

PSY.D PROGRAM NEWSLETTER

FACULTY/ALUMNI
INTERVIEWS

COMMUNITY
MEETINGS

INTEREST
GROUPS

EPPP TRIVIA
WITH PRIZE



SPRING 2020

Antioch University Seattle

Commitment to Social Engagement:

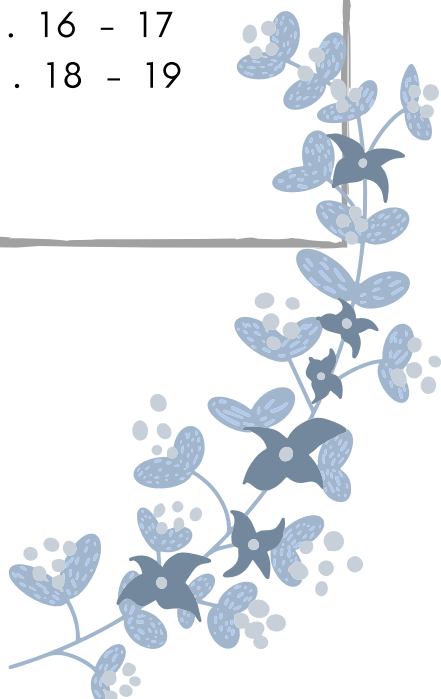
"The University maintains a historic commitment to promoting social justice and the common good. Students graduate from Antioch University with a heightened sense of their power and purpose as scholars, practitioners, and global citizens."

"Through others we become ourselves." – Lev S. Vygotsky



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HAPPY READING!

FACULTY SPOTLIGHT



DR. CHRISTINE PAYNE

Ph.D., Adjunct Faculty and Clinical Supervisor,
Clinical Psychology Doctoral Program,
Antioch University Seattle



WHERE ARE YOU FROM?

That's a tough question because I've moved a lot. I grew up in central Connecticut, went to college in Indiana, and then lived in Boston, Chicago, Upstate New York, Portland, and New Haven. Now, I'm happy to say I'm from Seattle. Go, Mariners!

WHAT IS THE PROCESS OF GETTING LICENSED IN DIFFERENT STATES LIKE?

Each state has its own process, including jurisprudence exam and fees. Luckily, the states do a good job posting detailed information online, so that's the place to start. It's not fun, but it's doable. I'm currently licensed in Washington and Illinois.



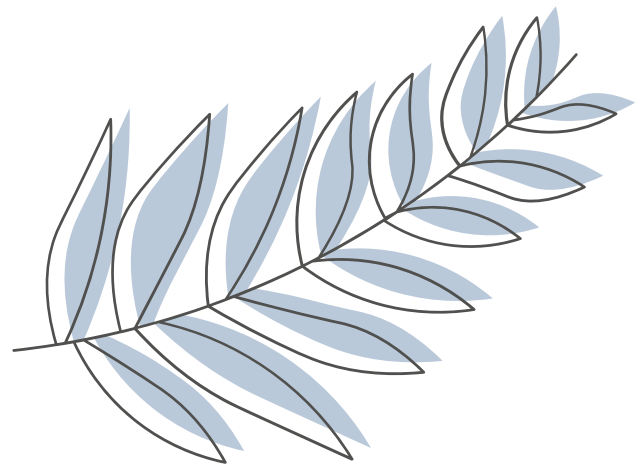


WHAT LED YOU TO WANT TO BECOME A PSYCHOLOGIST?

While teaching high school English in Poland at age 22, I realized I was fascinated by the individual differences in my students, and the contextual factors that seemed to affect their success in the classroom. I decided to become a high school counselor instead of going into teaching. I enrolled in the counseling psychology Ed.M. program at Boston University and had a huge “AH HA!” experience thanks to amazing professors and an eye-opening practicum at Boston English High School. I knew I had found my passion and set my sights on becoming a psychologist.

WHAT WAS YOUR DISSERTATION ON?

The title sums it up pretty well: “An exploration of perceived social support for children and adolescents who reside in neighborhoods that lack social cohesion and trust.” Before returning to grad school for my doctoral degree, I worked for a huge research project in Chicago, interviewing kids and their caregivers throughout Chicago neighborhoods. I loved the job and learned a ton. I kept in touch with the principle investigators and reached out when it was time to propose my dissertation project. The end of the process was tough because I got pregnant with twins while on internship. Back then, programs didn’t require students to finish the dissertation before going off on internship. I ended up writing my dissertation one paragraph at a time in between feedings, diaper changes, and naps. It was a great day when I defended back in Chicago with my 8-month-old babies in tow.



DO YOU HAVE A
THEORETICAL ORIENTATION?
IF SO, WHAT IS IT AND HOW
DID YOU FIGURE IT OUT?

I'm very relational; I believe people are hurt through relationships, and also heal through relationships. I'm guided in my therapeutic work by relational psychodynamic theory, self-psychology, attachment theory, and Porges' polyvagal theory. My interest in the unconscious is the "golden thread" as I integrate right-brain somatic approaches with more traditional left-brain talk therapy. I'm a counseling psychologist by training, so I tend to be strength-based and always thinking about culture and development across the lifespan. Epigenetics and neuroscience definitely play a role in how I think about the effects of intergenerational trauma, developmental trauma, and ACEs on the individual or family in front of me. I feel like my theoretical orientation has evolved over the years. The learning never ends....



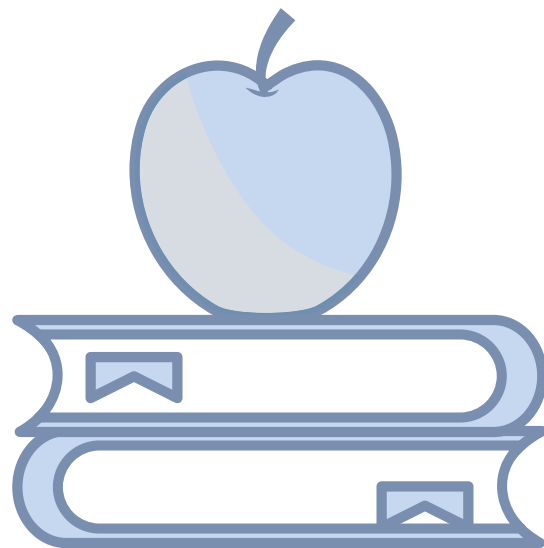


HOW DO PEOPLE REACT WHEN YOU TELL THEM THAT YOU ARE A PSYCHOLOGIST?

I think they're surprised. I can be gregarious and fun--qualities that don't really fit the "psychologist" stereotype. But I'm proud to be a psychologist. We bring something unique to the table and we can wear many hats.

WHAT DO YOU ENJOY ABOUT TEACHING GRADUATE LEVEL STUDENTS?

Everything! I love teaching. I guess my favorite part is watching students bounce ideas around and learn from one another. I try to foster mutual respect so everyone feels safe to share. And I also love service learning where we link didactics to the real world. Can I give a shout out to Antioch doctoral students? You are the best because you're so engaged in class discussions!




WHAT ARE SOME OF YOUR HOBBIES?

Traveling. Finding good, cheap, spicy food and eating it with friends and family. Watching "Glee" or "The Office" on Netflix for the umpteenth time (yes, I have kids). Taking long walks with my dogs. Reading. Going to the movies. Singing. Oh, and I also love a good nap.



WHAT ADVICE DO YOU HAVE FOR PEOPLE GOING
THROUGH THE PROGRAM RIGHT NOW?



*"Take care of yourself and your
relationships. Ask for help when you
need it.."*

- DR. CHRISTINE PAYNE



ALUMNI SPOTLIGHT

DR. MARTIN TOBIN



Ph.D., Antioch University Seattle Alumni

WHAT WAS THE PSYD PROGRAM LIKE FOR YOU?

The whole process was a constant grind. Well, I actually like to use the word 'groove' now.

You were just putting your head down, working on things and then would pop up every once in a while and say "woah, where am I?". I enjoyed being in school and learning. It was a really awesome opportunity to be around people of a similar age with the same interest in helping others. I appreciated not feeling judged. Especially because I had some radical ideas for working with clients. I

was always worried that it would be perceived as too radical but I never got that feedback from others.

A FAVORITE MEMORY OF YOUR TIME AT ANTIOCH?

One of my favorite memories from my time at Antioch was being given the opportunity to present on the Biological Self in the Netherlands. I wound up taking a month to backpack Europe. When I flew back to the United States, I landed in Las Vegas to attend Burning Man. Once I finally came back to the Pacific Northwest I started my internship and a couple months later, I was in court testifying. It was a crazy couple months! I really felt alive during this experience and a lot of it was possible thanks to school.

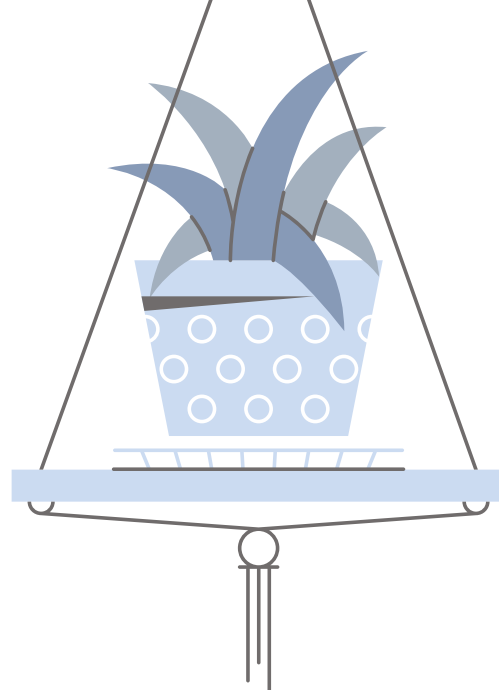


WHAT HELPED YOU GET THROUGH THE MOMENTS OF CONSTANT 'GROOVE'?

Compartmentalization was big. Just taking one paragraph of an assignment and dedicating a couple hours to it helps take the focus away from the stress of completing the program. Taking small chunks of the process really helped me. I really didn't have a good game plan on how to finish the program. In the first year, you have to go through a plan of study, which for me, was not entirely helpful. Being flexible was super important to me and not holding onto any firm plan other than to just keep grooving and rolling with the punches. I like the analogy of being a stick in a river and just going with the flow.

A lot of awesome people also helped me along the way. Especially considering that I was commuting from Oregon and had to rely on the kindness of other students to crash on their couch some nights.

Sometimes I would have to sleep in my van. I knew that being in this program was a great opportunity which is why I just had to dive for it. I definitely could not have done it without the folks who stepped up and took care of me. I could not have done it without their support.



WHAT HAVE YOU BEEN UP TO SINCE GRADUATING?

I graduated in December of last term and the January after was a decompression month. I had big plans for February to prepare for the EPPP, working on a resume, and working on acquiring my license. In

March, I became aware of a job opportunity in Maple Lane which is down in Rochester, Washington and everything fell into place. On the first day of work, the COVID-19 crisis was in full effect. Started seeing a lot more of social distancing and closure of businesses. In fact, I am pretty sure that the day I got taken out for a welcome lunch was the last day that restaurants were open. Originally, I was meant to transition from another job which was a pilot program and something I was instrumental in helping put together. I didn't want to leave it completely with the pandemic occurring so I am working at both locations. At Maple Lane, my services are deemed essential and I alternate weeks with another psychologist. Hopefully, working in this inpatient setting will help lead into Forensic Psychology as a career.



WHAT HAVE YOU BEEN UP TO SINCE GRADUATING?



WHAT IS A FUN FACT ABOUT YOUR TIME AT ANTIOCH?

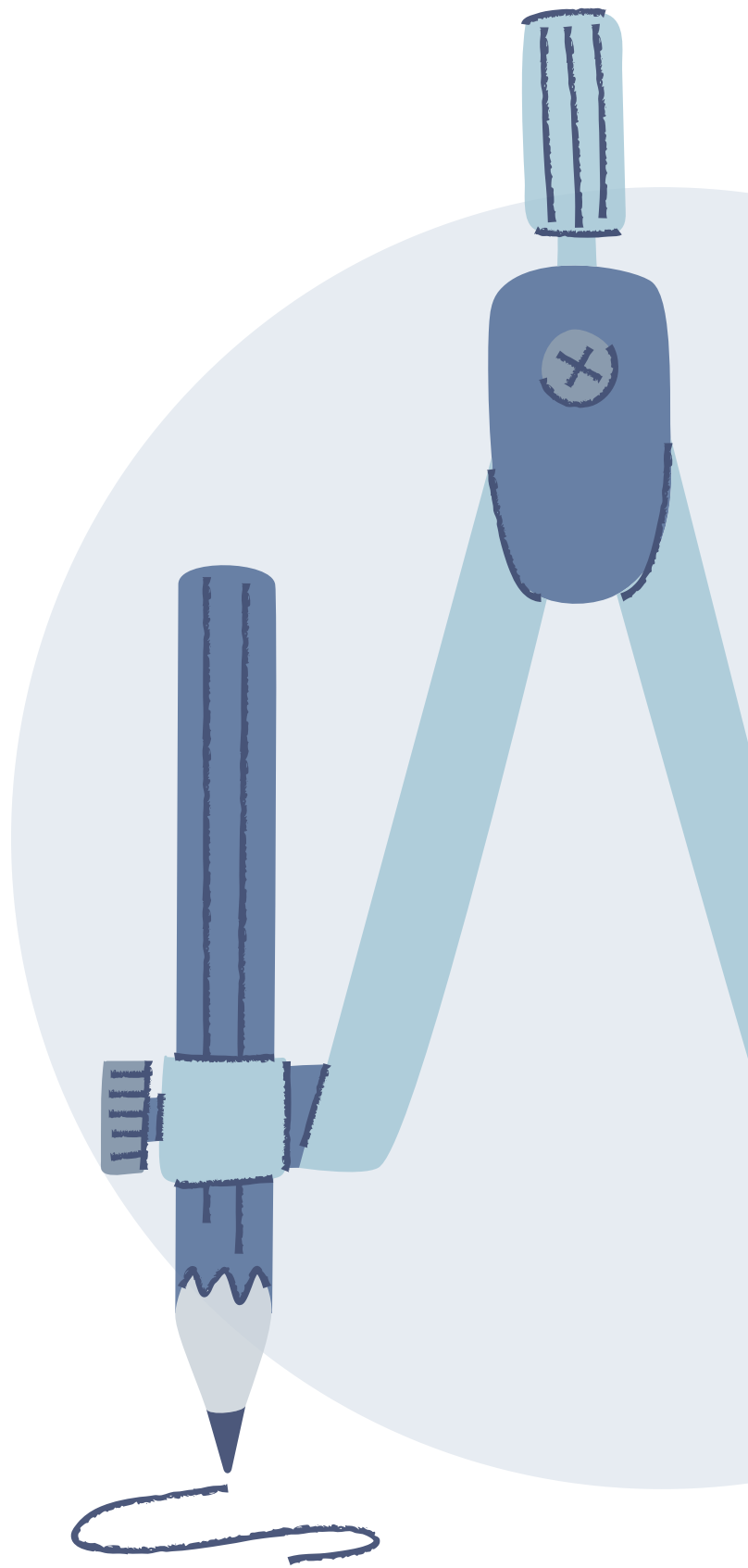
My son was actually born the night before my first dissertation meeting. Life happens and you have to keep moving, right?



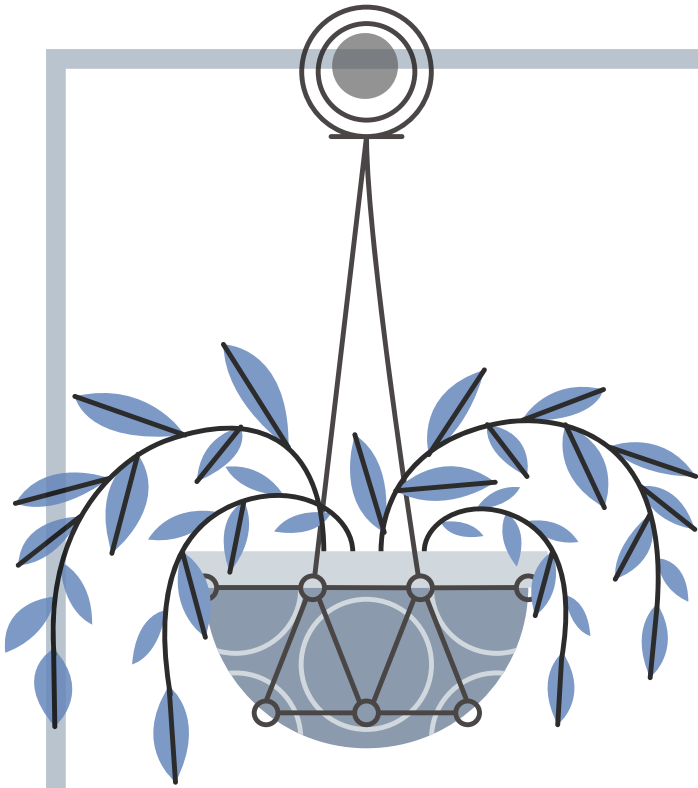
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WHAT WAS YOUR DISSERTATION ON
AND WHAT WAS THE PROCESS LIKE
FOR YOU?

I was bouncing around with ideas leading up to my final dissertation topic. I spent the first three years researching this idea I had come up with in my first year. A wise move if you want to work on your dissertation would be to tailor your assignments to your idea. I was interested in Hubert Herman's work on Dialogical Self Theory which looks into the exploration of different self states. Unfortunately, I couldn't get my dissertation chair on board with the project. So I had to scrap it and find another idea. It was still hard to get it to stick. Luckily, Dr. Bergkamp introduced me to the department of corrections and I wound up partnering with the Offender Reentry and Community Safety program. Their role is to find within the DOC (Department of Corrections) system individuals who have mental disorders and pose some significant risk either themselves or the public. I got to do a program analysis and process evaluation on how they select candidates for their program. While I had not prepared for forensic work, I did feel equipped to move forward given my experience in pre-internship and thanks to the help of Dr. Hendrickson. After formulating an idea for my dissertation through my work at the DOC, it turned out that they were not able to process my access to their data. So I had to be flexible and shift the focus of the dissertation. It went from a quantitative study to a qualitative study. It was really a question of "what else can I do to help this program?" Overall it was a great experience, it took me a long time to get through the process because of all the shifts and barriers.



ANY ADVICE FOR CURRENT STUDENTS?



SOME ADDITIONAL ADVICE:

For anyone interested in forensic psychology, you should know that Western State offers post-doctoral seminars that are free to the public. They are also streamed online and are a good opportunity to learn more about Washington's approach to doing forensic work. I recommend actually going in person and visiting the campus to mingle with other psychologists. It may also help shift some anxiety about being a professional.

Be present with the process, it is very important. I often hear students express that they can't wait to finish school so they can move on. Personally, I was treating my time at Antioch as a special privilege. It wasn't always easy but I was always able to show up and acknowledge what an amazing opportunity this was. Don't stop living! Think of school as part of your life, not your whole life. Enjoy your groove as much as you can. Another tip is to not compare yourself to other students which can be understandably hard to avoid in the first couple years. Especially given that you are likely to experience imposter syndrome; having to absorb new concepts and other factors that maybe some students have already mastered. The thing to keep in mind is that at the end of the process everyone winds up with her own set of skills, interests, and approaches. You realize that you are all on the same team. When you internalize inferiority and superiority in comparison to other students, you're actually playing into disconnection rather than creating collaborative connections.

DISSERTATION DEFENSE



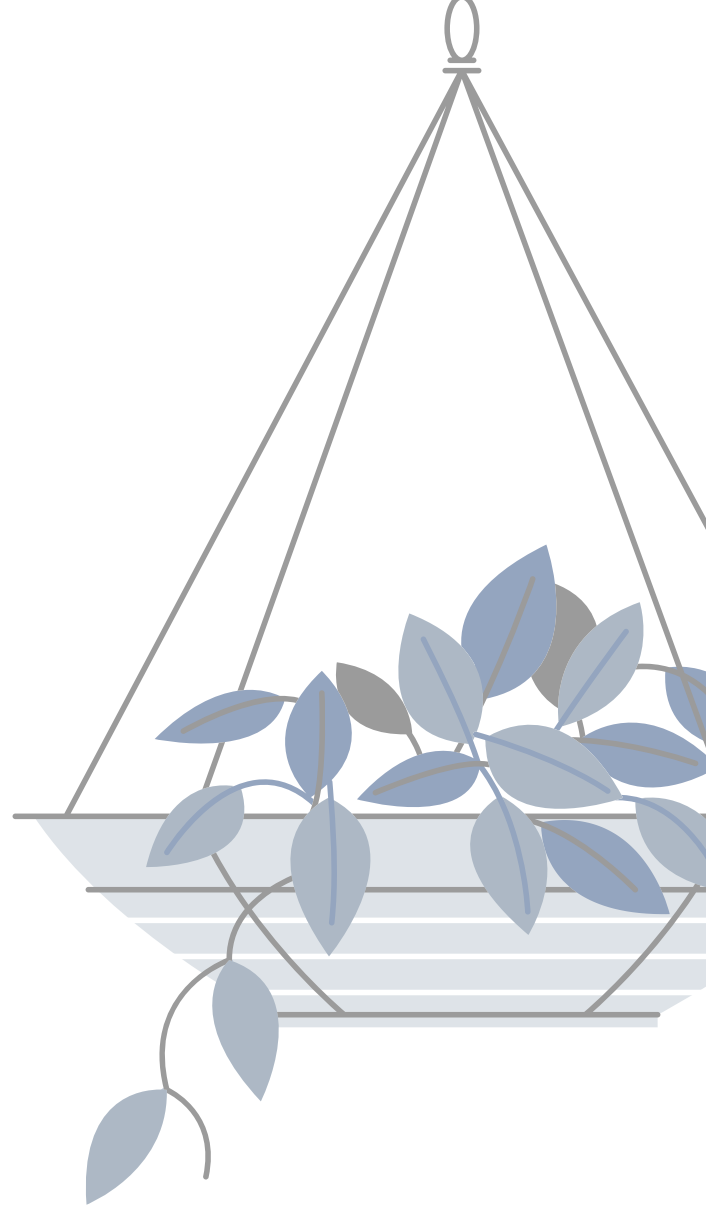
JESSICA COWAN

*Coercive and Compulsive Treatment of
Eating Disorders: Surveying Treatment
Providers' Attitudes and Behavior*

"Stigma toward individuals with eating disorders is common and well-documented. Individuals with eating disorders regularly report experiencing stigma associated with perceptions that they are to blame for their illness, that their illness is trivial compared to other conditions, or that they are engaging in disordered behavior to gain attention. These stigmatizing attitudes toward eating disorders are also reported by the general public and healthcare professionals, including those who treat eating disorders. Treatment of these illnesses at all levels of care often include paternalistic approaches such as coercion and compulsion that can have both adverse and advantageous consequences. While there are ethical, clinical, and legal justifications for these treatment approaches, this study provides a novel exploration of the relationships between stigma toward individuals with eating disorders and coercive and compulsive treatment. This was accomplished using a survey methodology to assess the attitudes and treatment practices of treatment providers across the United States. The results of this study suggest that there is no significant relationship between treatment providers' attitudes toward individuals with eating disorders and coercive or compulsive treatment methods. Implications for clinical practice and future research are discussed and center on the need for additional inquiry to better understand the complexities of these two variables in light of the ongoing debate concerning the risks and benefits of coercive and compulsive treatment."

AUS/AUNE SOCIAL JUSTICE RESEARCH COLLABORATION

On May 28, 2020 the PsyD sister programs in Seattle and New England kicked off a research collaboration focusing on social justice in clinical psychology. Drs. Bergkamp, Evarts-Rice, and Hammer hosted 11 doctoral students with current social justice oriented research projects in the spirit of cross-program collaboration. Research projects involve citizenship privilege, social privilege in psychotherapy, disenfranchised grief, and international transgender experience. This is one of the first collaborations of its kind we're hoping for fruitful interactions in the future.



Orbiting Social Privilege: The Gravity of Awareness

Presenters



Dr. Jude Bergkamp is the program chair of the clinical psychology program at Antioch University Seattle, as well as clinical faculty in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He was trained in forensic and neuropsychology and has worked in the Washington State Department of Corrections, and as a forensic evaluator at the Center for Forensic Services at Western State Hospital. His current research interests include the decolonization of psychology, the exploration of social privilege as the flip side of oppression, and the role social privilege plays in psychotherapy.

Lindsay Olson is a fourth-year doctoral student at Antioch University Seattle engaged in research on social privilege awareness with Dr. Bergkamp. She has previously presented their research at the American Psychology Association convention and is currently working on her dissertation titled "Consciousness of Social Privilege in Children: A Grounded Theory."

Abi Martin is a fourth-year doctoral student in clinical psychology at Antioch University Seattle engaged in research with Dr. Bergkamp on privilege awareness. She has presented their research at the American Psychological Association convention and is constructing a developmental social privilege awareness scale, using an intersectional lens, for her dissertation.

Presentation Description

As our communities feel the weight of social, economic, and political tension, fear and anxiety, conversations of social privilege have never been more relevant than they are today. Multiple academic fields, including psychology and education, are kindling a paradigm shift in research literature on social issues of power, privilege, and oppression that was sparked more than a century ago. Although literary dialogue has historically focused on the experiences of oppressed groups, there has been increasing effort to elucidate the function of socially privileged identities. For example, Helms (2017) explains, "Whiteness controls all of society's social and economic resources and determines the laws and policies for dispensing resources and controlling people in any given situation" (p. 718). Helms goes on to describe this subjugation as "the rules of Whiteness" (Helms, 2017, p. 718).

Individuals in power can easily evade awareness of these rules (Neville, Awad, Brooks, Flores, Bluemel, 2013) and thereby enact hegemonic Whiteness that naturalizes the hierarchical status quo (Lewis, 2004). Similarly, we believe there is good reason to build from these rules to make visible the rules of social privilege as a framework for anti-hegemonic psychological research, education, and practice. Sue (2017) asks, "[d]escribing a person's racial awakening and awareness is important, but how does it help us explain why some White individuals transform and others do not?" (p. 712). Like Sue (2017), we wondered why some individuals with any social privilege are "woke" while others remain "not woke" with the intent of "calling in" as many individuals as possible to the important work of anti-oppression. The approach of calling in includes compassion for those parts of us that hold privilege, as well as the impetus to make societal changes by first increasing our awareness.

This interactive presentation is intended for all students, professionals, and educators alike, interested in learning about and increasing their awareness of historical and contemporary experiences of power, privilege, and oppression in an accessible format. The presentation will first provide an educational background on the paradigm of social privilege. Participants will then be introduced to the Developmental Model of Social Privilege Awareness, developed from the research of Judge Bergkamp, Lindsay Olson, and Abi Martin. This model aims to help support and facilitate engagement in a personal exploration of privileged social identity. Further, the presenters hope to "call in" and foster open dialogue about challenging topics often avoided, and inspire compassion for both our own and others' developmental process of social privilege awareness.

YOU'RE INVITED TO JOIN & PARTICIPATE

Monday, June 8 – Orbiting Social Privilege: The Gravity of Awareness, presentation by Jude Bergkamp, Lindsay Olson, and Abi Martin 2:00 – 4:00 pm
Join URL: <https://antioch.zoom.us/j/91618664543>

INTEREST GROUPS



THE OTHER ISMS WITH DR. SAKUMA:

Speciesism, Carnism and Anthropocentrism:
Research in these areas will take the form of studying our 'complex relations with animals and psychological reactions associated when our behavior or worldview is threatened.



POSITIVE PSYCH. WITH DR. HEFFNER

Positive psychology is the scientific study of strengths that enable communities and individuals to thrive. The mission of this Interest and Research Group is to support opportunities for collaborative learning, research, and skill development related to positive psychology and strength-based. psychotherapy, supervision, and consultation.



A.W.A.K.E. WITH DR. WATERS:

Research Group: The Autistic Women's Advocacy, Knowledge, and Empowerment Project (The AWAKE Project): An online social justice, advocacy and psychoeducational program for autistic women.

SOCIAL PRIVILEGE WITH DR. BERGKAMP:

The goal of this research group is the construction of a developmental model of social privilege; awareness to allyship. Social privilege has been defined as unearned benefit and advantage at the cost of others, based on social membership usually ascribed at birth.



TRAUMA INTEREST GROUP WITH DR. HEUSLER:

Research teams concerning a particular topic or category in trauma studies may form at the suggestion or direction by a Faculty Liaison or by students with the guidance of a Faculty Liaison. This group is still in the process of brainstorming trauma research ideas.



POLYVAGAL THEORY WITH DR. KENNEDY:

Contribute to research on the Polyvagal Theory in Dr. Kennedy's interest group. Learn about how we can track our nervous system and how we can teach it our clients. Become informed on the works of Deb Dana and Stephen Porges..



COVID-19 AND PSYCHOLOGY

Epidemics and pandemics have plagued human history throughout time. These outbreaks have altered the face of humanity through changing families, social structures, economies, politics, and challenging our ways of thinking across law, medicine, the arts, and education. In the 20th century, five pandemics have occurred impacting millions of people across the globe (MHP Online, n.d.), and now the world is experiencing the third pandemic (AIDS, HiN1, Ebola) in the 21st century. Coronavirus-19 (COVID-19) first appeared in late 2019 in China, and by March 2020, this relentless virus reached pandemic proportions affecting nearly every continent in the world (Pettersen, Manley, & Hernandez, 2020).

What makes this pandemic different? The world stopped across the globe. Millions of people became unemployed, service sectors suspended activities, and many governments implemented stay-at-home orders. As a result of the COVID-19 death threat, many are feeling the psychological effects of this inexorable virus. In the first nationwide study conducted at ground zero, Qie et al. (2020) surveyed 52,730 in the general population of China after the World Health Organization (WHO) announced COVID-19 as a public health hazard. Almost 35% of the respondents experienced psychological distress.

For many, COVID-19 will be the first actual threat to their existence, and due to the severity of a global crisis, some argue “a new type of mass trauma” (Horesh & Brown, 2020). Even for healthy individuals, the threat is real. Many people are quarantined and confined to their homes left wondering where the enemy is and causing constant anxiety.

The field of psychology will have to adapt to the changing landscape as a result of the COVID-19 virus. Many mental health appointments have turned to video conferencing technology to promote social distancing, administration of psychological assessments are on hold, and many states have enacted laws to increase access to telehealth services (American Psychological Association, 2020). The American Psychological Association (APA) responded rapidly to the COVID-19 outbreak and continues to guide mental health professionals on how to adjust to the new landscape of telehealth services. The APA offers ethical advice for practicing during COVID-19. Instead of closing practices, seek training and develop competencies in telepsychology, get support from peers and supervisors, consider referrals, and above all else, take care of yourself (Schwartz-Mette, 2020). Mental health professionals are not immune to the COVID-19 virus, and if we are to provide services in emergencies, we must engage in self-care activities more than ever..

COVID-19 AND PSYCHOLOGY

Not only are we working to secure the mental health of our clients but we are now, more than ever, also catering to the mental health of our frontline workers. In a recent study, Chinese health-workers tasked with caring for patients diagnosed with COVID-19 showed signs of anxiety, insomnia, and depression (Lai et al., JAMA Network Open, Vol. 3., No. 3, 2020). Across the country, we are seeing an increase in peer support and counseling to fellow healthcare providers.

For More Information:

<https://www.apa.org/topics/covid-19/helping-america>

Many psychologists have seen an increase in their caseload since the start of quarantine and transitioning to Telebehavioral health. Due to the rise in demand, it is important to highlight the need for self-care as we continue to provide care to others during this hard time. We are at heightened risk for compassion fatigue and must remain aware of how we cope with these changes. It is in these times that boundary-setting becomes important to how we manage the stressors of increased demand. While we may want to prioritize our clients' experiences of how they are coping with the pandemic, we must remember to also give our experience the same degree of significance.

For More Information:

<https://www.apa.org/members/content/tele-mental-health-experiences>

As we transition into this new era of providing care, we rely on the guidance and advice of our peers. The transition and adjustment phase not only applies to the therapeutic sessions, but it spans across research, teaching and training domains too.

For more advice and information, please consult this link:

<https://www.apa.org/ethics/covid-19-guidance>

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STAY SAFE & TAKE CARE!



PSY.D SPRING 2020

Thank You for Reading!

If you have any questions, comments, or concerns please feel free to contact Samantha Hoffmann at shoffmanne@antioch.edu.