



# HEARING from the HELPERS

## **Hearing from the Helpers**

*A podcast from the Northwest ATTC*

Hosted by Mitch Doig

<https://attcnetwork.org/northwest-helpers>

## **Episode 2: What It Means to Help with Rose Elbert**

### **Mitch Doig:**

Welcome back to Hearing from the Helpers. If you were here last episode, you already know why we're here. If you're here for the first time, each episode of the show, you'll hear me, Mitch Doig, talking to somebody about what excites challenges and has guided them through their journey as a helper. My hope is that you are someone who is curious about joining the behavioral health field, and if you are, this is the gentle nudge that you need to take that from a curiosity to a plan because honestly, I had no idea what it meant to help, but I knew I always wanted to do so. I'd use words like psychiatrist, therapists, psychologists, and counselor as a way to say, "I think I could listen to people and help them." Fortunately, I found my way into the field by complete accident, and it's been 15 years.

I still have a really big love for this field, and I want to see if there's anything that might work to bring more people into it. So if this podcast reaches at least one person who has been curious about what becoming a helper is, and one of the people I talk to inspires you to start that journey, this is a win.

Years ago, I read this book called *On Writing* by Stephen King, and he says something to the effect that there are people who without any training, are just naturally gifted storytellers who just needed the pen handed to them. Then there are others who can, with effective training become writers as well. For counselors, at least in my experience, this can also be sort of true. For me, I get the sense of who a counselor is when I hear them offer this thing called a reflection. It's something like maybe repeating back the words that somebody said or the feeling that they were trying to convey, or maybe something that you picked up on that maybe they were not even aware of.

And I think this is this really remarkable experience when it's done well because sometimes people have this ability to just pluck the important bits out of a person's story, whether it's this feeling of value, it's really important detail and seeing the impact that can have on somebody is just magical. A few years ago I was facilitating a motivational interviewing training that today's guest was participating in, and I had one of these moments when I was listening to them practice, and while I don't remember their specific reflection, I do remember that during our

post-training debrief, my co-train and I, we both said, "That person Rose. She's a natural." Over the course of the rest of the training and coaching sessions that she opted into, I learned that Rose is both a natural caregiver but also incredibly dedicated person when it comes to constantly improving her craft, increasing her skillset, and doing more to support the community members who seek her care. Our guest today is Rose Albert. She's a substance use counselor and mental health counselor in Alaska, and I'm really excited for her to share her story with you today.

**Rose Elbert:**

Yeah, no, my family is from Alaska. I'm not indigenous. My family was not indigenous, but my mom's parents moved to interior Alaska before she was born and they had, what do you call it, they homesteaded a village in the interior and they were teachers and traveled. My grandpa was a bush pilot and he would do bush tours and postal service flights and stuff. And then my dad's great-grandparents lived in southeast Alaska, so closer to Juneau, and they had a little island that their family owned and they were fox farmers and they kept foxes on the island and it was really convenient. It was easier to control disease and stuff.

**Mitch Doig:**

Yeah. That makes sense. Probably disease and predators, because it's like, nothing's coming on the island. Right.

**Rose Elbert:**

Right. So I mean as far as like, white people go, I've been Alaska my whole life.

**Mitch Doig:**

You mentioned that Barrow has a different name now. Are they starting to rename a lot of cities after their Inuit names?

**Rose Elbert:**

Yeah, and so growing up it was always Barrow, but Utqiagvik is the traditional name for it and a lot of people called it that when people were speaking about it in their native language, that's what they do as and stuff. And when I was living up there, most recently, I want to say it was like 2014, there was a city vote and they changed the name. It was kind of controversial actually because it only won by a very small margin and some people were upset that it wasn't better advertised or something, but it was publicly posted as it should have been. So they changed the name to Utqiagvik and then the city actually got sued because one of the native corporations up there Utqiagvik Inuit Corporation, and so they were upset that they... Because there's a little bit of discrepancy between it being Utqiagvik and Ukqiagvik. And so UIC was upset that they used a name that was different, but then there was, I don't know, it was just a lot of different ideas about what the correct name was.

Which is even more complicated because Inupiaq back was not a written language until more recently, and so a lot of it has to do with pronunciation. And then some people said that, well, Utqiagvik was a specific site and Utqiagvik was a broader term. I don't think the lawsuit went anywhere, but it was a real hot button issue for a while. And still sometimes people get all like, "Barrow to me" but its not what its called though. I slip up it and call it Barrow a lot just because that's what it was for so much of my life. And a lot of things are still Barrow, it's still Barrow High School. There's a lot of things that are still named Barrow. They didn't go through and change

absolutely everything. And then lots of people will be like, "How do you say it?" And I'm like, "Well, how do you say Mexico?" It kind of depends on how much you know the language and how hard you want to try and how white you want to sound and just do your best.

**Mitch Doig:**

How well do you know the language for my ears that are completely vacant to this? I'm like, "Oh, there's some phonetics I couldn't do."

**Rose Elbert:**

I couldn't have a conversation in Inupiaq for sure. I do not know enough about the language to put together a sentence, but I know enough keywords that I could probably tell what someone's talking about and then maybe guess their words from context. Or if I see it written, I could probably tell you what they're saying. Yeah, no, I don't speak it by any means.

**Mitch Doig:**

Is that just kind of through immersion or was that a taught in a school thing?

**Rose Elbert:**

They teach it in the school. They have immersion classes in the younger grades. They have a really good preschool program there that's free for everyone and then I think up through first grade, they have an immersion program. We moved there when I was in fourth grade. And unfortunately for me, I experienced a lot of bullying and a lot of just... Yeah, so I opted out of the Inuktitut impact class because it was especially bad and that class. Even the teachers were not treating me very nicely in the class, so I didn't do the Inuktitut classes, but just being around it, I lived there from age nine to 18 and then I moved back and lived there for seven years. Just hearing it and then trying to be more competent, especially working at there as a counselor, just trying to be more competent about what people are talking about.

**Mitch Doig:**

Yeah, I imagine it's kind of odd. I don't know what the population skew is.

**Rose Elbert:**

I think about 60 or 70% Alaska native.

**Mitch Doig:**

Is that mirrored in the profession too, or is it still swapped the other direction?

**Rose Elbert:**

No, unfortunately. Yeah, it's mostly people from outside. I say things like this and then I'm like, "Is that a thing people say?" That's something people say Where I'm from, they say people from outside.

**Mitch Doig:**

From outside.

**Rose Elbert:**

And even I find I speak differently when I am in Barrow or around people that I know. I don't know, it's just a different way of speaking English. It's not quite a pigeon or anything, but there's just anyway terms that are very specific. Anyway, but yeah, it's mostly people from outside and a lot of it is to do with education and just the access that people have to that type of education. And then a lot of it is just the people don't want to go to people that they know a lot of the time for those types of services or they worry about them telling people talking about it or gossiping. There's not historically a lot of people in the mental health profession or substance abuse counseling, but I think there are more now, especially people in my generation and younger that are trying to step into those.

**Mitch Doig:**

How well are utilized are the services, because you'd said that you don't necessarily want to go to people you know. This is going to be apples and orange for sure, but a small town where it wasn't uncommon that somebody from my high school, I remember a night doing intake assessments and somebody walked in and I knew them and I knew them very well and there's no escaping, not even in a small town probably as Barrow or... How do you say it again?

**Rose Elbert:**

Utqiagvik.

**Mitch Doig:**

I'm curious, do people utilize those services because of that or is it still also crossing that cultural realm is seen as something else?

**Rose Elbert:**

I think it's a flux too. The mental health services up there are part of the borough. They're part of the local government, which means there's just a lot of change every three years. It's a different administration. When I was there, when I first started as a substance abuse counselor up there in 2013, it was really well utilized and the program was really strong. I'm local, but I'm also not local, so I was half local and then there were at least two other counselors that were indigenous local. But it was hard, there were some people even just working the front desk that it was just too much pressure. People would say things to them in the community and they were like, "I have to find a different job." I don't really know what it's like there right now. I haven't been there in a few years, but it kind of goes up and down depending on the administration and how much funding is being put towards that program and how good people are doing at their jobs, I think.

**Mitch Doig:**

Makes sense. What's it like for you in Fairbanks? Is it more kind of community-based nonprofits?

**Rose Elbert:**

There are. When we first moved back, we moved back in fall 2020, and that's when I started... Well, I was finishing up my master's degree, so I was doing some internships with Fairbanks Native Association, which is a local nonprofit tribal organization, and they have several substance abuse programs that are nonprofit that are accessible to anybody, but they do try to incorporate native Alaska native values and traditions and stuff. And now I also work in private practice. And there are some private practice substance abuse programs in town. There's one

that just recently in the last year or two started that is a nonprofit, but it's started by a Christian organization. So there's a decent mix. There's a community behavioral health that is sponsored more by the state that's like a statewide in that there's an office here in Fairbanks. There's a pretty good mix, but I find that the programs that I've worked in at least have been very well utilized. We're almost always full. There's wait lists and stuff, so it seems like there's a good amount, but there's never enough.

**Mitch Doig:**

I feel like you've just described the entire behavioral health landscape as it's well utilized, but never enough.

**Rose Elbert:**

Yeah. Well, and I know I've told you this a little before that I really loved working for the substance abuse program at the Native Association, the community behavioral health, just the work that community behavioral health does is so dear to my heart, but it's just not a liveable wage. Again, it was a lot of responsibility and I was having just a really hard time balancing my life while there. So I've been doing more private practice and I still work there at times, but very, very---

**Mitch Doig:**

I was going to say it's not something that's changing today or tomorrow, but I think desperately needs it. How did you get into the field? That's a question, especially for drug and alcohol counselors, that always really interests me. Not to invalidate their experiences, but peers have this very honest, "Well, I was not sober, and then I got sober and then I decided like, 'Oh, I'm going to go help people.'" But for counselors and everybody else, it feels like there's such a different story.

**Rose Elbert:**

Yeah, like I mentioned, I grew up in a rural Alaskan community and my parents didn't use drugs and alcohol. My family, I'm a member of the church of Latterday Saints, so that was something that always, it wasn't a part of my life. But when we moved to Barrow, just use was so much more prevalent there. Or maybe it was my age too, maybe that was just kind the age that when kids my age started using drugs, but it was so in my face. It just felt like drugs and alcohol, they were always part of my friends' lives. Because my family didn't have that at all, I saw so much harm that it did from a really young age. And we also had foster kids. My parents were foster parents, so I think from when I was about sixth grade, we almost always had one or two foster kids in the home.

So I just think that I actually never really intended to be a substance abuse counselor, but I really did want to be a counselor. I really wanted to help kids and help people. And I was also kind of the friend that I wasn't very popular. Like I said, I was bullied pretty heavily in fourth and fifth grade and through middle school really even. But I noticed that I was a very safe person. People would kind of come to me when they had something hard happening in their life, and then as soon as it was resolved they wouldn't talk to me anymore. But I noticed just like that about myself that I do this already. And so I decided in high school, I remember we had a spirit day where it was dress what you want to be when you grow up, and I dressed up as a therapist.

**Mitch Doig:**

I was going to say, what did that look like in your mind then? What did the therapist look like?

**Rose Elbert:**

I would wear glasses and I had this blazer from my chest or something, and then I carried a note that just kept asking people how they felt today. It was pretty fun. So I was always kind of like, "That's what I wanted to do. That's what I wanted to be." I went to my undergrad and for some reason I was a humanities major. I was like, "I like art." But then after two semesters of that I was like, "No, but not that much." So my sophomore year I declared a psychology major and I studied psychology, and in my mind I kind of wanted to be a forensic psychologist. I think we just watched a lot of law and order in my house. So I was like, "Oh, that sounds so cool."

And so in my mind I wanted to help people who were involved with the legal system. I wanted to do some sort of victim advocacy or profiling or something like that. Going to a big city for school was really hard for me. I thought it would be so fun, and I was going to a church school. I was like, "I'm going to be around people that like me." And I got there and it was just massive culture shock. I was not used to there being so many things to do and having to say, "No."

**Mitch Doig:**

It's complete sensory overload.

**Rose Elbert:**

So my grades weren't super great at the beginning. I had to figure that out, and just driving was really overwhelming to me. There were just so many things about being in a bigger city that... Anyway, so I moved back to Alaska. I didn't want to go to grad school right away. I was just kind of done being overstimulated. I was like, I just want to go home and work somewhere. So I went home and I was working in a youth facility. I was doing youth counseling, direct care stuff, and I got married to someone that I grew up with and who also grew up in barrow with me. And he had had a drug and alcohol problem. While we were dating, he had relapsed a little bit and then after we got married, he relapsed really heavily. And I didn't want to get a divorce or anything, but I wanted to move from Fairbank. And at the same time my in-laws were still living in Utqiagvik, and my mother-in-law was like, "You should apply for this substance abuse position."

They pay really well. You only need a bachelor's and you guys can move and all this stuff. And so I applied for it and it seems like a good fit. And I moved to the Barrow and my husband was like, "No, I don't want to move anymore." And I was like, "Well, I'm going." So I moved to Barrow and he went to rehab and he's been in recovery now for, gosh, nine years. But it was kind of funny. I was like, "I'm going to go give you a substance abuse counselor. You can stay here and have a drug problem." I wasn't that heartless about it, but it was kind of this thing I laughed about instead of crying. But I got into the field and I think because I had such a close personal experience with someone that... I had always had friends that used, but it was sort of a mystery to me, "Why are people doing this since it hurts them so bad?" And it was the first time that I was so close to someone and I kind of understood.

I still didn't want him to use, but I could see he was hurting so bad and that's why he was using. It gave me a lot more compassion. So then going into the field, I felt like I had that going for me and I really liked it. I didn't really feel like I knew what I was doing at first, but I had a really helpful supervisor. And one thing that really irritated me was kind of the division between mental health and substance abuse. Substance abuse counselors can do this and mental health people can do this. And I even had one patient that I was working with, she was working with me and she was working with a clinician, and she would come to me and she would talk to her

about substance abuse, and then she would have another appointment with her mental health counselor. And it really irritated me so much. I was like, I feel like I could do both, but I don't have the paper that says I can do both.

So I decided to go back to school and I found, fortunately... Because I didn't want to move, I really liked where I was living and that's where I wanted to do the work. But I knew that if I left, it would be really hard to come back. Housing is such a problem. But I found a program that was based out of New Hampshire was Southern New Hampshire University, and they still have this program. It's really amazing. It's a distance program. So I had to go to Anchorage once a month and I would do lecture Saturday and Sunday once a month, and then I would go home and do my assignments and then come back and get lecture for a weekend. So instead of going twice a week for a semester, I would just go to these big long lectures and then I could still work. And it took me forever to get through the program because I kept having kids. So I think it was supposed to be a year or two and a half year program, it took me like 5 years.

Yeah. But that was really, for me, what it was. I was like, "I want to be able to have the paper that says I can help people with all of their problems, not just half of their problems." I mean, I got a lot out of going to school, but I wasn't like, "Oh, I really want to get my master's." I was just like, "Okay, well, this is sort of a necessary evil if I want to be able to work independently and not have to only give people half of what they need for the rest of my career."

### **Mitch Doig:**

I think that says a lot about your, I don't want to say ethics, but maybe your values for the work is you're like, "I'm going to go to school for five years in order to make sure I can more holistically help people because I just know that that's needed." And I think that is one of the harder parts for the field is sometimes it is like a stamp of paper or something that is the barrier to doing that. But I also think that the neat thing is, at least in this situation is you have somebody who's so passionate about it, you're like, "Okay, I'll go do that." Which I think inherently says a lot about the work that you do or the care that you provide as well.

### **Rose Elbert:**

Thanks for saying that. Honestly, I was so grateful that I found that program because if I hadn't found a program that allowed me to still work and allowed me to still live where I was and I found a grant that helped me pay for the travel. If I hadn't had those exact things line up, I don't know that I would've done it. And not that my life would've been horrible, but it's just a real huge barrier for people living in rural Alaska. And so many people see the gap in the community and want to be helpful and in many ways are helpful. But the way that the system is set up, you need a license and you need these specifically accredited program and you need internships and you need all these things, it's really hard to accomplish a lot of times in the world.

### **Mitch Doig:**

Well, I remember, but earlier in the conversation you were even kind of talking about that's one of the reasons that the provider network doesn't really mirror the population of Alaska is probably a lot of those opportunities that you maybe won't know about won't have access to all of those things too. I imagine that's issue stacked upon issue, stacked upon issue.

### **Rose Elbert:**

I feel like if I could fix the housing problem, that would actually fix all the problems. But housing becomes such a big problem because people, it's so hard to leave and give up your housing

because you really don't know if you're going to be able to find a place when you come here. And for some people just straight up can't find housing. And so then they leave, they go to school and they don't want to come back and live with their parents and sleep in the living room and just not have a place to live. So I have a friend that I went to high school with a PhD now, and she still serves indigenous communities and stuff, but she was never really able to move back to Utqiagvik

**Mitch Doig:**

There's probably even this other issue that I haven't seen necessarily happen within a particular sector, but honestly in some of the tribal areas of the state where I'm from Oregon, this is a common thing where people will leave their towns and then realize, "Oh, I don't have to just do food service." For example. I have a bunch of other options. And so you end up with a community that in our situation, either kind of hemorrhaging the workforce themselves, but in Alaska it's like if you leave to go take these opportunities, you might not actually be able to come back to provide that service to your community that maybe you set out to do in the very beginning.

**Rose Elbert:**

Yeah. Well, and like I said too, that right now the mental health provider, at least where I live, is tied to local politics. And so sometimes that just makes it very not appealing to return for people. And sometimes is just the perfect thing and other times it just changes so much and it becomes political. Mental health is a very political thing in a lot of places, but it's just hard to function that way if you just want to help people.

**Mitch Doig:**

I was telling somebody a couple of weeks ago that I don't think for this work, one of the things, at least I know that I wish school prepared me better for was all of the things that are kind of those distractions from helping. Some of those are very needed, and I understand the accountability. The little anecdote I always share with people is that I had the fortune when I became a counselor was I was working as a residential aide at a program where a lot of it is me just documenting safety, basically making sure people are okay and hang out medications. And then I had the fortune of, I decided to go to school to become a counselor, got to do an internship there, got to do all of those things, was shadowing somebody, seeing what it meant to be a counselor, all of those things.

I got my first client, it was this really exciting event in my life. And about six weeks in our billing person comes up to me and they said, "Hey, Mitch, where are your notes? I need to bill for your services." And I was like, "Yeah. What do you mean notes?" They mentioned documentation, but documentation for the program I was in, they were like, "Hey, there are some things that'll write down that are court admissible, some things that aren't, some things that can be shred." All of those things we talked about, but nobody ever told me... And I'm dating myself a little bit here because I come from paper charts, everything's done electronically now.

**Rose Elbert:**

Oh yeah, no. That's what I started to do is all paper charts.

**Mitch Doig:**



Yeah. And I think about that. Nobody told me that it was like, "Oh, you'll have to put things in a chart." So I had to go back and do six weeks of documentation so our little teeny program could get paid.

**Rose Elbert:**

Oh my gosh, that's so much.

**Mitch Doig:**

Yes. And in a residential program it's a lot.

**Rose Elbert:**

Yeah, no.

**Mitch Doig:**

And so I don't think that people talk to you about the administrative side to this. There's the kind of legislative political side. Because there are things that are for good or bad, are a distraction from the work and I do wish that people were prepared better for that.

**Rose Elbert:**

Or just understanding how the funding works, and even if you're not working for a government program, if you're a nonprofit, you're more than likely getting government money.

**Mitch Doig:**

Yeah.

**Rose Elbert:**

It is very much a political shift. Even the documentation that you do can change with the next political cycle. The funding that you're going to get changes to the next political cycle. It's very political and it's icky feeling, but it's just, I don't know. I don't know how to change that.

**Mitch Doig:**

Well, and it's one of those things too... I don't know about your history, but most of the services I've done, honestly, probably 98% of the services I've done have been funded through Medicaid, which is federal money. Federal dollars come with even more accountability. It's tied to them, so there's not fraud or abuse or those sorts of things. Which again, good.

**Rose Elbert:**

Yeah.

**Mitch Doig:**

That is an added kind of challenge sometimes to learning administrative rules that say, "Your note has to have this or that in it."

**Rose Elbert:**

Mm-hmm. Well, and especially for a residential program, I just don't think people understand how much money it takes to run a program like that. Well, and I was surprised too, because we

talked a little bit about the cost of living. The cost of living in rural Alaska is very much food and housing. Gas is expensive, but I found that, in Barrow at least, I wasn't one that did a lot of boating or snow machining. My gas went a long way, just because you don't have to drive very far. The big thing here in interior Alaska, and I don't know if it's the same in Anchorage, is heating fuel. Heating fuel is so expensive. Our cost of living really isn't... It's just shifted. We pay less for food now. We pay a little bit more for gas, but we pay a lot more for heating fuel.

On the North slope, everything is natural gas. Heating and utilities are not super expensive, but here they are. When we moved here, that was the least I'd gotten paid since I started my substance abuse counseling job with an undergrad, so I was taking... We had to move during the pandemic. All the childcare facilities that we felt comfortable with closed and then never reopened. It wasn't an option for our family at the time to stay, otherwise I'd probably still be there.

But I was just really surprised at the shift that we had to make. That was part of why I decided to do more with private practice. I had a friend that I worked with at the facility who was doing private practice, and it was not even a concept in my mind, but something I could do. In my mind that was real adults and real professionals did that.

Then she talked about it. She was like, "I'm working with this group and they have everything set." I joined a group private practice, and I mean, it's pros and cons in both sectors, but I definitely have a much better balance right now than I did before. I'm really grateful though that I had my cert in substance abuse counseling. I feel like there's such a fear of substance abuse in the mental health field. People are like, "Oh, I don't know how to work with that. I don't have those skills. I don't have that training." I'm really glad that I started there because they're really the same skills. It's really the same training. It's just really what you have to lose is your bias. That is really hard to do.

If it's not a world that you've been exposed to a lot, I think it can just, with any field, I guess really, you could feel out of your depth really easily. But I just think it's so pervasive. People with all the other problems also have substance abuse problems and not every single person, but it just comes up so much. I'm glad that my career went that way. I started there and then felt competent in it could build in that.

### **Mitch Doig:**

Also, you mentioned bias. What are the biases that you have to let go of to be...

### **Rose Elbert:**

Yeah, I think one thing, and I think because of how I felt like I had made such good choices in my life, and I did make a lot of really good choices, but part of me becoming a counselor felt like people were going to come to me to get good advice. That was something I had to... I remember the moment, actually, I don't really remember the conversation, but I remember the moment of realizing that people don't care about my advice. I'm not here because I have such good advice. I'm working on having more compassion and having listening skills. Being able to develop a relationship with people is what makes me a good counselor, not that I just have really good advice and I've made so much better choices than you.

I think sometimes with substance abuse, there's that bias that it's just a choice that it's just... I think that for me at least was the bias that it helped me with really, really quickly was that, "oh, I'm not better than people that have drug and alcohol problems." If anything, I have privilege that has protected me from those in a lot of ways. I certainly did make choices, but I had

choices that I could make. For me at least, that was the bias that I think it helped me to work on quickly.

**Mitch Doig:**

I have a question, but I do really just want to say, I love the way you just framed that concept of privilege, which is just I have the ability to make a bunch of different choices. It's like my field of options isn't narrowed. I think that that's a really cool way of describing that, that I don't see a lot of people latch onto. Just thank you for that. I might steal that in the future.

**Rose Elbert:**

Well, that was something I got actually from a movie. I was like, "Oh my gosh, that's totally it." I forget the movie. It's Carrie Washington. She's the one that says it. It was Little Fires Everywhere. I think it was in a show.

**Mitch Doig:**

Oh.

**Rose Elbert:**

She says that this white woman is talking to her about how, "You didn't make good choices," or something like that. She says, "You had good choices to make. I didn't." I was like, "That's it." That's the bias that it helped me with, was seeing that my choices based on my parents' choices and based on other people's choices and based on a system, I had all these choices available to me. I did feel like I picked good ones out of those options, but some people have a much more limited, or at least they feel like their options are limited, because of how the world has been presented to them.

**Mitch Doig:**

Well, and I think you described this earlier when you were talking about your husband, who's going through this, right?

**Rose Elbert:**

Yeah.

**Mitch Doig:**

Where you're just like, "If the choice is not being in pain and being in pain," that's an easy choice to make.

**Rose Elbert:**

Right. Yeah.

**Mitch Doig:**

That's a choice humans make every day. It's the method that's maybe different, but again, access and opportunity, sometimes the quicker thing does feel better. I think that that's one of the biases or the things that we don't really give people credit for who are experiencing a substance abuse disorder sometimes, is that there is this thing called dopamine that's a very effective chemical that all of our brains create. For some people it's the Pringles can that don't

stop. For others it's like a substance that's illegal or harmful to your body, more harmful than Pringles, maybe.

**Rose Elbert:**

Well, and my husband and I asked... I talked to him about this before, just because I feel like so much of my story is intertwined with his story, and I don't want to share this, but I talked to him about [inaudible 00:37:01] this and he was like, "I don't care, say whatever you want." But one of the things for him that was so painful was that he had described to me several times, he always felt like there was something wrong, that he couldn't be normal. He said that the drugs that he liked, which he was really into stimulants, made him feel normal. The thing that really helped him in his recovery, because even after he went to rehab, he relapsed several times. He was diagnosed with ADHD and got properly medicated and completely turned his life around and has never relapsed since in seven, eight years.

**Mitch Doig:**

What I think is kind of fascinating...

**Rose Elbert:**

I mean, he's had all kinds of other problems, but that's [inaudible 00:37:45].

**Mitch Doig:**

Well, what I was going to say, what's fascinating about that too, is that adds more to the tally of things Rose just maybe right about, which is you can't untangle these two silos where we've been substance use and mental health. It's just behavioral health at some point.

**Rose Elbert:**

I think it's helpful to see the different parts, unless you're looking at the whole person, you can't just treat one part very well. There was this time too, when I started school and I said I had a baby. I started school when I was five months pregnant with my first, and so I took a break and then I decided to apply for a job with the police department. There was a forensic psychology position that was opening up and I was managing a child advocacy center and doing victim advocacy with the police department.

We started, not just me, but there was a multidisciplinary team that had been starting the child advocacy center. I did that for a few years and just because I was really the only victim advocate in the program. We had a nurse as well, but I worked really closely with the women's shelter. I just saw too, that I'm working with the same people. I was doing substance abuse counseling a year ago, and I'm doing completely different job in a completely different field. I'm in a different building with a different email address and I'm working with the same people. I'm working with their kids and I'm working with so many different facets of the community, but it's the same people. Unfortunately, there was a whole political thing and they ended up defunding and shutting down the child advocacy center.

Then I finished my program. I was like, "I'm just going to focus on this and finish." I'm really glad that I did that. It was an invaluable experience in my career. I feel like it also helped me realize I want to work with kids, but kids have parents and kids grow up and kids have substance abuse problems. It all culminated into what I'm doing now. The center that I work at is a women and children's center, and so I really like that aspect of having kids be part of the very tangible vision of recovery. I think sometimes when people are in residential facilities and they have kids, but

their kids aren't with them, people just forget. People are going to have to learn to be parents and people are going to have to manage their emotions around their kids. There's a lot of aspects of it. I do that and then I also work with kids and some young adults as well in my private practice.

**Mitch Doig:**

This is funny. This came up in the... It's not funny, I hate when I say this. There's a weird and aside.

**Rose Elbert:**

I do it all the time, I'm like, "This is so hilarious. You'll love it."

**Mitch Doig:**

Yeah. There's actually an anecdote I started sharing on my trainings, where I accidentally used that phrase when I was giving reflection to a client, and it caused a huge rift of the relationship actually. He was like... After we had repaired a conversation, I was like, "Hey, what set you off so much, bud?" He was like, "You said that this problem that I was experiencing was funny." I was like, "Oh God, I didn't mean that." But again, words are important. But what I was going to say, that what came up in the conversation I had with Grace, who's the peer I interviewed, was this... Because peers, a lot of times what they're doing is teaching these life skills to people. They're kind of showing them a walking with them as they do it.

**Rose Elbert:**

Yeah.

**Mitch Doig:**

I remember at a certain point of the conversation saying, "Hey, just because I want to clarify to whoever's listening," it's not that people have never done this. It's that you start to develop behavior patterns where it's like, "You do this thing this way now," whether it's if you're hungry, you don't have money to buy things so you learn, "I just take them." I think that there are people that maybe have had parenting skills, but they've never had parenting skills that are sober.

**Rose Elbert:**

Mm-hmm.

**Mitch Doig:**

They've never had to cope with a screaming child without being able to turn to a substance to go to sleep afterwards or whatever it is, and I can't... I guess what do those skills look like?

**Rose Elbert:**

Or just drop them off somewhere, or yeah.

**Mitch Doig:**

Yeah, or be around and be available, all those things. What are some of those skills that you've noticed or I guess taught or learned are really important for parents in recovery?

**Rose Elbert:**

I think emotional regulation. Well, and I think this is just parents in general, but I think of course it applies as well to people in recovery, that so much of parenting is actually just regulating your emotions. Our children are learning to regulate their emotions from us, and they're learning it from watching us regulate our emotions. They're learning a little bit from what we're telling them, but they're mostly learning it from watching us regulate our own emotions.

I actually was getting my own therapy, my own counseling, and started doing DBT skills with my therapist, and I was like, "Why don't we do this?" I looked for a curriculum that we could use. We fortunately had one in the agency that we didn't have to... It was like a DBT dialectic behavior therapy on the 12 steps, and how they overlap. We started teaching that curriculum at the residential facility.

Yeah, I think that so much of it is learning to regulate your emotions sober and also learning to tolerate distress sober, that life just really sucks sometimes. There's ways to breathe through that. That's human. Just realizing that it's pretty normal to have crappy days, weeks, years even. When you have children, you don't have to necessarily hide your emotions from them, but you do need to model regulation, so that they can do it too. When they're not getting anxious, then they're not getting angry. They're not anxious because you're anxious or angry because you're angry, they're able to learn it from you. Nobody's perfect, but definitely I think that was a big thing that I got a lot of positive feedback from the women there, that having really tangible emotional regulation skills helped their parenting a lot.

**Mitch Doig:**

I like that you're also saying it's not that you have to not show your emotion to your kids. It's just like you're showing maybe a healthy or a tolerable way to deal with that. I think a lot of times, for example, one of my favorite coping skills is I take a bath. It's not that I'm taking a bubble bath or whatever, but it's like I'm going to go do this thing. Do I think some days, after there's been some things that have happened in my life that as soon as 5 o'clock rolls around and I go hop in the bathtub, it's a little ridiculous. The image of that's really funny. Yeah, and also if I had children, if I think about them later on, soaking in that skill, that's not devastating to anybody's life.

**Rose Elbert:**

Yes.

**Mitch Doig:**

Maybe the hot water bill and the heating fuel costs that you talked about definitely impacts that.

**Rose Elbert:**

Yeah, that can get up there.

**Mitch Doig:**

But I think that those are those sorts of things where it's like, it's not that you don't get to see mom or dad struggling, it's that you just get to see them navigate that hurdle in a way and come out to the other side. I think that, I don't know, it almost seems like in some ways there's the skill you're teaching, you're teaching modeling, but you're also teaching self-acceptance in that moment too. Which is it's okay to feel a certain way.

**Rose Elbert:**

Exactly.

**Mitch Doig:**

It's okay to not be okay in a certain way.

**Rose Elbert:**

Mm-hmm. It even makes sense. It makes sense to be upset when OCS is involved in your life and they're not giving you the schedule that you think would be most helpful. Yeah, all those feelings make sense and you don't need to get rid of those feelings right now. They will go away on their own. They're not going to stay forever. Yeah, I really like one of the focuses of dialectic behavior therapy. Dialectics are the and when two opposing things can both exist. We talk about that a lot. Not just people in treatment, but everybody can be like, "Oh, I'm so blah, blah, blah, but..." I'm like, "No, and. It's an and. It's okay. They can both be true."

I have this thing on my wall that says, "Life is tough, so are you." I really need to get a post-it and put an and. It's so valuable to realize that... I mean, so many people who have substance abuse problems... Horrific trauma that they've experienced, I don't want to undermine that. Everyone's life sucks sometimes. Brene Brown said that... Oh, gosh, now I'm going to mess up the quote. But it's something like, "Everyone has a story that'll break your heart and I think that's really true, but it just is learning. What I've seen, and again, this is because I've... Not my personal experience, but what I've seen is the people that are really successful and they're recovering, what that looks like, be okay with the fact that life sucks sometimes and develop skills make it suck just a little bit less, but also to just be okay with it sucking for a little bit longer.

**Mitch Doig:**

Well, I think too, not to keep pulling your husband into this, I'm glad that you got the permission too, so that with my editing crazy, but I think that you're also describing there's a self-advocacy part to that too, which is there's not a lot of people.

**Rose Elbert:**

Mm-hmm.

**Mitch Doig:**

If you talk about, again, let's talk about traumatic experiences. One of the things that at least I can share personally, is I learned through my own trauma. Sometimes you don't get to say, "Hey, I don't like that thing." I think that for your husband, he is like "Something always felt off," and then you know what it turned out? Something was off. But I don't think we give people the permission to use the language to say, "Hey, something's not right." I think that that's one of those skills that you teach through effective emotional regulation, is also communicating to others, "I don't like that." Again, that doesn't mean that the whole world stops and everybody says, "Okay, we're going to stop doing that." But there is some...

**Rose Elbert:**

Mitch doesn't like it. Mitch doesn't like it, everybody.

**Mitch Doig:**

Yeah, we're not doing that anymore. Nobody gets to, like the example. I used to teach anger management for years, and I used to say that it's a hundred percent rational for you to just decide one day, "I'm going to tell everybody," again, I'm saying rational for a second here, maybe logical, I don't know the actual word that I want to use here, but to tell people, "You don't think people should wear blue shirts anymore." It becomes irrational when you decide that you're going to start ripping people's blue shirts off, forcing them to not do those things, and treating yourself a certain way because people continue to wear them. It's okay to communicate your dislike blue shirts all day every day if you want, it doesn't have impacts. It does have consequences though.

Then I think that that's the other interesting thing that you're teaching people is that there are consequences to all of our actions. It's not through pain and misery and it's all those other things maybe people are mistreated through. It's just like if you do something, it might have a positive consequence. It also might have an unwanted consequences. Are you okay with that?

### **Rose Elbert:**

I don't know what you said that made me think specifically. It almost seems unrelated, and I can't remember what it is that you just said that made me think of this. Anyway, when I first started as the clinical supervisor at this residential program, I remember again, just my idea that everyone's going to love what I have to offer. I went in and there were some changes that had already been made around the same time that were independent of me being there, but there were some changes that I was trying to make to the way that we did groups, and especially the way that the residents respected the group schedule, and they were really unhappy with that.

I was like, "Okay, we don't need a 20-minute break. We can't actually even legally take a 20-minute break in the middle, unless we're talking. I mean, that is... Anyway, so there were a lot of things that I was doing that the residents really were irritated with me. They really did not like me. We were sitting in a group and I could just tell everyone was unhappy with me. They were short answers and giving each other looks as I was talking.

I just said, "Okay, I am noticing, I'm being mindful that this group is not going well. I'm wondering if it has something to do with how you all feel about me or if there's something that I'm doing that you dislike. I would really like to be able to give you guys some time to give me that feedback." I don't remember how long it was. It was half an hour or longer, but I just let them all tell me what they hated about me, or what they disliked, or what they thought that I was doing wrong or what I was doing that was personally offending them.

I really tried my very, very best to not respond defensively to anything that they were saying. I just was trying, I was putting on my best motivational interviewing hat and just like, "Okay, so what you're saying is," and "Okay, so if I'm getting this right, when I do this and this and this and this," so I think there were six residents at the time. There was one of them that was like, "I think you're doing a great job." But she was also incidentally the one said I was hated.

I made this list of all their criticisms of me and all the things that they wanted, and I was like, "I need some time to think about this. I don't know that I'm going to be able to make changes right now, but I really appreciate that you guys helped me understand where you're coming from and what you're feeling and what you're thinking. I hope that you know that I mean it, when I say I want your feedback. I also mean it when I say I might not be able to fix all of this for you. Some of these things might be things like I continue doing, because I think some of these things might be things that I change, but I will come back and talk to you about this whole list afterwards."

It really changed everything with that group of ladies and also just how I approached working there. I don't think I ever would've done that if I hadn't done motivational interviewing and done



really perspective taking. I'm such a people pleaser and I just want people to like me. Part of it was really hard to just sit there and listen to people tell me everything that I was doing wrong with my job. But I think it helps to be open to people's perspectives, even if those perspectives are mean things about you. I think it was what you were saying about the funny thing.

**Mitch Doig:**

Oh.

**Rose Elbert:**

That when we do something wrong, if the people that we're working with feel like they can't tell us that, then we're only going to get decent work done. We might not get good work done. Then too, regulating emotions, because everyone was just sitting there talking crap about me to my face, whatever, but I invited it. Then as I noticed myself feeling defensive, I just tried to really regulate that and like, "Okay, wait, so what you're saying is this and this and this and that." I think modeling that for them also helped their relationships improve. I was like, "You guys can do this to each other. You can ask each other, 'Why do you hate me? Why are you so mean to me?'" Because they were always getting into it with each other. But anyway, I just think emotional regulation is not the only, but it's one of the most helpful skills for people who are parenting, who are trying to be in recovery, who are just trying not to cope with negative skill. I don't know, negative skill, negative something.

**Mitch Doig:**

Well, there's something that... It's funny, I think almost everybody that I talk to about this work, one of the things, and when I say this word, I mean behavioral health is an entire landscape.

**Rose Elbert:**

Mm-hmm.

**Mitch Doig:**

One of those things that routinely comes up that people mention is how much feedback you get to grow in your own practice. I think that that can be really difficult, especially early on that can be very difficult. I know some people, their personality is like, "I want that feedback."

**Rose Elbert:**

Mm-hmm.

**Mitch Doig:**

But I remember, I don't know if this is something you use in your practice, but outcomes-based surveys or session-based surveys, I remember those being rolled out. Suddenly, not only did I have the permission to figure out how I was doing, but you also get all this great insight about how services are really impacting folks. I think there's the framework of trauma-informed care.

We want our clients to design services as much as possible. I think the hard part that you demonstrated really well in that example is that sometimes you don't get everything, but you can at least feel heard. I think that you're also saying, "I'm going to validate, 'Yes, this sucks.' I'm going to say, 'I know that you don't like it, but I'm going to hear you and sometimes that's the best that I can do.'" I think there was a question that I keep holding off, going back and asking, and then it keeps popping up. I'm just going to say.

**Rose Elbert:**

Yeah.

**Mitch Doig:**

At first when I wanted to ask this, when you brought up the Rose in high school who's like, "I want to go help people. I want to be a counselor, I want to be whatever that looks like." My original question was going to be what was different, but it's almost like the more that I've heard you talk, the more that your original idea seemed more true, which is that you're good at listening and you're compassionate. But it seemed like as you started into the field, you were like, "Oh, I'll have good advice. I've made these good choices." But it almost seems like you relearned what high school Rose thought. I'm just kind of curious if you could speak more to what has changed, what stayed the same, those sorts of things. I just kept seeing it pop up.

**Rose Elbert:**

Well, I had this experience in middle school actually, where my best friend from fourth grade, we were fighting in eighth grade, and we got in this big falling out because she started dating this guy that I didn't think he was a nice person. We had had several... He was like an arch enemy in school, and he was also my next door neighbor for a lot of my life. She started dating him, and I was like, "He's not nice. I don't want to be around him." Then she was like, "Well, you don't want to be around me."

We had this huge falling out in eighth grade, and then I found out from somebody else that I was friends with, that this guy and a bunch of his friends had made a bet that they would be able to get my friend to date him. It was like this ongoing bet that I didn't know if it was true or not, but it sounded plausible. I reached out to my friend and I was like, "Hey, I don't know. I know you're mad at me and I don't know if this is even true, but I just want you to know that I don't think it's your fault, but this might be happening to you." And she was like, "Well, I don't think it's true," and I was like, "I don't know. I just heard it, and you can go back to hating me. That's fine." She confronted him about it, and he was like, "Yeah, and I totally won." It was super mean, and super sad, but that's just eighth grade. And then after that, we were way better friends than we had been before. And we're still friends to this day, I talked to her yesterday. And I think the value of that interaction, for me, I know I learned that it's not...

Again, I didn't have any good advice. I didn't have any good advice. I was just listening, and trying to share good information. I don't know. I think what I re-learned was that I can have access to really good information, but if I had called her and been like, "Here's what you should do. You need to stop dating this guy, and blah, blah, blah." She would have been like, "You're just jealous." I think I handled that situation so well for a seventh grader, or eighth grader, or whatever I was. But I think I just re-learned that... I don't know. I think because college, and as a lot of my friends...

I graduated high school early, and then I finished college pretty quickly, and I just... I think I just got to be a little full of myself. I thought I was like, "Oh, I'm so successful. I'm so smart." I don't know. I just think I let it get to my head a little bit. I don't think I had that in middle school. I think I was a lot less... I don't know. I just think I was re-humbled, and realized that... Yeah. It's not going to school, getting an education, learning all these things is not what makes me a good counselor. I know a lot of people in the field that aren't that great, and I think that it often goes back to just that attitude of you're not better than anyone that you're working with.

You don't have really great advice that they need. You hopefully just have listening skills, and can help them maybe for the first time in their life have a safe place work out what they're going

to do. But what they're going to do next probably hasn't even occurred to you. Probably so unique, their experience. Sometimes I'm in a situation where I feel like I help someone make a choice, but lots of times they come up with this really great idea, and I'm like, "Oh, did you even need me? (laughs). What was I even supposed to be doing?"

**Mitch Doig:**

Well, I imagine too sometimes it's like they come up to this really good idea, and maybe you are the person that they just get to say it out loud with. And they get validated in that moment. They get that nice resp-

**Rose Elbert:**

Yeah. Yeah, I don't shut them down. I'm not like, "Oh, that's..."

**Mitch Doig:**

Yeah.

**Rose Elbert:**

"You're so..." Yeah.

**Mitch Doig:**

I still haven't watched it, but I know that there's a documentary out where an actor, he made a documentary about his therapist. Which I think is a very-

**Rose Elbert:**

Oh, Stutz?

**Mitch Doig:**

Yes, and I've heard good things about it.

**Rose Elbert:**

It was really good.

**Mitch Doig:**

Was it good?

**Rose Elbert:**

Yeah, it was really good.

**Mitch Doig:**

But from the trailer there's this sentence that, as soon as I heard it, I was like, "Oh my gosh. He has described how I think I can describe counseling to a lot of people moving forward." Which, in the trailer, he said that you go to your therapist wanting advice, and you get somebody who listens to you. And you go to your friends wanting them to listen to you, and they try to give you advice.

And I think that's the funny thing that I wish people understood. There's something that you did say that I think is true though, too. Which is sometimes you do have really good information, but sometimes people just need to be ready for that information, too. Because sometimes they do say, "I just don't know what to do. What do I do?" And those moments happen, but if we think that's what it's always going to be, there's going to be a lot of disappointment in our work, I think.

**Rose Elbert:**

Right. Well, and learning to do it with permission. And again, I think that's another thing that I learned in motivational interviewing. If you're going to give advice, if you're going to give options, if you're going to even give information, you do it with permission, with buy-in from the other person. And yeah, that's really... We've all been like, "Wah, wah, wah, wah, wah," before, and it's just not helpful. Even if it is helpful, I'm not going to do that just to spite that person.

**Mitch Doig:**

Yeah. I mean, I don't know that people work that way, right?

**Rose Elbert:**

Right.

**Mitch Doig:**

I don't think that people love to be told what to do. I think there are people who like clear direction at times, and those sorts of things. But the idea that, for example, "I just have never been told that no is a thing that you could say to substances." If drug and alcohol counseling was that simple, then we would have no drug and alcohol problem. It would've been solved ages ago, but fundamentally, it's not just learning the words no. It's learning maybe the power, or the reason for saying no, or the alternatives to coping, or all those other things. And I think that the other thing that you keep describing when you keep going back to motivational interviewing, you've mentioned it's not that I'm better than you, it's that we're kind of meeting with some expertise. You're an expert in you, and I have some papers that say that I going to be in this room, and I'm honored enough to be here listening to you kind of thing.

**Rose Elbert:**

That was actually some of the feedback that I got from the ladies that I worked with. And one of them in particular, I pulled her aside to talk to her about her state. They were like, "You just think you're better than us. You've talked about you just finished school, and we all know you have a master's degree. You just think you're better than us." And I was like, "Oh, I didn't realize that I was coming across that way," but I could see because I was new there. And I kept having to introduce myself, and I kept saying, "I just finished my master's program." It was just relevant to my life, but I could definitely see how someone could be like, "Oh, she's just always talking about her master's degree." So I pulled one them aside, and I was like, "I don't know if you're going to believe me when I say this, but I do not think I'm better than you. These are the things that I see that you are so good at that I suck at, and I also..." I forget how I posed the question.

I was much more eloquent than however I'm going to say it now, but I was like, "Are you sure you don't think I'm better than you? Because I would love to work with you on that if that's something that you think may be happening. If you aren't valuing yourself, then maybe that's something we can work on together." I don't know. I don't remember even exactly how she

answered, but I remember her being like, "I want to think about it." And I was like, "I don't know if I can convince you of this because I'm sure there's been a lot of people that have said this to you, and not meant it, or lied to you, or whatever." I'm trying my best to genuinely express, "Don't think that I'm better than you. You're a hairstylist. I suck at doing my hair. There's lots of things you do that are way better than me, and I value those things."

**Mitch Doig:**

Well, I think that better thing's relative. I think that everybody has the person, or the thing that they maybe want to achieve. And I think, not to just only make our conversation about motivational interviewing, but I think that that's part of one of the really cool things about that practice is that people are getting to align themselves with the thing they want. And I think that's one of the big lessons that I know that I learned as a counselor is the what I think they want is sometimes wrong, too. Again, it's a hard lesson to learn, but also the work gets to be so much better when you just figure out like, "Oh, this is actually what you're working towards? It's not the thing that I just assumed because your court referred that you wanted to just not whatever it is." But...

**Rose Elbert:**

Yeah. Well, one thing that really stuck out to me in that movie Stutz, I felt very ambivalent about it. Part of it made me feel uncomfortable because it was like, "Is that allowed?" And then part of it was like, oh my gosh, that is something that I am so relieved to see is that Jonah Hill and his therapist, Dr. Stutz, they told each other they loved each other. They were friends, and not like I want to be... I don't want to cross those boundaries with my clients necessarily, but just seeing each other as people, and as peers. And it was just so refreshing to see two men being like, "You're awesome." "No, you're awesome," and really genuinely caring for each other. It was not something that I've experienced in my therapeutic relationship with clients, but it just seemed... I don't know. It was just really interesting to me that I was like, "Yeah. Well, obviously he doesn't think he's better than Jonah because he's the doctor." And I could tell that Jonah didn't feel inferior to him because he was his client.

**Mitch Doig:**

Well, and I think one of the things that jumps out to me too is we think about the concepts of celebrity, and he doesn't think he's better than his therapist for being one of the more famous people on this planet essentially, too.

**Rose Elbert:**

Right. That's true.

**Mitch Doig:**

I don't know because I remember when I first saw it, too. My initial thought was like, "Oh, is this boundaries?" And then, granted, I think the client gets to decide some of those boundaries mainly around confidentiality, but it is interesting to see the differences profession to profession. I think psychologists, they have a much looser ethical code than a lot of other professions, and I don't know for-

**Rose Elbert:**

Really?

**Mitch Doig:**

Yeah. I know that at least for some parts of the... I don't know if it's psychologists, or psychiatrists. But some of them, it's just your relationship once you've terminated your therapeutic relationship, there's no boundaries to that anymore. And I feel certain ways about that because, for me, a client is always a client kind of thing.

**Rose Elbert:**

Yeah. I always say, "When isn't terminated? What if they need you again?" "Sorry, we're friends now. I can't help you." What is that like?

**Mitch Doig:**

Yeah, and I think the thing for me too is that I think I always would tell clients, "I think you're really great, and do you want your friends to know all the things that I know about you?" And not that I'm judging them, it's just like, "Are you comfortable with a friend knowing all of these things?" And I've heard, "Yeah, that's fine," and it's like, "Okay. Well, I'm not comfortable being..." And then you end up having to navigate a conversation harder, but-

**Rose Elbert:**

Well, that was one of the things that I really struggled with a little bit in Fairbanks, but more so when I was working in Ukqiagvik because there would be people that I would work with that I went to high school with. I wasn't buddies with them in high school. I didn't feel like, but I definitely knew them, or just in general. The community there is very... I don't know how to describe it. There's something called [foreign language] which is when you see somebody you don't just say hello, but you hug them. Saying, "I [foreign language] you," is closest to saying, "I love you."

At least that I know of in the language, and there's just a very warm expression of, "Oh, I see you. Good to see you." Everyone's always just hugging each other, and we see each other all the time. It's a tiny community. So whenever we would talk about ethics, and dual relationships, and stuff, and I'd be like, "It would be weirder for me to be like, 'I can't talk to you in public.'" That would be a sure way of letting people know that I am their counselor would be to separate myself so much from them would be more of an indication that I am treating them in some way.

**Mitch Doig:**

Well, and I wonder too what the emotional impact is on that person if that is such a close value that maybe you're holding as an entire community. If you're like, "Well, I'm not going to hug you now." It's like, "So now that I reached out to you for help, now I don't-

**Rose Elbert:**

Right.

**Mitch Doig:**

... get to be part of your community?" Is kind of what I would imagine you're saying in that moment.

**Rose Elbert:**

Yeah, and I wouldn't necessarily hug my clients all the time. I don't even know if I ever hugged them, but definitely saying hello in the community. I tried to give them the chance to say it first, but I don't know. It's different. And I remember somebody even walking up to me in the post office and getting in line behind me, and she was like, "Oh my gosh, I relapsed so heavily this weekend. I need to come in and see you on that day." And just started like, "Blah, blah, blah," and I was like, "Okay. Yeah, no, totally." I was like, "I don't know how to respect your confidentiality in this moment." And I don't want to shut you down, and be like, "You can't talk about this here because it's your stuff."

But I think I was just like, "I don't have a schedule on me right now. Why don't you call me when I'm back in the office? And yeah, let's get you in right away." It was just sort of... But yeah, things like that would happen, or people... I would already be Facebook friends with them because Facebook is something that's used very much in the community. It's just a means of communication. People will go on and someone will type good morning when they wake up, and then everyone in the community will type good morning back in the comments section. That's not-

**Mitch Doig:**

You feel like I suddenly don't participate in that, then what?

**Rose Elbert:**

Right. And so, I had all these people that I was Facebook friends with just because they're like, "Oh, yeah. I know her. I know her. She lives here," or they'd see me at the store, and then I'd get a Facebook friend request later. And so, there was a lot of people that I would be Facebook friends with them already, and then I'd get their intake packet. And so, I would talk to them about it, and just say... I thought my Facebook is... I did make it more like my public life, not my private life because it's just such a public thing up there at least, or at least the way my friends were.

So I wasn't uncomfortable with what I was sharing, but I was also like, "You know that if we're Facebook friends, I may see things on your Facebook that I don't know if you want me to know." And so, there are some people that... And I didn't accept new requests from people, but it was all very hard to navigate, and not as cut and dry as it is in some more anonymous communities. Like this is a total stranger that I've never met before.

**Mitch Doig:**

I think that's the beauty, and the challenge of ethics. I do an ethics training, and the amount of times that I've heard people say, "I'm so tired of talking about this." We'll talk about dual relationships, and usually the context is around sexual relationships, and things of that nature that I think are a little more obvious. But every time, without fail, somebody is like, "I'm just so tired of having this conversation." And I say, "Me too, and there's a reason that we have to." And it's unfortunate, but I think that if ethics were cut and dry, it would be more simple. And also, it's never going to have all those answers.

I moved from a small town where I remember my informed consent was, "Hey, I'm probably going to see you in the store. If you want to talk to me, you can come say hi, but I'm never going to bring up your therapy, or things of that nature." And I would have clients that would say, "Yeah, I never want to address you in public." I'd be like, "That's totally fine." What that doesn't stop is their four-year-old running up to me, grabbing me by the leg, and saying, "Mommy, it's your counselor." It doesn't stop that from happening. And then I moved to the big

city, I moved to a metropolitan area, and I don't expect my clients to yell across a busy four lane street, "That's my counselor." You don't expect those things, and it's like-

**Rose Elbert:**

But they happen.

**Mitch Doig:**

And they happen, and I think the cool thing that you are kind of talking about is how important informed consent becomes to the relationship is you're like, "Hey, there are now some risks, and benefits to working with me." And I think that those will always be evolving. And I wonder is the certifying board of Alaska, are they pretty on top of knowing those, or supporting those rural and more metropolitan differences?

**Rose Elbert:**

I think the ethics that we use are the AMHCA, the Alaska Mental Health Counselor's Ethics, and they're not super duper... I think they're vague enough that it's... I don't know. I never felt restricted, but I did feel like some other counselors, people that were from outside, sometimes would be like, "Well, I just don't go to community events." And I'd be like, "I'm not going to not go to community events. I've been going to community events since I was 10 years old." And so, I think my personal boundaries and ethics were different sometimes just than my colleagues, but I don't feel like necessarily the ethical... It was the interpretation of them sometimes was restrictive, but not actually how it was written.

**Mitch Doig:**

Yeah, yeah. Well, they probably are written purposely loose for that reason then, too, I would guess.

**Rose Elbert:**

Yeah. I do remember one time I was working with a kid, and it was when I was at the child advocacy center, and I had been working with their family for a while. And one time we were meeting, and the little kid said to me, "Auntie, auntie," and I looked. I knew what he meant, but I must've made a face, or hesitated, or something. And he looked at his mom, and he goes, "Oh, is she my auntie?" And he was like, "Are you my auntie?" And I just kind of looked at the mom, and I was like, "I don't know. I don't know how to answer this." I don't really know what auntie means to you, and I don't want to be like, "No, I'm not your auntie." So I just let the mom answer, but things like that. I don't know. I could see how that would be like, "Oh, don't call me that," but who cares? Whatever.

**Mitch Doig:**

There's some level of growth that I think happens, especially with clinical ethics where people will make... I made some some very purposeful decisions with my social media presence, for example, where it was always private, and things of that to avoid those. And that had impacts for me. I talk to people all the time about how it's unfair in some ways, but you make those decisions out of maybe safety, or whatever reason you want to. And the cost is do you get to participate in the community the same way? Originally, a lot of my work was with tribal members, and I remember having to make this decision in the moment because I think one of



the hard parts about ethics is you can't pick and choose when you're applying them either. If you are choosing an ethic, you're choosing an ethic.

And I had to make a decision around specifically it was hugs because the tribal community members that I was working with, hugging was a big deal. And I remember being like, "Okay. So if I'll hug you, but not them, then I'm changing my ethics." And so, I had to really create a specific line about, okay, if a client requests a hug, I have a way that I do that. It's the side hug is what I decided was okay for everybody, but I think that you have to start to develop that own litmus test of you're like, "Am I willing to..." If, for example, somebody files a complaint, am I willing to have this conversation about it? And do I think it's worth those risks? I actually had an instructor. He said one time, he was like, "I'm not willing to go to jail for a client." He's like, "You may be." He's like, "But I'm not," and he's like, "So that's the line I'm drawing here." And I was like, "Oh, okay. I see how this works a little bit better maybe."

### **Rose Elbert:**

And this is interesting though. Something I've been talking about with my private practice where we're looking at restructuring, and we've been talking a lot about how people don't talk about the ethics of billing enough. People don't talk about the ethics of how your business is structured, or the ethics of how you treat your employees. Those are things that I wish were addressed a little bit more in ethics. And I feel like in nonprofit, and community behavioral health, so much of it is dictated by Medicaid. And sometimes I wonder about the ethics of it because it's where we get our money, and so we feel like we have to. But Medicaid especially, the documentation is so invasive. Yeah. The level of things that you have to document. Sometimes I'm like, "If this goes to court, I don't see how this could be not harmful."

And when I was trained to do Medicaid documentation, they say, "Don't put anything negative in there, but also you have to put everything in there." It's just very conflicting, and I wish there was more conversation around that. Around the ethics of documentation, and the ethics of listening to your funding source versus listening to your ethical code. And there's a huge difference between insurance, and your license. So many people get that convoluted. They're like, "Well, if insurance will pay for it, then it must be okay," but it's not always. And then, there's things that insurance is like, "You can't do that," and I'm like, "ethically I can, you just won't pay." I've noticed that a lot more as I've worked in private practice, and it's also made me, in retrospect, I wonder about the ethics of all of that documentation. Is it really necessary? It just seems a bit invasive.

### **Mitch Doig:**

Well, and I think, at least in my mind, a big part of that is also what the cost is. I'm going to lump everything into that term cost, what the cost is you're okay with. Are you okay with possibly not being paid for that service, or are you okay with the client having a documentation that casts them in a different light, or whatever it is? And I think the hard thing is just kind of ethics. If you had a set in stone example, somebody will always find the exception. And then, what risks do you take on by having that one exception pop up when it does, too?

Not to steer the conversation too much, but you do open a door for me that I want to talk about because you had mentioned this earlier in the context of something a little bit more micro, which is when you had decided I need to teach emotional regulations towards the curriculum that I can do that with. And you found a DBT one, but I'm curious how you would describe the necessity for people in the field to actually better the field. I think that that was immediately what popped up in my mind, but you're describing things now at a bunch of different levels. And so

I'm just curious, what are your views on that? How do you view the importance of the role, or what does that look like I guess?

**Rose Elbert:**

I just think it's so hard to do both. It's so hard to be someone that implements the work, and also be somebody that creates the tool. I think there are some people that can do both, but I think if Brene Brown, I don't think she has a caseload. I think she makes a lot of amazing materials that a lot of providers use. And I know she's maybe a little bit more like self-help, but certainly... I don't know. It seems to me like there's a division between people that are researching, and people that are creating curriculum. And then people that are... And not always because maybe when curriculums are developed, they have to evaluate them, and whatever.

I know the program that I was working at, for instance, at one of the huge places. One of the groups that we had was spirituality, and culture. It wasn't really a curriculum. It was just something that someone had put together years ago. I was working there, but it wasn't like an evidence-based curriculum. And I was like, "We really need a curriculum for the Alaskan native women that's about their culture, and their spirituality. And is maybe open for also people that are Christian, or people that are Muslim, or any spiritual world view."

But really, all we had was this really huge binder of philosophical questions, and I really wanted to work with a group to create a curriculum. And there actually was a group in Alaska that was willing to help. I just didn't have time. I was so busy doing my caseload, and teaching groups, and doing supervision. And I just couldn't put it on my plate in the time that I was there, and it didn't get done. I mean, I had someone even that was willing to help me with it, but it just takes so much time. There's not enough time to do all those things in one role. And I think so often one role will see the gaps, but another role has to fill that gap.

**Mitch Doig:**

Well, and it's hard too because I'm guessing then there's this other kind of aspect of let's say you do have this other group of folks who designs the curriculum, then you have to find the time to learn that curriculum. And I know a lot of licensure you have annual, or biannual continuum of education that you have to participate in. But I think staying up to date, it is a hard thing. This is a field that changes so rapidly, but also a field that doesn't, I think, too. So there's also that, "And," I guess, popping back up. But I guess to ask it more specifically, knowing that that's all true, and also knowing that you're the person who went to school for five years to just be able to do the other thing. How do you view the importance, I guess, of continuing the ed? Is maybe the question. What is the role of continuing ed for you as the person who does that?

**Rose Elbert:**

Oh, I think continuing education is really important. I think I've gotten more out of my continuing education than I did for my education, education. I don't know. I don't want to be like, "Boo," on master's. But I had my undergrad in psychology, and I felt like my master's degree was very much a repeat of everything that I learned in my undergrad, but with more expensive books. And then there were one, or two classes that were clinical skills. I remember we had... Well, we had clinical skills one, and two. And then, we had a group counseling skills. And I think those were the only skills that I really... Tangible skills that I got from my master's program. Everything else was more like understanding theory, and understanding how medications work in the body even though I've never prescribed that.

That still helps to know. I just feel like a lot of the education that I got in my master's program was unhelpful to me. I don't know. And maybe that's oversimplifying, but I do feel like every time I've gone to a training that I've picked out for myself, I'm like, "I want to learn about that." I walk away with, "This is something specific that I can do differently in my practice." Yeah. I remember even we learned about what motivational interviewing was. We learned about cognitive behavior therapy. We learned about REBT, and we learned about all these different theories. But then when it was like, "Hey, but how do you do that?" We were like, "Oh, yeah."

**Mitch Doig:**

Practice, practice, practice.

**Rose Elbert:**

"But when do we practice?" Well, and I found too that most... Even motivational interviewing, for instance, you can go to a training, but it's also a book. You can read the book, you can try to do what it says in the book, and I think it helps to have the interactive training. Someone coaching you, someone... A safe place to practice it that isn't necessarily just on your client. I think continuing education in that regard has been extremely beneficial to me. And again, I think I've learned how to be a therapist really from continuing education, and from my practical experience. Not so much from going to school. Maybe school taught me what to look for.

**Mitch Doig:**

No, that makes sense. One of my past roles, I used to do... What would they call it? Task advisor, I think, is what my official role was, but I would have students who were in master's program be like, they didn't teach me this. And I'm like, no. That's why you're doing this. You learn by doing. And then later, after you find a position, then you're going to go learn to do other things, that you're going to notice holes in your practice that you want to patch up.

And I think that, in some ways it will almost feels a little bit more like car maintenance to me, where sometimes pieces just stop working too. Again, maybe you start trying to advice give or something like that, and you're like, why don't my clients ever want this advice? And it's like, one, maybe we don't give it to them. But two, maybe there's a way to do that, that's better. Or three, maybe you're noticing that, I don't know, there's a new drug on the street that just you need a medication to address, and you have to go learn about the resources in your community, to get people to that program, or whatever it might be.

And so I think that, I don't know, when you mentioned emotional regulation, it just kind of jumped out to me. The people that I've seen do really well in this work, tend to want to be the people that want to find the answers sometimes. And it's not, again find them for the clients, but it's find those answers, so when you need them, they might be there, or maybe they're existing on the group schedule, or something like that for people to take when they're ready.

**Rose Elbert:**

For me too, I mentioned that I really learned about, I knew what DBT was, but it really became valuable to me when I was getting my own therapy. And I think that was a big thing for me, when I lived in Ukqiagvik and I was working with the mental health providers there, it was really hard for me to get help because they were my coworkers. It just was a different... I didn't want that dynamic. And that was another thing that was helpful since moving to Fairbanks, is I could get a therapist that I don't work with.

And so, I think that along with continuing education, just continuing to be aware and mindful of your own mental health and when you need help, not being like, "Well, I'm a therapist." Or, "I'm a counselor. I know what to do." We all need... People know that they shouldn't do drugs, but it's not about necessarily even what we know in our own lives. It's sometimes just about being willing to have this space, this therapeutic space where you can work out what you're going through.

But yeah, like I said, I had been familiar with DBT. I had worked with a residential group for young kids that went to a DBT group every week, and I went with them, and I was like, "What are all these weird acronyms and stuff?" And I was just sitting there on my phone in the back because I wasn't being feeling stuck at the time but when I got it for myself, I was like, "Oh, my gosh, this is so helpful and this would really be applicable to so many things." I think even at the time that I was receiving that for myself, we had someone at the facility who was borderline, specifically, and I was like, "Okay, we are doing the script."

But continuing education, for sure, but not just what CEUs can I get to check the box? And I get irritated sometimes with the ethics every year, or whatever, just because sometimes I wish the ethics would answer more of the actual ethical questions that I have every day instead of just telling me not to sleep with my clients. Like, "I know not to do that." Yeah, it's important, and it's not just the classes that you take."

### **Mitch Doig:**

Well, and I think the other thing that you're talking about too that I definitely want to touch on is one, there's an obvious thing here, is your surgeon doesn't do brain surgery on themselves or something. And it is funny that I've definitely fallen victim to the, "Oh, I should be fine." My big aha moment, I remember going to a therapist because I was experiencing some burnout, and I've taught a ton of meditation and relaxation classes in my entire career, and she was like, "I want to see you deep breathe." And I was like, "Ha ha, I know what to do." And she's like, "Put your hand on your chest and a hand on your stomach." And I was like, "I'm going to show her that I breathe with my stomach because I know diaphragmatic breathing is the way to do it." And she was like, "You're breathing a lot with your chest." And I was like, "Oh, gosh. Maybe I don't know how to take care of myself super well, maybe I lost sight of that along the way." Or whatever it is.

And I think that if we're talking about if this was a physical job, then I think it wouldn't be weird for us to say, "Yeah, you have to go to the gym, you have to take care of your body, and you take vitamins." All of those things. But for some reason, because we're sitting in a comfy chair maybe writing on a notepad, we're like, "Oh, there's no wear and tear." And it's actually your brain, your heart is the tool that you have to keep up. And so I love that you're saying that there's an importance of probably getting your own help too.

### **Rose Elbert:**

Yeah, I think at the time that I went, I had had chest pain for probably a month and a half. I was just really frustrated and stressed at work, and I was the supervisor and everyone was frustrated and stressed at work. And a lot of the feedback that I got at work was like, "Oh, we're so glad you're here. You're always so calm. Thank you." I was working with a really great team that really appreciated me, but I was so stressed out and I felt like I didn't have anybody. I didn't feel like I had a lot of support from my supervisor, and I didn't feel like it was appropriate for me to break down in front of my team where so much of the feedback that I was getting was like, "Oh, we don't know what we would do without you."

So I just was like, "Oh, yeah, I need somebody to talk to and I need probably medication because it's not normal to wake up and have chest pain all day long and then not be able to sleep until the chest pain subsides and then wake up." And it took me a month and a half to be like, "Oh." Well, actually no, that's not true. It probably only took me three weeks, and then it took me the rest of the time to get in to see somebody, which, again, was compassion building for me.

**Mitch Doig:**

Well, this is one of those things that I think people tend to overlook is we sometimes need to interact with the systems in order to know that it isn't just people not working hard enough. It is really complicated, for example, to find a primary care physician. It's really complicated. Let's assume you don't have a... Actually, even if you did have publicly provided insurance, but it's hard enough even if you have private insurance sometimes to find a certain provider. And so I think that it teaches us a little bit of humility. I think you had mentioned earlier where you're just like, "Oh, maybe people's options do feel a little limited at times, and maybe it does make sense that they resort to this thing." Or whatever it is.

**Rose Elbert:**

Yeah. Well, and I think also going through what I did with my husband and getting so much advice, and so much advice that was just actually kind of mean, being on the receiving end of so much advice that did not feel loving. I knew these people loved me. They were my closest friends, my siblings, and yet I just felt like they were being mean to me. I just felt like, "You're not really listening. You're not really understanding. All you're doing is saying you need to leave him. You need to leave him. And I don't want to leave him. I want to be here for him. Obviously I'm not okay with what he's doing, but I don't want to leave." And not everybody recovers, but people can recover. And I think when they do recover, a lot of times it's because they got compassion and they didn't get just snotty advice and ultimatums and all that.

**Mitch Doig:**

Well, again, not to say that high school Rose had it all right. But again, to go back to that, and at the end of the day, it's usually compassion. I think you've heard this before, but I participated in a really long motivational interviewing, like cohort training, I don't know, 7, 8, 9 years, however long ago. But I remember about halfway through it, they shared this research that showed your client's perception of how empathetic you are actually predicts better outcomes than even your skills do. And I remember being like, "I've been busting my butt to be such a good counselor this entire time, but I've cared and demonstrated how well I care this entire time too." And I think that we need to not lose sight of caring, because at the end of the day, the bigger important thing and then the skills support us in caring more effectively too. And it's not, like you said, with judgment or any of those sorts of things.

**Rose Elbert:**

And I'm not for everybody. I've had people that have been like, "Yeah, we should get you a new counselor or refer them to other places that better suit them. I think thing too is that learning that my advice is not what it's going to be, and I can't physically care for everybody. It's okay to be like, "Is this working, is this working for you?" The hard conversation

**Mitch Doig:**

Well, I mean it's ethical.

**Rose Elbert:**

Yeah.

**Mitch Doig:**

I think, I don't know. One of the things that I think of a lot is there's a trope or a stereotype of a handyman who just will milk you for labor and money and things of that nature. And I think about if you call the plumber because you heard a noise in your house and they're like, "Okay, we just got to replace all these pipes", and they do it, and the noise is still there. And it's like they're never actually saying, you know what? It has nothing to do with this. It's actually your furnace, or whatever it is. And I think that's part of developing that sense of ethics. It's say, you know what? It's not actually my services that you need right now. Or maybe it's I'm going to go to this five-year journey and come back and then I can do all of those things for you maybe, but it could be any of those things.

And so I think having those limits to our service is good. One of the things that I did really want to ask you today, and this is actually a big part of the reason that I asked you to do this interview, was because I love the way that you talk about caring with your clients. And I'm curious because the light that I see open up in your eyes when you talk about caring for your clients, I am curious what success looks like for you in your role? Not for them, but if you're like, I'm a successful counselor, what does that mean?

**Rose Elbert:**

I'm pregnant and I'll probably cry. I think I feel the most successful as a client or with my clients when I can tell that they feel safe saying something really scary. I remember this moment working with somebody who, she was always getting in trouble because people would say she was aggressive and I was working with her one-on-one and I didn't see her as aggressive. She was very loud, and mostly, she was just loud. And so then anytime that she had something to say that was negative, people perceived it as very aggressive. But yeah, anyway, mostly she was just loud, which is aggressive in some ways. But we were talking about how she really wanted something that was close to her typical relapse.

It wasn't that she wanted to use, but she was like, I think it was a boy or something. She was like I really want to get back together with him. And I was like, you can do whatever you want. I don't know. And then she kept rebelling. I would kind of open and say, well, I mean you can do that if you want to get back to him. And she was like, well, no, I can't because then blah, blah, blah, blah, blah. And I'm like, oh yeah, you're right. You probably would, that's a good point. She'd like, no, it's not good. And I was like, do you notice what's happening here?

I'm agreeing with everything that you're saying. You're still arguing with me, which is fine, but what is happening here? And I was like, are you feeling really rebellious right now? And she had brought up this word a couple times in our counseling before that this mischievous was kind of how she identified it. I was like, are you feeling rebellious or mischievous right now? And she was like, "Yes, definitely. That's coming up for me." And I was like, and do you feel that way towards somebody? Or do you feel that way towards me? Or do you feel that way towards this program or towards this man?

And she got really quiet. She started crying and she's like, I feel this way towards myself. I am rebelling against myself. And I could feel that this was a really big moment for her. That all of her life, knowing some of her story that she had felt like she was rebelling against other people. And this moment of realization that she had that, she was like, I'm doing this to myself. And we just sat there and she started crying and then I started crying. But it was like she just had this

realization. She said something truly terrifying. She was like, "I'm mad at myself. I'm stuck. This is inner conflict."

You're right. I could leave. You're not stopping me from dating this guy. You're not stopping me from moving to, there were three places she was thinking of leaving and she would change her mind every time. Yeah, let's make a plan for there. Okay, let's make a plan for there. This is our new plan. I just wasn't giving her any resistance. And that felt like a really successful moment to me. And I think that's really what it was, is that she was able to say something really scary.

And I think it's happened in small moments other times too, maybe less grand. I was talking to a teenager recently who said to me, "Oh, I've relapsed on opiates again." And he was like, "I haven't slept in three days." I was like, opiates don't do that. Opiates don't do that to people. Opiates don't keep you up for three days. Are you sure you're not using meth? Are you sure that what you're using hasn't been laced with something? I don't know. It wasn't like, you're lying to me. I was just like, are you sure? And he kind of sunk. And he was like, "Yeah, I've been using meth."

And it was just a simple reflection, but I felt like I did a really good job in that up until there we had a good relationship and I was able to be like, that doesn't make sense to me. That's not what kids do. And then he was like, okay. I think those are the moments that I know I'm doing my job well. And then it's usually a bunch of things I did before that moment that made those moments possible. And I really keep going back to motivational interviewing. It's in a lot of other modalities as well, but I think that's the one that's most familiar to me. And I really appreciate just the way that motivational interviewing is. It's not mind control. It's not making people do what you want. It's really just a method for understanding where people are coming from and believing that they want good things. I don't know if that answers your question.

### **Mitch Doig:**

No, and it's fun seeing you go there because I think it's fun for me for a lot of reasons. As somebody who, one, I miss the work dearly. I don't know if I gave you this context, but one of the reasons that I wanted to start this podcast was because I was somebody who got further from the work in the pandemic. And part of me is maybe the word I want to put on there and I'm hesitant, is guilt. There's a little bit of a guilt for getting farther away when the community needs people like you more for sure. But I think the other reason that this excites me is because as somebody who cares so much for the field, I love that you are not saying, oh, the success is when people figure it out and they enter recovery, the success happens a lot much further before that.

The success is those moments where you are the person who's good enough to create and not good in the skillful way, but you deserve for clients to, you've earned the respect and the safety for clients to say, here's this thing that I need to tell you. There's this thing I feel a little bit shame about and can I pull some of the shame off of me for a little bit of time to talk? And I think that for both of those examples, I feel a little emotional, just because I've been in that room and had that weight just immediately drop on the floor for a little bit and you get to see somebody just, they're more uncomfortable, but they're suddenly more comfortable with themselves in that moment. And I think that that's something that you created through not that 55 minutes that led to that conversation. It's those weeks of time of proving to them like, yep, I'm still the safe person. Yep. I'm still not going to judge you. Yep. I still care about you.

### **Rose Elbert:**

And I guess I like to think of the being in recovery or completing the program, those are their successes. And I try not to attach myself too much to those successes because even if they don't complete the program, but they don't, then those are also my failures and I don't want that.

**Mitch Doig:**

That's true.

**Rose Elbert:**

A bit of self-preservation. But I feel like those, I really do feel like most of the work that leads to people completing a program or improving their mental health is done outside my office. And I really want people to be able to take credit for that. And I'm happy to take credit for the thing that I feel like I offer, and I feel like what I offer is a safe space to start and to shift your thinking and say it out loud for the first time maybe. And so that really is what feels like success to me is when someone is saying something that's hard to say and they can tell they feel safe saying it, and we can do that together. Those are the moments that stand out to me in my career are not necessarily the moments of like, oh yeah, this one person's been in recovery for eight years, but that person that I was talking about, I think she's relapsing even. But that was a really successful moment in our relationship and in my career.

**Mitch Doig:**

This might be my own kind of personal value I'm bringing into the conversation, but I think you're also describing, I think the importance of this thing that as a larger concept is being embraced by the field more and more. But this concept of harm reduction, I think harm reduction can be in a moment. And I think that you being the person that somebody can say that hard thing about, hard thing to for a quick moment, you're reducing a little bit of harm in their life or if they're sober or they're in some sort of thing that they would define as recovery for three months, that's three months that maybe their body's getting less harm. That is invaluable at a certain point. And so I think that those are successes too, that are worth recognizing for them too.

**Rose Elbert:**

I remember one time, maybe I had shared this actually in the training that I did with you where I was practicing using metaphors and this client of mine had said, she was like, "I'm just swimming in this sea of problems." Oh no, she was like, "I have so much going on. I have so much going on. It's so much." And I said, "Oh, it's like you're swimming in a sea of problems." And she said, "And I wish I was a starfish. I wish I could just anchor myself to something while everything else swam around me."

And I was like, okay, let's do that. Let's find you something to anchor to. You could be a starfish. Let's put starfish all over your room and let's find things that you can anchor to. And that was a really successful moment to me that like, oh, that was a really hard thing for you to say that everything's so crazy. And I just wish I could just stay still and not be bounced around with it and try to keep a log all of these good moments. So then when I'm having a moment where I'm not connecting as well with clients. It's like, I'm still a good therapist.

**Mitch Doig:**



Well, yeah, and that's the funny part too, right, is I think that is one of those other hard unfair things about this field is we do become attached to the outcome sometimes like a mechanic for example. Not every car they ever work on works for the rest of eternity, but for some reason for us, we suddenly do. Yeah, how dare us. But I guess the last thing that I want to ask you about is if there's anybody that's maybe at that point where you are, you switch your major to psychology and you're like, I do want to help people. I want to go through this.

What do you imagine they might want to consider or what would excite them about this work if they're at that place of, you know what, I do want to help people, I'm switching my major? Or maybe they just finished their four year or whatever it is. And that can be for as broad or whatever it is you want, but I'm just curious, what would you say to the people that are like, maybe I do want to be a drug and alcohol counselor. Maybe I do want to be a substance use disorder counselor.

**Rose Elbert:**

I think you can use counseling skills all the time, and I think just start using those skills in your day-to-day life. I think one thing that I find really helpful is that I try to incorporate a lot of my personality into being a counselor, so I don't feel like I have my work person and then my home person. I really try to be myself when I'm counseling people. And I think that if you can learn to not make it your whole personality, but learn counseling skills or practice just listening to people, practice not telling your friends what to do with their lives and practice just listening to your friends and practice listening to children and not teaching them how to do things, and practice playing without telling anyone what their roles are in the game and just see how that feels.

I think also there are so many volunteer opportunities and we've mentioned a few times the nonprofit behavioral health field is grossly underfunded and there is always a space for volunteers. I think that the more that you try and do the work, you'll find out if it's a good fit for you and grow to really find where you are going to fit. It's so broad, so many places for a substance abuse counselor, and there's so many places for a mental health counselor or a behavioral health, whatever you want to call it. Just get out there and volunteer places and then try to see if it's a good fit for your personality.

**Mitch Doig:**

I was just kind of imagining it in my head as like, it's not necessarily a spirit day costume you get to take off.

**Rose Elbert:**

Those are good pictures.

**Mitch Doig:**

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