

Dr. Tara Sanderson [00:00:00]:

Welcome, everybody, and thank you for joining me again. Today, we're gonna be talking with Dr. Judy Fernandez. Dr. Judy, I will just call you Judy from now on, but is a licensed clinical social worker with a practice in Manhattan, New York. She is a group practice owner providing a lot of supervision, not only to the LMSW community, but MFT student interns as well. She provides group supervision for her group practice, and she has a doctorate in social work from Tulane University. Judy, it is so good to have you here.

Dr. Judy Fernandez [00:00:36]:

Thank you so much for having me.

Dr. Tara Sanderson [00:00:38]:

I start out every episode that I do interviews in with a guest question. So your question today is what is one of your goals that you would like to achieve in the next 5 years.

Dr. Judy Fernandez [00:00:51]:

Wow. In the next 5 years, I want a food truck. It has nothing to do with social work.

Dr. Tara Sanderson [00:00:57]:

What kind of food truck?

Dr. Judy Fernandez [00:01:00]:

So, like, a Caribbean South Asian infused food truck.

Dr. Tara Sanderson [00:01:05]:

Oh my gosh, that sounds amazing. I feel like we as therapists in the world have a lot of, like, like, coinciding little lines. Like, a lot of us are very creative. So I know a lot of therapists who used to be photographers or who do photography on the side or web design or creative endeavors, but I also know a lot of, like, foody therapists. I probably- Probably four or five years ago, maybe. I totally decided I wanted to run a doughnut food truck. That only serves the doughnut holes, but, like, specialty kinds. And I I probably have a Google folder on my thing right now with, like, what kind of food truck would I need and what would the budget be? I love it. Oh my gosh. That would be amazing.

Dr. Judy Fernandez [00:01:56]:

Yeah. So and it's very different. Right? You're using a totally different skill set.

Dr. Tara Sanderson [00:02:01]:

Mhmm. All that good business acumen that you have, but also just so much creative- creativity and fun.

Dr. Judy Fernandez [00:02:08]:

And I'm really good at tasting food, so I feel like that would be helpful.

Dr. Tara Sanderson [00:02:11]:

Wonderful. Yes. For sure. And I feel like there is something to, like, the immediacy of getting feedback from people, like, when they- When they taste your food and you hear that guttural yum feeling. We don't get a lot of in therapy. We don't get a lot of, like, immediate feedback all the time that things are going well, but I think that would be a lovely side benefit of having a food truck.

Dr. Judy Fernandez [00:02:32]:

It definitely would be. Absolutely.

Dr. Tara Sanderson [00:02:34]:

I love it. Good for you. Alright. So today, we are gonna be talking about the importance of supervision and being supervised by a social worker. And then, we may branch into talking about group supervision. So what I would love to start with is to just gather from you some, some understanding of maybe what goes into becoming a licensed clinical social worker, a licensed clinical social worker supervisor. And like, why- Why is it so beneficial?

Dr. Judy Fernandez [00:03:03]:

Sure. So in becoming a licensed- I'll start there with becoming a licensed clinical social worker. After grad school, we have to we have to take an exam for the LMSW, which drives us all crazy. And I haven't heard one good thing about that test. So after you take that exam and you pass it, you then have to work under a psychologist, a clinical social worker, somebody that's fully licensed that can supervise you to obtain your clinical hours. And then you have to get 3000 hours, or it's it's like this weird time frame. 3000 hours, 3 years. It can't be less than 3 years. There's all these ifs ands or butts, but that's kind of what it is.

Dr. Tara Sanderson [00:03:47]:

Yeah.

Dr. Judy Fernandez [00:03:48]:

And then you go take another exam. That's very similar. Yeah. Very similar to the LMSW. A little bit more diagnosis and medication that's thrown in there, but overall, very standard to the way the questions are asked. Once you pass that exam, then you're a licensed clinical social worker. And then, you know, from there, what I did was I when I had my LMSW, you can actually be a SIFI instructor. And that allows you to supervise interns but you have to have three years of experience in the field.

Dr. Tara Sanderson [00:04:25]:

Gotcha.

Dr. Judy Fernandez [00:04:25]:

So I was working at a men's shelter. I was in the field for three years at that time. And it's a course that you can take at a university, and they're just teaching you how to supervise an intern, what to provide- In New York, we have to do as social work students- And it's so funny because with the MFT students, I was like, do you guys have to write process recordings? And they're like, what are those? And process recordings, I learned, only social workers in New York seem to be- Do these.

Dr. Tara Sanderson [00:04:52]:

Oh.

Dr. Judy Fernandez [00:04:53]:

And so what you do is you take a piece of your conversation with a client and you literally write out verbatim-

Dr. Judy Fernandez [00:05:00]:

Mhmm.

Dr. Judy Fernandez [00:05:00]:

What that conversation was. You know, and you're analyzing it from, like, what theory did I apply here? What could I have done? Right? You're looking for the- You're assessing for the client's body language, all of that. And then you bring that to supervision, and I go over that with you. Right? So, so it- There's pros and wants to doing it. But so, anyway, that's what you kind of you

learn as a SIFI instructor, and that stays with you forever. Essentially, you get certified in it. And then as you become- As I transitioned to a clinical social worker, I was able to supervise LMSWs, interns, MFTs, MHCs, pretty much anyone that falls in the mental health field. Yeah. So it- There's no certification necessarily to really supervise. It's really your experience. You know, and I personally, like, especially with the therapists in my practice, my goal is to do, collaborative work, right, and mentor them more so than just going over cases and things like that, but really helping them develop their skills and, find out what their niche is. Because, you know, in grad school, you work with everybody. Right? Your internship isn't necessarily where you wanna be.

Dr. Tara Sanderson [00:06:18]:

Absolutely.

Dr. Judy Fernandez [00:06:19]:

So helping them figure out, like, who is it that I to work with, what are the modalities, where do I wanna strengthen my skills? And I pulled from a lot- I had some really good social work supervisor and some really bad social work supervisors. So being able to kind of pull from both sides to provide a space where people can learn and they can grow.

Dr. Tara Sanderson [00:06:40]:

Yeah. What were some of the things that you pulled from your your best social work supervisors that you are like, these are the things people need to be thinking about and doing?

Dr. Judy Fernandez [00:06:50]:

Yeah. So I think it was consistency. Right? So because there's weeks where ironically it's slow. Right? And you're like, nothing's changed since last week. We don't have to meet. But the consistency shows you that someone is there showing up for you every week. You don't have to just talk about cases. I there was a lot of, like, professional development in my supervisions. And, like, what, you know, what I wanted to get out of it. So really going into supervision as a supervisee with an agenda, not just waiting for my to come to me, you know, with what they want to talk about. And then the support, like, as social workers, I think just anyone in the mental health field, you get thrown into things, and you're like, what am I doing? You know, so that support that someone's been there, we're not gonna know what we're doing all the time. But we're making the best judgment call that we can. So I think the space to talk about that, the space to talk about, like, the hard work that we do, and we have to process that we don't wanna carry outside of work. All of those were the good things that I took away from some of the leaders that I had.

Dr. Tara Sanderson [00:07:59]:

I love that. And I think that there is something really important about that first one, about consistency. That, that- I think another person that I interviewed said something about, like, there's always something to talk about. And it may not be about clients. It may be about your professional development. It may be about something that you're still holding from a previous week. It could be all sorts of things. And to, to honor a space and to open a space where the supervisee can really, check-in with themselves about what they need in time. That sometimes it really is just like a client dump, and we just have to get through clients to make sure we're knowing what's going on in some places. But sometimes it's things like, you know, a family dynamic issue came up between one of the clients and their parents, and, and it really stirred some of your own stuff. And, and helping them define the line of what stuff you need to process in here with me. What stuff you need to take to your own therapist even.

Dr. Judy Fernandez [00:08:55]:

Mhmm.

Dr. Tara Sanderson [00:08:55]:

And, and work on because maybe there's something deep in there that's- That's yours to work on. In a way that's gonna make you a better therapist you are able to work some of that out. And you really only get that closeness and that, that collaboration by consistency. By being there each and every week and and keeping those appointments and making sure that that that person feels like they're connected to you.

Dr. Judy Fernandez [00:09:22]:

Absolutely.

Dr. Tara Sanderson [00:09:24]:

Yeah. That's huge. That is huge. When you are supervising- You, you had mentioned before we got on that you have a group supervision right now that is both, I, I think LMSW students and, MFT students or- Right? Tell me a little bit about what you're noticing in that dynamic with the different types of training that come into the room.

Dr. Judy Fernandez [00:09:45]:

Yeah. So, with the LMSW students, I think it's more so- And, you know, I'm not sure if it's based on the curriculum, right, the curriculum in school was very different. But with the LMSW students, there's a wider I think there's a wider use of, of a knowledge base, right? Because I, I don't know if we just had more general classes or what that was really like in school, but in comparison to MFTs, there's a lot of focus on family dynamics and couples.

Dr. Tara Sanderson [00:10:20]:

Mhmm.

Dr. Judy Fernandez [00:10:20]:

And not so much the individual. So, you know, when there's there's more individual work being done by the LMSW, they're able to give that guidance and, provide that support to the interns who are still kind of learning how to navigate, some of these sessions. And, then vice versa, because I have an LMFT that's on too, and she provides really good resources for couples therapy. Right? So I do think that the not- Being able to have, like, that diverse group of clinicians on the team is really great in being able to provide, various, you know, modalities to use or trainings that they've had, but I think the differences is really like what we learned in school. And how we're applying it, in, you know, in real life sessions.

Dr. Tara Sanderson [00:11:12]:

Yeah. That framework with, with how you learn how to be a clinician, how you handle different problems, and different diagnoses. Yeah. I feel like is different between the the types of degree that you're kind of- The framework that they're teaching you coming in the door. I work with, psychologists and, or psychologist residents, professional counselor associates, and marriage and family therapy associates. And, basically, post-graduate, pre-licensed kind of folks getting their hours. And, and it- And it is such a difference talking to them, each of them in, in their own ways of how they understand things or what classes they were able to take. So many of my LPCs, or my professional counselor associate folks, got a lot of training in specific modalities or specific interventions that like nobody else got, but they didn't get the same breath into the marriage and family kind of courses or the systems kind of courses. And my MFT folks get a lot of those, but not a lot in some of these other areas. Then, of course, my psychologists get a lot in assessment and research and all the other pieces. So it is interesting kind of standing back and going, huh. So this is a hole you have, and you have the the thing that fits. So how can we-

Dr. Judy Fernandez [00:12:30]:

Right.

Dr. Tara Sanderson [00:12:30]:

Get you guys to communicate? And maybe that's the power of group supervision. Right?

Dr. Judy Fernandez [00:12:35]:

Yeah. Right. And I think it's really, you know, also bringing cases in and knowing that you have the support from your team. And when somebody else has that shared experience, being able

to talk about it and say, you know, hey. I tried this intervention. Maybe you should try this as well. It's just a different kind of support than individual supervision.

Dr. Tara Sanderson [00:12:57]:

Yeah. Absolutely. How do you structure your group supervision meetings?

Dr. Judy Fernandez [00:13:03]:

So we meet monthly on, it's the last Tuesdays of the month, and we actually go get breakfast together. Because most of us are, we're remote or if we're in the office, we're not in the office at the same time. That's one time we actually all get to sit down and be together.

Dr. Tara Sanderson [00:13:22]:

Oh my gosh. I love that.

Dr. Judy Fernandez [00:13:24]:

And we, you know, just over breakfast, we'll talk about any challenges, anyone's having. Any cases that we can provide support around. And I think it's just- It's a good learning opportunity for everybody, like, including myself. You know, I don't work with, couples or adolescents. So the other therapists that they- that do, they bring in a different insight to that.

Dr. Tara Sanderson [00:13:48]:

Absolutely. Absolutely. That is really fantastic. And I love that you, that you prioritize just a time with each other for the purpose of-

Dr. Judy Fernandez [00:13:56]:

Mhmm.

Dr. Tara Sanderson [00:13:56]:

Really helping each other out. Because I think that, I think that this industry is very lonely. Whether you're in private practice by yourself, or in a group practice with other people in the office, you're you're talking to people all day long, but not really. Right? Like, it is not fully a shared experience in those meetings. And then we're taught so much confidentiality stuff that often we end up, like, trying to close it up all by ourselves and be like, well, I guess I'm supposed to know everything. Supposed to know how to fix this myself. I'm supposed to, you know, I'm- I'm- I'm supposed to be all encompassing. And then next thing you know, you realize, oh my gosh. I'm all alone. A lot of- A lot of stuff going on here.

Dr. Judy Fernandez [00:14:36]:

And, you know, I think that confidentiality piece is huge. Right? We it's ingrained. I think no matter what the degree is.

Dr. Tara Sanderson [00:14:43]:

Yeah.

Dr. Judy Fernandez [00:14:43]:

That we have to keep all of these, these pieces of the puzzle confidential, but then we will need to get help. Right? So then we have to kind of depict what are we taking to share where we can give enough information, but not too much, and still get the support that we need. So, yeah, I think that's a really important point. Also, to your point around, like, we're talking to people all day, but it doesn't feel like we're talk- You know, it still feels like we're alone. And it's more like people are kind of talking to us and we're there.

Dr. Tara Sanderson [00:15:13]:

Yeah. And for as much as this is, you know, our industry is built off of "the relationship is what changes people." It's still a one-sided give relationship, more than it is a collaborative full on, we're experiencing this all together. Because even as much as wanna collaborate with our clients on things or our supervisees on things, we- We can't. We can't be our full and complete self in those spaces because that's not therapeutically appropriate. And that's not focusing on them to grow. Yeah. I think that's that's a conversation I have with many supervisees as they get started. Of, of saying, like, you have to build a support network, whether that's a part of our practice stuff. Or if they're out on their own, doing their own private practice stuff, like, find a consultation group. Find a support network that, that is appropriate for you to share these stories a bit with, in a way that is beneficial to you, but not giving away so much of that person's story that's not yours to give. Right?

Dr. Judy Fernandez [00:16:13]:

Right. Right. Absolutely.

Dr. Tara Sanderson [00:16:15]:

How does that work for you guys over breakfast? How do you keep the- keep it enough confidential?

Dr. Judy Fernandez [00:16:22]:

So no identifying information. Nothing that is- It's mainly, you know, like, Bob came to session. This is the issue. How can I- Like, what's an intervention to use? Right? Like, we try to not use any, any identifying information as much as possible. The space that we do have breakfast in is enclosed. So there is some, yeah, there is, like, some privacy there. But, you know, with anything, even just having everything on the internet, we just have to be careful with what information we're talking about and what we need to keep private.

Dr. Tara Sanderson [00:17:01]:

Yeah. Absolutely. I find that I'm constantly giving people the- I'm gonna use the word advice because I can't think of a better one right now, the guidance, maybe. Of when we are asking for support, we're asking for ourselves. So being, being thoughtful of, like, the difference between a teen and a forty five year old man may be a different intervention for sure. But are you needing in that? Like, instead of saying I've got all this information about this client that I have to tell you in order to get what I need, maybe it's asking a question like, I am struggling with an intervention for OCD in in this area, blah blah blah.

Dr. Judy Fernandez [00:17:42]:

Right.

Dr. Tara Sanderson [00:17:42]:

Or, I'm struggling with needing support for, you know, a client shared some really big trauma with me, and I'm needing support for how I can take care of myself in that. Right? Because at the end of the day, you're identifying a need that is missing in you and not necessarily needing to give away an everybody's story.

Dr. Judy Fernandez [00:18:01]:

Yeah. Absolutely. Right. And a lot of group supervision is that is the therapist coming in and saying, you know, client shared a really traumatic event with me. And it's not so much so the intervention for the client, but how do I sit in that space with the client? Right?

Dr. Tara Sanderson [00:18:20]:

Yeah, yeah. That is an interesting piece too, just as a supervisor. How do you handle when a supervisee, maybe wants to protect you from from, like, retraumatizing by, telling you their clients traumatic story.

Dr. Judy Fernandez [00:18:35]:

Mhmm. So, you know, I- I always have the space open for them to share it because I think sometimes they need to vocalize it again, like, what they heard. And if they generally, I will say that they're all open to just sharing it. Because it's it's heavy. You know? And I think it's, it's- It's a heavy thing to carry on your own when you're hearing it. And validating them in that space, that it is a tough thing. I'm really big on self care, so talking to them about, you know, now that you've heard this, you've gone through this session. What did you do at the end of the day? Right? And if you didn't do anything, what are you going to do to take care of yourself?

Dr. Tara Sanderson [00:19:17]:

Yeah.

Dr. Judy Fernandez [00:19:19]:

And just preparing yourself on the day to day. Self care can't be something that you do once you're burnt out.

Dr. Tara Sanderson [00:19:25]:

Yeah.

Dr. Judy Fernandez [00:19:25]:

Or once you've heard too many traumatic stories.

Dr. Tara Sanderson [00:19:28]:

Yeah. This isn't one of those scenarios where when the cup is full, you pour it out. Like, you need to be regularly intervening with the cup.

Dr. Judy Fernandez [00:19:36]:

Mhmm.

Dr. Tara Sanderson [00:19:38]:

Yeah. I think that's really that's a really incredible piece of it of being open, making sure that that's part of the arrangement sharing with them is, like, I expect for you to go through some vicarious trauma because your clients will share stuff with you and- And here's a way for you to navigate that, by coming in and sitting with that story, sharing that story, getting the support that you need to navigate it, and then working through what self care you need to be able to to manage that distress.

Dr. Judy Fernandez [00:20:08]:

Mhmm.

Dr. Tara Sanderson [00:20:08]:

Because I- I think that I have, I have a lot of, like, super really wonderful, empathetic people who work for me. And in the midst of supervision, sometimes they'll say, like, gosh, it was a really tough day and I'll be like, okay. Well, let's talk about it. And they'll be like, well, I don't wanna traumatize you. Well, that's not the- That's not the gig hear. I get to know about all the things that happen your clients. Like, you don't have to protect me from your client's stuff. And you do need someone to support this with because if it's not me, gonna leak out somewhere. And sometimes what I end up hearing is my, my supervisees or supervisees in general will share like, oh, well, I just talked to my about it when I get home. Or I talk to my partner about it. Which, of course, isn't- Is not okay. Like, we, we can't really share our client's stuff with our people in the same way that most people come home and vent about work, we don't really get that part. We we really do have to transition and tailor to "It was hard for me to sit through my sessions today." Like, I can share that with my partne. And I can't necessarily share with them, "Well, this client, you remember the one who, like, works at the thing." It doesn't. Ahh! That's way too much. Right? But when you have a colleague of people or a, a support of people, where you where you have a place to say, "Yeah. I had a client who shared with me their traumatic story, and I need to lean on you guys a little bit and process it out loud." But obviously not giving any personally identifiable information, but enough to be able to say it hit me hard. And I need, I need some crutches. I need some support to be able to keep moving through this stuff.

Dr. Judy Fernandez [00:21:46]:

Yeah. Definitely. And I think that's a good point too. Right? Our work is different in the case that you can't go home, after a long day, and kind of unload the same way that you typically- You know, other people typically can. So supervision, whether it's consultation groups with peers or your with super- supervisees. I think both of those are just really important components, to have aside from, you know, your own therapy, right, which can't go into therapy and talk about all your cases because that's not it either.

Dr. Tara Sanderson [00:22:18]:

Absolutely. Absolutely. I feel like, you know, finding that friend as you're commuting home that you can talk to. And not a friend-friend, but like a therapist-friend, where you can share the things need to be said out loud. And then when you get home, you've you've kind of gotten to a place where you can share, yeah, I had a really great day. People made some breakthroughs, it was good. Or it was a really rough day. Lots of trauma, lots of sadness, and I'm gonna need- I'm gonna need some space today for how I'm managing it. Those are conversations that tell your partner what they need to know, but don't overshare somebody else's story. I often think about,

like, what all would I like my doctor or my whoever to share with their spouse about me. Right? Like, not much, actually.

Dr. Tara Sanderson [00:23:07]:

I would not like for them to share about me. So if I'm not willing for my doctor, whether it's a mental health doctor, a physical doctor. If, if I'm not willing for them to share it about me, I'm pretty sure I can't be sharing it about other people. Right? That's not. No matter if our partner is gonna keep it completely to themselves or not, it doesn't matter. It's not our stuff to share. Yeah. Well, when you think about, some of maybe the structure of how you set up supervision, are there any tips that you would give on maybe, like, the paperwork that you use or what you make sure to put in your notes?

Dr. Judy Fernandez [00:23:41]:

Mhmm. So I always go with my own agenda of you know, any practice updates, any cases that we talked about last week that I wanna make sure we need to follow-up on. And then I ask the supervisees to have their own agenda. So whether it's clients or- Clients or personal growth, things like that, please, you know, come prepared. And then the other part is, for personal growth, I do a check-in around 3 months and then 6 months just to see where they're at? What do they wanna learn? How are things going? And also just seeing how they're doing in general. Right? Like, that such an important piece. You know, somebody told me last week- They're from a different country. And they were like, you know, Americans really, when they ask you how you're doing they don't really wanna hear your response. They only ask at a courtesy. And so, you know, I was like, that's really true. Right? It's like a passing thing. So when I started asking my supervisees in this role and my previous roles, like, in the nonprofit world, like, how are you? Right? And they finally understood, like, they could say they were not okay, right? Or they were okay, whichever it was, but that it would be that it would mean something. Which changes the dynamic of your relationship.

Dr. Tara Sanderson [00:25:02]:

Absolutely. I really hard to model that as well from my side. When they ask me, sometimes they'll pop on to the meeting and they get to the how are you before I get to the are you. And, whenever they ask how I'm doing, I really do try and, like, pause for a second and really think about, like, how am I doing in this moment? What what is going on in me? Probably about a week ago or so I mentioned that I had a lot of, like, chaotic good energy going into that meeting where my brain was just like squirrels running around with all these ideas and so much was happening. And I said, you know, yeah, I'm coming into today's meeting with a lot of chaotic good energy. It doesn't feel stressful. It feels creative. It feels like movement forward. But I recognize that that's that could potentially get in our way of meeting you where you are. So if at any time, I'm off on a ramble somewhere, like, feel free to, like, put your hand up in front of the camera or whatever and draw me back in. Because I know I know that that's there for me today.

And I think that doing that element really models for our interns and our supervisees, this element of being a real person first-

Dr. Judy Fernandez [00:26:16]:

Mhmm.

Dr. Tara Sanderson [00:26:16]:

And, you know, asking for the support that you need in that process and that if- This is an open space to do that because even I'm going to do it. Right. Obviously, I'm not going to share all of my, you know, personal stuff if I've got stuff going on, but I wanna echo, like, if I do have personal stuff, I might say, like, yeah, I'm I notice that I'm really preoccupied today with some of my personal stuff. So I'm gonna really try and, like, notice that and move it off to the side so that you and I can focus on what you need today. But I, I- I wanna honor the fact that, yeah, I got a lot of stuff going on in me or whatever. To give them space to say, this is really where I'm at, and it's okay to really be where I'm at because I'm a human.

Dr. Judy Fernandez [00:26:57]:

Right. Yeah. I think that it's really important, and it really helps with the rapport. I think also, validating some of those feelings that we had early on in the field. Right? And sometimes sitting there and you're like, I don't know what I'm gonna say next. Right? But it comes to you. And you use your best judgment in those situations, but with therapists that are early in their career, they're coming into supervision, like, I don't know what to do with this client, you know, and validating, like, that's okay. That's what this space is for. Or feelings of, like, I don't think I'm a good fit. Right? And is it really you're not a good fit, or is it you doubting yourself right now? You know? So just, I think, being able to create that space and help them build their own foundational skills, I think, is really important early on in their career.

Dr. Tara Sanderson [00:27:49]:

Yeah. As supervisors, I- I feel like it's really important for us to understand our own developmental cycle with supervisees. And so that we have a place to check back in on, because I I was noticing the other day that, a supervisee was asking me for for an intervention or was asking me for a tool or whatever. And I had in my head, like, we should be further along than this. Like, you should- You should have already figured out where all these tools exist and, like, all the things. Like, why are you still asking me? And not in a mean way, but, like, I don't understand where you're at. And then I, I took my developmental timeline and looked at her start date and was like, oh, you're not where I thought we were because you're still way back here in these developmental phases where you do- Where you are asking this stuff. Right. Because she had melded so quickly into our team and stuff. I, I just had this, like, assumption, like, we were on year two. Why aren't you already passed this stuff? But no it's- It's literally only been, like, six

months. Oh, let me let, me roll myself back to a minute and say, of course, you're still asking these questions. It's normal for you to be asking these questions. And I love, I love when supervisors take the time to understand, like, if I have this person in my life for a year, this is where we're gonna start at. This is when I should start expecting for for them to have less of these types of questions and more of these types of questions. And by the end, this is what I really want them to be wrestling with or understanding or developing. One of the things for me towards the end is that element of self care that you mentioned. In my 3rd year of graduate school, I think, somebody used the term that self care is as elusive as a big foot. And and I love that and stuck with it for so long because I think that we talk a lot about self care, but we don't model good self care. We don't show that it's possible. And so one of my goals in running my practice and in doing those pieces is to model those elements. So I put on my calendar when I'm getting a massage or when I'm taking a half day for personal time or whatever, because I wanna model that, like, that's all good. And, okay. And I expect for you to do that too, please. Take care of yourself. But also that element of by the end of their time with me, I really want them to feel like I, like, that they know, not me personally, but, but they know what a balanced life for them is going to be. Whether that's running their own private practice and they wanna put this energy out there. Or being an employee and they wanna put this energy out there. Like, but they know what it's gonna be like to to run enough of a balanced life where they can advocate for their self care, take their time to do the things, but also do all the stuff that they wanna do.

Dr. Judy Fernandez [00:30:36]:

Right. Yeah. And that's one of the things too that I've stressed to them. And then also I do some off-site supervisor work for the social work program. And I was doing a group supervision, and I was just telling them, you have to plan self care. Right. You can't wait until you're burnt out to do self care. So that can really just look like adding a day onto your weekend. You know, taking some time off, but it has to be a planned thing because it's never gonna happen.

Dr. Tara Sanderson [00:31:09]:

Yeah.

Dr. Judy Fernandez [00:31:09]:

Until you are at that point where you're like, I need a day off. Right? And then it's not prevention anymore.

Dr. Tara Sanderson [00:31:15]:

Nope.

Dr. Judy Fernandez [00:31:17]:

But, you know, one of the students that I've been working with for the last year, I think that I've asked her so much about self care that now before we jump off of, you know, ending our time together, she'll- She'll jump in. She's like, wait, what are you doing for self care? Oh. And so that's how we now end our calls is she's making sure that it's reciprocated.

Dr. Tara Sanderson [00:31:39]:

Yeah. Yeah. I think that that's really important. And I would encourage all supervisees to ask that question. Because we should be modeling it. Right? It should not be a do as I say, not as I do kind of scenario. If we wanna have longevity in this industry, and take care of the thing that does this work, which is us. Right? Like, that's a big part of it. So I think that's wonderful. That they that it has become a mutual of what are you doing for yourself for self care? Great. What are you doing for self care? Let's make sure we're taking care of ourselves in this process. That's awesome. Well, I have loved our time together today and think that, that the state of New York is lucky to have you doing all the things that you are doing. If people wanna know more about what you're doing or have any follow-up questions or anything, where can they find you?

Dr. Judy Fernandez [00:32:30]:

So we have a social media page. The group practice does, Mind_Muse_Therapy. Or they can just email me directly at judy@doctorfernandez.health. Always happy to answer questions or help in any way we can.

Dr. Tara Sanderson [00:32:45]:

Awesome. Is there anything else that you'd like to plug or share about what you've got going on in the world?

Dr. Judy Fernandez [00:32:51]:

No. Just practice self care. Life's hard.

Dr. Tara Sanderson [00:32:55]:

Yeah, 100%. And that is probably the best plug that we could have at the end of any episode 'cause I am right there with you for sure. Well, thank you so much for your time today. And, thank you everybody for listening, and we'll see you next time.