CONSUMER CONNECTION

VOLUME SIXTEEN | EDITION FOUR | WINTER 2020

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YOU HAVE QUESTIONS? WE’VE GOT ANSWERS!

Consumer Connection staff

Got a question about your contractor, dentist, doctor, cosmetologist, or one of the many other professionals licensed and regulated by the Department of Consumer Affairs (DCA)? Maybe you’d like to know more about how DCA helps consumers make wise purchasing decisions by informing them about the laws that protect them? Now is your chance to ask!

Submit your question via email to publicaffairs@dca.ca.gov and it may be answered in a future issue of Consumer Connection.

Please note: We are not able to answer questions regarding the status of a license application, complaint, or investigation. Some questions have been edited for clarity or brevity.
I HEARD THERE WERE PROGRAMS WHERE I CAN APPLY MY MILITARY TRAINING TOWARD THE EDUCATION REQUIREMENTS FOR GETTING A LICENSE. HOW DOES THAT WORK?

In some cases, veterans may transfer military experience and training to meet some or all of the qualifications for licensure with a board or bureau. Two programs available now are the Bureau of Security and Investigative Services’ Veterans Come First Program and the Contractors State License Board’s Military Application Assistance Program. Staff of these programs will evaluate military experience and education and provide direct-line phone numbers and email contact information for staff who will assist veteran applicants through the licensure process.

Each of DCA’s boards and bureaus is required to expedite the licensure process for applicants that served as active-duty members of the armed forces of the United States and were honorably discharged. The expedited licensure process also applies to spouses and domestic partners of those on active duty in the armed forces when they transfer to California. Boards and bureaus must also waive renewal requirements for military personnel if they are called to active duty. This may include fees, continuing education requirements, or other requirements as determined by the board or bureau.

WHY SHOULD I HIRE A LICENSED COURT REPORTER WHEN I CAN JUST RECORD THIS HEARING ON MY PHONE?

According to the Court Reporters Board (CRB), there are five major reasons why you should rely on their highly trained licensees for your official recording needs:

- **Accuracy**—A licensed court reporter provides a word-for-word record and is trained and empowered to ask participants to repeat words, to speak up when necessary, and to clarify technical terms.
- **Qualification**—Licensed court reporters must pass a three-part licensing exam, and complete hundreds of hours of training in English, legal and medical terminology, plus a minimum of 60 internship hours.
- **Certification**—Only certified transcripts created by a licensed court reporter are guaranteed to be accepted in court.
- **Documentation**—For appeals, the accuracy of transcripts taken during the original proceedings is critical and may impact the ability of your appeal to move forward.
- **Regulation**—If a problem or disagreement arises with a licensed court reporter, you can file a complaint with CRB to investigate on your behalf and to ensure the law is followed.

Find out more at [www.courtreportersboard.ca.gov](http://www.courtreportersboard.ca.gov).

MY CAR IS IN NEED OF REPAIRS. HOW CAN I FIND A LICENSED AUTO SHOP?

Try the Bureau of Automotive Repair’s (BAR) Auto Shop Locator, a new location-based search tool that allows consumers to easily find licensed automotive repair dealers providing auto repair and other services in their area. Consumers can filter their search results by the type of services needed, including smog check, brake and lamp inspections, and categories of automotive repair like auto body and transmission repairs.

The locator also identifies licensees that are on probation or the subject of a pending disciplinary action by BAR. The easy-to-use, mobile-friendly design allows consumers to quickly find the information they need to make informed decisions when selecting a business for their vehicle’s next service, all with the click of a button.

The new Auto Shop Locator is available at [www.bar.ca.gov](http://www.bar.ca.gov).

I BOUGHT A NEW BED AND WANT TO RECOUP SOME MONEY BY SELLING MY OLD MATTRESS. IS THAT LEGAL?

It is a misdemeanor in California to sell—or even to give away—any article of used bedding unless that article has first undergone proper sanitization. The Bureau of Household Goods and Services regulates the secondhand mattress industry to protect the consumer by enforcing sanitization standards. Secondhand bedding must be sanitized according to the laws contained in the Home Furnishings and Thermal Insulation Act and its regulations ensure that the consumer is getting a clean and safe mattress or box spring.

If you’re in the market for a secondhand mattress, look for the yellow mattress tag that identifies the mattress as secondhand and sanitized by a Bureau-licensed sanitization company.

To find out more, go to [https://bhgs.dca.ca.gov](https://bhgs.dca.ca.gov).
I've always had a good memory; I could remember things without making a list. I memorized numbers so I wouldn't have to look them up. I could read a book, watch TV, and listen to music all at the same time. Then, on August 16, 2019, I had a stroke.

I woke up, did all the morning things, drove to work. I thought it was just another day—until I couldn't use a pen. Or use a keyboard. Or move a mouse without it shaking all over the place.

I was staring at my hand, willing it to move automatically as it had done for 59-plus years, but it just sat there: No matter what I tried, the hand just would not go.

Scary? You bet. Not because I didn’t know what was happening, but because of what I hoped had not happened. Because it happened when I was sleeping. Because it runs in my family. Because I was the one who had to make the decision to take my dad off life support in 2004 when he had his fifth and final stroke.

Holding out my right index finger as steadily as I could, and holding the phone in my left hand and tapping it up to my finger, I called the doctor’s office.

“It sounds like you may have had a TIA [transient ischemic attack, or mini-stroke],” the nurse said. “Can you drive out here?”
ACT FAST: LEARN TO SPOT THE SYMPTOMS OF STROKE

FACE DROOPING—Does one side of the face droop or is it numb? Ask the person to smile. Is the person’s smile uneven or lopsided?

ARM WEAKNESS—Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

SPEECH—Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence.

TIME TO CALL 911—If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

Other Symptoms of Stroke

- Numbness or weakness of face, arm, or leg, especially on one side of the body.
- Confusion, trouble speaking, or understanding speech.
- Trouble seeing in one or both eyes.
- Trouble walking, dizziness, loss of balance, or coordination.
- Severe headache with no known cause.

Be prepared: Learn more from the American Stroke Association at www.stroke.org and click on the “Stroke Symptoms” tab.

Of course I drove myself out there. What I should have done was drive myself to the nearest emergency room. Going through the doctor’s appointment earned me a two-week wait to get an MRI, and another several weeks after that to actually see a neurologist. Had I gone to the ER, I would have been seen immediately, and, if the stroke was still happening, I would have been able to receive a shot of tPA (tissue plasminogen activator). More commonly known as the “clot buster,” tPA is used to break up the clot causing a blockage or disruption in the flow of blood to the brain, helping restore the blood flow to the area of the brain almost immediately.

I didn’t know if I had a stroke. My thinking processes were slowed way down. When I would have to answer a question, it was kind of like a stream buffering. My speech was somewhat slurred. My right eye was wonky. And that right hand, while still having range of motion, wouldn’t do what I wanted it to.

What I did know is that the actions you take immediately following a stroke are crucial. The Stroke Alliance for Europe states the first three days following a stroke “are of utmost importance for the recovery and survival rate of the stroke patient, since they can determine if the patient will have lifelong disabilities.” In addition, the first three months after a stroke is when the most intensive healing takes place, so there is no time to waste.

So sitting, waiting, and worrying were not an option. I was on my own; I did my homework. I had to get my mind working again. I got out of the house: I walked the dogs; I went to stores that were familiar (I love thrift stores) and just looked around. I meditated. I read a few chapters of a book out loud. I downloaded the Lumosity app and began brain training. I did crosswords and other word puzzles. I did projects around the house. I learned the words to new songs. Every day, I did these things.

I also went to my acupuncturist three to four times a week. She began stroke therapy immediately, applying needles and electrodes that connected and activated the affected side of my brain to my right arm. After one or two sessions, I was able to start to write with a pen and use a keyboard and mouse.

I eventually found out I had a full stroke, not a TIA. And a little over a year later, I am sitting at the same desk at work, writing this article. If I had not taken charge of my own recovery, I probably would not be able to do this.

I was lucky.

How does the brain heal itself after a stroke? The brain has amazing properties that allow it to rewire itself, passing the damaged parts and reconnecting to other areas that can perform that function: It’s called neuroplasticity. Brain cells can reroute and form new neuronal connections throughout our lives.

Traditional stroke recovery therapy focuses on training patients to use their unaffected side instead of trying to reconnect and use the injured side; this leaves them with impairments they will have for the rest of their lives. According to the Illinois Science Council, approximately 75% of people who have suffered a stroke suffer long-term debilitating movement impairments.

So why not try and recover what was lost instead of rerouting it? The traditional school of thought is starting to change—and if the brain can rewire itself, stroke therapy can, too.

Researchers are now focusing on how the brain changes after a stroke; they are looking at how to target the areas that have been injured to reverse the impairments caused by the stroke. In other words, fix the injured side to make the brain fully functional once again.

Healing continues in the days, months, and years following a stroke. I am still doing brain games and crosswords. I am getting out and walking. My right hand works just fine, although somehow I can do a lot more with my left hand than I did before.

Whether your brain reroutes or tries to fix itself, the first thing you have to do is get help. Immediately. And you cannot wait for your brain to just heal itself; you have to make it work. If your injuries are extensive, make sure someone is there to push you until you can do it yourself. Be your own advocate, and for assistance, contact a health care or acupuncture professional licensed by the Department of Consumer Affairs; to check a professional’s license, visit https://search.dca.ca.gov.
DON’T LET STRESS BE A GRIND FOR YOUR TEETH

DENTAL PROFESSIONALS SEE SURGE IN PANDEMIC-RELATED DAMAGE

Ryan Jones
Consumer Connection staff

The pandemic has changed everyone’s life, and a lot of those changes have brought on unprecedented levels of stress for many. From quarantining to lost jobs and businesses to families having to adapt to kids distance learning from home, 2020 has been the Year of Stress.

And all that stress has started to manifest in dentist and oral surgeon practices.

The American Dental Association (ADA) detailed in a September report that more than half of dentists surveyed saw an increase of patients with conditions usually associated with stress: chipped and cracked teeth, grinding and over-clenching teeth, and symptoms of temporomandibular joint (TMJ) disorder such as jaw pain and headaches.

“We have seen an increasing amount of fractured teeth in probably the past six months,” Dr. Paul Koshgerian, an oral surgeon in San Diego, told CNN. Dentists often refer patients with badly damaged teeth to oral surgeons.

Koshgerian and other dental professionals report that prior to the pandemic, they were seeing one case of a cracked tooth per day or every other day; that number has jumped to an average of two a day and up to as many as five cases per day.

Grinding or gnashing teeth due to stress—which is almost always involuntary—leads to more tooth damage. Because it’s a problem that is difficult to self-diagnose, people who grind their teeth often don’t realize they’re doing it.
You’d be surprised how many people are unaware that they’re clenching and grinding,” Tammy Chen, a dentist in New York City, wrote in *The New York Times*. “Even patients who come into the office complaining of pain and sensitivity are often incredulous when I point it out. ’Oh, no. I don’t grind my teeth,’ is a refrain I hear over and over again, despite the fact that I’m often watching them do it.”

Symptoms of clenching or grinding your teeth, called bruxism, are:

- Jaw soreness.
- Dull headaches.
- Painful or loose teeth.
- Chipped or fractured teeth.
- Swelling of gums indicative of infection.

And, while damaged teeth in adults are often the result of stress, that’s not necessarily true with children, according to the ADA. Other possible causes of teeth grinding in children include:

- Irritation in the mouth.
- Allergies.
- Misaligned teeth.

**THE FIGHT AT NIGHT**

Dental health professionals say many people who suffer from teeth grinding and TMJ don’t address the issues early on because they are unaware that stress built-up during the day migrates to the teeth at night during sleep. In the daytime when you’re fully conscious, you can likely feel yourself tensing up and decide to relax, Koshgerian said, but you lose that control while you’re sleeping.

“So that parasympathetic (nervous system) activity, which causes relaxation in the muscles, oftentimes is absent,” he added. “The sympathetic response, which makes the muscles contract, kind of takes over and they go unchecked, which causes quite a bit of strain in the muscles, and the teeth pay the price for that.”

**POOR POSTURE: PART OF PROBLEM?**

Also leading to the spike in damaged teeth, dentists say, is the huge number of people who are working from home for the first time, often in less-than-ideal ergonomic conditions: A makeshift workstation may be on the couch, sitting on a barstool, or a kitchen counter. All of this potentially poor body positioning over long periods can have ramifications on the spine, which can lead to teeth grinding at night.

“The simple truth is that nerves in your neck and shoulder muscles lead into the temporomandibular joint … which connects the jawbone to the skull,” Chen said.

**SO WHAT CAN YOU DO?**

During the day, awareness is critical. Your teeth generally shouldn’t touch throughout the day unless you’re chewing and eating food. If they regularly are touching, it’s likely you have stress in your jaw and some level of teeth grinding is doing damage.

Dental professionals say clenching and grinding can often be alleviated when people simply become more self-aware of the problem and catch themselves doing it. If the problem persists, regularly exercising or engaging in activities like yoga, meditation, and massage can help reduce stress, Koshgerian said.

Before going to bed, try some easy relaxation techniques to shed some of the stress created by daily rigors such as deep breathing, spending a few minutes without any television or phones to clear your head, or listening to soothing sounds.

If you continue to wake up with jaw soreness or other signs of nighttime teeth grinding, consult your dentist to get fitted for a night guard or retainer that can absorb the pressure of grinding without damaging your teeth. A fitted night guard can also be used during the day to help break a clenching or teeth-grinding habit.

The Department of Consumer Affairs’ Dental Board of California and Dental Hygiene Board of California license dental professionals throughout the state. To check the license of a professional who you can consult about any dental issues, go to [http://search.dca.ca.gov](http://search.dca.ca.gov).
UNGLUING KIDS FROM SCREENS

IF A DIGITAL DIET DOESN’T WORK, MAYBE IT’S TIME FOR A HARD-STOP BREAK

Matt Woodcheke
Consumer Connection staff

It’s been nearly a year since California Governor Gavin Newsom issued a sweeping stay-at-home order to slow the spread of the COVID-19 pandemic. So home we went: office workers, retail and service employees, skilled trades, agriculture and manufacturing workers alike. Also in this homebound group: more than 6.5 million students of California’s public and private K-12 schools. To wind down the remaining weeks of the 2019–20 school year, schools and school districts quickly improvised curricula for distance learning largely based on classes conducted via video calls. When the 2020–21 school year started, with no end in sight for the pandemic, the time students spent in front of screens was further cemented. Classes were again conducted over video calls, assignments were submitted to cloud storage platforms, and children were back in front of a screen for hours on end.

The American Academy of Pediatrics recommendations for acceptable amounts of screen time are one hour per day for children between the ages of 2 and 12, and two hours per day for teens. But distance learning has blown these limits out of the water, and health experts are concerned about increased screen time for children—and for good reason. The time spent in front of screens is tied to a multitude of long-term physical risks including obesity, high blood pressure, metabolic conditions, back and neck issues, and eye and vision damage.

“Screen time is highly stimulating in an intense and unnatural way,” said Dr. Victoria Dunckley, a Los Angeles-based Medical Board of California-licensed psychiatrist and author of *Reset Your Child’s Brain: A Four Week Plan to End Meltdowns, Raise Grades and Boost Social Skills by Reversing the Effects of Electronic Screen-Time.*
The nervous system interprets this stimulation as a form of stress, which triggers the fight-or-flight response and raises arousal levels. The fight-or-flight reaction, which is meant to be physically discharged by running away or fighting, combined with sedentary behavior creates an evolutionary mismatch. The pent-up energy ends up manifesting itself in some way, be it a tantrum, anxiety, or a headache.

But it isn’t just a child’s body that can pay the price. Too much screen time can have a serious effect on a child’s mental and behavioral health.

“In terms of the brain, screen time delivers potent impacts, particularly in children,” said Dunckley. “Screen time alters brain chemistry, desynchronizes the body clock, raises stress hormones, disrupts sleep, and increases aberrant electrical activity. Taken together, these impacts create a state of chronic stress or ‘hyperarousal.’”

According to Dunckley, this state effectively short-circuits the brain’s frontal lobe, the part of the brain involved in emotional regulation, executive functioning, and social behavior.

Fortunately, there are ways to counteract the effects of too much screen time. The Mayo Clinic offers these six tips to trim screen time when children are not in school:

1. **Be accountable.** Set expectations with your kids and set goals to be intentional about reducing screen time.
2. **Be realistic.** If your kids are spending a lot of leisure time on screens, including watching TV, start by setting smaller, more attainable goals. Instead of jumping right to the recommended one to two hours or less per day, start by cutting their current screen time in half.
3. **Be engaged.** After school or work, spend time each day talking face-to-face with your kids and give them your full attention.
4. **Put hand-held devices away.** During screen-free hours, put devices away or at a charging station in a common area so they’re not attracting your kids’ attention.
5. **Create phone-free zones in the home.** Making family meal areas a phone-free zone is an easy way to start.
6. **Go outside.** Putting down the phone and taking a walk or playing outdoors increases your endorphins and provides that feeling of happiness in your brain, boosting your mood and improving your physical health.

According to Dunckley, the best fix to kick the screen habit is to go on a four-week fast from screens.

“It’s easier and more effective to go ‘cold turkey’ than to try to cut back, which often results in incessant negotiating and a drained parent,” she said. “The key to doing this successfully is to replace device time not just with screen-free activities but with bonding time: both one-on-one and as a family unit.”

The cold-turkey method helps reset the nervous system, normalize hormones, and resynchronize the body’s internal clock, all of which leads to better sleep and, in turn, improves focus, mood, and interaction with others.

Getting outdoors can counteract overstimulation from screen time. Outdoor activities lower the stress response, improve attention and sleep quality, and better integrate the brain.

“As much as you can, get back to Mother Nature and the way we used to live,” said Dunckley. “Your reward will be calmer, happier, kinder, and better focused children.”

If you need help breaking the screen addiction for anyone in your family, consider contacting a professional. In California, mental health professionals are licensed by the Board of Behavioral Sciences (www.bbs.ca.gov), the Medical Board of California (www.mbc.ca.gov), the Board of Psychology (www.psychology.ca.gov), and the Osteopathic Medical Board of California (www.ombc.ca.gov). You can check professionals’ licenses at https://search.dca.ca.gov.
The novel coronavirus has upended all our lives. Many of us know someone who has contracted COVID-19 or has even lost a loved one to the virus. Consequently, the recent holiday season looked and felt markedly different as many of us had to reassess and alter our traditional big family gatherings and other festivities.

If the holidays, along with the world’s bleak news, have left you feeling not so merry, you’re not alone. According to a September 2020 article in The Guardian, seasonal affective disorder (SAD), a form of clinical depression, affects at least 5% of American adults even during the best of times. Yet, we know these aren’t the best of times. The stress and anxiety resulting from the pandemic can take an even greater toll on our mental health and well-being.

In addition to SAD, the American Psychological Association (APA) says adults can also suffer from post-holiday blues syndrome. It is a very real phenomenon.

The reasons why some people slip into a slump after the holidays vary, but the most common causes include not being ready to settle back into a regular routine. Remember all the things we lamented about the holiday season pre-pandemic, such as having to hustle and bustle our way through a crowded mall, plus all the traveling, not having enough time to get everything done, and entertaining a house full of family and friends? The pandemic drastically changed all that and now makes us long for those seemingly bygone, task-filled days.
Here’s the good news: That blasé feeling you’re experiencing will go away. A recent national poll conducted by APA revealed that one-third of Americans said the pandemic is having a serious impact on their mental health. But there’s hope: APA added that, after a crisis, nearly two-thirds of adults experience an increase in well-being, which is known as “post-traumatic growth.” It involves taking self-inventory of your life, what you’ve accomplished big and small, and other things that are of value to you.

Here are some other activities that may help you shake off the post-holiday blues and slowly bring some comfort and joy back into your life:

• **Play some music**—The O’Jays were right: Music is the healing force of the world. Never underestimate the immense power of music. It can soothe the soul and relax the mind.

• **Take time out**—Recalibrate: Find your own personal quiet space and reflect on those moments of the holiday season that you did enjoy.

• **Move it**—Exercising may be the furthest thing from your mind, but it can be a real mood changer. Even something as simple as a brisk, 15–20-minute walk a couple days a week can do wonders. Exercise produces endorphins—hormones in your brain that provide a sense of calmness—not to mention it works off all that delicious, rich food you have been indulging in.

It is important to note that seasonal affective disorder and the post-holiday blues usually go away after the winter or holiday season. Severe depression lasts longer and disrupts daily living. So, if you are still feeling depressed or anxious long after the holidays, you may consider contacting a licensed medical professional.

If you need information about professional psychological services, it’s important to verify that the counselor, psychologist, or psychiatrist you choose has a current, valid license. A license ensures the professional has met stringent educational and experience standards and passed comprehensive examinations. It also ensures he or she has passed a criminal background check. You can verify a mental health professional’s license at [https://search.dca.ca.gov](https://search.dca.ca.gov).

If you feel you are in urgent need, contact one of these free help lines or, in case of a mental-health emergency, dial 911.

**DISASTER DISTRESS HELPLINE**
CALL (800) 985-5990 OR TEXT TALK WITH US TO 66746.

**NATIONAL SUICIDE PREVENTION LIFELINE**
CALL (800) 273-8255 OR CHAT ONLINE AT [HTTPS://SUICIDEPREVENTIONLIFELINE.ORG](https://suicidepreventionlifeline.org).

**PHYSICIAN SUPPORT LINE**
CALL (888) 409-0141.

**CRISIS TEXTLINE**
TEXT TALK TO 741741.

**VETERANS CRISIS LINE**
CALL (800) 273-8255 OR TEXT 838255.
THE SCIENCE OF LOVE

CAN YOU FAST-TRACK RELATIONSHIPS WITH METHODOLOGY?

Laurel Goddard
Consumer Connection staff

Musicians and rom-coms often characterize the concept of falling in love as a magical, unexplainable, even unpredictable and mysterious phenomenon. But is there actually some science behind it?

Turns out, you can create this kind of closeness in a lab. One frequently cited experiment was conducted by psychologist Arthur Aron and several of his colleagues at the State University of New York at Stony Brook more than 25 years ago. The researchers split participants into two groups, then paired people up to talk to each other for 45 minutes. One group made small talk; the other received a list of 36 questions to ask their partner, which got increasingly probing and personal as they went down the list. Finally, the experiment had them share four minutes of sustained eye contact.

Afterwards, subjects rated their relationship to their partners of less than one hour to be about as close as the average relationship in their lives. One of the pairs ended up marrying.

The result of the experiment is not unlike the accelerated intimacy that can happen between strangers on an airplane or other close quarters. For example, you might have experienced how easy it is to get to know someone in a long car ride or on a ski chairlift.

But can a quiz really make people fall in love?

“We’re confident that this procedure of answering 36 questions that gradually get more and more personal that both people answer, as well as a few other items in there like saying what you have in common, things you like about the other, that when you do these things, you’re going to feel closer to the other person,” Aron explains in a University of California, Berkeley, video.

As far as falling in love, it could contribute to it, he said, because part of falling in love is feeling a connection.

If Aron’s study sounds familiar, it may be because it was brought to light in a 2015 New York Times article by psychologist Mandy Len Catron in which she not only outlined the original study, but reinforced it by repeating the activity in her real life, albeit outside of a laboratory environment. And what happened? She and the person she questioned fell in love.

“I wondered what would come of our interaction,” she wrote. “If nothing else, I thought it would make a good story. But I see now that the story isn’t about us; it’s about what it means to bother to know someone, which is really a story about what it means to be known.”

She said the study taught her that it’s possible, with just a little effort, to generate trust and intimacy—the feelings that love needs to be viable.

But as far as using the inquiry to choose a mate?

“We know these 36 questions get people closer,” Aron said. “That can facilitate falling in love.”

He cautions, though, that the first step is to determine if this is an appropriate person for you.

In the research findings, Aron also notes that one key pattern associated with the development of a close relationship among peers is sustained, escalating, reciprocal, personalistic self-disclosure. Experts have noted...
that by disclosing something personal about yourself, it encourages another to do the same, bringing people closer together.

Other studies support the eye-lock theory used in Aron’s study. A laboratory experiment by social psychologist Zick Rubin, former associate professor at Harvard University, found in his study that those who were deeply in love spent more time looking at each other than those who weren’t. As he reported in the *Journal of Personality and Social Psychology* half a century ago, on the basis of the emerging conception of love, it was predicted that college dating couples who loved each other a great deal would spend more time gazing into one another’s eyes than would couples who loved each other to a lesser degree. The prediction was confirmed. The thought is that by encouraging someone to gaze into your eyes by maintaining eye contact with them, you can lead their brain toward the idea of love.

Dr. Pam Spurr, a well-known radio host and expert on sex and relationships, explained it this way: “The last time they stared into someone’s eyes for long periods of time, they were in love. So in theory, that could trigger their brain to recall feelings of love again.”

DCA licenses psychologists and other behavioral health professionals. For more information, visit [www.dca.ca.gov](http://www.dca.ca.gov); to check a professional’s license, visit [https://search.dca.ca.gov](https://search.dca.ca.gov).
Paul Cantelli’s radiant smile could be seen through his mask as his arms swung back and forth with his feet pounding on a treadmill. His breathing was somewhat labored but nothing out of the ordinary for someone exercising.

He has worn that smile throughout a harrowing experience, and every breath he takes is precious music to his ears. Cantelli’s drive and determination to walk is a testament to his fight against the forces that once brought him down: COVID-19.

“It’s an invisible bullet,” he said.

IN THE HOSPITAL

The scene was much different for Cantelli in March 2020. The sound of a ventilator pumping oxygen into his lungs hummed as he lay nearly lifeless in a Northern California hospital for two months.

“I was in a medically-induced coma. The nurses had to flip me every [few] hours. I lost 50 pounds, 50% of my muscle mass—it was just bone. My family couldn’t come and see me. I almost didn’t make it,” he said, fighting back the tears.

But he did make it. Cantelli fought the biggest battle of his life and won.

The 63-year-old from Sacramento unknowingly contracted COVID-19 long before lockdowns, mask requirements,
and physical distancing were even considered, much less ordered across the state. Cantelli’s wife and daughter had the virus too, but his symptoms were far worse. It started with a fever that quickly turned to shortness of breath. After his blood oxygen level went from 92 to 65 using an at-home pulse oximeter, he went straight to the hospital in an ambulance.

“The nurses and doctors were all in hazmat suits; they would flip me over and try to snap me out,” he said.

Doctors told Cantelli’s wife that after 21 days on a ventilator, a patient’s odds of survival diminish. On day 40, medical professionals suggested his family think about getting his affairs in order.

At times, his family tried to wake him out of the coma by talking to him via video calls. Nurses were constantly showing him pictures and posters of his friends and family. “They would try to get me to look at the poster and would say, ‘Hey, this is what you are fighting for,’” said Cantelli.

And on day 46, he was out of the coma, off the ventilator, and breathing on his own. Although he was technically out of the woods, his body and mind had atrophied. He shrank down to skin and bones, his cognitive skills were in a fog, and he still relied on a tank of oxygen. Cantelli was alive, but his quality of life had diminished. “I couldn’t open a bottle of water; I couldn’t walk four steps; I had no more lung capacity; no more strength in my legs; all my muscles were gone,” he said. “It stopped me from doing what I could do, and I don’t know what it’s going to do to me in the future.”

SUPPORTING—AND ENCOURAGING—A FIGHTING SPIRIT

It was Cantelli’s fighting spirit that the coronavirus was unable to touch. “Paul was admirable in that regard: Whatever magical motivation that he has to have the positive outlook to work hard day after day despite being as sick as he was, dealing with all of the issues he did during his recovery . . . If I could find a way to bottle that up and give it to everyone I take care of, I will,” said Dr. Jeremy Wren, a doctor of osteopathy, who oversaw Cantelli’s rehabilitation phase between his hospital stay and going home.

Cantelli’s allies in the fight against COVID-19 were, and are, dozens of medical and mental-health professionals. Most are licensed by boards and bureaus that operate under the California Department of Consumer Affairs. Like Dr. Wren, these health care providers consistently bolster him with the support necessary to keep his lighthearted spirit, powerful drive, and full-body health and functions going. Those helping Cantelli make a full recovery after battling COVID-19—from his diagnosis to today—include:

• Allopathic and osteopathic physicians
• Registered nurses
• Licensed vocational nurses
• Physical therapists
• Occupational therapists
• Speech-language pathologists
• Respiratory care therapists
• Psychologists
• Imaging specialists
• Medical assistants
• Lab specialists and technicians
• Hospital workers

POST-HOSPITAL THERAPY

Achieving what’s become almost a new life hasn’t been easy for Cantelli. Before his COVID-19 diagnosis, he ran half marathons with an 8.59-minute average per mile, played golf, skated, and skied. He had no restrictions before, but after he left the hospital, he felt as if he lost his dignity, having to do things like a child. He could barely speak after a tracheotomy that left a nasty scar on his throat.

“My daughter said she didn’t think she’d ever hear my voice again: It’s crazy,” Cantelli said with a long pause, a gulp, and a smile of victory. “He was a very go-go-go guy, so it’s hard to go from go-go-go to having these new deficits,” said Cantelli’s occupational therapist Rebecca Covington. She spent weeks with Cantelli, who was on supplemental oxygen.
when Covington first saw him in May. She helped him re-learn how to get dressed, use the bathroom and shower, prepare a meal, do the laundry, and even open that darn bottle of water, eventually performing all tasks breathing without an oxygen tank.

“The strategies we were teaching him is monitoring his oxygen saturation, figuring out what his limits were when he needed to take a rest break during tasks, when he could push himself further,” Covington said.

Each health care provider and licensed professional played a specific role in helping Cantelli regain his abilities.

Cantelli’s physical therapist, Dr. Alyssa Breslin, said his drive and determination sometimes went overboard as she worked with him to improve his balance and ability to walk while practicing mindfulness exercises to reduce anxiety.

“He is a go-getter, so kind of having him listen to his body tell him ‘I need to stop, and I need to really take a break [was important],” said Breslin. “He wanted to push himself so far.” And push himself he did, from barely able to take four steps to 40 minutes on the treadmill and nearly 6 miles of walking and jogging every day.

A PERSONAL GOAL

Shortly before he contracted COVID-19, Cantelli landed a prestigious position as a senior account manager for Dell Technologies. The new job was set to start a little more than two months from the time he ended up in the hospital.

But Cantelli wasn’t going let the pandemic stop him from making it to his first day on the job. Enter Hannah Lee, Cantelli’s speech-language pathologist, and Caron Nogen, his psychologist, who both implemented strategies to help him achieve that goal.

“We did spreadsheets, we did budgets, worked on different reasoning—things that we encounter on a day-to-day basis,” said Lee. Part of her job as a speech-language pathologist is to work with patients to improve their cognitive skills.

For Nogen, helping Cantelli retain the charismatic personality that many of his caretakers grew to love and appreciate became her main focus of therapy. His drive to conquer the mental effects of the disease through resiliency, gratitude, and hope is what impressed Nogen the most.

“The way that I was able to help him was to celebrate the small victories. It’s difficult to be like, ‘Oh, you mean it’s a victory that I actually got up and took three steps today?’ I remember one day working with him and him saying something like, ‘I won the lottery today!’ ‘What do you mean you won the lottery today?’ ‘I was vertical,’ [Cantelli said]. So, he naturally kind of had that in him,” Nogen said.

LIFE AS A COVID-19 SURVIVOR

Surviving a horrible disease that has caused a worldwide pandemic motivated Cantelli to continue with his rehab by working with a respiratory care therapist twice a week.

“When you start to have that oxygen level drop, that’s when exercise goes from being a good stress to a bad stress,” respiratory therapist Ken Norlen told Cantelli as he walked the treadmill during one of his pulmonary therapy sessions.

Norlen uses a pulse oximeter to measure Cantelli’s oxygen levels and uses weights to increase his endurance. But Norlen says Cantelli’s passion to improve at a fast pace can sometimes hinder his progress.

“When you exercise past a certain point when you have damage to the lung tissue, it can make it so that your body doesn’t process the oxygen the way it’s supposed to. So we have to find that spot where he can get up to a certain level and not take the oxygen out of his body,” she said.

A REQUEST AND MESSAGE OF HOPE

If you look at Paul Cantelli today, you’d never know about the nightmare he endured and the devastating toll COVID-19 took on his body. He holds himself up with pride as a picture of good health.

Cantelli would like to use his experience as an example of why it’s important for people to listen to their health care providers who stress the importance of protection against COVID-19.

“This is a war that everybody can help win,” he said. “All you have to do is wash your hands, keep your distance, and put your mask on; that’s it! If you don’t like wearing a mask, try a ventilator.”

Cantelli is also striving to channel his positive, enduring spirit by becoming a peer counselor for other COVID-19 survivors. He’s willing to speak with anyone who needs support and encourages them to persevere.

“If I could put on a cape and take it all on, I would so they won’t have to,” he said. “It’s very important for people to talk about it and bounce some ideas off—and maybe I’ll bring some of those bad dad jokes. I have to get them to smile a little bit.”
Loretta S. Melby, R.N., BSN, MSN, brings a wealth of professional knowledge and experience to her latest role as the Board of Registered Nursing’s (BRN) executive officer, to which she was appointed on June 4, 2020. Melby has 25 years of health care experience, including 19 years as a registered nurse; 13 of those years serving in a variety of nurse management and leadership roles. Throughout her health care career, she has demonstrated an in-depth knowledge of the nursing practice from all levels: nurse, clinical instructor, director of a nursing program, a nurse education specialist, sexual assault nurse examiner, nursing administration and practice manager, and a nurse education consultant. In her most recent role as executive officer of BRN, she navigated the Board through the COVID-19 pandemic. During this time, Melby led BRN in finding alternative solutions to help nursing students while maintaining the integrity of the nursing practice and has showcased her relationship-building skills by collaborating with internal and external stakeholders to develop resources for students and the Board. She shared some of her thoughts and insights with Consumer Connection.

**What is your biggest challenge?**
My biggest challenge is getting to know everyone. Now that we are adjusting to this new norm, I have had more opportunities to meet people, and in doing so I’m becoming more familiar with all of the various processes within the Board. The breadth of the Board can be challenging, but it is rewarding to work with people who are committed to public service.

**What would you like consumers to know about the Board?**
People who comprise our BRN team are constantly striving to improve and enhance our transparency, accountability, and integrity while delivering the highest level of oversight in a sustainable and flexible manner. We want to hear from you, we are improving our customer service, and we will continue to strive to meet the needs of all that we serve.

**What are some of your best memories of your jobs prior to this one?**
My best memories involve serving others. I have provided comfort to the scared, relief to those in pain, assistance to the tired, and companionship to those who are lonely. I have celebrated new life and grieved with family and friends at the passing of a loved one. My best memories are the ones where I have been able to make a difference.

**What is your vision for BRN?**
My vision for the Board is to enhance our overall customer service, work with others to identify areas where a greater level of efficiency and effectiveness can be achieved, provide support as we execute these plans, and celebrate the many successes achieved by the dedicated people who serve our Board. The Board serves a crucial part of the delivery of health care in California and the Board’s vision must be equally dynamic and evolving.

**What advice would you give your younger self?**
Don’t rush it! Take the time to enjoy life. Don’t focus so much on work and understand that time spent with family and friends is priceless. And lastly, smile big, smile often, and laugh loudly with others.
SUBJECT MATTER EXPERTS: THE ROLE THEY PLAY IN PROTECTING CONSUMERS

WHAT THEY DO, WHY THEY MATTER, AND HOW TO BECOME ONE

Michelle McVay-Cave
Consumer Connection staff

The Department of Consumer Affairs (DCA) protects California’s nearly 40 million consumers. To accomplish this, 37 boards and bureaus regulate nearly 4 million licensees in more than 280 professions and occupations.

To help DCA in its mission of consumer protection, boards and bureaus may recruit practicing licensees in good standing as volunteers to play a crucial role in licensing examination development or the enforcement process. These volunteers are known as subject matter experts (SMEs). However, depending on the DCA entity, SMEs may also be called expert practice consultants (EPCs) or expert reviewers (ERs). These volunteers play a vital role in consumer protection.

We spoke with individuals involved on the administrative side (test development) and the enforcement side: dedicated individuals committed to maintaining standards in their respective industries and keeping Californians safe.

On the administrative side is DCA’s Office of Professional Examination Services (OPES), managed by Tracy Montez, Ph.D., chief of the Division of Programs and Policy Review at DCA. Before an initial license is issued, most applicants must first take and pass an exam, and this is where OPES comes in. OPES provides test-related services to boards and bureaus. DCA entities work with OPES on a contract basis to recruit individuals in various licensed categories to serve as content or professional experts. These experts then work with OPES psychometricians (test specialists) to develop test questions, review and construct different exam forms, and establish passing scores. They also ensure that the examinations that DCA uses for licensure are fair, valid, and legally defensible.

“Subject matter experts are necessary because they have the specific expertise in each occupation, and it’s what we call the three-prong approach,” said Montez. “There are professional guidelines and technical standards with regard to the work we do when we develop exams, and it requires having your board or bureau involved because they know the statutes, regulations, laws, etc., of how a practice is regulated.”

Craig, J.D., and Rick, Ph.D., are subject matter experts with the Contractors State License Board (CSLB). (In the interest of maintaining the integrity of examination and enforcement processes, full names have been withheld.)

Craig and Rick work alongside other SMEs to generate exams administered to prospective contractors, and help ensure CSLB exams cover current subjects as the industry continues to evolve.

“We’re devising the test for the new contractors, and it’s not that we’re going from old data,” Craig said. “We’re getting new data—current data—as far as what’s happening in the industry, what’s important, what
To help DCA in its mission of consumer protection, boards and bureaus may recruit practicing licensees in good standing as volunteers to play a crucial role in licensing examination development or the enforcement process.

In short, SMEs, ERs, and EPCs are crucial to protecting consumers because any case presented to boards and bureaus regarding specific procedures or standards of care requires an independent and unbiased review of the facts from an individual experienced in the areas in question. The boards cannot perform that activity level without expert reviewers’ ability to provide that information on a granular level.

If you are a licensee in good standing with your respective board or bureau and are interested in serving as a subject matter expert, contact your licensing entity’s enforcement unit.
Think about the last time you took your dog or cat to the veterinarian for a checkup: The veterinarians and registered veterinary technicians probably took your pet’s temperature, carefully checked Fido or Fluffy’s body and teeth for any issues, and gave vaccines as needed to ensure your animal buddy was protected from dangerous diseases.

But what if your cow, iguana, owl, elephant, or koi fish is under the weather? Well, there are vets and vet techs who have made it their life’s work to help all types of animals in all types of situations, and, just like the vets who help make your pets—and, by relation, you—feel better, their efforts often positively impact people, too.

SEVERAL SPECIALTIES

To be licensed as a veterinarian in California, professionals must graduate from an accredited college with a veterinary medicine doctorate degree, pass a state board licensure exam and a veterinary law exam, and pass a background check, among other requirements administered by the Department of Consumer Affairs’ (DCA) Veterinary Medical Board (VMB).

But some veterinarians take their education and experience further by specializing in one avenue of expertise or even multiple aspects of animal health beyond state licensure requirements. These official specialties are overseen in the United States by the American Veterinary Medical Association’s (AVMA) American Board of Veterinary Specialties (ABVS). The AVBS recognizes veterinary specialties and specialty organizations, promoting advanced levels of competency in well-defined fields of veterinary medicine and allowing veterinarians to become board-certified in their chosen field or fields.

Veterinarians can currently become AVMA/AVBS board-certified in these specializations:

• Anesthesia and analgesia (pain management).
• Animal welfare.
Veterinarians also can become AVMA/AVBS board-certified veterinary practitioners, recognizing their advanced training in specific animal species and practice areas:

- Avian practice (birds).
- Beef cattle practice (cattle raised for meat).
- Canine and feline practice (dogs and cats).
- Dairy practice (cows that produce milk).
- Equine practice (horses).
- Exotic companion mammal (ferrets, rabbits, mice, rats, and other small mammals often kept as pets).
- Food animal practice (cattle, sheep, goats, and pigs).
- Reptile and amphibian practice (snakes, lizards, salamanders, turtles, and so forth).
- Shelter practice (diverse populations of animals in shelter settings).
- Swine health management (pigs).

And registered veterinary technicians can have specialties as well: The National Association of Veterinary Technicians in America oversees vet-tech specialty programs. Its AVMA-recognized Committee on Veterinary Technician Specialties administers guidelines for various specialty academies, which develop their own requirements that allow vet techs to use the designation “VTS” (Veterinary Technician Specialist) in their specific disciplines. Vet techs can specialize in fields including emergency and critical care, dental services, internal medicine, anesthesia and analgesia, and zoological medicine.

A VERY DIVERSE PROFESSION

When Bret McNabb was growing up in San Diego, he wanted to be an architect (another DCA-licensed profession). But that career path changed with a high-school Future Farmers of America animal-health class. He went to University of California, Davis, to study animal science and livestock health, which he enjoyed so much that he applied for—then graduated from—UC Davis’ veterinary program with a focus on large-animal (livestock and horses) medicine. After a few years of rural large-animal private practice, he returned to UC Davis for a herd health and reproduction residency, eventually going on to become a faculty member and director of UC Davis’ Large Animal Clinic.

“Veterinary medicine is a very diverse profession,” said McNabb, who is a VMV-licensed veterinarian as well as AVMA/AVBS board-certified in both theriogenology and food animal practice. “I would recommend that anyone pursing veterinary medicine as a career consider all types of clinical practice, as well as public health, food safety, research, and more. A DVM degree opens more possibilities than you could imagine, and many people don’t realize the different aspects.”

McNabb says he specifically chose to focus on livestock reproduction, a combination of his board specialties, because of its important role in an overall preventive health plan for herds and flocks, which in turn also keeps humans healthy by ensuring a safe food supply.

“There are many different aspects of veterinary medicine, and all serve an important role in our society,” he said. “From clinical veterinary practice to interfacing with human health, zoonotic disease, wildlife health, food safety, and medical research, veterinarians have a great impact on the daily life of Californians. I am proud to be part of this profession.”

LEARN MORE

To find out more about California's licensed veterinarians, registered veterinary technicians, and the services these professionals offer, visit VMB’s website at www.vmb.ca.gov; to check a professional’s license, visit https://search.dca.ca.gov.
Women mechanics are becoming an increasingly familiar sight all across the automotive industry. It’s about time. For decades, automotive repair work has traditionally been dominated by men.

According to the Bureau of Labor Statistics, in 2018 there were 19,236 female auto mechanics (2.1% of all auto mechanics) and a total of 130,174 women in the automotive repair and maintenance field. In addition, women account for 9.7% of the 1,342,000 total employees in the auto repair and maintenance industry in the United States.

Now, as doors slowly open for women in the profession, many of them are putting the pedal to the metal and blazing their own paths, and not just as mechanics. They include women like Angela Blumer, a former diesel truck mechanic who now works as a supervisor for the Bureau of Automotive Repair’s (BAR) San Diego/Oceanside Field Operations and Enforcement Division.

“I’m encouraged by the uptick of female automotive technicians and women-owned businesses in the industry,” said Blumer, who worked in the automotive field for eight years and has been at BAR for the past 25 years. “Women are realizing they can earn a good living in the automotive profession.”

It just makes good sense for the automotive industry to reach out to women who are qualified and want to enter the profession, particularly when you consider women account for nearly 53% of all new cars purchased each year.

Women interested in pursuing careers in the automotive industry or opening a repair shop have many training and licensure options. Several community colleges and trade schools throughout the country offer training classes. (You can find more information at www.tradeschoolgrants.com and click on the “Mechanic Schools” tab at the top.)

BAR, which licenses repair shops, also offers specialized licenses for businesses and individuals who perform smog checks and brake and/or lamp inspections.

To learn more about training and licensure requirements for automotive repair businesses and professionals, visit www.bar.ca.gov.

Michelle McVay-Cave

LANA K. WILSON-COMBS

IS YOUR PHONE CLEANER THAN A TOILET SEAT?

Like most Americans, you probably have multiple electronic devices, but the ever-present mobile phone is likely the most frequently used. According to a 2019 survey by the consulting firm Deloitte, Americans check their phone 47 times per day on average. That serves as plenty of opportunities for germs to get transferred back and forth between phone, hands, and fingers.

We take our phones everywhere, and we place them on surfaces we wouldn’t put our food, such as a store counter, the seat of a commuter bus, or even the toilet paper dispenser while using a public restroom. Bottom line: The more germs our phones collect, the more we touch.

We wash our hands to get rid of germs and bacteria, then grab our phone with our hands and place it next to our face. A 2012 study from the University of Arizona discovered that a mobile phone is 10 times dirtier than most toilet seats.

You read that right! Health experts stress the importance of washing your hands properly with soap and water to limit the spread of germs and disease. You should clean your phone regularly also.

There are plenty of costly methods that claim to disinfect your phone. But you don’t need fancy gadgets. Disinfecting your phone is possible with products you may already have on hand without harming the device. Check with your mobile carrier for suggestions on how to clean and disinfect your phone and other electronic devices properly.

Michelle McVay-Cave
Contact tracing helps local health departments identify people who may have been in contact with a COVID-19-infected person.

DON’T FALL FOR CONTACT TRACING FRAUDSTERS

State and federal officials have issued warnings that scammers who try to get credit card and bank account information from trusting victims have now turned their focus to the legitimate and important service of COVID-19 contact tracing.

Contact tracing helps local health departments identify people who may have been in contact with a COVID-19-infected person. Once those who are potentially infected are contacted, they can take necessary precautions to slow the spread of the virus.

In this latest scheme, fraudsters, pretending to be contact tracers, are stealing personal data such as social security numbers and financial and health care information.

Californians are being contacted by phone, email, or text, state Attorney General Xavier Becerra warned in a news release. “Legitimate contact tracers will never ask for personal information. I ask all Californians to be alert and protect your personal information. And if you see something, say something.”

To avoid falling victim to this scam, the California Department of Justice offers these tips:

• Real contact tracers will only ask about your medical symptoms and the people you may have been in contact with.
• Real contact tracers will never ask for your social security number or any other personal data.
• Real contact tracers will not ask about immigration status.
• If someone claiming to be a contract tracer asks for any kind of financial information or tries to charge you money for any service, it’s a scam that should be reported immediately by filing a complaint at www.oag.ca.gov.

$500 MILLION IN GRANTS, TEMPORARY TAX RELIEF AVAILABLE TO SMALL BUSINESSES

California Governor Gavin Newsom has unveiled a $500 million COVID-19 relief grant program and tax assistance for small businesses impacted by the pandemic and its related health and safety restrictions.

Funds would be awarded to selected intermediaries to distribute relief through grants of up to $25,000 to underserved micro and small businesses throughout the state by early 2021. Nonprofits would also be eligible for these grants.

Governor Newsom also has directed the California Department of Tax and Fee Administration to:

• Provide an automatic three-month extension for taxpayers filing less than $1 million in sales tax on a return and extend the availability of existing interest- and penalty-free payment agreements to companies (with up to $5 million in taxable sales).
• Broaden opportunities for more businesses to enter into interest-free payment arrangements.
• Expand interest-free payment options for larger businesses particularly affected by significant restrictions on operations based on COVID-19 transmissions.

“California’s small businesses embody the best of the California dream and we can’t let this pandemic take that away,” Newsom said. “By providing potentially billions in immediate relief and support, our small businesses can weather the next month as we continue partnering with the Legislature to secure additional funding and investments in small businesses in the new year.”

For more information on vital economic programs like these and how you can apply, visit the “Get Help” section of the state’s www.covid19.ca.gov website and click on the “Businesses and Employers” link.
The Department of Consumer Affairs (DCA) protects and serves California consumers while ensuring a competent and fair marketplace. DCA accomplishes this by administering more than 3.5 million licenses in more than 280 license types, including permits, certificates, and registrations through the licensing and regulatory entities under its jurisdiction. DCA provides consumers with current license status information on the millions of professionals licensed or certified through its entities. To check professionals’ licenses, visit http://search.dca.ca.gov. To report concerns about a licensed professional or to find out more about a profession, contact one of the many DCA entities listed below.