



LSBEP meeting on March 26. From top left to bottom right, by row, Drs. Amy Henke, Michelle Moore, Greg Gormanous, Shannae Harness, Ms Jaime Monic, Mr. Justin Owens, Mr. Chance McNeely, and Drs. Richard Nolon, and Kim VanGeffen.

## Legislature to Convene April 12 LSBEP Pares Down its Legislation

At their regular monthly meeting, held online, Friday, March 26, the Louisiana State Board of Examiners of Psychologists passed a motion to proceed to file a reduced version of their legislation.

Discussion by board member Chance McNeely indicated that the board is reducing it's 29-page bill and submitting a smaller, four to six-page document, with Senator Luneau.

The reduction in bulk of items included in the originally proposed

legislation may have been due to opposition voiced by the Louisiana Psychological Association.

Dr. Greg Gormanous put forth a motion that Mr. McNeely work on the bill with Executive Director Jaime Monic and the chair, Dr. Amy Henke, and then submit the legislation to be filed. The motion passed unanimously.

Mr. McNeely, is the consumer member of the board and also a

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## Covid News & Features

### APA "Stress in America" Report Identifies Impacts of Pandemic

In a new "Stress in America" report, researchers for the American Psychological Association (APA) have found that the pandemic and the lockdowns are causing stress with impacts to individuals' physical and mental health. Researchers say that the impacts will persist past the physical threat of the virus.

High levels of stress reported by Americans is seriously affecting mental and physical health, including weight gain, sleep issues and alcohol use, noted the report authors.

Adults affected most seriously included 18 to 24-year-olds, essential workers, people of color, and parents.

According to the report, Generation Z adults were the most likely group to say that their mental health has

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### Edwards Eases Some COVID-19 Restrictions, Keeps Mask Mandate

Some restrictions aimed at slowing the spread of COVID-19 in Louisiana, including strict occupancy restrictions for bars and restaurants, will be eased this week following sustained improvements in COVID-19 hospitalizations and vaccinations, Gov. Edwards announced Tuesday, March 30. Social distancing of six feet will still be required in businesses and Louisiana's statewide mask mandate remains in place.

"At this point in the pandemic, our three best tools for slowing the spread of COVID-19 and keeping our hospitals operational are vaccinations, masks

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## International Expert in Circadian Rhythms, Dr. Roberto Refinetti, takes Psychology Chair at University of New Orleans

Dr. Roberto Refinetti, biological and comparative psychologist, and international expert in circadian rhythms, is the new Chair of the Department of Psychology at the University of New Orleans. Dr. Refinetti is author of *Circadian Physiology*, currently in its third edition, and has published more than 200 articles in professional journals. His scientific reputation is at the top 3% of professors at research universities, and his h index = 32.

Dr. Refinetti came on board in the fall, joining UNO after many years as a faculty member at the College of William and Mary, the University of South Carolina, and Boise State University.

He is Editor-in-Chief of the *Journal of Circadian Rhythms* and of the social science journal *Sexuality & Culture*. And this month he also becomes the Editor-in-Chief of the biological journal *Chronobiology International*. He is a Fellow of the American Physiological Society and a member of the Society for Neuroscience, the Association for Psychological Science, the Society for Research on Biological Rhythms, and other professional associations.

"UNO is a great university in a great location," Dr. Refinetti said. "It is not common that a department chair can say, as I can, that he likes the

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Dr. Roberto Refinetti  
(courtesy photo)

# Editorial Page – Opinions

## *A Spirit of Transparency*

by Julie Nelson

In her opinion piece last month, current LSBEP Chair, Dr. Amy Henke, voiced her complaints about the community, including criticizing the belief that the board is not transparent enough.

She argued that this belief was false because, "All board meetings are public, with the exception of confidential matters related to licensing files, complaints, legal strategy in current or pending lawsuits, or personnel. Notices, agendas, and minutes from board meetings are also publicly posted on the LSBEP website."

I've been having run-ins with the board about transparency for over a decade, starting years ago when then chair Joe Comaty threatened me with an ethics complaint after I asked him a question at a conference. At one point the board even passed an Opinion that they couldn't answer my news-related questions unless the board met first. And then there's been the ongoing battle over the "secret Act 251 memo."

I have no doubt that Amy believes her board is being transparent, and that she is trying her best. But culture impacts people invisibly, so I'll give her some of my "facts" to consider.

**Agendas:** The agendas contain the topics, that is true. However, they only go out a day or two before the meeting and a topic can be added at what is, to most people, the last minute. In practical terms, the public cannot get the information in time to respond to a new topic that is of importance to them. And, having been to many meetings, it's common for the board to go off the topic, deviating from the agenda anyway.

**Minutes:** There are two huge problems with minutes. One, the minutes aren't available on time. For example, as I write this, on March 30, 2021, the last available minutes are from December 2020. The public has 60 days to respond to a decision by the board, and this delay makes that right of the public almost impossible to exercise. Secondly, the minutes give only the bare minimum, and rarely the substance. Minutes have been sanitized and truncated. This is especially true when the board doesn't want to disclose what it's doing.

The idea that the board has been transparent about their legislation is simply not true. In the fall of 2019 they said they were going to manage their problems through rulemaking. Then they surprised the community with legislation right before the legislative session. This meant they had to have been working on the legislation behind the scenes. It amounted to a bait and switch. They did the same thing this year, claiming that they had discussed it fully, but attendees to the meetings did not hear that topic and the minutes were not available nor complete. There was never a vote taken before the legislation was written.

There is a difference between the spirit and the letter of things when it comes to transparency. On March 29, a few days after the newest draft of the LSBEP legislation had been displayed at the board's public meeting on the 26th, I requested a copy. What I got was a very polite response, packed with irrelevant detail, basically directing me that I could file a formal open records request. Here it is, in case you've never tried this before.

"Good evening Julie,  
I am well and hope you are also. I will be happy to provide you with a copy of "the draft legislation that was presented in the public meeting on Friday". Since the Board meets every Friday, and we have discussed legislation drafts at several Friday meetings, I do not want to assume you mean only this past Friday, March 26, 2021. So for clarification and fee purposes, the following records that meet your description are available following a search through the previous 6 months:

1. Draft legislative changes reviewed and considered by the Board on Friday March 26, 2021 total 6 pages for a cost of **\$2.25;**
2. Draft legislative amendments to SB No.458 of the 2020 Regular Session considered by the Board on Friday, February 19, 2021, total 31 pages for a cost of **\$8.50; and**
3. A draft was also reviewed at the Long Range Planning Board Meeting on Thursday and Friday, January 28-29, 2021 totaling 28 pages for a cost of **\$7.75.**

These records are available in paper or an electronic .pdf copy may be sent via email. Copy costs are required in the amount of \$1 for the first page and \$.25 for each page thereafter. Should you want all three drafts mentioned above the total cost for 65 pages would be **\$17.** Should you require records beyond the immediate 6 months, please let me know and I will conduct an additional search for such records.

Please mail your payment and formal public records request to the official office address of the Board at 4334 S. Sherwood Forest Boulevard, Suite C-150, Baton Rouge, LA 70816."

By the time I finish this process, the damn bill will have been filed. Authentic transparency would be a, "Here's a copy. Send us 20 bucks." Real transparency requires a spirit of openness and the willingness to risk shared power.

[Julie Nelson is a licensed psychologist, journalist, consultant, and publisher of the Times. She also holds other 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 advertising. Email her at [drj@drjulienelson.com](mailto:drj@drjulienelson.com), —she welcomes feedback.]

## The Psychology Times

Member, Louisiana Press Association

Published monthly  
by Nelson News, LLC.  
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## Corrections & Clarifications

No corrections were received for last month's issue. Please send your corrections to:  
[psychologytimes@drjulienelson.com](mailto:psychologytimes@drjulienelson.com)



# Letters to the Editor



## Tom Hannie

Dr. Nelson,

I just wanted to drop you a brief note to let you know that I, along with numerous others I suspect, truly enjoyed your editorial piece remembering Tom Hannie.

I knew Tom as an acquaintance through the Baton Rouge Freethinkers. One of the highlights of every meeting was hearing Tom's input, even when it had absolutely nothing to do with that meeting's particular subject. I knew enough to understand that he rarely said anything without merit, and it was genuinely gratifying to hear him enthusiastically tell me, upon completion of presenting findings of my thesis research related to international security and religious faith, that I should present to the group whenever I want. However, he never acted on my continually trying to get him to give us an expanded presentation...on anything. I suspect by that point he was enjoying retirement too much and was more than content adding commentary here and there. LOL.

No exaggeration here, but the ENTIRE time I was reading your editorial on Tom, I could not help but smile. Though I knew him nowhere close to as well as you knew him, as I read your piece I found myself easily recognizing various aspects of his personality and character that he so wonderfully exhibited. He truly was a man for all to emulate.

Thank you for your wonderful editorial, and honoring Tom so appropriately.

Bart A. Buckel  
*Sapere Aude*  
Baton Rouge

Julie,

I was sad to read about Tom's passing.

I worked with him in Darlyne's office when I first moved here from New York. He was such a straight-shooter that I thought he must've been from Yankee territory like me!

We ate at Serops once and boy did he love Lebanese food! I think he may have had Lebanese roots?

He was one of the most critical and independent thinkers I've ever met. As one of the first colleagues I had in LA, that felt like a particular godsend (I was still getting used to people calling me ma'am).

He was such a special man. My thoughts go out to his family.

Kindly,

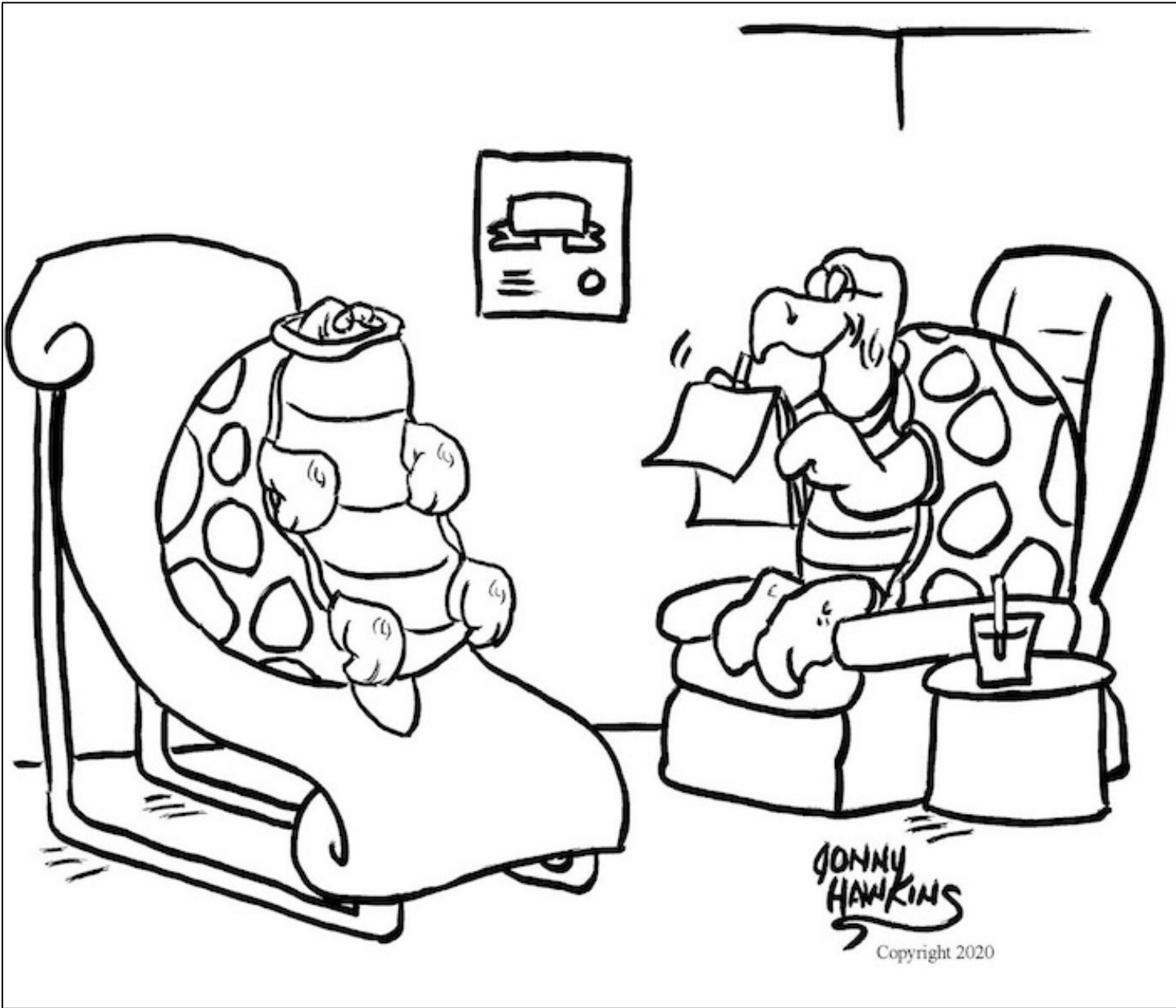
Lynn  
Lynn R. Schechter, PhD, MP  
Medical Psychologist

## State Board

Dr. Nelson,

I would like to encourage you to continue your critical analysis of the LSBEP and the legislative proposals they are considering. Their financial mess and pursuit of increased power are concerning to me. I don't know how else we as psychologists would know what is happening or being considered by the Board without your articles. Thank you for your informative articles. I will continue to read them and discuss them with my colleagues.

*[Name withheld upon recommendation of Publisher]*  
Metairie, LA



# Gov. Eases Some Restrictions, Keeps Mask Mandate, *continued*

and distance," Gov. Edwards said. "Right now, we have fewer people hospitalized with COVID-19 than we did this time last year, and we have a greatly improved supply of three highly effective and safe COVID-19 vaccines, which are available to everyone 16 and older in Louisiana. While COVID-19 and its variants remain a major public health risk, using the tools of vaccination, masking and distancing, we can keep ourselves and our loved ones safe. At least 20 states and one region of Louisiana are experiencing an increase in cases and hospitalizations, likely because of the U.K. variant. We aren't yet out of the woods.

"Vaccination is the best way we have to put this pandemic in our rearview mirror. While we work to vaccinate even more of our neighbors, now more than ever it is critical that people wear facemasks when they are in public and keep six feet of social distance between them and anyone who isn't in their immediate household," Gov. Edwards said. "Today we are taking an important step forward, but all of us play a role in making sure our cases don't spike again. Get your vaccine now that it's your turn and help your friends and family members get their shots as well. Working together, we can bring back Louisiana."

The Governor's updated public health emergency order keeps requirements for six feet of social distancing in all businesses, as well as other mitigation measures deemed necessary by the Louisiana Department of Health and the State Fire Marshal and posted on [OpenSafely.La.gov](https://www.louisiana.gov/open-safely). The order runs for 28 days and expires on April 28, 2021.

The Governor's updated order removes the limitations on when bars and restaurants may serve alcohol, defaulting to local ordinances. People younger than 21 are still not allowed inside bars and bars are only allowed to provide patrons with socially distanced seated service, under the new order.

Salons and beauty shops, gyms and fitness centers, malls and casinos also will not have capacity limits, though social distancing and the mask mandate remain in place along with any other additional measures that may be required by the State Fire Marshal.

Businesses and venues that host larger gatherings, like receptions halls, will remain capped at 50 percent of their capacity, with a maximum gathering size of not more than 500 people indoors and strict social distancing. Outdoor events will be capped at 50 percent capacity and social distancing is also required. Some events may require prior approval by the State Fire Marshal.

Indoor and outdoor sporting events will be limited to 50 percent of their capacity, with social distancing. Masks are required under all circumstances.



# Gov. Makes Appointments to Boards & Commissions

On March 26, Gov. Edwards announced his appointment of Kimberly L. Hood J.D./M.P.H. of Baton Rouge to be the assistant secretary of the Louisiana Department of Health. Hood will serve in the Office of Public Health.

The Louisiana Department of Health's mission is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana.

A number of individuals were appointed to the State as a Model Employer Task Force, whose mission is to enhance the diversity of the public workforce, lead the business community, and highlight the State's position as a leader in the protection of civil rights for individuals living with disabilities.

Appointees include Burgundy B. Cummings of Baton Rouge (training and development program manager for the Louisiana Secretary of State), Julie Foster Hagan of Springfield (assistant secretary of the Louisiana Department of Health), Samantha A. Harris of Baton Rouge (human resources director of the State Civil Service), Shelly C. Johnson of Baton Rouge (human resources director for the Department of Children and Family Services), Cheryl Keen-Schilling of Baton Rouge (human resources director at the Division of Administration), and Susan G. Killam of New Orleans (faculty-director of transition employment and careers at the LSU Health Sciences Center), and others.

On March 12, the Gov. appointed Alaina J. Boothe of Denham Springs, Christie L. Cheramie of Baton Rouge, and April M. Leon, Esq. of Baton Rouge to The Louisiana Women's Incarceration Task Force, established to study, evaluate, analyze, and undertake a comprehensive review of the state's criminal justice system as it relates to women.

Booth is the first felony assistant public defender and the director of students at the Baton Rouge Office of Public Defenders. Boothe will serve as a representative of a criminal justice agency.

Christie L. Cheramie of Baton Rouge has also been appointed to the Louisiana Women's Incarceration Task Force. Cheramie is a re-entry specialist at the Louisiana Parole Project and will serve as a representative of a criminal justice agency.

April M. Leon, Esq. of Baton Rouge has also been appointed to the Louisiana Women's Incarceration Task Force. Leon is an assistant district attorney and section chief at the East Baton Rouge Parish Office of the District Attorney. Leon will serve as a community member with significant and relevant experience or expertise.

Anne P. Banos of New Orleans, Jacqueline A. Scott of Shreveport, and Alfred W. "Butch" Speer of Baton Rouge have been appointed to the Board of Ethics.

The Board of Ethics is responsible for administering and enforcing provisions of the Code of Governmental Ethics, the Election Integrity Act, the Campaign Finance Disclosure Act and the Lobbyist Disclosure Act.

On March 5, the Gov. appointed Foley L. Nash of Baton Rouge to the Marriage and Family Therapy Advisory Committee. Nash is the director of behavioral health for Aetna Better Health of Louisiana and was nominated by the executive board of the Louisiana Association for Marriage and Family Therapy.

The Marriage and Family Therapy Committee (MFTAC) is responsible for examining and qualifying all applicants for provisional licensure as Provisional Licensed Marriage and Family Therapists (PLMFTs) and for licensure as Licensed Marriage and Family Therapists (LMFTs); and for recommending each successful applicant for provisional licensure or licensure to the Licensed Professional Counselors Board of Examiners.



# Louisiana Launches Grassroots COVID Vaccine Campaign to Make Sure that No Community in La Gets Left Behind

On March 18, the Louisiana Department of Health and 20 initial partners kicked off Bring Back Louisiana #SleevesUp, a grassroots campaign to bring COVID-19 vaccines to communities of concern through community events and targeted outreach. The campaign will begin with 9 pilots ... one in each public health region of the state ... with community vaccination events taking place the second and third weekends of April.

"This is a massive undertaking, and we as the state cannot do it alone," said Gov. John Bel Edwards. "We need strong, diverse, trusted community partners to help us meet people where they are, identify their needs, and remove whatever barriers may exist so that our residents can make informed decisions when it comes to the COVID vaccines."

"For a job as big and necessary as equitable vaccine distribution in a once-in-a-century pandemic, we have to be creative, collaborative, and even a little unconventional," said Dr. Courtney N. Phillips, Secretary of LDH. "We have been building this for several weeks now, and we are excited to get going."

Partners Joining the state in this statewide effort are the following partners:

- AARP Louisiana
- AFL-CIO Louisiana
- COVID-19 Health Equity Task Force
- Hispanic Health Equity Task Force
- Louisiana Association of Business and Industry (LABI)
- Louisiana Hospital Association (LHA)
- Louisiana Independent Pharmacy Association (LIPA)
- Louisiana Legislative Black Caucus
- Louisiana Legislative Rural Caucus
- Louisiana Primary Care Association (LPCA)
- Louisiana Public Health Institute (LPHI)
- Louisiana Rural Health Association (LRHA)
- LSU Ag Center
- NAACP Louisiana
- Power Coalition for Equity and Justice
- Together Louisiana
- Urban League
- Viet
- Baton Rouge Vaccine Task Force
- Nola Ready

Several of these partners have been doing this type of grassroots work on the COVID-19 vaccines at the local level, and the state will continue to learn from them as it leverages resources to scale and coordinate these efforts.

Partner organizations will play different roles, ranging from phone banking and door-knocking to data evaluation. LPHI will coordinate efforts of community partners and will provide rapid evaluation of this grassroots model for COVID vaccine allocation and outreach.

"Like any true campaign, we are announcing this effort as we continue to build," said Gov. Edwards. "This is just the start. We welcome other organizations, businesses, faith-based leaders and the public to join us in this exciting mission to ensure no community is left behind as we

work to end this pandemic. These vaccines are our best chance at restoring normalcy, getting our economy back on track, and bringing back the Louisiana we know and love."

"As a public health organization, LPHI is honored to participate in this creative and proactive program which is the embodiment of our health and racial equity work to increase our state's capacity to ensure all of us (Louisianans) have just and fair opportunities to be healthy and well," said Shelina Davis, CEO of LPHI.

"The Black Caucus is excited to participate in this campaign. Equity in the vaccination process is critical and we are committed to reaching citizens in Louisiana's vulnerable communities," said State Representative Edward "Ted" James, Chairman of the Louisiana Legislative Black Caucus. "Get Out The Vote efforts, which this campaign is modeled after, is a proven method to reach those areas and citizens with limited access, transportation and information about the vaccine. We are happy to join the trusted voices in our state."

"Distribution of the COVID-19 vaccine is a critical component for Louisiana as we work to reopen our businesses and rebuild our economy," said Stephen Waguespack, President and CEO of LABI. "We stand ready to work with our members, the Louisiana Department of Health and other stakeholders to ensure that this mission is a success."

"AARP Louisiana is excited to be a part of this new campaign and join the effort to help more Louisianans get vaccinated.

The mission statement is: The charge of this campaign is to follow the data and work with local partners to meet people where they are, especially in our underserved, on-the-fence and hard-to-reach communities, to listen to their needs and remove barriers so that every Louisianan has the opportunity to get the COVID vaccine.

Goals: Louisiana's ground game for the COVID-19 vaccines will meet people where they are.

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# LSBEP Pares Down its Legislation, continued

political consultant. Mr. McNeely said to those attending that the legislation was a fiscal bill and not a policy bill. He indicated that the bill would be immune to amendments, which has been a concern to many in the psychology community.

The language, presented by Ms. Monic on her screen, includes the registration of assistants.

“...the board shall charge an application fee for initial registration of each assistant to a psychologist not to exceed \$50. The board shall adopt rules conformity with the provisions of the administrative procedure act, R.S. 49:950 et seq to implement the Provisions of this paragraph.”

The board, through their newest draft legislation, also appears to seek to place into the statutes a right for the board to provide commercial continuing education.

"The board may collect reasonable admission fees from any person or licensee who elects to attend a continuing professional development activity offered, sponsored or cosponsored by the board. Activities offered, sponsored or cosponsored by the board shall be elective for a licensee, and the board shall be prohibited from requiring attendance for any activity that is offered, sponsored or cosponsored by the board."

The new legislation also includes a provision so that, "The board shall assess an application and renewal fee to a sponsor of a continuing education activity who seeks review and preapproval of a continuing education course her activity. Such application and renewal fees shall not exceed \$250.

"The board shall assess an application fee to an individual license he who seeks review and Preapproval of a course or activity of continuing education in an amount not to exceed twenty-five dollars."

The legislation also provides for fees to be assessed and collected by the board such as fees for applications for the authority to conduct telesupervision, applications for inactive status or renewal, applications for Emeritus status, and fees for other special services.

Fees for other special services authorized by rulemaking appear to be included, such as fees for computer generated license verification, certified board actions, a duplicate license, a duplicate renewal certificate, mailing lists, and so forth.

The draft bill may have been provided to the Executive Council of the Louisiana Psychological Association (LPA), this based on a comment made by Dr. Michelle Moore, posting in her role as an LSBEP board member on the communications list for LPA. However, regular members of LPA have not received a copy of the draft nor has the State Board distributed IT on their email list of licensees.

The *Times* requested the current version of the bill and was instructed to file a formal public records request to the official office address of the Board at S. Sherwood Forest Boulevard, in Baton Rouge, and include payment.



File photo of the Louisiana House of Representatives Health & Welfare Committee.

## Rep. McMahan's HB 78 Modifies Deadlines for Malpractice Claims to be Filed or Resolved

House Bill 78 by Rep. McMahan modifies filing deadlines and prescriptive periods regarding medical malpractice claims against state and non-state healthcare providers.

The present law provides for a 90-day suspension of the prescriptive period to file a medical malpractice lawsuit from the date of notification after a request for review of a claim is filed.

The proposed law changes the suspension of the prescriptive period to file suit from 90 days to six months.

The present law does not provide for a time period for the medical review panel to render an opinion once a claim is filed.

The proposed law requires the medical review panel to render an opinion no later than one year from the date a claim is filed.

Present law (R.S. 9:5628) requires that all medical malpractice claims be filed within one year of the date of the alleged act, omission, or neglect, or within one year from the date of discovery of the alleged act, omission, or neglect. Current law further provides that in all events, claims shall be filed at the latest within a period of three years from the date of the alleged act, omission, or neglect.

Rep. McMahan's proposed law changes the time period within which any medical malpractice claim is filed from three years to four years and extends the time period from the act, omission, or neglect or the date of the discovery of the alleged act, omission, or neglect from 12 months to 18 months.

## HB 79 to Enhance Patients' Rights

HB 79 provides for the selection of a treatment facility by a patient and the protection of a patient's right to receive treatment.

Current law provides that a treatment facility shall be selected in the following order of priority:(1) Medical suitability. (2) Least restriction of the person's liberty. (3) Nearness to the patient's usual residence.(4) Financial or other status of the patient. The proposed law retains present law and adds that in the selection of the treatment facility a patient's preference shall be the fifth consideration. Present law provides that a patient may be admitted by an emergency certificate to be diagnosed and treated.

The proposed law retains present law and adds that the emergency certificate shall allow legal authority for a patient to be transported to a treatment facility pursuant to present law and the transport shall be in line with the patient's rights to receive care.

# Representative Owen Asking that Family of Healthcare Providers Receive Help in Transferring Credentials

HB 197 by Rep. Charles Owen requires professional or occupational licensing boards to issue occupational licenses to the dependents of healthcare providers who relocate to Louisiana if certain conditions are met.

The proposed law requires a professional or occupational licensing board "board" to issue certain occupational licensing credentials ("license") to the spouses or dependents ("applicant") of healthcare professionals who have relocated to the state, if certain conditions are met.

HB 197 requires the board to issue a license to the applicant, based on the applicant's possession of an out-of-state license, if all of the following are met:

- (1) The applicant holds a current and valid license in another state in an occupation with a similar scope of practice.
- (2) The applicant has held that license for at least one year.
- (3) The applicant has passed all exams and met any other education, training, or experience standards required in the other state.
- (4) The applicant is held in good standing in the other state.
- (5) The applicant does not have a criminal record that disqualifies him as determined by the board in this state.
- (6) The applicant has not had a license revoked due to the applicant's negligence or intentional misconduct in his occupation.
- (7) The applicant has not surrendered a license due to the applicant's negligence or intentional misconduct in his occupation.
- (8) The applicant does not have a complaint, allegation, or investigation pending before a board in another state related to the applicant's work in another state.
- (9) The applicant pays all applicable fees in this state.

The proposed law requires the board to issue a license to the applicant, based on the applicant's prior work experience, if all of the following are met:

- (1) The applicant worked in a state that does not use a license to regulate a lawful occupation, but this state uses a license to regulate an occupation with a similar scope of practice.
- (2) The applicant worked in the occupation for at least three years.
- (3) The applicant has not had a license revoked due to the applicant's negligence or intentional misconduct in his occupation.
- (4) The applicant has not surrendered a license due to the applicant's negligence or intentional misconduct in his occupation.
- (5) The applicant does not have a complaint, allegation, or investigation pending before a board in another state related to the applicant's work in another state.
- (6) The applicant pays all applicable fees in this state.

The proposed law requires the board to issue a license to the applicant, based on the applicant holding a private certification and his prior work experience if all of the following apply:

- (1) The applicant worked in a state that does not use a license to regulate a lawful occupation, but this state uses a license to regulate an occupation with a similar scope of practice.
- (2) The applicant worked in the occupation for at least two years.
- (3) The applicant holds a current and valid private certification in the occupation.
- (4) The private certification organization holds the applicant in good standing.
- (5) The applicant has not had a license revoked due to the applicant's negligence or intentional misconduct in his occupation.
- (6) The applicant has not surrendered a license due to the applicant's negligence or intentional misconduct in his occupation.

- (7) The applicant does not have a complaint, allegation, or investigation pending before a board in another state related to the applicant's work in another state.
- (8) The applicant pays all applicable fees in this state.

The proposed law allows the board to require the applicant to pass a jurisprudential exam, requires the board to give the applicant a written decision regarding the application within 30 days after receipt of an application, and allows the applicant to appeal certain decisions by the board.

An applicant who is provided a license under proposed law remains subject to present law regulating his occupation in the state and the jurisdiction of the board in this state. Proposed law preempts laws by township, municipal, parish, and other governments in the state.

Proposed law does not apply to an occupation regulated by the state supreme court, a license issued and regulated under the judicial branch of government, any person covered under the Nurse Licensure Compact, or any person who obtains a license on a nationwide licensing or registry system.

## The Fisher Project Suicide Prevention Program

The Mental Health Association for Greater Baton Rouge is operating a COVID-19 Emergency Response for Suicide Prevention Project in Louisiana funded by SAMHSA. In partnership with the Louisiana Department of Health, Office of Behavioral Health and other agencies, we are offering comprehensive suicide follow-up and recovery support services. Mental health concerns have increased considerably during the COVID-19 pandemic. Louisiana has been affected by high rates of infection and deaths, and many of our communities are more vulnerable to trauma and increased risk for mental health problems. The services we provide are culturally affirming and trauma-informed. We invite you to utilize our services to better serve your patients. There is no cost to participate.

Clients enrolled will receive 6 months of care:

- Screening for suicide risk at every appointment
- Safety planning and means restriction
- Discharge planning
- Warm hand off(s) to treatment or community organizations

Services are available via telephone and video telehealth.

To Enroll or Refer a Patient

Call the Fisher Project 225.960.6800 or email [sblauvelt@mhagbr.com](mailto:sblauvelt@mhagbr.com)

Eligible participants are: Age 25 and over and · Have an increased risk for suicide in past 3 months

All services are provided by a certified peer specialist and supervised by a licensed clinical psychologist.



# Rep. Mandie Landry's HB 66 to Limit the Use of Solitary Confinement Measures for Mentally Disabled

If passed into law, HB 68 by Rep. Mandie Landry expands present law restrictions on the use of solitary confinement to include that persons with the following conditions shall not be placed in solitary confinement:

(1) Persons who have been diagnosed by a healthcare provider at intake, or in the previous five years, or at any time during incarceration, with a Level 1, Level 2, or Level 3 mental health classification as provided for in the policies, rules, and regulations promulgated by the department.

(2) Persons who have, or had a record of, mental impairment that substantially limits one or more major life activities as defined under the Americans with Disabilities Act (42 U.S.C. 12102).

The proposed law requires the department to ensure that the curriculum for new corrections officers, other new department staff, or staff of any facility who contracts with the department and regularly works in programs providing mental health treatment for prisoners shall include at least eight hours of training regarding mental illness and mental illness with regard to the prisoners.

The proposed law further requires that all department staff and the staff of any facility who contracts with the department who has direct prisoner contact shall receive annual training regarding mental illness.

HB 68 defines "healthcare provider" as having the same meaning as defined in R.S. 22:1831 and that healthcare provider shall not include any physician or other healthcare practitioner who has a restricted, suspended, or revoked license as described in R.S. 37:1285.



HB 68 defines "solitary confinement" as any form of housing, segregation, or both that limits meaningful access to social interaction, counseling, medical care, visitation, outdoor recreation, or other therapeutic programming in a manner more restrictive than for the general population and includes but is not limited to disciplinary, preventative, and administrative housing, segregation, or both.

The proposed law makes present law applicable to private correctional institutions as well as facilities owned by the department.

# Rep. Marcelle's HB 193 Seeks to Create Office of Women's Health

Rep. Denise Marcelle's HB 193 creates the office on women's health within the La. Department of Health and provides for the functions of the office.

Currently the law provides that the La. Department of Health (LDH) shall be composed of the following offices:

- (1) The executive office of the secretary.
- (2) The office of management and finance.
- (3) The office of public health.
- (4) The office of behavioral health.
- (5) The office for citizens with developmental disabilities.
- (6) The office of aging and adult services.
- (7) Such other offices as shall be created by law.

The proposed law creates within LDH the office on women's health. Provides that the office shall be responsible for leading, consolidating, and coordinating efforts across the state that are intended to improve women's health outcomes through policy, education, evidence-based practices, programs, and services.

The proposed law provides that the office on women's health shall perform all of the following functions:

- (1) Educate and advocate for women's health, either on its own or in partnership with other entities, by establishing appropriate forums, programs, or initiatives designed to educate the public regarding women's health, with an emphasis on preventive health and healthy lifestyles.
- (2) Identify, coordinate, and establish priorities for programs, services, and resources for women's health issues and concerns.
- (3) Serve as a clearinghouse and resource regarding women's health data, strategies, services, and programs that address women's health issues.
- (4) Collect, classify, and analyze relevant information and data resulting from research conducted or compiled by LDH and any collaborative entities; provide information to the public regarding the results of such research except as prohibited by law.
- (5) Develop and recommend funding and program activities for educating the

- public on women's health initiatives relating to social determinants of health.
- (6) Make recommendations to the secretary of LDH concerning programs that address women's health issues for inclusion in the department's budget and strategic planning.
- (7) Seek funding from private or other governmental entities to carry out the purposes provided in proposed law.
- (8) Prepare for publication and dissemination to the public materials regarding women's health.
- (9) Conduct public educational forums in La. to raise public awareness and to educate citizens about women's health programs, issues, and services.
- (10) Coordinate the activities and programs of the office with other entities that focus on women's health or women's issues.
- (11) Provide an annual report to the governor, the legislature, and the secretary of LDH concerning the priorities and services needed for women's health in this state and areas for improvement.



# Senate Bill 66 by Rep. Louie Bernard Seeks to Address "Peer Support" for Peace Officers and Safety Personnel

Senator Louie Bernard is seeking to address issues regarding peace officers and public safety personnel peer support.

The proposed law provides that any governmental entity that establishes a peer support program must ensure that peer support members successfully complete the training required by proposed law before being designated as a peer support member.

The proposed law applies only to peer support sessions conducted by an employee or agent of a governmental entity who has both successfully completed peer support training and, at the time of the peer support session, has been designated by a governmental entity to act as a peer support member.

SB 66 provides that information, reports, records, or communications in any form that are made, generated, received, or maintained in connection with a peer support program or session are deemed privileged and confidential, and are not public records.

SB 66 provides that a peace officer or public safety personnel cannot be mandated to participate in a peer support session, except for participation in a peer support session following a critical incident if required by a governmental entity.

"Peer support member" means a person specially trained to voluntarily provide confidential emotional and moral support and assistance to peace officers and public safety personnel and who is approved as a peer support member by the governmental entity that has established a peer support program, but need not be a peace officer or a licensed counselor or mental health professional.

"Peer support program" means a program established by a governmental entity to provide peer support services to peace officers and public safety personnel.

"Peer support session" means any communication by a peace officer or public safety personnel with a peer support member, primarily through listening, assessing, and assisting with problem-solving, and may include referring a peace officer or public safety personnel for professional intervention or treatment that is beyond the scope of the peer support member, and includes a group session following a critical incident experienced by a group of peace officers or public safety personnel.

"Peer support training" means training in peer support and critical incident stress conducted by the Southern Law Enforcement Foundation, the International Critical Incident Stress Foundation, Inc., or an equivalent program.

"Public safety personnel" means an employee of a governmental entity who, by virtue of his job duties, provides support to peace officers, including but not limited to a dispatcher, public safety telecommunicator, crime scene and crime laboratory technician, and criminal analyst.

The proposed law provides that no person, including a peer support member, can disclose any information relating to a peer support session to any other person without the prior written approval of the peace officer or public safety personnel who is the subject of the peer support session, or his legal successor.

SB 66 provides that a person cannot be required to disclose, under subpoena or public records request, any records, documents, opinions, or decisions relating to information made privileged and confidential by proposed law either in connection with an administrative or court case, or by way of any discovery procedure or public records request.

Proposed law provides that the privilege and confidentiality created by proposed law are supplementary to any other statute, rule, or jurisprudence creating or relating to an applicable privilege, confidentiality, or public records exemption.

The proposed law provides that the privilege and confidentiality created by proposed law does not apply to:

- (1) A threat of suicide or homicide made by a peace officer or public safety personnel in a peer support session or any information related thereto.
- (2) Information mandated by law to be reported, including information relating to child or elderly abuse or neglect, or domestic violence.
- (3) Any communication that reveals the commission of a crime, or the intended commission of a crime or harmful act, when such disclosure is determined by the peer support member to be required in order to protect any person from a clear, imminent risk of serious mental or physical harm, or to forestall a serious threat to the public safety.
- (4) Any communication made to a peer support member not in connection with a peer support session, or when the peer support member responded to, was a witness to, or was a party to, an incident in a capacity other than a peer support member.

Proposed law provides that any governmental entity and its employees and agents (including peer support members) are immune from civil liability for any act or omission made in good faith while engaged in efforts to assist a peace officer or public safety personnel through a peer support program.





Education & Science

International Expert in Circadian Rhythms, Dr. Roberto Refinetti, takes Psychology Chair at University of New Orleans, continued

university's president, the provost, and the dean of his college. The department of psychology has a strong biological orientation, which is something I like very much because I have always been a biological psychologist."

Examples of his work as a biological and comparative psychologist include: "The circadian rhythm of body temperature," in *Physiology & Behavior*, "Non-stationary time series and the robustness of circadian rhythms," in the *Journal of Theoretical Biology*, "Relationship between the daily rhythms of locomotor activity and body temperature in eight mammalian species," in *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology*, "Temporal relationships of 21 physiological variables in horse and sheep," in *Comparative Biochemistry and Physiology Part A: Molecular & Integrative Physiology*, "Variability of diurnality in laboratory rodents," in the *Journal of Comparative Physiology*, "Entrainment of circadian rhythm by ambient temperature cycles in mice," in the *Journal of Biological Rhythms*, and "Amplitude of the daily rhythm of body temperature in eleven mammalian species," in *Journal of Thermal Biology*.

Dr. Refinetti is also a favorite with the popular media, having been interviewed by *BBC Website*, *Stossel TV*, *CBC*

*Radio-Canada*, *Nature*, *KTVB NBC News*, *The Register*, *Quanta Magazine*, *Men's Fitness Magazine*, *Martha Stewart Living*, *Newsweek Special Editions*, *Parents Magazine*, *Veterinary Technician*, *Discovery News*, and many others.

Dr. Refinetti has served as a consultant for numerous newspaper and television reporters preparing articles or shows such as the following:

- An article on circadian rhythms for *Newsweek Special Editions*
- An article on jet-lag prevention for *Atlantic Media's Quartz*
- An article on why humans have sex at night for *Gizmodo*
- An article on best time of day for working for *Wired Magazine*
- A documentary on circadian rhythms and hypothetical cataclysmic events for the *Science Channel*

His plans for the psychology department at UNO are ongoing. "The department is relatively small, with eight full-time faculty members, but most faculty members are in the early stages of their careers, which means that I can make a big difference in their professional lives, and that's a satisfying feeling," Dr. Refinetti said.

"My immediate plans are to provide strong support for the faculty, so that they can

succeed in their teaching and research, and to make necessary adjustments in the curriculum to ensure that both the undergraduate and the graduate programs are effective and up to date," he said.

"In the longer term, I would like to recruit more faculty members, to increase research collaborations with other departments at UNO and at other universities, and to augment the extramural funding of research in the department. Developing an undergraduate program in behavioral neuroscience is also an idea in the backburner."

How did he come to choose our community and New Orleans, Louisiana?

"It is common for people in academia to move around," he said. "My first job as a university professor was in Virginia. Things didn't work very well there, and I moved to South Carolina. I was in South Carolina for 16 years. The weather and culture there were similar to Louisiana's, and I liked it there," he said. "I was on a small campus of the University of South Carolina, however, and didn't have a real opportunity for advancement. So, I moved to Idaho to become the chair of the department of psychology at Boise State University. They had a good

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Dr. Roberto Refinetti, (right) is a biological and comparative psychologist, and international expert in circadian rhythm. He is the new Chair of the Department of Psychology at the University of New Orleans.

Here, Dr. Refinetti collaborates with colleague about circadian rhythms in horses.

(Courtesy photo)





## International Expert in Circadian Rhythms, Dr. Roberto Refinetti, takes Psychology Chair at University of New Orleans, continued

football team (and the famous blue turf), but I didn't go there for the football team. So, six years later, when I learned that UNO was looking for an experienced scholar to chair its department of psychology, I applied and was lucky to get the job."

At UNO, Dr. Refinetti will continue to head up his Circadian Rhythm Laboratory, which he established in 1986.

"We have been in South America and in the West Coast, East Coast, and Midwest of the United States. Often, but not always, we have been associated with universities," according to the Lab website.

"Biological processes that cycle in 24-hour intervals are called daily rhythms (or, less often, nycthemeral rhythms). When a daily rhythm is endogenously generated, but still susceptible to modulation by 24-hour environmental cycles, it is called a circadian rhythm. Many behavioral processes of individual organisms exhibit daily and/or circadian rhythmicity, including locomotor activity, feeding, excretion, sensory processing, and learning capability. Rhythms of locomotor activity have been the most thoroughly-studied behavioral rhythms.

"Many autonomic processes of individual organisms exhibit daily and/or circadian rhythmicity, including the control of body temperature, cardiovascular function, melatonin secretion, cortisol secretion, metabolism, and sleep. Rhythms of body temperature have been the most thoroughly-studied autonomic rhythms.

"The homeostasis of body temperature is a central feature of the physiology of mammals and birds, including humans. Body temperature is one of many physiological variables that have been found to express circadian rhythmicity. The study of the regulation of body temperature is a traditional subfield of physiology called Thermal Physiology."

Dr. Refinetti has been teaching at the university level since 1986. He has taught undergraduate courses on Introductory Psychology, Experimental Psychology, Philosophy of Psychology, History and Systems of Psychology, Physiological Psychology, Statistics, Research Methods, Sensation and Perception, Human Sexuality, and Biological Rhythms. He has taught graduate courses on Physiological Psychology and on Sensation and Perception. He prides himself on delivering well-researched and well-organized lectures (making use of multimedia resources and computer technology) and on encouraging critical thinking by stimulating classroom discussions and by assigning home work with broader implications.

How does he like New Orleans so far?

"I arrived in New Orleans this past summer," Dr. Refinetti said, "just in time to experience the most active tropical storm year in history, which did cause damage to my house facing Lake Catherine. In the winter, the two-night freeze caused several pipes outside my house to burst. And, of course, the covid pandemic greatly limited my ability to interact with students on campus and to experience the food and music of New Orleans. Yet, I love it here. I love the weather (when there isn't a hurricane or a freeze), I love the scenery, I love the people. I'll have much more to enjoy as New Orleans reopens after the pandemic."

While Dr. Refinetti spends most of his time at the lab or at the office, he has dedicated some time to artistic activities, especially in the past, his efforts including music, poetry, photography, and painting. He has even composed original pieces. (To listen to some of his compositions, visit the "Music" section of his website.)

"When I am not working (which is rare), I play the piano," he said.

Dr. Refinetti is married, and his wife, who is not in New Orleans yet, will be joining him in the summer.

He can be reached at the address below and more about his work is available at these sites:

Professor, University of New Orleans, <https://www.uno.edu>  
Head, Circadian Rhythm Laboratory, <https://www.circadian.org>  
Fellow, American Physiological Society, <https://www.physiology.org>  
Author, Circadian Physiology, <https://www.crcpress.com/9781466514973>  
Editor-in-Chief, Journal of Circadian Rhythms, <https://jcircadianrhythms.com>  
Editor-in-Chief, Sexuality & Culture, <https://www.springer.com/12119>



# APA "Stress in America" Report Identifies Impacts of Pandemic continued

worsened compared with before the pandemic, with 46% of this group endorsing items showing that they felt the stress.

This age group was followed by Generation Xers at 33%, and the Millennials at 31%. The Baby Boomers fell at 28%.

Older adults, over age 76, were the least affected with only 9% declaring a stress-related problem due to the pandemic. Ironically, this group is the group that is most at risk for direct danger from the virus.

The report's authors said that these conditions are likely to "lead to significant, long-term individual and societal consequences, including chronic illness and additional strain on the nation's health care system."

One major finding was weight gain. A majority of adults, 61%, reported experiencing unwanted weight changes since the start of the pandemic, with 42% saying they gained more weight than they intended. Of this group, individuals reported gaining an average of 29 pounds. The typical gain was 15 pounds, which is the median, according to the researchers.

Another finding pointed to sleep problems. According to researchers, "Two in 3 Americans (67%) said they are sleeping more or less than they wanted to since the pandemic started. Similar proportions reported less (35%) and more (31%) sleep than desired."

Almost one fourth, 23%, of those surveyed reported that they were drinking more alcohol to cope with their stress during the pandemic.

And almost half of Americans, 47%, said that they had postponed or ignored otherwise scheduled health care services because of the the pandemic.

Parents have been hit particularly hard. "Nearly half of parents (48%) said the level of stress in their life has increased compared with before the pandemic. More than 3 in 5 parents with children who are still home for remote learning (62%) said the same."

"Essential workers were more than twice as likely as those who are not to have received treatment from a mental health professional (34% vs. 12%) and to have been diagnosed with a mental health disorder since the coronavirus pandemic started (25% vs. 9%).

"Black Americans were most likely to report feelings of concern about the future. More than half said they feel uneasy about adjusting to in-person interaction once the pandemic ends (57% vs. 51% Asian, 50% Hispanic and 47% white).

Parents have been hit particularly hard. Reporting stress at 62% or the parents with children who are still at home for virtual education. Nearly half of all parents, 48%, said the level of stress in their life has increased compared with before the pandemic.



Researchers also identified essential workers as being at the ground zero of stress. "More than half of essential workers (54%) said they relied on a lot of unhealthy habits to get through the pandemic. Nearly 3 in 10 (29%) said their mental health has worsened. When asked about emotional support, 3 in 4 essential workers (75%) said they could have used more than they received since the pandemic started. Essential workers were more than twice as likely as those who are not to have received treatment from a mental health professional (34% vs. 12%) and to have been diagnosed with a mental health disorder since the coronavirus pandemic started (25% vs. 9%)."

In a related report of research conducted by Sapien Labs, reported by Batya Swift Yasgur, in "New Data on Worldwide Mental Health Impact of COVID-19," (Medscape - Mar 15, 2021), researchers studied eight English-speaking countries and 49,000 adults.

Results indicated that 57% of respondents said they have experienced some COVID-19-related adversity or trauma. Researchers found that one quarter of those responding showed clinical signs of, or were at risk for a mood disorder. On the other hand, 40% described themselves as "succeeding or thriving."

"Those who reported the poorest mental health were young adults and individuals who experienced financial adversity or were unable to receive care for other medical conditions. Nonbinary gender and not getting enough sleep, exercise, or face-to-face socialization also increased the risk for poorer mental well-being."

"The data suggest that there will be long-term fallout from the pandemic on the mental health front," Tara Thiagarajan, PhD, Sapien Labs founder and chief scientist, said in a press release.

The survey, which is part of the company's Mental Health Million project, is an ongoing

research initiative that makes data freely available to other researchers. The investigators developed a "free and anonymous assessment tool," the Mental Health Quotient.

The overall mental well-being score for 2020 was 8% lower than the score obtained in 2019 from the same countries, said the researchers. And, the percentage of respondents who fell into the "clinical" category increased from 14% in 2009 to 26% in 2020.

Residents of Singapore had the highest, most positive MHQ score, followed by residents of the United States. At the other end of the scale, respondents from the United Kingdom and South Africa had the poorest MHQ scores.

The decline in mental well-being was "most pronounced" in persons of the youngest age category (18 – 24 years), whose average MHQ score was 29% lower than those those aged ≥65 years.

Worldwide, 70% of respondents aged ≥65 years fell into the categories of "succeeding" or "thriving," compared with just 17% of those aged 18 to 24 years. "We saw a massive trend of diminishing mental well-being in younger individuals, suggesting that some societal force is at play that we need to get to the bottom of," said Thiagarajan.

"Young people are still learning how to calibrate themselves in the world, and with age comes maturity, leading to a difference in emotional resilience," she said.

The highest risk group was the nonbinary/third-gender respondents. Among those persons, more than 50% were classified as being at clinical risk. Nonbinary individuals "are universally doing very poorly, relative to males or females," said Thiagarajan. "This is a demographic at very high risk with a lot of suicidal thoughts."



Covid News & Features

Best Vaccines and  
Their Safety Results

In an article, "The Best COVID Vaccines, Safety, and How to Get the Most Out of Vaccination," medical researcher, Cass Nelson-Dooley, concluded that, "... even to the most scrutinizing integrative and functional medicine practitioners, **these vaccines are performing quite well**. They are providing protection against severe illness and death. And the side effects are quite low."

"But let's be clear. These vaccines are not FDA **approved**; they are FDA **emergency authorized**. They have not been fully tested, which can take 10 years at least ..." she wrote.

"I was cynical about the vaccines when they were under development. I have seen cases of vaccine injury and medical mistakes. ..."

However, "After many thousands have been vaccinated in clinical trials, and tens of millions have been vaccinated in real life, we are all feeling a lot more comfortable about COVID vaccine safety."

The following are excerpts from the article:

What are the Best COVID Vaccines?

- The Pfizer vaccine has 95% efficacy and has been tested on 43,538 people in phase 3.
- The Moderna vaccine has 94% efficacy and has been tested on 30,420 people in phase 3.

What are the COVID Vaccine Side Effects?

- Flu-like symptoms
- Local skin reactions
- Bell's palsy, which is weakness or paralysis of the face that usually goes away (7 cases out of 40,000 who received Pfizer or Moderna vaccines)
- Anaphylaxis (2-11 cases per one million shots), an allergic reaction that can be life-threatening
- Immune thrombocytopenia, bleeding disorder due to low levels of the cells that help with clotting (37 cases out of 31 million vaccinated).

The Johnson & Johnson vaccine data (not peer reviewed) shows 66% efficacy and it has been tested on 43,783 people in phase 3 clinical trial.

The AstraZeneca vaccine has 67% efficacy and has been tested on 23,848 people in phase 3.

Reports of Death Very Low

A total of 1,913 people have died after vaccination, as of March 15, 2021. Out of 109 million vaccinations, this comes to 0.0018% reports of death. Of those, many were elderly, frail, and lived in long-term care facilities. Older, sick people may be harmed by these vaccines, but the numbers are very low. It is also possible that the vaccine didn't cause death, but occurred coincidentally around the time of death. The vaccine safety committee has not changed their vaccination recommendations, even in the elderly.

For more information and full article go to:

<https://healthfirstconsulting.com/category/blog/>

Stress Solutions

by Susan Andrews, PhD

Just How Stressed Are We Really  
About Covid?

There seems to be a lot of talk about the "stress" of this 14 to 15-month long pandemic. And, yes, it has caused a lot of inconvenience. It has forced us to stop doing many of the things that make life fun, like visiting with friends and travelling to see family. And, most of us are bored by having to continue to observe all the safety precautions. However, inconvenience and boredom are not really the same as "stress" that has measurable and observable physiological and emotional effects on our bodies and minds.

One way to describe stress could be that state in which our worries, fears, anxieties or simply thinking (targeted mental activity) causes our bodies to produce cortisol and other stress hormones, which can cause physical damage if that state becomes chronic. In other words, true stress comes from the type of mental activity that activates our Sympathetic Nervous System, in particular the "fight or flight" mechanism. It becomes "stress" when our Autonomic Nervous System's Parasympathetic Nervous System loses its ability to balance or cancel the Sympathetic Nervous System and put the ANS into a state of rest. That occurs when a person is chronically worrying and/or thinking and rarely engages the Parasympathetic Nervous System to rest or unwind.

Is that happening to most of us because of Covid? Yes, it is for some but perhaps not for all of the humans in the world. Some people who have lost loved ones or friends are likely experiencing bereavement and grief, maybe even deepening into a depression. Others are experiencing isolation, particularly if they live alone and are trying to remain apart from others for fear of catching the disease. The loneliness and inability to talk about our anxieties and fears with others can mushroom into a true physiological stress reaction. Others may have lost their jobs or found their income cut. Fear for personal safety and worry about finances are definite causes of stress.

The CDC has posted information on the ways that the stress of the pandemic is affecting people's lives. CDC is recommending that people learn to cope with stress in healthy ways, like taking breaks from watching TV news and iPhone information about the pandemic, much of which is anxiety producing. They recommend reaching out by phone and other means, like Zoom, to talk to friends, family and others. And, most of all, take time to unwind, doing things that work for you, like exercising, meditating, listening to music.

**Learning to cope with stress in a healthy way will make you and those around you become more resilient.**



*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.*





*Samantha Dooley  
working on origami  
structures.*

*Miss Dooley is the  
newest addition to the  
Times reporting staff,  
and will be focusing on  
issues affecting children.*

*She is the  
granddaughter of the  
publisher.*

# From Classroom to Home: One Middle School Student's Experience

by Samantha Dooley  
Staff reporter

During the coronavirus pandemic, many schools turned to hosting classes virtually for the safety of students and staff. Both virtual school and in-person class have their pros and cons. My experience is that of a middle school student, from an outlying area near Baton Rouge, who went from traditional classroom learning to at-home education. In this review, I'll describe a few of my most clear experiences.

One downside to virtual school is that it is, in fact, "virtual." I recently had internet problems while working in school on my computer, and was unable to do anything for approximately two hours. Although I was on a self-paced curriculum at the time, this still set me back in school, and was a large inconvenience.

Many students in the US have no internet, or have very poor internet. I can not imagine how inconvenienced it is for students without the internet, or with very little internet, as they attempt to do virtual school. With many schools still using virtual learning, some students are forced to work at libraries, friends' houses, or ask their teachers for paper copies of assignments.

Virtual school has one big advantage over in-person, flexibility. Students who are following a school curriculum from home, whether through virtual or homeschooling, are able to have more control over their schedules, and learning strategies, than students in a more traditional school setting.

As a home student, I am able to have almost complete control over my schooling. I still follow a curriculum, but I am able to control, for instance, what videos I watch. If a video in the online program is on something I have already learned, or if it is formatted in a way that does not hold my interest, I am able to go online, and find another video on the

subject, that either portrays more advanced information, or is more captivating.

I am also able to have more control over my schedule and my school setting. If I were in a traditional school, classes would be held at a specific place and time. However, as a virtual student, I can control when and where my classes take place. I might attend school outside, if it is a nice day, or postpone my class till the afternoon, if I have a place to be in the morning.

However, while online learning is more flexible than in-person school, it is easier to be distracted during virtual school. A traditional school is held in classrooms, where all students and teachers keep quiet and distractions are minimal. Virtual school does not follow the same rule. On a typical school day, I put up with videos on the tv, my siblings playing games and doing school of their own, and my parents working in the other room. There is also music playing at times.

I do have a desk in my room, but even there I am easily distracted by birds at my birdfeeder, my siblings, or shouting from the main room. I am tempted by my knitting needles, my craft supplies, or any one of all sorts of other pleasant distractions. While it is true that there are distractions at traditional school, it is an environment centered around learning, and there are far fewer interruptions and temptations than at home.

Another problem is screen time. Children and teens already spend so much more time on devices than the last generation. Virtual school is raising this amount even more, with some students spending all day on a screen for school. According to the Canadian 24 Hour Movement Guidelines for Children and Youth, which calls for a daily balance of factors such as physical activity, screen time and sleep, screen time should be only two hours per day.

Although I personally don't spend an incredibly long time on schoolwork, I do think that I have definitely been on screens more, whether for school or just entertainment, during the lockdowns. Children ages five to 17 are recommended to get only two of hours screen time. If school is completely online, students often exceed this limit, especially if both attending school and entertaining themselves.

As more students stay at home and connect through computer screens, some argue that it cannot replicate the level of social interaction that occurs at normal school. "I realized it's all about the little interactions you have at school every day," said a student on News1a.com. "Even passing people in the hall, or seeing that one annoying kid in class, I miss those every-day interactions."

In my experience, I do believe that virtual school is isolating when compared to a traditional school setting. While in school, students are surrounded by other students of their age. However, virtual school is vastly different.

Speaking from my own experience as a homeschooler, having just my siblings as the other students is a very different experience, especially since they are not my age. (No offense intended.)

On the other hand, I have spent more time with my family this past year than ever before. With my parents working from home, and my siblings and I homeschooling, we have been able to really enjoy one another's company.

Although, if I'm truly being honest, as much as I love all this time together, a little space, just for a day or two, might be nice.



# A Shrink at the Flicks

## Come True A Review

by Alvin G. Burstein, PhD

This movie, an indie, the second effort by Anthony Scott Burns, who co-wrote, directed and filmed it, won favorable attention at Canada’s 2020 Fantasia Film Festival, and a positive rating by the rating accumulator *Rotten Tomatoes*. Ever since my childhood encounters with the Gothic tales of Edgar Allen Poe and H. P. Lovecraft the horror genre has attracted me. Most of those who reviewed the film used that descriptor, so when *Come True* was released by Amazon Prime, I popped a bag of *Orville Reddenbacher* into the microwave, and prepared for a treat.

As the movie opens, we meet the main character, eighteen year-old Sarah, as she wakes wrapped in a sleeping bag, lying on a child’s slide in a playground. Incongruous but not horrifying, but provoking, hopefully intentionally, unanswered questions. We follow her as she bikes home, making a point of avoiding her mother as the latter drives off, and we watch as Sarah goes home for a shower and some breakfast. Later, at school, we see her struggle to stay awake in class. Leaving, she comes across an flier advertising for subjects in a university sleep lab study. Sarah applies for the position, is enrolled, and told to show up the next day.

That night, which she spends with best friend Zoe, she tells of this opportunity. Neither remark on how Sarah’s absence from home impacts on those who live there, one of a series of loose threads in the story’s plotting which I find myself dismissing, swept along by Julia Stone’s virtuoso portrayal of the protagonist. Petite, blonde, a wide-eyed waif who gives a sense of expecting things to get worse, Sarah’s vulnerability evokes sympathy and concern.

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 pieces in e-zines;



courtesy photo

*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.



The next day, at the sleep lab Sarah meets other subjects and, along with them, is ensconced in a curious ribbed, helmeted costume, wired to a computer and left to sleep. And to dream.

As a survivor of the 1950’s Dement days at the University of Chicago, I found the sleep lab depicted in the film a campy *Star Trek* version of real sleep research, but I remained willing to surrender disbelief. In what follows, we get to follow Sarah into her dreams, and it is quite a journey, scheduled to last an unspecified, but clearly large number of sessions—some of the other participants speak of years.

Sarah becomes increasingly disturbed by the nighttime adventures, and, also, by her realization that Jeremy, the lead graduate student on the project, is stalking her. He is working under the supervision of Dr. Meyer, who seems to be running a tight ship, but without much control, another of those loose threads.

There are impressive elements in the movie. One is Sarah, whose vulnerability is protected by brittle bravado. Here is her confrontation with her stalker: “You just thought, Hey, since I don’t ever leave my nerd den, this is probably my best chance to meet the future Mrs. Nerd, so, if I just follow her around, maybe she’ll fall for my magical fucking nerd charms.” And Sarah’s rageful panic at having her cell phone pick-pocketed while she is asleep at the laundromat, is piercingly true to life. Another is the content of Sarah’s nightmares, not so much horrifying as surreal and progressively disturbing to her, finally evoking seizures. The dream content is, contra the suggestion of many of the movie’s reviewers, unremittingly and impressively Daliesque, with explicit Jungian referents, rather than Freudian.

Burns, with Stone’s support, succeeds in generating a praise-worthy mood of weird unease. But flaws remain. Those include, in addition to the loose threads already mentioned, a shoddy soft porn episode lacking in any contribution to the narrative, and failures in script supervision—the sudden appearance of slippers on Sarah’s feet in the middle of a sleepwalking trek, the coming and going of her eye injury and the sudden reappearance, without context, of her cell phone. And then there are all the loose ends.

The brilliance of the mood creation achievement, oddly and regrettably, heightened my feeling of being let down by the flaws.

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