

Vanessa brookhouse (2022-12-30 16:06 GMT-8) - Transcript

Attendees

Dr. Tara Sanderson, Vanessa Brookhouse

Transcript

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Dr. Tara Sanderson: Well, welcome everybody to date is supervision smorgasbord. I am here talking with Vanessa Brookhouse, she works at the DBT Clinic as a clinical director, and clinician working with adolescents and adults, and a multi-family group. I ran into Vanessa through a sorts of building supervision and internships, and all of those pieces with some other, folks, with the DBT clinic. And I just have been so excited to chat with you because you are a new supervisor and and just kind of hearing how you got on this journey and what you think is important and valuable as you've gotten started. So welcome. Vanessa as for all of my episodes, I do have a quick question for you. My random question for today. And today's question is, What would you wear if you didn't worry about what other people think?

Vanessa Brookhouse: oh, Oh God, I think like a hundred percent a moo moo like just a giant flowy free. Nothing touching my skin. Not the most vibrant colors ever.

Dr. Tara Sanderson: Yes, yes. Well. Yes,...

Vanessa Brookhouse: Yeah. That would be fabulous.

Dr. Tara Sanderson: I I have such a sad feeling about that. Those went out of style at some point, right? Like there were,...

Vanessa Brookhouse: Bad.

Dr. Tara Sanderson: there was a small season where like everybody was like, Yes, this is wonderful. And then it went away and...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: feel like that does need to make a comeback. I haven't seen it at Target yet, but I also hadn't seen prairie dresses at Target in a long time and yet they are here. So, Maybe movements will make over that.

Dr. Tara Sanderson: well, thank you so much for coming on board with us and I would love to hear how you got started on your journey towards becoming a supervisor

Vanessa Brookhouse: Yeah. Um so I well I think part of it is I before going back to grad school in my 40s and making that career change, I spent 15 years working in finance. And in that job I was a manager and was a team leader and so I managed a small staff and and I always enjoyed management. Um, and so as I think as I started going in the clinician journey and went back and got my my master's and I I sort of gravitated toward leadership roles and agencies and things. And so I was, you know, a kind of a site supervisor for a student intern when I was working in residential and then when I transitioned to the DBT clinic, this opportunity to become the clinical director opened up and it was a really good fit so um and then as part of that I want to, you know, wanted to start supervising as well. So that was my kind of growing edge and I'm really enjoyed it. It's really it's, it's been

Vanessa Brookhouse: Rewarding and a great learning opportunity for for me and...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: hopefully for the folks in supervising, you know, but yeah, that's really good. Nice.

Dr. Tara Sanderson: Yeah. What do you think are the most kind of valuable things that we need to be aware of as supervisors as we're supporting new clinicians?

Vanessa Brookhouse: Yeah, that's a great question. I, I was thinking about it today actually and what I think what has surprised me. The most about being a supervisor is, how often I employ the Ethical Decision making model like daily, you know? And and I think I think it's because, you know, as new clinicians they're they're still trying to understand where the edges of those ethics are. And so I think being able to guide clinicians through that process of thinking through these at the Golden Limos and...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: these questions and um is really valuable. So I that's a big piece of it. Yeah.

Dr. Tara Sanderson: Yeah. Yeah, one of my favorite people in the world, Roy Huggins.

Dr. Tara Sanderson: Used to talk about the difference between like helping people understand something and helping and, and making people fear something. And I really value that when I'm thinking about helping interns develop their ethical modality of like. So the ethical rules are very well posted. I mean, you can find them anywhere on the Internet. Like, This is the rule,...

Vanessa Brookhouse: Here.

Dr. Tara Sanderson: but how we make decisions from that because it's not,...

Vanessa Brookhouse: Right.

Dr. Tara Sanderson: it's not like black and white or either, or it is very much a big gray area and helping them develop,...

Vanessa Brookhouse: Okay.

Dr. Tara Sanderson: their core sense of what is ethical. And how do we do that without having to come at it with scare tactics? That some ethical police is gonna come find you,...

Vanessa Brookhouse: Right. Yeah.

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Dr. Tara Sanderson: or you're gonna do the wrong thing and you're gonna lose your whole career and license forever. It's so important to me because decreasing that stress, so that they can clearly think will help them. Make more ethical decisions, right?

Vanessa Brookhouse: Absolutely. Yeah. And and I want to be careful that I'm not. I want to teach. I want to help people. You know, make decisions not tell them what to think, right? You know. And so it's really important that we're we're talking through the nuances of all of these things because it's not like it's much more gray than I ever would have imagined. I think you know once you get out of grad school and you're you're doing the work, you're like holy cow. There's so many shades of gray here that we never talked about and...

Dr. Tara Sanderson: Okay. Yeah.

Vanessa Brookhouse: counselor school you...

Dr. Tara Sanderson: For sure,...

Dr. Tara Sanderson: for sure. And

Vanessa Brookhouse: I think especially with Covid and...

Vanessa Brookhouse: and just how quickly things have changed over the last, two, two and a half. Three years. It's it's been a roller coaster.

Dr. Tara Sanderson: Yeah. Yeah, absolutely. I feel like one of the things that I come up with a lot with my team is, is really making sure we're reading through things in order to truly understand it. So, like the thing I get a lot with with new clinicians, we're starting their own private practices, but they need outside supervision or whatever is that they want to use,...

Vanessa Brookhouse: and,

Dr. Tara Sanderson: for example, simple practice, that's what we use in our in my practice. But simple practice has created a bunch of like beginner documents for you to edit and and the initial response is They made it so it must be. Okay, so I'm just gonna use that. And one of my first like ethical principles is like,...

Vanessa Brookhouse: Right.

Dr. Tara Sanderson: before you send something to anybody, make sure you have read that. Make sure, you know what the rules in Oregon are make sure, you know what your boards requirements are because they're writing a very generic piece of documentation for people to edit and...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: you need to make sure you edit because their release of information form, does not have enough information on it for what organ requires.

Vanessa Brookhouse: Well.

Dr. Tara Sanderson: And kind of going through those pieces. And I think that helping people to recognize that like just, you know, everybody's doing things in the way that makes the most sense to them and you have to make sure that you're reading all the way through it in order for it, to make sure it meets the guidelines that we have in place.

Vanessa Brookhouse: Right. Yeah, and I've become sort of the oar whisperer. I've learned how to read those-ish with some help when you know attorneys at times.

Dr. Tara Sanderson: As.

Vanessa Brookhouse: But and and they're so they're so difficult to read. They're so hard to read my goodness. And they they contradict each other and it's just it's crazy. Making and then they change all the time without any notice. And yeah, it's definitely a challenge.

Dr. Tara Sanderson: Yep. Yeah, absolutely, absolutely. That is an area where you could branch off and become like a trainer, and how to read oars, because there are tons of people out there who absolutely need some help in that area. For sure when when you have new supervises,...

Vanessa Brookhouse: Yeah. Wow.

Dr. Tara Sanderson: one of the things we've talked about you coming on the show and talking about was imposter syndrome. What are some of the things that you find your supervises kind of coming up with how they how imposter syndrome shows up for them?

Vanessa Brookhouse: Honestly, I think the biggest one is around diagnosis. Diagnoses right, though? They, I've had so many people say, Well, I can't diagnose ADHD or like? Of course you can, you know, you learned how to diagnose everything in that book. Um, you know, you it tells you how to diagnosis it walks, you know, he walks you through it and I think it's almost like, you know, who's the adults in the room, right? You're like, you are actually, you are. Yeah, you're trying to be the adult in the room so you can make those diagnosis. You're more than qualified to make them you know and there are times obviously when you know we'll want to pull in other resources and want to collaborate with outside partners to make sure that we're seeing the right thing and we're not missing anything but that isn't because we're not qualified to make the diagnosis you know like that's sort of our job in the field as lpcs. So I feel like that's a huge one. People will just not feel confident in writing it down,...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: you know?

Dr. Tara Sanderson: Yes. Absolutely. And I love that, that component of really helping people recognize that if you're not feeling confident call in other people to support you, but that doesn't take away. The line of of ability, like, you are able to do this, but maybe you're not confident in this answer because of maybe the client's presentation, or there's more complications, or maybe you would just want some sort of an assessment to help confirm something. You think, you know, and, and that's at every level I had some really difficult cases over the last couple of years.

Vanessa Brookhouse: Yes.

Dr. Tara Sanderson: And and my clients looked at me and said, Well, how come you're having so much trouble with it? And I said, You know, it's a really good question. Everybody is so different and your presentation is not quite the same as what I have seen before. And I'm, and I'm not sure, I'm parsing out the things that I need to be parsing out. So that's why I'm sending you to an assessment with another psychologist because I'm not gonna be unbiased. If I give you the assessment,...

Vanessa Brookhouse: Right.

Dr. Tara Sanderson: I already have my framework of what I think. I need somebody else to take a quick. Look, just

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Dr. Tara Sanderson: To make sure I'm not too far off base or to help. Give me some guidance or help me with some like new ways of thinking about it so that we can continue our work and grow. And I don't think that that stops at any level of mental health world, right? From lpcs to students all the way up to psychiatrists and other folks. We all should be consulting when we don't feel like,...

Vanessa Brookhouse: and,

Dr. Tara Sanderson: we've got it quite right yet. We should consult and...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: figure out those pieces.

Vanessa Brookhouse: Hundred percent. And I remember what was so powerful was when I was in grad school and we were doing the diagnostic class, you know, my professors that you know, she said she used to, you know, she was a an LPC but also had gotten her PhD. But she said, working as an LPC and the in the clinics, the psychologist had said You're the assessment. Like, you're the assessment phase, I'm looking to you to diagnose because the lpcs have had that specific training and and I was like, Oh, whoa. Like that's our job, you know? And so for me it was really, it was a little scary but also very empowering like that, that is what we're trying to do, and we have the experts to do that.

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: And so I think just reminding people, you know, like you, you've read all the books. All the knowledge is there. So, you know, you're not pulling it out of the ether. This is based on, that's, that's your clinical judgment, right? That's based on all of that training and learning and everything that you did and grad school. And so just starting to trust it a little, you know, just super important.

Dr. Tara Sanderson: Yeah. And keeping that education flowing. One of the things that I do in my practice is every month. We pick a diagnosis from the DSM and we just read through it together as as part of our didactic training. And sometimes it is so valuable for me that as I'm sitting there and I'm like Oh that has a three month timeline.

Dr. Tara Sanderson: I forgot about that part.

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: Okay. Now let me think about my clients who have that and make sure that it still fits, right? And make sure that I'm diagnosing appropriately for that piece of it, or sometimes it's ones that like we just don't see very often in my clinic. So it's an opportunity for us to be like, okay, none of us feel like we have anybody on our case load with this. What does it look like? How would we see this present in our space? Like it says these five things, but what would that look like? If a human was coming in and let's describe it and see what kinds of things we come up with because it's so important to remember that we can't have all of this memorized and, you know, there are some from yeah,...

Vanessa Brookhouse: It's a big book.

Dr. Tara Sanderson: become easier over time, but that is a big book and it's really important to keep reading and keep looking at those those pieces. And that's part of I think, what builds confidence and our supervises is helping to remind them, you don't have to have this memorized. You don't need to like know, first, certain immediately, when you meet a human that

Dr. Tara Sanderson: Is a, This is a process of assessment to get to the diagnosis and...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: to set the treatment plan and move that forward.

Vanessa Brookhouse: And I something I appreciate I guess about outpatient, as you know, but I felt like in residential there was, there was more pressure, I guess to kind of figure things out more quickly, but I feel like we do have some time here, you know. And and so we can start with, you know, one assessment and and sort of one idea hypothesis of what's going on. But as we get more information, you know, we're always assessing assessment ever ends and so we can always update and change as we go along and we get to know the client better and they start to open up more, you know, so I'm also big on,...

Dr. Tara Sanderson: Uh-huh.

Vanessa Brookhouse: you know, Taking our time getting to the right, diagnosis. You know, we can have a placeholder, we can have a rule out and then we can get to where we need to get to, you know,

Dr. Tara Sanderson: Absolutely. I use my knee as an example for a lot of my supervises. That, like, when I first went in, with knee pain, my doctors like

Dr. Tara Sanderson: Maybe a strain, something. So like, put down on my diagnosis. Strain did all of the physical therapy stuff, still hurts? Hmm. Let's get an x-ray. So he got an x-ray, he goes, I see some arthritis in there. We're gonna change your diagnosis to arthritis in your knee. I was like great. Now, what I do, um, cortisone shot and physical therapy. Okay? Go and do that. And then when it still didn't heal, he's like, Well, let's get it on my ride, let's dig deeper, right? Let's keep asking more questions.

Vanessa Brookhouse: Another layered.

Dr. Tara Sanderson: Let's keep looking for more stuff till we get to that place, right? And I think that that's that if we can shift our mentality from, I have to get it right the first time to, we're gonna go with the information, we have until we get more information and then when things change or things aren't working quite right, we're gonna do another evaluation and see what's next and keep digging and going and going until we get there, right? And that's a huge part of this journey because some of the diagnostic criteria last

for a short time, some of them last for a long time, some of them change over time and it's it's super important.

Dr. Tara Sanderson: For us to be flexible in that journey.

Vanessa Brookhouse: Oh yeah, absolutely. Yeah. I think the other piece that is maybe unique to my clinic is You know, we do tend to being a DBT clinic. We do tend to get a higher acuity of clients. And so I think that is a bit of a learning curve for some of the associates. That we get, you know, just if they're not used to seeing that. And so that's a yeah. I think that that also can have, you know, lead to some anxiety, and fear, you know, in the associates as they first start, you know,

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Dr. Tara Sanderson: Yeah. Yeah, and when I'm thinking Hierarcheauty I'm thinking that there might be some self-interest behavior, there might be some suicidal ideation. There might be some kind of big emotional disruption kinds of pieces that maybe Wow,...

Vanessa Brookhouse: personality disorders, maybe Right.

Dr. Tara Sanderson: that maybe completely new to an associate as they're coming on board, depending on where they're, you know, placements have been before that.

Vanessa Brookhouse: Yeah, absolutely. So that that's that, that has sometimes been a little bit of a shocker. I think, you know, when they they sit in the first few consults and they hear the clients that we're talking about, they're like, Whoa, you know, but you know,...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: we're we have, what's great, is that we we do work as a consultation model. So we have a lot of support, not just me as a supervisor, but all of their colleagues and, you know, we do a two hours, you know, console every week where we're talking about clients and we're getting, you know, interventions and so it's it's really lovely, you know? There's a lot of support to help with these clients, you know, they're the associates are not alone, you know, we're all in that together. So it's very collaborative.

Dr. Tara Sanderson: That's awesome. What do you guys recommend for your associates? As they are kind of getting started to take care of themselves.

Vanessa Brookhouse: oh, Well, we talk. I mean, we talk a lot about self-care, you know, at the beginning of our consult, we always do mindfulness. And so we we are very mindfulness-based practice. Um and you know, I think as we are onboarding, you know, starting client or new associates, we're definitely aware of the type of clients that we're sending to them. We're trying to make sure there's a good mix, you know, that they're not ending up with too many clients that are self-interest there, have suicidal ideation because obviously that can lead to burn out. So we're very, we talk a lot about burnout. We're very cognizant of burnout. It's one of the scales that we check in on every week where the level burnout is and...

Dr. Tara Sanderson: Nice.

Vanessa Brookhouse: on our and our studs, you know? So, um, Yeah, it's kind of a constant conversation which I think is helpful. Yeah, we try to take all that.

Dr. Tara Sanderson: Yeah, and I think it has to be

Vanessa Brookhouse: Yeah. and,

Dr. Tara Sanderson: Not only with your population, but just with our industry in general, I think it has to be more than just you need to do this. It needs to be more of a plan of, How are you doing this? How are you doing with your self-care plan and whatever that entails when I chat with my my residence and my other folks? I'm, I'm always kind of curious of like the holistic package, like What are you doing emotionally for care. What are you doing physically for care? What are you doing, spiritually for care? Like How are you, How is your little ball of human doing and...

Vanessa Brookhouse: Oh yeah.

Dr. Tara Sanderson: all of these areas? Knowing that it always flexes, right? Some seasons were really good at exercise, some seasons, we are not, um, you know, sometimes we're really good at, you know, going to our own therapy and sometimes we pause because, you know, finances or other types of things. So it's it's to me, it's it's more of a not not accountability in that they have to be perfect at it, by any means, but accountability and that somebody's asking and checking in and reminding that it's important and figuring out ways to help you navigate that we have had

Dr. Tara Sanderson: Do a lot of adjustment of schedule over the last year, just because the pandemics been so hard.

Vanessa Brookhouse: okay, well,

Dr. Tara Sanderson: And, and some of my people were doing grad, school and internship, do it during the pandemic. so, they've been trying to figure out like,

Dr. Tara Sanderson: How to breathe after graduation and then move into the next stages. So we've done a lot of like schedule changes to say like What what's the real minimum number? That my practice needs in order for you to be here and do your job but also for you to be functional because it's not going to do anybody any good.

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: If you're not functional, and then then as we make those adjustments, What are you doing to care for yourself in that? Like How? What other what things are you building in in that time that I've released you from? What are you building into care for yourself? Even if that is just like lay down and rest for an extra hour every morning?

Vanessa Brookhouse: Yeah. Right.

Dr. Tara Sanderson: Like that's,...

Vanessa Brookhouse: Sleeping in

Dr. Tara Sanderson: that's a great part of everyone self care plan, as far as I'm concerned sleeping in done. Good, good idea. Have that.

Vanessa Brookhouse: Yep. And I would say That's something that, you know, we are productivity numbers, tend to be lower, because we are aware of the higher amount of burnout and, and, you know, and usually, there's a lot, there could be a lot of effort, you know, that comes with our clients that we, oh, offer after hours coaching phone coaching support,...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: you know, sometimes there's work in the community to get additional supports around our clients and so there's a lot of stuff that happens outside. The therapy room to support the clients and...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: so we, you know, recognize that Obviously, yeah.

Dr. Tara Sanderson: Yeah. Yeah and I think that is so valuable valuable especially for new new work clinicians into the industry or newer, even to this population in the industry of building, like this whole picture of, you know, these are the this is the acuity of our clients. This is the intensity of the work and this is why we're doing our caseloads in this way because we need to help manage. The fact that this is, this is intense stuff. Yeah, that's great.

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Vanessa Brookhouse: Yeah, for sure.

Dr. Tara Sanderson: We had also talked about wanting to spend a little time talking about clinical documentation, and I am so excited. I know that not everybody nerds out about documentation, like I do, but, but I love it.

Vanessa Brookhouse: Mmm.

Dr. Tara Sanderson: So, I'm so excited to hear about like what you guys do or what your expectations are. And both from like what you expect of a supervisee and maybe what you expect of supervisors at your guys's clinic.

Vanessa Brookhouse: Um, yeah, I mean, so in general, I, I think, you know, we so we are fall under a certificate of approval. So, there are several things that are very spelled out, you know, and we don't really have a lot of flexibility with right, but, you know, we've created sort of a template for our mental health assessments. Typically they take, you know, at least two, maybe three appointments to complete fully, you know? And, and it's really a biosocial kind of, you know, history rights. We're looking at presenting problem, you know, history of the problem, family history, medical history. So we're asking, you know, a variety of things. Um, and then all kind of, you know, funneling down to a diagnosis, at least a starting point and then getting a good sense of what the client wants to work on with their goals. Are, you know, so the first one to two appointments, maybe even three would be the assessment, the mental health assessment, and then we move into the treatment plan.

Vanessa Brookhouse: And ideally, you know what we're trying to do is is review those treatment plans, every six months up making updates or changes as we need to typically, we'll we'll have maybe just two goals, but we'll have several measurable, you know, objectives under those goals. And, you know, when you're talking about like goals or typically, you know, you know, just stop screaming at my loved ones or

something, right? You know, I mean, so emotion regulation. There's a lot that needs to happen to get to the point where you can control those out first, you...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: and so that one goal could take six months easily, You know, so we we try not to overwhelm it, you know, we really want to focus on what's important to the client and what, what brought them here, you know, um, and then, you know, after six months, we'll check in and maybe we'll, you know, That that goal is completed. Maybe we'll add a new one or maybe we're ready to take a break from treatment, you know? And then our, you know, we typically do sort of adapote um, and then, you know, I think the, you know, the rule of thumb, which sounds really arbitrary but, you know, sort of one intervention, every 15 minutes. Um,

Dr. Tara Sanderson: Okay.

Vanessa Brookhouse: But I would say, You know, DBT is such a, it's a, it's a pretty interactive type of treatment, and so there's typically plenty of intervention. So it's really just captioning.

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: The key ones that, that really kind of mattered in the moment. And what I like to see is a supervisors. I like to be able to, I like to understand what happened in the session. Why did you intervene? What was your purpose? What was your intent? What are you trying to achieve? And then How did the client respond to that you...

Dr. Tara Sanderson: oh,

Vanessa Brookhouse: where they open to responsive to it, where they not responsive, You know did it land? Did it not and...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: then What did you do after that, right? Like I really I want to kind of It's almost like a fly on the wall. I want to kind of know what happened through the session and I have you know, I think there's very skills of people, you know? But man. Yeah, I have some clinicians that just write beautiful notes,...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: you know and I I know exactly what happened in that session and the beautiful thing. Forget to, you know? Yeah.

Dr. Tara Sanderson: Yeah. Yeah and it does take time and it takes a lot of energy to to figure out and...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: formulate in a way that like makes the most sense to you and makes the most sense to whomever else, reads the notes and in keeping that in mind of like the purpose of these notes is to document the treatment that happened and that that could maybe go forward to the client. If that was what they needed or wanted or whatever or to an insurance company or two, whatever. Like wherever it

ends up going, it should have documented the treatment appropriately to say, This is what happened. This is what I did and this is where we're going next and and be able to be read my whomever and have it be clear. And I I think that that part is one of the the really important aspects of how we as supervisors, help folks navigate their notes. But also I think is one of the pieces that gets so messy and hard for our new supervises, right? They have this like, fear of missing information, so

Dr. Tara Sanderson: I put too much or they don't want anybody to like, you know, get offended or like, have anything go wrong, so they don't put enough. And there's this like we really have this magic area where we where we're kind of like okay we want to know enough of what happens to understand what you did and why you did it and then how the client responded as we go through this kind of narrative piece.

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Vanessa Brookhouse: Yeah. And I will say, I, I think, for me, it's been a bit of a learning curve too because that coming from residential where I was working with with kids who were, you know, on parole or probation. I didn't want to write a whole lot because I knew that the Po was gonna read every one of those. And I I felt that they deserved some modicum of privacy, you know? And so I've had to kind of relearn sorry,...

Dr. Tara Sanderson: Well.

Vanessa Brookhouse: very kind of relearn, how to write notes for an outpatient setting, that isn't necessarily going to be subpoenaed by, you know, appeal,

Dr. Tara Sanderson: Yeah, and that's such a great point that setting to setting is going to have different pieces. So it doesn't matter how great you are, your notes in your internship placement. You might need to learn how to do it, completely differently at your next job or at, you know, whatever type of setting you're in the next because of because of who the readers might be or because of how that supervisor is. And, you know, a tip that I would give to supervises is really just learn to be flexible. There is no one right way to write notes. You are never going to become the like master of all note, writing practices. Like you are going to just learn into that to every type of situation that you're going to be in as a clinician.

Vanessa Brookhouse: Right. And I think as a new supervisor, one thing I've sort of struggled with is, you know, am I Am I giving feedback because of a preference or because of something that is like, you know, legal and needed and...

Dr. Tara Sanderson: Huh.

Vanessa Brookhouse: and I'm gonna playing with that, right? Because I they're definitely are somewhere like, Oh God, I really love more paragraphs here because it's kind of hard to read, but is that really important? No, not really, you know, so I want to make sure that I'm not nitpicky like people.

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: I want to give people the freedom to be able to do their notes in a way that makes sense for them, and that is easy. Like I obviously don't want it to take hours and hours and hours of your time. And it needs to there are some parameters that it has to meet, you know,...

Dr. Tara Sanderson: Yeah. Absolutely.

Vanessa Brookhouse: just to be in compliance so I don't know how you do that. That's a piece I would be curious about

Dr. Tara Sanderson: Yeah, I I tell my interns in my supervises, all the time that I have different hats that I wear for different things and usually in session, if there's a question of that like as I'm reviewing a note or giving them feedback or whatever, sometimes I'll be like this is my boss hat. This doesn't meet the requirement for insurance notes so you have to do this again and this is what needs to be in there. And then I'll have my supervisor hat that I put on and say like and as a supervisor like this note is fine for insurance but here's what's missing as a supervisor like this is what I'm this is what I'm still digging out. Like I'm curious and I want to know more because you didn't put enough meat in here for me to like get the whole session, right? And then here's my personal hat of like now I'm just super curious and like why did you do it this way because that's not at all. How I would do it as a human, right? And you know and I really try and tell them when I'm switching hats. Like This is a federal requirement. You're this is a legal requirement to my boss hat is on, that's what you're getting right now. You know, this is my clip, my clinical

Dr. Tara Sanderson: Of like, I'm trying to get how you're thinking or what's needed more to get in here, and this is what I would recommend that you write instead of this, which has nothing to do with federal or legal. And it's not personal, but it's very much like you're missing a chunk here. And this is, this is an area where I need you to develop this thing.

Dr. Tara Sanderson: Or just me, right? I I tell my team all the time that I don't ever read for grammar. I'm terrible with grammar. Like It's just not my, it's not my cup of tea. So, if you're looking for feedback on that part, I am not the right person. We should get someone else to help us with notes, if that's what you're looking for, but content, like we can do content. Um, and because I've had my, my supervises read my notes sometimes for like this is the level of what I'm looking for, for a different things. And give them some of that access and and for feedback from them. I love it when they give me feedback of stuff that was missing or or what have you. So so that you know and just thinking of a tool that someone could use like that could be a really cool tool of like helping them understand too, the process of reading someone else's note seeing what's missing trying to figure out if that's your stuff that you want to know, versus what's actually necessary and...

Dr. Tara Sanderson: having them read each others or your notes

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: That process to kind of be a part of some of that feedback. I don't currently do a ton of that but I could see that being super helpful for especially for those folks who have a tendency towards like needing to know the perfect way of doing something or the like the like entirety of the rule and the reason behind the rule versus people who are more like, maybe spirit of the law kind of people that have. If you had somebody who really wanted to know that intensity it might that might be a great activity for them to find this gray area and really understand why it's complicated and there's no one, right answer?

00:30:00

Vanessa Brookhouse: Yeah, I know that. I think that would be really rich. I could see that, you know, I there, um, currently I have kind of three supervises that are lpcs and then I have two that are cswas. So I'm there site supervisor, but we've hired someone to be their plan supervisor who actually used to be my, my supervisor at my old place. So I we have we're very yeah, it's great. Um, but I do think like, with the five of them, they're such a variance. There's such a variety, it would be really interesting for us. All to just bring it

to the table and go. Okay. What do you think like What are the pros and cons? What are the differences? We're seeing like, you know, because I don't think yeah, I don't think any of them would be like illegal or whatever, you know, but it's just different,...

Dr. Tara Sanderson: Right. Yeah.

Vanessa Brookhouse: you know? And it might be really interesting for people to see all the differences that could still be considered fine, you know. Interesting.

Dr. Tara Sanderson: Yeah, that would be super fun a long time ago. I guess it wasn't a long time ago, maybe a couple years ago, I did a notes, click consultation group where we all got together and we watched a video of somebody's suit of some but not supervision, somebody's actual like a clinical session with appropriate. Can you know, consent from clients blah blah but we watched the session and...

Vanessa Brookhouse: Oh,

Dr. Tara Sanderson: then we all wrote our own note on our own template about that session. As if we were the clinician trying to capture, like What did people capture of the different interventions we did or how the client responded to things or see what they noticed and see the different style because the people in that group, one of them was very psycho. Dynamic oriented one of them.

Vanessa Brookhouse: oh, Oh, what?

Dr. Tara Sanderson: I'm very behavioral oriented. So, mine was different from that and I think there were a couple of other folks, that I can't remember the orientation, but just seeing the different, like, format of their note that they use in their practice, right? But also just the different things that each person picked up on.

Dr. Tara Sanderson: Was so interesting and so powerful for all of us to kind of rethink this. The meaning of how we do our notes and doing them correctly, right? Excuse more of this,...

Vanessa Brookhouse: Right.

Dr. Tara Sanderson: This opportunity to say like this is also an expression of our theoretical orientation. This is an expression of the different interventions that we use and...

Vanessa Brookhouse: Now.

Dr. Tara Sanderson: how we use them down to the level of like maybe even education, or how they didn't in grammar in school. Like there were definitely some areas where I looked at. I was like, man, I feel like I write like a fourth grader in comparison to you. Because, you...

Vanessa Brookhouse: Yeah.

Dr. Tara Sanderson: just word choice and things that we've kind of gotten into the rhythm of, and that was a really fun experience, especially because we, we were all doing it off of the same session. Right, wasn't about different people,...

Vanessa Brookhouse: Yeah, that's fascinating.

Dr. Tara Sanderson: doing things in their own thing. It was really just the same session and that was a really fun experience.

Vanessa Brookhouse: Yeah, that would be really cool. Okay, thank you. I appreciate the idea.

Dr. Tara Sanderson: Yeah. Absolutely. You guys tape your sessions at all.

Vanessa Brookhouse: So, um, we do, we do have that. Um, so it's interesting that the license staff actually. We do once a month, we do a kind of a supervision and we take turns taping sessions and presenting them I have. I've had more resistance from the associates taping session so I'm still working on it. Oh what?

Dr. Tara Sanderson: Honey. Yeah. Yeah.

Vanessa Brookhouse: Yeah, we do and it's great. We just you know, I just watched a video of a colleague today and you know, it's um, really interesting fascinating, you know, all the different insight and different perspectives on this clients and...

Dr. Tara Sanderson: Right. I I know that it is like that one of between role play and...

Vanessa Brookhouse: yeah, it's really rich.

Dr. Tara Sanderson: taping sessions like they're the things that therapists hate right.

Vanessa Brookhouse: Pretty.

Dr. Tara Sanderson: And there's oh, so valuable, right? I really would love to reinstitute, taping at my practice. And, and having people, I love the idea of once a month. We take one client, you know? And once a month we just share that with people so that you're not feeling like you're taping all the time but you're taping enough to like be comfortable in front of the camera, right? Because that's a part of it. But also the, you know, we're getting that feedback and sharing on something that's real and not just our memory. Like our individual memory of what happened in a session three weeks ago, right? Like that's I think that's so valuable that's definitely something I want to bring back.

Vanessa Brookhouse: Yeah.

Vanessa Brookhouse: I mean because I'm finding as you know, as a supervisor I'm I'm trying to give the clinicians feedback based on my understanding of a note, you know? And I'm certainly could be missing, you know. So it would be really rich to be able to watch the session and...

Dr. Tara Sanderson: Here. Yeah.

Vanessa Brookhouse: be able to. Now, why did you do that? What were you thinking here? What was your intention here? You know. I think that that would definitely enhance the supervision. So I'm one of my goals for next year. Yeah.

Dr. Tara Sanderson: I love it. I love it. I will figure out a way to help ask questions about that sometime next year. And be like, Where are you at with your plan?

00:35:00

Vanessa Brookhouse: Yes. Please do.

Dr. Tara Sanderson: How can we help? I love it when people hold me accountable to things that I think are really important. Well, tell me a little bit about your Multifamily group. I know you wanted to make sure that you chatted about that experience on here.

Vanessa Brookhouse: Yeah. So my colleague Nika,...

Dr. Tara Sanderson: And yeah, share with me that

Vanessa Brookhouse: and I have been running this now for about a year and a half, this will be our third quarter cohort. Um, and it's really awesome. We're using the adolescent DBT manual as our manual. And so what we've done is we are pulling together, five, four to five adolescents and they each have a learning partner, which is typically one of the parents, but not necessarily, um, and both the adolescent and the learning partner have a copy of the, the same book, right? So, we're all learning from the same curriculum. We we meet once a week because we find it's hard to get, you know, teams and parents in the same room more than once a week, um, and it's a 90-minute group. So, so the first 45 to 50 minutes is learning new material and then we have a break and then we come back and we go into breakout rooms. And we have I usually facilitate the parents. Well, my colleague Nika, facilitates the adolescents and that's where we do.

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: The homework review and kind of discussion about yeah. So that they're not having to talk about homework review in front of the parent.

Dr. Tara Sanderson: Nice.

Vanessa Brookhouse: Just in case that you know sometimes there's some anxiety there but um it's really been, you know. The two cohorts were so different and I think part of it was age, the second cohort was a little bit younger than the first and so, you know, they were more middle school whereas the first was definitely more high school and so that changes the dynamics a little bit. But you know it it really has just been my hope was to kind of replicate residential at home in an outpatient setting. The only thing way I could think of doing that was to teach the parents the skills so that the parent also know them and...

Dr. Tara Sanderson: Yeah, yes.

Vanessa Brookhouse: can practice alongside, you know. So I really um encourage the the kids to give the parents be back and vice versa. You know, I encourage the parents to say I'm so frustrated I don't know what I can do and see if they can you know, the kid can help them and remind them of the skills they have for you know dscalation and That's, that's the goal. Um you know, and I think it's been really promising so far. We've gotten really great feedback. People seem to enjoy it and they, you know, they stick with it. So it's been really rewarding, it's an exciting group.

Dr. Tara Sanderson: That is amazing. How long does the group run? Is it like a full year is it?

Vanessa Brookhouse: It takes about, I think it's a little over six months. So it's probably...

Dr. Tara Sanderson: Okay.

Vanessa Brookhouse: because you know, sometimes we get like a holiday here and there and that sort of thing. And so it ends up being maybe six and a half seven months, you know, in total to run through the whole thing and then they youth or working individually with a clinician at the clinic. Not necessarily one of us.

Dr. Tara Sanderson: Nice.

Vanessa Brookhouse: So yeah it's been really great. I've really enjoyed it. We're hoping eventually we can start maybe a second group so we could have them running like three months apart because the need is so huge right. Like we always have a million people on our waitlist and...

Dr. Tara Sanderson: So big.

Vanessa Brookhouse: we can't serve them all, which is such a bummer but Yeah,...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: I I really enjoyed doing it in this fashion having the parents involved and you know, so it's not like go fix my kid it's like the system is getting support,...

Dr. Tara Sanderson: Yeah. So important.

Vanessa Brookhouse: which I think is super important.

Dr. Tara Sanderson: And I think it's a thing, that that gets gets lost a lot. Especially if the parent is requesting that their child, attend therapy, it becomes like, this is about them, and they do all of this stuff, right? Like, they're gonna get fixed in here somehow. And and...

Vanessa Brookhouse: Right.

Dr. Tara Sanderson: really, it's like, well, they don't have all of the power yet. So we kind of need you involved in this process to be able to be a part of the system that helps them get better in a way that like both of you are happy with or you know, in whatever fashion we can we can help them navigate that. So I love How often do you guys have openings in your group? Is it a closed group or is it open and revolving?

Vanessa Brookhouse: So it is, we are doing this with a cohort model. So it is a course group. Our next cohort is looking to start early January and so yeah. So I think we might have one more opening but otherwise yeah, we're filling up quickly for that and...

Dr. Tara Sanderson: yeah, I bet

Vanessa Brookhouse: then, Yeah but like I said I'm hoping that that we will have the staff to be able to do maybe a second cohort you know March April so we can kind of run them you know concurrently or whatever but yeah.

Dr. Tara Sanderson: Yeah, awesome. that's,

Vanessa Brookhouse: Yeah, and what I found, too, it's interesting. Sometimes the youth is more jazzed about it than the parents. Sometimes the parent gets more out of it than the youth but as long as one of them, get something out of it, it seems to be enough to like get the change going, you know? So you know,

Dr. Tara Sanderson: Yeah, absolutely. Any change moving forward is good so just got to keep looking for all those little baby steps forward. Yeah, that's awesome.

00:40:00

Vanessa Brookhouse: Women. Absolutely.

Dr. Tara Sanderson: If people are interested in referring, somebody there to the Multifamily group whenever it has openings again and depending on when this comes out in the podcast you know, circle, where would they go to find out more or to or to let you know?

Vanessa Brookhouse: So they can go to our our website if you just look up the DBT Clinic Portland you'll find us. And we're actually unveiling our new website pretty soon. So pretty excited about that.

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: We've been working really, um, or you can and you can build actually. There there's a form you can fill out and...

Dr. Tara Sanderson: Okay. Perfect.

Vanessa Brookhouse: gives you all the information. So that's probably the best place.

Dr. Tara Sanderson: And we'll drop those links in our show notes and make sure everybody can see all of your cool stuff.

Vanessa Brookhouse: Happen. Thanks.

Dr. Tara Sanderson: Yeah. Well thank you so much for coming. I feel like we have several really great takeaways for people in how that they can how they can help interns or interns and supervisees develop that that core sense of confidence and kind of push away some of that imposter syndrome stuff and then thinking about diet documentation and ways that both supervisors and supervisees can like think about things differently and maybe even affect change by helping each other with those notes and getting some of those experiences on both sides. I'm really excited to see how that bless is your practice. And I'm, I'm excited to rekindle this thought of taping in mind. I'm I'm right on the same page with you. Well, we'll see what we can do in 2023. All...

Vanessa Brookhouse: Sounds good.

Dr. Tara Sanderson: well is there anything else that you want to make sure to let us know about before we close up today?

Vanessa Brookhouse: I just, I, I'm excited about the board changes that they're, they're kind of decreasing, the DCC. That's always been such a high number and...

Dr. Tara Sanderson: Yeah.

Vanessa Brookhouse: standard. And, you know, and I think I'm not concerned about, you know, the lack of supervision. I think 1900 DCC is still a lot of supervision. So I feel like, I don't think it's gonna decrease the quality of care that people will get. And I think that it more closely matches Other states in the US. So I'm glad they made that change. Or making that change. Yeah.

Dr. Tara Sanderson: Yeah, I am really excited to Yeah, are making that change. I'm really excited too to see how that impacts our our ability to keep folks here in Oregon. I think that we identified several years ago that like some of our our very large expectations of our clinicians cause some hardship that made people want to leave Oregon and which I made, you know, it almost impossible for everybody to get their needs met here in Oregon. And so if we can, if we can help in this way and adjust some of those hours, you know, then then maybe that'll help folks, stay, and that'll help folks continue to serve the awesome work. Onions that we have here. Yeah, absolutely.

Vanessa Brookhouse: Yeah, I hope so hope so.

Dr. Tara Sanderson: Well thank you again for joining us. And thank you everybody for listening. I hope you grabbed a couple of tasty morsels today and we'll see you next time.