

Interview with Laura DeRubeis-Byrne

VC: Hello, I'm Vanessa Corwin

KK: And I'm Kathleen Kaan

VC: While things are opening up, the pandemic is still very much with us. It has caused some major changes in our lives over the past two years, and it has not been easy. How do we navigate these rough seas? Here to help shed some light on these issues is psychologist Laura DeRubeis Byrne. Welcome, Laura, Thanks for joining us.

LDB: Thank you for having me.

VC: So, let's start with your background, Laura. I know you have a very interesting background so why don't you talk a little bit about that and how you came to choose your profession.

LDB: So, I was a ballerina, contemporary ballet dancer here in New York City—that's how I moved to New York, and I had a very fortunate opportunity to dance with, in particular, *VISIONS* Contemporary Ballet. I was there for I believe ten years as a principal dancer with this small company. Prior to finishing with *VISIONS*, I came to the realization that maybe there was more to me than just—I don't want to say just dance because it holds a dear place in my heart, particularly performing. My husband actually, he pushed me to consider going to Hunter College. At first, I thought it meant that I had to completely give up performing but I was fortunate that I was able to balance both through my PhD program, believe it or not. From Hunter College, I graduated in two years, and then found New York Presbyterian, it was my independent study internship. I started volunteering there, inpatient and outpatient and that's where I actually began to have my supervisors push me to create yoga therapy groups and came to realize that there was something special here in what I had to offer, both practicing yoga since I was 18 and also having this awareness of people. And my father is a well-known clinical researcher for cognitive behavioral therapy. I think I was always interested in people. I moved to New York not just for dance but also stayed here because I love the diversity and so I think tying into my background, always loving to hear what other people have to say, what's their experience, kind of, is what led me to psychology to begin with.

KK: You really didn't jump just from dance. This was your background.

VC: And it was a process.

KK: What is your practice like today?

LDB: My practice like today, I think it ties into this process so it's been a constant weaving and integration of yoga and mindfulness as a bedrock or foundation that can be weaved into traditional Western psychotherapy. I think as a dancer and yoga practitioner and teacher we are in tune with sitting in our bodies, being in our bodies and expressing ourselves with our bodies and I think a lot of people don't know how to sit or be in their body and especially with the pandemic it doesn't give time for reflection so that's kind of what I've been moving towards this whole time. My dissertation at Adelphi, that was my PhD program, was on the interpsychic processes of high school students during guided meditation so I think it was already something I was very much interested in. I was in a state hospital my first internship after my PhD program on Randall's Island and it was a very interesting experience because in my PhD program my primary specialization was children, adolescents and families. However, in this internship my home base was a geriatric inpatient psychosis unit and actually my first study that I did as an extern, was at Mt. Sinai Beth Israel with suicidal geriatric patients. So, there's been this child/adolescent/families and geriatric kind of balance this whole time which led me pretty well to nursing homes so I think your question, Kathleen, was about how is my practice in process right now and I think it's definitely shifted from the beginning of Covid and the first couple of years in nursing homes.

KK: Is your practice more than just sitting there – we're used to having conversations and learning how to dig deep and recognize our problems. What's the difference? When you say "to learn to be in your body," and especially for the older people that you say are suicidal?

LDB: I don't know if it's necessarily anything different. I'm very attuned to body language and I think in particular especially in nursing homes in the geriatric population, depending on the memory deficits that they have, most everyone resonates. Actually, I think at least 80% of our communication is our body language. So, when we're attuned to this a lot can be had from this back and forth and I always start with open-ended questions and I think a lot of psychologists do this so I always try to have some open space. But then the embodiment mindfulness component is different where—this was very apparent in the beginning of Covid in the nursing homes. A lot of anxiety was so acute, hyperventilation, overwhelming amount, the person can't process much in terms of complexity. So, it shifts the focus of what we're doing in that moment to just asking them to breathe with me. So, it's a very simple thing but sometimes it can take a while for them to be open to breathing with me, depending on the client, I've used guided meditation kind of like yoga nidra within sessions with clients with body scanning and progressive muscle relaxation. But again, I always go back to what the client or patient is able or capable of doing in the moment and then what they are open to doing as well.

VC: So, in your practice currently, tell us a little bit about your patient population.

LDB: So, at Behr Psychology a lot of them recently have been clients with extensive trauma history either in childhood or at various points within their life. Typically, these clients have been in therapy before or whether they have or not they are finally open to delving into and processing their trauma so these patients in particular are looking for mindfulness. And some of them also may or may not have some level of dissociation which is feeling out of their body or feeling numb to their body which is where the embodiment and mindfulness/meditation piece would be exponentially helpful. But it can be hard for someone who doesn't connect with their body either so I'm always mindful to balance emotional thoughtful processing space as well as time for this.

VC: So, is there, are there, different age ranges, single, in relationships, etc.?

LDB: Yeah. I like this work that I'm doing now because there is a vast array of clients, populations and ages and relationship types so I see some couples, I see families, I see children, adolescents, young adults, adults.

KK: During the beginning of Covid, I know things are opening up, as we said, if you were seeing people on Zoom, how did that...I know we talked about body language. Didn't that kind of limit you because it was on Zoom?

LDB: I thank you for this question, because I definitely feel it and notice it. So, since the beginning of March, I've been with Behr Psychology and that's the only time I've been virtual, so I'm actually like the reverse. So, I was only in-person during the main chunk of Covid, and yes, in-person is very different from virtual. I feel like you can still have someone feel comfortable doing mindfulness work in virtual. I was wondering about that going in. Luckily, I created a yoga school and had my first wave of yoga teacher trainees in Covid and it was almost all virtual. So the good news is I had some beginning awareness of how that would work I think there's almost, even if it's not so apparent, there's like a performative quality of the screen where both of us can see our faces because usually when you're talking to someone you don't have the chance to look at yourself (laughter), you're completely immersed in the other person and so it's interesting when you can see yourself, and the other person, and there's an attempt at an easeful goodbye but no matter how much easeful goodbye you do there's still this abrupt shift from the screen environment to the actual environment you're in where there's a little bit more leeway into moving out of the therapy room that happens naturally in in-person work.

VC: Are you doing both now, Zoom and in-person, or are you doing all in-person?

LDB: So, most of what I've been doing since the beginning of March has been, so you're seeing me in my home office, this is how it looks to work with me virtually and next Monday I will start in one of our office spaces so that will be my office space one day a week. It'll be an interesting shift. Also, a different environment. So, in nursing homes you don't have an office and the work I was doing there in person I would be in the room, like in their actual room, or would find a nook, and they usually have roommates. Very few clients in nursing homes had their own actual space. Whenever I was there, they would be open to working with me so typically we didn't have set scheduled times.

KK: That had to be a very difficult time for you, right? I mean that sounds like the beginning of the pandemic in the nursing homes. How did you personally feel about that?

LDB: After leaving the nursing homes which was a very difficult decision for me to make, I felt like I owed it to each of my clients to be there, because there was a significant dropout of clinicians available. The lowest point was the first wave which was the first time I got Covid too, where almost all of my patients didn't make it at some point. And a lot of it, nursing homes in particular too, there's a particular flavor of grief and loss and death and I happened to be really good with people in those transition times and so, but this heightened it even more.

VC: So, in your practice currently, what are the most common issues that your patients/clients are dealing with?

LDB: So, I would say there's a ripple effect of Covid, so it's interesting, a lot of the clients I'm seeing now – they tend to be more aware of what they're looking for, they are very specific, they tend to be ready for therapy more or less, and definitely also especially single clients, there's a continuation of this isolation feeling and almost a loss of how to reach out to meet people. People are starting to go out more and feel a little bit more comfortable overall with moving slowly towards a new normal or a new chapter. But I think particularly with the clients who are single it's like where do we even begin? So especially if there has been a significant fallout of any reaching out for social engagement, it can also even be with friends, and meeting new friends. And then also the child/adolescent clients, some of them are going back to being in-person with the screen time component especially as it's already an issue with parents and families managing screen time, how to navigate that when you have a lot of virtual time that's also school related.

VC: So, do you find that...are younger people better able to deal than say, older people, single people versus, say, couples and families, women versus men, are there any differences in how people are coping?

LDB: These are great questions. I think if they're not a couple seeking couples work, let's say, or even if they're a couple seeking couples work and there's openness for understanding and communication, they tend to be doing better than singles. However, if the couple is not in the space to really have each other's support then I wouldn't necessarily say that couples are doing better, but there is the potential for positive connection and support that someone who is single may not have the ability to have. I think it also speaks to if there's a supportive friend network that can bolster whether someone is not in a relationship. I think it's also the person, are they even looking for one as well? But even people who aren't necessarily looking, there may be a fallout in the absence of deep, close connection. Some children are a lot better at navigating the shift than others and I think it depends on the number of stressors, and if the family dynamic is able to help bolster those stressors or if some of that communication is seen as negative and not helpful for the child or teen, then it wouldn't necessarily be always helpful for them.

KK: This is so incredibly complicated. It's not, oh, Covid is better. What you're discussing is all that is still with us and how a lot of people have never experienced this so they don't know how to manage these extra problems. I think it's amazing.

VC: I know you've touched on this, briefly, but you know, it seems to me, anyway, that there's a lot of media coverage out there about how seniors are affected, kids have all these Covid related issues, which you discussed, and I think in general single people are like, left out of the discussion. What's your take on that?

LDB: I agree completely. If someone already has issues with isolating and feeling comfortable going out there and they also have to deal with the exponential increase in this feeling because of this Covid dynamic then it's only going to amplify it. I also think the other thing we need to be talking about is acting out behaviors, addictive patterns which could also be in relationships, can increase when someone is feeling stressed. I think a lot of people felt trapped. So, if you're feeling trapped there is a rebellious component, you want to go against the trapping so that would increase any addictive patterns or devious patterns. In terms of single it may increase drinking and other substance use, for example, and I think that needs to be talked about. It has been talked about, the increase in drinking in our population, even in the first year of Covid, but definitely looking at that across time for sure. Yes. And also, I think we need to be more holistic in how we look at people and yes, it's complicated, it's not always one-off, but there are a lot of similarities between different populations and that it impacts everybody.

VC: Now you mentioned, you had Covid. Does this inform your practice?

LDB: I think it helps me understand in some way what clients may or may not be experiencing. I'm really fortunate, I'm really aware in particular working with nursing homes where a lot of patients passed away that I worked with and was around. I didn't have long term Covid, I never was hospitalized for having Covid, and I'm very grateful for that.

KK: You've gone through so much. In the end you're—like us, you're a woman and you experienced all of this. How did you deal, for yourself, with your own anxieties?

LDB: Thank you for saying that. I didn't realize I was beyond burned out until I made the decision to leave the nursing homes I was in and the former agency I worked for. I think I was so much in the trenches of it, especially the first year, that it was hard to kind of pull myself out of it. So, the first year, or maybe even longer, the main coping that I did was I presented Facebook Live guided meditations four days a week, the four days that I was off. When I made the switch to three days a week working, it was for myself and my own healing but then I thought, I'm offering this free for anyone who has an awareness of me on Facebook and a lot of people really resonated with that. That was a big thing, yeah, having my own kind of reprogramming time in the mornings for myself, that was very quiet and peaceful. Taking walks, I think in the nursing home times, there was only one facility I would take the subway for but I actually walked round trip every other time so it was kind of like a meditative time to gather my thoughts and release any emotional tension in my body before and after which was really great. What else... I did a lot of journaling, did a lot of writing for myself, I'm still working on some of that right now, talking to my supervisor who was very helpful. Yeah, some friends, but I think in the beginning I think I felt that a lot of my friends wouldn't necessarily know what it was like and I didn't want to overly emotionally exhaust my friends who may not have understood how it was to be working in nursing homes.

VC: Yeah, that was —yes, an extremely stressful experience for you, but you found ways to help yourself. So, what about, do you have any advice for people who are just feeling the stresses of the day and the conflicting information we're getting from everywhere and you know, one day some expert says this, next day another expert says something else, we mask, no we don't mask, do you have any tips for people?

LDB: I strategically have not been turning on news a lot. I actually went desert dry, of not looking at news intentionally for a very long time, particularly the first year. I try to be as positive as possible before I go to bed

so I'm very specific about—this is also a good sleep training tip to anyone with insomnia. Several hours before I go to bed, I do not look at any electronic device. Besides this home office nook, I do not have any electronics in my bedroom. I refuse to look at any electronics; I have no TV in my bedroom. My bed is for rest and my other spaces are for other things. I would say it's important to be informed but it can be addictive because it can leave people feeling completely out of control in addition to feeling overwhelmed, like the out-of-control part in particular. My tips would be, yeah, giving yourself strategic time. If you absolutely can't disengage, be in charge of when you check in and when you don't.

KK: That's incredible advice. It took me a long time to do what you just said, because I was addicted and now, for my own sake, I can't do it anymore.

VC: Oh yeah. I mean I make it a point—I will watch the news in the morning and then I'll check it in the evening to see if there's any updates but that's pretty much it, I mean I do that and I find it's helpful because as you said, you want to be informed but you don't want a constant barrage of this.

KK: It didn't make it easy.

LDB: No, and what happens so there's like an addictive, it almost makes you want to get more into the wormhole and you get lost into this wormhole and you don't know how to pull yourself out of it. Every day is a new day to start again, and you can always choose your pattern even if it doesn't feel like you can. The mask, the changes all over the place can be really confusing about what we should or shouldn't be doing. We can't control other people so if other people want to do their own bizarre things you have the choice to stay in the space or walk away to try again another time. Sometimes you're in such a small—in New York, if you're in a subway, you're in a closed subway car, if you're there, there's no getting out of it until the next stop but I think, do what feels comfortable for you and not everyone has the same comfort level. Setting boundaries can be really difficult for people with family and I don't always have a perfect answer for that either. Yeah.

KK: I don't know if there is a perfect answer but you've certainly given us some incredibly good advice and insight. Thank you for that.

VC: This has been amazing. If people want to contact you or whatever, is there a way they can do that?

LDB: Yes, yes. My profile is on behrpsychology.com and the other therapists at Behr Psychology, you can read my profile on there to get a sense of my work. You can also find on psychologytoday.com, zocdoc.com, and I'm available on alma's agency website as well, I think it's helloalma.com.

VC: Laura, thanks again for spending time with us and for sharing your insights. I'm sure that this is going to be helpful to a lot of people out there.

END