

More Mental Health, Less Incarceration Prison Reforms Launched

In an announcement this week, Gov. Edwards said that key parts of the “Justice Reinvestment Initiative,” a package of reform measures passed by the 2017 Legislature, will begin to be implemented. Certain inmates in Louisiana who are currently serving a sentence for non-violent, non-sex offenses, as defined by Louisiana law, will be released an average 60-90 days early. This is an effort to reduce the state’s incarceration rate, the highest in the nation, a pledge the Governor made in taking office.

“Louisiana’s label as having the highest incarceration rate in the nation may be part of our past, but it will not be a part of our future,” said Gov. Edwards.

The package of 10 pieces of legislation is designed to steer less serious offenders away from prison, strengthen alternatives to imprisonment, reduce prison terms for those

who can be safely supervised in the community, and remove barriers to successful re-entry.

“For more than a year, stakeholders from every walk of life in Louisiana publicly met to thoroughly review our criminal justice system. Following a model set forth by other Southern, conservative states, their goal was to make Louisiana a safer place for our children while being smarter on crime than we have been in the past...” he said.

“Along the way, we will, undoubtedly, find areas where we can improve these changes,” the Governor said, including “alternatives to incarceration.”

The effort is estimated to save approximately \$262 million, with more than \$180 million of those savings being reinvested in programs that reduce the recidivism rate and empower offenders to leave a life of crime.

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Scientists from psychology labs talked with psychologists at a conference held this week. (L to R) Dr. Elliot Beaton from UNO, Dr. Scott Smith from ULL, Dr. Christopher Harshaw (back) from UNO, Dr. Valanne MacGyvers from ULL, and Dr. Charles Taylor, from ULL, participated in the Science Café.

Psychology Laboratory Directors Discuss Research at “Science Café”

Psychological scientists from laboratories around the state shared their work at the first “Science Café,” hosted by the Louisiana Psychological Association this week in New Orleans. Researchers from the University of New Orleans, Pennington Biomedical and the

University of Louisiana Lafayette discussed current advancements with psychologists attending the association’s Fall Workshop.

Dr. Elliot Beaton, Assistant Professor in the Department of Psychology at the University of New Orleans and the director of the

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November 11 – Veterans Day Features



Fay Thrasher and Andrew Thrasher at ages five and three. Both became psychologists and so did Andrew’s son, Andrew J. Thrasher, III.
(Photo courtesy Dr. Fay Thrasher)

The Doctors Thrasher

The psychology community is honored to have an exceptional trio of psychologists in its midst, from the same family tree of Thrasher. This is a family that together has served both the country and those who protect it. Dr. Fay Thrasher, her kid brother Dr. Andrew Thrasher, and his son, Dr. Andrew J. Thrasher, III, who returned recently from Afghanistan, are all highlighted in this special feature.

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What Moved Dr. Dawley to Tell the Story of Vietnam Vets, *Lost Homecoming*?

During his career as a psychologist at the New Orleans VA Medical Center, Dr. Harold Dawley had an experience with a Vietnam veteran that led to his writing, co-directing, and producing the documentary *The Lost Homecoming – When Our Vietnam Veterans Came Home*. The documentary recently aired on the New Orleans PBS Station WYES and we asked him to tell us what moved him to produce it.

Cont pg 10

Invisible Wounds of War: Moral Injury in our Nation’s Veterans, by John Magee, PhD

“A Korean War veteran says killing always changes you. Always. A Vietnam War veteran’s best friend dies in his arms.” Dr. John Magee takes us through the concept of moral injury, to better understand the invisible wounds of our Veterans.

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Editorials and Opinions

Freedom and Creativity

by Times publisher, J. Nelson

I've written about freedom many times before—freedom of speech and ideas, and how it relates to creativity and human problem-solving—but because of Veterans Day and other things, I'm writing about it again.

One of the first things that a consulting psychologist will do with a team is to help the group establish a climate of freedom.

Decades ago when I was a brand new psychologist working at a 5,000 person Honeywell manufacturing plant in Phoenix, I witnessed this dramatic effect. From simply removing blocks to freedom of thought and action for the team members, the group catapulted from last place in the company (the shameful position of the 27th performing team) to the 1st place team, in only a few months.

As an internal consultant, this made me hugely popular. To those who didn't know much about psychology, it was like a magic trick. But of course it had almost nothing to do with me.

One piece of luck was a leader who was extremely bright, open, and achievement-oriented. He was minimally encumbered by ego so we didn't have to spend time on that. In team-building having this type of leader is like stacking the deck.

I applied the principles of psychology that I'd been taught and the natural forces took over. Participation, motivation, and creativity all increased. The team revved like an airplane that had been finally cleared for takeoff. Then, productivity flew.

In *The Constitution of Liberty*, F. A. Hayek explains that freedom is "that condition of men in which coercion of some by others is



From 2011 VA Poster

reduced as much as possible in society." He reminds us that freedom is not power, wealth, or even happiness. In fact, freedom might mean the absence of these. And it is not entitlement.

Hayek also explains that freedom is not about the collective, but the single individual. "To grant no more freedom than all can exercise would be to misconceive its function completely. The freedom that will be used by only one man in a million may be more important to society and more beneficial to the majority than any freedom that we all use."

Steve Jobs, a premier inventor of our time, could never have created what he did without the freedoms provided in our country.

Jobs had the freedom to go to college and the freedom to drop out. He had the freedom to reject his father. He had the freedom to start a company in a garage. He had the freedom to get kicked out of his own company and he had the freedom to start all over again. He even had the freedom not to listen to his customers—he didn't survey them. He felt they didn't know what they needed.

On November 11 we honor our veterans. We think about their service and their sacrifice.

In a letter addressing the First Brigade of the Third Division of the Militia, October 11, 1798, John Adams wrote, "If it be the pleasure of Heaven that my country shall require the poor offering of my life, the victim shall be ready, at the appointed hour of sacrifice, come when that hour may. But while I do live, let me have a country, and that a free country."

Steve Jobs possessed a naturally creative temperament. But what made it possible for him to reach his potential, to light the entire world with his inventions, was that time and chance placed him in this country, a country where Lady Liberty had made her home.

[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

We did not receive corrections for October. Please send your corrections or clarifications to the *Times* at:
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Gov. Edwards Makes Several Board Appointments in Oct

Gov. Edwards announced in October that he reappointed Kathryn A. Steele, Ph.D., of Metairie, to the Louisiana Licensed Professional Counselors Board of Examiners. Steele is a licensed professional counselor, licensed marriage and family therapist, and professor of counseling at New Orleans Baptist Theological Seminary. Dr. Steele was nominated by the Louisiana Association for Marriage and Family Therapy and will serve as a licensed marriage and family therapist on the board.

The Louisiana Licensed Professional Counselors Board of Examiners is responsible for the regulation of Provisional Licensed Professional Counselors or PLPCs (formerly Counselor Interns), Provisional Licensed Marriage and Family Therapists or PLMFTs (formerly MFT Interns), Licensed Professional Counselors or LPCs, and Licensed Marriage and Family Therapists or LMFTs.

The Governor also reappointed Paul M. Schoen, of Covington, to the Addictive Disorder Regulatory Authority. Schoen is a licensed addiction counselor and certified compulsive gambling counselor in private practice. Additionally, he is a veteran of the United States Navy Reserve. He was nominated by the Louisiana Association of Substance Abuse Counselors and Trainers, Inc., and will serve as a member with significant experience and knowledge in the area of compulsive gambling.

Gov. Edwards also appointed Kerri L. Cunningham, of Lafayette, to the Addictive Disorder Regulatory Authority. Cunningham is a licensed clinical social worker, licensed addiction counselor, and the Clinical Director of Victory Addiction Recovery Center.

As required by statute, she was nominated by the Louisiana Association of Substance Abuse Counselors and Trainers, Inc.

The Addictive Disorders Regulatory Authority licenses and regulates addictive disorder counselors and prevention professionals in the State of Louisiana.

Also in October Gov. Edwards appointed Antoinette Q. Bankston, of Baton Rouge, to the Human Trafficking Prevention Commission Advisory Board. Bankston is a licensed clinical social worker and the Executive Director of the Baton Rouge Children's Advocacy Center. As required by statute, she was nominated by the Louisiana Chapter of the National Association of Social Workers.

The Human Trafficking Prevention Commission Advisory Board provides information and recommendations from the perspective of advocacy groups, service providers, and trafficking victims to the Human Trafficking Prevention Commission.

Bambi D. Polotzola, of Opelousas, was reappointed to the Louisiana Developmental Disabilities Council. Polotzola is the Director of the Governor's Office of Disability Affairs and will serve as its representative on the council.

The Louisiana Developmental Disability Council's mission is to lead and promote advocacy, capacity building, and systemic change to improve the quality of life for individuals with developmental disabilities and their families.



Dr. Raman Singh, Director of Medical and Behavioral Health, Louisiana Department of Public Safety & Corrections, speaking in June at the Louisiana Psychological Association (LPA). Dr. Singh and Dr. Susan Tucker, LPA President Elect and a psychologist in Corrections, have helped communicate about the need for effective mental health rather than incarceration.

Prison Reforms Launched this Month, Push for More Mental Health continued

Louisiana is the latest state to enact such reforms; many others have experienced simultaneous drops in their crime and imprisonment rates. For example, the Texas incarceration rate is down 16% and crime down 30%. In North Carolina incarceration is down 16% and crime down 16%.

The House and Senate votes for S.B. 139 (the bill that includes changes to parole and good time) passed by 26-11 in the Senate, 75-30 in the House, and then 20-13 in the Senate concurrence.

This past June, Dr. Raman Singh, Director, Medical and Behavioral Health, Louisiana Department of Public Safety & Corrections, told psychologists at the Louisiana Psychological Association, that the leverage for dramatic changes in the state's incarceration rate was to institute behavioral health reforms in the Louisiana criminal justice system.

Singh, a medical doctor and cardiologist by training, said, "Louisiana's incarceration rate contributes to over-representation of the mentally ill in the criminal justice system."

Dr. Susan Tucker, clinical psychologist and the Assistant Warden at the Bossier Parish Medium Security Facility, and President-Elect of LPA, introduced Dr. Singh and explained the significance of comprehensive psychological programs in the corrections and justice system.

Tucker developed the Steve Hoyle Intensive Substance Abuse Program nationally recognized for excellence.

In 2016 the Louisiana Legislature commended Tucker and her team in a House Concurrent Resolution pointing to multi-million dollar cost savings to the state because of shorter incarceration times of those offenders who participated in the psychological programs designed by Tucker.

Singh explained to the audience of psychologists and professors that the reasons for over-incarceration in Louisiana are well-established. Based on a 2016 Louisiana Legislative Auditor's review Singh said the top reasons were mandatory sentences and habitual offender laws, high rates of local incarceration without treatment programs, and "not addressing issues driving criminal behavior such as substance and mental illness."

"Incarceration of mentally ill exacerbates symptoms of mental illness. Rarely does incarceration of the mentally ill lead to an improvement in their mental status," said Singh.

In a related story, in October Attorney General Jeff Landry wrote that taxpayers should be concerned about this "dangerous legislation." He said that some of those released will qualify for welfare and that the savings, targeted toward programs to help prisoners with addiction, mental health, and job skills, "...has apparently now morphed..." into more grants rather than taxpayer savings.

Governor Edwards replied that Landry should "Learn the Facts, Stop the Fear Mongering," in a press release this week.

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State & National News

APA Finds Political Stress Significant

The American Psychological Association (APA) conducted its annual “Stress in America” survey to examine how Americans feel and how much stress they are experiencing and why.

Of those surveyed, 63% said that the future of the nation is a significant source of stress, 62% indicated that money stresses are significant, and 61% said that work was a significant source of stress, according to the news release.

APA has conducted the annual survey for more than a decade, and money and work have consistently topped the list of stressors. In 2017, however, after adding a question with a list of additional stressors, the survey revealed a common new source of significant stress: the future of our nation. While the public’s overall stress level remains the same, on average, compared to last year, Americans are more likely to report symptoms of stress, which include anxiety, anger and fatigue, said the announcement.

The survey was conducted by Harris Poll on behalf of APA.

The full report is available at <http://www.apa.org/news/press/releases/stress/index.aspx>

The APA Help Center also includes: *10 tips for dealing with the stress of uncertainty* and *Managing conversations when you disagree politically*.

Data was weighted to reflect proportions in the population.

The online survey included 2,047 women, 1,376 men with political affiliations of 1,454 Democrats, 698 Republicans, and 672 Independents.

Race of the respondents was 1,088 White, 810 Hispanic, 808 Black, 506 Asian and 206 Native American adults.

About a third (1,122) fell at or below 200 percent of the federal poverty level and 2,087 were above.

Parents made up 1,182 and those without children were 2,258.

Data was collected online. Because the sample is based on those who were invited and agreed to participate in the Harris Poll online research panel, no estimates of theoretical sampling error can be

LDH Secretary, Dr. Gee Named to NAM

On October 16 Gov. Edwards announced that Dr. Rebekah Gee, secretary of the Louisiana Department of Health, has been elected to the National Academy of Medicine. Election to the National Academy of Medicine is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. Dr. Gee is an obstetrician/gynecologist. She led initiatives that decreased infant mortality and prematurity statewide.

Psychology Board to Hold Long Range Plan Meeting November 17 in Baton Rouge

The Louisiana State Board of Examiners of Psychologists will hold its annual meeting called the Long Range Planning Meeting, on Friday, November 17 from 8:30 am to noon. The meeting will be at the Louisiana Municipal Association building, 700 North 10th Street, in Baton Rouge.

In a letter on October 30, current Chair Dr. Phil Griffin notified representatives of the Louisiana Psychological Association, the Louisiana School Psychological Association, and the Association of Medical Psychologists, inviting them to attend and that their participation would be “... of significant value in the planning of the LSBEP’s direction on important issues related to the independent practice of psychology and the Board’s mandate to protect the public.”

The LSBEP will be holding a meeting on Thursday, November 16, and agenda items include an executive session, in-service training, and committee reports.

The tentative agenda for the following day and preparation for the Long-Range Planning Meeting includes these items:

- 1. Emeritus Status Rule (Griffin, Henke)
- 2. Defining Provisional License, Scope and Limitations (Griffin)
- 3. Inactive License Status (Lambert)
- 4. LSBEP Review/Approval of Continuing Professional Development (Henke, Crouch)
- 5. Masters Level License (Henke and Boggs)
- 6. Developmental Psychology: Applied Health Care Specialty/Non-applied Health Care Specialty

An Awards Luncheon will follow the Long-Range Planning Meeting on Friday, said Dr. Griffin, to honor the former chair, Darla Burnett, PhD, MP, and former member of the LSSP, Steven Welsh, PhD.



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Schedule of Events
Friday, January 26, 1018

- 08:00 - 09:00 Registration, Continental Breakfast
- 09:00 - 10:30 Mediation Marketing—Dr. James Stovall
- 10:30 - 10:45 Break
- 10:45 - 12:15 Mediation Marketing—Dr. Stovall
- 12:15 - 1:00 Catered Lunch/Annual Meeting
- 1:00 - 2:00 Social Security Entitlements, Pension Set-offs, Health Care—Madison Field, MBA, CVA, and Robert Woosley, CFP
- 2:00 - 3:15 Hearing Officers: Use of Mental Health Professionals—Brandy Blanchard, JD, Jill deCourt, JD, Lisa Matthews, JD
- 3:15-3:30 Break
- 3:30-4:45 The Use of MHPs as Custody Case Managers—Hon. Pamela Baker, Cathy Austin, PhD, LPC, LMFT
- 4:45 - 5:00 Evaluations, Certificates
- 5:00 Cocktail Social and Networking

Saturday, January 27, 2018

- 8:00 - 8:30 Registration, Continental Breakfast
- 8:30 -10:00 Money & Divorce Client Behavior—Helen Graf, CFP, CDFA
- 10:00 -10:15 Break
- 10:15 - 11:45 Role of Child Therapists in Custody Disputes—Rhonda Norwood, Ph.D., LCSW
- 11:45 - 12:30 Catered Lunch
- 12:30 - 2:00 Sexual Abuse: From Allegations to Visitation—Karen Arias, Forensic Interviewer, BRCAC, LaDonna Ward, Exec. Dir., Westside SVC
- 2:00 - 2:15pm Break
- 2:1 5 -3:45 Substance Abuse Issues in Family Court Cases—Tanya Stuart, LCSW-BACS, LAC, CCS
- 3:45- 4:00 Evaluations, Certificates

See www.afccnet.org for more information.

State & National News

Gov Edwards Meets with President Trump to Address Opioid Crisis

Gov. John Bel Edwards and Dr. Rebekah Gee, secretary of LDH, attended a listening session at the White House with President Trump on October 26 to discuss the growing opioid crisis. Also participating were Governors Bill Walker from Alaska, Chris Christie from New Jersey, Matt Bevin from Kentucky and others.

According to the press release, Gov. Edwards also met privately with Acting Drug Czar Richard Baum to discuss drug and addiction trends in Louisiana, Gov. Edwards' priorities related to drug use, and opportunities to collaborate with the White House in the future.

Edwards praised a decision by Trump to declare the opioid crisis a national public health emergency. President Trump indicated that he intended to file a lawsuit against opioid manufacturers for their role in escalating the national crisis. In September, Gov. Edwards and the Louisiana Department of Health (LDH) filed a similar lawsuit.

"I appreciate President Trump's commitment to this issue," said Gov. Edwards. "This problem has escalated in Louisiana at a rapid pace, and we are taking action to combat the opioid crisis. The president's declaration will put more tools at our disposal, and will allow us to help more Louisianans who've fallen victim

to opioid abuse. This is going to take time, and my administration and I are committed to working with the Trump Administration to provide assistance to as many people as we can."

According to the White House, declaring a public health emergency will mobilize additional federal resources, including:

- Allowing for expanded access to telemedicine services, including services involving remote prescribing of medicine commonly used for substance abuse or mental health treatment,
- Helping overcome bureaucratic delays and inefficiencies in the hiring process, by allowing the Department of Health and Human Services to more quickly make temporary appointments of specialists with the tools and talent needed to respond effectively to our Nation's ongoing public health emergency,
- Allowing the Department of Labor to issue dislocated worker grants to help workers who have been displaced from the workforce because of the opioid crisis, subject to available funding, and
- Allowing for shifting of resources within HIV/AIDS programs to help people eligible for those programs receive substance abuse treatment, which is important given the connection between HIV transmission and substance abuse.

Psych Board Approves *Opinion* For Specialist in School Psychology Subcommittee

At the regular meeting of the Louisiana State Board of Examiners of Psychologists (LSBEP) on September 22, the members reviewed and approved an Opinion regarding graduate equivalency, developed by the Licensed Specialist in School Psychology subcommittee. The Opinion is:

The Louisiana Administrative Code, Title 46, Part LXIII. Subpart 2, Chapter 34 sets forth the training program requirements for licensure as a Licensed Specialist in School Psychology and requires that a graduate of a specialist program may complete a program that is approved by the National Association of School Psychologists (NASP), or an equivalent certificate, from a university offering a full-time graduate program. The NASP criteria for program approval serves as a model for specialist-level training in school psychology.

Prior to 1988, the Nationally Certified School Psychologist (NCSP), did not exist. In 1989 the first certifications were issued. Therefore, individuals graduating from programs prior to 1989, did not have NASP program approval. However, those individuals have since been reviewed and were granted an NCSP by NASP. Therefore, it is the opinion of the Louisiana State Board of Examiners of Psychologists, that an individual who graduated from a non- NASP approved program, prior to 1989, who has held an NCSP, will be considered as meeting the "equivalent" requirements of a NASP approved graduate training program, regardless of the current NASP certification status.

LBAB Board and Psych Board Looking at Dual Licensing Issues

In October the Psychology Board (LSBEP) continued to discuss an issue presented it at its September meeting about psychologists who have both a license as a psychologist and applied behavior analyst.

The LSBEP September minutes noted: "Inquiry from the Louisiana Behavior Analyst Board regarding dual licensing – The Board reviewed this inquiry and approved Dr. Boggs and Ms. Monic collaborate on a draft to the LBAB, outlining the Board's opinion of the scope of a psychologist engaging in behavior analysis."

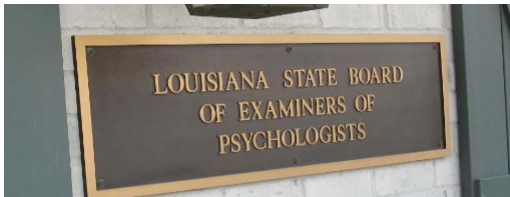
According to the minutes from the Behavior Analyst Board, they discussed this issue at the September 12 meeting: "... Ms. Boe informed the board about a question that arose based on a previous inquiry about dual licensed individuals and the services they provide. After discussing, the board decided the specifics will be sent to the Psychology Board for a recommendation/opinion."

According to sources, questions had been raised about which board would have jurisdiction over certain aspects of the practice of a psychologist with this dual licensure situation, particularly regarding the use of unlicensed assistants.

In the October meeting, the psychology board members discussed the possibility that if an individual were billing for unlicensed assistants using ABA codes, they would likely fall under the ABA Board's requirement for certification and regulation.

Discussion also revolved around the situation that if the psychologist was billing for these services using psychotherapy codes, the LSBEP requirements for supervision of unlicensed assistants would need to be met.





From the Minutes

Selected Items from September Discussions at the Louisiana State Board of Examiners of Psychologists

Present were Board Members, Drs. Phillip Griffin, Koren Boggs, Jesse Lambert, Amy Henke, Leah Crouch; and, Executive Director, Jaime T. Monic. Attorney Courtney Newton was present for part of the meeting to present and discuss complaint matters in Executive Session. Dr. Mark Vigen, former LSBEP Board Member was present for part of the meeting to assist with Oral Examinations as delegated by the Board, and to discuss a temporary contract with the Board as an alternate Complaints Coordinator (Complaints Coordinator III).

Information was provided to the Board from the Association of State and Provincial Psychology Board concerning changes to EPPP

A copy of the Louisiana Intern Advocacy letter sent jointly from LPA and APA to LA Dept of Health was provided to the Board.

Nominations for Psychology Board Extended to Nov 10

Executive Director for the Louisiana State Board of Examiners of Psychologists (LSBEP), Ms. Jaime Monic, notified licensed psychologists that the self-nomination period for the next board position will be extended to November 10.

“It’s not too late to submit your self-nomination to serve in this important role,” Ms. Monic wrote in an October 30 memo. “This election will be to fill the board member vacancy occurring July 1, 2018.”

Undisclosed sources report that the board has received no formal nominations as yet but other sources report several community members are considering serving.

Psychologists’ Renewals at 654

Director Ms. Jaime Monic reported that 654 psychologists had renewed their licenses in psychology at a full-time practice level and 57 had a renewed as retired, part-time.

There were 10 individuals licensed in the category of Provisional and also 17 licensed as Specialists in School Psychology. By close of the renewal period, 46 licenses were lapsed. Four of these have been reinstated, said the minutes, due to unintentional lapse.

The Board was notified that Eric R. Cerwonka, Psy.D. has filed a Civil Action Suit against the LSBEP. Ms. Monic has consulted Risk Management and the matter has been assigned to Jeremiah J. Sams, Assistant Attorney General Litigation Division – Lafayette

The Election process will begin for the vacancy occurring June 30, 2018. Call for nominations will be emailed at the beginning of October in accordance with the policies and procedures of the Board.

The Division of Administrative Law cancelled our Memorandum of Understanding. The new Director was not agreeable to the terms of the agreement. The Board

will begin the process of seeking a contract for an Administrative Law Judge.

Legislative Oversight Committee Report – Dr. Lambert reported that he had received a formal appointment letter to the Medicaid Integrated Assessment Task Force and would be attending the upcoming meeting.

Complaints Committee: - The Board interviewed Dr. Mark Vigen for additional Complaints Coordinator contracts. The Board unanimously approved a temporary contract, “Complaints Coordinator III” for an amount not to exceed \$1,999 for the period September 22, 2017 through June 30, 2018, delegating the Board’s authority to Dr. Mark Vigen

to review, coordinate and oversee the timeliness of the complaint investigations that he is assigned, including negotiating consent agreements and participating in meetings and hearings; and provide timely recommendations to the LSBEP in accordance with the Board’s laws, rules and policies. Dr. Griffin reported that the interviews had not been completed for the fulfillment of the Complaints Coordinator II Contract.

Continuing Professional Development Committee – Ms. Monic reported that the annual audit of continuing education reported for the July 1, 2015 through June 30, 2017 was due to begin, however is delayed because the Board is currently understaffed.

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Lab Directors at “Science Café”

continued

Stress, Cognition, and Affective Neuroscience Laboratory, discussed how stress affects brain development and function in children and adolescents at ultra-high risk for later development of serious mental illness.

The goal of Dr. Beaton’s work is to help explain diagnosis, prevention, and mitigation by understanding early prodromal indicators. He uses functional and structural magnetic resonance imaging with network connectivity analyses. Dr. Beaton combines this with behavioral, psychophysiological, hormonal, and immunological stress measures. He was joined by researchers Ashley Sanders, MS, and David Stephenson, MS.

Dr. Christopher Harshaw, Assistant Professor, directs the Mechanisms Underlying Sociality Laboratory at U. of New Orleans. His focus is on understanding the role played by somatic factors in cognition and behavior. Autism Spectrum Disorders frequently exist with a variety of somatic complaints and issues, including gastrointestinal problems, allergic and immune disorders, as well as thermoregulatory and/or metabolic dysfunction. Dr. Harshaw discussed whether and to what extent such somatic correlates are simply "noise" versus causally related to clinically important facets of dysfunction.

Dr. Robert Newton, Jr., is Associate Professor and director of the Physical Activity & Ethnic Minority Health Lab at Pennington Biomedical. Dr. Newton discussed the effect of physical activity on African American’s health through the Aerobic Plus Resistance Training to Increase Insulin Sensitivity in African American Men study. One major goal of the study is to determine the physiological effects of exercise training in this hard-to-reach population. African-Americans suffer disproportionately from various health conditions, and decreased physical activity and increased inactivity levels have been shown to be independent risk factors for the development of chronic diseases including cardiovascular disease, diabetes, and obesity. African-Americans spend less time in activity and more time in inactivity than is recommended.

Dr. Valanne MacGyvers is Assistant Professor at the University of Louisiana at Lafayette, where she has taught for 23 years. In her lab

Dr. MacGyvers focuses on issues of mindset in achieving excellence, examining the role of mindset in the prediction of academic excellence and in the understanding of psychological problems in adolescents, including depression, anxiety and eating disorders. She discussed current research which examines academic achievement in college and graduate school, measurement development, the role of music in preparing impoverished preschoolers for Kindergarten, understanding the development of empathy, and people’s attitudes about breast feeding in public.

Dr. T. Scott Smith is Assistant Professor and director of the Louisiana Applied and Developmental Psychological Sciences Laboratory, a laboratory primarily focused on applied research, or how information may be used to understand the world better or even make adjustments towards our overall understanding of cognition. One major area of focus is cell phone distraction and how cell phone distraction affects the learning process, not only in the classroom, but also how applicable distractions may affect driving behaviors and eyewitness memory.

Dr. Smith also discussed his work on the effects of video game play on aggressive behaviors for children, adolescents, and adults, and how young children process information, specifically reconstruction memory, and how these processes affect their ability to be (in)effective witnesses.

Dr. Charles Taylor, Assistant Professor of mechanical engineering, is founder of the Cajun Artificial Heart Laboratory, a biomedical research lab with high-end computing and visualization systems as well as a mock circulatory loop for the purpose of testing artificial heart valves. Dr. Taylor is a bioengineering professor and his lab delivers research capabilities to the artificial internal organ community in the form of robust in vitro systems, with accompanying computational tools, to accelerate medical device development. Dr. Taylor discussed the theories and principles of artificial organ creation and his on-going projects.

Dr. Taylor and Dr. Scott Smith, from the U. of Louisiana Lafayette Psychology Department, are collaborating to develop the SMART test or Sensory Motor and Reaction Time Test for persons with blindness and visual impairment.



Dr. Leslie Higgins listens as Pennington researcher, Dr. Robert Newton, Jr., describes his work at the recent Science Café hosted by the Louisiana Psychological Association. Dr. Newton is Associate Professor and director of the Physical Activity & Ethnic Minority Health Lab at Pennington Biomedical.

LSU Alum, Dr. Hill, Named for Early Achievement by National Academy of Neuropsychology

Dr. Ben Hill, a graduate of the Louisiana State University Clinical Psychology Program and currently a faculty member at the University of South Alabama, has earned the Early Career Award by the National Academy of Neuropsychology, according to LSU.

The award is given to researchers who make a significant scholarly contribution to field of neuropsychology during their first ten years. Dr. Hill’s research includes fluid cognition, cognitive disorders, concussion/mTBI and TBI, symptom validity measurement, intra-individual variability and cognitive effects of meta-inflammation.

Dr. Hill graduated from the Clinical Psychology Program at LSU in 2008 and completed his postdoctoral fellowship in clinical neuropsychology at Brown University before joining the faculty at University of Southern Alabama. His research has focused on a number of topics within the field of clinical neuropsychology.

APA Awards LSU’s Juan Ventura Travel Scholarship

The American Psychological Association has awarded Juan Ventura, a Cognitive and Brain Sciences doctoral student, the APA Travel Award and the American Psychological Foundation (APF) Ungerleider/Zimbardo Travel Scholarship, according to LSU.

The title of Mr. Ventura’s research poster is "Cognitive Abilities in Non-Musicians and Musicians: Does Musicality Matter?" and he investigates the relationship between working memory, fluid intelligence, and musicality.

The study was completed with his advisor, Dr. Emily Elliott, and collaborators in the LSU Music Cognition and Computation Lab, Dr. Daniel Shanahan and David Baker. The Elliott Working Memory Lab can be found at elliottlablsu@gmail.com.

Veterans Day Features

The Doctors Thrasher, continued

Dr. Fay Thrasher has been a cornerstone at the Alexandria Veterans Administration Health Care System where she has served as the Chief in Psychology Services for the last 16 years. As a member of the Medical Staff group, she has full administrative and supervisory responsibilities for the psychologists and staff in the psychology service.

Fay’s younger brother, Dr. Andrew Thrasher, is also a licensed psychologist who served in the Army briefly, and while he remembers it mostly as a “vacation,” coming close to being deployed left him with some insight for those who go to battle. For the past decade he has dedicated a portion of his time to the *Give an Hour* program, which helps troops integrate back into civilian life. Andrew will be retiring next year from his work at his clinic, Psychotherapy Clinic, LLC, in Sulphur, Louisiana.

Andrew’s son, and Fay’s nephew, is Dr. Andrew Justin Thrasher, III. Andrew J. Thrasher, or “Drew,” to family, completed military service in April this year with the United States Army as a BDE Psychologist, and has taken on responsibilities at the clinic in Sulphur. He only recently returned from Jalalabad, Afghanistan where he served in Operation Resolute Support, as the BDE Psychologist – Task Force Sluggers, 3rd Squadron, 89th Cavalry Regiment, providing primary behavioral health coverage for embedded units and battlefield support with critical psychological services.

Dr. Fay Thrasher told the *Times*, “Having my brother and nephew in the same field gives us common ground to confer and understand the actions of others and family dynamics. I

have to give credit to our mother who promoted us to achieve higher realms of education and truly supported us mentally, emotionally and financially. Andy, Drew and I were most fortunate to have had her and Drew’s mother in our lives and as our mentors and inspiration,” she said.

Dr. Drew Thrasher said, “I grew-up surrounded by the field with my father, mother, and aunt involved professionally or personally with psychology throughout my childhood. It was such a unique and wonderful upbringing,” he said. “Analyzing everything was the norm for me growing up. I can remember reading about transactional analysis at about eight years old. I’m pretty sure we had the world record for most family conferences. I don’t think I ever imagined myself as anything else but a psychologist.”

How did Fay Thrasher get started in psychology? Her first degree was in English Education from Mississippi State University and then she earned a Masters in Counseling and Guidance from McNeese State in 1963. “I was an institutional counselor for Lake Charles Mental Health when I realized I did not have the appropriate training to provide appropriate services for the caseload I was assigned,” she said. From there she went on to earn a Masters and PhD from Louisiana State University in 1970. Her internship in clinical psychology was with the Veterans Administration Medical Center in New Orleans.



Dr. Fay Thrasher when she was an undergraduate, in 1958. (Photo courtesy Dr. Fay Thrasher)

Following a position as Chief Clinical Psychologist at the Lake Charles Community Mental Health Center, her extensive career with assisting Veterans began when she next accepted a position as Clinical Psychologist in the Mental Hygiene Clinic at the Salisbury, North Carolina Veterans Administration Medical Center, in 1973.

From there Dr. Thrasher moved to the Veterans Administration Outpatient Clinic, San Antonio, Texas, and accepted the position of Chief, Psychology Services. Following this she took the role of Chief, Psychology Services, at the Alvin C. York

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Members of the medical unit for Dr. Andrew J. Thrasher (“Drew” to family and friends) in Afghanistan where he served for Operation Resolute Support. Dr. Thrasher provided behavioral health coverage to embedded units and battlefield support with critical psychological services.

(Photo courtesy Dr. Andrew J. Thrasher)

Veterans Day Features

The Doctors Thrasher, continued

Veterans Administration Medical Center, in Murfreesboro, Tennessee, where she remained until 1987.

In the 90s she returned to Louisiana and in 1995 accepted the position of Chief, Psychology Service at the VA Medical Center in Alexandria, now called the VA Health Care System. Along with the duties of Chief, Dr. Thrasher has performed other roles including Lead Psychologist for Primary Care, Smoking Cessation Coordinator, Sexual Trauma Coordinator, Consultant to the Women’s Clinic, and she was the psychologist for Individual and Group Psychotherapy services.

Dr. Thrasher has also worked in private practice at times, providing psychological services at the Freedom Counseling Center in Pineville, Louisiana, and has consulted to Social Security Disability in providing examinations.

“The best thing about my career is that I can truly give the appropriate services to those

who need mental health treatment,” she said, “and I am fortunate to have gained positions that I can assure that this is done not only by me but also other Psychologists under my supervision. I learned so much about life and positive living that the training I have had has benefited not only me but those I touch. I count it all joy,” she said.

Younger brother Dr. Andrew Thrasher also has had connections with Veterans, through his efforts in the *Give an Hour* Program.

“My personal experience with the military occurred when I joined the draft,” Dr. Andrew Thrasher previously told the *Times*. “For those unfamiliar with the term *draft*, it is a rather antiquated ritual that used to occur in the United States. At the age of 18, men in this country were required to sign up for the military draft and could be called into the military service at any time. To avoid any future surprises of being called to service, I volunteered for the draft to fulfill my two-year obligation. I was stationed at Colorado Springs,

Colorado, and was rather enjoying my stint in the Army.” Then he experienced what it might be like when he was ordered to report for battle to an unknown area in the Middle East.

“I was a member of the missile command which was part of the Strategic Army Corps. Apparently, I could be deployed to battle in order to strike quickly in the case of a military emergency. The emergency was called off and I was not deployed; however, I vividly remember standing in line, with my rifle, at the airport preparing to board a military plane. Even though I was a soldier, I was completely unprepared to go into battle.”

He got a hint of the possible stress. “I can only imagine the horror of being involved in combat and will always have a warm spot for those that served our country in this manner.”

Dr. Thrasher has worked with Veterans in his practice and encourages others to help through the *Give an Hour* which he feels is a worthy organization and a way to assist those who “deserve our respect and admiration for their service.”

“This is a worthwhile organization that gives psychologists an opportunity to give back to the troops that were deployed and are now integrating back into civilian life.” *Give an Hour* engages volunteer professionals who provide free and confidential mental health care to those veterans and their families. They can be found on the web.

While Dr. Andrew Thrasher is gearing up for retirement next year, he points out that his son will be taking on responsibilities at the clinic in Sulphur.

Drew recently completed his service in the Army. “I got out of the Army in May of this year,” he said, “and I’m still adjusting to civilian life. I’m currently in private practice with my father in Sulphur, Louisiana, and I love the diversity of clients and freedom of hours. I also do a lot of work with veterans which made the transition easier.”

What has it been like having family members in the same field? “It’s wonderful!” he said. “The experience they bring to the table is astounding. I just hope I don’t get hit with a bill for all the ‘free’ consulting.”

Dr. Andrew J. Thrasher (Drew) only recently returned from Jalalabad, Afghanistan, where he served in Operation Resolute Support as the BDE Psychologist. There he provided primary behavioral health coverage for

embedded units and battlefield support with critical psychological services. His work included making rapid decisions working in conjunction with medical teams to support those injured, including end-of-life care. During the first weeks of deployment, he was called to provided structured traumatic event management following a C-130 crash.

With an undergraduate and honors from McNeese in 2005, he went on to earn his Masters and PhD from the APA accredited Fielding Graduate University based in Santa Barbara, California. He is also currently working on another Masters in clinical psychopharmacology through the Fairleigh Dickinson University program based in Teaneck, New Jersey.

He completed both an internship and post-doctoral residency at the Dwight D. Eisenhower Army Medical Center, in Fort Gordon, Georgia, training in health psychology, military psychology, warrior transition battalion wellness, neuropsychology and diagnostics. During his post-doctoral work he trained in advanced military psychology, family medicine, combat and operational resilience and the Traumatic Brain Injury evaluation and recovery program.

Over the years he has trained with Dr. Mike Gallagher and Dr. Patrick Hayes at Bayne-Jones Army Community Hospital, with Dr. Larry Dilks at Counseling Services of Southwest Louisiana, where he helped assess victims of the Deep Water Horizon oil spill, and with Dr. Leslie Drew and Dr. Kelley Pears at the Alexandria Veterans Administration Health Care System.

He has extended training through various modes for Aeromedical, Combat Stress, and Traumatic Event Management. His research includes addictions, pain, psychometrics, disabilities, and traumatic brain injury, all supervised by Dr. Dilks and presented at the Southwest Psychological Association.

As the BDE Psychologist at Fort Polk, he provided rapid behavioral health assessment, consultation, and treatment in garrison and austere environments, also was the consultant to commanders for directed evaluation, chapter evaluations, deployment readiness and other services, and he assisted in identifying at-risk soldiers and provided recommendations and treatment plans and other consultative assistance to aid commanders and other medical providers.



Dr. Andrew Justin Thrasher, III, “Drew,” to family, completed military service in April this year with the United States Army as a BDE Psychologist. (Photo courtesy Dr. Thrasher)

Doctors Thrasher continued

Dr. Thrasher has been decorated with the Army Commendation Medal, awarded to members of the Armed-Forces who distinguished themselves by heroism, meritorious achievement, or meritorious service.

He was awarded the Meritorious Service Medal, given to those who distinguished themselves by outstanding meritorious achievements or service to the United States.

He has also been awarded the Afghanistan Campaign Medal, the Army Service Ribbon, and Global War on Terrorism Service Medal, and the National Defense Service Medal.

Dr. Andrew J. Thrasher will be taking over for his dad in the Psychotherapy Clinic, in Sulphur, providing individual and group psychotherapy and also traumatic stress disorders, psychological and neuropsychological assessment, disability evaluations and veteran compensation and pension exams, among other traditional services.

“Joining the military was an exhilarating and rewarding experience as a psychologist. The hours were often brutal, particularly on deployment, but overall I’m glad I was able to serve others in a greatly understaffed profession within the military.

“Being away from my family during my deployment to Afghanistan was the toughest thing I’ve ever experienced,” he said.

“Professionally, I am in my last semester at Farleigh Dickenson for a Master’s in Psychopharmacology, so I hope to add that to my practice in the future. Personally, I enjoy every second I can get with my wife, Regan, and our kids, Andrew and Zoe.”

While Drew’s father is thinking of slowing down, Dr. Fay Thrasher is continuing on a steady track. “I cannot separate my personal and professional plans as they are one,” Dr. Fay said. “I do intend to continue providing services as long as God continues to bless me with good health in mind, body and spirit.”

The Thrashers recently lost beloved Sandra, wife to Andrew and mother to Drew. She was also in the field, with a Masters in counseling and speech pathology. “She was a wonderful mother and human being,” said Drew. “I actually chose Fort Polk as my duty station, so that I could keep the family close to her during her last few years. I wanted the kids to know her. It was fortunate that I was able to be with her on my terminal leave from the Army during the last month of her life.”

When asked about the future for psychologists, Dr. Fay Thrasher said, “The future of Psychology remains a mystery to me; however, I believe that we will remain essential to the welfare of others.”



What Moved Dr. Dawley to Tell the Story of Vietnam Vets, *Lost Homecoming?* continued

“This veteran described the negative way he was treated when he came home from Vietnam,” explained Dawley, an emotionally moving story that he had heard repeatedly from other Vietnam veterans. Over the years, Dawley kept thinking about these stories, he explained, and eventually decided to do a documentary on the negative way many Vietnam veterans were treated when they came home. He intuitively felt a relationship existed between the negative homecoming Vietnam veterans received and their post war adjustment.

One such story was that of a black man—we’ll call him John. John was in his late 30s when Dawley met him. He was the only person from his small rural town to go to Vietnam. When he returned home after his basic training his name and photo were in the town newspaper and everyone thanked him for serving, said Dawley.

“During his year in Vietnam he experienced frequent combat. He had played basketball in high school and became a close friend with a white boy from a small town in Alabama who also had played basketball. One day during an enemy attack on their position, his close friend was next to him and was shot and killed. John was horrified at the sight of his dead friend and became so enraged he jumped up and started firing at the attacking enemy killing many of them. When his rifle jammed he picked up his friend’s rifle and continued firing until the attack stopped. John dropped his rifle and remained standing staring at his dead friend as tears streamed down his face. He didn’t realize he had been shot several times until medics began treating his wounds.”

John was awarded medals for his bravery and promoted to Sergeant but never got over the loss of his close friend, said Dawley. “He eventually turned to alcohol then drugs to ease the pain and fear of experiencing frequent combat. He found comfort in thinking about his coming home as a decorated hero. After completing his tour in Vietnam he flew home with his mind on how he would be treated arriving in his hometown.” He told Dawley how close people were in a small town even though some were black and some were white.

“When the plane landed he had his uniform pressed and his shoes shined. He ignored the anti-war protesters he encountered at the airport as he envisioned the triumphant return to his small town. He described his excitement growing as he pressed his face against the window recognizing familiar places as the bus neared his hometown. ‘I even thought perhaps the mayor would be among the people greeting me,’ he said.

Finally the bus pulled into a old gas station that was the town’s bus stop and as John stepped off he looked around to see who would be greeting him,” said Dawley. “A swirl of dust surrounded him as the bus pulled away and when it cleared he saw the old white man who owned the station staring intently at him. No one else was present. Finally recognizing him the old man said, ‘Well boy, I see you made it back.’ ”

John felt a sense of bitter hurt and disappointment that grew as he walked into

town and people averted their eyes and ignored him, said Dawley. “Like the majority of Vietnam veterans, he was met with indifference from a public that had turned against the war...they saw as immoral and unjust. Even though he knew people recognized him, no one acknowledged his homecoming. It was a painful experience that eventually led him back to drugs as his PTSD emerged.”

In Dawley’s documentary experts in the field of trauma and PTSD describe new research showing a significant correlation between a negative homecoming and severity of PTSD symptoms among a substantial minority of Vietnam veterans. The documentary can be viewed at [The Lost Homecoming](#).

Dr. Harold Dawley spent much of his VA career doing clinical research on the control, discouragement, and cessation of smoking in a hospital setting publishing it in over 50 articles. His research pointed out the importance of smoking control and discouragement in helping people stop smoking.

As Editor of the Louisiana Psychological Association newsletter, he published some of his research along with the editorial “The Great American Tobacco Ripoff and What’s Psychology Doing About It?” He vigorously opposed the sale of cigarettes in the VA hospital canteen service pointing out how the VA was one of the world’s largest outlets for the volume discount tax free sale of cigarettes at the same time tobacco smoking was the single greatest cause of premature and preventable death among VA patients.

Dawley received the LPA “Outstanding Psychologist” award (now called the Distinguished Psychologist) in 1978 at the combined Louisiana and Mississippi Psychological Association convention in New Orleans. Dawley went on to be the editor of the newsletter of the APA Division of Psychologists in Public Service where he continued his opposition to the ongoing sale of tobacco cigarettes in the VA hospital system. Dawley was elected President of Division 18 of APA and in his Presidential address repeated the message “The Great American Tobacco Ripoff and What’s Psychology Doing About It.” He received several awards from Division 18 was elected a Fellow in APA, and was elected President of the National Association Of VA Psychologists. His smoking research was subsequently cited in a Surgeon General’s report on Smoking and Health and he was invited to present his research at the National Institute of Drug Abuse.

Dawley served three years in the Marine Corps immediately after high school. During his VA career he held clinical faculty appointments at Tulane and LSU Schools of Medicine and an Adjunct faculty appointment at Tulane’s School of Public Health. He was licensed in Louisiana with a specialty in Clinical Psychology but has not practiced for years before giving up his license. He is currently a businessman in Pass Christian and is the Commandment of the Marine Corps League in his hometown. He and his wife Linda have been married for 47 years and have two sons and five grand children. Dawley plans to continue doing documentaries. He still feels the VA needs to do more to help veterans stop smoking.

Invisible Wounds of War: Moral Injury in our Nation’s Veterans

by John Magee, PhD

“PTSD is the name of a syndrome and its list of symptoms, not the portrait of a human being.” — Dr. Edward Tick, *Warrior’s Return*, 2015

A Korean War veteran says killing always changes you. Always.

A Vietnam War veteran’s best friend dies in his arms.

Another is haunted by the eyes of a young Vietnamese woman just before she died.

A veteran waits two years in therapy before sharing the full story of what happened in Vietnam one particular day. “They told us to kill everybody.”

A Navy corpsman (medic) wonders what happened to the young men he loaded onto choppers after they were injured. “You never knew what happened.”

Another veteran loaded “parts” of bodies of soldiers he knew into body bags.

A teenager spends his 18th and 19th years in combat in the Korean War, including Chosin Reservoir. By 21, he’s had multiple surgeries for frostbite and eye injuries. Hospital nurses tell him about yelling out in his nightmares.

Another’s best friend is killed accidentally in front of him by another soldier.

A veteran talks about young children accidentally killed as Vietnamese children searched for food.

A Vietnam War veteran says he had to make decisions at age 18 that determined who might die and live. No 18-year-old should have to do that, he says.

Stories of killing are part of war, what many veterans carry unseen. “War is always a sacrificial altar,” Tick wrote in his 2005 book, *War and the Soul*. Tick founded Soldier’s Heart in 2006, working with veterans returning from war with “invisible wounds.” In war, Tick writes, everything is reduced to “the killing.” In the Vietnam War, success was measured by how many enemy were killed.

“War invariably breaks our hearts,” Tick wrote.

Trauma and Potentially Traumatic Events (PTEs) are not unique to combat Veterans. Estimates of lifetime prevalence of PTEs (equivalent to Criterion A in DSM) have ranged from 59.2 % to 89.6 % in the general population. A study of adolescents found 68 % reported at least one trauma by age 16. Exposure to “multiple” traumas is considered “common” according to some reviewers of PTSD research, with interpersonal violence and sexual assault some of the most common civilian experiences.

Military experiences in war, however, offer a combination of factors which may result in increased problems and alienation for Veterans returning from war, as described by Tick and others. These factors include:

1. Uniqueness of military environment.
2. Nature of combat training to react quickly and violently to danger.
3. Multiple traumas in combat, occurring so quickly a soldier does not have time to recuperate, meaning “more time and more help for healing,” writes Mastakis in her book, *Back from the Front*.
4. Longer times in combat. Tours for Vietnam War veterans were typically 13 months (Marine

- Corps) and 12 months (Army). Individuals in Iraq and Afghanistan wars often served multiple deployments. Many World War II soldiers served until the end of the wars in Europe or Pacific.
5. Combat soldiers are typically young. Dr. Marmar, long-time PTSD researcher, called Vietnam “a war fought by teenagers,” reflecting the average age for the combat soldier was 18 or 19 in Vietnam.
 6. Strong bond with those with whom they serve in combat. “We go to war for our country,” according to an old saying, “but we’re willing to die for the person next to us in the foxhole.”
 7. Lastly, regardless of training, war is never what is expected.

Some mental health professionals have focused on injuries from trauma which are not believed to be fully represented in a DSM diagnosis of PTSD, or in models of PTSD that are anxiety- or fear-based. “Moral Injury” is a relatively new term to describe some trauma survivors, including war veterans. The National Center for

PTSD defines “Moral Injury” as the extreme changes occurring to events that “transgress deeply held moral beliefs and expectations,” such as participating or witnessing atrocities. Killing. Killing of civilians.

Tick states these effects are best understood “as an identity disorder and soul wound,” with soul not defined in religious terms, but rather in terms of an individual’s core identity, relationships, conscience, spirituality, meaning of life.

Jonathan Shay has written about Moral Injury for over 20 years, including his books “Achilles in Vietnam: Combat Trauma and the Undoing of Character” (1994) and “Odysseus in America: Combat Trauma and the Trials of Homecoming” (2002). Shay, a former VA psychiatrist, states Moral Injury is not a diagnosis or mental disorder. Shay sees peers of Veterans as the “key to recovery,” not therapists. Shay sees value in therapies, but dislikes the term PTSD and has



Invisible Wounds of War, continued

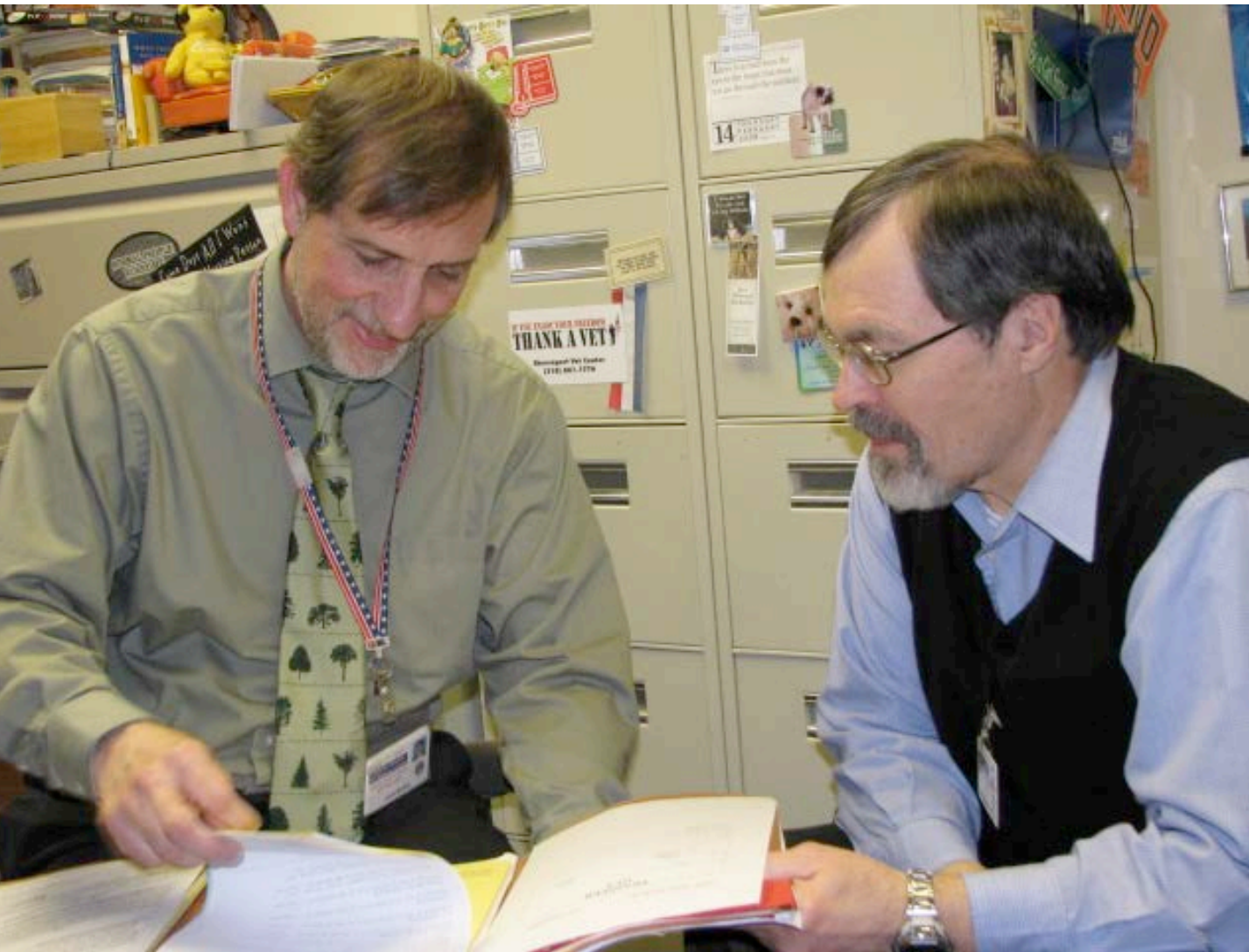
by John Magee, PhD

criticized treatments which are “cookie-cutter” and one-size-fits-all.

Ironically, some treatments for Moral Injury have etiology from the therapists’ own wartime traumatic experiences, including Viktor Frankl (three years in four different concentration camps) and Daryl Paulson (Marine Corps combat Vietnam War Veteran), or from experiences of mental health professionals who served in actual combat zones, such as Scurfield (Vietnam) and Platoni (Iraq and Afghanistan).

There are common concepts found in literature on moral injury:

1. Damage due to Moral Injury can be profound, including damage to an individual’s “identity” and “soul.” “Spiritual” damages are defined in terms of meaning of life, openness, reverence for life and others, capacity for intimacy, ethical responsibility, and the ability to experience love, joy, gratitude, etc.
2. Moral Injury is not a formal diagnosis. The construct has overlap but is not synonymous with PTSD; PTSD is typically viewed as too narrow a definition for injuries from morally transgressive traumas.
3. In treatment, an individual must directly deal with trauma and the reality that occurred.
4. An individual must tell his/her “story.” This process not only can benefit the survivor, but also other veterans/survivors, family members, and civilians who hear the story.
5. Progress from moral injury is considered a process of “healing.”
6. Treatment is individualized to each person; treatment processes are flexible because everyone is different. Treatments may include numerous components, including individual and group psychotherapy, “reconciliation visits,” rituals, EBTs, mindfulness, arts and creative expressive therapies, etc.
7. Society has played a role in problems which resulted in increased alienation of combat veterans. Society has a role in healing.
8. Relationships are vital in change. The most important decision for many is often choice of therapist, according to Tick and others. Herman reports a therapy “group” can



Dr. John Magee, (L) when he was Chief of Psychology at Overton Brooks VA Medical Center in Shreveport, conferring with Dr. Claude Eggertsen. Dr. Magee is the Chair of the VA & Military Psychology Interest Area Committee for the Louisiana Psychological Association and writes regularly about Veterans’ issues.
(Photo by Public Affairs Officer, OBVAMC)

help create “a sense of belonging” that the veteran has lost. Therapy relationships offer “safety” from which Veterans can begin the risks inherent in therapy.

In recent years, Moral Injury has had increasing recognition within mental health as a major factor for individuals exposed to trauma, killing, and atrocities, including military service veterans. The National Center for PTSD recognizes the construct. Some research has focused on effects and treatments for Moral Injury. Psychological instruments, such as the Moral Injury Questionnaire, have been developed. Research, including the National Vietnam Veterans Readjustment Survey, the congressionally mandated survey of Vietnam Veterans in the 1980s, has consistently found large effect sizes of increased severity of PTSD symptoms for those who report killing others in combat, including psychometric testing and reports of problems such as violent outbursts, even when controlling for severity of combat and other factors.

But barriers to treating moral injury in Veterans remain. Major reviews of PTSD research typically have not included mention of Moral

Injury specifically, or spiritual issues in general. The majority of treatments for trauma target only PTSD DSM symptoms as measured by traditional PTSD testing, not meaning of life issues, even when “quality of life” is included as an outcome measure. Ironically, Edna Foa (developer of Prolonged Exposure, a manual based Evidenced Based Treatment for PTSD) believes one of three core components to target in PTSD relates to beliefs about meaning of life and self. DSM 5 criteria of PTSD have been criticized for inadequacy by some major researchers, with recommendations the criteria not be used in PTSD research. Lastly, mental health professionals working outside of the Department of Veterans Affairs rarely hear of Moral Injury.

Tick recommended therapists working with combat Veterans “must have deep love, compassion, and comprehension” as they navigate therapy, which he describes as “a shared moral journey.” Tick also recommended therapists working with war veterans must be willing to have more self-disclosure and give more of him/herself to those who served in combat. Tick himself has accompanied many Veterans on “reconciliation trips” back to Vietnam since 2000. Similar trips were profiled in the recent

documentary on Vietnam by Ken Burns.

Military members are asked to serve and risk their lives in combat. Large-scale research by the Rand Corporation on the recent wars in Iraq and Afghanistan supported that exposure to combat events in war zones was high, with exposure to different types of combat trauma ranging from 5 to 50 percent. A relatively high number reported seeing the killing of civilians. Events that can lead to Moral Injury are unfortunately found frequently in combat.

An angry combat Veteran once confronted Tick in his office, challenging why Tick worked with combat Veterans. Tick responded: “Because brotherhood is forever. Because I remember and honor you and your story.”

War inevitably breaks hearts, Tick wrote in 2015. Many continue to look for ways for the invisible wounds of veterans to begin healing.

[Editor’s Note: Dr. Magee has 29 years federal service working with combat Veterans. This includes 5 years active duty in the Air Force and 24 years within the VA, including 22 years at the VA in Shreveport, one year at the VA in Alexandria, and a year pre-doctoral internship at the VA in Memphis. He was Section Chief in Shreveport for 14 years. He received a 1st Place from the La Press Assn for his Times’ article, Our WWII Fathers, coauthored with two other psychologists.]

A Shrink at the Flicks

Blade Runner 2049

by Alvin G. Burstein, PhD

Unusual for a sequel, newly released *Blade Runner 2049* is a darker and more complex film than its predecessor, set thirty years earlier. Both used a dystopian setting to explore issues of exploitation and empathy as elements of the human condition. The first film was a striking description of the contrast between a degenerate capitalistic system and the human capacity for love and of love as an anodyne for the bitterness of mortality. The new film, set thirty years later, extends that exploration in a profound way.

In the first film, we learn about bioengineered replicants manufactured by the Tyrell Corporation to support the human elite. Replicants look human, but have a limited life span and are identifiable by their lack of emotional responses.

Blade Runners, cops in a post-modern, degenerate Los Angeles, are charged with “retiring” those replicants who resent their limited lifespan and resist their exploitation. Deckard, a human Blade Runner is charged with retiring Rachael, an experimental replicant who has had artificial memories implanted to “provide an emotional cushion.” She believes she is human and weeps when she finds that her human memories were artificially implanted. Despite her limited life expectancy, she and Deckard fall in love and, after harrowing adventures, flee into hiding.

In the sequel, a young Blade Runner, KD6-37, himself a replicant, broods over whether his childhood memories are implanted or genuine. In the course of a “retirement” mission, he stumbles on evidence that Rachael had died, but not before giving birth, with a possible implication that he might be her and Deckard’s child. Without revealing that last implication, he reports the discovery to his chief.

He is ordered to destroy any evidence of his discovery because of the potential for precipitating racial war inherent in replicants being able to reproduce themselves rather than being manufactured. The Blade Runner embarks on a personal mission to find Deckard and resolve the uncertainty of whether his memories are genuine or not.

The search and its complications are dramatic and suspenseful. In the course of the search he finds Deckard living hidden in a virtual museum of nostalgic memorabilia in the ruins of old LA where—meaningfully— we hear records of Sinatra and Presley singing songs about love.

With Deckard, he joins a revolt against the corporate interests producing replicants. He saves Deckard’s life and reunites Deckard with his child, a daughter. In the course of his efforts the young Blade Runner is mortally wounded. And suffers another, more tragic wound. He learns that his childhood memories had been implanted.

Reuniting Deckard and Rachael’s daughter is not motivated by family ties. It is not grounded in familial love, with its sexual implications and complications. It is altruistic, an unrequited caring for the other. This Blade Runner dies alone, abandoned, shorn of his memories, of a family tie to Deckard, to Rachael, to anyone.

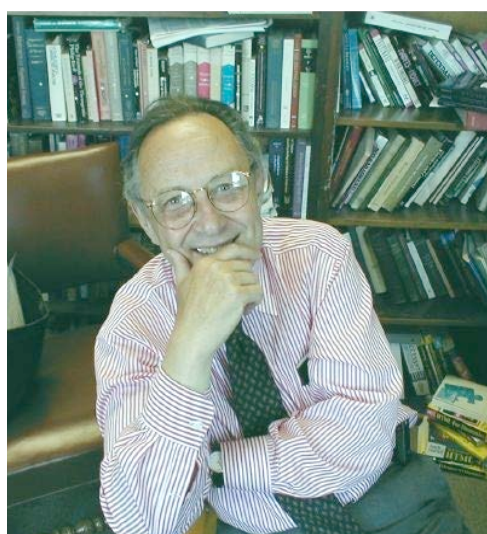
Altruism, selfless behavior, perplexed and fascinated Anna Freud. Her favorite play was said to be Rostand’s *Cyrano de Bergerac*, which she saw as epitomizing altruistic love. Cyrano conceals his love for Roxanne to shield her from being disillusioned about her husband. Cyrano dies taking pride in having made that choice.

Classic Greek tragedies depicted admirable individuals suffering as a result of a fateful error. *Blade Runner 2049* suffers in a profoundly different way. His tragic loss, his sacrifice, is not the result of an error, but comes from giving up an illusion. It is, like Cyrano’s sacrifice, a form of self-assertion. But with a deeply painful cost.

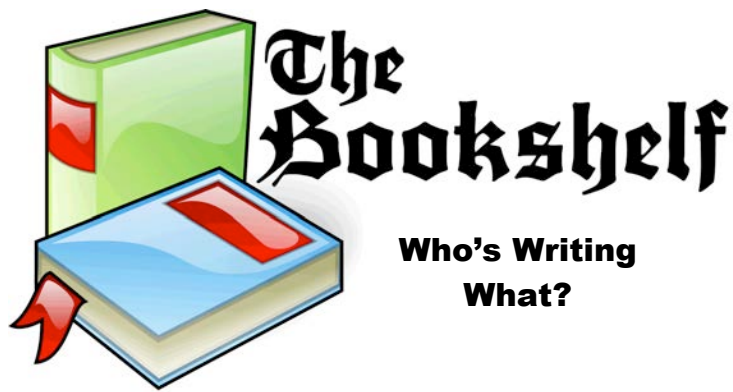


Guest Columnist,
Dr. Alvin Burstein

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.



courtesy photo



Cognitive Behavioral Psychopharmacology

The Clinical Practice of Evidence-Based Biopsychosocial Integration

Edited by Mark Muse
December 2017

Wiley Blackwell

In the call for integration of psychology with traditional medical approaches, this readable and science-based text should be a staple for psychologists in healthcare. Dr. Mark Muse, licensed Medical Psychologist in Louisiana, now residing in Maryland and Virginia, has brought together a wealth of experts in the integrative approach, and organized the subject by diagnosis, into consistent, well-written chapters with easily accessible answers for clinicians.

Cognitive Behavioral Psychopharmacology: The Clinical Practice of Evidence-Based Biopsychosocial Integration provides a perspective that integrates the medical, psychotherapeutic, family, and community aspects of the change process.

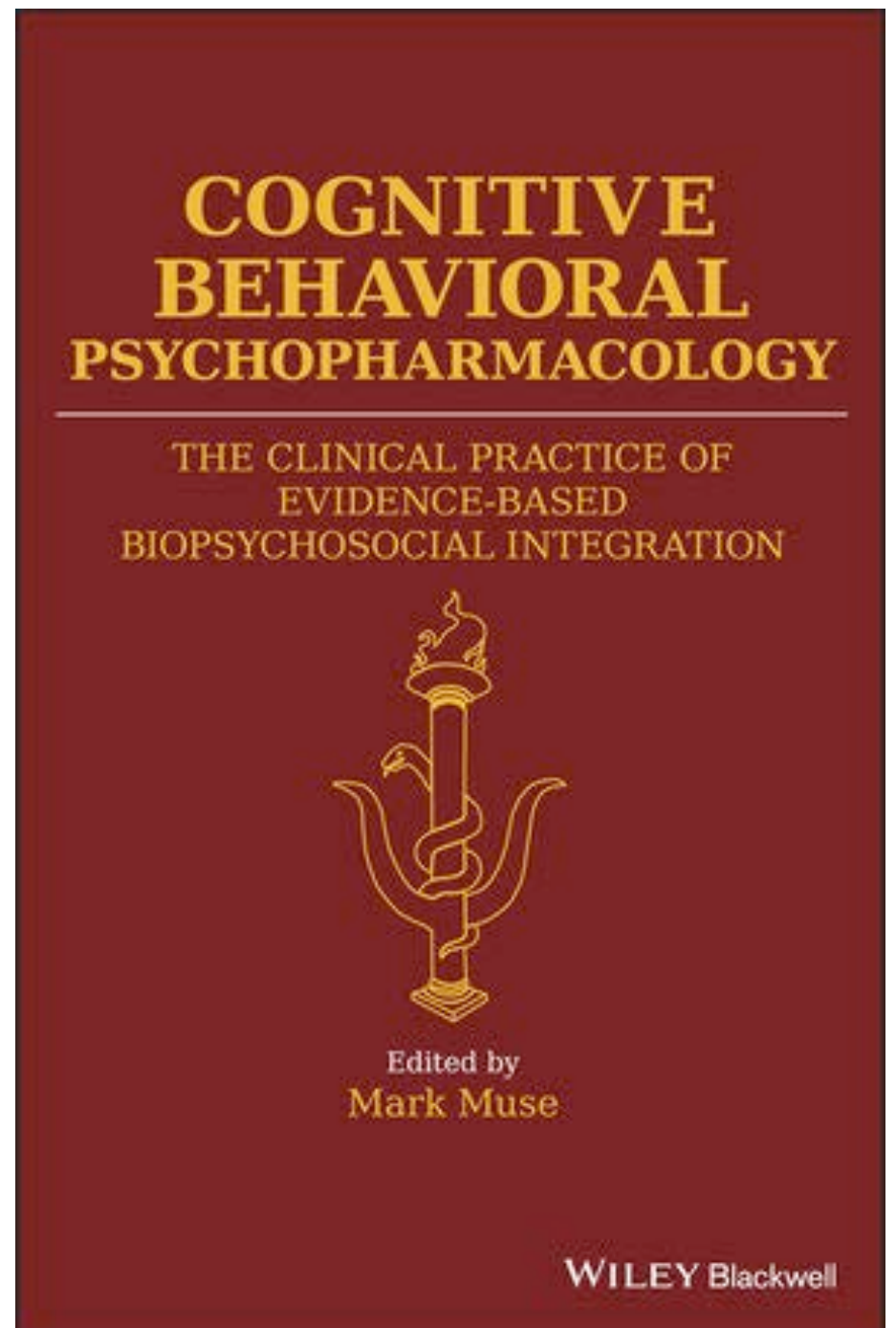
From this whole person, whole environment viewpoint, *Cognitive Behavioral* compares the evidence for and against treatments that combine psychopharmacology and cognitive behavioral psychotherapy, and then lays out the conclusions essential for a competent approach to treating individuals with major psychiatric diagnoses.

Dr. James Bray, a past President of the American Psychological Association, writes in the Forward, “It is not very often that a book comes along that provides a new and innovative way to integrate two areas of science and practice, while providing a comprehensive and valuable review of the literature.”

This is the type of work—well written and convincing—that might actually be able to move the needle in an industry where integrated approaches are rare. The work is so palatable that it might become a standard—it should—and help the more progressive clinicians in their efforts to integrate psychological science into current biological only treatment models.

An effective selection of contributors and oversight by the psychologist editor, Dr. Muse, who has previously managed a continuing education firm and authored related works, especially, *The Handbook of Clinical Psychopharmacology for Psychologist*, appears to be due credit for producing a textbook that is reader friendly. While most texts of this type are like eating spinach—you eat it because it is good for you not because you actually like it—*Cognitive Behavioral Psychopharmacology* is more of a main course, both enjoyable and high in protein.

Dr. Muse recruited capable experts for the chapters. “It was a great thrill to work with the experts in their respective specialty areas,” he said. “I was very fortunate to be able to sell the idea of collecting and evaluating evidence-based interventions within each of the major psychiatric diagnoses to each of the content experts. Many of the authors are quite eminent in their specialty areas,” he said. “I purposely paired, to the extent possible, a psychiatrist with a psychologist for each of the chapters. The psychologists were, by and large, prescribing medical psychologists. This brought a nice balance to those chapters where this paring was achieved.”



Another gift in *Cognitive Behavioral Psychopharmacology*, is the refreshing degree of candidness, harkening to applied-scientist core principles, telling the reader when there is evidence available and when there is not. “‘Evidence-based’ is a lure,” Muse writes, “that does not always provide us with clear-cut distinctions among multiple intervention strategies because, quite often, the evidence is not there.”

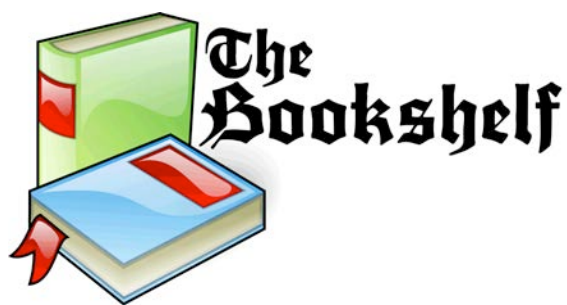
He warns of the limitations of research designs and the economic interests of investigators, problems with placebos and lack of controls, selective publications, and other shortcomings. Dr. Muse said this was one of the challenges. “The authors did exhaustive searches of evidence supporting the different therapeutic approaches used in the treatment of the major diagnoses, but in most cases the evidence was scant, ambiguous and/or contradictory. That is not to say that there is nothing out there, for there is a mass of investigative articles, just that rigorously controlled research is few and far between. Nonetheless, with these limitations we were able to make several practice recommendations for each of the conditions addressed in the book.”

So with caveats in mind, and in a culture of trial and error, *Cognitive Behavioral Psychopharmacology* then takes the reader through what is known for a prudent look at what choices make sense and why.

For each chapter, contributing authors weigh the evidence and rate the quality of the supporting evidence for an approach or combination of approaches. Then they give conclusions based on the research and list for the readers what is recommended, what is suggested, and then what interventions “may be considered” as interventions.

Readers are provided wonderful summary tables with clear ratings and descriptions. These tables are worth the price of the textbook, a modest \$69.95, for a scholarly work of this level.

The arrangement allows for use as a quick reference. Subjects are in a logical, practical manner by diagnosis but case examples are also included that uncover some interesting issues with the complexity of these approaches.



Dr. Muse has come by his insights through many perspectives, one of these his earlier days in Louisiana. "I worked in primary care in Maurepas at a family clinic," Dr. Muse told the *Times* in a previous interview, "and found the experience taxing and eye-opening. I would never have found myself in primary care if it were not for the medical psychology piece. I worked with underprivileged children who had never seen a psychologist, nor had their psychotropics ever been reviewed by a prescribing mental health specialist. The family practitioner was doing the best he could, as there were no psychiatrists in sight. He was progressive and forward-looking and wanted desperately to get a mental health professional on board."

Muse said recently. "I was influenced in my early career by Arnold A. Lazarus' multimodal approach for addressing the whole person. I was lucky enough to collaborate on a book with Arnold, and got to be friends with him. Back in the late 1980s we both also were engaged with the integrated therapy movement, and a presentation I gave in 1992 for the *Second International Congress of Eclectic Psychotherapy* in Lyon, France, 'The convergence of psychology & psychiatry: The use of behaviorally prescribed medications' first spelled out my attempts to integrate psychopharmacology with psychotherapy. I had been frustrated through the years of not having prescribers listen to my input on how best to weave medication into the general therapeutic needs of the patient."

"I am encouraged with the growing emphasis on evidence-based treatment, and with the greater acceptance of the collaborative model, which advocates a seamless collaboration between medical and mental health professionals. Integration, par excellence, however, is best achieved when the same professional can provide such seamless care. This is epitomized in the specialty of prescribing medical psychology," he said.

The vision for this book is compelling, to blend what we know to the evidence about psychopharmacological choices with what we know about psychological interventions, and apply to major diagnostic categories. "Yet," Muse writes, "diagnostic categorizations only take us so far, for it is, ultimately, the person who we are treating, and the importance of patient variables is what distinguishes the astute practitioner from the mere technician."

Where is this Louisiana licensed medical psychologist now? "I remember my time in Louisiana with affection, and with gratitude," said Dr. Muse. "If it were not for Louisianan clinical and medical psychologists, I would have not been able to get the hands-on experience so important to complete the clinical picture of integrated cognitive behavioral psychopharmacology."

He remains involved in his home states of Maryland and Virginia, is past president of the Maryland Academy of Medical Psychologists, and has "...recently retired to a beautiful farm in the Shenandoah Valley of Virginia, where I keep a small country practice."

Cognitive Behavioral Psychopharmacology gets a thumbs up and should be in every clinician's bookshelf.

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Up-Coming Events

37th Annual Convention of the Louisiana School Psychological Association Nov 8 to 10 in Lafayette, “Supporting Schools”

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 in Lafayette.

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. mental health services.

Also presenting 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.”

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

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

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

And others will present.

National Academy of Neuropsychology to Hold 2018 Convention in New Orleans

The National Academy of Neuropsychology (NAN) is planning on holding its 38th annual conference in New Orleans at the Sheraton Hotel, October 17 through 20, 2018.

The theme for the 2018 conference is, “Becoming Agents of Change.”

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