

Dr. Kim Van Geffen will conduct online training for psychologists about the new format and billing for psychological testing. Here she is presenting with Dr. Rafael Salcedo at a previous conference.



Gov. and First Lady visit Israel
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Drs. Chafetz, Cunningham, Chaney,
Newman, this week in New Orleans

UpComing Events – Page 16

Dr. Burstein on the dark comedy
Sisters Brothers – Page 14

Psychologists to be Compensated for "Thinking"

CMS Publishes New Psychological and Neuropsychological Testing Codes

The 2019 Medicare Physician Fee Schedule Final Rule was published at the Federal Register this week, and includes major changes in how psychological testing codes will be handled, changes that Dr. Tony Puente, Past-President of the American Psychological Association, says are "...the biggest paradigm shift since the development of testing." Puente presented at the annual conference of the National Association of Neuropsychology last month held in New Orleans.

Dr. Kim Van Geffen,
Director and Chair of

Professional Affairs for the Louisiana Psychological Association, explained that these changes are important for psychologists to understand. "Beginning on January 1, 2019," she said, "psychologists who bill insurance companies will be required to use a new set of CPT codes for billing psychological and neuropsychological testing," Van Geffen said.

"These codes, which were developed with input from the American Psychological Association, will greatly change the way assessments are billed," Van Geffen said. "The new

codes will include base codes and 'add on' codes and will distinguish technical work, such as administration and scoring of tests, from professional work, such as integration and interpretation of evaluation data, clinical decision making and treatment planning. Both types of services will be billed with different codes."

The CMS final rule updates payment policies, payment rates, and other provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2019, noted CMS. In addition to policies affecting

Cont'd pg 3

Psychologists and Students Present at National Assn of Neuropsychology in NO

The National Academy of Neuropsychology held its 38th Annual Conference in New Orleans at the Sheraton Hotel, October 17-20, 2018. The theme of the conventional was "Becoming Agents of Change."

Psychologists from the New Orleans area who presented at the conference included Dr. Kevin Bianchini who spoke on "Pain in the Medicolegal Context."

Dr. Lisa Settles and Dr. Margaret Hauck, along with colleague Dr. Mary Gleason, presented "Early Childhood Brain Development: A Clinical View of



Cont'd pg 8

Can Louisiana Fully Embrace Integrated Healthcare?

by J. Nelson

For decades now, psychological scientists have demonstrated that savings from 30 to 60 percent in medical costs and much better health outcomes are possible if we give up the biomedical model and embrace the psychological-social-biological framework instead, called integrated care. But can Louisiana make this change? In this article we review where we are and where we're going, and some of the barriers to change that seem to persist.

If the famous axiom is right, and we have to hit bottom to get better, Louisiana should be due for improvements in its health and healthcare system. Last year *U.S. News & World Report* ranked us 50th overall with a 45th in healthcare. The rank included a 43rd place in mortality, a 46th in infant mortality, a 50th in obesity, and a 43rd rank in smoking. At the same time, Louisiana's costs are high—the *Report* placing the state at 45th in health care affordability.

This pattern of poor health outcomes and high costs reflects the country as a whole. The United States ranks 50th out of 55 industrialized countries in a measure of life expectancy and medical care spending, according to *Bloomberg*, who concluded the U.S. is the "least-efficient" health-care system in the world.

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Editorials and Opinions

There's Only One Thing to Do When Faced with Overwhelming Odds

by Times publisher, J. Nelson

If you haven't had a chance to catch the movie *The Martian* on Netflix, be sure and see it, especially if you're sci-fi enthusiast.

During a space mission to Mars astronaut Matt Wanley, played by Matt Damon, is separated from his team, presumed dead, and left alone on Mars with few resources. With almost no hope of surviving, it is a high-tech story of man against nature and man against himself, of courage, determination and science.

"If the oxygenator breaks down," he says, "I'll suffocate. If the water reclaimer breaks down, I'll die of thirst. If the hab breaches, I'll just kind of implode. If none of those things happen, I'll eventually run out of food and starve to death. So, yeah... "

One of the fan's most popular quotes is (and Neil deGrasse Tyson really likes it too): "In the face of overwhelming odds, I'm left with only one option, I'm gonna have to science the shit out of this."

Looking at the complex factors around Louisiana's health and health care issues, and the bottom rank we've had for years, suggests some concern with our problem-solving methods.

Perhaps there's an issue in the way we're going about it.

When solving problems, it is critical that you figure out what problem you are solving, so you don't wind up working on the wrong problem or trying to solve a symptom of the real problem. This thing that happens to a lot of us –solving symptoms of problems– is so common a mistake that we have a name for it – the medical model. Much of medicine has developed excellence in treating symptoms.



Another thing to remember when solving complex problems is not to allow your team to grow much larger than 5 or 6 people. Some of these task teams are loaded with twenty or more people.

If you are going to have any hope of a high-functioning team, this is critical. If you are unlucky enough to be assigned a large group and told to manage some sort of problem-solving process, and there is absolutely no way you can get out of it, then you must have a facilitator or two, and everybody must be assessed for cognitive style, conflict style, leadership style, and so on.

Avoid compromise and other shortcuts to bad decisions. Compromise has somehow gotten unwarranted positive press, probably because most people don't know that compromise is only a bad solution in disguise. Another bad idea is majority rule voting. "The measure passed by X votes." This means it was a poor decision to begin with, but nobody knew what else to do, they were all probably worn out, blood sugar was tanking, and it was time for lunch. Compromise and majority rule result in halfway, mediocre decisions, that only a percentage of people even like.

Perhaps one of the worse things about bad decisions is that they lull people into thinking that they actually have an adequate solution, went they don't. People stop searching for the best ideas, or even just a better one. Some of what happened in Representative Norton's bill, seems to fit that issue.

Watney summed up a wonderful problem-solving method, at the end of the story. What to do when faced with the odds. "At some point, everything's gonna go south on you... everything's going to go south and you're going to say, this is it. This is how I end. Now you can either accept that, or you can get to work. That's all it is. You just begin. You do the math. You solve one problem... and you solve the next one... and then the next. And If you solve enough problems, you get to come home."

Psychology is science too, and one that has many good answers to important questions.

[Julie Nelson is a licensed psychologist, journalist, and 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 last month. Send your corrections to: psychologytimes@drjulienelson.com

Psychologists Paid for "Thinking"

New Psychological Testing Codes

continued

the calculation of payment rates, this final rule finalizes a number of documentation, coding, and payment changes to reduce administrative burden and improve payment accuracy for office/outpatient evaluation and management (E/M) visits over several years, according to the announcement.

CMS officials also said that through an interim final rule with comment period, CMS is implementing a provision from the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act that expands access to telehealth services furnished for purposes of treatment of a substance use disorder or a co-occurring mental health disorder for services furnished on or after July 1, 2019. CMS will accept comments on the interim final rule until December 31, 2018.

All releases about the Rule can be reviewed as CMS.gov.

In a series of recent announcements over the last months, Doug Walter, JD, Associate Executive Director for Government Relations, American Psychological Association Practice Organization, alerted psychologists that the Centers for Medicare and Medicaid Services (CMS) released its proposed changes on the 2019 Fee Schedule.

CMS had targeted the codes for revisions and asked the American Medical Association's CPT® and RUC (Relative Value Update) Committees to restructure and revalue the testing codes. Doug Walter, JD, Associate Executive Director for Government Relations, American Psychological Association Practice Organization, alerted psychologists to the proposed changes.

CMS had targeted the services because the claims had exceeded \$10 million, up to \$42 million in 2016, according to Puente. CMS considered the services to be overvalued and targeted them for revision and review.

Walter said APA's Practice Organization staff had met repeatedly with CMS throughout the year to ask the agency not to make substantial cuts in testing service payments. "We are gratified that CMS listened, and rejected the significant reductions in payments that had been under consideration..." They prevented 44% cuts that would have come when psychologists collect their own test data, APA officials said.



Dr. Kim Van Geffen (L), Dr. Michael Chafetz, and Dr. Kathryn Kirkhart, present at a previous workshop on private practice issues for psychologists. Dr. Van Geffen is Chair of Professional Affairs for the Louisiana Psychological Association and will be helping colleagues understand the new coding changes just published by the Centers for Medicare/Medicaid.

Van Geffen will be conducting on-line training for LPA members and other psychologists in the next few weeks, she said. "These new testing codes represent significant changes in the way in which psychologists code their testing services. Dr. Tony Puente, former APA President, refers to them as a 'paradigm shift.'"

"Under the current Medicare regulations," Van Geffen said, "psychologists are viewed as 'technicians' which means that our services are not financially valued for the cognitive work which we do as a part of our assessments. The new codes represent a move toward psychologists being paid for cognitive work."

"Although the codes will be somewhat complicated to learn initially, they will ultimately be a valuable change in the reimbursement landscape," Dr. Van Geffen explained.

In the most recent announcement, Walter wrote, "Based on a close examination of the proposal we project that the Medicare payment for a six-hour battery of psychological tests would increase 6.3%. The Medicare payment for a neuropsychological test conducted with the assistance of a technician would increase 6.8%, while the payment for a neuropsychological test conducted by a neuropsychologist her/himself would decrease by just over 3%. The reimbursement rate for a one-hour neuropsychological status exam would increase almost 2%, with reimbursements for a two-hour exam declining 5.3%.

Governor's Office Announces Various Appointments to Boards/Commissions

On October 19 and 26 the Governor's Office announced appointments for a number of Boards and Commissions.

Capital Area Human Services District—The Capital Area Human Services District directs the operation and management of community-based programs and services relative to public health, mental health, developmental disabilities, and substance abuse services for the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana.

Amy P. Betts, of St. Francisville, was reappointed to the Capital Area Human Services District. Betts is the CEO of Bettlam Global Solutions and a former Supervisor of Special Education for the West Feliciana Parish School system. As required by statute, she was nominated by the West Feliciana Parish Council. Gerri J. Hobdy, of Baton Rouge, was reappointed to the Capital Area Human Services District. Hobdy is the Director of Community Relations for Baton Rouge Community College. As required by statute, she was nominated by the City of Baton Rouge and East Baton Rouge Parish.

Louisiana Rehabilitation Council—The Louisiana Rehabilitation Council's duties include reviewing, analyzing, and advising the Louisiana

Rehabilitation Services within the Louisiana Workforce Commission regarding the performance of its responsibilities relating to eligibility, extent, scope, and effectiveness of services provided. The Council also reviews functions performed by state agencies that affect or that potentially affect the ability of individuals with disabilities in achieving employment. Megan N. Thompson, of Baton Rouge, was appointed to the Louisiana Rehabilitation Council. Thompson is a program consultant for the Louisiana Department of Education and will serve as the representative of the state educational agency responsible for the public education of students with disabilities.

Louisiana D.A.R.E. Advisory Board—The Louisiana Drug Abuse Resistance Education (D.A.R.E.) Advisory Board is charged with developing, promoting, monitoring, and evaluating the D.A.R.E. program. In this respect, the Board serves as an advisory body to the Louisiana Commission on Law Enforcement and Administration of Criminal Justice.

Carroll J. Stelly, of Rayne, was appointed to the Louisiana D.A.R.E. Advisory Board. Stelly is the Chief of Police for the City of Rayne. He will serve as a member of the Louisiana Chiefs of Police Association.

Gov. Edwards and First Lady Travel to Israel, Meet with Prime Minister

JERUSALEM, Israel — On October 31, Gov. John Bel Edwards met with Israeli Prime Minister Benjamin Netanyahu as part of a weeklong Louisiana economic development mission in Israel, according to the press release on the same day. Following a photo session, the two discussed Louisiana’s strong relationship with Israel, as well as trade and economic development issues of mutual importance to Israel, the United States and Louisiana.

“This long-awaited meeting is the result of many years of friendship and partnership. On behalf of the people of Louisiana, I was proud to share with Prime Minister Netanyahu that Louisiana stands with Israel, and we will always remain faithful to our staunch ally in the Middle East,” Gov. Edwards said. “Over the years and during this mission, I have come to appreciate how alike our two lands are – similar in industrial strength and similar in economic priorities. But beyond that, Israel and Louisiana are inhabited by warm and welcoming people with a strong desire to succeed and innovate, to leave the legacy of a better way of life to their children and grandchildren. I’m sure this is a source of tremendous pride for Prime Minister Netanyahu, as it is for me. Our delegation has enjoyed learning everything we can about this great nation, and I hope the unique Louisiana culture of innovation that we are sharing in Israel has been equally enjoyed by our hosts.”

Prime Minister Netanyahu has an extensive history of service in the Israeli government and the private sector. He first

served as prime minister from 1996 to 1999, and then again from 2009 to the present. He has also held the positions of Minister of Finance, Minister of Foreign Affairs, and Ambassador of Israel to the United Nations. His private sector works includes service with the Boston Consulting Group, and he holds degrees in architecture and business management from MIT. Netanyahu and Edwards are both Army veterans of their nation’s military: Netanyahu served in the Yom Kippur War of 1973. A 1988 graduate of the U.S. Military Academy at West Point, Gov. Edwards commanded a rifle company in the 82nd Airborne Division at Fort Bragg, North Carolina, before completing his military service, graduating from the LSU Law Center and setting up a civil law practice.

Of key interest to Israel and Louisiana on the trip are exploring ways to expand trade and foreign direct investment activity between the two partners, according to the press release. While substantial, trade between Louisiana and Israel is small in scope compared to overall trade volume with other nations. For instance, Louisiana ranks as the No. 9 exporter to Israel among U.S. states, with approximately \$200 million in exports; that’s a small portion of the over \$57 billion in total Louisiana exports. Israel’s more than \$60 billion in annual exports includes nearly \$22 billion in shipments to the U.S., though Louisiana’s share of Israeli imports is less than \$150 million, with fertilizers, mineral and metals among the leading categories.

Talks between Gov. Edwards and Prime Minister Netanyahu are expected to open new avenues of trade and investment growth in commodities where Louisiana is a leader, such as oil and gas; along with applied research areas in which both Israel and Louisiana are emerging, such as water management; and defense and technology-related fields where Israel is an innovation leader and Louisiana is an emerging force, such as cybersecurity.

Gov. Edwards also is meeting with key Israeli cabinet officials on the trip, including Deputy Minister Michael Oren in the prime minister’s office; Minister of Energy Yuval Steinitz; and Advisor to the Minister of Energy on International Developments and Foreign Affairs Benjamin Weil.

With Israel playing a central role in global cybersecurity, the delegation met with cybersecurity companies in Israel on Wednesday, with additional exchanges occurring on Monday at the nation’s CyberSpark Industry Initiative in Beersheba and a visit to Twistlock’s Tel Aviv operations planned on Thursday. In April 2018, Twistlock announced the opening of a global solutions engineering center at the LSU Innovation Park in Baton Rouge.

In Israel, cybersecurity exports generate an estimated \$6.5 billion in economic activity annually, with Israel attracting \$815 million or 16 percent of all global investment in cybersecurity ventures during 2017, second only to the U.S., according to the Israeli innovation partnership Start-Up Nation Central.



Governor Edwards and First Lady Donna Edwards laid a wreath at Yad Vashem, the World Holocaust Remembrance Center, to pay respect to victims of the Holocaust on their recent trip to Israel. *(Photo courtesy of Governor's Office.)*

ASPPB Decides to Go Forward with EPPP 2 Strategy in Stages, Options

On October 24, Sharon Lightfoot, PhD, President, Board of Directors for the Association of State and Provincial Psychology Boards, wrote to state boards, who are ASPPB's member jurisdictions, to inform them about decisions that were made at the annual meeting held in Salt Lake City in mid October.

Lightfoot noted that the August 2017 decision to combine both part one and part two of the national exam had been rescinded. She said there are now two exam options.

"Option One," she wrote, "is for jurisdictions to continue to use the current EPPP, a standardized assessment of the knowledge needed for independent practice, with jurisdictions determining their own method of assessing the skills needed for independent practice.

"Option Two is to use the Enhanced EPPP, which will be available in January, 2020. The Enhanced EPPP will be one exam with two parts: the current EPPP, the standardized assessment of knowledge and the Part 2 of the EPPP, the standardized assessment of skills."

Lightfoot said that an applicant must pass the knowledge portion of the exam, which is the current EPPP, prior to taking the skills portion of the exam. Only applicants who are registered through a jurisdiction that has adopted the Enhanced Exam, and who have passed the knowledge portion of the exam, will be allowed to take the skills portion of the exam, she said.

Lightfoot said that during the "early adoption period," January 1, 2020 through December 31, 2021, the participating jurisdictions will be offered reduced fees for their applicants. "Fees for the skills portion of the exam, not including test center and jurisdictional fees will be: a. \$300 for early adopters – from exam launch through December 31, 2021; b. \$450 as of January 1, 2022."

According to Lightfoot's announcement ASPPB is conducting research on the items. "Approximately 150 initial test-takers will be 'beta testers.' Beta Testing will occur for approximately two months starting at exam launch. Beta testers do receive an exam score; however, they may need to wait a bit longer than is now typical to receive their score," she said. Beta testers will be charged only \$100.

Lightfoot wrote that, "One of ASPPB's commitments is to strive towards best practices and consistency in regulation. Towards that end we anticipate that as jurisdictions adopt and gain experience with the Enhanced EPPP, they will come to see its value, such that at some point, as was the case with the EPPP, all jurisdictions will

adopt it as the licensure exam for psychology. You can expect continued support from ASPPB in your efforts to implement the Enhanced EPPP."

Lightfoot also wrote, "ASPPB strongly supports an early admittance option which would allow students to take the knowledge portion of the EPPP (Part 1) pre-degree -- after completion of all academic coursework excluding internship and research. The early admittance option will only be allowed for candidates who are registered through an Enhanced EPPP jurisdiction and is not limited to those coming from accredited programs, rather it is the jurisdictions that will make the determination of eligibility."

Gov. Edwards Declares October Domestic Violence Awareness Month in La

On October 15 the Governors Office released a statement saying that Gov. Edwards had proclaimed October as Domestic Violence Awareness month in Louisiana. In addition, the Governor's Mansion was also lit purple October 15-22 to raise awareness about this violent crime which impacts over four million Americans every year, said the announcement.

"It is shocking but true, Louisiana ranks third nationally when it comes to domestic violence and we should all be moved to bring an end to this senseless act," said Gov. Edwards. "Research shows that nearly half of all children who are exposed to domestic violence can experience lifelong trauma. It impacts every race, gender and income level, which is why it is incumbent upon all of us to become educated about it and work together to help survivors and their families."

According to the statement, women in Louisiana are killed by men at a rate of 2 per 100,000 females and children whose mothers are victimized are 50 percent more likely to have traumatic repercussions that last a lifetime.

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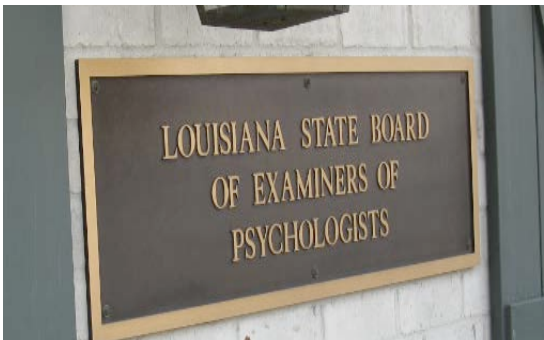
Veterans Day
"Wall That Heals"
Arrives in Franklinton,
Louisiana, November 13

The Wall That Heals, a ¾-size replica of the Vietnam Veterans Memorial Wall in Washington, D.C., is coming to the Washington Parish Fairgrounds in Franklinton, Louisiana, Nov. 15-18. The exhibit, which displays the names of the more than 58,000 men and women who gave their lives during the conflict, will be open 24 hours a day and is free to the public.

The exhibition will include a mobile Education Center that tells the story of the Vietnam War, the Memorial and the era surrounding the conflict, designed to put American experiences in Vietnam in an historical and cultural context.

"Everyone I have spoken to about The Wall That Heals visit has been elated to have it coming to Franklinton," said state Sen. Beth Mizell, who was instrumental in bringing The Wall to Louisiana. "A Vietnam veteran who visited my office expressed a heartfelt desire for our local vets to see The Wall and the application for our area to host was spurred by his visit. There were over 100 requests to host The Wall in 2018, and ours was one of only 38 selected. This opportunity will be an unforgettable experience for area residents and visitors to our community."

The Wall That Heals will arrive on Nov. 13 and be escorted to the Fairgrounds by the Louisiana State Police. The Wall will be assembled on Nov. 14 and public viewing will begin at 5 p.m. Thereafter, the exhibit will be open 24/7 until closing ceremonies at 1 p.m. on Nov. 18. Numerous school field trips are scheduled and more are expected. A ceremony honoring Gold Star Families will be held Nov. 17 at 11 a.m., and a 6 p.m. candlelight vigil and reading of the names will occur later that day. Volunteers are still needed, and those interested can also register on the website, www.thewallfranklinton.com/volunteer.



The Louisiana State Board of Examiners of psychologist posted their August 24, 2018 minutes approved to September 24 and October 24.

The Board reviewed and discussed the meeting minutes from June 22, 2018. Dr. Henke moved to table approval until the July meeting due to the absence of a quorum of the members who were present at the June 22, 2018 meeting who could affirm the accuracy of those minute.s

The Board reviewed the Minutes of June 22, 2018, Dr. Boggs moved to approve the minutes of June 22, 2018.

The Board reviewed the Minutes of July 20, 2018, Dr. Boggs moved to approve the minutes of July 20, 2018..

The Board reviewed the Minutes of August 3, 2018, Dr. Boggs moved to approve the minutes of August 3, 2018.

Complaints Committee: - Dr. Lambert reported that the Ad Hoc Complaints Committee workgroup will be meeting one last time before presenting draft rules to the board for review and consideration.

Long Range Planning (LRP)/Awards Committee – The board reviewed potential discussion items for the LRP meeting and set a date for the LRP meeting on November 29 and 30, 2018. Dr. Lambert requested to add LRP agenda items to discuss masters level licensure and specialty designations vs. HSP/non-HSP.

Expedited Military Application - Senate Concurrent Resolution 83 of the 2018 Regular Session urges and requests every occupational and professional board or commission in Louisiana to prominently display a link to licensing information for military-trained applicants and their spouses on the website, prompting a review of current processes and procedures of the board. The Board discussed revising application instructions and procedures to improve the expedited military applications for active military service men and women and their spouses. Dr. Boggs agreed to review the current procedures make recommendations for proceeding.

4. Rulemaking 2018-19:
a. Telepsychology – the Board discussed rule making for telepsychology. Dr. Lambert agreed to take the lead on drafting rules for consideration by the board.
b. Chapter 15. Rules for Disciplinary Actions – the Ad Hoc Complaints Committee continues to work on a draft for presentation to the board.
c. Chapter 1: (ALL NEW) SUBCHAPTER B: Administrative Procedure and Authority (Sections 150 – 199) – Ms. Newton presented a draft of the required rulemaking required under R.S. 49:962, with regard to the adoption of rules and declaratory orders and

From the Minutes
Selected Items from August 24
Discussions of the Louisiana
State Board of Examiners of
Psychologists

advisory opinions. Dr. Gormanous moved in favor of approving the language as amended for promuglation. Lambert – YEA, Boggs – YEA, Henke - YEA, Crouch – YEA, Gormanous - YEA.

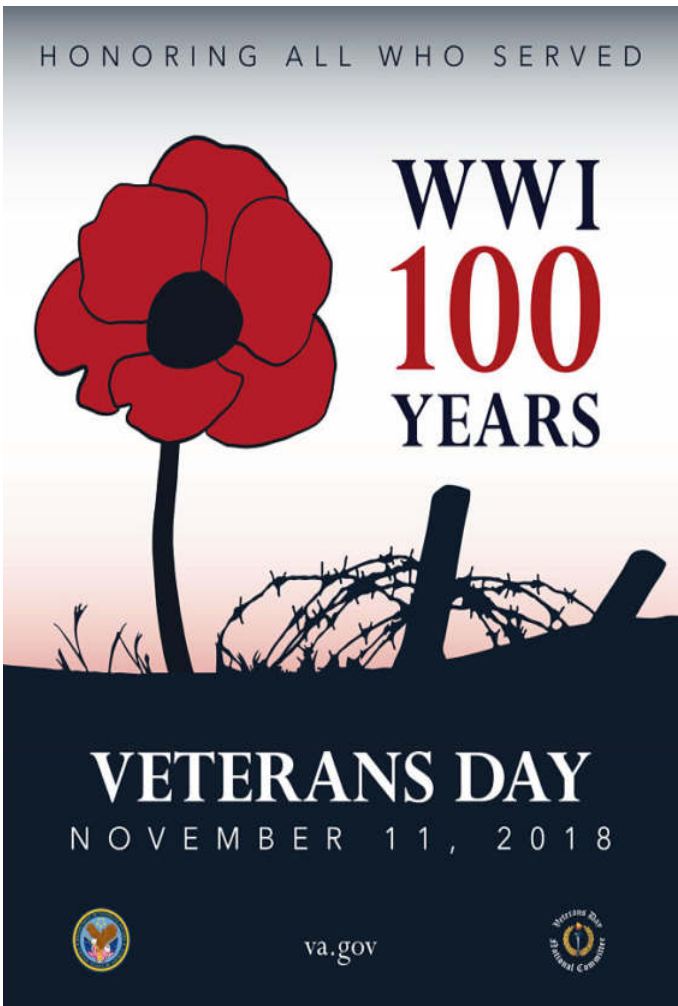
8. Policy and Procedures: a) Accounting: Section 2000; b)Board Structure: Section 1013; c) Media/Public Information Policy: Section 8000; d) Emergency Operation Policy: Section 5000:

The Board reviewed and considered revisions to the policy and procedures related to accounting, structure, public speaking and emergency operations.

Dr. Gormanous moved in favor of the revisions to policy and procedures related to accounting, structure, public speaking and emergency operations including the following:

- a. updating the accounting policy to reflect current staffing model;*
- b. moving policy related to drug free workplace from Board Structure to General Operations; updating definitions, roles and authority complaint committees, including the following: To provide for delegation to the Executive Director to assign a committee to each complaint; To provide for a means for the complaints committee to propose rules, policies and procedures related to the complaints process; To provide that in accordance with the LA Administrative Procedures Act a policy pertaining to ex parte consultations or communications; To provide for the authority of the complaints committee to investigate complaints, conduct informal face to face meetings, make recommendations to the LSBEP for dismissal, negotiate consent orders or other informal resolution; To initiate formal hearing proceedings before the LSBEP including the signature authority on the formal administrative complaint; To oversee compliance with individuals engaged in Impaired Psychologist Procedure Agreements or Consent Orders; To provide for the initiation of emergency summary suspension proceedings before the LSBEP;*
- c. to require attestation and disclosure by board members when engaged in public speaking activities not related to board duties; and*
- d. updating emergency operations and policy for deploying emergency temporary registrations.*

The motion passed by unanimous roll call vote as follows: Lambert – YEA, Boggs – YEA, Henke - YEA, Crouch – YEA, Gormanous - YEA. The final draft to be presented to the Board at their next regularly scheduled meeting.



Gov. Edwards Announces First Round of Reinvestment Grants from Justice Reforms

On October 17, Gov. John Bel Edwards announced that Caddo and East Baton Rouge Parishes will receive the first round of reinvestment funds realized through savings from the Justice Reinvestment legislation he signed into law in 2017. Caddo Parish will receive \$912,568 and East Baton Rouge Parish will receive \$1,631,521. Overall, the reform efforts are expected to save the state more than \$262 million over the next decade and mandate that 70 percent of the savings be reinvested into programs that reduce recidivism, support victims and improve public safety. In the first fiscal year, the savings totaled \$12.2 million, double the initial projections.

Caddo Parish will receive \$912,568. Examples of grants are: Community Incentive Grants - \$388,068-Louisiana Parole Project (community reentry program) \$22,433 and -United Way of NWLA \$365,635. Local Programs - \$374,500. Under the reform measures, the last two years of incarceration will be spent at a local facility in close proximity to the inmate's home parish. Programs will include education, decision making and technical training, anger management, substance use treatment, housing and job placement. East Baton Rouge Parish will receive \$1,631,521 and examples are: Community Incentive Grants -\$407,021, The Life of a Single Mom (life skills, mentoring and peer support) \$57,529, Capital Area Human Services-\$327,059, Louisiana Parole Project- \$22,433, and Family Justice Center - \$750,000. The center empowers victims of family violence with resources necessary to maintain safety and stability for themselves and their families.

Act 655 Establishes a Citizens Complaints Process for State Boards

A measure authored by Sen. Milkovich took affect in August and requires that boards and commissions accept complaints from licensees and the general public, and report those complaints to the Committee on House and Governmental Affairs, or the Senate Committee on Senate and Governmental Affairs as appropriate. The boards are also required to submit quarterly reports to the appropriate legislative oversight committees and to contain information about number of complaints received regarding board actions or procedures. A summary of each such complaint and the disposition of each complaint is to be included, while protecting the confidential information of the person complaining. The boards will also be required to post the message for citizens making complaint outlining the procedures and actions allowed and how to file the complaint and who with.

The state psychology board has posted this information on its website.

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Science & Education

Psychologists, Students at NAN in New Orleans continued

Exceptions to Typical Brain Developmental Trajectories."

Students presenting included Scott Royce, Alyssa De Vito, and Andrea Smith, all from Louisiana State University, and with co-author Matthew Calamia, PhD, Assistant Professor in Clinical Psychology, Louisiana State University.

The National Academy of Neuropsychology (NAN) is a non-profit professional membership association for experts in the assessment and treatment of brain injuries and disorders. NAN members are at the forefront of cutting-edge research and rehabilitation in the field of brain behavior relationships.

For her presentation, Lisa D. Settles, PsyD, Assistant Professor of Psychiatry & Pediatrics at Tulane University School of Medicine, Tulane Center for Autism and Related Disorders, reviewed the diagnostic criteria of Autism Spectrum Disorders (ASD), basic neurobiological basis of ASD, specific symptoms of language impairment, social impairment, and RRBs and how the brain contributes to the deficits in youngsters.

Dr. Settles included reviews about issues of social communication delays and restricted, repetitive behaviors. She told the audience about how deficits in ASD are due to connections, activation, structures, and lack in these elements. She said there was difficulty studying young children using imaging techniques that require stillness and following directions and noted that new information is forthcoming regularly and even weekly.

Margaret Hauck, PhD, neuropsychologist and Assistant Professor of Psychiatry at Tulane University School of Medicine, spoke on "Normal Development," including cortical development, and explained that different regions follow different patterns. She reviewed how asymmetry appears early on, and how in the third trimester, the cortex is starting to learn. She told the audience how the newborn brain is prepared to experience, and is also prepared by experience. She also included how the greatest plasticity is in early years. She covered memory, encoding, retention, retrieval, autobiographical



Dr. Jill Hayes (on far right, white jacket) attends one of the gatherings for neuropsychologists hosted at the National Academy of Neuropsychology in October. Presenting at the event were Drs. Lisa Settles, Margaret Hauck, Kevin Bianchini, and Matthew Calamia who co-authored papers with his students, Scott Royce, Peter Castagna, Alyssa De Vito, and Andrea Smith. Dr. Calamia and students are from LSU. (Photo courtesy of NAN.)

memory, attention, executive functioning, social and emotional development and other factors.

Dr. Gleason covered the prevalence of adversity in early childhood, the clinical correlates of adversity and trauma-exposure in very young children, factors related to the presentation of psychopathology in early childhood, and clinical implications of psychopharmacologic treatments.

She summarized that early childhood development is impacted by adversity and protective factors in the caregiving environment. Mechanisms of these impacts is complex and includes direct and indirect influences, she explained. Therapy is safest and best supported treatments, while medications may play a role but large gaps in knowledge limit use.

Kevin Bianchini PhD, ABPN, FACP, presented "Pain Psychology for Neuropsychologists: An Update." He is a board certified Neuropsychologist and Clinical Psychologist, and is with Jefferson Neurobehavioral Group.

In his presentation, Dr. Bianchini covered the clinical circumstances of pain psychological evaluations, including predicting response to procedures or rehabilitation, understanding difficult-to-explain outcomes,

and identifying treatment approaches, including treatment of comorbidities.

He noted that pain-related complaints are extremely common in the general population and that the presence of pain influences recovery in neuropsychological conditions. He covered psychosocial factors that influence recovery.

Dr. Bianchini also reviewed how psychometric testing is a valuable component of a consultation to assist the physician in making a more effective treatment plan and that it is useful in the assessment of mental conditions, pain conditions, cognitive functioning, treatment planning, vocational planning & evaluation of treatment effectiveness.

Psychosocial treatment is recommended as an important component in the total management of the patient with chronic pain, he told attendees, and treatments should be implemented as soon as the problem is identified, he explained. Psychosocial treatment may enhance the patient's ability to participate in pain treatment rehabilitation, manage stress, and increase their problem-solving & self- management skills.

He described the scope of the problem and that pain

complaints result in millions of physician office visits per year and as many as 150 million lost work days. He noted that the lifetime incidence of low back pain is 11 to 84% and lifetime incidence of neck pain is 10 to 15%. Back pain is the most common reason for filing a workers compensation claim and 30-50% of all Workers Compensation claims involve back pain. However, objective physical findings do not fully explain the breadth and magnitude of disability seen in many patients with back pain, he noted.

Scott Royce, MA, graduate student at Louisiana State University, presented a research poster, "Associations of Normative and Maladaptive Personality Traits with Self-Reported Executive Functioning." Co-authors are Peter Castagna, MA, from Louisiana State University, and Matthew Calamia, PhD, Assistant Professor and also from Louisiana State University.

In his abstract, Rove noted, "Executive functioning (EF) is a collection of higher order processes designed to facilitate goal-oriented performance. Although commonly studied using performance-based tasks, self-report measures are also useful in assessment given their association with functional impairment. The relationship between self-

Science & Education

Psychologists, Students
at NAN in New Orleans
continued

reports of personality and EF is limited by the use of global EF scores and primarily measures of normative, rather than maladaptive, traits."

In his study, Roye sought to better understand the relationships between individual, self-reported EF domains and personality traits among a non-clinical sample of young adults. Findings replicate prior work emphasizing the relationship of neuroticism and conscientious/disinhibition to self-reported executive functioning and extend previous research, Rove wrote.

Alyssa De Vito, MA, also a graduate student at Louisiana State University, presented "Apathy Symptom Severity and Progression Across Empirically-Derived Mild Cognitive Impairment Subtypes." Her co-author is Matthew Calamia, PhD, Louisiana State University.

De Vito examined apathy severity at baseline and its progression over time in empirically derived mild cognitive impairment (MCI) subtypes, she noted.

Using clinical and neuropsychological criteria, amnesic MCI individuals were identified as having more severe apathy symptoms than cognitively normal participants at baseline. However, only clinical criteria identified dysexecutive individuals as having more severe apathy symptoms compared to cognitively normal controls at baseline.

The study demonstrates that apathy severity and progression differ across MCI subtypes. Identification of individuals who may be at risk of developing more severe symptoms is important given apathy's association with functional impairment, even after controlling for cognitive impairment.

Andrea Smith, an undergraduate senior at Louisiana State University, presented, "White Noise Effects on Cognitive Performance in Those with ADHD: The Moderating Role of Internalizing Symptoms." Co-authors are Scott Roye, MA, and Dr. Calamia.

According to her abstract, prior research suggests that white noise played concurrently with a cognitive task may facilitate cognitive performance in those with ADHD, for example, by reduced need to seek out other stimulation. However, much of this work has been done only with children. Additionally, studies of white noise and ADHD have not examined the role of comorbid depressive and anxiety symptoms, which are known to effect cognitive performance in those with ADHD. Smith aimed to address this gap in the literature.

The results indicate that the effects of white noise may uniquely influence cognition among individuals with ADHD, depending upon the presence and severity of their internalizing symptoms, Smith's review said.

Stress Solutions
by Susan Andrews, PhD

APA Study:
Discrimination Leads to Stress

APA has done a survey every year on stress in America. In recent years the Harris Poll survey has focused on discrimination because it is a growing cause of stress. The news has reported numerous clashes between police and black people and Hispanic people. Sadly, there has also been examples of violence based on racial and religious discrimination.

According to an APA study based on a survey of 3,361 adults, more than half of U.S. adults say they have experienced discrimination at the workplace, from police or in other situations. Discrimination was linked to high stress levels and to poor health in those who reported discrimination as compared to the people in the survey who reported not experiencing discrimination.

The survey respondents reported that their discrimination-induced stress has risen over last year. The discrimination has taken the form of poor service, threats, lack of courtesy, lack of respect shown, among other examples. More than 75% of black people said they experience day-to-day discrimination. Almost one-third of both black and Hispanic adults told the survey that they have become hypervigilant about their appearance in the hope of being treated more fairly.

What the survey does not say is that this type of discrimination-induced stress is chronic stress. Stress that one has little relief from means that the negative effects on one's health are stronger. Negative effects include excessive fatigue, higher blood pressure readings, reduced immune system protection, among others.

Discrimination-induced stress begs the question of how to reduce such stress. It is pervasive, and its reduction depends upon a major change in people's beliefs and attitudes. Obviously changes in beliefs and attitudes cannot be legislated. Psychology failed to change even minor beliefs and attitudes about eating organ meat (such as liver) during WW2, such that the more desirable meat could be sent to our troops.

And, when we have no answers or ideas of how to change a situation, it is hard to figure out how to end a column on a more positive note.



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 TITLE: Assistant Professor in Applied Developmental Psychology

POSITION #: 9999

DEPARTMENT: Psychology

POSITION SUMMARY:

Tenure-Track Assistant Professor in Developmental Psychopathology. The psychology department at the University of New Orleans (UNO) is seeking applicants for a full-time tenure-track faculty position at the level of assistant professor. Recently recognized as the highest ranked PhD 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. In addition, the department offers a terminal M.S. degree in Applied 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 candidates with a strong potential for externally funded research and whose area of research complements existing research programs in the department. Candidates with a research emphasis in child psychopathology, particularly in the area of clinical psychology, prenatal/infant development, socioeconomic disadvantage, early childhood development, disruptive behavior disorders, internalizing disorders, and attention related disorders are encouraged to apply. We are in the process of expanding our assessment clinic and expanding our clinical course offerings. We encourage candidates who are eligible for licensure and with an interest in clinical assessment, clinical supervision, and/or behavior analysis to apply.

RESPONSIBILITIES: Develop an extramurally funded research program, supervise graduate students, and teach at the graduate and undergraduate levels.

REQUIRED QUALIFICATIONS: Ph.D. in developmental psychology, biopsychology, neuroscience, clinical psychology or related field. Preferred qualifications: Supervised internship or post-doctoral training.

DESIRED QUALIFICATIONS: Interest in teaching and supervising clinical assessment, clinical supervision, and/or behavior analysis.

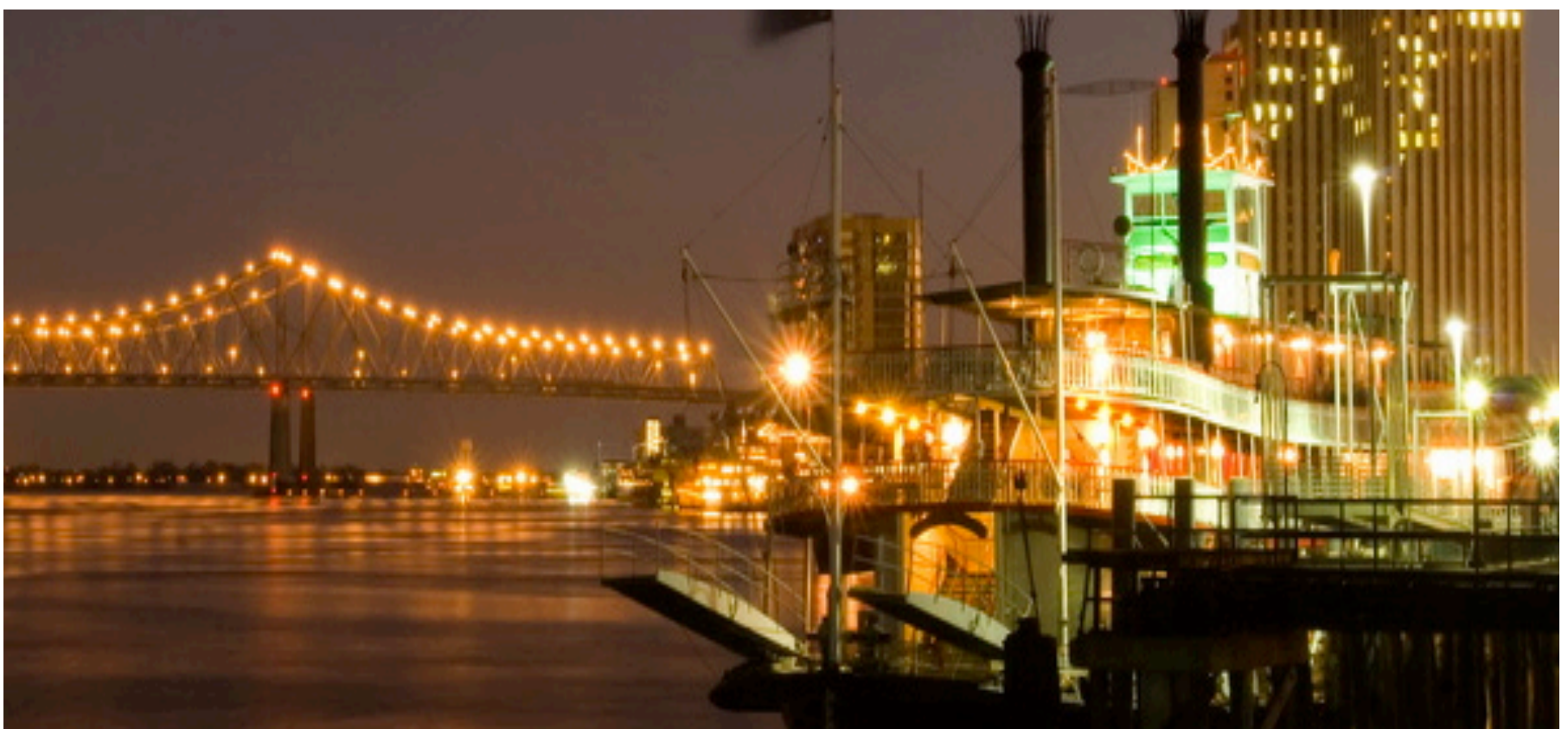
SALARY: Commensurate with experience

APPLICATION PROCEDURE: Applicants should submit (a) letter of application, (b) curriculum vita, (c) research and teaching statement, (d) representative reprints, and (e) three letters of recommendation (enclosed or sent separately by the letter writers). Materials should be sent electronically as a PDF document to senelson@uno.edu or through mail to: Chair, Faculty Search Committee; Department of Psychology; 2001 Geology and Psychology Bldg.; New Orleans, LA, 70148. Informal inquiries about the position can be sent to Elliott Beaton PhD, search committee chair, at ebeaton@uno.edu or Laura Scaramella PhD, department chair, at lscaramella@uno.edu. 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.

CLOSING DATE: Position will remain open until filled. To assure full consideration, applications should be received by November 15, 2018.

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.*



Can Louisiana Fully Embrace Integrated Healthcare? continued

by J. Nelson

Yet, healthcare is the largest industry in the country, accounting for almost \$3.5 trillion in sales in 2016, according to the National Health Expenditure Data from CMS. More recently, the industry is now also the nation's largest employer.

The sheer size and complexity of the healthcare industry would suggest that innovations would be challenging, but change may be even more unlikely because of the political power yielded by the industry. Last year the pharmaceutical industry, Blue Cross/Blue Shield, the American Hospital Association, and the American Medical Association were the 4th, 5th, 6th, and 7th highest contributors to Congress, and the year before that pharmaceuticals and insurance was 1st and 2nd.

Given this, it is surprising that the American Psychological Association (APA) recently managed to grab a little territory for psychological assessment, now finally considered as a "thinking" valued activity, in the newest Rules. A feat which required behind closed-door negotiations.

Healthcare is a Closed System

The medical-pharmaceutical-hospital-insurance industrial complex has a firm hold on the prices and services in this country, through the "CPT Codes" and the "Relative Value Scale Update Committee" or RUC. These groups decide what services are allowed and how much they are reimbursed.

Three hundred "Advisors and Experts," primarily from the American Medical Association's House of Delegates, representing 109 medical specialties, attempt to influence an "Editorial Panel," composed of representatives from medical societies, insurance companies and the government.

This panel conducts closed meetings and decides on what healthcare services are paid for, and which are not, by way of the complex set of codes known as CPT or "Current Procedural Terminology." CPT is owned by the Center for Medicare and Medicaid Services (CMS), leased to the American Medical Association (AMA), who then copyrights it and strictly controls the development of new codes. The RUC assigns the value to the service, and somehow this is not considered price-fixing or restraint of trade.

The system includes the FDA, which receives 40 percent of its funding from the pharmaceutical companies, Dr. Irving Kirsch, Associate Director of the Program for Placebo Studies at Harvard Medical School, has explained. Kirsch has also laid out evidence that drug companies and the FDA skew research to approve drugs that have little actual value.

At a 2015 meeting of the Louisiana Psychological Association, Dr. Tony Puente, now a past-president of APA, was one of the two outsiders allowed to participate in the CPT process. "Essentially," he said, "the CPT tries to divvy it up in a way that is theoretically and empirically, and diplomatically and politically, correct." Participants must sign a strict AMA confidentiality agreement and declare, "I will not disclose, distribute or publish confidential Information to any party in any manner whatsoever."

To decide on reimbursement, 28 voting members on RUC, representing medicine specialties such as anesthesiology, cardiology, neurology, neurosurgery, obstetrics, oncology, psychiatry, and so on, meet and decide how much each service is worth, and how much is to be paid.

An underrepresentation of primary care in this system

and an undervaluing of their contribution, has lead to high-cost specialists and a shortage of primary care physicians, according to the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. This has been shown to negatively impact outcomes. In a special issue of the *American Psychologist* on Primary Care and Psychology, Dr. Susan McDaniel and primary care leader Dr. Frank deGruy reviewed evidence that for each primary care physician added to a social system, "all-cause mortality decreases by 5.3 percent." Conversely, for every specialist added the mortality rate goes up 2 percent.

Healthcare is a Misnomer

"*Health* is a misnomer, because most activity involves illness. *Health care* and *medical care* are not synonymous," said Hamilton Moses and co-authors in, "The Anatomy of Health Care in the United States," in a 2013 article of the Journal of the American Medical Association (JAMA).

"*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," Moses wrote.

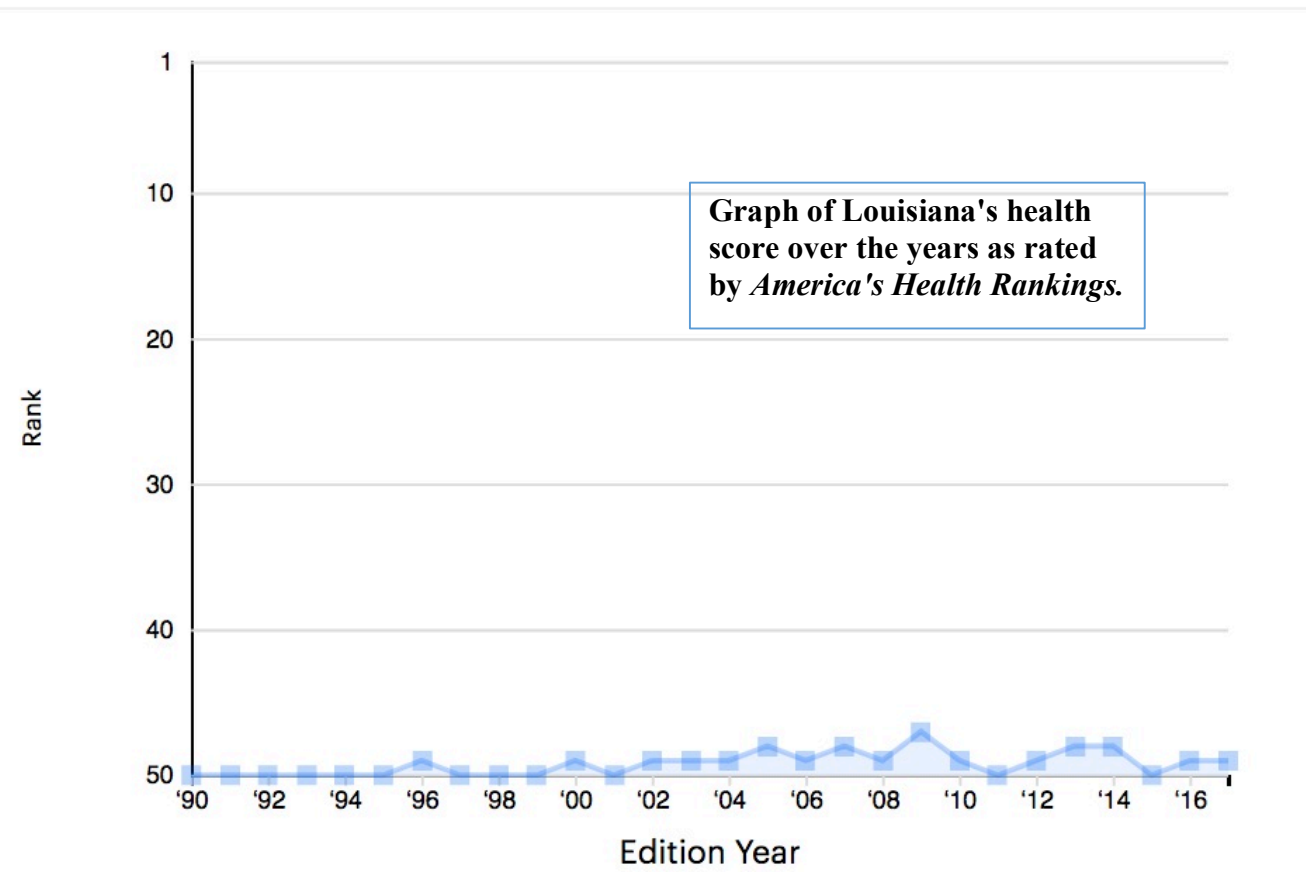
While medical costs are driven by chronic disease, it is not due to an aging population, even though age is often cited as the cause. The *JAMA* authors show that about 80 percent of the total health care cost is accounted for by those under 65, and relate to psychological, social and behavioral elements. The CDC estimates that lifestyle factors account for 80 percent of heart disease and stroke, 80 percent of type 2 diabetes, and 40 percent of cancer.

"Behavioral intervention is the foundation for lifestyle medicine," writes Dr. John Caccavale, author of *Medical Psychology Practice and Policy Perspectives*. "Of the top four classes of medical problems in America – metabolic disorders, respiratory disease, cardiovascular disease, and mental disorders – physicians will have great difficulty demonstrating that they are improving patient health by utilizing medications as a first-line treatment for these classes of disorders," writes Caccavale.

For decades now, psychological scientists have known that behavior is the key to costs. In an interview with primary care psychologist, Dr. Michele Larzelere, she explained that psychological scientists have agreed that those using an integrated care model can expect a 30 to 60 percent reduction in medical use costs.

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Trend: Overall, Louisiana



Can Louisiana Fully Embrace Integrated Healthcare? continued

And, unlike medical care which carries a large risk, behavioral treatments have few side effects. The author of *Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care*, Martin Makary, MD, found that medical error, unrelated to the illness or injury, is the third cause of death nationwide, following only heart disease and cancer deaths.

"It boils down to people dying from the care that they receive rather than the disease for which they are seeking care," Makary said in a report by *The Washington Post*.

Health is woven into a complex set of social and psychological behaviors, not a single cause. "Socioeconomic status is one of the most powerful predictors of all cause mortality," says Dr. Chris Leonhard, health psychologist and Professor at the Chicago Professional School at Xavier.

"New Orleans is a startling example of this," Leonhard said. "Life expectancy at birth in the Tremé where the average household income in 2010 was about \$26,000 is 55 years, while in Lakeview, the average 2010 household income \$75,000, and life expectancy at birth is 80 years."

Outdated Treatment Models: The Opioid Crisis Example

A dramatic example of flawed decisions in the medical/pharma industrial complex is the opioid crisis. Twenty years after a marketing blitz aimed at convincing physicians that opioids were safe and effective, the over-prescribing of this heroine-type drug has catapulted overdose deaths to a rate higher than auto fatalities, HIV or gun deaths.

Louisiana is in the middle of the crisis, with some of the highest opioid prescribing rates in the nation and an escalating death rate from overdose. Last year in a Louisiana House Health and Welfare Committee hearing, Representative Helena Moreno told members that there are "... more opioids prescribed in Louisiana than are people in this state."

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." The CDC found that there was no long-term benefit for opioids compared to no opioids. However, they did find ample evidence for harm.

In contrast, the CDC did find that psychological and physical

treatments for pain were beneficial ("CDC Guideline for Prescribing Opioids for Chronic Pain"). This despite the fact that these non-medical approaches are rarely integrated into treatment programs.

"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," she said. Things are very different now. "We know that chronic pain is a complex and dynamic process, and it involves a person's thoughts, beliefs, experiences 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."

Louisiana's Challenges

The intentions to blend psychological factors with traditional healthcare seem sincere in Louisiana. In the Medicaid Annual Report for 2017, the Medicaid Director Jen Steele wrote of her mission to improve quality, patient experience, outcomes and lower costs. And, some

progress with Patient Centered Medical Homes has come about.

However, making significant changes may be challenging. Using data from both Medicare and Medicaid use, Louisiana's costs are above expected in a number of areas. The Kaiser Family Foundation looked at data from 2014 and Medicare spending per enrollee, and found that Louisiana ranked 10th in Medicare spending compared to other states, with New Jersey, Florida, New York, Maryland and Connecticut at the top five.

Data from Dartmouth Atlas of Health Care found that Louisiana has a high average number of inpatient days per beneficiary. In a detailed breakdown from 2012, Dartmouth found that Louisiana had the highest number of inpatient days per person compared to all other states. Louisiana averaged 6.0 days per beneficiary while the average across the nation was 4.6 days.

In a group for comparison of multiple chronic conditions Louisiana fell above the 90th percentile again with an average of 20.8 days, while the average was 17 days. For dementia the average number of inpatient days was 30.5, and national average was 22.5.

The Alexandria, Monroe and Shreveport regions are some of the highest areas of hospital

usage, based on Medicare data collected by Dartmouth.

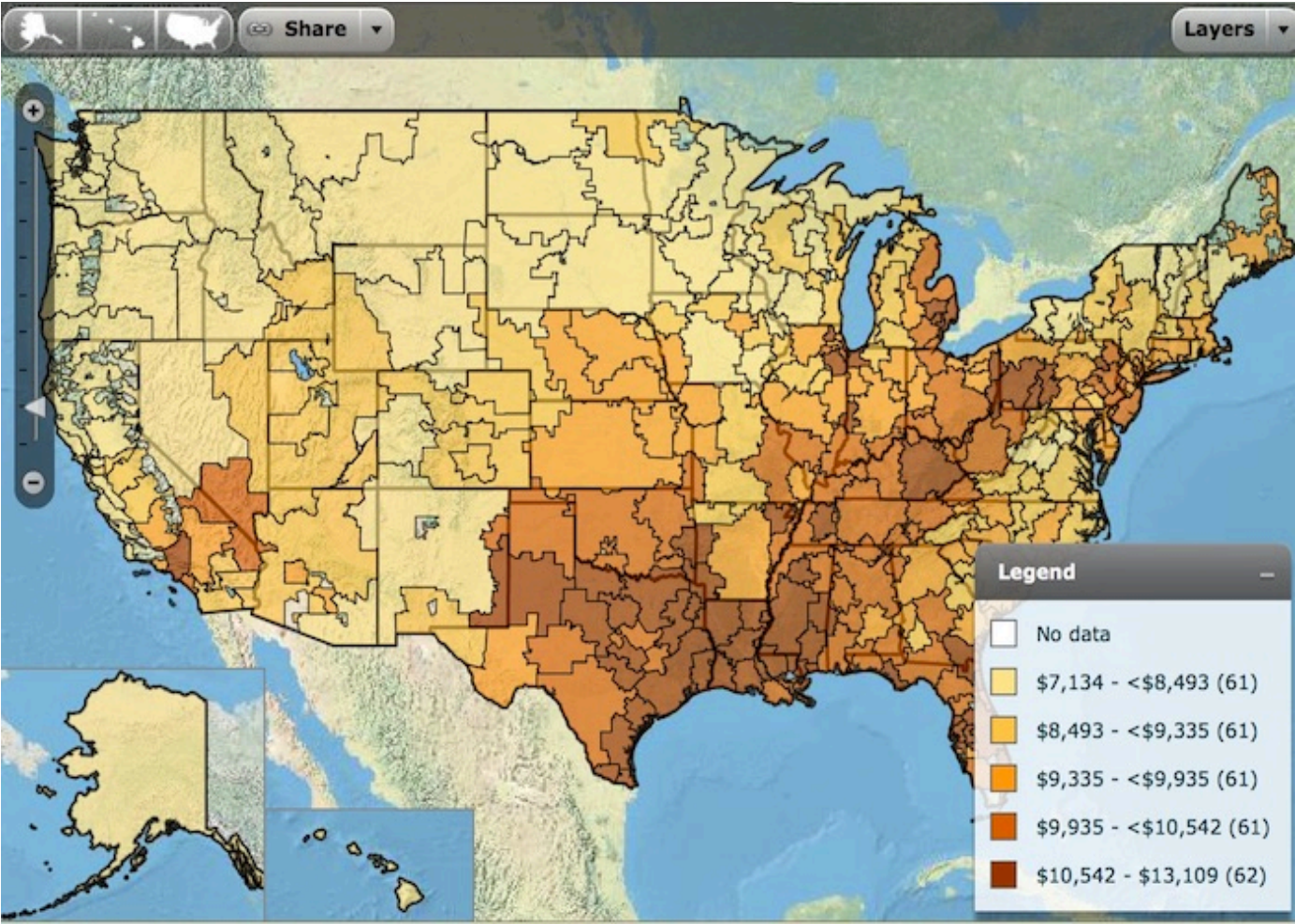
Dartmouth found that in 2015, the national average of hospital usage was 254 per 1,000 Medicare enrollees. Louisiana averaged 279.8, and some regions were the highest in the country Alexandria was 335.4, Monroe 325.0, Slidell 320.5, and Shreveport was 294.

Dartmouth researchers note that, "Regional variation in hospital and physician capacity reveals the irrational distribution of valuable and expensive health care resources. Capacity strongly influences both the quantity and per capita cost of care provided to patients."

In the Louisiana Medicaid 2017 Annual Report, the top 10 provider types, ranked by payment, were first, hospitals, at \$1.3 billion, and second, pharmacy, at \$726 million. Dentists were third at \$162 million, then mental health rehabilitation at \$140 million, nurse practitioners at \$115 million, and behavioral health rehabilitation agencies at \$114 million. Distinct psychiatric hospitals were next at \$76 million and freestanding mental health hospitals at \$69.7 million.

In comparison, other providers, which include audiology, chiropractic, personal care attendant, physical and occupational therapy, psychology, social work and other services not covered otherwise, totaled \$917,000.

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Medicare reimbursement data across the states collected for 2015 by Dartmouth researchers who note that, "Regional variation in hospital and physician capacity reveals the irrational distribution of valuable and expensive health care resources."

Can Louisiana Fully Embrace Integrated Healthcare? continued

The need may not be being met, even in this picture. In a 2018-2019 Combined Behavioral Health Block Grant Plan, published in late 2017, the state noted that the number of persons being served was 3.29% of the estimated prevalence. The estimated number of children/youth with serious emotional disorders was said to be 38,803 and only 1,370 had been served. The prevalence estimate for adults with serious mental illness was 192,019 and only 7,590 had been served.

In the grant report, the state confirmed that it was building its workforce and ability to function in an integrated care environment. The state has indicated progress in developing integrated care in some ways, looking for its managed care companies to advance the plans.

However, in a list of "Specialized Behavioral Health Services CPT Code" and reimbursements, effective July 2018, the fee structures provide little in the way of reimbursement for health and behavior, or any clear mechanism for integrated services. The "health and behavior" services pay between \$12 and \$15 and are only listed for a psychiatrist, nurse/physician's assistant, medical psychologist, and a psychologist. There are none listed for clinical social workers or counselors.

Some codes and fees are listed for psychotherapy. Individual psychotherapy is reimbursed at \$69.76 for psychiatrists for 45 minutes, \$55.81 for nurse practitioners and physician assistants, \$55.81 for psychologists, and \$48.83 for social workers, counselors, and marriage and family therapists. But this may not translate to integrated care. And group therapy, a valuable therapy mode for many issues, is paid at only \$23.23 to \$18.58 and there is no reimbursement for the social worker or counselor listed on the current fee schedule.

These arrangements may explain why there are few providers who chose to participate. Access to care and rates have been a problem nationally, with nearly half of all providers not offering services to Medicaid patients. Nationwide, Medicaid fees are about 72 percent of Medicare, which is about 80 percent of private pay. Only about 130 psychologists were listed as providers on the 2014 Medicaid rolls, according to a report at that time.

One Representative's Efforts

During the Louisiana 2016 Regular Legislative Session Representative Barbara Norton from Shreveport put forth a measure, House Bill 1164, to create a task force to study the delivery of integrated physical and behavioral health services for Medicaid enrollees who suffer with serious mental illness.

Norton brought together an array of associations and state agencies from across disciplines and from across the state to look at ways to improve the care offered by Medicaid. She told the *Times*, "This was an opportunity to pull so many people together, at no cost. I met with many of these people who felt as I did, that this would be a great piece of legislation, that they want to help the state of Louisiana and health, and make a real difference."

The bill passed committee with a 10 to 0 favorable vote. But then, on the House floor, it failed with 51 nays and 33 yeas. Five of those who had supported it in committee switched their votes on the floor and twenty did not vote. Why? Representative Norton thinks it might have been political. "We still feel the Medicaid belongs to President Obama but it belongs

to all of us and we've not started to understand the significance of these issues."

Representative Norton tried again in 2017, this time passing a measure as a Concurrent Resolution, asking again for the study of the issue by a comprehensive task force, HCR 55. The measure passed easily and task force was formed. However, she said that the task force met only twice. The Representative will be calling another meeting in December in Baton Rouge, she said. "It has not been given a fair shake."

"My goal is to go back with whomever and find out what we can really do for the people because the problems in this area are so serious," she said. "We've not even started to understand the significance of what this should be about and the more we look—the

shootings the mental health issues—the more it's necessary that we reach out to all the people and look at all the facts that there are, and continue to work. Because we're talking about peoples lives."

"I understand that sometimes people don't know the type of leadership it takes but if people want to be on the committee, and care to discuss these real issues, then it's not the type of thing where a person can call in or send information. We need to discuss ideas and plans," Norton said.

"I do believe that at the end of the day, with the help of leadership, we may turn some thinking around, and clearly understand why it is so important to look at all these things. I promise you I'm going to work with this until we see some differences, and people see some hope."

Number of Persons Served Compared to Prevalence Estimates – FY 2016						
LGE	Child/Youth (Ages 9-17)		Adults		Total SMI/SED Served	Percentage of Prevalence Served
	Child/Youth with SED	Prevalence Estimate	Adults with SMI	Prevalence Estimate		
MHSD	75	3,273	2,129	19,468	2,204	9.69%
CAHSD	617	5,526	1,303	28,232	1,920	5.69%
SCLHSA	124	3,528	701	16,526	825	4.11%
AAHSD		5,349	158	24,494	158	0.53%
IMCAL	4	2,594	81	12,162	85	0.58%
CLHSD	5	2,591	59	12,501	64	0.42%
NWLHSD	146	4,533	782	22,365	928	3.45%
NEDHSA	25	3,017	260	14,549	285	1.62%
FPHSA	87	5,162	177	23,291	264	0.93%
JPHSA	287	3,230	570	18,431	857	3.96%
TOTAL	1,370	38,803	6,220	192,019	7,590	3.29%

Data Source: EHR. Age at end of time period. Unduplicated by client within LGE.
Data for NEDHSA EHR available only from July 1, 2015 – November 30, 2015 of state fiscal year.
SMI/EBD based on most recent Special Population SMI/EBD available from admission to end of time period.

Graph from state's draft proposal for block grant, showing estimates of those served now with current systems and approaches. Those served total 3.29% of those estimated with mental and emotional issues.

A Shrink at the Flicks

The Sisters Brothers Review

by Alvin G. Burstein, PhD

Varieties of Western tales, film and story, abound. There is the mysterious stranger who arrives to right wrongs like *Shane* or *the Lone Ranger*; there are the stories of a gun-slinger, sometimes aging, sometimes retired, like *The Unforgiven* and *The Long Ride*; there are ironic spoofs like *Cat Ballou* and *Destry Rides Again*. *The Sisters Brothers* is somehow different, hard to place.

Given that it is in no sense a biopic, its title is an unsubtle indication of a focus on gender, and perhaps especially, Oedipal relationships.

As it unfolds, it goes to lengths to de-sanitize our view of the West in the 1850s; people are unshaven, clothing worn and stained. It abounds with fire fights that make the spaghetti westerns seem tame. There are gross-out elements, swallowed spiders, incinerated live stock, gratuitous killing. And with all of this, tenderness and sometimes uproarious humor.

Eli and Charles Sisters are hit men in the employ of a shadowy San Francisco gang boss, The Commodore. He has given them an assignment. They are to find, torture and kill another employee of The Commodore who has gone rogue with a valuable secret that the torture is to extort. The brothers, improbably, call the assignment a “mission”—in what the director seems to mean as a nod to Ethan Hawk and his colleagues. The brothers will be able to identify the rogue, understandably on the run, because he will be fingered by another employee of The Commodore’s hirelings traveling with the intended victim.

As the plot twists and turns, the brothers, the rogue and the finger man become allies in an effort to use the secret to generate wealth that will permit them all to escape The



Commodore and to found a utopian community in—of all places, Dallas.

Employing the secret has unforeseen, gruesome consequences, and triggers attacks by other minions of The Commodore. What with one thing and another the rogue and the finger man die and Charlie, the younger brother, loses an arm. The brothers decide that they will have to return to San Francisco and kill The Commodore. They get there to find him already dead.

So where’s the humor? It pops up in unexpected moments like the brothers’ encounter with toothpaste and indoor plumbing.

And the tenderness? In the course of things, we see the bond between the two brothers, and Eli’s unflagging devotion and commitment to protect Charlie. That commitment is grounded in Charlie’s having killed their abusive father and in Eli’s guilt about having failed to forestall that.

The *Sisters Brothers*’ focus on parricide is unmistakable, and from a Freudian point of view, of interest. Two “fathers” are killed, the abusive parent of the protagonists and The Commodore. Although The Commodore is dead when the brothers arrive, Eli punches the corpse “to make sure”—and to atone for the passivity that forced Charlie’s hand. When the two brothers arrive at the family home and rejoin their widowed mother, the audience is left with a question. Will they be equals, or given Charlie’s symbolic castration—loss of his gun hand—will Eli become the new patriarch. Your guess?

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.



Fotolia

Featuring the legendary **Robert Trivers, PhD,**

evolutionary biologist who explained the scientific foundations of
reciprocal altruism and *self-deception*.

Time Magazine named him one of the top 100 scientists and thinkers of the 20th Century.

For this special event we will also have Dr. Jack Palmer, from U. of Louisiana Monroe, author of *Evolutionary Psychology: The Ultimate Origins of Human Behavior*, and Dr. Matthew Rossano, from Southeastern Louisiana University, author of *Supernatural Selection: How Religion Evolved*. In applications we'll have Dr. Michael Chafetz on malingering research, Dr. Michael Cunningham on diversity, and Dr. Denise Newman on psychoanalytic concepts.

Join us to Celebrate 70 years of Psychology in Louisiana

Friday, November 9, 2018

Hotel Monteleone, New Orleans



**On site registration still available
8:30 am Queen Anne Ballroom**

6.5 CPDs – French Market Po-Boys for lunch
Cocktails on the roof in the Riverview Room

Up Coming Events

Drs. Chafetz, Chaney, Cunningham and Newman to Speak at Ethics Workshop for Louisiana Psychological Association's 70th Year Event

The Louisiana Psychological Association will hold their Fall/Winter Workshop this Friday, November 9, at the Hotel Monteleone in New Orleans. The one-day event, "Evolutionary Psychology & Ethics," will address the scientific foundations set forth by Robert Trivers in his classic works on self-interest, altruism, cooperation and deception in human relationships, and the evolutionary logic that predicts this complex psychological terrain.

The day includes the popular Lunch & Learn and then an afternoon session on "Identifying and Remediating Ethical Stumbling Blocks in Professional Practice"

For the afternoon segment, a panel of experts representing various practice areas will discuss key concepts and tools for making better and more informed ethical choices. Presenters will cover distortions, biases, and self-deceptions that can create ethical challenges in psychotherapy, consulting and other professional services. Also discussed will be how racial differences can lead to biased decisions when left unaddressed. The impact on individual ethical decision-making that occurs through group dynamics and group membership will be examined. The benefits of supernatural thinking for moral behavior is included. An active Q&A session with audience participation is planned.

Presenters will include Michael Chafetz, PhD, ABPP, a local neuropsychologist who runs a small group practice is now primarily in forensic work and has been involved with research in the area of illness-deception, both other-deception and self-deception. He is interested in the broader aspects of self-deception and how



Dr. Newman

these have an impact in almost every aspect of our professional lives. Through his work on illness-deception, he has been invited to speak at various state psychological associations, APA, NAN, AACN, administrative law judge conferences, and internationally at the Karolinska Institute in Sweden.

Also presenting will be Denise L. Newman, PhD, clinical and child clinical psychologist practicing in New Orleans. As an Indigenous (Ojibwe and Metis) clinician-scholar, she is on the Executive Committee of the APA Society of Indian Psychologists. She is a supervising psychoanalytic trainer for the China American Psychoanalytic Alliance, a member of APA Division in Psychoanalysis and Cultural Diversity and Ethnic Minority Psychology. She currently serves as Chair of the Psychotherapy Educational Interest Committee of LPA

Michael Cunningham, PhD, will also present. Dr. Cunningham holds the



Dr. Chafetz

academic rank of Professor at Tulane University. He has a joint faculty appointment in the Department of Psychology and the



Dr. Cunningham

undergraduate program in Africana Studies. He serves as an Associate Provost for Graduate Studies and Research in Tulane University's Office of Academic Affairs. As a developmental psychologist, his research focuses on racial, ethnic, psychosocial, and socioeconomic processes that affect psychological well-being, adjustment to chronic stressful events, and academic achievement among African American adolescents and their families.

Courtland Chaney, PhD, a licensed industrial-organizational (I-O) psychologist, will moderate.

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