



White House photo

APA Applauds Move
**Trump Administration and CMS Expand
Telehealth During COVID-19 Pandemic**

In an April 30 press release, the Centers for Medicare & Medicaid Services (CMS) announced that at President Trump's direction, and building on its recent efforts to help the U.S. healthcare system manage the COVID-19 pandemic, CMS has issued another round of regulatory waivers and rule changes to deliver expanded care to the nation's seniors and provide flexibility to the healthcare system. These changes include continuing CMS's efforts to further expand beneficiaries' access to telehealth services.

CMS is taking action to ensure states and localities have the flexibilities they need to ramp up diagnostic testing and

access to medical care, key precursors to ensuring a phased, safe, and gradual reopening of America, said the authors.

CMS's goals during the pandemic are to 1) expand the healthcare workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states; 2) ensure that local hospitals and health systems have the capacity to handle COVID-19 patients through temporary expansion sites (also known as the CMS Hospital Without Walls initiative); 3) increase access to

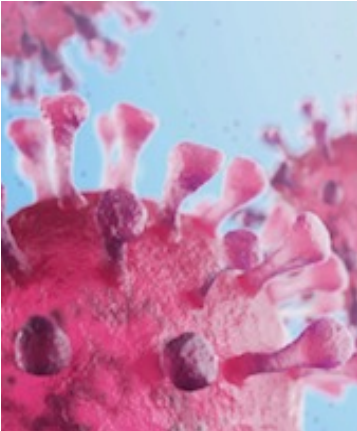
Cont pg 5

Louisiana governor
John Bel Edwards
(L) meets with Pres.
Trump to discuss the
state's efforts with
Covid-19.

"How Have Things Changed?"
**Psychologists Share Their Experiences in
Dealing with the Coronavirus Pandemic**

We asked a group of psychologists, "How have things changed for you in the shut-down and how are you doing at this point?" About half replied back in time for this issue. In this feature we report on how colleagues are managing the changes, mostly verbatim with some edited for length.

Dr. Gail Gillespie has been in private practice in New Orleans since 1996, specializing in evaluating and treating school-aged children and their families. "Existence in the time of a pandemic



Cont pg 11



*A Shrink
at the Flicks*
Dr. Burstein looks at
*NetFlix's
FREUD*

–Page 15

DOJ Denies Flaws re
Hesson Petition–Page 4

Funds for AA Covid-19
Disparities –Page 4

Terrebonne Parish
Malpractice Case
–Page 6

From the Minutes
–Page 7

LSU's Drs. Harman,
Zhang –Page 9

Stress Solutions
Dr. Andrews & Tapping
–Page 10

Awards Coming–Page 16

Editorial Page – Opinions

Editor's Note:

In her inspiring critique, Dr. Lisa Feldman Barrett argues convincingly for a return to the study of individual differences, pointing out that the statistical mean is an abstraction that cannot capture the reality of an individual, and that research based on simplistic mechanisms ignores individuals as complex, dynamic systems. In other words, the tyranny of mean.

Barrett's advice is timely as we sit in a crisis with little help from the one-size-fits-all, illness care system, with treatments designed to increase profits through mass production, but with little true prevention and health outcomes that are logically more consistent with a third-world country.

Reprinted here with permission, Barrett's column first appeared in the [March 2020 Observer](#), a membership magazine of the Association for Psychological Science.

Guest Editorial: "Forward into the Past"

by Dr. Lisa Feldman Barrett
President, Association for Psychological Science

An advantage of being APS president is that I hear lots of opinions on the state of our science. One common refrain, particularly from people concerned with the credibility of our scientific enterprise, involves shaking up the field, or even burning it to the ground, so that a better science of psychology can emerge from the ashes. Translation: Some of our colleagues want a Kuhnian-style scientific revolution. If you share this view, this month's president's column is for you.

To date, discussions about remaking psychological science have largely focused on how scientists *behave*. Best practices are important, of course, but let's go beyond that to consider how scientists *think*. In this regard, inspiration can be found by returning to our roots, when mental philosophy was transforming itself into a full-fledged science of the mind.

In *The Principles of Psychology*, published in 1890—and its shorter version, entitled *Psychology: Briefer Course*, published 2 years later—the great William James reflected on the nature of psychological categories. James questioned the deeply rooted assumption of his day that the human mind is structured like a set of mental organs—as types of thoughts, types of perceptions, types of feelings, types of actions—each with its own psychological process, and implemented in its own dedicated set of bodily changes or neurons. In this view of the mind, which we know as *faculty psychology*, the instances of a psychological category, such as anger, are thought to share a set of features that define the category and distinguish it from others, such as fear, episodic memory, or perception. Faculty psychology is an example of what philosophers refer to as typological thinking, which is a close cousin of essentialism: the belief that each category has a deep, invariant, and immutable cause that makes the category what it is, distinct from other categories.

James was skeptical of typological thinking, as his writing on the nature of emotion categories reveals:

"The varieties of emotion are innumerable... The mere description of the objects, circumstances and varieties of the different species of emotion... are to a great extent either fictitious or unimportant, and that its pretences to accuracy are a sham.... The trouble with the emotions in psychology is that they are regarded too much as... eternal and sacred psychic entities, like the old immutable species in natural history...." (James, 1892/2017, Sections 374–375)

With this passage, James was advocating for the emerging science of psychology to depart from the typological mindset common in the other 19th century musings about the human mind. He was comparing that mindset with a similar one found in pre-Darwinian ideas about animal species, which were thought to have inherent "essences," or perfect platonic forms. Before Darwin, the essence of a species—the features that define its type—was thought to be real in nature. Variation—as deviation from that perfect form—was considered to be irrelevant imperfection. Darwin's *On the Origin of Species* (1859) changed all that, introducing the idea that biological categories are populations of variable instances. This populations mindset considers the variation to be meaningful and important in nature, whereas the type is a mere abstraction (Mayr, 2004).

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Corrections & Clarifications

Dr. Hesson sent us a correction for the article in our March issue, regarding "2014" in paragraph seven, and we corrected it to "2012."

Send your corrections to:
psychologytimes@drjulienelson.com

Guest Editorial: "Forward into the Past" continued

by Dr. Lisa Feldman Barrett
President, Assn for Psychological Science

"The approach in traditional laboratory experiments, in effect, ignores Darwin's insights: Variation within categories is meaningful and therefore important to observe and study."

Today, typological thinking remains firmly rooted in a substantial portion of psychological research, despite the fact that psychological scientists periodically reiterate James's concerns (for one lovely empirical example, see Gallistel, 2012). Consider the iconic psychological experiment, for example, in which people are randomly assigned to different conditions of an independent variable. We expose participants to stimuli and then measure their responses. The goal in a traditional laboratory experiment is to constrain or reduce within-group variation, making it easier to observe variation across groups. When we observe variation in responses within an experimental condition, the epistemic assumption is to treat the variation as error. But this approach, in effect, ignores Darwin's insights: Variation within categories is meaningful and therefore important to observe and study.

Darwin's insights likely hold true for any category that involves living creatures, including psychological categories that are created by experimenters in laboratories. Some studies do focus on individual variation, but by and large it is still common practice to make inferences about the mean value of group variation. Yet the mean, as a summary statistic, is an abstraction that does not fully capture the psychological reality of each individual in the group. As some biologists like to say, no two individuals on the planet, not even monozygotic twins, are identical. If the ultimate goal is to understand the causes of mental activities and behaviors, then we must model individual variation. Otherwise, our inferences refer to fictional abstractions in fictional environments.

Taking things a step further, I've wondered whether typological thinking is responsible, at least in part, for the fact that our experiments do not replicate as well as we might like (Barrett, 2015). Laboratory experiments isolate one or two variables, manipulate them, and expect to observe moderate to large effects. This expectation relies on a mechanistic view of the human mind that is deeply entwined with typological thinking: that is, the view that a psychological phenomenon has a few simple, strong causes that produce equally strong effects. These effects, the argument goes, should be easily replicated from experiment to experiment, as long as the experimental methods are properly controlled, the sample is sufficiently large, and statistical analyses are properly run.

In reality, however, the brain and the body are less like simple, mechanistic systems and more like complex, dynamic systems that are influenced by many nonlinear, interacting causes. Any single variable will have a weak effect on the system, and, more important, we can't separately manipulate one variable and assume that the others remain unaffected. If the brain and body are complex dynamic systems, but we treat them like simple mechanistic systems in a laboratory experiment—targeting one or two variables and leaving the more complete web of influences unmeasured and unmodeled—then the impact of that fuller web appears to us as unbridled variation, *masquerading* as a failure to replicate. But the other

possibility—the possibility discovered by Darwin and discussed by James—is that variation is meaningful. The *absence* of replication may, in fact, be the *presence* of meaningful variation with structure that we can discover and model only if we design our studies to measure and observe it. This leads to the startling possibility that our standard experimental method—the laboratory experiment—is in need of a *major overhaul*. This epistemic earthquake about measuring the mind brings with it a shift in our ontological assumptions about what a mind is.

In reality, few scientists might actually think about the mind as resulting from a few simple, mechanistic causes, and only a handful might defend the assumption that a mind is structured as a set of idealized categories of mental types. Nonetheless, conventional laboratory experiments, combined with conventional analytic approaches that rely on aggregating data over time, contexts, and/or individuals, keep us trapped in a typological mindset, whether we endorse that mindset or not. Such experiments inadvertently obscure an inescapable truth: When it comes to the mind and behavior, variation is the norm. Our traditional toolbox of experimental methods may not be up to the scientific task that is required for a robust science of psychology, no matter how carefully and diligently we use those methods.

If this is the case, then discussions of how to improve the credibility of psychological science, following their current course, will not yield the scientific revolution that some are seeking. Even as we take more care with our methods and statistics and curtail whatever bad habits we find lurking about, lack of replication may still emerge. And that's because the variation that scientists have been dismissing as error may, in fact, be the phenomenon of interest.

So, here is my challenge to those who want to shape the future of our field. Consider rejecting typology and cultivating a mindset of variation, as James recommended. Consider embracing a populations mindset, following Darwin's lead. Design studies and model the results to capture variation and discover the underlying features that produce it instead of treating it as error. Capture the complexity of causation: Every action and every mental event emerges from a rich milieu consisting of a large number of weak, interacting influences. If enough of us accept this challenge, then perhaps there will be no need to burn the field to the ground. We might start a little bonfire here and there, and then toast a few marshmallows to celebrate as we remake our science into the robust, generalizable enterprise we all desire.

References at:
<https://www.psychologicalscience.org/observer/forward-into-the-past>

Lisa Feldman Barrett is a University Distinguished Professor of Psychology at Northeastern University, with appointments at Harvard Medical School and Massachusetts General Hospital. Her research focuses on human emotions and how they are constructed. She is the author of the book How Emotions Are Made: The Secret Life of the Brain and is a recipient of the APS Mentor Award, the National Institutes of Health Director's Pioneer Award, and a 2019 Guggenheim Fellowship. Barrett can be contacted at lfeldmanbarrett@psychologicalscience.org.

This story first appeared in the March 2020 Observer, a membership magazine of the Association for Psychological Science

DOJ Attorneys Deny Flaws in Jury's Understanding of Medicare Rules Regarding Dr. Rodney Hesson's 2255 Petition

On April 3, the Department of Justice filed their Response to Dr. Rodney Hesson's, "Motion to Vacate, Set Aside or Correct Sentence," known as a 2255 Petition.

Dr. Hesson had filed 829-pages of documents and exhibits with the United States District Court, Eastern District of Louisiana on November 1, 2019, alleging violation of his Constitutional rights to a fair trial due to inadequate representation. Dr. Hesson was at the center of the 2015 high profile Medicare fraud case that also resulted in convictions of two other well-respected psychologists in the community, Dr. Beverly Stubblefield and Dr. John Teal.

Writing for Allan Medina, Deputy Chief, Assistant Chief Katherine Payerle, in the 28-page response wrote that, "The Defendant does not

allege that counsel breached any ethical duties; for example, they duty of loyalty or a conflict of interest. Instead, the Defendant argues only that counsel did not cover certain aspects of the various 'loopholes' sufficiently at trial. None of the arguments made in the Defendant's nine grounds for relief meets the *Strickland* standard of 'ineffectiveness,'" she argues.

In his Petition, Hesson alleges several issues, including that his counsel failed to meet minimal standards for a fair trial because the jury had not been made to understand the governing Medicare rules and regulations that the Hesson relied upon in his clinical and billing practices, including with respect to medical necessity.

In the response, Payerle argues, "Defense counsel's first question on the

Defendant's redirect examination gave the Defendant the chance to explain the Medicare benefits policy manual; the Defendant testified about his reliance on that and other regulations."

She continues, "At the end of his testimony, the Defendant's counsel asked Hesson if he had exhausted everything he wanted to say about those regulations, and Hesson confirmed he had. [...]"In closing argument, the Defendant's attorney's *locum tenens* argument went on for pages."

"Second, the instructions the Defendant would have sought are inaccurate. The proposed instruction regarding billing different psychologists under the same provider number cobbles together a provision in the Code of

Federal Regulations with a Medicare publication that ultimately does not say what the Defendant proposes. [...]" Likewise, the Defendant's proposed instruction for 'incident to' billing would have misled the jury."

Also in the 28 pages, Payerle alleges: "The Motion suggests other potential jury instructions about Medicare regulations and good faith: (1) an instruction saying it is not illegal to use unlicensed assistants, and (2) an instruction saying it is not illegal to seek referrals from nursing homes. [...]" But all suffer from the same flaw: the government never argued these actions were illegal in and of themselves; only that they were evidence of a fraud scheme; billing for unnecessary services or services not provided was the illegal act that the Defendants conspired to commit."

Gov. Funds Efforts to Explain African-Am Deaths from Covid-19

On April 24, Gov. John Bel Edwards announced that he is making \$500,000 from the Governor's COVID-19 Response Fund available to the Louisiana COVID-19 Health Equity Taskforce to examine the causes and possible solutions to the high rate of deaths from the coronavirus within Louisiana's African-American community and other impacted populations.

"The disparity in deaths is especially worrisome, and we need to do everything we can to determine why this is happening," said Gov. Edwards. "African-Americans make up approximately 33 percent of our population yet account for nearly 60 percent of the deaths from this virus. We have an obligation to look for answers and this task force will provide recommendations for addressing the health inequities affecting all communities that are most impacted by this virus. Funding is essential for that work to begin as soon as possible. One death is one too many in any community, and I am committed to helping everyone in our state live healthier lives."



"Lately, I've been avoiding reality by watching reality shows."

APA Applauds Move
Trump Administration and CMS Expand Telehealth
continued

telehealth for Medicare patients so they can get care from their physicians and other clinicians while staying safely at home; 4) expand at-home and community-based testing to minimize transmission of COVID-19 among Medicare and Medicaid beneficiaries; and 5) put patients over paperwork by giving providers, healthcare facilities, Medicare Advantage and Part D plans, and states temporary relief from many reporting and audit requirements so they can focus on patient care.

According to the announcement, for the duration of the COVID-19 emergency, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services. Prior to this change, only doctors, nurse practitioners, physician assistants, and certain others could deliver telehealth services. Now, other practitioners are able to provide telehealth services, including physical therapists, occupational therapists, and speech language pathologists.

Also, CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110. The payments are retroactive to March 1, 2020.

In a May 1 press release, the American Psychological Association applauded the Administration and CMS for expanding Medicare coverage for audio-only phone services during the coronavirus pandemic, including psychotherapy, health behavior assessment and intervention services, and other behavioral health services.

Previously, Medicare recipients who wanted to take advantage of psychotherapy through telehealth could do so only via videoconferencing. This was a significant limitation for people without access or capability to use those technologies.

“To curb the spread of the coronavirus and help our communities heal, we cannot leave any of our neighbors behind,” said Arthur C. Evans Jr., PhD, CEO of the American Psychological Association. “The American Psychological Association is grateful to our members and congressional leaders on both sides of the aisle for tirelessly advocating for these needed phone services.”

“Psychologists can now use their specialty skills to improve the health of ALL the communities we serve, including older adults, people with lower income or education, individuals with disabilities and people in rural areas,” he added. “Yesterday, some of the most vulnerable people in our country did not have access to psychological care. Today, they do.”

For additional background information on the waivers and rule changes, go to: <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>



Legislature Could Dump 66% of Bills
continued

The lawmakers have met very little during the interim and mostly to start the process of new bills that would be focused on combating the coronavirus and other problems related to the states economy and sinking oil prices.

Senate Bill 458, the ambitious set of changes to the psychology practice law initiated by the Louisiana State Board of Examiners of Psychologists (LSBEP) is not currently on the schedule. The measure is on hold after officers from the Louisiana Psychological Association (LPA) raised objections. A task force was established to develop a consensus regarding the measure and is still deliberating.

If passed SB 458 would make sweeping changes to the psychology law including a new set of regulations and fees for assistants, expanding the charter of the board, removing certain qualifications for serving, authorizing the board to conduct continuing education, exempting the board from Open Meetings Law for investigatory meetings, and formally establishing the position and duties of the Executive Director.

Some of the bills that have made it to the calendar include:

HB 243, by Rep. Lyons, exempts persons with disabilities from fees associated with obtaining medical records.

HB 473, by Rep. Duplessis, eliminates the 12-month mandatory minimum supervision period for defendants who elect to undergo treatment while participating in a drug division probation program.

HB 498, by Rep. Emerson, requires licensing boards to waive fees to applicants who meet certain criteria and to offer payment plans. Those applicants will qualify if they are

receiving public assistance and earning less than 200 percent of the federal poverty guidelines.

HB 449, by Rep. Echols, provides relative to behavioral health services delivered via telehealth and regulation of such services by the La. Department of Health. Present law, the Louisiana Telehealth Access Act (R.S. 40:1223.1 et seq.), defines "telehealth", in pertinent part, as a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers. Proposed law amends this definition to provide that healthcare services delivered via telehealth include behavioral health services. Present law, the Behavioral Health Services Provider Licensing Law (R.S. 40:2151 et seq.), requires the La. Department of Health to promulgate rules and regulations for behavioral health services providers. Proposed law provides that such rules and regulations address the delivery of behavioral health services through telehealth.

Other measures that may or may not be heard include:

HB 45, HB 48, both by Rep. Miller, provides a deadline for Title 37 licensing boards reports to be submitted and shifts the receipt of reports and complaints to the legislative auditor instead of the House and Senate governmental affairs committees. HB 48 removes provisions requiring Title 37 licensing boards and commissions to give notice that complaints about actions or procedures of the boards may be submitted to the board or commission or to the House and Senate governmental affairs committees.

State News

Legislature Could
Dump 66% of Bills
continued

HB 138, by Rep. Wright, requires the use of video cameras in classrooms where special education services are provided to certain students with exceptionalities.

HB 195, by Rep. D. Miller, removes the requirement to submit proof of active hospital privileges for a new healthcare provider in a group practice who bills an insurer using the group practice's identification number prior to credentialing.

HB 158 by Rep. Marino, authorizes the recommendation of medical marijuana to patients by physicians for treating several neurodegenerative diseases and conditions.

HB 338, by Rep. Duplessis, requires the reporting of certain physical and mental health information of an offender appearing before the committee on parole for a parole hearing. Proposed law retains present law and adds information regarding the physical, mental, or psychiatric condition of the offender, when available, to the list of information included in the report secured by the department.

HB 485, by Rep. D. Miller, provides admitting privileges to psychiatric mental health nurse practitioners for preparing and executing orders for the admission of patients to licensed psychiatric treatment facilities. Proposed law retains present law and adds psychiatric mental health nurse practitioners may admit persons with mental illness or suffering from a substance-related or addictive disorder pursuant to present law.

HB 505, by Rep. Bishop. Proposed law establishes the licensed profession of art therapist in La. Provides for licensure of art therapists by the La. State Board of Medical Examiners.

HB 663, by Rep. Hughes revises school discipline laws. Present law provides relative to student discipline. Proposed law provides a comprehensive revision of present law, applicable to all public schools, including charter schools.

SB 128, by Sen. Barrow, requires certain assessments of a student prior to suspension from school. Proposed law requires the principal, prior to suspending a student, to ensure that the student is assessed using an instrument, such as the Adverse Childhood Experiences Assessment developed by the Centers for Disease Control, that is designed to determine if the student has experienced trauma, and whether the student's behavior may be better addressed in a manner other than through suspension.

SB 170, by Sen. F. Mills, provides relative to health care emergency visit alternative treatment reimbursement. Proposed law establishes an enhanced Medicaid reimbursement rate for hospitals that triage nonemergency Medicaid recipients presenting at the hospital emergency department to a hospital primary care clinic when such transition is appropriate.

Malpractice Lawsuit in Terrebonne Parish
Goes Against Lafayette Psychologist

In a lawsuit filed in 2017 against psychologist Dr. Eric Cerwonka, a Terrebonne Parish jury awarded \$1,150,000 to a 35-year-old Houma man. The plaintiff said he suffered emotional abuse from Cerwonka, according to the news article in a March issue of *The Houma Courier*.

The plaintiff's case was tried by Jerri and Maxwell Smitko of the Smitko Law firm, in Houma, Louisiana.

According to the *Courier*, Jerri Smitko said that some of Dr. Cerwonka's mental abuse included forms of brainwashing.

"He wrongfully attempted to convince my client that he had been abused by family members," Smitko told the *Courier* reporter, Dan Copp.

Copp reported that the legal complaint alleged that the plaintiff had been in therapy with Dr. Cerwonka in early 2017, during the time that the defendant's license to practice had been suspended.

However, other sources indicate that while Dr. Cerwonka's license had been suspended following a January 2017 hearing held by the Louisiana State Board of Examiners of Psychologists, he retained his license because he immediately appealed the decision. According to state records, Cerwonka's license is currently in effect in both Louisiana and New York.

The *Courier* report notes that the Houma man's legal complaint included the following:

- "Dr. Cerwonka's advice during this time reflected the obvious tumult in

his practice, as he advised plaintiff to live in his car and fight his father."

- "When plaintiff learned of Dr. Cerwonka's suspension he reached out to him for clarification. In retaliation, Dr. Cerwonka threatened to have the plaintiffs subject to a civil commitment."

Dr. Cerwonka has been involved in legal matters since 2017, when the psychology board decided to remove his license. He immediately filed an appeal and alleged several due process violations.

In August 2017, he also filed a lawsuit in the United States District Court Western District of Louisiana Lafayette division. In his complaint, Cerwonka and his attorneys allege that the board acted on an interim basis before any hearing had taken place, that Cerwonka was denied a proper opportunity to defend himself against specific charges, that an emergency action was taken because he exercised his right to free speech, and that evidence was manipulated and obtained illegally.

Among these and other violations of his rights, he and his attorneys also allege that because the prosecuting attorney for the board had previously represented Cerwonka in a hotly contested custody battle, and that the attorney had information that was, allegedly, used in the prosecution, the attorney should have been removed.

The due process lawsuit is scheduled for next month and based on an unopposed motion by Ms. Jaime Monic and her attorneys, was changed from a bench trial to a jury trial.

New Programs!

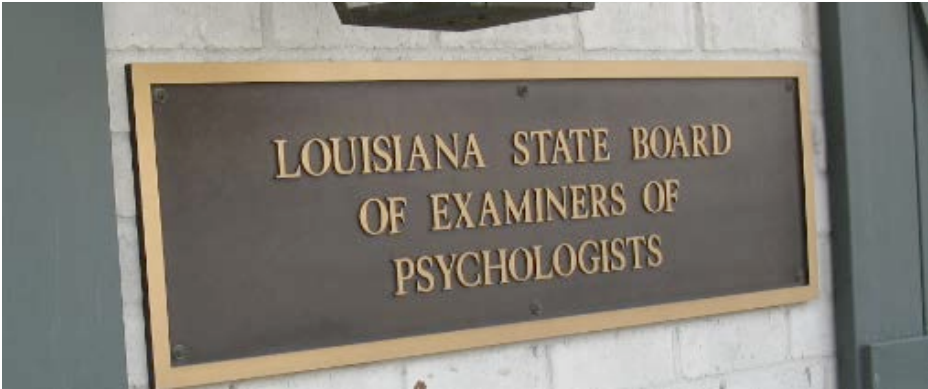
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From the Minutes

Selected Items from Jan & Feb Minutes of the Louisiana State Board of Examiners of Psychologists (LSBEP)

January 10, 2020

1. **Executive Director Report:** Ms. Monic reported that a notification from ASPPB had been received advising jurisdictions that the initial launch of the EPPP2 had been moved to November 2020 to allow early adopting jurisdictions additional time to complete the rule changes needed to begin using both parts of the EPPP.
5. **Legislative Oversight Committee** – Dr. Gormanous confirmed that Sen. Mills would continue to chair the Senate Health and Welfare Committee and anticipates senate and house committees to be announced in the coming week. Dr. Gormanous suggested the board consider exploring legislative initiatives that would enable the board to initiate or confirm a summary suspension more efficiently. The Board discussed the recommendation and agreed that it would support this endeavor.
6. **Liaison to Professional Organizations and Boards** – Dr. Gormanous reported he was considering attending the ASPPB Midyear meeting in Montréal. He requested board input on meeting with ASPPB's Executive Director to continue an open dialogue on the EPPP2. The board was supportive of this meeting.
7. **Continuing Professional Development (CPD) Committee** – Dr. Boggs reported that the Committee continues to work on compiling data from the survey regarding CPD and Unlicensed Assistants. Dr. Henke reported she is working on a newsletter article to continue outreach on this topic.
8. **Supervision/Credentials Committee** – Dr. Moore reported that the committee met this

morning and reviewed files. Dr. Boggs reported that the workgroup revised professional reference forms for review and discussion. Dr. Boggs reiterated that the Committee's goal in revising the forms was to be able to utilize the reference form to corroborate the applicants training and experience such that, if the applicant does not provide documentation that is consistent with an applicant's declaration in the unverified competency will then become part of their oral examination. [...]

DISCUSSION/ACTION ITEMS

1. **STATUTORY** – Considerations for 2020 Regular Legislative Session: Definition of "Practice of Psychology"; Summary Suspension provision; Emeritus License (full retirement/ no CE/ minimum fee); R.S. 37:2356.B. and C. require updating related to examinations; Unlicensed Assistants; registration; revocation and fee schedule; and Disclosure of information received in an administrative investigation falling under other state or federal jurisdiction oversight – The Board continued its discussion on this topic and agreed to continue to review and work on outreach and solutions to address the current needs for proper administration of the boards delegation, including reviewing its statutory authority to institute a summary suspension of a license.

January 21, 2020 Emergency Meeting

Ms. Newton reported that the Complaints Committee has reviewed and considered all available evidence in this matter, including meeting face to face with the Respondent. Ms. Newton reported that due to both the

summary suspension ordered by the Board on November 11, 2019 and the type of allegations made against the Respondent, the Committee believed that any future action or decision in the matter be decided by the Board in its entirety. Ms. Newton advised that that following receipt of information and evidence in executive session, Board members present would be prohibited from sitting on a future hearing panel should the matter continue to move forward. [...]

Dr. Gormanous reported that the Board thoroughly discussed Complaint P19-20-03C in Executive Session. In consideration of the information received, Dr. Henke moved that the matter be dismissed with a letter of education to the respondent. [...]

Further, Dr. Moore moved that the Order of Summary Suspension in the matter P19-20-03C be rescinded, and that staff take action to void the previous required reporting of the Summary Suspension on the website of the LSBEP, to the Association of State and Provincial Psychology Boards and also the National Practitioner Databank.

February 7, 2020 [Posted April 16]

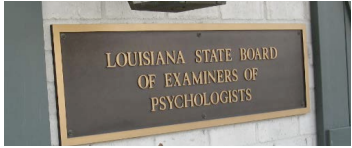
1. **Executive Director Report:** Ms. Monic reported [...] that Supervision via Telepsychology guidelines and application had been posted; [...] reminded board members to turn in documentation on training in Preventing Sexual Harassment in the Workplace or let her know if they needed assistance locating a training; reported that LPA had sent an invitation to present at their

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Members of the LSBEP and public attendees at a 2019 meeting before restrictions caused by the virus.

Left to right: Dr. Darlyne Nemeth, board member Dr. Greg Gormanous, outgoing Chair Dr. Jesse Lambert, current Chair Dr. Koren Boggs, and Vice Chair, Dr. Amy Henke.





From the Minutes

Selected Items from Jan & Feb Minutes of the LSBEP, continued

2020 Annual Conference; and that there has been no eligible nominee for appointment to the LSSP Committee.

4. Legislative Oversight Committee – Dr. Gormanous reported that it was critical that the board provide a draft of previously discussed legislation for consideration for this legislative session.

6. Liaison to Professional Organizations and Boards – Dr. Gormanous reported he had contacted Mariann Burnetti-Atwell, PsyD, and that she was open to meeting with representatives of the LSBEP to discuss the EPPP2. Dr. Gormanous requested the board affirm permission to meet with Dr. Burnetti-Atwell to discuss concerns related to ASPPB’s rollout of the EPPP2, and also to discuss the mission of ASPPB’s and the role of individual boards in this organization. Dr. Henke moved in favor of approving meeting reimbursement, excluding airfare, and including registration, hotel and per diem for Dr. Gormanous to attend the Mid-winter meeting in Montreal, Canada along with Dr. Gibson and Ms. Monic who were previously approved to attend this meeting. The motion passed by roll call vote as follows: In favor: (4) Boggs, Henke, Gibson, Moore, Against: 0; Abstained: (1) Gormanous; Absent: (1) McNeely

8. Supervision/Credentials Committee – Dr. Moore reported that the committee reviewed application files during executive session this date. Dr. Boggs reported that the workgroup revised the professional reference form, declaration of competencies form, and post-doctoral supervision form, and continues to work on revising all forms currently required as part of the application for licensure. [...] Dr. Boggs reported that due to the focus on this process, the development of credentialing standards (i.e. Health Service Provider vs. General Applied Psychologist) is on hold.

9. Complaints Committee – Dr. Boggs reported that complaints were reviewed in executive session this date. Justin Owens, LSBEP Compliance Officer reported that the Board currently had 24 open cases: 2 new, 16 formal investigations, 2 in various stages of closure and 4 open cases against non-psychologists.

DISCUSSION/ACTION ITEMS

1. Next Board Meeting Dates: The Board set the following dates for meeting: March 6, 2020, April 3, 2020, May 20, 2020 (Wed.), June 5, 2020, July 17, 2020, August 21, 2020, September 11, 2020

2. Investigator/Employee Identification: Ms. Monic proposed the board get monogrammed shirts for investigators/employees for clear identification when investigators and/or employees are interviewing individuals or otherwise representing the board in any

official business. The board discussed this requested and agreed this would be prudent. Dr. Gormanous moved to authorize Ms. Monic to use her discretion in obtaining quotes and selecting a vendor to generate this product, within reasonable limits but not more than \$500 for initial set up.

3. STATUTORY – The board again reviewed and considered revisions for potential housekeeping legislation for the 2020 Regular Legislative Session including: Definition of “Practice of psychology”; Summary Suspension provision; Emeritus License (full retirement/no CE/minimum fee); R.S. 37:2356.B. and C. require updating related to examinations; Unlicensed Assistants; registration; revocation and fee schedule; and Disclosure of information received in an administrative investigation falling under other state or federal jurisdictional oversight Dr. Gormanous reiterated the need to begin educating legislators if these matters were to be addressed this session. Dr. Moore moved

in favor of the board requesting assistance to address the statutory needs of the board. The motion passed by roll call vote as follows: In favor: (5) Boggs, Henke, Gibson, Moore, Gormanous; Against: 0; Abstained: (0); Absent: (1) McNeely

4. Policy & Procedures – The board reviewed and by motion of Dr. Gormanous approved a revision to the policy and procedures of the LSBEP to include a job description and delegated authority of the compliance officer, a position currently held by Mr. Justin Owens. The board discussed the motion. The motion passed by roll call vote as follows: In favor: (5) Boggs, Henke, Gibson, Moore, Gormanous; Against: 0; Abstained: (0); Absent: (1) McNeely.

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LSU Drs. Harman & Zhang Review Advancements in Police Decision-Making for Special Issue of *Frontiers in Psychology*

Dr. Jason Harman and Dr. Don Zhang, assistant professors at Louisiana State University in industrial organizational psychology, recently co-authored a paper with colleague Steven Greening for a special issue of *Frontiers in Psychology*. The comprehensive issue covered "De-escalating Threat: The Psychophysiology of Police Decision Making."

Harman, Zhang and Greening contributed with a review of research in dynamic decision-making and how it could be applied to improve policy & training for police officers, and titled "Basic Processes in Dynamic Decision Making: How Experimental Findings About Risk, Uncertainty, and Emotion Can Contribute to Police Decision Making."

The authors looked at basic findings from experimental studies in judgment and decision-making and how these can help trainers and policy makers to improve police work. "Traditional judgment and decision-making research has focused on simple choices between hypothetical gambles, which has been criticized for its lack of generalizability to real world contexts," the authors note.

However, the more recent focus, the last 15 years, has allowed more generalizing from research to applications. The authors cover three dynamic decision-making topics in their review: 1) dynamic accumulation of evidence in the decision to shoot or not shoot; 2) how previous decisions influence current choices; and 3) how the cognitive and neurological processing of fear influences decisions and decision errors.

The *Times* asked Dr. Harman how he and his co-authors decided on this topic. "Bit of a story actually," he said. "Back in 2017 the Ontario Ministry of Community Safety and Correctional Services tasked a group of researchers at the University of Toronto to replace the current police Use of Force Model with an expanded Critical Decision-Making (CDM) Model. As part of that effort, they traveled the U.S. and Canada to interview some of the leading experts on the cognitive mechanisms driving critical decision making. That led them to Louisiana to interview me for an afternoon. After our talk, the lead investigator (Judith Anderson) invited me to write up a contribution to the special issue she was organizing on police decision making covering many parts of what we had discussed," he said.

"Here at LSU, I had the perfect collaborators—Dr. Zhang (who as an undergrad at Michigan State University ran some of the key studies we reviewed in our paper) & Dr. Greening (an expert in the neurocognitive mechanisms involved in adapting to and controlling the influence of emotional events on the brain and behavior) to provide a comprehensive review of the basic research in dynamic decision making relevant to police decision making."

What were the main issues he and his co-authors found that could help police officers make better decisions?

"Our paper was really targeted towards applied researchers," he said. "Thirty years ago or so, research relevant to police decision making split into basic research (in a lab trying to determine the precise cognitive mechanisms of decision making) and applied research (studying experts in the field making real-world/real-time decisions). The two methods rarely informed each other, as lab studies lacked the environmental complexity necessary to understand and effect high stakes immediate decisions. Our paper highlights some of the advances that laboratory decision science has made in the past 15 years that make results from basic decision science more applicable to applied research," he explained.

"We highlight, for example, that there is a growing body of evidence from the lab that experienced outcomes (either real or imagined) and especially the frequency of experienced outcomes will have a much larger influence on decisions than descriptive information, such as guidelines or warnings," he said.

"One of the possible implications of this research is that the extensive training on the rare dangerous interaction could lead to biased responses in normal circumstances (expecting a dangerous situation when one shouldn't). One possible remedy would be increased experiential training on routine interactions," he said. "Again, and this is important, this suggestion would need to be tested in a realistic environment as the complexity of policy decision making is such that multiple factors interact beyond just these basic cognitive processes." Does the group plan on a follow-up review or research?

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Dr. Jason Harman (L) moving into his office at Louisiana State University several years ago. With him is then Department Chair, Dr. Jason Hicks. (Dr. Hicks is currently Interim Associate Dean.)

Dr. Harman and Dr. Don Zhang are assistant professors at Louisiana State University in industrial-organizational psychology. They recently co-authored a paper with colleague Steven Greening for a special issue of Frontiers in Psychology.



LSU's Drs. Harman & Zhang, continued



Dr. Don Zhang

"I have a colleague in Virginia currently using Virtual Reality training as a possible inoculation to PTSD for military medics and we are currently discussing using VR to test some of the training suggestions above."

The work is available at Front. Psychol., 20 September 2019 | <https://doi.org/10.3389/fpsyg.2019.02140>

Dr. Jason Harman earned his doctorate from Ohio University and then followed with his work as a postdoctoral research fellow at Carnegie Mellon in the Social and Decision Sciences Department, working with Dr. Cleotilde Gonzalez in the Dynamic Decision Making Lab. Dr. Harman has published in decision science including research with Dr. Gonzales on choice consistency, rare events, evaluation and health decisions. His research areas include dynamic decision making, cognitive models, goal pursuit, and Applied Decision Science. He is the principal investigator for a study of decision making in those saving and retiring. He has presented his work in the UK, Hungary, Poland, Germany and Canada, as well as around the US.

Dr. Zhang's research focuses on data visualization, specifically communicating validity information to relevant stakeholders. His research involves the application of psychological principles to the workplace. He is also interested in the individual differences in risk taking propensity and the relations to life and work outcomes such as job performance, counter productivity, and safety compliance. His work has been published in various international journals and books.

He received his PhD in Industrial and Organizational Psychology from Bowling Green State University. He works closely with organizations to create evidence-based plans and deliver solutions that are tailored to their unique needs.

Stress Solutions
by Susan Andrews, PhD

The Tapping Solution
To Release Stress and Find Balance

Years ago when working with very anxious infants and toddlers, I discovered a good calming technique was to pat or tap the child's back gently in a continuous pattern. The child would calm and finally go to sleep. Actually, moms have been doing that for centuries. I taught clients with high anxiety little children to do that as a means of calming the child. It always worked but I never thought of it as a technique that could be used with older children and even adults.

Recently, an old friend who had become highly anxious after a head injury attended a seminar on the Tapping Solution and referred me to it. I am excited to learn about it and that there is a theory behind how it works to balance the nervous system. And, to make it even more available, Nick Ortner and his siblings developed an App called Tapping Solution App. During this super-stressful period of Covid-19 they have been offering a special for the healthcare workers, including mental health care workers, and first responders. The special is a 6-month free access to the premium version of their Tapping Solution App. The basic app and a few of the tapping meditations are free.

An example of a basic tapping meditation works like this. You download the app on your smart phone. You start the anxiety tapping meditation which begins with music and a way of measuring your anxiety before starting the tapping. The meditation is 9+ minutes long and begins with a nice deep breath in. The phone shows you where to start tapping on your body (side of hand). The app guides you with a positive statement to repeat to yourself as you tap.

The app tells you where to shift to the next place to tap. Each place of tapping is done for a few seconds before moving to the next spot. The places to tap are lit up with a blinking star. There are approximately 10 or more places on your hand, face, head, collar bone, under the arm to tap. As the app continues, you are asked to think about what makes you anxious or stressed as you tap. If you are in a group or more public place, earphones will make you unobtrusive as you use the app.

There are over 100 tapping meditations on a wide variety of topics to choose from. Basic topics include Releasing Stress, Releasing Anxiety, Releasing Fear, and Releasing Grief. Now, they have added specific tapping meditations for Covid 19. There is a really valuable one entitled Quiet My Racing Mind, which is a major cause of anxiety. Some of the meditations are in Spanish as well.

The Tapping Solution App is what they call an "evidence-based" method with over 100 clinical trials supporting its effectiveness. The app offers a list of studies at Research.EFTuniverse.com. They have a scientific advisory board including clinical psychologists and a number of other physicians. EFT (Emotional Freedom Techniques) seems to be on the crest of the mind-body theories of mental health. The American Psychological Association has positively reviewed 18 randomized controlled trials in the Review of General Psychology.

Normally, the use of the app costs about \$50 a year, paid monthly or annually. However, the current offer of 6 months free for healthcare workers is a great deal. To explore further, you can order Nick Ortner's book, The Tapping Solution, at Amazon.



Dr. Susan Andrews is a Clinical Neuropsychologist, an award-winning writer/author (her book Stress Solutions for Pregnant Moms, published in 2013, has been translated into Chinese,) and 2016 Distinguished Psychologist of the Louisiana Psychological Association.

"How Have Things Changed?" Psychologists Share Their Experiences in Dealing with the Coronavirus Pandemic, continued

has been surreal – to say the least!" Dr. Gillespie said. "Because about 80% of my practice is face-to-face assessment, 80% of my business came to an abrupt halt. Thankfully I qualified for the Paycheck Protection Program and I am very grateful for the two months of income that will be replaced and forgiven. In the interim, I am catching up on my to-do list that I never thought I would have time to get to. This tech dinosaur has also learned how to do teletherapy and Zoom meetings, and I have finally created a weekly Zoom meeting demonstrating Emotional Freedom Technique which I am offering for free to front-line healthcare workers, gig workers, service industry folks, anyone who has lost their income, and anyone who has experienced the death or severe illness of a loved one due to Covid-19," she said.

"In this time in which the entire earth has taken a pause – a once-in-a-lifetime opportunity of forced stillness – I am afforded the opportunity to re-assess my priorities. Living in the French Quarter, I am finally able to truly appreciate the amazing architectural beauty and history in which I am surrounded. For the first time I look forward to walking down Bourbon Street – because it is clean and completely empty! I am now more cognizant of what is truly important: quality human connection, stillness and self-reflection, exuberant experiences and adventure to be created, an appreciation for nature, and prioritizing activities that boost my immune system and reduce stress! I have gained clarity in what activities in my practice feed my soul and what activities that I am ready to release. I have honestly enjoyed this pause but am looking forward to manifesting a more quality, exciting and adventurous life!"

Clinical Neuropsychologist, Dr. Matthew Holcomb, is also in private practice in the New

Orleans area. "The shut-down has been hard on a professional and personal level," Dr. Holcomb said. "Professionally I was just starting to 'hit my stride' and my identity as a professional was starting to finally solidify. The momentum that I had built feels like it has stalled out. It's also been a time for reflection, in that I have been solidly career focused for the last few years and COVID-19 has forced me to stop and take stock of where I am in life and the choices I've been making," he said.

"Personally, its been an adjustment having so much free time on my hands. The first few weeks was wrapping up patient evaluations. Then some time getting caught up on some manuscript writing, but after that its been rough figuring out how to 'fill my day.' I routinely talk to some of my elderly patients about 'having a plan' for their retirement. Not being sedentary and making plans. I've realized how important that is at all ages and stages in life. Making a plan each night of things to do around the house (no matter how small) or goals to accomplish for the next day, or in the near term have been so helpful in getting me through the shut-down," he said.

"Finally, I have spent a lot of time reconnecting with family. Happy Hour and game nights over zoom have created some treasured memories."

Dr. Thompson Davis III, Professor of Psychology at LSU Baton Rouge and Director of the Laboratory for Anxiety, Phobia, & Internalizing Disorder Studies has revamped his desks.

"My new 'mobile workstation' at the kitchen table composed of my iPad linked to my

laptop via Duet for use as a seamless second monitor so I can use my laptop while I zoom/team/etc. while I also have one of my children's room monitors on hand to be sure things aren't getting too wild! Confidential video meetings are of course done in a separate room," Dr. Davis said.

"I think one of the biggest changes is that my work day and work week have extended and bled together (i.e., the day is longer and I'm working even more on weekends than before) as I and my wife trade off roles as telecommuters, preschool/kindergarten teachers, parents, spouses, etc."

Dr. Alan Coulter, a licensed psychologist in practice now for his 51st year, maintained a small number of clients as a school psychologist providing organizational development consultation, before the COVID19 sequestration.

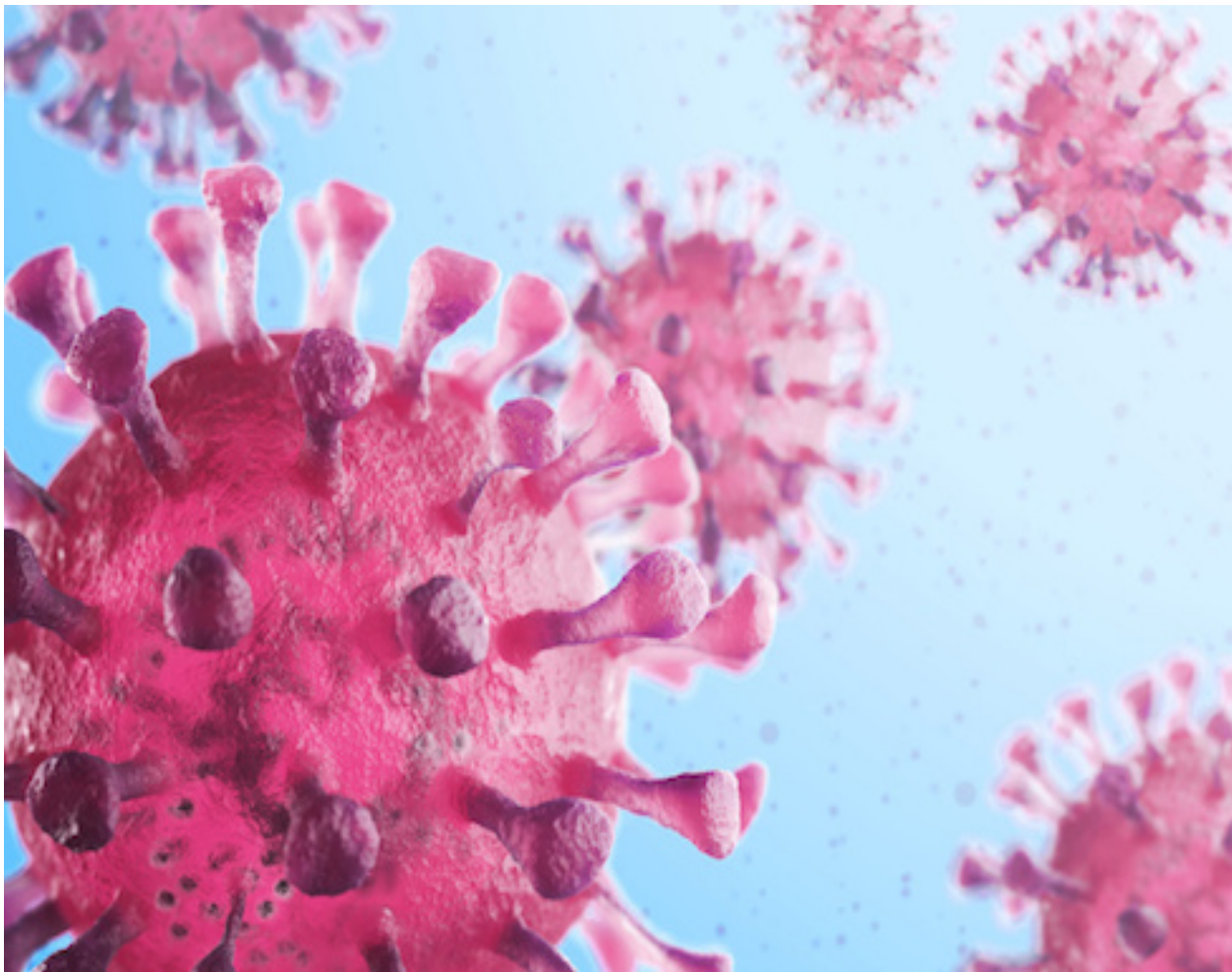
"My work was largely face-to-face involving travel," he said. "In this new, temporary period, I have maintained those clients at about 75% of the previous activity level. Some of past work is 'on hold' until schools return to typical locations. Predictably, some new work with these clients has emerged focused on adapting to closed school buildings and physical distancing. Maintaining social emotional connections with clients has become a more deliberate task as everyone learns to 'zoom' as a way of routine communication. I expect this new form of doing my work to continue for six to twelve months. I agree with others, 'We'll get through this.' And we'll all learn new skills that will make us more effective and helpful to our communities."

Dr. Bill McCown is Coordinator of the Psychology Program at University of Louisiana at Monroe and Associate Dean for Research, College of Business and Social Sciences, as well as a Licensed Clinical Psychologist.

"We are working our butts off! It is just nonstop. We are not in the front line but darn, it is incredible. Most college professors are keeping unbelievable hours. From what I've seen in every department, all are working nonstop in ways they could not have imagined a few months ago," Dr. McCown said.

"We do everything we did previously: we prepare lectures, grade assignments, advise students, write letters of recommendation, conduct research. But we also have to find innovative ways to teach and reach students, many of whom are stressed and vulnerable.

"Today's highlights: 'My grandmother died. My father tested positive last week. Can I be late on assignment five?' and (from an Intro Psyc student) 'Do you really think this virus stuff is real or is it



"How Have Things Changed?"

Dealing with the Coronavirus Pandemic, continued

made up? My parents are having an argument and I have to ask someone I can trust.'

"Each student and class is different and has unique needs. Fortunately, our deans, administration, and Supervising Boards realize the need for local solutions," he said. The key has been that we have been given the freedom to respond locally. Academics are generally pretty creative people and their heart is in their work. Like psychologists, they can usually find really good solutions if given the chance.

"There is no manual for this sudden transition, no guru, no roadmap. Faculty creativity has been exceptional. So has student commitment and effort. I'm struck by the number of students who now have unexpected obligations. Some are taking care of siblings, others of sick family members. Many have stepped up to volunteer to help their communities in any way they can. Some are also working jobs- any jobs they can find- to help support their families. It's hard for these students to maintain the academic focus they had in March. But they are really trying," he said.

"Many students turn to Psychology faculty for objective information. They trust us and ask all kinds of questions! They know our profession is evidence-based. We answer lots of questions. We help them read data and understand the risks and models. What we don't know we look up or refer to someone who does.

"Other students, frankly want counseling or therapy from us now, probably for similar reasons. They know us and that we are believable. We are evidence-based. What we say makes more sense to them than what they hear on social media. Psychology faculty have to be especially careful to avoid any dual relationships. But what I've seen they're doing a great job in being helpful to these students while also being mindful of ethical issues. We listen and make lots of careful referrals.

"Perhaps just as importantly, we convey a sense of optimism and reasonableness. This helps combat the gut feeling that everything is out of control. Life will get better."

Dr. Katherine Robison practices in Metairie and works evaluating youngsters. "How have things changed in the shut down? I'm a school psychologist in private practice in the New Orleans area. With regard to my practice, I'm basically shut down since I can't test kids 'virtually.' I am utilizing online or 'remote administration' rating scales, but this is a small part of the evaluation. I have used Zoom for a few tele therapy sessions, but it's 'not the same' as an in-person session since I see children. I am happy to have *finally* caught up on reports!," she said.

"On a personal level, I *really* miss being around people! But the shut-down has been good for me in some ways. I'm spending time outdoors and enjoying bike rides through City Park."



Dr. Kim VanGeffen is in solo private practice in New Orleans. "COVID-19 has required adapting to many changes and a lot of flexibility, neither of which are my strong suit. I have switched to doing tele psychology and phone sessions although my billed hours have drastically dropped. Before the stay-at-home orders, I did a large amount of psychological testing which is not possible now. I look forward to seeing people in my office again as I find that I prefer face-to-face work over tele psychology. I am trying to maintain my natural optimism and to find as many of the silver linings in these clouds as I can. I am using the extra free time to catch up on office paper work which had been neglected for the past several months. I am also on the Board of Directors of LPA and our Board is spending a lot of time trying to provide services to our members during these trying times. Keeping busy and productive keeps me sane. I am also keeping in touch with family, friends and colleagues by email, on line gatherings and telephone chats which is very important when we are so isolated."

Dr. Charles Burchell is a licensed Clinical Psychologist who has had a largely independent practice for over 35 years, and lived and practiced in Baton Rouge, New Orleans, and Texas.

"I suppose my life mirrors that of many others that you know. Back in March, on the advice of my primary care physician, I changed to working from home at one part-time position; and my consulting practice is now one-hundred percent online. Professionally, I conduct business through a combination of mostly emails and HIPPA-compliant TeleHealth services. I've been attending more webinars and am planning to virtually attend a Forensic Psychology conference," he said.

"On a personal note, I stopped attending religious services even before modifications in ritual and eventual cessation of public gatherings had been announced. I stopped going into WWOZ, the community supported FM radio station in New Orleans (online at www.woz.org) for my weekly Friday show, 'Jazz From The French Market.' Instead, like some others, I record the shows at home instead of a live presentation. I didn't have a problem with feeling safe at 'OZ; I just was, and am, obeying the 'stay at home' government recommendations. Going to the radio station would have been a weekly 180-mile trip.

"Of course socializing in person is non-existent, so I call, text, FaceTime, IG, Facebook, tweet, and use Messenger to maintain that very human contact. This is especially useful for staying in touch with close friends (one whom I have known since age three) and my two adult children (one who currently lives in Rome, Italy).

"Days are filled with professional tasks, and watching all kinds of TV (including participating with a small group of friends for Netflix parties who used to meet up to see movies in theaters), more reading, and cleaning (no positive correlation here between motivation for housework and increased time availability). I'm more motivated to learn Italian on my Duolingo app; before the pandemic I might have time to use it two or three times a week or less- now I'm up to 73 days straight!"

Dr. Traci Olivier is a pediatric neuropsychologist at Our Lady of the Lake Children's Health Development & Therapy Center. She has a part-time practice at the Neuropsychology Center of Louisiana and

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"How Have Things Changed?"

Dealing with the Coronavirus Pandemic, continued

serves as a local expert advisor for Cogstate cognitive science research company.

"As a pediatric neuropsychologist, my practice is primarily focused on neuropsychological evaluations.," she said. "There has been much discussion in professional circles about the feasibility, validity, and ethical considerations of using telemedicine for psychological and neuropsychological testing. After much research and contemplation about using tele-testing, I decided not to pursue this avenue of service delivery. Therefore, my time has been dedicated to completing current evaluations (e.g., providing feedback, finalizing reports) and seeing new patients for initial visits - all via telemedicine, or video visits. The use of telemedicine platforms and the quietness around the office are perhaps two of the most significant changes that I have noticed. My practicum students are on hiatus for now, which is also a change. Interestingly, this time has been a welcome period of rest and refreshing - a time to catch up, contemplate priorities, and plan for the future. I realize that there are those who have become incredibly busy over the past several weeks, and for many, this is a time of significant stress. My heart goes out to those people. I am so blessed, however, to be able to use this time to plan and invest.

Dr. Jamie Landry, is married with two, energetic, fun-loving boys. She is in the Covington, Mandeville area and notes that she loves camping and the outdoors.

"With a part time practice focused on assessment, most of my work has been put on hold during the stay at home order. Like many others, I've been spending more of my time with my family, keeping my kids engaged in some educational activities and having some good old fashioned family fun. I'm doing well but look forward to achieving a sense of normalcy again.

Dr. Randee Booksh is a licensed clinical and neuropsychologist. "My small private practice is split between neuropsychological/psychological evaluations and therapy patients. I work with two other neuropsychologists who do the same and we share many resources, including a testing assistant, office space, and testing materials, etc." Dr. Booksh said.

"So what has changed? I only go to the office to pick up supplies or mail. I see patients via telemedicine, which I had never done before, except an occasional emergency phone session. Now I see my established therapy patients and a handful of new patients and conduct some brief psychological evaluations when I feel I can answer the referral question via tools I can use during a video session. I cannot conduct neuropsychological evaluations this way. I'm working much fewer paid hours, but the work is harder. Everything I do at home takes longer than if I was at the office," she said.

"The telemedicine curve has been steep for me. I find it requires more preparation, a different kind of attention, and use of different tools. At the same time, I'm immensely grateful that it's available and I know that I will continue to do some telemedicine indefinitely. Patients are significantly more distressed, with so many in crisis. Established patients with anxiety and trauma related disorders are really struggling and finding it difficult to maintain gains made in therapy, previously. I'm experiencing increased stress, anxiety, and fatigue too. I'm finding I need greater self-care to be prepared and able to meet the changing needs of the patients I see.

"Focus on the shared practice has shifted to when and how we will (eventually)

reopen and what that will look like. We've developed a strategy to start low and go slow. We've written a safety plan, posted important safety guidelines on the wall, and removed chairs from the waiting room. We are staggering times and using alternate entrances, so patients don't come in contact with each other. We've purchased lots of hand sanitizer, face shields, acrylic desk partitions, masks, Lysol wipes, etc. I cannot imagine trying to figure this out or implement it by myself. My colleagues and coworkers made it possible.

"As far as my home life, the biggest change is I spend a lot, and I mean a whole lot, of time with my husband. He's an audiovisual technician, labor coordinator for conventions, and musician, so all of his work has cancelled for the remainder of the year. Luckily, we get along really well. Again, hooray for technology, but I'm sure getting tired of virtual family visits. I get dizzy when the grandkids run with the phone during Facetime and I can't wait to put my hands on the bellies of my two pregnant daughters. Overall, I think I'm adapting very well. I'm extremely fortunate with many resources and it can still get overwhelming. I can't imagine trying to do this alone.

Dr. Melissa Dufrene has worked full-time in private practice at her office in the Algiers neighborhood of New Orleans for the last 6 years. She primarily provides individual therapy, but also completes 1-2 testing cases per work. She is married with two young boys (ages 2 and almost 5).

"Since quarantine," Dr. Dufrene said, "I have been seeing my clients via a telehealth platform (doxy.me). Fortunately, I had been using this platform as needed for several years. In that way, the transition was easy. However, I am now only working 20 hours/week because my two kids obviously are staying at home. This has required managing a strict schedule and coordination with my husband's work, who works in an essential field," she said. "For me, one of the greatest struggles has been the immediate shift between caring for the boys and diving right into my therapy appointments, then right back into parenting. This last week I took two days off because I felt I needed a respite from clients. I have also had to decline new clients and requests for other types of work. At the same time, I'm thankful for the strict scheduling that has been needed because it is keeping me very busy. I am also extremely thankful for the lovely weather that Louisiana has bestowed upon us in recent months. Clinically, this has been an interesting experience. My client's responses to the current situation range from, "Nothing is going on. I'm bored and have nothing to talk about." to significant emotional turmoil. My main points of emphasis with everyone has been empathetic support and normalization. I believe these approaches have provided immediate relief from the self-judgment that many people are battling. Quite frankly, I think one of the most important, and mutually beneficial aspects of therapy has been socialization."

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"How Have Things Changed?"

Dealing with the Coronavirus Pandemic, continued

Dr. James (Pat) Thompson, is a clinical psychologist in Houston, but attended Tulane University his freshman year and maintains such a close connection to New Orleans that he is also licensed in Louisiana and is an active member of the Louisiana Psychological Association.

"These are indeed sad, weird, and frightening times for everybody and that includes psychologists. The COVID-19 crisis has changed everybody's life," Dr. Thompson said.

"If someone had told me six months ago that I would be doing psychotherapy sessions entirely by telehealth, I would have thought they were schizophrenic. If someone had told me six months ago that I would be frightened and wearing a mask every time I go to the grocery store, I would have thought they stopped taking their medication. If someone had told me six months ago that I would be instructing patients to avoid in vivo meetings with friends and family, I would have thought they were taking some bad drugs. If someone had told me six months ago that I would be telling patients to not attend Easter services in person, I would have thought they were off their rocker. If someone had told me six months ago that I would not be able to eat inside my favorite restaurants in Houston and/or New Orleans, I would have wondered if there was something in the water they were drinking," he said.

"I visited my favorite place in the world, New Orleans, the weekend after Mardi Gras this year. When I arrived in New Orleans, there were no COVID-19 cases in Louisiana. On the day of my departure, while I was waiting for my plane at the Louis Armstrong Airport, the *Times*

Picayune reported one case in Jefferson Parish which was subsequently transferred to the Southeastern Louisiana VA Medical Center. We all know what happened from there. If someone had told me six months ago that I would not be able to visit New Orleans, I would have laughed in their face.

"While I was in New Orleans in early March, I attended two public performances. I had a great time at both events. The first one was at the Fillmore and I saw the bands Sweet Crude and Rebirth Brass Band. I just learned today (4/30/2020) from an article in the *Times Picayune* that two of the band members of Sweet Crude were positive for COVID-19. Today I also learned that rashes and blisters on the fingertips are some of the symptoms of COVID-19. About two weeks after I visited New Orleans, I developed these symptoms along with diarrhea and muscle pain. I went to my PCP and it was early in the crisis and they did not do a test for the virus. I am wondering if I was exposed and if I have antibodies. I called my PCP and she told me that tests for antibodies are not readily available.

"I have two patients who are positive for COVID-19. They are learning from me and I am learning from them.

"I am already missing New Orleans. I will miss attending the LPA convention and most likely the workshop in the fall. I missed attending the French Quarter Festival and am missing attending plays at Le Petite Theater. I will most likely miss the Tulane homecoming game and the Tulane Psychiatry conferences that I have been attending for the last few years. I cannot imagine what a season without the Astros, LSU Tigers, Tulane

Green Wave, University of Houston Cougars and the Saints will be like," he said.

"I remember the morning that Katrina was approaching New Orleans. I was gripped with fear and anticipation as I thought about what the storm might do to my favorite city. This crisis has the same feeling, but it is on a global scale.

"It is strange and awkward working with patients by telehealth. Sometimes it is difficult to hear what they are saying. Sometimes it is difficult for them to hear what I am saying. I am finding that some patients who suffer from severe problems communicating with other humans are very happy to be forced to stay at home and have no human contact. Other patients who have intact social skills are suffering deeply and report feeling like they are in prison in their own home.

"The impact on the African-American community and their rich culture, music and history in Houston and New Orleans makes me cry.

"This is a time for everyone to muddle through this crisis the best we can and to remain adaptable and cooperative. It is important to extend our help to others and reach out for help when we need it ourselves. I have opposed telehealth as a means of conducting psychotherapy for years. I am seeing its merits now and realize it has possibilities for the future after the virus has subsided. My motto now is to bend with the prevailing winds like a birch tree. We can get through this catastrophe together. United we will stand. Divided we will fall."



A Shrink at the Flicks

Freud

A Review

by Alvin G. Burstein

Growing up in the 1930's, going to the movies was a special treat. Summers in Omaha, on the banks of the Missouri river could be hot, and the marquees would promise "20 degrees cooler inside." The Italianate architecture of the Paramount theatre induced a sense of luxury, and stars studded the velvet dark of the ceiling.

In later Chicago days, the surroundings could be on the dingy side, and it was years before I learned I didn't have to stay for the whole triple feature. But there was always popcorn. The wheel turns, and now I favor the movie tavern, with reclining seats, cocktails and food, albeit microwaved.

But, given Covid 19 and social distancing, the movie tavern is off-limits, so I decided to binge watch eight hours of the NetFlix *Freud*.

It is quite a confection, a mashup of biopic, gross-out horror, social commentary, murder mystery and skin flick. Something, as it were, for everyone. Its ties to Freud's theories and to his life are deep, detailed and elaborately fictionalized.

Robert Finster plays a hunky, coked-up, grandiosely ambitious, but highly unsuccessful young Jewish neurologist in racist Vienna. We watch him interacting with his mentor, Breuer, played by Merab Ninitze, and his boss, Meynert, played by Rainer Bock. These are real people in Freud's life, though the details of their relationship to him and each other are freely tweaked. Young Freud gets entangled with a Hungarian couple, Count and Countess Szápáry and their protogé, Fleur Salomé. Fleur, it turns out, has a dual identity—a classic, if creaky, dual personality. She is, at times, a táltos.

Guest Columnist,
Dr. Alvin Burstein

Burstein, a psychologist and psychoanalyst, is a professor emeritus at the University of Tennessee and a 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



courtesy photo

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.



These are figures in Magyar folk lore. Children born with six fingers, patent teeth, or a caul that are supposed to have mystical powers. The script writer(s) seem familiar with this material, because at one climactic moment an adult Fleur/táltos emerges from an amniotic casing, and as the series draws to its close, she meets Freud wearing a veil, a caul, over her face.

There *is* a noble Hungarian Szápáry family, but the Count and Countess in the film appear fictions. Their role in exploiting the 19th century political complexities of the Austro-Hungarian empire is a Cliff's Notes view of an interesting place and time.

Fleur, too, would appear to be fictional. She may be intended as a teasing reference to Lou Andreas-Salomé, a woman prominent in the European intelligentsia of the time who became a member of Freud's later psychoanalytic circle. But in the film Fleur Salomé is one of Freud's first patients, one with whom he becomes sexually involved.

So we are presented with an account of the dangerous potential of counter-transference, a theme pounded home in the 2011 film, *A Dangerous Method*, describing Jung's first psychoanalytic case. Aside from the misinformed implication that the therapeutic transference is positive and sexual, as opposed to multi-faceted and often productively negative, this film commits a second theoretical blunder. It confounds the repression central to the psychoanalytic view of hysteria with the so-called vertical splitting that occurs in identity disorders, arguably now more common, or at least more often diagnosed than the hysterias.

There are some genuinely well-acted and very engaging characters in the film that made the eight hours bearable if not gratifying. Inspector Kiss, played by Georg Freidric; Poschacher, his sidekick, played by Christoph Krutzler; and Lenore, Freud's housekeeper, played by Brigitte Kren, stand out.

A final trigger warning: full frontal male nudity, graphic sadism.

Up-Coming Events

LPA to Name Distinguished Psychologists, Scientists

The Awards Committee of the Louisiana Psychological Association is completing its nominations phase this week for awards to be announced later this month, according to officials. Nominations and self-nominations have been accepted for psychologists and psychological scientists who have contributed to research, practice, and/or mentoring in psychology. The award categories are:

Distinguished Psychologist -- This award is given to an individual who has made significant contributions to psychology research, practice, or both during the course of their career. Nominees for this award should be later in their career beyond the 10-year period for the early career award.

Early Career Psychologist -- This award is given to an individual who is within 10 years of completing their doctorate in psychology and who has distinguished themselves by contributing to psychology research, practice, or both during the initial years of their career.

Distinguished Service in Psychology -- This award is given to an individual who has made significant contributions to the

professional field of psychology in Louisiana and beyond by their professional service.

Psychology in the Public Interest -- This award is given to an individual who has made significant scholarly or practical contributions to the health and well-being of the general public through their work in psychology.

Contributions in Psychological Science -- This award is given to an individual who has significantly increased knowledge of psychological concepts via research and dissemination of research findings.

Janet R. Matthews, Ph.D. Outstanding Psychology Mentor Award -- This award recognizes and honors Dr. Janet R. Matthews for her lifetime of mentoring work and the impact she had on psychologists in Louisiana. This award will be given to an individual who has made significant contributions in their mentoring of others in psychology.

The Committee is chaired by Dr. Mike Chafetz and members include Drs. Beth Caillouet Arredondo, Brian Mizuki, Kim VanGeffen, and Laurel Franklin.

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