Bringing a Research Mindset to Private Practice

*Early Career Practitioner Profile: Maryam Jernigan-Noesi, PhD*

Early career psychologist Maryam Jernigan-Noesi, PhD, had the first inkling that she might want to become a psychologist while watching her father lead a support group at a local Vet Center program office, a division of Veterans Affairs that offers counseling to veterans and their families.

She recalls going with her mother and siblings during her childhood to meet her dad, a veteran of the Vietnam War, after support group meetings for veterans, many of whom suffered from post-traumatic stress disorder.

“I obviously didn’t know anything about PTSD or trauma at that particular time, but I thought it was really cool that people came together to meet, and that my dad facilitated this group,” says Jernigan-Noesi. Even in his retirement, her father remains an activist, advocating for all veterans and particularly veterans of color.

Her parents’ devotion to advocacy and support for traditionally marginalized groups of people is what inspired Jernigan-Noesi to become a practitioner focused on addressing the needs of women, children, communities of color and other groups of people who may have limited access to mental health services. She achieves this by integrating an emphasis on diversity into her clinical-research, consulting work and her two-year-old private practice.

As a practitioner and a researcher, Jernigan-Noesi studies populations that are typically excluded from mental health practice research. “I hope to develop more culturally responsive treatment interventions because we know that not all recommended interventions work for all populations,” she says.

A clinical research track reveals a need.

Although she’s a solo practitioner and consultant, Jernigan-Noesi says her mind for scientific research influences every aspect of her work. She studied to become a clinical research psychologist at Boston College, where she received her doctorate. Her advanced clinical training began in a postdoctoral fellowship in the Division of Adolescent Medicine at Harvard Medical School and Children’s Hospital Boston. Based on a recommendation from one of her graduate school mentors, Jernigan-Noesi then transitioned to another fellowship at Yale Medical School that was sponsored by the National Institute of Mental Health. This fellowship in clinical research was geared specifically toward psychologists who were interested in developing mental health interventions.

“The primary investigator on this particular fellowship recognized the need for a bridge between research and practice, but also that the unique training required for psychologists to become licensed often puts trainees in the position of being removed from research for a few years. This can place them at a disadvantage when developing their careers as independent researchers,” she says.

Jernigan-Noesi was interested in developing evidence-based practices and thinking about interventions that would reach larger populations of adolescents outside of direct one-on-one work. Still, she often met parents of adolescents, specifically people of color, who wanted to see her in a private practice setting.

“There was this need for one-on-one direct care. And I identify as a person of color. There were many people of color who approached me with the desire to have a clinician of color with the assumption or hope that a clinician of color might be more culturally competent. That is a recognized need, and I think that is what finally drove me into private practice,” she says.

The need is more apparent in the city where she is based, East Hartford, Connecticut, where there is a shortage of clinicians of color in private practice and practitioners who accept private and federal insurance, says Jernigan-Noesi.
Inclusive practice leads to inclusive research.

In 2015, Jernigan-Noesi started her private practice, seeing mostly women and older children, many who identify as people of color, and many patients who identify as lesbian, gay, bisexual or transgender. From the start, she says everything she needed to launch her practice quickly fell into place. She attributes this primarily to networking and seeking advice from colleagues who had private practices of their own.

“I don’t think that our psychology graduate programs, particularly those that may have an emphasis on practice and have graduates that go on to do practice, emphasize or offer enough resources around the business of practice,” she says. “It’s important to learn all of the psychological theories with regard to working with clients, but there also needs to be conversations around thinking about private practice and how to turn it into a viable, financial career.”

It was important for her to establish a practice that accepts insurance, including Medicare and Medicaid. In addition to taking out-of-pocket payments and insurance, she offers patients a sliding fee scale. Jernigan-Noesi says many of the communities she wants to help are often excluded from access to mental health services, either due to their ability to pay or a lack of available clinicians. She advises early career practitioners to consider whether their payment models reflect the clients they want to serve.

During her research training, she also learned that people of color, as well as LGBT populations also tend to be left out of mental health research.

“There’s this emphasis on evidence-based practice. As a person interested in multicultural issues, what I often found striking is that the research that I was reading didn’t necessarily include the populations of individuals that I served or was interested in serving across a variety of social identities. You think about traditionally marginalized populations like women, like people of color, like LGBT populations. Psychologists really historically haven’t included them in the research that we’re saying informs practice.”

Seeing these communities in private practice allows Jernigan-Noesi to see and report on the success rate for interventions and treatments that research psychologists are recommending.

Her practice has allowed her to be actively involved in adding to the research that she reads about and teaches to clinical psychology students at the University of Saint Joseph and Yale.

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Building bridges between communities

When she’s not seeing patients, Jernigan-Noesi takes what she learns from her patients’ experiences in their workplaces or schools and applies it to her consulting work. For many, the intersections of their racial and gender identities have unfortunately led to experiences of racism and sexism. She says the goal for her consulting group, Jernigan & Associates LLC, is to help organizations understand how inclusive and non-inclusive environments may impact their employees or students. She points to how some negative attitudes toward diverse communities have led to more hostile learning environments at U.S. schools since the end of the 2016 presidential election.

“I think people are really fearful of how to respond, and focusing too much on individual political beliefs as opposed to seeing the election as symbolic of larger issues that have always been present in our society and have resurfaced in an explicit manner that many younger generations have not personally witnessed in recent years,” she says. “Schools would absolutely benefit from having an outside perspective and learning some strategies on how to build or rebuild a sense of community amongst their students and also among faculty and staff.”

Coming from a family that taught her and siblings to think about issues of social justice, Jernigan-Noesi says it’s only natural that she devotes most of her research, practice and consulting work to issues surrounding multiculturalism and diversity. She says recognizing the differences that people from all walks of life bring to the table, and understanding them, is essential to working with and treating diverse groups in a therapeutic capacity.

Written by Jewel Edwards-Ashman