Episode 68: Emma

Hi and welcome to Social Work Spotlight, where I showcase different areas of the profession each episode. I'm your host, Yasmine McKee-Wright, and today's guest is Emma, a social worker and youth worker who achieved accreditation as a Mental Health Social Worker while working at Headspace. Emma has expertise in a range of trauma informed therapeutic interventions including work with disordered eating associated with ADHD, the impact of CPTSD in ADHD, and the comorbidities of anxiety, depression and burnout. She has a passion for work in reframing and healing from shame associated with ADHD.

Yasmine Thanks, Emma for meeting with me today. I'm really glad to have a chat with you about your experience in social work so far.

Emma No worries. I'm excited to be here.

Yasmine I always ask when you started as a social worker, and what drew you to the profession? How did it all begin?

Emma So I started working as a social worker post my degree in 2015, start of 2015. But yeah, my pathway to social work, I didn't know what a social worker was when I was in high school, didn't really know what I wanted to do either. And so was just kind of cruising through high school, not loving it, actually hating it. Hating school, I have ADHD and was undiagnosed. I also am dyslexic and was undiagnosed. So school was not really built for me, and I was pretty keen to get out. Didn't think I'd be going to uni. And so I ended up when I left school, looking around at a few things, and always interested in people and why we do things we do. Mental health was a big passion of mine, and emotions and understanding emotions. I was a bit of a nerd in that. And I found youth work at TAFE. I loved it. Started doing that and just loved it. I had a teacher who was social work trained, and just clicked with her. And because I, for the first time had a passion for what I was learning, I was actually doing really well at it. So as I've learned, and understanding ADHD more, we're passionate driven. And so school didn't really have anything that was remotely social work related that I could do. So yeah, when I saw her and the knowledge that she had, I was like, I want to learn more. I'm not equipped to be doing this just from my Certificate, I want to keep learning. I just want to get all the knowledge I can get. I looked into social work, I looked into psychology, and I loved with social work, I looked into like all the subjects I was like, yes, love those. I love the diversity of social work. I love the different people, the different areas you can work in, I love the flexibility and the kind of I don't need to decide right now where I want to end up. And so love that. So that's what kind of led me to it. I ended up going to uni as a mature aged student after I did TAFE, and got in that way. And hard to get through, really hard, melt down every semester. But got through, a lot of support from my, my amazing sister who helps me with my study. And yeah, kind of started. I was also working in the field at the same time. So I was working in family support. And I'd worked at a youth refuge. And I worked at preschools and worked a lot with kids. And so I just had been getting little snippets of kind of experience. And yeah, trying to figure out where I wanted to be in that.

Yasmine Yeah. So given that you had all that experience in the background, you'd done the study and youth work, and you had a very clear passion, but you weren't really sure where it was going to take you, what were your placements and how did that help shape things for you?

Emma Yes, I was one of those kind of annoying students that organised their own placements even though you're not supposed to. But I, because I kind of, I thought I knew what I wanted to do. So at the time, I was like, I want to work with families, I work with kids. And so my first placement was in family support, but it was very different to the family support I'd worked in. So I wasn't, I didn't want to do the same thing. But it was very different. It was different areas like of Sydney, different demographics, but also the family support I worked in was more around parent education and case management and financial struggles and just kind of general family support. And then my first placement was almost 100% domestic violence related family support. And so we were running groups for kids and doing court support. And I just got a lot of experience and understanding about the dynamics of domestic violence and identifying it in relationships and families and the impacts on kids. And that really helped as well for my mental health awareness, which eventually I led into. My second one was child protection in FACS at the time, DCJ now. Yeah, so that one, that gave me a lot of experience and I really loved doing that. Particularly going from family support, which is like the other side, because at family support, they've got kind of a perspective of child protection, and child protection kind of there's that whole like how do we info share? How do we work together? But you're kind of like, everyone wants the same goal, but kind of have different perspectives and different knowledge. And so I really liked working in child protection, understanding how the process works, and what goes on behind the scenes that you don't see in the community. So I think that gave me a really good foundation, and made me realise I don't want to work in it. But I very much enjoyed it and very much respect the workers, and helped me to understand how to work well with child protection, as well.

Yasmine And so I imagine the family support work would have been trying to focus a little bit more on early intervention, trying not to get it at that crisis stage. And then the second placement being the real child protection, this is crisis management. This is how we deal with things. Very bureaucratic, less flexibility, quite likely.

Emma Yes, yeah.

Yasmine And you liked more of that early intervention slash postvention probably of OK, we've hit that crisis point, how do we then help bring back to some sort of level where we can pick up the pieces and really look at what we've learned from the process?

Emma Yeah, absolutely. And I think I was in child protection in a really critical phase where they were introducing that practice first. And so it was really cool to watch that transformation. I mean, I know they're always trying to transform, this is New South Wales. And so trying to kind of improve practices and, but it was really interesting to see the changes that were coming in. And that was, yeah, it was really cool to be a part of that, too.

Yasmine Yeah. And what was your capacity as a student in that role? Because obviously, there's a huge amount of legislative stuff that goes on behind the scenes, and you would have a certain delegation of tasks that you could do. But do you feel as though there was some blurring of the lines between student and practitioner? Do you feel as though you had a enough of an opportunity to learn without being thrown into the deep end?

Emma Yes, I had a amazing supervisor. She was really good. Like she was really passionate about training, and really helpful for seeing potential. And I think because I'd done a lot of work in family support nd in my work in the youth refuge, I actually worked with some of the kids that were linked to that exact DCJ. And so at one point she said, sometimes I forget you're not, you're not a case manager. And I was like yes …

Yasmine I don't.

Emma I know you do. Yeah. And so it's helpful to have that relationship with your supervisor where you can say, I'm overwhelmed. This is too much. And I remember at some point she was saying okay, so we're bringing these meetings, I think if you can run this family mediation meeting, we're going to have baba, baba, baba, bah, these people here, these stakeholders here, the whole family is going to be here. I'm going to be talking about what's best. And I was just like okay, okay. Yep. And I was like, I have anxiety. And she was like okay. All right. We won't do any of that. I was like thanks.

Yasmine Good on you for speaking up though, and not just drowning.

Emma Well, because it was very tempting to be like, just pretend you can do it all. But it's not, it's not what it's for. It's not what placement's for and it's not helpful for the families as well. And I just, I mean I probably could have done those things, but just didn't have the capacity. Because it was, it's a very overwhelming placement. And placement in itself is quite overwhelming. You're learning to have emotional boundaries, you're learning to deal with … my first placement in family support I experienced vicarious trauma for the first time and like understanding how to, supervisors are the best. I'm just, I'm so lucky I've had good supervisors. And I know that some people have struggled with having kind of more absent or distant supervisors, but I've had some really good ones. And just rather than kind of going, do you think this work is for you, like kind of actually going this is, you care, and that's a good thing. Let's work out how we can do that and harness it for good, and learn to process, and rather than desensitise yourself, like work through what's going on for you. And that was really, really valuable. So having gone through that, I mean, FACS is a whole other kettle of fish. And so it was just a lot. But I think those two quite intense experiences really helped me to learn to go okay, I need to care. And I saw desensitised workers, and I was like, I'm not ending up like that. I like that I care, but it needs to be sustainable.

Yasmine Yeah.

Emma Yeah.

Yasmine In the community development aspect of the first placement were there any really neat initiatives or programs that you got to be part of?

Emma Yes. We did Love Bites programs. So they did in schools. And I ended up later on in my subsequent roles actually kind of running that in my work. But I was kind of observing as a student. The Love Bites program I think is still going at the moment. Yeah. And so going into schools and getting a bunch of different workers in the community from different organisations for youth, or families in general, and teaching students about respectful relationships. And so they do kind of a half day on domestic violence or intimate partner violence or family violence, and then half the day on sexual assault, consent, and sexual abuse. And it's amazing. It's really hard. You've got to be, you know, so present with the kids and watching for like, who might be triggered, but oh my gosh, I wish we had that when I was in school. You know, teaching kids about healthy relationships and respectful relationships is so important. So yeah, got to be a part of that which was really cool. And I also got to observe a lot of parenting groups, but also there was one that was the domestic violence support group, which the first group I was observing in, and then I was able to actually run the second group, which was so cool. And by the end of that group there was about three or four women that were like, I don't make friends,

I'm not here to make friends. And just kind of like really like protective, protective of their trust, understandably. And as we got through, you just started to see those walls kind of break down to the point where they were meeting up after the group. And they were, we all went out to lunch to finish the group. And it was just, that was such a cool moment for me to kind of see the value of groups, which is one of my passions, is group work. And so to see like, yes you can learn this stuff, you can Google this stuff, but to be able to share your experience and have others go yeah, me too. Or like oh, that makes sense. So that's really cool. And to value your growth as well to kind of go oh, I've got something to offer other people who are going through the same similar situation as me. So I really enjoyed doing that in my placement as well.

Yasmine Yeah, those are such great opportunities as a student, because a) it breaks up your placement. And that kind of, it reduces any sort of monotony that might have been building of the day to day, but it provides so much confidence, at least in my experience of group work as a student of just, I can actually transfer this knowledge and this understanding of how things work to this specific scenario. But also get confidence from feedback from group members, of this is actually really helpful. So yeah, I can't speak highly enough about, it's funny you mentioned Love Bites, just the episode before this with Jazmin, she works in schools, and she runs groups with specifically adolescents with behavioural and engagement issues in school. And we were talking about Love Bites. And I've done the facilitator training many, many moons ago. And I think even just doing the training, even if you're not actively running the program, you get that opportunity to network with other agencies in your area that are on the same wavelength and doing similar things. And you can then refer in and out and you can even just incorporate some of those strategies in the one on one or the other group work that you're doing. So …

Emma Absolutely. I think that that networking was one of my favorite parts. Particularly, so I worked in the Bankstown area in a few different roles. And I've worked in lots of different areas, which I love because I'm like oh, new area, let's like map it out and network and who's around and what services are around, but I just, props to Bankstown. I love Bankstown and the area there, which is now Canterbury Bankstown, which is a lot bigger. So that changed the dynamics a bit. But I remember the networking there was just next level. The interagencies were so well run. I think the council, there's a lot of credit to the council there. I remember we went to a stop domestic violence conference. I don't know what year it was, but it was in Canberra that year. So it's in Canberra, and there were about six of us from Bankstown from all different, there was only one per organisation and I, we recognised each other and we're like hey, and we all like ate together. We all spoke like about our stuff. And it's like we're colleagues, working for different organisations. And that's exactly what it should be as community workers. I just loved it so much that we were able to share that experience and be like how are you, like how's that going? And how's that going? And we're like oh, what resources are you gonna get? Have you seen the St Luke's stuff out there. Like, it was just really cool to kind of share that as a network, and I think that's one of my passions as well.

Yasmine Yeah, you need to find your people. My second placement was in the Canterbury area, actually Canterbury City Community Centre, and my role as a second placement student was to set up a Men's Shed, which I managed to do by the end of the placement. And just yeah, these people get paid so little. I feel, I feel so bad because, you know, community roles, I think it's now the SCHADS, but back then it was the SACS award, these people are working their butts off, and they deserve more. And I just feel like where's the equity here. But you've got to find your people. Find your people, build on that combined passion, because inevitably that's what gets the results for the people on the ground, which is what you're doing it for in the first place.

Emma Oh, absolutely. And I absolutely saw that, because you work alongside, and so because we've got different roles, we were able to do that shared care kind of stuff so well without having to be like oh, email this and email that. It was able to be like, we were able to define roles a lot more. So I remember working in mental health and working with Benevolent Society and Brighter Futures. And so we're able to kind of go what are you working at? What are we working at? And working at where the consent was with what we shared. It was just so much easier when you're like we get each other. And we know we trust each other. That's the key. I think learning like to trust each other that you're, I didn't have to kind of dictate to you what to do. I don't have to be like, are you doing the right thing? Are you, do we have the same goals? Do we, are we working with them the same way? Like we just trust each other. Because we go to conferences together and we talk about our values and our passions and you know what we care about. And so that's yeah, I loved it.

Yasmine Brilliant. I'm so glad you had well, they were both good placements, different challenges, different opportunities that came up, but I'm glad that you had good experiences on both. What other training have you done since graduating? Because you're an accredited Mental Health Social Worker, you've done some emotion coaching.

Emma Yeah.

Yasmine How did you find all these other things to study or to learn about, and how has that helped you going forward?

Emma I'm a training nerd. I'm, I love it. I'm always looking for, I'm currently trying to like get my next training up and running. I want to do EFT, that's my new passion right now. Yeah, I think I've just, every year I'm like okay, how much is my training budget? All right, let's plan it out, let's work it. What am I going to get? What am I going to do? I love going to conferences where you can kind of hear lots of different workers. I think COVID has been really hard because a lot of my trainings got canceled. And then everyone's trying to switch to online and be like no, you can't, you have to do this one face to face. It's like, do we?

Yasmine Yeah.

Emma Like you just got to learn how to do online differently. And it's been, that transition's been hard. So I feel like in the past few years, I haven't done as much as I usually would, but been doing a lot of online research instead. So in terms of what I've done, I've done a lot of trauma training in different areas. So the kind of, DV alert. So I really enjoyed that training and a few of the other kind of accredited ones like the Mental Health First Aid and ASIST, the advanced suicide prevention. But I think it depends on what my role is. And I'm very purposeful when we do kind of supervision or performance review, because I'm like, I'm a person who's like, Oh, these are my goals, bla bla bla bla bla bla bla bla bla, and I need someone who's like okay, let's just pick some.

Yasmine Contain.

Emma Contain them, let's prioritise. And so yeah, when I'm in a role I kind of use who I'm working with, okay, I want to know more about that, I want to well, this is going to be beneficial. So I kind of like to tailor it to what I'm doing. Having said that, my goal of becoming an Accredited Mental Health Social Worker was a very long goal for me, the longest I've worked at anything. Which is pretty cool, and I'm pretty proud of. But throughout that time, I definitely

wanted to tailor a lot of my training towards mental health and the focused psychological strategies. And so I've done training on DBT, ACT, lots of different, you know, the umbrella of CBT under different names, and again, a lot of like, the trauma informed care. So I've loved the training with Blue Knot particularly, I loved their training. We did an amazing training on trauma informed working with transgender youth, which I've worked at Headspace for a while and you know, working with a lot of kids, kind of Headspace being very open about supporting young people through understanding their their gender identity, gender expression. And so we had a lot of kids coming to us just kind of like wanting help through that journey. So it was really cool to be able to do training that's trauma informed, and particularly with Blue Knot, and understanding how we can best support young people and their families to understand. And again, being in Bankstown, it was a lot of working with different cultures and religions around gender and sexuality, which was a challenge, but yeah, very worthwhile for the young people.

Yasmine Also very diverse from a socioeconomic perspective.

Emma Yes, yeah, definitely. Yeah.

Yasmine So just people's opportunities in the first place would be very different. And therefore, you know, where are they starting from in terms of their health literacy or understanding of some of those relationship dynamics?

Emma Yeah, yeah, for sure.

Yasmine That's so good. So what's your current role? Where are you working, and what kinds of things do you do day to day?

Emma So I'm working at The Divergent Edge. I am a Mental Health Social Worker. So I do individual therapy with adults, and particularly working with neurodivergent population. And so we're a neurodivergent led organisation, which is my favourite part. And we work with mostly with people with ADHD, we've seen a huge kind of revolution, I guess, and revival of women, particularly understanding their neuro divergence. We've seen that with a lot of autistic women understanding their brains, because we know that ADHD, autism, dyslexia is just not picked up in girls often.

Yasmine Yeah.

Emma It's happening more and more now, which is good. But sadly, through the 80s 90s, early 2000s just wasn't a thing, you know. And we know that the DSM is kind of written based on research around boys. And so it's a lot about like, that hyperactive boy that's naughty and disruptive. And that's sometimes the case. But also, I feel sad for those boys, because I talk to a lot of the men who were just told have these meds because you're naughty. That'll help you focus because you're not listening in class and you're not, it's behaviour focused. They're not taught about their brains. And so we work a lot around the challenge of being undiagnosed and the challenge of being diagnosed young, as well. And so helping people to understand themselves and understand their neurodivergence, rather than the kind of symptoms of. So a lot of the time we find people are misdiagnosed, or their symptoms are diagnosed. So you're diagnosed with anxiety, depression, a lot of the time borderline, bipolar, that just doesn't fit right or doesn't sit right with you. It's like a part of the puzzle, but doesn't kind of answer everything. And a lot of people come to us saying I've just been to therapist after therapist after therapist, and I just, like I get it. And some of it's been helpful, but it just just can't change things that I want to change. And, and it just makes sense. When you look at mental health without looking

through the lens of ADHD or autism, you just can't do it in the right ways. You know, that whole like, just do meditation, which I'm absolutely all for. But if we don't do it in a way that validates that this is going to be extremely hard for you. And we have to, like reduce the shame around like, I can't switch my brain off, I'm failing at meditation, I don't want to do it. And I avoid all the things I know that are good for me, and then do things in just a slightly different way, in an ADHD friendly way, or an autistic friendly way, then it may work. But it's just setting yourself up for failure most of the time. So that's what we found mostly with the work that we do, that that kind of validation and that, particularly why I said I liked the neurodivergent led part is because we can go yeah, I get it, without kind of over disclosing but being able to say, we don't work from that place of like, I'm the expert, you're the helpless or the that paternalistic way. It's very much like yes, I have a lot of knowledge that I'm going to share with you, but also I use it on myself all the time. And this journey of recovery or journey of wellbeing is lifelong. The journey of growth is lifelong. We're not looking for when am I gonna be done with this? Like, we're never done with it. And so we want to model that this journey is forever, you know. We get therapy ourselves and we're always kind of wanting to continue growing and also growth is not linear. It's going to be like this. And so I'm very passionate about that part of mental health because I don't want people to feel or attack themselves or feel down on themselves, when I was going well, and then I've stopped doing those things and then negative negative about themselves, rather than like, was doing well, not doing so great now, but I know what works now. I remember what works when I was doing well. So I know how to get back on that trajectory. And I'm never gonna be in that lowest dip again, because I know what I can do. Because sometimes you can get triggering to be like, I'm feeling depressed again, I'm gonna get to be in the pit. It's like, okay, well, you feeling depressed, and that's normal to go through those waves, but it doesn't mean you're going to be back there. It means, you know, you can do the stuff you know how to do. And you can make those choices to do something different this time.

Yasmine Yeah, it's a very similar mindset to supporting people with addiction, isn't it? Because it's a lot of that counselling involves acknowledging that, yes, you may have fallen off the bandwagon, or you may have not been able to adhere to whatever program or schedule that you are hoping to. But just because you've fallen off doesn't mean you need to stay there and keep doing whatever, I guess, perpetuating that issue that might have caused that in the first place. And so just yes, acknowledging that's fine. That's okay. That's normal. Everyone goes through this. But as you said, remembering those things. And yes, I do have the capacity because I've done it before.

Emma And I think that noticing, I'm just remembering my placement in child protection. And my supervisor said, we were talking about something else, I think it was about myself. And she was like, notice without judgment. I remember at the time just being like, what the heck. I mean, like, how. How do I notice something without, I just did not get it until like, maybe a couple years later, and I was like, ah. And I say it all the time to people now. And especially with the negative thoughts you get, intrusive thoughts, we notice them without judgment. Our behaviours, we can notice them without judgment. Our emotions, notice them without judgment. Because the judgment is what manifests it. It's what gives it power over you rather than you power over it. And so, yeah, that's something I've carried with me a lot through my work in mental health, and through my own work as well, because it's something I can very much say to other people, and then be like okay, you need to do this work yourself as well.

Yasmine Yeah. Some of this may sound familiar to some of my listeners if they listened to episode 56, with your fearless leader Dani, who herself received a diagnosis of ADHD later in life. And it sounds as though that was a similar experience for you. You mentioned that you did have a difficult time jumping into university life after I guess the TAFE environment and the

supported structure that that might have provided you, to a position where you had to just conform to the norm, and university is very much well, why can't you keep up? How has that, I guess diagnosis, that realisation, informed the work that you're really passionate about doing.

Emma So much. Yeah, I think that it's so important to know your brain, to understand it well. Because for me going through uni, I'm gonna get sciency because I get excited about it.

Yasmine I love it. Yes.

Emma Good. So for ADHDers, the whole kind of system with our brains, we create dopamine in our gut. Sometimes, they've looked at the kind of the why behind ADHD, sometimes it's the struggling to produce dopamine or lack of dopamine, it's also how our receptors work. And so we process it too quick. So our brains are like, which makes sense because it's just always going. And so it goes in and out. And we don't retain it. And so we're always seeking dopamine. And if we know that something's not gonna give us dopamine. It's not that we don't want to do it, it's that we can't. That was a big realisation for me. Because it's like, why am I so lazy? And like, if I was lazy, why would I be sitting here full of anxiety, but not being able to do anything about it? So the whole classic leaving till the last minute, what we have to do as ADHDers, is we don't have dopamine to start tasks, because we're like, if I start this, I'm not going to get any dopamine from it until I finish it. And because it's an assignment, I'm not going to finish it in one go. So I know that when I start this, I'm not gonna get dopamine. Obviously this is not a conscious thought, but our body's like no, this is not what we need. We need dopamine. Start scrolling, start eating, start cleaning, do something else to get some dopamine. And so what we use instead, what our body does, is I know what'll get us going - cortisol. So get stressed. Adrenaline. We love a challenge. Clean your room before someone gets home, clean the whole house before you've got guests coming over. And so we run on adrenaline and cortisol to do things. So that's why last minute works for us. Because we're like … cortisol of like stressed, you're not going to get this in, adrenaline of I've got three hours before I've gotta turn it in, I've gotta smash this out. And so it's really not sustainable, especially if you've got a few things due at once. But that's what my uni life was like. I really wish I understood my brain prior to going to uni. But I made it through. Surprisingly I didn't fail anything. And I think my, again my sister, who has been an amazing support to me, was often there to help me edit last minute, and being like can you just read over it? That was me kind of getting through uni, is using that kind of adrenaline and cortisone. And I think that that worked for me. That worked for me through high school as well. But the challenge that was my biggest, that I did not realise about was dyslexia. Because I thought, well I can do essays, I can write reports, I can read. I can do these things, I just really struggle. And I didn't understand what dyslexia was, really. You know, and I think as I was going through uni we were, we were typing, and so we did have spell check. I didn't kind of think too much about it, because I was like I can fix this. And just give it off to my sister, edit, all fine. But it's a lot more than that. It's about the way that I've struggled throughout my career with admin work. Just so much. So much stress around it. Because it takes me a lot longer to do things than other people. Because as I'm reading, as I've learnt, I have to decode whilst I read it. And so because my brain can kind of just flip things and jump sentences. And so I have to read a bit slower, and it does take me a lot longer. So therefore kind of writing is similar as well, kind of constructing thoughts, writing them. So I mean, dyslexia presents very differently in lots of people. I thought it was just part of my ADHD until last year I learnt a bit more about it, and understood meds weren't working for that part. Yeah, so that's been really helpful because I can see that in myself, I can see in other people, and I've helped identify it in a lot of my clients, some who even are gifted, and so would not have been picked up for dyslexia because their giftedness masked it. So what I've learnt I had to do as a kid, was just learn the rules. Learn the

grammar rules, learn the spelling rules, just memorise all the rules. Which in English, is not always that helpful.

Yasmine No, the English language is ridiculous.

Emma Those rules don't always apply 100%. So it just screwed me up a little bit. But that's kind of what masks it a bit, is that I can just, like I can read something and go, like I can write something and then instantly go you've spelled that wrong, cross it out, spell it again. But my brain doesn't do that first. So it's really interesting. I find my brain fascinating sometimes. I'm just like how did you, why does that happen? You know how to do it, but you just don't, I can't do it. And then I look at it instantly and I'm like, that's not right. And so in terms of how that influences my practice, is that I can explain to people the myths around ADHC and dyslexia, and how that what we thought it was, or what we think it was is what society paints the picture of what it is, is not always what it is. And it's got nothing to do with intelligence. And I think that is what is often like thought about. And even people that don't do well at school, which I kind of love, because when I worked with youth, I told them this all the time. And I can say this to my clients as well, and I work with some young people with ADHC, and I'm like yeah, we've got to find your passion, because when you're in the zone, you know the stuff. And like your researching stuff has nothing to do with what you're learning, but you're not dumb, you're not stupid, you're not lazy or careless. You are intelligent, but you just need to find what you love. And then man, I'm just researching everything. So that's definitely how, like reducing the shame, so I had to do a lot of work on myself to reduce my own shame around the reading, the writing, the inattentiveness, the hyperactivity, the impulsivity, and I continue to, because it doesn't just go away. These are things we've been told our entire life, they're kind those kind of core beliefs in our brains that we need to challenge often. And not everyone understands that now even. And so I'm very lucky that I'm in a workplace that is neurodivergent affirming, and understanding as well. Because I was able to speak with Dani around my dyslexia, and what accommodations we could put in place. So we just had to go well, I've got major strengths because of my dyslexia. And I don't know if you've seen recently on, LinkedIn has added dyslexic thinking as a workplace strength.

Yasmine No. I love that.

Emma I very much love it, because it has really helped me to go oh, this is cool. Like there are some really big strengths. So one of them is strong memory for stories. And I'm like oh, yes, that makes sense. That's a real strength in social work, is because that's why I can do that. In meetings when we're talking about that, I'm like yeah, bla bla bla bla bla. That's what going on in their life. I do, because working from home I can take notes and do that at the same time, but I never would take notes in sessions, and I can remember everything. You know, and memory issues, but strong memory for stories was one of the strengths. And I was like oh, that makes sense. Some of the other things are, that pattern thinking, so pattern recognition, spacial awareness, 3D thinking. It's so cool. I didn't even realise that other people didn't think like that. That I can immerse myself in a 3D imagination world and can map things out and memorise things. And so that, it's a lot of creativity as well. So I'm always coming up with innovative ideas about like can I run this program, can I run that group? But also have those problem solving skills as well, so I can kind of go OK, but yes here's the things that we need to sort out. And those are the things that give me such good strengths in social work. The challenges of that is that I suck at note taking, in terms of I can do that in session, but then I've got to refine it, and then I overthink it, and then I want to be perfecting it rather than just doing what I need to do.

Yasmine Because it has to make sense to someone else other than you.

Emma Yeah, exactly. And then you've got to be like what's my needs in this, and where am I going above and beyond. And can I just do, that's what I've had to do, right. I know I can write perfect notes, but I don't have time for that. Write what needs to happen. Write all the things that need to be written down, write that. And so I've had to work a lot on that. The other thing was report writing. And so kind of worked how to do that well in our organisation, where I'm not spending three hours on something that someone else could do in half hour, and stressing so much about it, and avoiding it and doing everything else but that. And so that's one of my biggest challenges, is the admin work and recording things. And so what I've learnt in my journey as well, is that job descriptions are not tailored to the person. And so I coach a lot of people through talking to their managers about this as well, is like hey, my strengths are here, and if I can do more of this, that's going to benefit you. These are not my strengths, but they are other people's strengths. And also, like don't pay me to do that, when you can pay someone else and I can do more of this. Which is like, you know, it makes sense when we do it that way, and that's been really working for me as well, to go I can do more of this stuff because I'm good at it, I love it, and that's why I love the therapeutic work, whereas case management, it's not my strength. There's a lot of planning, a lot of like, I could remember the stories of people, but then all the like what I've done, what I need to do, all the like kind of steps of the things I need to check off when you've got a lot of clients that you're like, I need to call this. Forms are not my forte at all. I hate doing forms for myself, and then helping someone else fill in Centrelink forms, not my thing. So I think this last few years and working with Divergent Edge, I've been able to go OK, you know what, that's OK that those are not my strengths. And I think as a social worker, I'm bad at case management, it's like oh, that's like our thing. But I've been able to go OK, that's OK, that's not my strength, because I know these are my strengths, and this is where I thrive. And that's actually what I love doing and that's where I'm at now. And so I'm really content with this role and what I'm doing, that I'm able to use my strengths. And so I've just started running groups now, which I've always known groups are my passion, but I've literally just run one session of a group as our first group at Divergent Edge, and I'm like ah, that's right. I remember. I remember this feeling of like yes, I love it. Yeah, I'm thriving and I'm bouncing off everyone, and it was really good. So that's what I want to get more into. That's tapping into my creativity, my love for kind of researching and planning, and then that group dynamic stuff. And yeah. So yeah, I don't remember the question, but didn't that answer it?

Yasmine It answered my question and more. So thank you.

Emma Yes, I'm sure it did.

Yasmine Your sister sounds amazing. What does she do for work?

Emma She is. She's in a similar field. She is a project manager working as a domestic violence kind of consultant.

Yasmine Okay.

Emma In an organisation. So she does a lot of particularly with refugee families. And she's done a lot of case management. Case management is her thing, she's great at it.

Yasmine I feel like in a three legged race, you guys would just knock it out of the park.

Emma Yeah, yeah, we're a good team.

Yasmine So incredible. Is she an older sister?

Emma Yeah, yeah.

Yasmine I just feel like having someone like that to admire and look up to as a young person would have just been such an incredible experience.

Emma Yeah, absolutely. I'm very, very lucky and thankful.

Yasmine Other than needing to be so in tune with your own brain and your own body, what other supports do you need? You've obviously got to kind of manage your own needs with ADHD in terms of having the flexibility for work, in terms of having colleagues who respect and celebrate your abilities. I mean, the fact that you're continuing to upskill constantly is fantastic. But what other supports do you need in order to do your best work?

Emma I think the space to and the intention to keep researching and growing in those areas. Because I think when you're doing like therapeutic sessions, you can just kind of go okay, back to backs. And but, you know, Dani is quite intentional about not putting too much in so we do have space to look after ourselves, keep doing the research, doing the kind of behind the scenes stuff, and, and growing in that. So I think it's sometimes being intentional about using our time well when we do have downtime during work hours. For me, I think the work with my clients is so so important for me, because every session is a session on me. Like because I'll say things, and I'm like, I know I need to do this. Depending on what it is, I'll say look, I'm saying this to myself as well, we are going to do blah, blah, blah. You know, and kind of saying, like challenging myself at the same time. And sometimes I'll have to kind of reflect on that and go okay, that was a good point I made in that session. I might have to actually kind of embed that. Like, it can be easy to just kind of go okay, moving on. But I think that that's not me or who I can't kind of just ignore myself. And so I find that really helpful, because the more I grow for other people, the more their growth challenges me as well and encourages me. And so things that I share with people very confidently, like I think it's important, putting yourself first is not selfish. And you know, as a parent you need to have time for yourself and you need to you know, blah, blah, and then I'm like okay, do you do that Emma? Do you do that? And so that constantly kind of working in mental health and wellbeing is really helpful. I think it challenges you to go okay, walk the walk. And don't just pretend you know all these things. And I think it's inauthentic. And I think that that's one of my biggest values, or strongest values is authenticity. And as a therapist, I want to make sure that I'm always growing, because you can only take people as far as you've gone. I can give knowledge, but I feel like it's just empty if I'm not embedding that, and understanding how hard it is to embed that as well. So being like, you haven't done those things, being like man, I get it. You don't have to do homework. This is not school. Like if you didn't have time for it great, we'll do it together now. Like let's like go over what we spoke about. What's going on? Like, what do you think is holding you back? What's the barrier? Yeah, and I just no judgment, because it's not easy.

Yasmine And I'm curious as to what professional development would look like for you. You mentioned conferences and other networking opportunities. What is out there? Are there people who work in similar areas that all get together once a year? Like what does it look like?

Emma So I'm a part of, this is not very helpful for my role in like specifically to ADHD, but I'm a part of the Mental Health Academy that do training. Some of them are hit or miss, but some of them have been really, really good. And they're just online trainings. You can just do, you pay around $40 a month, I think it is, but I found that helpful for working from home, doing

online stuff and it's just being like I can just fit it into my schedule whenever it's there. I found that helpful for getting, definitely getting my CPD hours in. But in terms of specific for ADHD, there is a network. And so there's the ADHD conferences, and then kind of networking with all those people as well. And so finding people that are doing similar things. Dani is really good at kind of knowing what's out there and kind of like okay, we're doing this and sending us the links. Who wants to kind of be involved in this one? There's a lot of online stuff, which is so helpful. So there is definitely more that needs to be out there. We're actually starting to run training ourselves as well. And so we're doing our first training in September that we're kind of writing at the moment for other mental health professionals, for therapists identifying ADHD and understanding it, because I think a lot of people are getting people coming to them and going I saw a TikTok, and think I might have ADHD. And I tell you, that is so valid. I've got so many clients that tell me that TikTok diagnosed them. And I'm telling you, the algorithm is on point. If you're seeing ADHD TikToks, come and have a chat with me. There might be something there. And same as Instagram as well. There's just a lot of people sharing their lived experience. And so that's where this kind of revival is coming, that people are going, I relate to that a bit. So for me, it was I actually saw a meme on the group therapy memes, which is hilarious on Facebook. And I saw a meme about ADHD, and I was like wait, what? Like I relate to that so hard. And then that's what made me kind of go oh, I should look into that a bit more. And the sad part is the GPs, the therapists are not picking it up. But having said that, I was a therapist and didn't even pick it up in myself. You know, we don't get taught about it. And I think it's so common for what the client group that come to us for anxiety, depression, and chronic, like okay, I'm working on it, but it's not happening. I'm working on it, but I'm still doing the same things over and over and over. Look into their neurodivergence. So that's what we're doing. We're doing training for other therapists around how to identify and pick up the different things. Because I, I noticed this in my previous workplaces, where I'd be like oh, I'm thinking this young woman is, is showing signs of autism and other people kind of working with I was like no, no. And I'm like, yes. It's not what you think it is. There's this thing called masking, and also presents so differently. And so yeah, I've been able to kind of, because I know, I can kind of like pick up on those things and be like oh, that's interesting. Oh, that's what that is. So I think there's no kind of judgment on a therapist not being able to pick it up. Because you just don't get taught it, you don't get, you don't understand it. And it's it's not well talked about. There's not a lot of training. Even looking on Mental Health Academy, nothing to do with ADHD or autism. Or there's a one about parents of autistic kids and I did not enjoy that training. Didn't think it was very, I don't know, growth focused. Strengths based. Yeah, but even on AASW, I don't think I've seen anything, I should check again, recently before I say that, but I haven't seen anything kind of specifically around neurodivergence. So I think it's an area that's quite lacking, and would be really helpful for the social work community, as well as the therapist community, counsellors and psychologists, kind of understanding more about neurodivergence and how to pick it up, how to support people. This is where it becomes a real social work issue, is when it's so systemic. And it is a privilege to get diagnosed. Because no free bulk billing psychiatrist will diagnose someone with ADHD. They may diagnose and then be like, you have to find someone else to do the meds, because they're not going to see someone ongoing to prescribe section eight medication. Which means that, you know, they're the only ones who can prescribe it. And they have to be, it's logged as lifelong. And so you can't go to hospital and get diagnosed with ADHD. And it can be a huge, huge thing in your life. I've seen lives absolutely transformed by medication, majorly transformed. That doesn't mean medication is always the answer. But it's a huge, huge piece of the puzzle for people. And it's a massive privilege to get diagnosed. So obviously, it's a privilege, because mostly men and boys get diagnosed. And so women don't tend to til later in life. It's a privilege financially because it costs a lot to see a psychiatrist, and you often have to pay upfront.

Yasmine And then the medications are probably not cheap either.

Emma Yeah, well, some of them are okay, because they're on the PBS now, which is great. But often you have to trial a few different types to get what works for you. Which means you've got to go back to your very expensive psychiatrist to go actually, no, those didn't work. Let's try something else. And then you're like oh, should I just stick with because I can't afford to go back to them. So there can be yeah, and psychiatrists, and I don't know if you'll see this as well, is there's few and far between, you know. And the waitlists are insane to get into psychiatrists. And then to find someone who understands ADHD. People ask us for recommendations. I'm like, who's free? Who's available? Just who is, because I was calling someone, because we work across Australia. I called a psychiatrist in Victoria, and I knew their books were closed. But I was like look, we've done the assessment. I can send you a report. We are doing the ongoing work with them. You don't need a follow up support. You don't need to refer anywhere. We just want meds. That's all we want. Can you make an exception? I know your books are closed, and they're like oh, no, sorry. Books are closed. I'm like okay. Do you know when you'll be opening your books? It's like, well, in six months we will review whether we will open our books or not. I was like okay, do you know anyone in Victoria who has their books open? And she's was like no, sorry. I was like okay. Okay.

Yasmine Because yes, it's not an emergency. But yes, it kind of also is.

Emma Yeah, yep. And once you have that realisation, like oh, this is what it is, and then you're reading other people's stories about what the medication does, similar to an SSRI that will inhibit the reuptake of serotonin, the stimulants inhibit the reuptake of dopamine, which means we retain it, which means we can start tasks a lot easier, which we can stay focused longer and concentrate and stay present. Like some of us ADHDers don't know what it's like to be present. And that's why we struggle with mindfulness and meditation. And so it's a game changer. You can start doing the things you know that's good for you. And it can just kind of kickstart that. And so it is something that a lot of people start researching about and saying I know that I want to trial meds. Like I want to see if that works. I'm hearing other people's experiences that are like mine, and they say that this is really helpful. And so then they've got to be told they've got to wait at least six months until you can trial the meds. So it's painful. And it's, it's a real struggle. And if people are studying, they're like well, I can't get, I can't even get accommodations until I'm officially diagnosed. And so they can't get support at uni. Some unis are good, because they like understand that and like, okay, we can put some stuff in place in the meantime, and workplaces as well. Like, I advocate for a lot of clients around workplace accommodations, and you need a diagnosis a lot of the time to back that up. So that's when it gets really, really hard for people. They're like well, I can't do anything. I'm just in limbo for a moment.

Yasmine Are there any apps that are really good for meditation, mindfulness for people with neurodivergence? Is that a thing? I feel like it should be?

Emma It should be. It depends on your vibe on it, because there are ones I've heard, there's some ninja one. But it's like good for kids. But the whole thing of it is it's a challenge. And so it's like if you do this, you can get this many points and it's like gamifying meditation. So I've heard it working for some kind of hyperactive, more hyperactive kids that are like, excited about that. So that's a, I forgot what it's called, ninja something. But yeah, in terms of the meditation, I would say, I mean Smiling Mind is great, because it's got the short ones. So for ADHD as it's doing, don't do 10 minutes, do three. Start off with three and then kind of work your way up. And, and also something that we do to motivate ourselves is beat ourselves down a bit,

because that's what we've been taught. That's what we've been taught, like just try harder, just do it better. Just do it. Like sometimes I'm like, I've had reminders in my phone in caps locks, like drink water today. I'm like now I'm not gonna do it because you told me to. And I'm like you're telling yourself. It's you. But it can't. It's the, that's the demand avoidance, which is very ADHD, is part of that. So it's using that positive stuff. Like there's no failing. We have a bit of, one of my clients coined this term, and, I love it called failure fatigue. We have this kind of, you're not living up to your potential, you're not doing enough. And we beat ourselves down because other people beat us down as well. It could be parents or teachers or just comparing ourselves and the way that our brain works, the way that we do things, the way we study, the way we work, and we get failure fatigue. It's like I just can't bear to fail anymore. And you just stop trying. And so you deadset feel like you're failing at mindfulness. Like I can't focus. And just reframing that. Yeah, it's like no one can for one. That's the whole point of practicing meditation, is that, you know, okay, my mind drifts off, I bring it back. My mind drifts off, I bring it back. And it's just gonna, it's, that's me constantly. My last time I did meditation it was really good, starting to like feel like yes. It was like a visualisation one because I'm like, that works for my brain because I'm very visual. So I found that that works for me. And I was enjoying it so much that I then I started drifting and creating. And I'm like, I know, at work I'm going to run meditation for everyone. And we're going to have like, it's not mandatory, just if anyone wants to join, I'm going to run. Then I was like okay, organise that later. It's still going, and I'm just like, I'm organising a program. I'm like, and so I'm like okay, bring it back. It's okay. And then I'm like, and then we could do this. And then we could do that. And then okay, bring it back. So it's just kind of the practice and reminding yourself that the practice of bringing it back, that's what's training your brain. And so sometimes we get down on ourselves, I've drifted off so much. But it's like, yeah, but did you bring yourself back? Because that's the practice. And that's what the goal is, is that you're training your brain to okay, stay present, stay present. And the more you practice that, the more your brain can do that for longer periods. So that's why mindfulness is even more important for ADHDers but painfully hard sometimes.

Yasmine Sure. Do you find that it's easier or harder, or it just depends on the person, having a virtual therapy space?

Emma I found mostly easier, in that there's flexibility. People forget about their appointments. And so you just text them the link and they're like oh, sorry, here I am. And so I found that, because, you know, ADHDers struggle with planning their days or appointments or time, time's a big one. You know, we can't process time internally. And so we often kind of like, oh, my gosh, that time already. And so having that, rather than being like I've got to leave, I've got to get ready. And I've got to drive there, and then I've got to factor that into my workday. So because a lot of people are working from home, they just like schedule us in. Because I find that really hard when we work nine to five, as does most people, and so factoring therapy into your work day is a struggle for a lot of people. And so being able to be online, we can kind of go okay, well some people do it at work in their lunch breaks, and have like an extended lunch break, or some people from home kind of just work out their flexible hours. And so kind of do it at this time and then like work back an hour. So it's, I find it's been it's a really helpful shift. And virtual, there's just not as much of a barrier as I thought there would be. When we first started, especially when we first went into lockdown, I was working with youth. And I was like oh, this is not gonna be good. How are we going to do this? It was fine. Like obviously, the youth do this all the time. Young people are always doing, like they're gaming with their friends …

Yasmine They adapt really quickly.

Emma They’re on FaceTime, like they do this. They’re sweet at the Internet. So it's mostly, I think everyone's kind of used to it now. And it does just feel like you're just talking to each other. You feel like you're together. We're kind of used to the virtual space now, I think. The only issue is with internet or technical problems. And yeah, when people are using their phone, and then they get a phone call, and then it's like, gone. And it's like okay, you’ve got to like, try and coordinate getting them back on. Yeah. And so that's the only barrier sometimes. But it hasn't come up that much, really.

Yasmine That's good.

Emma So I think it's been, it's pretty good.

Yasmine Are there any really good resources that are out there? You've talked a little bit about the strategies or approaches that you use, like the strengths based, the trauma informed, CBT, DBT, ACT, there's you know, bits of group work and group leadership thrown in there as well. And you mentioned some of the other programs and training. Are there any good resources for people who feel as though they may have ADHD, or they're supporting someone who does? Where they can go, and again, there's no judgment and there's no sort of, this is what you should be doing? It's just here's some information and here is what you might like to do with it.

Emma I have found, so one of my favorite websites for ADHD is ADDitude. ADDITUDE. Also can't spell things out loud, but I think that one well. ADDitude, they’re a magazine, online magazine for ADHD, all things related to. They have amazing articles by all different people and different professions. And so I often guide people. They've got checklists and things as well that you can do. And so I love their resources and you can kind of just go specific into different topics. Are you looking for stuff around kids? Are you looking for stuff around women? Are you looking around stuff with supplements and diet? Are you looking around like you know, all different stuff, so I highly recommend that.

Yasmine And is that run by a group of psychologists? What's their background?

Emma That's a really good question. I'm not sure. I know the articles are written by psychologists, some psychiatrists, a lot of researchers, teachers, you know, a lot of different backgrounds. But I'm not sure about who runs it or where it was originated. But it's got some good stuff. I haven't come across anything too questionable.

Yasmine Yeah, cool.

Emma But always, when you're reading anything, always find the research. Find the stuff that backs it up, find the evidence base, or peer reviewed. Yeah.

Yasmine You mentioned some programs and projects that you're wanting to run. Is there anything else that's coming up that you want to let us know about?

Emma Ah, so much. I'm like, there's so much I want to just say, this is what I'm doing. But I haven't actually like organised it yet.

Yasmine This is your wish list, what you'd like to be doing.

Emma Yeah, I've got my wish list is full. So I'm definitely going to be running more groups. The group that I'm running at the moment is autistic ADHDers. It's all women at the moment, just circumstantially, but I think it's going so well that we will run that again. And so that's something that I found really helpful, because again, that community part is just so good. We had like the first hour, and then some of them were like oh, does anyone want to like stick around and chat? Like they haven't met other people who kind of have this dual diagnosis or like, you know, just don't know other people. And so we ended up staying on and chatting for half an hour. And I'm like this is it, this is reaching the goals that I had. Like this is unstructured, just kind of like being like, oh my gosh, I do that too. Or like kind of demystifying things, connecting, and I just loved it. So I'm sure I'll run that again, because it's getting quite big now. So we'll be kind of doing a lot more programs like that. And we will also be, after we run this training, we're doing an in person training in September, and then we're going to be creating and building online training platform. Because, like I said, kind of building that professional development for therapists, because we've had a lot of referrals from therapists going it's not my area, you know. And so I want them to have something more specific to that I don't know a lot about it. So we want to upskill the world, you know, mostly Australia, just in understanding and identifying how to, how to work with or, you know how to, depending on what area they're in, kind of tailoring some training. So we're going to be creating an online training platform, which will be good in the future. I'm not sure how far in the future, but that's our dream. And then other groups we're looking at, I want to run one around dyslexia. I'm looking at running kind of EFT for impulsivity. We have a dietitian as well. And so we're working together with a lot of eating disorder treatment plans in an ADHD friendly way. So understanding that binge eating is highly correlated with dopamine, and ADHD, as well as restricting and purging can be a lot around, there's a lot of links into neurodivergence. And so having that foundation, we're working closely together around building maybe a program or groups, as well as kind of helping people with executive dysfunction to be planning their weeks, doing kind of meal prep, or how to do kind of easy meals, but also healing your gut, as we know that's where we produce dopamine and serotonin. Understanding the gut brain connection, and what foods are good for my brain, because there are so many, and supplements as well. There's so many nutrients that are so good for the ADHD brain. And so just kind of giving people knowledge around, our dietitian is an anti-diet dietitian. We're definitely not around creating strict diets, we're about just empowering people to know what's helpful for their brain and their bodies. So that will be in the future as well.

Yasmine That's all amazing stuff. I keep coming back to while you're talking, my experience of psychology as an undergrad, and just the importance of having studied a lot of that stuff, especially around developmental psychology and development stages, and understanding our brains. And even the fact that we're still learning so much about our brains. And yeah, the importance of having done that as a social worker. But I'm also hearing that there needs to be, especially in private practice, there needs to be a huge amount of flexibility, and an opportunity to meet someone where they're at, instead of expecting them to come in for a certain number of sessions, and if they don't then they've failed somehow, or they're not trying hard enough, or they don't want to improve whatever it is that they've come to you with. But also, the need to practice what you preach. So you're saying that everything that you recommend to someone you either have tried it before you've said that, or you go, I'm gonna go try that after this session. So yeah, just that, I love the transparency, the honesty, and just the drive, and the fact that you are able to pave the way in identifying for some people what that might look like, and therefore what their capacity might be. Because, you know, society is telling them that they don't fit.

Emma Yeah.

Yasmine I guess also, I see that even from the beginning you've been driven so much by passion, and you've been given really great opportunities early on in social work to work in areas that suited your strengths and your abilities. You mentioned things like even just memory retention for stories and patterned thinking. And your own self care has been like okay, it's okay to care, but it's also really important to be able to step back and look after yourself and create some healthy boundaries. But yeah, I think, keep doing what you're doing. It's amazing. Find your people, keep building your networks, because eventually the more awareness, the less stigma, the greater understanding that people can have around how it is that we all work. And we all have great things to contribute, I think the better for not just our profession, but for society in general. Is there anything else maybe that you wanted to mention before we finish up, anything about your experience or about social work in general?

Emma I mean, if anyone is considering doing social work, do it. I'm a major advocate for people studying social work. I try and get everyone to study and I think it's amazing. But yeah, I guess as well, if you're considering with the range of kind of degrees, and you have the opportunity to study social work, it's just the best. The skills that you get, you can always kind of spot a social worker.

Yasmine Yeah.

Emma You know, you can always pick them out. And I think that it teaches us that self reflection, that personal growth, and it sets you up for a lifetime of learning and growing, and just the diversity that you can work in is amazing. You can find your passion. You don't have to even know where you want to work. If you just like working with people and supporting people, then it's the career for you.

Yasmine And it's obviously the right thing for you as well.

Emma 100%.

Yasmine I know that there was a bit of uncertainty at the beginning around how and I going to manage this and is this even what I want to be doing, and am I cut out for this? But again, that's some of that negative self talk that really, you just needed the opportunity to show that this was the right thing for you.

Emma Yeah, absolutely. Love it. Love being a social worker.

Yasmine Thank you Emma, so much. I've really loved hearing about your experience and what you bring to this relatively new area of social work, but also just an area that has so much more to develop and can have capacity to influence other areas, whether it's medical, therapy, definitely social work, but just being able to get in there and really lead the way, I think is really incredible. So please keep doing what you're doing and I look forward to keeping in touch and seeing where it takes you.

Emma Thank you. Thanks for the opportunity. And thanks for all that you do to share how awesome social work is.

Thanks for joining me this week. If you would like to continue this discussion or ask anything of either myself or Emma, please visit my Anchor page at anchor.fm/socialworkspotlight, you can find me on Facebook, Instagram and Twitter or you can email swspotlightpodcast@gmail.com.

I'd love to hear from you. Please also let me know if there is a particular topic you'd like discussed, or if you or another person you know would like to be featured on the show.

Next episode's guest is Zen, a qualified Counsellor and Mental Health Social Worker with a strong passion for providing high-quality counselling and support. Zen is experienced working with adults, adolescents, and couples, in tertiary education, non-government and community health settings. Zen's areas of interest include supporting Individuals with relationship issues, depression, anxiety, life transitions, substance abuse, grief and loss, and workplace conflict.

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