

Podcast Guest (Nicolette Bidlingmeyer) (2023-01-16 09:08 GMT-8) - Transcript

Attendees

Dr. Tara Sanderson, Nicolette Bidlingmeyer

Dr. Tara Sanderson: All right, everybody. Welcome and thank you for joining me. Today, we're talking with Nikki Bidlingmeyer from power of Pods Therapy and Consulting. Nikki is a mom to two, young kiddos, two and four, and lcs, W, and infant family early. Childhood specialist a reflective practice facilitator. A black belt in karate. A lover of buffalo chicken wings and is from Los Angeles, California. She provides play therapy, parent coaching, parent, training and perinatal therapy, as well as consulting with other clinicians and other professionals. And I want to read you a smidge from her website because I think it sums her up really well.

Dr. Tara Sanderson: I will never promise, perfection. Let's be real pregnancy and parenting perfection is a myth Real life with kids. Especially young kids is a mess and I want you to bring that mess to our meetings or let me, come and visit you in person. And I'll use my expertise and a good amount of humor and silliness to help you develop your families unique, toolkit for surviving and thriving. When I read this little bio, I said I have to meet you. Thank you.

Nicolette Bidlingmeyer: Well, I'm so glad.

Dr. Tara Sanderson: Thank you so much for joining me here today. Nikki, I can't wait to share your passion and your expertise with the community and the world.

Nicolette Bidlingmeyer: I'm really happy to be here with you.

Dr. Tara Sanderson: Great. Well, I always start my podcast with a question for my interviewee. So today's question is, if you could spend a morning watching any cartoon, what would it be?

Nicolette Bidlingmeyer: Oh, good question. Oh All kinds of things. Just flew through my mind. But I'm gonna have to settle on Daniel Tiger which is less about me and my childhood and more about what I prefer to watch with my kids right now.

Dr. Tara Sanderson: Yeah, absolutely. Isn't it amazing? How much cartoons have changed and not changed, right? I have watched some of the like,...

Nicolette Bidlingmeyer: Right.

Dr. Tara Sanderson: Thomas the Tank Engine to, you know, I want to say Bob the Builder all the way back to Rewatching. Some of the old, like, I think gummy bears cartoons, that I watched as a kid and she will. Always like this, still this undertone for kids, right? When their cartoons for kids, not for cartoon for adults, but cartoons for kids are still this undertone of like, Here's the message of how to be a good little human,

right in all sorts of different components. And then, you know, we move into all sorts of other things as we get older. But I just, yeah, I totally miss having morning cartoon time.

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Nicolette Bidlingmeyer: Mmm. Yeah, yeah, actually. Now that I've had time to think more about it, for some reason. Ren and Stimpy is like stuck in my head and it's not appropriate for children at all but I think I watched it as a kid but more appropriate. One is the Magic School bus? Did you ever?

Dr. Tara Sanderson: Oh yes.

Nicolette Bidlingmeyer: I watched that for a good long time. It's a good one. Yeah. Uh-huh.

Dr. Tara Sanderson: Yeah, that is a good one. Encouraged so much curiosity and so much like thinking through problem solving. It's a good one.

Nicolette Bidlingmeyer: Yeah.

Dr. Tara Sanderson: I enjoy that one. Well, today we are going to talk about that kind of a variety of things. And I want to start with talking about reflective supervision and that reflective practice, tell me, maybe start with some definitions or some some way for us to understand what that means and how that applies to supervision

Nicolette Bidlingmeyer: Oh, this is making me. Wish I had looked it up so I could have a more distilled. professional sounding definition, but I think that for me, reflective supervision is just being able to

Nicolette Bidlingmeyer: Gosh, I want to use the word reflect, but that seems redundant, but really it is, it's just, it's looking back on your session and and thinking, how, how was I feeling in that moment? How was my client feeling in that moment? What might have been happening for me, but might have been happening for my client, and if you're so overwhelmed by Whatever you were feeling in that moment, you know, having a reflective practice. Supervisor. Or.

Nicolette Bidlingmeyer: Maybe it's not a supervisor and maybe it's just a consultant because I work with a lot of different professionals, but just having someone to help ground you and understanding your own feelings first and and where they are and what they are and then once you do that, you can move through it and think, Okay, I feel this way. But what what triggered that for me? What brought that about what might be happening for this family with these behaviors? That are so difficult to manage? That was a really long answer.

Dr. Tara Sanderson: Yeah, no, I think you I think you can not only explained it. Well, but you you gave some of those examples that I think I would be looking for in if I was looking for a supervisor or consultant in this area. Like how would that look in in real life and and that's what I got from That answer was It would look like you take the time to think about how you were in that session, what came up for you in that session and do some work too? I don't know if the right word is resolve that but like analyze it and look at it and understand it, so that then you can like fold back into the work that needs to be done with the client. I would like and it may be to like sharpening us as a tool in the process of therapy, right? Like, we're making sure that we are honed correctly, so that the client gets the best services out of it. If we've got little chunks out of our ability to work with this client or stuff that comes up that we're not attending to, it makes it harder for us to do good work with our client.

Nicolette Bidlingmeyer: Absolutely, and I think, you know, especially in community mental health settings, but I don't know, I know a lot of private practice for those are practitioners that are also working with like upwards of 30 clients, but that's their own choice to punish themselves,...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: but especially in community mental health, you're working with so, so many people and so many people's feelings and experiences that are natural, inclination is to is to create boxes and...

Dr. Tara Sanderson: Yep.

Nicolette Bidlingmeyer: you know and when you're done you switch it off and it's too difficult and overwhelming and to be thinking and processing it all the time especially if you have back to back to back. And so it's really easy to move through your your practice day to day without really processing things that happen.

Dr. Tara Sanderson: Yep.

Nicolette Bidlingmeyer: And sometimes when we do we spend time processing, the symptoms and and the behaviors to be like a clinical to find the clinical lens to find the clinical focus. But again, like the next step is more difficult which is focusing on. What came up for you. And I think that's it's interesting, you know, having worked with many supervises over the last 10 years. Some people are really inclined to it. Like I'll say I am I am very inclined to talk about how I feel. Others, not so much. And that's been a challenge for me,...

Dr. Tara Sanderson: Yeah. Yeah.

Nicolette Bidlingmeyer: too as a supervisor. And to really To figure out well to first acknowledge that not everybody is like me. But not everyone shares.

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Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: My opinion, shares my values and that's okay, but then really finding What what has to you know? Like for you to be a good clinician? How can I help you get value out of this process and not have it feel like punishment?

Dr. Tara Sanderson: Yeah, that is a really good point because especially for somebody who doesn't feel like they, they attune well to their own feelings, or that they are. That's a part of the job that is actually necessary. I could see this being something that you have to really kind of draw out of them to be. Yeah.

Nicolette Bidlingmeyer: Right, like they don't want to talk about it with me, you know? And that's that's something I have to just Let be and sit with and figure out, you know, okay. how can I honor your ask that you need time to think about this yourself and also You know, do that together because I'm responsible for supporting you in this work.

Dr. Tara Sanderson: Yeah, well let's let's spend a moment thinking about that from from the hat perspective. So I always think about being a supervisor requires us to wear a lot of hats, whether we are

there supervisor, clinically and administratively or not. We do have to keep some of those pieces on our heads of a good clinical supervisor. Not only that helps the client Cora or the supervising grow and learn new tools and all sorts of things. But we are also just responsible for them. Like this is, this is an element of I have rules and laws and ethics and guidelines that I have to keep in mind and hold you responsible to and me, hold me, responsible to, in addition to just growing and becoming the best clinician you can be. And that's that,...

Nicolette Bidlingmeyer: Well yeah.

Dr. Tara Sanderson: maybe a hard ask when they look at you and say, Well, I'm not sure I want to really dive into the stuff you wanted to have and do and...

Nicolette Bidlingmeyer: Yeah. Right.

Dr. Tara Sanderson: holding that space.

Nicolette Bidlingmeyer: Yeah, no, I think it's Yeah, it's a vulnerable place to be and for some for some people I think it lands as a valueative, you know, for or or too too much like therapy and which is also something I spend time talking about with people, you know, and But it's it's really tough for some people and I've had to really spend a good amount of time thinking about what that brings up for me. When I meet that resistance. What that means for me how do I Honor that feeling and let it be just like it. If it were a client, right? And still challenge them to do the reflection that's really required for us as clinicians to be effective in our work.

Dr. Tara Sanderson: Yeah. Yeah, tell me more about the how you define that line between the reflective practice piece and kind of moving too much into a therapy component with your supervising.

Nicolette Bidlingmeyer: Yeah, you know, I think and for the for the clinician who is really inclined to do reflection and supervision, I'll use that example First. I think that's easier, you know, I might find myself talking with them about feelings that came up in session and then it will naturally go to you know a question like you know, I'm I'm curious, you know, these are these are all valid feelings and really big feelings and that they do seem bigger, you know, than then. Than others might have in that situation. I just wonder if there's something going on for you or a memory for you. That might might be a part of this. Your personal experience.

Nicolette Bidlingmeyer: And then the floodgates open, you know,...

Dr. Tara Sanderson: What?

Nicolette Bidlingmeyer: and that's, that's a person who's really comfortable with this or already feel safe in the supervisory relationship or is maybe more inclined to be very open. And then, you know, as long as it's related to therapy, right? And their therapy practice, anyway, and clinician that I think that can feel okay. I think where it may be toes the line as it comes up every single session and you find yourself talking about it over and over and over again. And it not so much is pertinent as mmm. That's tricky. You know I'm saying it's not...

Dr. Tara Sanderson: Wow.

Nicolette Bidlingmeyer: but it is but if I start to feel that they need more support with this, And it's just relevant to grounding in their session or thinking about it between sessions. And you know, that that becomes a conversation of, you know, have you thought about therapy and and but I think for the clinician who is less inclined for this kind of openness and reflection about personal experiences and counter-transference and, It's a, it's almost. It's, it comes up as defensive, I think a lot, you know, I'll notice, I'll notice that, they maybe avoid talking about a particular client or

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Nicolette Bidlingmeyer: They talk about a client as very difficult or they're not doing the work or you know, I'm not seeing any progress and it's because of them x Y and Z. It's all externalized.

Dr. Tara Sanderson: Uh-huh.

Nicolette Bidlingmeyer: That tends to be acute to me that. There might be something else happening there. And then, you know, I have to rely on what relationship we have established to to kind of explore that. But

Dr. Tara Sanderson: Yeah.

Dr. Tara Sanderson: Yeah, I think that that is, is a really good point on when people are really connected with this type of work. It becomes more about, like, raining in and keeping it focused on what's going to benefit you to do this work, with your client. And when you need more support, you need to be going and getting your own therapy versus the other where it's more about expansion of saying, like, Okay sure the client needs to do more work and what's going on for you here.

Nicolette Bidlingmeyer: Yeah.

Dr. Tara Sanderson: Like Let's expand into your stuff in this space because it is it all of our work with clients is relationship-based. It is both of us in this space trying to help each other get where the client really wants to go. And the client needs to give us feedback. The client needs your your respond to our interventions and those pieces. But also, you know, we need to be watching and, and adjusting and noticing our own stuff in that space.

Nicolette Bidlingmeyer: Mhm. Yeah, and really you know exploring Is it is it? Our relationship this client and and me together in this room week to week and that That might be in the way and that's okay. But really thinking about there's so many reasons why that might happen and not all of them or anyone's all and...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: that really being able to, To just objectively, think about that. And in supervision, I think can be really important and I think that's really difficult for a lot of clinicians.

Dr. Tara Sanderson: Yeah. For sure what would be maybe like an example of a typical intervention you would do in reflective supervision.

Nicolette Bidlingmeyer: Typical intervention.

Dr. Tara Sanderson: Yeah. Like what kinds of questions? Do you ask or what? Kinds of like things? Are you kind of targeting?

Nicolette Bidlingmeyer: Hmm. That's a tough. That's a tough question. Because I think it kind of reminds me of the when you were talking about podcasts and like, How does this happen? And it's like organic and more conversational. I don't know that I have set interventions that I use in reflective supervision, kind of makes me curious. If there are some and I'm missing them but,

Nicolette Bidlingmeyer: But I'll typically ask and ask ask them to let me know what their agenda is, like if they have and I do, I ask people to come prepared to supervision and I find that surprising too that that's difficult for people and you know, to come prepared with specific questions or, you know, your top two clients that you want to make sure we get a chance to talk about. And I think that says something, you know about that person's experience and their practice at this moment that they don't have time or they're not inclined to even think reflectively before supervision to do that.

Dr. Tara Sanderson: Yeah. Yeah.

Nicolette Bidlingmeyer: So, I know if that's an intervention, I definitely ask people to come prepared and and then, I usually just ask people to talk me through how things are going with particular clients, I avoid I have a questions, it's very similar to my my clinical practice with adults even like Yeah, most of it is parents support but I tend to avoid questions and express curiosity. Sit with silence. If my curiosity is not met with an immediate answer, And talk about...

Dr. Tara Sanderson: Well.

Nicolette Bidlingmeyer: how I am feeling, I think, okay, that would be an intervention I suppose. And the strictest sense is just noticing how I feel as they talk about a client or noticing how I'm feeling in. The Supervisory dynamic. I'm thinking about a recent experience where I just had to name it. It was making me really uncomfortable. There's a lot of things happening in the larger context of our community mental health often that makes people unhappy myself and...

Dr. Tara Sanderson: While.

Nicolette Bidlingmeyer: supervisees. And and, you know, sometimes that shows up often that shows up in supervision. so, just naming it, you know, I've noticed, and I've noticed that you're really unhappy lately, and it takes up a good half of our supervision and these kind of not even talking about it directly, but you're, you're noticeably unhappy and, and I'm finding that that makes That that is showing up in myself. I'm feeling a certain way before our supervision and for the first half of our supervision, it's difficult to settle in.

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Dr. Tara Sanderson: You.

Nicolette Bidlingmeyer: You know, I just want to acknowledge that and Ask if there's anything I can do to support.

Dr. Tara Sanderson: Wow.

Nicolette Bidlingmeyer: So yeah, just naming my feelings also is a, is a big one or, you know, listening to someone describe their interactions with a client entered. As we often do kind of trying to Mimic how a client was talking or what they were asking in the session. And then just noticing like, Wow, you know, as you were Talking about all of this. I am feeling an urgency to fix to solve this problem.

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: Like Right now I'm thinking all the things trying to think how we can solve this. I can imagine...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: how that must be making, you feel having sat in that room with them with that parent for a whole hour, you...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: an urgency there.

Dr. Tara Sanderson: I love that. And I think, I think, I think sometimes we as therapists and supervisors, get scared to call something in intervention. And we rely on a lot of our instincts that came from a lot of years of training. And but I think you named several in there that were that were really clear interventions of like noticing our own feelings and bringing those up into the space, noticing our reaction to somebody else in that space. And, and making sure we name that and talk about what, what is deeper inside of that when, when we get confronted with it, have utilizing curiosity and and silence.

Dr. Tara Sanderson: At the very appropriate. One for a lot of supervises is, you know, they want to fill the space with. You know, let's just get through this supervision thing sometimes, or sometimes they're just like, Yeah, I didn't prepare and utilizing silence in that space can be so powerful, too, of like, Well, I'm, I am still gonna just wait here for you, bring something up, because there's something to bring up. And

Nicolette Bidlingmeyer: Yeah.

Dr. Tara Sanderson: We'll just, we'll just wait for it, It's fine. What we use? A lot of our own therapeutic skills in that space, as well as really, just bringing forward how how they are doing in relation to their clients. I think that that's a big question that we need to be asking more of, of our of our folks, whether it's in community, mental health or in private practice, or wherever they are of of saying, like, Okay, when thinking about your case load, Tell me what. Like you're an initial response is when you wake up in the morning and think you get to go to work today. What is your body responding with? How do you, How do you get to the place? Where you are doing this work and, and be responsive, too, that that feeling of if it's dread then? What can we do to help navigate that if it's excitement, great. What do we do to make sure that you are all so taking care of yourself? Because sometimes when we get too excited about something we made neglect, our own selves,

Dr. Tara Sanderson: Not stays. Right, I am super curious about your work with the child welfare system.

Nicolette Bidlingmeyer: Yeah. Yeah.

Dr. Tara Sanderson: And working in community, mental health, as a supervisor, as, as a clinician. What do you think? Is Maybe what? Maybe let's stay on the positive side for a moment. What do you think is going well in community mental health when it comes to training supervisees up to be clinicians?

Nicolette Bidlingmeyer: Hmm. Well, I'm biased because my passion is birth to five work and but Department of Mental Health is doing a really great job with trainings in that area. They well I don't know and maybe other states are other counties,...

Dr. Tara Sanderson: Sure.

Nicolette Bidlingmeyer: but certainly LA County since, since I started, I'm really grateful for all the trainings that were free, you know, through through the county,...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: there's all these birth to five series and I think it also depends on What agency you're at, and what supervisor, you have, how that becomes visible to you, but it's there. You know, there's so many offerings for free and trainings on child development traumas impact on the brain. What atypical development looks like all, same, seeing all these trainings on like how to how to help a family respond to sleep, you know, and I you ask an intern, you know How do you help a family with an infant? That isn't sleeping? Well, that's not my job.

Nicolette Bidlingmeyer: Then there's, you know, like that this is, I think, really crucial information and exposure to all the different things that are part of working with a parent-child, and, and...

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Dr. Tara Sanderson: One down.

Nicolette Bidlingmeyer: learning how to work with other disciplines as a team to support for earlier, intervention and prevention. So, I think that's a really that's my favorite thing about community mental health is access to,...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: to training

Dr. Tara Sanderson: I think that that is a really good point, because I think that sometimes, especially in the private practice world, we get bogged down by trying to find trainings that we can afford to take in all areas that we want to do things, right? So that is a total benefit of working in the community mental health setting. If, if everybody's setting, you know, has all those resources. But of being able to say like they are providing these trainings for free for our clinicians. Like take advantage of those. So that you can continue to grow in the things that are going to be most beneficial for our clients.

Nicolette Bidlingmeyer: Yeah, I mean I am thinking about it now and I know if I really taken the time to to feel that gratitude, but and that is specific way. But really, I mean, I am the clinician. I am because of community mental health, really. I mean, supervisors also, Really appreciate that. But trainings, I mean, I wouldn't have the expertise that I have without all of that for free. So,

Dr. Tara Sanderson: Yeah, in thinking about your work with that young infant mental health population for because it is so systemic, right? Like we, we aren't trying to just navigate the Zero to five year olds in that process where navigating everybody, who is not, who is working with that kiddo, from family to siblings to all sorts of things. What are some of the ways that you have noticed there being I don't know, barriers is probably my best word to your interns getting how how that system is, so vital. I think a lot of our, the reason I am asking this to back up is like they're I feel like a lot of our training in mental health, is individual focused. Bring. And when we're talking about zero to five, we really are talking about a system. What barriers, have you seen to them? Kind of making that switch to thinking about working in a system?

Nicolette Bidlingmeyer: You know, I don't know if this is a direct answer to that and but I think that if interns and there are clinicians who have zero interest in working with the birth defy population, and that's okay. And I think, you know, we all need to have our specific nation for us to be like, effective and community. Mental health is like, Here's everyone. You're out...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: how to work with everyone and it'll be okay.

Nicolette Bidlingmeyer: And that's okay, but I think, you know, if you, if you haven't done those trainings that I just talked about and you haven't had exposure to thinking about how to support a pre-verbal infant. And really, like, having this aha moment that even though your client is the child, your client really is the whole family. And and...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: there's, there is a switch that happens. And I think for me and until I started doing those trainings and really thinking that way through birth to five work, I didn't make the connection for older children. So I think there are many,...

Dr. Tara Sanderson: Oh yeah.

Nicolette Bidlingmeyer: many, many professionals that will work with a seven eight, nine ten through the life without Prioritizing those if collateral sessions. we think in that language and...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: community, mental health, but without really valuing, And from the get-go like talking, and with your with your family, after you're done with assessment and just saying, you know, and after this day doesn't end our relationship, a big part of treatment and is going to be you know you and I really figuring out how to support Sally. I only see her one hour, 50 minutes a week, you see her the whole rest of the week, you know, that that is so important to actual change.

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: And so I think really having that conversation from the start and understanding how important that is and outside of just the parents, you know, I think Foster working in the foster care system. with a children who are in out of home placement or in family preservation programs, you really are Exposed to opportunities for thinking about. Larger support.

Dr. Tara Sanderson: Mhm.

Nicolette Bidlingmeyer: Community, and I think it's interesting. I've Disciplines different, you know, ICSW clinical social work programs versus marriage and family programs. There does tend to be a more like teaching of a focus on person and environment and exploring all the different people that you should be working with and...

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Dr. Tara Sanderson: Yeah. Yeah.

Nicolette Bidlingmeyer: in a clinical social work program so, I've really enjoyed fostering that kind of thinking as I work with, and amft interns, They think that's, that's interesting. But yeah, I think it's an opportunity to think that way because it isn't think through supervision, right? So you get opportunities to think about it that way through training and those required contacts that you have to have with the social worker. But then in the supervision, really having exposure to conversations. Like What was your conversation? Like, with the With the biological mother.

Nicolette Bidlingmeyer: Well, that's, you know. Well tell me, tell me why, you know, that didn't come up for you and and you know, are there, are there reasons that that's not possible. And I think that's it's really easy to do you have so many clients? Not all those different people

Dr. Tara Sanderson: Yeah.

Dr. Tara Sanderson: Especially in community mental health, where you do have all of those clients where like the the ratio of time you have to be able to do all of those collateral contacts and train. Make that space is really for the clients best interest and is so hard to sneak into the rest of your day and get a hold of them when you have time to get a hold of them and oh all the different pieces and...

Nicolette Bidlingmeyer: Yeah.

Dr. Tara Sanderson: I think on the flip side and in private practice kind of model, we we do get so focused on just the client and just that treatment plan, that we absolutely forget about like, well, who else is in their circle? Who else is a part of their system and who can be helping them, who is, you know, causing some some rough edges that maybe need to be worked out. What else is happening here besides just this person and...

Nicolette Bidlingmeyer: Yeah. Yeah.

Dr. Tara Sanderson: and what's going on with them? What, you know, no matter the age, but I, I think I see it the most in my supervises.

Dr. Tara Sanderson: Who work with kids under 14? Who don't have like for Oregon. Our state of consent is, is 14 for for teens to come into therapy by themselves. But the kiddos under 14, I see the struggle in them of like, Oh, I don't have to talk to their parent, the kiddo is my client. Like this is really the thing and and not that they wouldn't talk to the parents and they know that they need to. But I think that they get so wrapped up in, in this time with this, this one human that, they forget that if we don't change things about the environment, if we don't involve those people in engaging, in the growth of the human, you you are tied to It's gonna be messy.

Nicolette Bidlingmeyer: There's also I'll just name it. There's also if you work with kids almost exclusively and Kids are really forgiving and accepting and are generally just there to play and learn and it's you that

are making it the therapeutic experience like they don't, you know, they're, they're typically not very judgmental. Parents are scary,...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: you know. So like What if I talk to this parent and they find out that I actually don't know what I'm doing. That's like,...

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: there's this fear. I remember it and it's sometimes still creeps up in me. I think talking to if you're focus as kids, there is this intimidation, This fear that you won't be able to explain what you're doing or feel like you have to explain everything that you're doing. And And it's hard, you know? Like if if you discover and talking to the parents that like Oh Proof there's a lot more to do here than I thought that was just focused on the child and I don't know how to do that. I don't want to, I don't know how

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: So yeah, I can say, you know, I get that.

Dr. Tara Sanderson: Yeah. Do you think that that is more intense in a community mental health placement because of how often like the Department of Human Services is involved or some of those other elements? Like I I'm envisioning it being like, it feels like more eyes are watching then maybe in private practice.

Nicolette Bidlingmeyer: Oh, you mean like judgmental judging eyes evaluative eyes?

Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: I wouldn't say so, I would say

Nicolette Bidlingmeyer: Mostly people will defer to you. And that's I think that's part of what I've been trying to teach the The interns is, and many of the csws, the children's social workers and this is actually Pretty scary honestly, but they have a bachelor's only, you know, like and that's not to say that they're, you know, any less talented. But you know, they don't, they don't know what, you know. So you you have to channel the expertise that you have and...

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Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: communicate that and...

Dr. Tara Sanderson: Yeah. Well.

Nicolette Bidlingmeyer: advocate for your, for your, for your clients. And, you know, if you discover that the social worker, Is doing the best they can, but making recommendations that are not in your in your client's best interest. Let them know that and give them the information, you know, that's part of our jobs as advocates for the family and the child. So yeah. No my experience tends to be that They're very much deferring to our clinical expertise. And once I learned that, I think I was much more. Relaxed about interactive and...

Dr. Tara Sanderson: Yeah. Yeah.

Nicolette Bidlingmeyer: then, you know, you've got the regional center. And that we work with really often with birth to five and it's the same, you know, that those they have their expertise in very different areas and usually it's the coordinator that we're talking to. Yeah, it's just developing it is. It's a skill and that developing how to talk about what you're doing and how to how to give information to support, you know, bringing in additional support and advocate.

Dr. Tara Sanderson: Yeah, yeah. And I feel like a lot of that when we're, when we're working with our supervises comes from helping them build confidence and thinking about, like, Why are we recommending this thing? Can you explain it? Well to me, because if you can explain it well to me, you can explain it to absolutely anyone, and let's keep practicing for...

Nicolette Bidlingmeyer: Yeah.

Dr. Tara Sanderson: why you're recommending this versus this, right? You know, the social worker recommended, this type of thing, you're recommending something different. Just give me a reason why let's talk about it because you know, why or...

Nicolette Bidlingmeyer: Yes.

Dr. Tara Sanderson: else wouldn't be recommending it. So let's build that confidence to say, You know, yeah I I understand why they would recommend this and here's what I would, I would say let's do first or Let's do in this in this place because everybody only knows what they know and you may be teaching people something brand new that is available to them that they may not have already known about which is which is a great opportunity for us to continue to advocate not only for our individual clients, but for the system at large as we take

Dr. Tara Sanderson: Trainings that are offered from from different places as well as just learn things on our own as we're growing.

Nicolette Bidlingmeyer: Yeah, yeah, we only know what we know. And I love that.

Dr. Tara Sanderson: I feel like I live that every day. I'm just doing my best. I know what I know and then when I know something else, I will deal with that. Then

Nicolette Bidlingmeyer: Yeah, there's there's lots of that's another benefit if we're staying positive about community mental health, there's just there's so much growth that can happen so quickly, and you build so many skills. sometimes, all at once you're drinking from a fire hose for like a year but yeah, it gives you such an opportunity to think about the work in a in a really broad way that I think you would have to actively seek out in private practice.

Dr. Tara Sanderson: Well yeah.

Nicolette Bidlingmeyer: You wouldn't get. Publicly.

Dr. Tara Sanderson: Absolutely absolutely. Yeah. Well, I am so grateful for our time today. I feel like I learned a lot about reflexive practice and...

Nicolette Bidlingmeyer: Well.

Dr. Tara Sanderson: I am going to be thinking about how I ask questions to my, to my supervises and how not in and even more. So how I don't ask questions, how I give them, you know, space to really think through what they're going through in the sessions. And I I like that. We really honored the community mental health system here today because I do think that it has an really important place in our society and in the work that we do in mental health and in the training that we do with our supervises. So I'm grateful for that, Let me let's talk about the things that you have going on and how people can find you and get a hold of you.

Nicolette Bidlingmeyer: Okay. Yeah, so outside of community mental health, I have private practice where I am putting in all of the expertise that I gathered through 10 11 years. I think it's 11 years in community mental health and really offering that to to the community. So parent coaching is something that I can offer to anyone anywhere and and that can be for any different reason really parents that are struggling with really typical, but typical should not minimize The challenges that we work with when we're parenting.

Dr. Tara Sanderson: Hmm. Nope.

Nicolette Bidlingmeyer: One, two, three and four year, olds with them with strong personalities. So or it can be something maybe more more like trauma or a big change. A divorce, a move across country that is just thrown off your your child's ability to cope. Yeah. And...

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Dr. Tara Sanderson: Yeah.

Nicolette Bidlingmeyer: then the dyadic play therapy. So working with a parent and child together and therapy for for more challenging, maybe mental health issues or parents that need one-on-one support and through modeling and more directive approach.

Dr. Tara Sanderson: Well.

Nicolette Bidlingmeyer: I offer them licensed in the state of California, and I'm doing that here. I offer for professionals really anywhere. But particularly in California, I can offer the reflective practice consultation hours towards endorsement with the California Center as an infant mental health. Infant family early childhood mental health specialist. It's the credential It is a mouthful.

Dr. Tara Sanderson: That's a mouthful.

Nicolette Bidlingmeyer: And yes, but putting together a group right now actually for anyone who is interested in reflected practice consultation.

Dr. Tara Sanderson: Very cool and they can find you at power of pause Therapy.com, right? Yay,...

Nicolette Bidlingmeyer: Yes, that's right.

Dr. Tara Sanderson: perfect. We'll put that in the show notes and then hopefully folks will find you and and ask questions from there and get to know the great services that you provide

Nicolette Bidlingmeyer: Oh, thanks so much.

Dr. Tara Sanderson: Absolutely. Well everybody, it has been wonderful to chat with you all today. I hope that you grabbed some good lessons out of today and we'll see you all next time