

Podcast Guest (Khara Croswaite Brindle) (2023-01-23 09:02 GMT-8) - Transcript

Attendees

Khara Croswaite-Brindle, Dr. Tara Sanderson

Transcript

This editable transcript was computer generated and might contain errors. People can also change the text after it was created.

Dr. Tara Sanderson: Well, welcome back everybody. And thank you for joining me today. We are going to be talking with Kara, Crossway Brindle. Kara is a passionate therapist. She gives a, I'm gonna start over. I really must love that. Did I say your...

Khara Croswaite-Brindle: No worries.

Dr. Tara Sanderson: right? Kara Cross weight.

Khara Croswaite-Brindle: Yes, you did.

Dr. Tara Sanderson: Brindle. Yeah.

Dr. Tara Sanderson: All right, we'll start again. Hi everybody, and thanks for joining us. Today, we are gonna be talking with Kara Cross weight. Brindle Carrot is an LPC and an approved clinical supervisor, an owner of a group practice in Denver, Colorado. She is passionate about giving people, aha moments that create goosebumps and catalyze powerful action. She began her career in community mental health as and managed a team of 15 green clinicians who served at risk youth. And families Karen has provided quality individual supervision since 2014 and currently enjoys, providing supervision of supervision to support colleagues in, developing their leadership style.

Dr. Tara Sanderson: Care is the co-founder and co-author of the empowerment model of clinical supervision which launched in 2019, she's developed a Supervision Empowerment Academy for mental health leaders and provides clinical supervision training opportunities and consultation within the mental health field. But that is not all that you do, Kara, because I also googled you and found out that you have another book that's out. I think it's called perfection or and that you do financial counseling and that you are a huge advocate for training people to to understand suicide, awareness as well as do. A suicide support for for counselors as well as it look like lay people. So you are a wonder in our clinical world and I'm so glad to have you on our podcast today.

Khara Croswaite-Brindle: Hmm. Well, thank you. I appreciate that. Happy to be here.

Dr. Tara Sanderson: So, I always start with my guests asking a random question. So, today's random question for you is what are your biggest time, wasters? And when I think time wasters, I don't just mean

ones that stop you from being productive. I also mean, what are the ones that stop you from doing your self-care?

Khara Croswaite-Brindle: So such a good question and I feel like such a human question because we're all guilty of that and probably my time. My fairs are still like scrolling through social media. Whether it's like my friends, Facebook groups, or like that fellow therapists or instagram. I mean, I think those are kind of the two that are still the culprit for me. I'm sure. Listeners are like, Where is she fit that in with everything you just shared but those still tend to show up and weird hours where I'm like, nothing I have to do or it's not urgent right now.

Dr. Tara Sanderson: Whoa, it is amazing to me how quickly my thumb finds its way to my Instagram app or my Facebook app. Like I had to start hiding them in other places or take them off of the main menus where I had to like search for them a little bit because they were getting to the place...

Khara Croswaite-Brindle: Yeah.

Dr. Tara Sanderson: where instead of clicking to get my email or clicking to like look at my calendar, like I would open up Facebook and I wouldn't even realize that my thumb was doing that. So I've had to do a little little bit of modification on my phone to help me curb that time waster a little bit, but I think that it's so true that those get in the way of not only doing stuff, but taking care of ourselves because we could be doing other things. During that time, resting meditating going for a walk, all sorts of things and that would take care of ourselves. But sometimes that we just, yeah, we just keep scrolling.

Khara Croswaite-Brindle: Yeah. Why is to get keep those from being present, right? Like I love your strategy of making that little less accessible because it is it's kind of like a major zone out escapism similar to like binge watching a show or something like that and although I don't do that, I know many people can relate to that experience. Like up. I just want to zone out at the end of the day. So for me,...

Dr. Tara Sanderson: Oh absolutely. Yep. Absolutely.

Khara Croswaite-Brindle: I guess, it's still unfortunately social media.

Dr. Tara Sanderson: Well, today we were gonna talk about critical incidents and supervision, and I think that this is a wildly important topic, because I think that a lot of the supervisors, I talk to know some of the biggies that are critical incidents, but they haven't really established a training component for their team on how to navigate them, or haven't really figured out kind of a system for what they do with them. So I kind of just want to go the gamut of what defines a critical incident to you. And what are some of the ways that you think our best for us to navigate those as supervisors both back and like strategies for your practice? But also in in how we talk to our supervises,

00:05:00

Khara Croswaite-Brindle: And that's kind of the catch-all for any critical incidents that requires something of us as a professional. And there's an imminent, safety that justifies that action and so that could be suicidal thoughts to some degree. Obviously, we could have a whole conversation about suicide assessment, that could be a domestic violence that could be substance use or, you know, a client being under the influence in a session and it's just dozens of things to think of that are critical instance and much to what you said. Kind of the big ones we think of are like suicide and things like that. So like there's

other things that we want to be aware of to make sure that we're supporting our supervisees and they are supporting their clients.

Dr. Tara Sanderson: It is so interesting. I was thinking about some supervisees. I've worked with in the past who have had, who have noticed their own kind of

Dr. Tara Sanderson: Tension around certain topics. I'm going to use a self-harm as a, as an example that maybe self-harm is very upsetting to them or that they, that they don't hold that. As as, in the same way that necessarily I would where I've had a lot of exposure to that for in my other careers. But I think about the difference between like there's non-suicidal, self-injury, right? There's self-harm for all sorts of different reasons and having a supervisee who, who hears their clients say like, Yes, I am doing the self injury and and when does that become a critical incident versus a, maybe a therapeutic incident.

Khara Croswaite-Brindle: Yeah, I think that's a valuable question because when I'm in my suicide assessment training arena, I talk about how suicide is one of nine reasons that people self-harm and that's coming from Dr. Jack Cloutier's work. And so if suicide is one of nine reasons for self-harm, I think it's really important for us as clinicians to slow down and be curious and ask questions. So we don't assume that the self-harm is related to suicide...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: because it's one of nine reasons, right? So having people really look at intent,...

Dr. Tara Sanderson: Yes.

Khara Croswaite-Brindle: is the first thing I would have them, think about outside of being curious and asking questions. It's like, What was the intent of that behavior when we self-harm when we burn, when we scratch when we cut, what is the intention behind that? And that can give us a lot of context on if it is truly a critical incident or not, if they say it was a suicide attempt. Well some kind of have the green light to go forward with the action steps of a critical incident. But if they say this was actually associating and me trying to come back into my body, well then from a therapeutic place we can

Khara Croswaite-Brindle: That while still helping them create other coping skills to do that effect, right to be able to say, here's another way to come back into your body, that doesn't cause harm to your body.

Dr. Tara Sanderson: Hmm. Yeah. And I'm thinking about the training that you just did recently through the Telemental Health Certificate program on on your empowerment model and thinking about a supervisor's responsibility to also be thinking about our supervising in that moment. So we know that this is something that is upsetting to them or that it's really hard for them to handle or that there's something in there, that's kind of making a mess for them in this that they're responding, you know, in a way that's maybe, not typical for us as as therapists and trying to utilize our skills to help them understand where they're coming from so that they can address their own stuff in this in this issue, right?

Khara Croswaite-Brindle: Yeah, yes exactly. I mean I think being able to say like, Oh you show up human first. So what was the reaction you had to your client disclosing that self-harm or disclosing? Something else? That might be a critical incident and the adrenaline and the emotions that come with that as clinicians. I mean, we're talking grain clinicians to see us and clinicians, we all have a reaction as a human and so being able to hold space and that zero judgment component like come into supervision and talk to

me about this. Like what was that like for you to have a client disclosed and holding that space so that they can be human, but also then find an effective way to be a clinician in that moment as well.

Dr. Tara Sanderson: Yeah, absolutely. One of the things that I feel like I've taken away from the empowerment model often is that there's this, there's this line of, we are not their therapist and we may be the ones who remind them that they need to work on this in therapy, right? Like, like helping them notice.

Khara Croswaite-Brindle: Yes.

Dr. Tara Sanderson: Hey, this is an area for you. This is something that's really kind of happening in you, and let's figure out how we can make sure you contain and do your job. But also like, you need to make sure you're talking to your person about this so that you can do the work. That's necessary. So this isn't something that's gonna be in the way of the work that you do for your clients.

Khara Croswaite-Brindle: Yeah. I love how you put that 100% exactly. Like I know for our clients more of our role as to hold up the mirror and show them, you know, the behaviors or the things that they're recreating in therapy and this is like a smaller version of that, so that we're not therapizing the supervisee but still helping them have some clarity about how they show up.

00:10:00

Dr. Tara Sanderson: Absolutely absolutely. So when we're talking about critical incidents, do you have like any frameworks that that you train supervisors on for like, what they need to do in their back end, like what they need to document about it or or how they need to, like, create some structure in their practice around supervising folks who have critical incidents with their clients?

Khara Croswaite-Brindle: Yeah, absolutely. I think it's kind of a two-parter. The first part is to even define critical incidents with a supervisor that's coming in. So as part of a contract or as part of the first initial meeting nearly talking about like What is critical incident? How is it defined? What are some examples? You know, I've encouraged supervisors, receive you put those as bullet points in their contract of like a critical incident is xyz and so that the supervising knows. Oh, that means I need to follow up with you or Here's that next step of, I need to make a phone call. And so I think normalizing that it's going to happen and then having a contract that's one part of the equation first supervisors. And then that second part is, what is the support or action? That's going to look like when the supervisor says? Yep. I think this is one. So maybe, are they making a phone call? Are they having another supervision meeting sooner than what scheduled and more importantly? Like, what's the paper trail? And so one of the trainings that we've put together in this last year is all about critical incidents and that paper trail. So like, what is the document?

Khara Croswaite-Brindle: Asian that's required. How do we empower? The supervisory to start completing that and then having a supervisor be a part of that for them. And so really it's a critical incident form what I would say. And capturing all the important relevant pieces of what happens and what steps did we take as professionals to help the clients?

Dr. Tara Sanderson: Yeah, and I will tell you that that idea of having a form that the supervisee fills out to share with you to kind of walk through that process. The one that I have for my practice, I made into a really process form. So it's like step one, gather, all of this information, put it here like step two. Now you're gonna make this phone call. Here's what you're gonna talk to them about like step three, like, just really trying to help people recognize that,...

Khara Croswaite-Brindle: Nice.

Dr. Tara Sanderson: like, it's not something that can just be. Well, I shouldn't say it. Not can't be just filled out quickly, but because you can, obviously, you know, how quickly but that it is something that you do need to be thinking about, especially like, when we're calling our our CPS or our child, protective services or I know they're called different things and different states, but really the the folks that we're having to report to if we're having to call the police on something or whatever. There's a lot of details that those other people are going to ask us for and we we need to make sure we're prepared on our end.

Dr. Tara Sanderson: With all of the things that we we can do. But also, there's some grounding I think that comes from, like, filling out this form and getting ready, getting ready for it to process of like, okay, I have everything I need so that it's not as nerve-wracking especially for green clinicians. But honestly, I feel like even seasoned clinicians. Who don't have to report very often. Every time they do, they're like, Oh they get that little flutter in their chest of like gosh I got to sit on the phone and share somebody's story with, you know, the Department of Human Services or child protection services. So these kind of forms help us to kind of feel a little more like, okay, we can handle this.

Khara Croswaite-Brindle: That I mean I absolutely agree of it being grounding because the adrenaline that shows up in those moments and then having to articulate yourself but also have a professional writing, right? So like it's not a journal prompt or...

Dr. Tara Sanderson: Yes.

Khara Croswaite-Brindle: just kind of like free association word dumping I think what makes it. So, grounding is now, not only does the supervisor, you know what happened, but we need to capture and professional language for the clients file. And so I think that actually gives the clinician permission to slow down and...

Dr. Tara Sanderson: Yes.

Khara Croswaite-Brindle: be like, How would I say this, what would be least harmful to the client? Am I being, you know, non-judgmental? Am I being evidence-based, like all things that would go with professionalism? That might not necessarily show up with that major reaction of adrenaline, that comes first.

Dr. Tara Sanderson: Yeah, yeah, I think too about the follow-up from these, so you've got you've, you've got your initial contract that says, This is what you're gonna do in a critical incident, critical incident happens, You've got this paperwork that they fill out. What is your follow-up for once? The once everything's kind of settled back down. What's your follow-up with that supervisory, like

Khara Croswaite-Brindle: Yeah, I mean, I think there's obviously a question of outcomes, so if it was like someone suicidal they were hospitalized. The outcome is like when were they released? Are they coming back into care with you or they needing a higher level of care? Etc. Etc. So like there is a section of our critical incident form to be filled out, secondarily, which is like, What were the outcomes. So, the first section is what happened and capturing that special knowing that most supervisors aren't in the room or maybe even in the building with their clinicians sometimes. So it's really that nice paper trail. But then what was the outcome and where they refer to substance treatment. If they came under the influence to therapy, did a mandated report has to be filed because a child had access to drug paraphernalia, like so many different critical incidents that we have tracked in our book.

00:15:00

Khara Croswaite-Brindle: And so I think having that but then maybe on the more emotional side is, maybe a couple weeks down the road checking in with the supervising, not as their therapist but as their leader saying, How are you doing? How did that sit for you? Are you still feeling, you know, for lack a better word triggered by something that happened with your supervisor or with your clients.

Khara Croswaite-Brindle: I think specifically of a clinician I worked with who had a client, have a seizure in the middle of their session and...

Dr. Tara Sanderson: oh,

Khara Croswaite-Brindle: which was very unexpected. Like, they knew that they had a seizure disorder. It had been documented, but like knowing something and seeing it with your own eyes. It's very different. And so for them,...

Dr. Tara Sanderson: Absolutely.

Khara Croswaite-Brindle: there was kind of acute stress response of the having flashbacks of what this person looks like, collapsing on the floor and seeing and the noise that they made, just really sensory things that kept showing up for them. And so,...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: I felt like it was my job, as their supervisor to one whole space for that. So they could articulate what was going on, but also Gage a couple weeks down the road. Like, has that lessons like we had hoped if not? Are we speaking additional support? You need a referral. Like, what's gonna help them? But that doesn't Take them for the rest of their career. I mean obviously made an impact but we don't want to be a negative impact forever.

Dr. Tara Sanderson: Yeah, absolutely. Absolutely. I think about things that make my life easier in tracking all that information because I don't know about you, but I have a client caseload. I have a supervision case load. I have a business that I'm running. I've got external supervises that I've got going on right. Like, I've got lots of things in my little universe. The one of the things that has helped me a ton in keeping track of thinking to myself. Like, I need to check in with them about this is inside of Google. I use the the reminders or the task list. So anytime client or...

Khara Croswaite-Brindle: See through.

Dr. Tara Sanderson: a supervisie, would have a moment like that, where, you know, where where this thing happened, I I kind of auto schedule that to pop back up in a week or two weeks or whatever on the day of their supervision. So that Google is sending me a reminder to say. Hey, ask. So, and so about their intrusive thoughts, around that client or ask someone. So about, you know, that critical incident with that client. How are they doing? Or check in on whether or not the clients out from the hospital or whatever? Or so that I don't have to have my brain.

Khara Croswaite-Brindle: Yeah, I love that.

Dr. Tara Sanderson: Be the end. All of these experiences I can have Google remind me on the days where it's really important to do that work.

Khara Croswaite-Brindle: Yeah, and I think on the other side of that coin is like encouraging them to reach out and really feel safe and...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: up to say, as my supervisor, I want to give you an update or Here's what's going on for me, you know, I think it also speaks to the important importance of regular supervision that we have eyes on...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: two weeks out, three weeks out a month out, but they're on our calendar so much to you. I love task lists. I mean that's how I organize my brain as well and I use simple practice which is an electronic health record for client work, but I've also put my supervises and consulties in there. So I can do a quick chart note of like,...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: Hey, I want to remember to ask them about this, or I can put a reminder in there too. That's encrypted, which is super helpful for me.

Dr. Tara Sanderson: Absolutely, absolutely. I think that that is I think having my supervises in simple practice has made the flow of my practice works, so much easier for for having to balance that element of. I'm taking notes on my supervis. I'm taking notes on what's going on with their clients and I want that information to be protected. So I'm doing it within that system that keeps everything kind of protected to each individual person. I I don't know if you differentiate in your simple practice but I put an s in front of all of my supervised names so that as I look at the calendar, if I see esses that tells me that those are supervises versus if they're just names their clients or...

Khara Croswaite-Brindle: and I,

Dr. Tara Sanderson: console. I put C in front of it, just because there's sometimes where I've got it. Put on the like, I don't remember what the right word is but like, confidential mode or whatever where you just see initials or...

Khara Croswaite-Brindle: mmm.

Dr. Tara Sanderson: whatever. And and I like to be able to scan my calendar and be like, What do I have going on this week? Okay, for clients and six supervises. And I can just kind of look At a glance and know what's happening.

Khara Croswaite-Brindle: I love that. Yeah, I actually I work with a lot of Medicaid population in my practice and so I've actually put their Medicaid numbers after their last name. So that's how they're categorized in life,...

Dr. Tara Sanderson: Nice. Yeah.

Khara Croswaite-Brindle: simple practice. But I love the idea of experts to see. I also so we know who uses a paper calendar, I love it. And so when I'm trying to prepare my day, I might open that and see like someone that says, soup or console versus initials for private practice.

Dr. Tara Sanderson: Right. Yeah.

Khara Croswaite-Brindle: What? I love those ideas. I'm gonna have to steal those from you.

00:20:00

Dr. Tara Sanderson: Nice. Well, go for it. How about them? For sure, for sure. What do you think are areas where supervisors kind of globally? Need more need more support in critical soup in critical incidents?

Khara Croswaite-Brindle: Powerful question. You know I think because you and I already talked today about how important it is to name that we're human first. We also have reactions to critical incidents and that might be like a cover your butt reaction or How could you do that reaction?

Dr. Tara Sanderson: Right.

Khara Croswaite-Brindle: Or How could you not tell me depending on your level of control freak? I'm a huge control. Freakin I make fun of myself for that but my supervisors know, like you're not bothering me by telling me what's going on. So please tell me...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: and so I feel like the whole purpose of creating a critical incident training and why I've enjoyed it so much in this last year, is that

Khara Croswaite-Brindle: Clinicians and supervisors. Want to know what they don't know. So like by looking at 47 different scenarios in our book and...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: that's in the training, we don't go through all 47 In the training. We go through 10, which still feels like a lot. We start to see the reactions, you know, it creates a space for them to show up and be like How would I respond to this? What's coming up for me? So it feels like they're preparing rather be than being in like a reactionary place...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: because they're like, Oh, this could happen. I mean, every single one of those been yet is inspired by true events and so you mental health makes that really easy enough.

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: It's never bolt, never boring, and never dull. Um but having people sit in these trainings and...

Dr. Tara Sanderson: Absolutely.

Khara Croswaite-Brindle: recognize like, Oh that's how I show up or that would be my reaction or here are my thoughts, and here's my emotions. Has been so powerful to watch people, like have a space that feel safe enough to be like, Wow, I'd be like panicked or I would be outraged or I'd have lots of questions, and if they can do that here in the training, then they're more prepared and hopefully more grounded for when it could happen in real life with a supervisee.

Dr. Tara Sanderson: Absolutely, absolutely. So, my takeaway from that is to be thoughtful of the critical incidents that could happen in by your book. Um, not you said that I'm saying that to you.

Khara Croswaite-Brindle: Well, thank you.

Dr. Tara Sanderson: Educate yourself through the process of, like, what are the things that could happen? Notice your own reactions through that process? Give yourself permission to be human and also learn what you don't know yet, right? Like be ever learning in in the navigation of these critical incidents and I think that that is important in, in the fact that you have, you know, 47 of these topics in your book, as well as just being thoughtful about the permutations that might happen in your practice. My practice is primarily teens and up, but I have a few couple of kiddos in there and every once in a while, I I do recognize that, like, our paperwork or our system was really built for teens and up. And so, when something comes up with a kiddo, I kind of have to look back. System and go, huh?

Dr. Tara Sanderson: Yeah, I didn't really think about the fact that, you know, I'd have a six-year-old in the practice and and what that was going to look like for,...

Khara Croswaite-Brindle: He?

Dr. Tara Sanderson: you know, parent conversations or different elements of it that work different than when you're working with a teenager who has, you know, the ability to access therapy on their own or whatever and we didn't need to really think about those other levels.

Khara Croswaite-Brindle: Right.

Dr. Tara Sanderson: And so keeping keeping that in mind of my own growth of, what do I need to know? How can I ask questions? And then I think an added piece that I would put in There is make sure that you're having some sort of conversation and, and supervision group experience with other supervisors. So, you can hear about...

Khara Croswaite-Brindle: You.

Dr. Tara Sanderson: what other people are going through. You can be educating yourself and continuing to grow, because being a supervisor just like being a therapist is kind of lonely. If you don't have a group of people who are there supporting you and keeping you moving forward,

Khara Croswaite-Brindle: Yes, exactly. I mean that's exactly where my head went to. Like I think that's been the most rewarding part of doing training. So people in big groups is that they can share their own experience if they're comfortable. Like, Oh, yeah, I had that happen, and here's what I did. Well, here's what I learned and so it just becomes. I mean, the content becomes that much more robust because people are sharing what they did in that situation knowing that there's not one right way to do it. I mean, maybe with mandated reporting there's like one in one option...

Dr. Tara Sanderson: Right. Right.

Khara Croswaite-Brindle: but everything else, you know, like based on your agency or how your practice is set up or who you serve, you might have different protocols. But to know that there are other people who showed up as human first or, you know, you can take ideas away from them and be like, okay, I feel

more prepared if that word ever happened, not such a rewarding part of this work is being able to, I guess keep people on our toes, which is my personal joy of writing 47th and...

Dr. Tara Sanderson: Well.

Khara Croswaite-Brindle: yet but also just like see the wheels turning like, okay, I feel more confident, I feel more prepared whether that's suicide assessment which is my other passion or supervision, you know, I just think there's so much that we can take from that and continue to grow.

Dr. Tara Sanderson: Yeah, absolutely. We do a didactic training in my office and once a month, we do some sort of, an ethical component and inside of those, ethics components, I mix it up between vignettes that someone has written as well as looking at our own boards naughty list, right? Like the ones where they post these things happen to someone and this is what happened to them. And one of the questions,...

00:25:00

Khara Croswaite-Brindle: Hmm, naughty...

Dr. Tara Sanderson: one of the questions I always ask in in when I'm meeting with supervisees,...

Khara Croswaite-Brindle: I love it.

Dr. Tara Sanderson: or throughout the year, as we keep going is like thinking about our own personal flaws, Where are the areas that you're going to where, where it could be a slippery slope for you and I always admit, like, mine's always gonna be paperwork at the end of the day. If I'm gonna get caught for some doing something like wrong, it's gonna be that I missed, you know, fully reading a document or that I missed signing off on something, or I missed a detail somewhere that I really should have caught or done because I definitely

Dr. Tara Sanderson: Me, I value paperwork a lot and I am not as detailed as I'd like to be as a human on those areas. So as you know,...

Khara Croswaite-Brindle: Yeah.

Dr. Tara Sanderson: when it comes to like, making sure like an informed consent gut sign, I'm really good at making. Sure it went out but I'm not so great. On the follow-up of Did it get signed, right? So like I know that that's my flaw area and...

Khara Croswaite-Brindle: Oh yeah.

Dr. Tara Sanderson: that's probably if I ever get put on the naughty list, it's gonna be that one. But using those athletes helps me to help them figure out their kind of blind spots. And when I think about critical incidents,...

Khara Croswaite-Brindle: Love that.

Dr. Tara Sanderson: I also think that's another area where like what's an area that's gonna be a blind spot for you and like, how a client. Maybe doesn't tell you everything and you may be accepted as as where it's at, right? I'm thinking about, especially when we went to Telehealth,...

Khara Croswaite-Brindle: He right.

Dr. Tara Sanderson: we had. I had a lot of teens with self injury or teens, that we're dealing with some eating disorder issues. And in person, I can always tell

Dr. Tara Sanderson: It's a hot day in July and you're wearing a giant hoodie that like something's a miss here. What's going on, right? When you're in your bedroom at home and...

Khara Croswaite-Brindle: Right.

Dr. Tara Sanderson: all I see are your shoulders and your head. I can't I can't tell if something's going on and it's really awkward to be like, Hey kids stand up, I want to see what's going on with your body, like that's sometimes I did and...

Khara Croswaite-Brindle: He right.

Dr. Tara Sanderson: I have to when I've got kiddos that I need to look for those things. But you know, I I definitely recognize that not every therapist would look at their teen and say. Nope, I need you to stand up and I need to like take a good look at you for a moment because they may just accept this moment and there's no like, you know, there's no ethical guideline or or legal thing that is wrong with with doing that, but it is one of those risk areas. It could be a critical incident area that they may kind of slide on

Khara Croswaite-Brindle: Right, right. Well and I appreciate you sharing your vulnerability of like, here's where my, my edge would be or like, Here's where my diode have a struggle. And so many people would say, I tell it's my students all the time. Like, I know, you're not in this for the paperwork, it's because you want to help people. And yet we still need to be good at that skill. And I was sitting here thinking about what,...

Dr. Tara Sanderson: Yep.

Khara Croswaite-Brindle: what would be my I want to say flaw, but like my area of growth, that's nice of what it area of growth and I think it's something else you're listeners. Can relate to, which is like black and white thinking, right? As a former workaholic as a former perfectionist.

Dr. Tara Sanderson: Now.

Khara Croswaite-Brindle: If I come out of school or program saying, this is how you do it and this is the only way you do it. That doesn't apply to critical incidents. And that's probably why people have sought out this training because they're like, I need to know all of the possible responses to the incidents and...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: because it's not black and white, there's a lot of gray. And so, I personally, I found myself stuck in that black and white thinking where it's like, This is the way you do it and then maybe there's a missed opportunity to do it differently or in a way that would help with supervise the,...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: your client better. And so I was just sitting here with less now like yep. That's probably my edge. The studies that continue to monitor that and...

Dr. Tara Sanderson: Wow.

Khara Croswaite-Brindle: not say, like this is the only way you do it, which is why I appreciate how we wrote the vignette. It's like some what vague so people could apply them to their own location, right? So in home versus telehealth versus office versus agency and still hopefully come up with an empowered response. That helps everybody, which is our goal of the whole empowerment model.

Dr. Tara Sanderson: Yeah, absolutely. Absolutely, I think that by hoping ourselves recognize our humanity, we can find ways to grow in all of those areas. And I think that, by, by being honest with our supervises, that we have those areas to grow, it gives them permission to have them too, right? They don't know everything yet,...

Khara Croswaite-Brindle: He?

Dr. Tara Sanderson: either. And even things that are as, as good as sometimes being very like, rigid on, we always call dhs when dot dot dot or whatever. Like there are some good parts to being rigid and...

Khara Croswaite-Brindle: Right.

Dr. Tara Sanderson: there are some challenges because then you know, you're not giving an opportunity for some of the nuances of this particular case in which may need some different supports, or different timeline, or a different all sorts of pieces. So I love, I love the idea of giving people the opportunity to recognize their challenges and figure out ways that they can navigate them. And, and I think especially in thinking about your book having the Opportunity to take a look at these kind of vague cases and say What would this look like in my space and Where would my edge be? Where would I see myself? Like not hitting all of the right markers and where would I see myself? You know, doing doing well or being able to like handle this whether that's emotionally or supervisor really or whatever

00:30:00

Khara Croswaite-Brindle: He that's nicely said.

Dr. Tara Sanderson: Well, we are getting ready to wrap up. Why don't you tell us about a couple of things that you have going on and how people can find you?

Khara Croswaite-Brindle: Oh, gosh, well, as you named an introduction, I wear lots of hats and I prefer that even though probably was the byproduct of former Workaholicism. Now, it keeps me from burning out, that's what I like to say.

Dr. Tara Sanderson: Yeah. Yeah.

Khara Croswaite-Brindle: And so, right now I'm still enjoying, you know, teaching the youngest generation of therapists at my Alum University of Denver, which is a joy. That's where I'm sitting today for listeners. Who can hear any of his background? I apologize. What else am I doing? Financial therapy is a big question mark in our community of people, not knowing what that is. And the long and short of it is, it's helping people heal their relationship with money. So if they're shame or anxiety, or dread, or scarcity, which is pretty common in the mental health world. As they pre-quarters of my case load,...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: our fellow therapists who are working on themselves and whether it's being a business owner, or being a private practice, we all have our stuff. And so,...

Dr. Tara Sanderson: Yeah.

Khara Croswaite-Brindle: it's been a wonderful shift through the pandemic to work with fellow clinicians. Max capacity, in addition to consults and supervision. Yeah, I think most people can find me, I guess.

Khara Croswaite-Brindle: Weirdly on Instagram as we're talking about social media. But also, I'm just putting out my sixth book with a publisher. My first book with a publisher and in July, so turn on when this comes out, I would love people to learn more about mother daughter, estrangement and helping their adult women. Daughters heal from that,...

Dr. Tara Sanderson: Wow.

Khara Croswaite-Brindle: estrangement which is a pain point. That's not really been addressed. There's lots of books out there for this parents, not as many out there for the adult daughter. So I'm really excited to see how the community response to that.

Dr. Tara Sanderson: Yeah, that's amazing. Congratulations.

Khara Croswaite-Brindle: Thank you. So yeah lots of passion projects. Most likely you can find almost all of them on my website. Like Put Everything on there just to organize it which is Cross Weight counseling, cllc.com.

Dr. Tara Sanderson: Perfect. We will get that link up there for everyone to find out about all the things that you have going on. I am super excited that we were able to share some of these tips around critical incidents and supervision and so grateful that you joined me during your super busy day. And I hope that everybody out there grabbed something too and we will see you next time.

Khara Croswaite-Brindle: Thank you so much.

Meeting ended after 00:32:50 🙌