

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

Alright. Welcome, everybody, and thanks for joining me today. Today, we are talking with Erica Nelson. Erica is a licensed clinical social worker owner of portal wellness collective and a clinical supervisor. Portal wellness seeks to nurture a culture of through cultivating personal and collective healing for a more laboratory world. Erica works through a relational approach focusing on abolitionist perspectives and specializing in complex trauma and ADHD. Erica believes a good clinical supervision is essential to our development as therapists and as well as how we contribute to the culture of our field. And I could not agree with you more. I think that that the medical field is so deep and into you. It's a practice and learn kind of model. And the only way you can do well as to have good supervision that is helping you grow. So thank you so much for being here, Erica.

Erika Nelson [00:00:59]:

I'm really excited and also a little bit nervous. but I'm really excited to be here. Thank you for inviting me.

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

Yeah. Absolutely. Well, as usual, I ask a general -- or a unique question at the beginning of my session. And today's is which mystery or unsolved case would you like to know the truth about? Oh my goodness.

Erika Nelson [00:01:22]:

What it was definitely not a -- expecting that question. I don't know if I I don't know if I have a lot of unsolved mysteries or cases that I know about, to be honest. Yeah. I think a lot of people spend a lot of time looking at, like, murder mystery Sure. -- type of books or TV shows. But, honestly, I probably can't answer that question because I don't pay attention or read or watch any of that kind of stuff.

Dr. Tara Sanderson [00:01:55]:

I had a hard time with this question too because I always like to think of, like, what would I say if I if this was my question. And the only one that I really came up with was, like, are there aliens? Okay. I'm just really legit, like, to know are there aliens? I don't I don't feel like I know that it is a mystery to me.

Erika Nelson [00:02:14]:

Yeah. Yeah. Okay. if you broaden it out like that and it's not like this this okay. So, like, a broader mystery. Mhmm. I feel like I do have some answers to that. But if I had to narrow it down, I love

mystery, and I love the unknown. So they're picking one of those things. Like, is there aliens? What happens when we die? But if I could know, like, one if I could know one, like, deep mystery it would probably be it would probably be the answer to are we in an in a simulation or not. Oh. Because you know, this is a very popular theory, and I do not pretend to be very deep into things like quantum physics. But I have people around me who are, and we like to have a lot of conversations. And I think the that's the one that kinda, like, freaks me out the most. Sure. And so but it's a very popular theory, and you can make a really good case for it. Yeah. And so I think that that would I would wanna know the answer to that question.

Dr. Tara Sanderson [00:03:40]:

Yeah. Yeah. Yeah. That is a really good one. It is one that, like, I feel like a lot of people wrestle with back here and and aren't and aren't sure how they would figure it out. Right? And and that's like all of the big questions. We have no idea how we would figure out if that was a thing, but It just it stirs that part of our brain where we're trying to figure out all the puzzle pieces without all the puzzle pieces. Yeah. Yeah. Totally. I love that. It's both

Erika Nelson [00:04:06]:

Tantalizing and also panic inducing at the same time. Yeah. Yeah. Which is fun.

Dr. Tara Sanderson [00:04:16]:

Yeah. Absolutely. Well, thank you for playing my little game with me. I appreciate it. Yeah. That's a fun question. Okay. So today, we are talking about a lot of really big concepts, I think. And before we got started, I mentioned that I am, like, super excited to be kind of in a learner seat today and just be at the front of the class, asking questions, and and sharing this information for how people can grow and change and support their supervisees and that growth and change as well. So tell me first off how did you get into doing the work of building your practice on those abolitionist perspectives.

Erika Nelson [00:04:53]:

Yeah. Gosh. That's such a big question. I think I've always been interested in systems and how systems impact people. And, you know, when we're starting out in our psychology degrees or We're in our counseling or MSW programs. It tends to be pretty focused on individual strife and suffering. If you're a social worker, you might get some more exposure to systems and kind of macro level concepts, but, you know, it's never it's never quite enough. And I took a community based social work track because I was really interested in how communities function and, yeah, how communities function and the resilience of communities. I think from a really early point in my life, I recognized on almost kind of a subconscious level, how important communities were in our resiliency, in our healing process, in our ability to recover from trauma, and just in our overall well-being. always been very community oriented, and I don't really have a lot of the language

for that over time or in the beginning. So I just followed that thread. And, eventually, that led me to, you know, taking the community based social org track. I got a job in working as a community based social worker for kind of crisis management, intensive, really severe mental health kids kids that were experiencing really severe mental health crisis and, like, working with their families. And that was a ton of system work, right, because you're working with families that are deeply system involved, and you are trying to you're having to help them navigate working with all these systems, but you're also seeing the impact and you're seeing the lack of natural supports and how how difficult it is to, like, climb out of that. That was a really big foundation for me in just in my career in general was working from that framework, a very, like, community based framework. And then at some point, I got introduced to the the theory of abolitionism. And I don't wanna tends that I'm an expert in this at all because at the end of the day, I'm I'm just someone who has always been really passionate about their personal growth and communal growth, and it's something that is it's not just a a job to me. It's this is a a calling and kind of a life's work. And I feel like my my job is maybe a therapist or a supervisor, but, ultimately, the way I walk through the world is with this curiosity around how, like, why are we the way that we are, and how can we be better, really, just like those two questions. And I've always been deeply passionate about a a lot of social justice values from very early on. My parents were teachers and professors. We were always taught with a very critical lens of things and grown up in that way. So I've always been passionate about that, but there there's always there almost felt like something there was, like, a missing piece to me. Mhmm. And this missing piece was the rigidity and the black and white for I should say, maybe, like, the binary around kinda, like, wrong and right and how we punish ourselves and people for not having for not kinda meeting this perfectionistic standard. And how that plays out in communities. Right? And how that and how that connects to, like, abandonment, which is kind of at the root of a lot of the trauma that I tend to treat anyway, is, like, communal abandonment. Will I be exiled from from this space of belonging. And then I started to look at belongingness and, like, our wounds around belonging, And what I love about abolitionism, as a way of, like, talking like this, just FYI. That's what I'm thinking. I'm drawing a spiral. When I got introduced abolitionism, which ultimately, at its core, is a theory that was started by like, black and indigenous women of color around wanting to abolish the prison system. That that's where it started is that this idea that are the car cereal system, the way that we basically like, the new Jim Crow it -- Okay. -- is kind of up to the new slavery. And looking at the industrial prison complex, and really feeling like the way that we do punishment in this society is extremely detrimental. and -- Yeah. -- and how that has this history of colonialism and supports these really, you know, this history and foundation of, like, capitalism, like, all of those things that are connected. but it kinda centers on the abolishment of the prison industrial complex. But then you start to take that kind of theory outward of, like, well, let's look at the way that not just this concrete structure where we're you know, we have an issue in our community, and our answer to that is to is to exile people from the community into the separate space. But, also, like, what are the what are the ways that that seeps into our into our culture, into the way that we interact in community with each other? Absolutely. And the way that that looks like it tends to be, like, terrible conflict management skills. And very kind of, like, you did me wrong. The answer is cutting off of relationship. low tolerance to actual, like, people's humanity and what creates the reasons why people do the

things that they do or or harm other people. You know? Yeah. And And, also, this sense of, like, not wanting to rely on these structures that are not even here to protect us or support us. but really wanting to look at what would it look like if we if we really relied on each other. to protect each other, to heal each other. What what would that look like? And that's a question that I'm super interested in because I believe that healing happens in a relationship. And so -- Yeah. -- it it has to. That's there's only so much we can do individually. We have to heal together. It's literally how we were wired. And so for me, like, abolitionist theory is a very politicized theory that I am that I feel very passionate about down to, you know, the concrete things of, like, abolish the police and abolish prison systems and things like that. But it's also this bigger thing of, like it's it's not just like, oh, let's get rid of this. It's about imagining these beautiful futures for ourselves where we, as communities, hold the capacity to to heal, resolve, repair, like, thrive, all those things. And so for me, it's not just abolishing these things. It's also, like, how does that show up internally within myself? How do I perpetuate this idea of punishment is always the answer to harm. and exile is always the answer to harm. How do I and that can show up small little relationships that can show up in our romantic relationships, our friendships, but then also it shows up in this greater, broader, like, community about just us taking responsibility for our personal impact, but also, you know, the impact we have on our communities. Yeah. So I don't I feel like I could talk about it literally forever because I think to me, it's just like it It's everything. And when I was introduced to it through Adrienne Marie Brown, who is I'm a fan girl of 100%. She wrote emergent strategy and pleasure activism. and has a really good book that I'm reading right now called Holding Change. That is about facilitating it's meant for facilitators. And, honestly, like, if you're in this kinda work around facilitating conflict and change and repair whether it be, like, small or, like, big organizationally. And so she's really the person that I was that introduced me to this work, and I wanted to make sure that I mentioned that. Yeah. Absolutely. Okay. I'll stop there.

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

That it brought up for me some concepts from RODBT. Are you familiar with radically OpenDBT? It's a framework that came out of Doctor. Elena Hansen has always been with folks on that were on the spectrum of control in the kind of under control category. and RODBT was developed for the folks who are in the typically over controlled category. So folks who are extremely rigid versus extremely, you know, out of sequence with their control in that way. And in that framework, he he spends a lot of time re teaching people about what it means to be in community because as as they are further on that rigidity scale, they tend to isolate and they tend to try and, like, take everything on themselves. and, like, not need anybody else and just try and do it all alone. And he uses this example, and I'm not gonna get it completely right. But he uses this example of these two people talking about how nobody in the village really likes this person and the says, well, you know, have they come up to your face and said that? He's like, no. But I just know. He's like, we'll go sit on the bench in the village and just see what happens. Like, just go there. And he goes there, but he goes there with his 3 guard dogs, his spears, his shield, and he sits there on the bench, and of course everybody avoids him. because he's not being present in the community as himself. He is in defense mode trying to get

people away from him. And part of the work in RODBT is really about disbanding the need for all of that protective stuff. so that you can really show up as yourself in that space. And one of the ways that I see that a lot in the work that I do with folks on the autism spectrum is a lot of times they're working towards how do I work like everyone else so that I can function in society and the work that I like to try and do too is say, well, why don't we peel back whether or not that's even necessary and just work on being yourself in society and not have to, like, fake it till you make it kind of stuff because that's not really who you are. You can learn skills to get the outcome that you want, but we also need to just be ourselves in the space. Yeah. And I feel like that's you know, it's absolutely like, tangentially tied, but I feel like there's some beautiful comradery between some of those theories of it it really is about how can we be ourselves here and accept each other here and deal with the stuff that comes up when we are in conflict instead of trying to separate out and have there be a good side and a bad side or the right thing or the wrong thing, and really just kind of be in each other's space

Erika Nelson [00:18:02]:

and enjoy this process of being a part of community. Yeah. Yeah. I think a lot of times people kind of feel like in order to be in community with each other, we need to like each other all the time. And that's not like, those are the these concepts of that end up kinda being harmful. You know? I live in a really small town, and I went I went to high school in a really small town. and some you know, you don't always have a choice not to interact with people. Mhmm. And it really forces you to have be able to have rupture and then repair versus just rupture and then nothing. Yeah. And you know, what you're speaking to too is this feeling of belonging. How do I belong in this space? And -- Uh-huh. oftentimes, what that what what people will do with that is they'll feel like, well, I need to perform this in order to belong. And if I stop performing x, y, or z, then I will no longer belong. And it is you might access some, like, sense of belonging in that way, but it's a false belonging and what we wanna try to get to. And then it perpetuates this feeling of, like, well, everyone has to perform this way to belong. And and there's no room for for something to go wrong. Yeah. because then when things do, it kind of all implodes or explodes. And, yeah, it's also just interesting to, like, I'm, you know, gonna be a little bit tangential as well. But, like, I so I currently live in a small town on a very remote island. And there it's a pretty liberal hippie space, which I'm very used to because that's what I grew up here, and, like, you could maybe put me on kind of that spectrum as well. Yeah. Definitely not as much as the people I'm surrounded with sometimes. But one of the things that comes up here is that people are constantly trying to start land projects. Right? They everyone wants to recreate the village. Everyone wants to start a commune, and they're very focused on, like, the like, if we can just make that happen, it'll fix these these things that we're experiencing in the world. Right? The loneliness, the, like, the individual workload burden that we're having to take. And then over and over again, I see people do that they they figure it out. They they get the communal household, they whatever. And a year, 6 months, a year end, it falls completely to pieces because we don't have we've lost the communal relational skills to make actual to to actually recreate villages. Yeah. And we don't know how to work through that. And so to me, in social work, we talk a lot about going upstream. we talk about how, like, you know, you can you see someone over and over again for

the same issue. Or well, the metaphor they give in school is, like, I don't know if anyone else has heard this, but, the metaphor they give in school is, like, you're you're at a river, and you keep on seeing people drowning in the river. And you're like, oh my god. And, like, you're going to pull them out. The another one comes, and you pull them out. And there's just more and more coming. You start pulling them out and pulling them out. And, eventually, you're, I I don't know if I have the stain on for this. I can't do this. Like, I don't know what what to do here. People just keep on coming down this river. Keep on having to save them. And, eventually, you have to start looking upstream to be like, well, what's why is this even happening and address that? And not that I wanna dismiss individual work because, obviously, that's what I feel passionate about too. But I think bringing in these theories is, like, we have to look upstream to why are we experiencing chronic loneliness and chronic, like, really significant abandonment wounds. And why are yeah. Like, why why are we struggling with especially if you look at culturally, you know, cultures experiencing certain issues. Like, let's look upstream. And particularly, I'm thinking, like, I I see a lot of white folks who are really intentionally trying to work on how they've internalized some of these systems. Right? And trying to work through that. And there is a lot of, like, deep longing for a culture that they've lost that they can't get back, which which can then, you know, unaddressed leads to things like cultural appropriation. Uh-huh. And so going upstream, yeah, why Let's look at inter generational trauma. Let's look at our how we interact around these concepts, I guess, in individual whether that's therapy, but also in supervision. Right? Uh-huh. How we, as clinicians, like, address these concepts in therapy? Are we bringing it into the room? Are we talking about it? Are we helping clients name and connect, like, a sense of loneliness to greater structures that may be you know, help to create that. Uh-huh. Yeah. I think that's how I tend to bring it in. in specific active revision or therapy.

Dr. Tara Sanderson [00:23:42]:

Yeah. And that just made me think of, like, the work that we do with little kids. Right? you don't expect a ten year old in your office to be able to make all of their own change and have that impact everything. You have to go upstream. You have to make sure that the parents are on board of what's happening here. You have to make sure that the teachers are on board of what's happening here so that so that the changes that the kiddo is making are supported by that environment. And I think I think that's what you're talking about only on those on the bigger scale. Right? Yeah. Yeah.

Erika Nelson [00:24:11]:

100%. Absolutely. And it's hard because I think that there are plenty of ways you can go upstream to do that. Like, you can be a community organizer. You can look at policy. You can be you can work more with communities or initiatives and things like that. But I I think the way that we, as clinicians and supervisors can do that is really helping just broaden the the consciousness around around these concepts, helping people connect the dots, like I said, between why they're experiencing the things they're experiencing and and not internalize all of that on such an individual level. And I think it's so is such important work, especially when you're

working with white clinicians or white clients to I mean, I whenever I'm working with someone, right, I'm never like, well, that's, you know, that's because your you know, you have internalized racism or, like, you know, I never never unless they're comfortable with that language. Like, I never really directly are like, well, this is it. We work up to that by being like, oh, yeah. Like, why you know, if we're looking at this sense of needing to be really wealthy or needing to, like, have a certain class standing or, like, that kind of stuff. We'll start and tear creating, like, where those concepts came from. Who benefits from those concepts? Let's look at, you know, like, inner like, how does this your family been here in America? for forever, or did they when did they come over? What did they have to give up to assimilate? And looking at the grief behind that and just, like, interrogating. So maybe we're not stating colonialism as a turn yet, but we're helping them understand that their lives are in the greater context of this stuff. And my hope is that 1, I think that as clinicians, we have a responsibility. And as supervisors, we have a responsibility, it seems to me, at this point, it seems dishonest to not help people connect that. You know? Yeah. But Yeah. Lost my train of thought there. I'll just stop there. I can hop on going and talking about forever. So sorry. You gotta cut me off at some point.

Dr. Tara Sanderson [00:26:53]:

Well, I do love that you were you were connecting back into the the supervisory part of the process, and I'm super curious In in the way that you have structured supervision and supervisory relationships in your practice, how does this play into the structure that you've created? Yeah.

Erika Nelson [00:27:09]:

So I will say that most of the supervisees that I have that are coming to me are already interested in these subjects. Right? But what I will also say is that so, like, I'm, you know, I'm located on the West Coast, And I can't speak for, like, other graduate programs, not on the West Coast. But if you're if you're an MSW student or or even a counseling student, although I will say social workers get it more -- Uh-huh. -- than counseling students. But more so than when even when we were going to school, they're talking about this. their -- Yeah. -- it is part of their their dialogue and conversation and and associates are coming out at school. One with, like, a really intense pressure to be to have more awareness and self reflection and understanding of these type types of systems and concepts And that's a really heavy pressure. Right? Because the stuff is, like, a lifetime of work. You're always learning about it. It feels really I found grad school to be quite a, like, woke, like, who's the, like, woke Olympics type of thing. where there wasn't a lot of space to learn. It was more kind of, like, a bunch of white people trying to prove to other white people that, like, they weren't racist or, you know, analyst or, like, whatever. And it meant that I'd actually didn't do a lot of learning in that space. because I was so terrified to say something wrong or being misinterpreted as an ADHD person, oftentimes, like, the thing I don't mean to say will come out of my mouth or I need to verbally process something as I'm talking. So I just say quite a lot. And a lot of my supervazis that come to me did the same. Right? They deeply care about this stuff. They wanna implement it. but they're not really sure how. They

don't feel like high school prepared them very well, and they're terrified of causing harm. terrified of. Yeah. And they're terrified of not knowing, which is so silly because, like, there's so much we don't know and so much we don't know. And in my mind, like, Going back to abolitionist theory, harm's gonna happen. Yes. It it happens. You will cause harm as a clinician. And if you're not comfortable with that or don't know how like, not at least not comfortable with learning how to navigate that, then, you know, that's a real problem. So the way it looks a lot in my, you know, in my relationships with my supervisees is understanding how to a couple of things.

Dr. Tara Sanderson [00:30:08]:

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Erika Nelson [00:30:08]:

how to bring up these how to, like, directly implement these things in in their session with their clients. but 2, the other piece is kind of this, like, meta concept of understanding, like, the person of the therapist. Right? Like, the culture, that we are impacting as therapists, not only just the culture of therapists, we have our own culture -- Mhmm. -- and how we and how my super VAS Zs interact with that culture, impacts that culture, and how as clinical supervisors we also impact that culture. Right? Because we are -- Yeah. -- literally shaping the frameworks that supervisees are are developing. Right? They're developing their therapist persona the way they think about things, and we're impacting that so that in the future, when they're making decisions or, like, analyzing things, our voice is gonna be there. Our framework is gonna be there whether, you know, that's a really big impact. And so -- Yeah. -- and that's how we impact culture. Right? Then they're going on, and they're they're internalizing, like, this is okay or not okay or this is how I should feel or, you know, whatever. And so a lot of the work we do in supervision is really around, like, what it means to be a good, their Like, unlearning a lot of things, understanding, even going back to, like, why am I even a therapist?

Dr. Tara Sanderson [00:31:46]:

Mhmm. what

Erika Nelson [00:31:47]:

what is that about? And diving into some of the dark underbelly. I don't think it's dark. I mean, I like dark underbelly. But I think that's you know, it's something to be ashamed of, but it's stuff that we don't talk about in the field about -- Yeah. how being a therapist benefits us personally, how being being a therapist impacts us on such a deep identity level. You know? When we when we even when we say, like, oh, I'm a therapist. Like, what do we mean by that? What do we want people to know? What are we trying to signal to people around around that. And I think all of all of that, like, excavation work is super important. yeah, it's just it's really important to understand who we are as therapists and how we're, like, navigating that with our clients and

then -- Yeah. -- how we operate in the context of these systems so that we can also help clients understand that as well. Yeah. Absolutely.

Dr. Tara Sanderson [00:32:53]:

there's such an important part of modeling this experience that you're doing in supervision with them and hoping that they as they are internalizing all of those pieces that they are then taking that into those sessions and impacting all of those people as they are going through their own experiences as therapists. How do you balance the the, like, practical needs of supervision of, like, making sure you understand the cases and all of the risk assessment he needs with that deep excavation work that needs to get done. yeah, for me, it feels like a very flowy balance.

Erika Nelson [00:33:30]:

So, typically, in supervision, you know, you do case consultations. Right? You're asking them to bring a case to you, and you're reviewing what that person's history and context is, and then pure supervisee is I'm stuck here. I'm not really sure what to do here. Here's what I here's what I'm thinking about doing. And for me, the way we even approach things like risk assessment. Right? Or are are tolerant to to risk or are what we are understanding its boundaries, they're they're completely tied to our own stuff around boundaries. Right? Our own stuff around risk, our own, like, personal responsibility. So, you know, we will talk about, like, okay. Here's some logistical things, maybe here's some interventions, but also, like, what does this bring for you. Yeah. What does this bring up for you around, you know, like, you have a suicidal client? Like, what are you scared of? What are you you know, what what are you what are you gonna feel about yourself or what are you feeling about yourself right now? Where did that come from? And I know that that can get, like, some that can get therapist y too. Mhmm. But I do feel like that you have to go there. What does this mean about you as a clinician? What is this what is this tied to even in your personal history that's creating this reaction to this client -- Uh-huh. -- good or bad? And how can we flush out your own self reflection and personal values? around what to do. So for me, it's a very it feels like a very easy dance of, like, okay. Well, here's the concrete piece. And then let's talk about what, like, yeah, what it means for you, what that brings up, what that's connected to. And if that's something that we want to cultivate or if that's something that we want that we're not sure if we want impacting, like, our practice or our relationship with our clients.

Dr. Tara Sanderson [00:35:56]:

Yeah. Yeah. Absolutely. I think a lot about a job as being a clinician and a supervisor and a boss as a company and all of those things as being like different hats that we have to wear at different times and And I could definitely see where in a situation like that, I would I would probably I would find myself getting stuck in the, like, traditional supervisor role of, like, these are your new tasks that you have to accomplish now and and not move into that other piece Even though I don't think we need to change our hat in in that in that method, I think that there is

a really important piece of dancing that fine line between being a supervisor and being a clinician in that space because I do think that the work that they're doing to on earth some of these old beliefs and these old stories and all of their stuff needs to be done even if what you're doing in the in the first places you're kind of shoveling off the first layer and saying, there's something down here. This is work that you need to do and you're recommending that they do go and talk to a therapist about digging in deeper if needed, or if this is an area where, like, it's not something that's gonna, like, deeply shred them in some way where you're gonna have to be the their therapist in that part of it, then maybe you could unearth enough to get them to a place where they're able to wrestle and bring it back to you later that there there doesn't have to be a full switch into into clinician hat, but I do think that it you you prompted me to remember sometimes that that supervisor hat also encompasses and what what are you learning from this experience about your self as a clinician and about what you can bring into the room and what you need to continue to work on for yourself to be able to to be your your most authentic therapist in that space. Yeah.

Erika Nelson [00:37:49]:

100%. I think oftentimes I usually start with the the personal because and then go into, like, okay. Here here's what we do. You know? here's -- Mhmm. -- unless it's, like, a very urgent situation. I think that oftentimes and I do that on purpose because Oftentimes, we we're really uncomfortable with not knowing. We feel like we really need to know what to do. We need to know what the interventions are, and they need to be effective. We need to know what the all the steps are.

Dr. Tara Sanderson [00:38:24]:

We wanna know the right thing to do so that we are in that camp. Yeah.

Erika Nelson [00:38:29]:

Yeah. One of the things that we talk about that I talk about with my clinicians often is that many therapists, not all, but many therapists, I think, are often parentified children. And we yep. We were usually, we tend to be, like, the secret keepers potentially of our families or the mediators or, like, these types of things. Right? And so, like, the initial response of, like, I have a client who's experiencing this, and it's like, what do we wanna do? A lot of times, that response of coming into, like, what do I do? I want them to recognize, like, what what is this feeling before we even get to what from what to do. What is the feeling of not knowing what to do? burning up. Why do you feel like you have to know what to do? Where are you seeing your your personal responsibility in this, especially coming from a relational active where at the end of the day, I'm just like, our my highest priority is really just healthy relationship with this person, with this client, with this crazy, you know, like, presence with this relationship. And so my initial response is usually, like, let's explore this feeling first. What tell me tell me about this feeling. Can we get comfortable with this feeling? I think that we work so much with distress tolerance. around our

clients and as clinicians, that is something that some news we need to, like, take a little bit of our own medicine around is some distress tolerance to some of these really challenging feelings of I don't know what to do, or I'm I'm scared to make the wrong decision, or I I'm scared this client isn't gonna find value in this or they're not liking, you know, whatever this is. And so if we can sit with that and explore that, then oftentimes, I find that I don't need to tell them what to do. Sometimes I do. Sometimes I'm like, okay. Well, like, the first step is we need to, you know, we need to do a safety assessment and, you know, those things But oftentimes, when we get passed and through the, like, what is this bringing up for me? What are what are the narratives around being a good therapist, a good person, a good clinician, doing wrong, doing hot when we look at all that, we get underneath all that they know what to do already, and they can talk about it and be like, okay. So I think I wanna need to do is I need to do a safety assessment. And you're like, yep. Yeah. You do. And -- Yeah. -- and then what you're really teaching them, right, is not the, like, check boxes of when someone is suicidal, you need you know, to cover your liability, this is what you need to do. you're teaching them, like, when this feeling comes up as a clinician, and it will here's how you work through that -- Yeah. -- which is, like, the most more important in my mind.

Dr. Tara Sanderson [00:41:45]:

So valuable for sure. Yeah. For sure. And I think about that because no situation is going to be the same as any other one. I've had to call CPS a thousand times, and they work for a 1000 different reasons. And every time was the was the same feeling of like, ugh. What do I do with this? And and, you know, what do I need to report? Do I not need to report? Is, you know, where are we at? with all of these pieces because they are so different. And every time that you have a suicidal client, it will be different circumstances and different things. And and what you're teaching is not the this is how it's done. It is more the, like, the pathway to help them figure out what to do in this scenario. because they have to keep their wits about them and be able to problem solve within that and know know the context of all of those pieces, but not get wrapped up in all of the content of it. Yeah. Yeah. 100%. I think it could be so scary.

Erika Nelson [00:42:43]:

especially in private practice where it's I mean, hopefully, you have a supervisor, maybe you have a peer consultation group or something like that. But, really, you're just, like, out there doing -- Alone. -- alone? Just, like, doing the thing. It's kinda wild when you think about it. So well. Yeah. I really I mean and I think that's why I value supervision so much and why I enjoy supervision so much is because, like, I remember feeling like that, just being like, so I'm just like, someone just gave me a degree. I just, like, paid \$80,000, just a lot of money. But I, you know, I just paid this amount of money and basically, like, got a degree. Now I'm a therapist. Like, what? Yeah.

Dr. Tara Sanderson [00:43:28]:

So scary. And people, like, come to me for things and they pay me for them.

Erika Nelson [00:43:34]:

And then if something goes wrong, I am fully responsible for them. don't know if you've, like, ever had the, like, feeling where, like, you're you're talking to a client, and you're like, oh god. Like, this person needs a therapist.

Dr. Tara Sanderson [00:43:46]:

And then you're like, can you -- -- look around the room, and you're like, that's my name on the door. That's

Erika Nelson [00:43:53]:

I'm just at the pit like, I'm at the part in my career where I luckily, I don't feel that way very much anymore. and I do have the tools to walk myself through this. But I I could've used more more mentors like that -- Yeah. -- as a starting out clinician. Community based practice, I mean, it's kind of unfortunate, but they just throw you in there. they're just like, here's the most vulnerable populations, and you just got out of school, like, figure it out. And It's terrifying.

Dr. Tara Sanderson [00:44:26]:

So -- Yeah. -- I really

Erika Nelson [00:44:28]:

I mean, this is, like, transitioning to another point in my mind, which is to be a therapist in these times is, like, absolutely

Dr. Tara Sanderson [00:44:37]:

wild. It's -- Yeah. -- bananas.

Erika Nelson [00:44:40]:

No one the standard is unreachable. Right? Like, to be completely well ourselves and be responsible for the types of issues that people are coming to us with. It's just like it it's it feels like a a increasingly, like, impossible standard and incredibly difficult. It's becoming more I wanna say, like, industrialized, like, the kind of the wellness, like, therapist y. Like, we're seeing the rise of, like, Instagram therapists, and these quick, like, you know, how to heal your trauma in five steps type of thing. Yeah. And it's it's just bananas. It's like So it blows my mind all the time just to be like, wow. I'm a therapist in 2023.

Dr. Tara Sanderson [00:45:35]:

Yeah.

Erika Nelson [00:45:36]:

And I can't imagine graduating coming out as a clinician right now and just be like, oh my god. Well, this is what I decided to do, and it makes me focus wanna focus so much more on collectively coming together as their this. I don't know if this is something that we can really we should be doing alone. You know? And maybe the the, like, individual relationship stuff happens alone. But I think at this point, we are really needing a more collective approach to the collective issues that we're starting to see because it's just it's too much as as one therapist to just feel like you are taking it all on and, you know, which is often sometimes an internalized belief that the therapist we have. Right? Like, we -- Uh-huh. -- have shouldered the the burdens of bigger things in our past, and then we continue to feel like that is something we have to and need to do as we and the the antidote to that is not more interventions and, you know, getting more certifications and trainings and like that. The the answer to that is coming together as therapists -- Uh-huh. -- and saying, how are we how are we healing together?

Dr. Tara Sanderson [00:47:02]:

Absolutely.

Erika Nelson [00:47:04]:

Have we? Absolutely. Just in general. You know?

Dr. Tara Sanderson [00:47:08]:

Yeah. Yeah. One of the issues that comes up a lot, and and we'll wrap up here in just a second. But one of the issues that I think comes up a lot in newer clinicians is how to store all of these stories. that that they carry from these things. And a lot of what I see them end up leaning into is like, well, I go home and I tell my spouse, but I don't tell him any details. or I go home and I tell my partner, you know, like, my perspective of the day. But, of course, what ends up slipping out is somebody else's story, which isn't what we really want in the grand scheme of things. Our partners don't need to carry our client's story. But I do think that the more we could lean into each other as clinicians, I'm totally thinking of, like, like, a rugby huddle, right, where, like, everybody kinda carries the weight of each other in that moment in that from that there's, like, there's this there's this piece of we can do this if we do it together. And I love the idea of location groups and supervision groups and support. There was one other guest on my podcast. I think Shannon hears. from firelight supervision who is really pushing the agenda in the Midwest of like everybody should have a supervisor always. Like, you don't need one from your board, but,

like, you need one because you need to be continually growing and adjusting your own stuff. This doesn't need to be a check the box in your gun industry, this does need to be a, we grow and we challenge ourselves to be better and we make sure somebody's looking at us. a couple of my colleagues passed away in the last couple of years with COVID. And during that time, one of the things that came out was when one of them had the long haul kind of COVID symptoms and was having a lot of brain fog. And there came a point where we all started asking the question about competency. Like, at what point are you no longer cognitively you're able to do this work? Yeah. And if you're not talking to people and being in those consultation groups and getting support, who's checking up on you to make sure you're okay to do this work because none of us really want to do this work badly. Yeah. We don't want to show up in that space unprepared and unqualified to do the work, but we need other people to support us as we are doing that, and that community element is is right on track with that. Yeah. 100%.

Erika Nelson [00:49:29]:

Even just the small things of, like, knowing that it is so stressful to take a sick day as -- Yeah. -- a chiropractor therapist. or let alone take a vacation. Oh my gosh. Like, my clients can barely go, like, a week without therapy. And even being able to have someone who could be on call for some kind of emergent crisis or just being like, hey. I have your back. Like, if something happens, don't worry about it. Like, go on vacation. Yep. I've been thinking a lot about recently, ways that as therapists, we can come together more. even down to things like I mean, this this gets into other things that are, like, not actually legal or possible. Like, collective bargaining for you know, insurance companies and things like that. But, like, how we can actually come together to advocate for ourselves more -- Mhmm. -- which in turn really, like, supports the work that we're doing with our clients. Yep. But, also, just come and, like, come and heal -- Mhmm. -- because I think taking on like, you were talking about taking on those difficult stories and not having a place to put them the going back to, like, we heal in relationship -- Yeah. -- the way our clients are healing is by talking to us about their stories. And by sharing that and having someone reflect back to them and have someone walking them through meeting themselves in different places and healing and all of these things. And vicarious trauma is, like, very real. And if we don't have spaces to do that, then we're not we're not showing up as our best selves. We're not and we're also, like, not healing ourselves. Like, we need to take that on and then be able to process it. and heal it. Yep. So for me, what that looks like is I've been thinking a lot about this is, like, a future plan and goal that I'd like to do in the next year or 2, is putting together, like, basically, like, therapist retreats. Right? Like, retreats where therapists get together, we can write it off as a business expense. by providing some CEUs. You know? And then but, ultimately, the real goal is just to be around other therapists, like like minded therapists, where we can share and cry and laugh. And it's also really you know, you can tell your your spouse or a friend, like, wow. I had this crazy story today, but they don't in my personal experience, they don't really get it. Right? They don't understand that that's what you're doing. 7 hours of the day -- Yeah. -- every, you know, most days. They don't it it's really hard. Like, they can hear that, but I think other therapists, other clinicians, like, we get we get what that means for you. And it's so scary to be in relationship with other therapists too? Because, like, you don't

wanna seem like a bad therapist. You don't wanna say I don't I just hate this client that I have for, like, I don't know if I'm showing up to session. Like, I feel like I'm kinda phoning in some sessions, and I think that that the way that we feel that we're I'm tying it all in. I'm I'm wrapping it all up with the supervision because this is what I focus on in supervision too. is that the way that we feel we have to perform in our own community to feel belonging in our own community of therapists when that probably has been a, you know, a longstanding wound for us ends up doing a disservice where in our own field, we create spaces where people can't show up authentically. Right? Yeah. Did you know last piece of tidbit that there's a crazy statistic about how many therapists encourage their clients to make a board report on other therapists. It's high. It's, like, higher than doctors than lawyers than, like, any other thing therapists. are one of the number one professions where not them making a a report -- Right. -- or talking to the other clinician but encouraging their client to go and and oftentimes, many of these things are not they're they're not founded or they're, you know, They don't know the full story, so it's actually not not a ethical issue. But, you know, we're part of Facebook group. sometimes, you know, you just see people you see that rigidity around the right thing. And -- Yeah. I really feel like it's doing us a disservice. And I I want us as a the culture of therapists to interrogate more about where our own fears and needs are coming from there and how if we're gonna be if we're gonna rise to the challenge of healing people in the in this time, we need to deepen our healing in our own community and with ourselves.

Dr. Tara Sanderson [00:54:37]:

Absolutely. Oh my gosh. On that very powerful note, I which I a 100% agree with. I think that we have we have got a lot of work to do, which to me means episode 2 at some point where you come back on and we talk more about what we can do with supervision and supporting our people to do this work. So you had a few things that you wanted to plug. So take it away and tell us all about what's going on in your world.

Erika Nelson [00:55:05]:

Yeah. Well okay. So first of all, you can always get in touch me through my website portalwellnesscollective.com. And I am taking some new supervisors right now. I don't have a ton of spots, but if that's something that you're interested and you're in Washington or Oregon, that is feel free to reach out. I also have group supervision, which people are welcome to join, and that really focuses on treating trauma through these lenses. Right? Right. And then the last thing I'll plug is just that or I don't even know if it's a plug. It's more of, like, an invitation. I love I love connecting with other therapists. I I really do want to connect us more as a community. And so I'm very open to, like, having coffee or a Zoom date, you know, chatting over email, catch me on instagram, Like, whatever it is, I'm happy to connect. I do plan to do more, like, therapist retreats moving forward. I also run personal, like, more intensive healing retreats in the San Juan -- Nice. -- where I live. So if you or have clients that are interested in that, And then the last thing is just that I will be launching a course coming up about it's called fragile guardians, and it's really about healing family of origin, like, wounds, emotionally, neglect, some complex

trauma, stuff like that. And it's a lot of psychoeducation, and it's not launched yet, but it will be soon. And I think that it's a really good supplement to if you're doing trauma work with a client because it gives a lot of good exercises and information. And so far, it's been very popular in sort of the beta versions that I've been doing. Yeah. Yeah. So there's a lot of plugs and invites, but -- I love it. -- I love

Dr. Tara Sanderson [00:57:02]:

it. When that comes out, please let me know so we can make sure to get it out all of our networks too because I think there are a lot of therapists out there who are looking for ways to go deeper with their clients and I feel like that that would be a tremendous way for them to kinda open some doors and do some more of that work. So -- Definitely. Very cool. Wow. Thank you so much. Thank you so much. I'm so glad that we got to meet each other, and we will stay connected. And thank you everybody who's out there listening. And if you want any of the details of how to get a hold of Erica, you can find those in our show notes. Thanks so much, everybody.