Michael Chafetz will discuss dilemmas faced with insurance companies and other third-party payers. Panelists will review ways to maintain the professional standards and therapeutic alliance with the client when another third-party entity is involved, and share their business and professional approaches to working with and bypassing problems caused by misaligned economic incentives and how to maintain boundaries and ethical standards.

Registration for the conference opens next week at louisianapsychologicalassociation.org. Continuing professional development credits are offered.



Dr. Jason Harman at his office in the Louisiana State University Psychology Department. Dr. Harman is an expert in decision science and will present on a panel for the Louisiana Psychological Association Fall Workshop in November.

Up-Coming Events

BCRR Career Fair Wednesday, Oct 11

The Baton Rouge Community College (BRCC) will host its first Mental Health and Social Services Career Information Fair on Wednesday, October 11, said Dr. Sonnier-Hillis, interim department chair for Social Sciences and History and a member of Baton Rouge Community College’s Behavioral Intervention Team.

Dr. Sonnier-Hillis is helping to bring together people for mental health awareness in Louisiana.

Dr. Sonnier-Hillis told the *Times* that groups participating so far include NHS Shelley Hendrix Autism Center, the Capital Area Human Services Autism Center, the East Baton Rouge Parish Schools I Care program, Gulf Coast Social Services, Cenikor Foundation, Baton Rouge Behavioral Hospital, Iris Domestic Violence Center, and the Post Trauma Institute of Louisiana.

“For the careers in mental health panel discussion, mental health professionals in the areas of substance abuse, behavior analysis, and child social services will participate, as well as a psychiatric nurse practitioner—BRCC has a nursing program. All will speak about their particular careers and education, challenges, etc.,” Dr. Sonnier-Hillis said. She also noted that the social work departments at LSU and Southern, the psychology department at Loyola, and possibly LSU’s psychology department will participate. The Fair coordinates with Mental Health Awareness Week activities and is an effort to address the shortage of mental health professionals in the area.

The event will be held on campus at 201 Community College Drive in the Magnolia Building.

La School Psychological Association to Hold Annual Conference Nov 8 to 10

The Louisiana School Psychological Association (LSPA) will hold its 37th Annual Convention Wednesday, November 8 through Friday, November 10 at the Doubletree by Hilton, 1521 West Pinhook Road, Lafayette, Louisiana.

This year’s theme is “*Supporting Schools: Tools You Can Use.*”

President Keever Hoffmann will give the welcome then Dr. John Kelly, President of the National Association of School Psychology will deliver the keynote address. Dr. Kelly will also present “Social Emotional Learning.”

Dr. Kelly was named the 2003 NASP School Psychologist of the Year, on the NASP Board of Directors, a school psychologist for the Commack (NY) Public School District since 1986.

He has served as an adjunct professor at St. Joseph’s College and Adelphi University and currently teaches at St. Johns University. His list of published articles includes topics of bullying prevention and school-based mental health services.

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Louisiana Psychological Association Fall Workshop South

Friday, November 3

DoubleTree by Hilton, New Orleans Airport

- Science Café

8 am to 10 am – 2 CPDs
Review new findings in psychological science from psychology laboratories around the state, while enjoying a relaxed continental breakfast with colleagues.

- Applications in Psychological Science

10:15 to 12:15 – 2 CPDs
“Conflict Management at the Individual, Group, and Societal Level: What Psychological Science Tells Us about Charlottesville.” Learn theory, models, and interventions for conflict management at the individual, group, and societal levels.

- Lunch & Learn

12:30 to 2:00 – 1.5 CPDs
Learn from colleagues in this facilitated, experiential group discussion on current issues facing psychology and psychologists, while enjoying a leisurely luncheon.

- Issues in Professional Practice of Psychology

2:15 to 4:15 – 2 CPDs (Ethics)
“Ethical and Effective Ways to Deal with Third-Party Payers” – Hear how experienced professional psychologists manage the marketplace and third-party payers while maintaining their ethical standards.

Mark Your Calendars!

Pre-Registration Opens on October 12
louisianapsychologicalassociation.org

Join us for science, practice and community in psychology

Up-Coming Events

Louisiana School Psychological Association to Hold Annual Conference Nov 8 to 10, Lafayette continued

Also presenting on Friday will be Dr. Phillip Saigh on “PTSD in Children.” Susan Craig will present on “Trauma-Sensitive Schools.” And Dr. Todd Savage will present “School Climate.”

“Effective Collaboration and Communication with Parents & Advocates,” will be presented by Flint Smith.

Anna Pardue will present, “Apps and Digital Tools to Support School Psychologists.”

“ADOS-2 Booster” is to be presented by Dr. Jeanne Anne Carriere, Dr. Steve Kanne, Dr. Anna Laakman.

Dr. Carmen Broussard will provide training on “Supervision of Interns.”

“Creating Social Cognitive Supports,” will be presented by Dr. Chris Abilgaard.

Dr. Abilgaard will also present “Counseling Individuals with Autism.”

Michelle Antle will give a talk on “Strategies for Students with Autism.”

Dr. Katherine Wickstrom will host and lead the “School Psychology Trainer’s Forum.”

“Related Service Counseling Strategies,” will be presented by Dr. Brad Mason.

Dr. Jeanne Anne Carriere will present, “A Tiered Approach to Repairing Relationship with Families.”

Dr. Meagan Medley will present, “Treatment Integrity: Ways to Improve implementation of IEPs, BIPs, RTI, & PBIS.”

“Establishing Peer Management Programs in Your Schools,” will be given by Dr. Evan Dart.

Dr. George Hebert and Dr. Colleen Arceneaux will present, “Ethical Dilemmas and Problem-Solving.”

For the *Practitioner Conversation*, Dr. Jeanne Anne Carriere, Dr. Steve Kanne, Dr. Anna Laakman, Amber Boykin and Flint Smith will discuss, “Autism in Louisiana & the Nation.”

Dr. Carmen Broussard, will present a question and answer program about the LSSP. Dr. Broussard will also provide a talk on the “Student Forum.”

Dr. Alan Coulter will present on “ESSA.”

Dr. Brad Mason will present on, “Getting on the Plus Side of Behavior.”

“Academic Fluency Interventions in Multi-Tiered Settings,” will be presented by Dr. Kim Sherman.

Dr. Kevin Jones will present, “Mobile App for Reading Interventions.”

Amber Boykin and Stacey Johnson will present “Professional Advocacy 101,” for the *Practitioner Conversation*.

“Social Skills Training for Students with Developmental Disabilities,” will be presented by Dr. Keith Radley.

Amber Boykin and Laura Maciaszek will present, “PBIS-Laws, Updates, & Measurement Tools.”

Dr. Kristin Johnson will present, “Training Teachers to Complete DBRCs.”

Dr. Wayne Stewart will provide a workshop on “Law and Ethics.”

Dr. Stacy Overstreet & Team, will present, “TOT Trauma-Informed Strategies for Engagement.”

Disaster Mental Health Worker (DMHW) Certification Training will be conducted by the American Red Cross—Louisiana on Saturday 1 to 3 pm.

Among the awards this year, several memorial awards will be given by the association. The Larry J. Stout Memorial Scholarship is a one-time award in honor of one of the most generous and dedicated professors and trainers of school psychology in Louisiana.

The Dr. Conni Patterson Scholarship is a one-time award established to honor Dr. Constance Kindrick to honor her distinguished contributions to the psychology community as a psychologist, educator, supervisor, administrator, and human rights advocate.

And the Will Bergeron Memorial Scholarship, established by LSPA in 1982 in honor of one of the early practitioners and trainers of school psychology in Louisiana will be presented.

For more information go to the LSPA website at <http://lspaonline.org/>

Louisiana Group Psychotherapy Society Fall Institute October 28

The Louisiana Group Psychotherapy Society will hold its 2017 Fall Institute in Baton Rouge, October 28.

This year the group will feature Dayne Naretta, LCSW, CGP, who will speak on the topic, “What’s All the ‘Brouhaha’ About Functional Subgrouping?”

Mr. Naretta will examine what subgrouping is, what it isn’t, and how to use it to resolve conflict. See LGPS website for more information.

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