

Interviewee: Dr. Stacey M. Jackson

Interviewer: Andrew Beine

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Abstract:

Dr. Stacey Jackson, originally from Canada, is an assistant professor of psychology at the University of Wisconsin-Eau Claire (UWEC), a counselor at the college's counseling center, as well as a mother of two. During this interview, Dr. Jackson speaks to the various trials of being a busy university professor and counselor adapting to the digital climate all while raising a premature newborn and a preschooler at COVID's outset. She also discusses the resources (or lack thereof) available to university employees regarding child care at UWEC's Nature Academy, the child care center for students and faculty, as well as the changes she hopes to see in the future.

Andrew Beine 00:03

Alright, so it is Thursday, August 18 2022. The time is 12:32pm. As of last night current COVID-19 numbers in the United States, as released by the CDC sit at: total number of cases 93,006,719 with total deaths totaling 1,033,332. In Wisconsin total cases, according to the Wisconsin Department of Health Services are 1,594,464 with total confirmed deaths in Wisconsin at 13,282. Lastly, the current vaccination rate in the US recorded by the CDC is 223.5 million fully vaccinated with 107.9 million having received a booster. Dr. Jackson, hello.

Stacey Jackson 01:00

Hi.

AB 01:01

Thank you so much for taking the time to talk with us today. Before we get into the questions, if you just would like to state, introduce yourself, and then if you wouldn't mind sharing some demographic info like age, ethnicity, race, all those kinds of things.

SJ 01:15

All right, so my name is Stacy Jackson. I am 35 years of age. I am, I identify as black. And I identify as female cisgendered. And I think I'll stop there.

AB 01:34

Okay. And do you live in Eau Claire?

SJ 01:39

Yes, I live in Eau Claire.

AB 01:40

Gotcha. And then just to kind of give some context of the - like, your professional background: can you describe a little bit about your role? Sort of professionally, and specifically on campus?

SJ 01:53

Yeah, so I am an assistant professor in psychology, I'm an affiliate in, in Women, Gender and Sexuality Studies, although the department name is in the process of changing, but I'll just define it as that right now. I am also a counselor at Counseling Services at the University as well. And I'm in my mentoring, my sixth year.

AB 02:19

Gotcha. You mentioned they're changing the name of that. Is there. Do you like -

SJ 02:29

They - it's officially been approved? I'll have to, give me a second. Let me look it up so I can read it correctly. It is the Department of race, ethnicity, gender and sexuality studies. That is its new name.

AB 02:41

Gotcha. That's interesting. I did not, did not know that.

SJ 02:48

This is fresh, hot off the press information.

AB 02:50

Oh man, I have, I have exclusive with that?

SJ 02:53

Yeah I guess so! (laughs)

AB 02:56

All right. So in terms of this project, we're focusing on specific, kind of two specific, groups. One is people associated with the campus, so faculty, staff, those kinds of things. And also, specifically, this is about caregiving. And so just to kind of start things off, we have a kind of a broad definition of what we're going forward with caregiving. Would you want to share in your own words, how you would define a caregiver?

SJ 03:36

Yeah, an individual who is responsible for the well being: physical, mental, emotional health of another human being. Whether that's an adult, child, anything in between. I suppose, I shouldn't say I suppose I would add to that a pet. Maybe more specifically a dog or cat that maybe requires a bit more contact from their caregiver. So, yeah, that was really my definition.

AB 04:25

And so how do you see yourself fitting into that description that you just gave?

SJ 04:31

Yeah, so I have two biological children, ages seven and two. I have a "fur" child - a dog. (laughs) And then I also do have a stepchild as well that does not primarily live with me, but we have access with him, usually on weekends and extended time on holidays and things like that.

AB 05:05

Gotcha. So, we've got two children, a dog and then a stepchild. So that's quite, quite a lot. In looking at just kind of your general caregiving duties. I mean, we're all I guess, somewhat familiar with the, you know, the roles of a parent and what they, you know, are expected to provide. Pandemic specifically, so you said you had a, you have a seven year old, so they were what year are we - the pandemic, he was four? Around?

SJ 05:42

Yeah, he had just started kindergarten. He was finishing 4K and just started kindergarten.

AB 05:47

Gotcha. So, in terms of being a caregiver -

SJ 05:52

I should also point out there that our daughter was born during the pandemic.

AB 6:00

Right, so having such young children, right when all this started, um, how would you say that COVID specifically impacted your caregiving role or your ability to do what, what you would like to expect of yourself as a caregiver?

SJ 06:21

Yeah, I think probably the biggest, most significant impact was having to work from home. Typically, my caregiving role and my professional or work role are very separate, I intentionally try to keep them separate. When I'm at work, I'm focused at work. When I'm at home, I'm focused on my family, my caregiving role. Typically I don't blend the two. And so that is what happened during the pandemic, I ended up teaching and working from home as it began, and then I did a whole, I did a whole academic year and a half, from home with both of my children there. There was a very short period of time of about 24 days where I was teaching from the hospital because my daughter was born two months premature. And so she was in the NICU. So I did some of my remote work and teaching virtually from the hospital and then home until the semester was over, and then did a whole academic year, from home with my children home. So that's been the biggest impact.

AB 07:35

Has there been any benefits that you saw during the pandemic, to have those long stretches where you're working from home?

SJ 07:45

Probably the biggest was, I guess, seeing developmental changes in my children. For the year and a half period of time, I got to witness a virtual kindergarten for my son and just sort of what he was learning in kindergarten and how he approaches learning and doing certain sort of homework tasks and things like that, some of which I wouldn't have necessarily, or even just how he engages in a virtual classroom that I would have never seen if he was physically in school. I wouldn't necessarily have been exposed to some of the instructional material that kindergarteners learn in like a classroom setting if he was physically in the classroom, because I wouldn't be there for you know, the instruction. And with my daughter, you know, her first full year, I feel like just being around for a lot more stuff, I was able to see a little bit more of her development from, you know, crawling to walking to kind of babbling and some of that stuff that I would have seen, you know, smaller snapshots when she wasn't in daycare, but seeing the full day of kind of how she carries out her full day and stuff and development in that way were the benefits.

AB 09:12

Um, you mentioned getting to see those kind of developmental changes that you wouldn't normally see. In terms of your, your children specifically. I'm always interested in - because I've interviewed a couple people that were parents as well, and just kind of seeing how much children can kind of understand or comprehend what's going on in the world around them. How, obviously your daughter was, is still very young, but for your son - did you get a sense of what he understood about all of this or things that you tried to explain to your children about kind of what's going on.

SJ 10:07

Yeah, so he, I mean, he had been in daycare from, you know, three months to four months of age, so he was used to going to some sort of a school, academic-ish kind of setting. So he knew that things were different, because he was no longer going places and seeing his friends and stuff like that. We called it "the sickness". And so, you know, we were like, "oh, we can't go to the park because of the sickness or, you know, you got to make sure you're washing your hands or wearing your mask because of the sickness and we don't want to get the sickness. Both kids got the sickness so that he was aware that there was something that we needed to change the way that we do things to try to keep ourselves safe. And he I mean, in addition to having a sister who was born premature, and just being mindful of her health related concerns, in general, it just added another layer to it. And so he understood that and, you know, was as compliant as a four year old could be

AB 11:14

Sure, right. When you - have there been any aspects of your caregiving, specifically with your younger child, that you, that you had, because specifically they were premature? Were there any specific difficulties or struggles you've had with that?

SJ 11:39

Well the, I mean, her coming as early as she did, and maybe not fully being ready. I mean, we actually did quite a bit ahead of time, because we were anticipating her being a little bit early. Our son was born like two weeks early so we were like, you know, she's probably not going to be born on her due date, but we weren't expecting two months early. But I think, you know, the period of time in the NICU, and just all of the - and truthfully she did, she was very healthy, and a lot of it was just getting her weight up. But there was a lot of like, precautionary sort of tests and making sure, you know, this was fully developed, and you know, things like that. That, I mean, I guess I didn't do a lot, I just sort of witnessed the hospital, the doctors and nurses doing quite a bit. And, you know, there were some, you know, this is what you'll need to do to keep her safe in a car seat, or like, this is what you'll need to dress her in, or whatever the case may be.

You'll need to give her the kind of the supplements to help her put on weight and stuff like that, which was new for me. And then since, you know, her release from the NICU is bringing her home, sickness for her looks very different than like, when my son was a newborn and of younger age and stuff like that. And she's had a couple of surgeries, I shouldn't say a couple, she's had one surgery, and just, you know, some other health concerns, since you know, in her two and a half years of life that I didn't necessarily experience with my son. Actually, the one surgery, he had the same surgery. But there's other, you know, concerns that we've had with her and like, when she got COVID, she was sick for two months and almost got admitted to the hospital where he was, had a fever for a day and was fine. So things like that, that were definitely different than when he was that age.

AB 13:44

Sure. Did you notice any differences specifically with the, the way the hospital kind of I guess ran things or your experience at the specific hospital in the care unit that you, that you had to-

SJ 14:02

I mean, it when we, when I gave birth to her, we weren't wearing masks, there wasn't like, limits on visitors and things like that. And, you know, probably about a week into her stay at the NICU, we had to wear masks, there was limited visitors. There was a couple times where, you know, they weren't allowing both myself and my husband to go see her when in the beginning we were able to so that added a little bit of stress and stuff like that.

AB 14:32

Yeah.

SJ 14:33

So yeah, that those were probably the biggest kind of differences.

AB 14:39

Gotcha. Um, let's see here. (Pause) So, we'll go back a little bit to your family, but now we kind of want to switch gears, specifically to your, to your work, your professional work and on the campus. So you mentioned you're an Associate Professor -

SJ 15:01

Assistant.

AB 15:02

Assistant Professor sorry.

SJ 15:03

Working on, I'm working on it! (laughs)

AB 15:08

And also that you work in the counseling center. Do you want to just describe a little bit about your, your duties specifically with that kind of area of the, of the school?

SJ 15:21

Yeah, so my degree is in counseling psychology. So I teach quite a few of the applied or clinical classes in the psych department. I teach Abnormal Psychology theories of counseling, graduate counseling courses. I have a specialization in black psychology and African American mental health. So I teach a black psychology course that I created a couple of years ago. And then I also teach Introduction to Psychology. So quite a few psychology based classes, obviously, in addition to that [I] do quite a bit of service on campus, one of which is the clinical work at the counseling center. And so every year, I've had to scale back quite a bit of how many hours I devote there, but when I am there, I do individual counseling. I've had to pull back in doing group counseling, just because again, I don't necessarily have the time for it. And I've also had to kind of pull back from doing kind of outreach and crisis based stuff there. So mainly, I just do individual. The odd time I'll see couples, but that's, that's mainly what I do at the counseling center. And then I've been involved in quite a bit of the EDI efforts on campus as well, again, not as heavily involved as I have been in the past just because of time constraints and things like that. And then I also have a research lab that I mentor students in doing research projects related to just minority based trauma, and that impact on mental health, essentially, as well. So just a couple different things I do on campus.

AB 17:04

(Laughs) Just one or two, yeah. So that work that you do, similar to the question I asked before about how COVID specifically affected your caregiving with your family -what were the types of impacts or effects that you saw directly by COVID in your work at the counseling center, or even in your classes?

SJ 17:30

Yeah, so I mean, the Counseling Center, we mainly just transition to telehealth, so doing like virtual sessions. And outside of just some of the technical challenges of, you know, using zoom and, you know, conducting sessions in that way, you know, having remote access to our office space computers to access the programs that we, you know, put our clinical notes in and things

like that, outside of just some of the technical glitches with that stuff. It was actually a fairly smooth and easy transition to doing things via telehealth, you know, I think the biggest challenge for me was just trying to conduct you know, a confidential counseling session at home with children, they're at, you know, every now and then the baby would wake up from said nap. And every now and then the four year old would run into the room asking for help with their virtual kindergarten stuff.

AB 18:35

Right.

SJ 18:36

And so I just, you know, for the most part, students were okay with it, they understood it, I kind of let them know ahead of time. But that, that was probably the biggest challenge would have just been some of those things for the counseling side of things. For the teaching side of things somewhat similar. You know, I mean, we don't necessarily get trained to teach in this way, virtually. And, you know, I tried, you know, different approaches to chronous [sic], asynchronous to teaching and, again, just balancing trying to hold, you know, a virtual lecture with those same, you know, potential interruptions and figuring out how to conduct office hours, virtually. Which again, you know, sending out zoom links and things like that, you know, once you kind of get the hang of it and stuff it actually wasn't too bad. But just figuring out the best approach with students of like, you know, cameras on cameras off, using the chat, not using the chat, using audio sharing video screens, making sure the sound is available for students and, you know, letting students in through the weight room and, you know, just a lot of that those technical obstacles that you know, after a couple class periods, you kind of figure it out. But then there's the, you know, kids got COVID I'm going to be gone for a period of time. Let me record some audio over slides and post that and make that available for you or, you know, just some of those challenges because of, you know, the caregiving role that I have that impacted classroom stuff, but I tried to be as timely with the students as just letting them know if something has come up, and how that will impact class. I tried to let them know with as much notice as possible for all of those things. And then research was kind of non-existent just because the ability to meet with students, the ability to solicit, you know, student participation, it just was a whole lot more challenging when you weren't on campus, students weren't on campus. Students weren't really checking their email or, you know, it's hard to get student participation through just sending blank blanket emails and things like that. So research was really, really, really challenging.

AB 20:57

And when you say a student participation, what exactly does that entail?

SJ 21:01

Yeah, so a lot of the research I do is just through, like, electronic surveys, but to get students to agree to or even become aware that said studies exist in survey links are available, I mean, it's helpful to be able to connect with them in person, and explain the study in person. And then you know, send out the email. So they're like, oh, you know, we heard from said, Professor or said, students about said, project, here's this email link, okay, I know what this is, I'll click on it and do it. Versus just the email the pop up in your inbox, and you have no idea really what it is, you don't really take the time to read it, you just delete it and kind of move on. So a lot of that just impacts, you know, response rates from students. And so not having that ability, you know, we were sending out a whole ton of emails, versus one or two and getting feedback. Like I had a study that I did, that took probably about a year and a half, two years just because of the, just slow response rate from students because it was all sort of done virtually. And we actually, my, my students changed a study that we did from being like a survey to interviews because it was - we needed less participants via interviews than we did via survey. And so it kind of trickled, students trickled in and do these emails, or do these "interviews", sorry, over a year and a half kind of period of time. So, you know, studies that would have maybe only taken a year from start to finish took a year and a half to two years just because students weren't really around.

AB 22:40

And is that something that is expected of you professionally?

SJ 22:45

Yeah. Yeah, conducting research, doing kind of collaborative research with students. Kind of having ongoing projects is definitely expected, yeah.

AB 22:54

I see. And mentioning that you think, it's easier to kind of get those, get those things going get the ball rolling with those things if you have direct contact, more so with students - in terms of your, the work you did with your counseling, you mentioned the it was obviously a lot of the telehealth, you know, over zoom. Were there any advantages or disadvantages with that, specifically, that you can kind of compare doing telehealth with in-person meeting? Like, was there? Was there anything kind of lost in the digital translation?

SJ 23:33

Yeah, I mean, I'm not a huge fan of virtual anything. But - no offense! (laughs)

AB 23:41

(Laughs) I'm not really either!

SJ 23:42

But I think that especially with therapy like you, you, I mean, you see, potentially chest up, right? You don't see a lot of the body language, a lot of the nonverbals you know. I strongly strongly encouraged, you know, therapy clients to have their videos on and 9 times out of 10 they did. I think some of the challenge though, was like, the spaces where they were, you know, I would strongly encourage, like, make sure you're doing this at a time and your roommates on around. Or, you know, find a fairly quiet space. But, you know, sometimes they'd be in coffee shops, or sometimes their roommates would pop in and out and, you know, so it's not necessarily the confidentiality, lack of distraction, sort of space that you would have in a therapy office. And so, you know, we made it work and you know, they were aware of like, those, those breaches to confidentiality, if you're out in a coffee shop, or, you know, if your roommate pops in and out, and, you know. So that that was a bit of a challenge and, but some - some students actually liked being in the comfort of their bedroom. They felt more comfortable, they felt more safe. They liked having the ability to schedule it virtually because sometimes for students, you know, it's easier to hop on a call in between virtual classes versus physically walking to the counseling center in between physical in person classes. So there are quite a few students that said, you know, if not for the ability to do this virtually, I probably never would have been able to do it because I just didn't have the time. Physically getting from, you know, upper campus to counseling services and back to upper campus you know. So that was, was helpful for quite a bit of students. And I don't - I think that there are still a handful of students that might still be using the virtual option, but at least what had been communicated to me at counseling services is wanting to return back to in-person. I know they were doing groups virtually but I believe groups are even now back to in-person too. Groups were remained virtual even when we went back to in-person just to allow for the distance, I guess, that needed to occur. That our group room didn't have the physical space to allow people to sit, you know, six feet apart and things like that. So groups remained virtual for a period of time, but I believe they're back in person now, too. Don't quote me on that, though. (Laughs)

AB 26:05

Was telehealth, was that offered, um, pre-COVID? Did you have the availability for students to do it?

SJ 26:14

I mean, I think just in the field as a whole telehealth has always been something that could be done. But it wouldn't be the first choice because of, you know, many of the challenges that I had mentioned. And so I am not aware of them doing these virtually based appointments prior to COVID at the Counseling Center. I had never done it and didn't think it was happening.

AB 26:41

Okay. (Pause) Not getting, obviously, too specific or anything like that - but in, in the work that you did, talking to students, counseling them - was COVID a topic that was often talked about, or brought up? Like, did you see that COVID affected students' mental health specifically?

SJ 27:08

Oh, yeah, absolutely, absolutely. I mean, whether it was students adjusting to virtual classes instead of in-person and figuring out like, how to I don't know how to be like - I mean, none of them intentionally chose to be at virtual campuses. You know, there's pros and cons to doing school remotely versus in-person and a lot of challenges, and just how do I, you know, balance things? You know, when I'm not physically there? Like, how do I continue to remind myself like, I need to be reading for this class, I need to be studying, I have a paper for this class. All that stuff that, you know, part of the reason people sometimes like to be in-person is that they have that in-person reminder, you know, every other day or whatever, about, you know, material for said class. And, you know, the, the socialization aspect, the ability - again, like students. And I said this to my students all the time, like I would probably have struggled too, because it's very easy to be like, let me just roll out of bed, turn my, you know, log into said class, and then kind of be laying in my bed and listen and have my camera off, right. You know, like, if you're physically in class, you're present, you're paying attention. Now, there are students who will text and, you know, have their laptops off, do whatever, but at least you're physically there. And sometimes it's a little harder to do that, depending on kind of policies that your professors have in place. But I was constantly, you know, just in my teacher role, I was constantly saying to students, like, I need you to be like, have your head up, not, you know, laying down and listening, or I need you to pull over your car, and not be driving while I'm lecturing, or, you know, whatever the case may be. (Laughs)

AB 28:45

(Laughs) Was that something that happened?

SJ 28:46

Yes. You really shouldn't be at, you know, happy hour while listening to our class.

AB 28:52

(Laughs) Okay, that, was that actually -

SJ 28:55

Oh, it was, it was real oh, yeah. You know, and I was a little bitter like, "Hey, I wouldn't mind going to happy hour right now" (laughs). No, but, you know -

AB 29:03

(Laughs) "Let's all have class there!"

SJ 29:04

It was just, you know, "we can all do that"! But no, it just, it really was stuff that like, because you just had to log in and you could turn your camera off and be on mute that people would multitask to a degree that, like, you can't do when you're in-person. And it's, you know, there really is value to physically attending class. You get a whole lot more physically being there than virtually being there, right? Because you can do anything else at the same time. And I mean, I told my students too, I was guilty of it. I mean, we would have faculty meetings, and my camera was off, I was on mute, and I was cooking or I was you know, whatever. (Laughs) So I mean, I get it but you know, I don't know what's happening in those meetings, or I only hear bits and pieces right? But when I'm at least camera on, you know, there so people can see me and eliminate the distractions I'm far more present and engaged. And so, you know, a lot of students were really just struggling with that, in addition to all of the other or, you know, stressors, challenges that you have in your everyday life, pre-COVID, you know. Relationship related issues, family related issues, traumas, all of these other things, they were all still going on. But there was this additional stressor of, like COVID. And I mean, quite a few students were just very anxious about COVID, about getting sick. Students who had COVID, or roommates who had COVID and we're nervous about them getting it or worried about, you know, just how they will truly recover from the symptoms and all of that other stuff that was just an additional layer to everything else that they had going on.

AB 30:35

Sure. Yeah, that's, that's interesting. That, that being in class almost gives you as an, you're more accountable almost, to your expectations, the expectations on you as a student, rather than being sort of on, you know, on digital mediums, which - yeah that's interesting.

SJ 31:00

And there's like, I found myself really having to, like, educate, whether it was my students or like my clients at the counseling center of just like, how to function in this virtual schooling that we're in. Like, you have to have a designated space in your dorm room, or if it's the library, or whatever it is, just like I had to create that at my own home. That, like, when I'm teaching, this is where I am for teaching. I'm not in my bed, I'm not - to the degree that I even had to dress as I would have dressed if we were doing in person. Like I mean, there were some days where I was business on top and sweats on the bottom, but I had to structure my every day and the way in which I did when I was teaching in person, because mentally I needed that to stay focused. And so I told my students the same thing, like and even you know, for my son with his virtual school,

it was a similar thing, like you need to designate a space for your kid that this is where school happens. And I had to do that for me, this is where teaching, so I had to tell my students like, if it's just a dorm room you're working with, if you buy one of those like trifold, large kind of poster board, things that just create this space where you eliminate distractions and set up your laptop there. And that's where you do your, your class when you do it. And then go on about your business after that. Like you have to do those things so that you can, you know, zone in and focus and eliminate distractions, because we don't know how to do school in this way, at least for those that didn't sign up for it. And I mean, some people are like, I intentionally didn't want to do, you know, remote or virtual school for this reason, like, I can't focus that way. And so I get it. But, and I actually in my classes, following that first semester of doing it remote, I put in a policy requiring students to turn their cameras on, unless they contacted me with a specific reason as to why they couldn't or they didn't feel comfortable or whatever. Because I felt like I was doing them a favor to help them be more focused and engaged. And I noticed a difference in my classes.

AB 33:01

Even if they didn't, I'm sure

SJ 33:03

Yeah. I mean, I guess they I don't know what they would have to compare it to. Because I know, in speaking with, with colleagues, some colleagues were back and forth about putting that policy in place, and I only ever had a handful of students give me reasons as to why they couldn't, which I felt were legitimate reasons. But, you know, majority of them complied and turn their cameras on. And if they were curled up in bed, I just sent them a nice little chat saying, you know, could you please just sit up? (Laughs) Sit at a table or something. So, yeah.

AB 33:34

Did you find that your personal approach to your work as a counselor changed at all, um, during COVID?

SJ 33:47

No, I don't think so. I mean, you know, treatment for any presenting concern doesn't change because of COVID. You just consider the additional layer that the stressor of COVID can have. But you know, what works best for somebody struggling with depression will still work best for somebody struggling with depression - whether the depression is as it pertains to COVID, or something else. And that approach might need to be modified a little bit if you're doing, you know, therapy through this virtual platform versus in person. But, you know, CBT is still CBT whether it's virtual or in person. (Pause) There are other approaches, though, that I don't

necessarily use, but others do that it could make it absolutely a little bit more challenging to try to do it virtually. Or you just may not be able to do it virtually because you need to physically be in person to do it. But I don't I don't necessarily use approaches like that.

AB 35:00

Okay. So in terms of, right, the things that you specifically would provide to students in that role didn't really change all that much.

SJ 35:14

No, no. I mean, some like handouts that I would have given I just like, you know, sent a copy either via email or in the Zoom chat itself, like, "here's a PDF of something I would have physically given you in person". So there's that added layer or burden of like that student needing to print it out for themselves, or work on it, you know, on the computer, or whatever the case may be. But that would probably have been the biggest change.

AB 35:42

Okay. You mentioned the kind of, not policies, but your, your preference for as a, as a teacher for cameras on, you know, making sure students have been that it was kind of a debate among your colleagues, or it was - it could differ. In terms of, in terms of your colleagues specifically, did you see any, any kind of difference in, in your relationship with them, or their relationship with their students because of COVID?

SJ 36:23

Um, so I and I should clarify, it wasn't just within the department, but I think across campus as a whole, like there was different recommendations that were given to all faculty about what sorts of policies we should put in place as it pertains to COVID. What kind of language we should put in our syllabi as it pertains to COVID. And how the format in which we choose to teach. And I, that first academic year, fully into COVID, we had to submit a request for teaching entirely remotely. And a lot of it was based off of caring for individuals that fall in, you know, high risk or vulnerable populations. And I initially wasn't even going to do it, but somebody had recommended that I do because of our daughter. So I did and had got approved for it. But many of my colleagues or just about all of them were teaching in person, or like this kind of hybrid model where some stuff was in person, some stuff was virtual, we had essentially an arrangement where a lot of people were teaching in person, but had virtual options going on simultaneously, which truthfully sounded like a hot mess, that I did not have to deal with. But so they a lot of their experiences were very different from mine teaching entirely virtual. And so ultimately, a lot of their experiences were very different. And some of the frustrations that I was having with just getting students to physically be there or be present and engaged in just some of the

accommodations and requests that students were asking for. Some of the behavior, like I said, like driving during class, being at your parents cabin, or, you know, different things like that, that I was dealing with. And then ultimately, you know, some of those other caregiving challenges of like kids walking in while I'm trying to teach or you know, step away from classroom for a minute because my daughter didn't fall asleep like she was supposed to, and, you know (laughs). Or she woke up from her nap earlier than I anticipated her or whatever the case may be, you know, those were challenges that I had that were a little unique that my colleagues didn't necessarily experience. And then some of the feedback on evaluations were ultimately different because there were complaints about you know, my kids or you know, me teaching from the NICU or you know, my daughter being around, or me having to cancel class because of, you know, kids stuff and everything else that I don't necessarily know if my colleagues got the same flack.

AB 39:06

(Pause) So sort of off of that, um, as a caregiver, what's um, did you feel that you were like, that there was - sort of a trend we see or we have been seeing with caregivers is people that are, that are caring for either in their professional career or their family, and making sure that they have adequate resources to care, to take care of themselves and sort of their mental well-being their physical health, all those things. Did you have any, or did you find that there were any specific issues that, that came up as a caregiver specifically, that impacted you negatively?

SJ 40:06

Yeah. So I think probably the biggest negative impact was the lack of empathy, the lack of consideration, accommodation, I guess. Grace extended towards me from sometimes colleagues, but absolutely students during the beginning part of the pandemic, and you know, the period of time in which my kids were home with me. You know, I oftentimes, even before the pandemic, would say to students, like, while we're your professors, we are human. We have lives outside of, you know, our teaching and things happen in our lives in the same way you do. And in the same way you request accommodations from us, I would hope that you would also be accommodating to me if I have something going on, that may impact my ability to be present for you all. And I will do my best to let you know that. And so I think that, you know, that set of feedback that I got from students, that first semester when my daughter was born, and just, the just, the lack of consideration for anything that I was going on - going through as a human, was extremely hurtful and negatively impacted my mental health for sure. And I mean, all throughout my teaching career, I've put boundaries in place and done different self care sort of things. Just to navigate, just adjusting being a faculty member, and all of the stressors that go along with that, and personal life and everything else. But I, especially following all of that just really, really, really prioritized myself and my family over some of my roles and responsibilities as a professional, as an educator and a clinician and everything else. And I will say I, in communicating that to

colleagues and, you know, I definitely received a lot of support and assistance from quite a few of my colleagues, actually. I was quite impressed and surprised by some of it, especially, you know, while I was teaching from the NICU, and you know, when I informed my colleagues that my daughter had come early, and all that other stuff, they there was many of them that assisted with just food and my, my laptop wasn't working at the time - and like at the hotel where we were staying, they close their business area, because a COVID. And so I didn't have a computer for a period of time and a colleague FedExed me one of her spare laptops, because it took too long for me to get the one from the university. And I was also in Rochester, because that's where my daughter was transported to, and she was born. So you know, just - and helping with my kids, and just, you know, a lot of. well my other child, during that time, and just a lot of stuff that my colleagues were very, very helpful and supportive of. But I think in the grand scheme of things, it was just a huge eye opener for me of like, you know, as important as this job is, and as much as I value it, you know, I and - myself, my husband, you know, we are all that our children have. And so we first and foremost need to prioritize their health and their care, because we are their caregivers. And you know, that has to come first above and beyond any of my teaching responsibilities.

AB 43:43

As a faculty member, the support that you talked about from your colleagues - Have you seen that there's or do you feel that there's adequate resources for you to kind of take care of your of the mental impacts that your job may have on you, like you offer as a counselor, that type of help to students, do you feel that you have the resources or the ways, the ways and means to sort of take care of that for yourself?

SJ 44:24

Yeah, I mean, our EAP [Employee Assistance Program], the benefits that we have are great, no major complaints there. I've made use of quite a few of them. I think for me, just by virtue of the field that I am and the type of person that I am, I reach out a lot to other people. I have, you know, kind of informal and formal sort of mentors and support networks and things like that. You know, so that has been particularly helpful for me. I've had to do that since I started because again, I don't think I would be here as long as I have been had I not created those groups in those spaces to be able to kind of process, whatever it is that I'm going through. So that has been helpful.

AB 45:10

Okay.

SJ 45:12

I don't know, though, if - I mean, within our department, we've definitely had more conversations over the last couple of years, of the need to prioritize our mental health and well being talking about things like burnout and being overworked and being asked to do too much, and how can we help kind of lighten everybody's workload and create, you know, a much more healthy, manageable workload for each of us. And we've talked a lot just more openly about what we're expected to do here on that campus and how realistic that actually is. And so those conversations have been really nice to have within our department and I have been far more open and transparent with people in my department of just the approach that I've taken upon myself to put boundaries in place as to the hours I work and how much work I take on and -

AB 46:11

Sure.

SJ 46:12

You know, while making sure that I do what my job description requires. Being mindful of when things become overload, and managing that.

AB 46:29

Gotcha. Um, so it looks like we're getting about 50 minutes. Um, it's kind of all the questions I had specifically. Is there anything that I didn't get to that you would like to talk about or just kind of share about your experience?

SJ 46:50

Yeah, I think one of the, the - quite a bit of a challenge that I found was just trying to find childcare. I mean, when I first moved to Eau Claire, that was one of the, between finding a place to live, one of the biggest things is trying to find childcare for at that time, my son. And when our daughter came, it - obviously, we kept her home for a period of time, but when it came time to put her in daycare, it was extremely difficult. And, you know, she just recently got a spot at the Children's Nature Academy, which is the daycare that is, I should say, affiliated with the university. But for me, it was particularly frustrating because I felt like there should be a place where university faculty and staff and students should be able to find the care for their children and not have to be struggling. And so for me, I also think about just some of the challenges, or some of the negative feedback that I experienced from students and some of the challenges of me being able to do my work, because my child was at home, but I didn't have anywhere for her to go even if I wanted her to, because she wasn't able to get in anywhere. Because everywhere had waitlists and she wasn't able to get in anywhere. And I felt like you know, for me working at an institution like this that has a childcare facility affiliated with it, I shouldn't have been struggling that hard to find care for her.

AB 48:33

Yeah, absolutely.

SJ 48:34

And so for me, it was a bit of a struggle of you know, you, there's so much that you want out of me to do, but you don't even have a space available for me to put my child. And so I don't know how I'm supposed to do that work when I have my child at home with me. And, you know, I understand why spaces are held in reserve for children. But I felt like - or for students, sorry, children of students, because part of their student fees allows for that. But I felt like the way in which they had it structured they should also have space available for faculty and staff should they want to make use of it because I know several faculty and staff who don't have their children there and they have them elsewhere and that's fine. But I don't think that any incoming faculty or staff member should be struggling to figure out where to put their child for care when they're working here. And that was also a challenge that I have. I mean while we made the choice to keep her home, we had nowhere for her to go anyway. Because we that all of the waitlists that she was on there was none of them that had availability for ages - especially those, you know, infants under the age of one and truthfully, from three and under it is very hard to find anywhere for them.

AB 49:45

So for those, those issues and the long waitlists, were those directly because of COVID.

SJ 49:53

Some of them were, but even prior to like when we moved here five years ago and I was looking for childcare for my son, and he at the time was two or pushing three somewhere in that ballpark. So again, that challenging age where the ratios are much smaller. We were able to find quite a few that had availability. But there were also others, and probably some of the others were a little bit more popular daycares here in Eau Claire or something like that. They didn't have availability for him either. Just based off of them, they didn't have the space. So I mean, that's been an ongoing issue even before COVID. COVID didn't help.

AB 50:35

Right, I'm sure.

SJ 50:37

But that's always been an issue. Yeah.

AB 50:40

For this -

SJ 50:41

I would say that - sorry - I would say that that, that was also a very big stressor, stressor and frustration.

AB 50:47

Yeah, yeah. I can imagine. With the nature center, do you, is it - are there things that you can, you can kind of, in an ideal world, like on a wish list of how things would operate - that something like the Nature Center [Academy] could do that you think would benefit not just your experience, but the experience of students that are looking for care for their children?

SJ 51:20

Yeah, so they, I know they sent out a survey. I feel like it was last fall, or maybe in the spring or something, just surveying faculty and staff who have kids. And if their kids are at the Children's Nature Academy or are elsewhere. Or if they are on a waitlist at the Children's Nature Academy, and what sorts of things they could do. I don't know, I don't know - I don't know what happened with that survey. But they, they sent that out a little while ago. So I mean, I wrote very detailed responses in that survey of just you need to alter reserved spaces for faculty and staff's kids, and if they choose to use it, great, if they don't then pass it on to somebody else. But that was something I was very clear about that there. So yeah.

AB 52:05

Okay. All right. Anything else?

SJ 52:14

No, I don't think so. I think that I mean, I don't know, I don't know how great I feel about just some of the options that are in place for female faculty members for example, or child bearing the faculty members that, you know, the the time that one can have off. I mean, I'm Canadian, and so in Canada, it's, it's very different as far as what maternity leave looks like. And you know, six weeks is not enough time to recover from having a child and it's especially not enough time to recover from having a premature child. And, you know, any sort of accommodations in place for caregivers, I wouldn't necessarily say they're the greatest here. But I mean, that's honestly a reflection of this country, and not just this institution. But I, I would love to see more. Like I said, like things like prioritizing childcare for faculty and staff that are hired or having something in place - I mean, my department and conversations that I had with my department chair when I

was pregnant. And you know, the due date that my daughter had was like two weeks before the end of the semester. And so we had had a plan put in place, and I had colleagues who were willing to do guest lectures in my classes, essentially, for those remaining dates that were there. You know, my chair had approved my students' exams, all being online and different things like that. And this was before the semester had made - the decision was made for our semester to finish virtually. But when at least the plan at the time was for everything to be in person, you know, within our department, we made some decisions, but I don't necessarily know across campus. Other childbearing individuals are getting the same set of accommodations or if they're having a bit more of a fight to be able to finish off their semesters or you know, if it's at the start of the semester, you know, what, what accommodations if anything, are being put in place. So and I just know, even when I was a student and going through school, again, I had my son when I was finishing up my Ph.D program and just talking with other faculty members, you know, them sharing their decisions to have kids or not have kids because how that would impact their career or their ability to get tenure or their ability to be able to stay on track for certain things and conduct research and all these other things that truthfully was a little heartbreaking to me because, you know, I think of, you know, how different my life could have been if I didn't choose to have the children that I have? Or if I just solely focused on my career and not other aspects of my life like becoming, you know, a caregiver to children and whatever else. And I, I wish that - and again, this isn't unique to Eau Claire, I think this is just academia as a whole - I just wish that there was just more accommodations put in place and more support for people that do choose to become caregivers or who are caregivers. I mean, I'm just talking about having children. But, you know, I definitely, through the experiences I had, had conversations with other academics who were caring for, you know, aging parents, or you know, had siblings or whatever the case may be that had significant, you know, disabilities, whatever the case may be, and just the lack of support that they felt from their institutions, from their departments, in their ability to be able to do that and be a working professional at the same time. Which is one of the reasons again, for my own mental health, I said, you know, what will those things come first, and if it - gets to a point where I have to pick between the two, I mean, my choice will be fairly easy. So I just, you know, I - that, that, for me just allowed me to feel better, as far as my mental health just, you know, knowing that I put boundaries in place, and I was very open and honest with my department about it. Then, you know, I talked with them about just some of the feedback that students had given and some of the behaviors and, you know, requests that students were asking for me knowing what was going on in my life. And, you know, I just, I just realized, you know, that that stuff has to be priority over some other things, and not that I won't, you know, do what I need to do for my students and everything else.

AB 56:49

Of Course

SJ 56:50

But, you know, I also need to do certain things for myself to allow for myself to be the best that I can myself to be the best that I can be for my students. And I need to model for my students for you know, my counseling center clients, you know, what it looks like to take care of yourself mentally, what it looks like to set boundaries, even in a professional setting, and everything else. So that has helped me feel much better.

AB 57:12

Yeah, that makes sense. Those, um, so that kind of lack of support or that it could be done better. You don't - you see that as more of an issue with the system in general, and not specifically, from like, COVID might have exacerbated a lot of that, but -

SJ 57:29

Yeah, oh, yeah. It's, I think it's a system as a whole. I mean, when I was a grad student, and I was pregnant, I was just thinking about, like, I would look around campus, and I was like, there are no - outside of certain buildings - I was like, there are no like lactating rooms. Like I had issues with my department of just like, I was breastfeeding and I was like, can I just have a room that I can spend 20 minutes pumping? And can I just put this bottle in the fridge? Like, is it gonna be an issue for me? And it was, and it was a bit of a fight that I had to fight with. And I mean, unfortunately, some of these people were male individuals fighting with me on this. And then female individuals chimed in and said, "well, hey, like, this is something she's got to do". So, and so I just became aware of -

AB 58:09

What, what was their issue with it?

SJ 58:15

I don't know, they felt like it was weird to have it in there. I don't know, I was like, I could put it in, I put it in, like, my lunch bag. So I was like, nobody has to see that that's what's in there, if that's the problem. (Laughs) But so, but it was just things like that, where it was just like I you know, and you know, this here at this institution, when I had my daughter and similar sort of thing - Although, at this point in time, I wasn't making any requests of people, this is just what I did. So I, you know, blocked off ties into my day that I could pump and you know, don't come in my office, but I have my own office, so I can do whatever I want. And then again, I would put it in a lunch bag and put it in, you know, our fridge in our kind of break room area in the department. And, you know, I had another colleague that also had a child at the time, and she was doing the same thing. (Laughs) So we were just kind of like, "yep, we're going to our office now to do what we got to do. And so, I mean, at least at this point, I didn't have to ask to be able to do it, I could just do it. But it also was one of those things where I had to, like, you know,

sometimes I was teaching back to back classes and so I had to say, you know, what, like, I might either be late for this class, because I can't go two classes in a row without doing this, you know. And even, you know - not at all the same thing - but like, we, we got our dog about a year into the pandemic, and, you know, we tried the doggy daycare sort of things, but she was getting sick and stuff like that. And we live - I live close enough to my house that like there now what I do is I'll go home and let her out and feed her and stuff like that. But even things like that, like having the time to be able to do some of that stuff you got to kind of work it into your schedule and you know, like humans, pets get sick and stuff too and navigating some of that stuff into your schedule and things like that is, you know, you gotta be kind of creative. But they're, I mean, I don't expect for the institution to say, okay, you can have this amount of time in your day to go deal with your sick dog or your sick kids or anything. But, you know, I guess. I don't know. I mean, we have sick days, we have vacation days and things like that, but especially with COVID, those weren't necessarily enough. And I feel like, you know, I can't use my own sick days for myself, because those really have to go towards my kids. So if I'm ever sick, I have to kind of pop some meds and deal with it. You know, unless it's COVID -well, at that point in time, I, I'm, I'm not, you know, look, I shouldn't be on campus and that degree. But, you know, the some of those sorts of things, it's like, you know, I, it's - I can't really afford to get sick because if my kids get sick that's what I got to use my sick time for. And not that that's really what it's supposed to be for, but I don't have like, "my kids are sick and I have to take care of them" days. So what, what else do I use? So those are the types of things where it's like, you know, 9 times out of 10 a majority of us that use sick days, at least that are caregivers, it's not because we're sick.

AB 1:01:09

That makes complete sense, but I never even thought of that. That you reserve those for your caregiving duties essentially.

SJ 1:01:16

Yeah. Yeah, that's, that's - I mean, most of the people that I know, that's what they use it for. And I mean, some people can be creative with their days like, and I've started to do that to have like, you know, what, class is going to be moved online. You know, I don't make it a habit to do that because that's also not really encouraged for us to consistently do that. The whole point is for us to be in person. But I've also just had to be like, you know, what, especially, you know, when my kids got COVID, and especially with my daughter, because we were in and out of the ER with her, like, every other day, it seemed like - and so it was like, I don't have enough sick days to cover how sick my person is. So now I gotta be creative with what my classes are gonna look like, because she's still sick (laughs), you know? So, anyway, so I mean, it's kind of things like that, where, you know, we're human, and we want to do our job to the best of our ability, but like, we also have another job as caregivers that we also want to do to the best of our ability, so -

AB 1:02:18

Of course, yeah, and in terms of your family that, like you said, that's priority number one, as it as it is for many people, I'm sure.

SJ 1:02:26

Yeah.

AB 1:02:29

All right. Well, I don't want to keep you any more, we went a little over an hour or so - I hope that's okay! There was a lot of really, really good observations, so I want to thank you for sharing those with us.

SJ 1:02:42

Yeah, no problem. Yeah, when I initially saw the email, I was like, "oh, I really want to do that" I feel like I had some interesting experiences over COVID with caregiving, but then I forgot to respond. So I'm happy you reached out again.

AB 1:02:54

Oh, that's, yeah - No, because, with our focus on faculty, we knew that the summer is going to be kind of difficult. So it originally started as a summer project, but we're absolutely going into the fall just because it's going to be I think, easier for everybody to kind of once they get into...Do you have any, any last summer plans before you kind of get started with -

SJ 1:03:17

No, I gotta shift my focus. (Laughs) But we had a good, we had a good summer. We took advantage of the time.

AB 1:03:26

Good. Good to hear. All right.