CASAT Podcast Network

So today we're gonna talk about post traumatic stress disorder and secondary trauma and how can family members support their loved ones and really what to notice.

So we have some questions that we're going to talk with you about and I just can't wait to learn from you today.

So what are the symptoms of post traumatic stress disorder and secondary trauma?

So I so it's it's really important first and foremost, is to to know that, you know, like when, when we're talking about being diagnosed with something versus somebody's had an experience.

So obviously every first responders has been exposed to trauma.

I mean, that's that's a it's 100% it's part of it's part of their job to be exposed to trauma, but not every person who is a first responder will end up with post traumatic stress disorder.

And so it really is important.

The two as we go through these symptoms is to recognize that in your first responder, in your family member who's a first responder, you will see some of these symptoms, they are going to manifest in various ways, but they may not escalate to a level of having a diagnosis.

So there are going to be days or even weeks where you're going to notice a first responder maybe being grouchy or or more irritable because maybe they're going through some things at work or that the pressure at work has shifted and changed.

But then maybe that irritability will resolve, you know, two weeks later or something like that.

So that's a that's a normal ebb and flow of the really distinct pressures that are manifest in the job of a first responder.

But when a person is diagnosed with PTSD usually and then I'll get into a little some some of the nuances of it with first responders.

But there's there's some symptoms that don't resolve within four weeks.

So that's what we're really looking at.

So, so if you're exposed to trauma and it's just like you or I and maybe are traumas that we get into a car accident and it's a pretty bad car accident, maybe we get transported to a hospital and we we have some pain reactions because maybe something got broken or we got some internal injuries.

And then over the course of the next three or four weeks were re experiencing a lot of the pieces and parts of that trauma.

But most of our brains, over the course of that, roughly four weeks are going to figure out a way to have dealt with what we just went through.

So it takes it takes it takes those four weeks to think it through.

And by the end of that four week roughly time period we're doing better and better.

Our symptoms in the acute phase of responding to a traumatic event have largely resolved if they don't, however, you'll begin to see emerging more and more a cluster of symptoms.

The first section of them are called intrusive symptoms.

And those symptoms are things like you're going to have the person may have some thoughts that are just going to appear in their brain that are unusual thoughts and they may be they will be bothersome to them, disturbing to them.

Some ways they also may have what are called flashbacks.

And that's when basically a picture will might appear in their brain of of part of the traumatic event that they've gone through and it might be some really disturbing aspects of it or details of it that that particular incident.

Um, also, they may have start having nightmares during this time period and the nightmares maybe centered on that traumatic a traumatic event or several traumatic events, maybe all clumped together.

And then one of the other intrusive symptoms is that when you are reminded in some way, if somebody were to ask just even a simple question, like, how was your day?

Um, you would be very distressed.

Like, I don't want to talk about that.

I mean you'll you'll get very disturbed potentially because you're being reminded of today.

I responded to this really awful call.

You just reminded of me of it by just asking a simple question like, how was your day?

And now I'm gonna be very distressed and I'm going to maybe even lash out a little bit at you because you asked me that question.

Um, so that would be the first cluster and there's four.

And so you need some from each of these by the way, you can't just have one of these symptoms and oh my goodness, he has PTSD and unfortunately we do bandy that term around like, you know, I've got PTSD from work or whatever, that kind of thing.

Like, you know, I work in a, I don't know, I work at the smith's grocery store and I say, you know, you know, it's stressing me out.

So I have PtsD well you don't get PTSD and well you don't that way, it has to be a traumatic, it has to be traumatically based.

And second cluster is avoidance and there's lots of avoidance that usually people with PTSD will form now that's that is one of the symptoms that will form um during that four week period and then strengthen afterwards and some of the avoidance things.

So you're going to avoid those thoughts, You're going to avoid memories, You're going to avoid any feelings that you feel like are equated with the original trauma, you're going to avoid talking about it.

You're going to avoid maybe maybe a particular person was even with you wanna on a call and now you're going to and that was very traumatic to, you're going to avoid that person or you're not going to want to talk with that person as much.

Um you may avoid completely having conversations.

Maybe you used to sit around the table like in the firehouse and have conversations about, you know, some of the various calls that you've been on but you're starting to isolate yourself somewhat.

I'm avoiding talking with my peers about those kinds of things.

So avoidance is a really, really common strategy for people in the aftermath of trauma.

Initially they are doing it for some intuitive reasons, thinking if I could just avoid it for a little while, I can heal and I can be better.

But unfortunately avoidance becomes something that you need to do more and more and more and more of in order to get the effect you want.

And so it starts to cause more and more problems to the point of um and for an example is um sometimes equated with trauma or some of the aspects of it, like for example maybe you might equate your trauma with being around people, which happens for some folks and as a result you stop wanting to go places that involve people and more and more and more to the point where you can't even go to the grocery store because there are people at the grocery store And then you can't go all the way into the grocery store because and then you start shopping at 711 I guess.

But it's just becomes a real problem for people because they'll equate it with some aspect and then that will be part of the avoidance strategy.

Another aspect of PTSD is how it changes your the way you think and how it changes your moods.

And so people will notice that people have what we would call more negative moods.

So that's the grouchy er person, that's the more irritable person, that's the person who's angry more often.

They also their thinking processes themselves will have a tendency to get more negative and more discouraged and more sort of fatalistic if you will.

So it will be, it will be um maybe some blame, maybe some um some just general shift, significant shift in the way they're thinking compared to the way they used to think and sometimes even the variety of what they think about changes.

So they may have this like just real wide variety of things they used to think about just like, oh what are we gonna do for the weekend and you know, all the different things that, you know what I got to pick X, Y.

Z up at the grocery store and then all of a sudden it's just mostly thinking about how awful their life is or how awful life is, how crappy people are etcetera etcetera.

So there this just becomes sort of more consumed with this negative trend.

And then the last group is a group called the arousal reactivity symptoms and those are against some of that irritability that acting out in irritability or acting out in anger.

Hypervigilance also fits in this category and that really speaks to just being constantly at the ready.

That's what a person in the aftermath of trauma.

It's a it's a way that they adapt in order to be ready for the next trauma in a sense, but unfortunately it's overused and you're just always on on on, there's really not and ability to relax, like you used to be able to, and that becomes very difficult.

It also is really hard on the person with PTSD too is because their body remains activated and that is a huge issue for them, which causes another one of the arousal issues, which is difficulty with sleep.

So, because their body is so at the ready all the time, I can't relax enough to actually let myself go into deep restful sleep.

And that also will end up exacerbating even other symptoms as a result of not getting enough sleep and then things like concentration become an issue.

They have memory lapses and things like that because they're not getting enough sleep.

And then they're also just so over focused on safety issues.

And then, and then they also, you know, this is also some of the mood will come out in here.

Like I said, the anger will end up coming out.

So that's the arousal.

So, um, so again, we're not going to really ever diagnose someone until four weeks after they have been, we can distinguish that particular trauma.

Um and then we also have to have enough of these symptoms to to put us over a threshold of being diagnosable because you can have low levels of symptoms and those are still warning signs and they're important to know.

Um, and so, but we still need enough of them to reach that threshold of saying yes, this person has enough symptoms and they're severe enough.

They're impacting their life enough to now be diagnosed with PTSD.

Wow, that's a lot to take in.

Thanks to t So when we look at the difference, so when you describe the difference, what is the difference between PTSD and secondary trauma?

What does secondary trauma look like?

So, so there's really, if you were to kind of just super simplify it and I am super simplifying it, you know, you could say there's two sort of ways that you can end up with PTSD to to general paths.

One is that you are directly traumatized.

So someone is doing something to you, something happened to you personally.

That's the car accident, that's a rape, that's a being held up at gunpoint.

Those kinds of things that's happening directly to you.

You are physically emotionally impacted by an event.

Um, there's another way which is secondary.

So in other words, I'm hearing the story about someone else's trauma.

So, an example of that would be very many times law enforcement officers when they go up to somebody's house, they're going to let's say it's a domestic violence call.

They're going to get all of the information and they're going to hear the entire story of that domestic battery from beginning to end secondarily.

So they weren't present for it, it did not happen to them, but they are exposed to this very deep pain that another person is going through again and again and again and again.

Same thing for firefighters, they're going to be hearing, like, let's say the story of the accident that they're they're going to paramedic and they're going to um help this person and they end up hearing the story of how they got into that accident and and they may end up hearing the story again and again and they may hear it from different people who were there who were observers even so you're being secondarily or indirectly exposed to trauma and both of those can end up resulting in a PTSD um, diagnosis, which is also a dilemma with family members.

Right?

So a lot of us want to be included in hearing the stories of how was your day and now if if a the first responder or the frontline worker comes home and shares those details in enough detail to make it emotionally accessible to the family member indirectly.

It is possible that they could end up with PTSD as well.

So, there is a dilemma with that we want to be included, but and we'll talk about it later on how to really share some of this information, how to get some information to feel close and connected to your family member without necessarily traumatizing your family, which is important.

Absolutely.

It sounds like to with the secondary trauma.

Trudy is we hear a lot of crisis call centers talking about that, but they don't, it's hard to educate um folks who are manning the call centers are, are taking the calls right?

That it is as traumatic and can and can still create a lot of the trauma because there's this this difference from someone who's experiencing it directly.

Right.

And so, yep, Absolutely.

And what's interesting is this is also the case for, We have, I worked with dispatchers, 911 callers, they are also in that same category.

We're in the midst of a very that person's very traumatic event.

They're taking the phone call, they're hearing all of that emotion, they're hearing the details of the story and they may even hear the whole thing as it unfolds.

And that becomes, in a sense, that's a little bit on the line, somewhat direct, somewhat indirect.

So it's a little bit of a difficult difficulty.

Um it's also it's also hard, I think, to for first responders because they sometimes don't have a simple onset, which is, it's easy and not that it's easy, but it it's simpler.

It's more straightforward when a person is like they're just kind of going through life and everything is lovely and they get in a car accident and now we can see absolutely some symptoms start and we know exactly the day that those symptoms start in a sense.

So we have a day to watch for, well with first responders, with, you know, fire with police, with, with people in who are dispatchers, with people working in a crisis call line, they may be doing good, doing good, doing good and all of a sudden they're starting to not do as good.

So when's the onset?

What was the actual event?

We may not know because it's really, it's sort of the accumulative effect I share is like the brain in this part of the brain that impacted as a result of trauma.

It's really very similar to, I should say, my knee because I used to run, I'm not running anymore.

Now I walk because my knee has decided several months ago, it doesn't like running anymore.

And you know, I kept thinking one of these days, I'm going to step off the curb and my knees going to give out on me and I'm gonna say, oh my gosh, that curb broke my knee or whatever.

But it really wouldn't have been that curb, it would have been the cumulative effect of Hundreds of miles of pounding over the years of running.

Well, the same thing applies to the brain with trauma.

If I'm pounding that part of the brain again and again and again and again, it may take some brains, you know, £137 and another brain, it might be 16, we really don't know.

But again, it's that each time we are being impacted by this, it is affecting our brain.

And some people end up at the end of their career that they are golden.

And for other people, it's not the case.

And so it's a difficult one.

And that's why it's so important.

That's why I start out with as boring as the list of symptoms are.

It's really, really important to understand them because you and in a sense, the family members in particular, they're the most likely folks to notice stuff because of that slow onset.

For so many front line workers, they may not notice that they're not doing as well and they may go months with actually not really doing as well.

But no one notices because it's just this slow onset and everyone adjusts and we've all adjusted to one family member not doing not being the same as they were six months ago or a year ago.

But we've all adjusted.

And so now we unfortunately as a result, we all need help.

Mm hmm.

Trudy is we're a year into the pandemic.

Um, have you seen covid exacerbate any of this?

Yes, actually.

And a lot of the coping that we use in the aftermath of trauma or in particular for frontline workers who do have different needs for coping and the families have different needs for coping than a lot of families do because of the nature of the job that the first responders taking.

But one of the really fundamental parts of self care ultimately is our social support network and a lot of that has been that has been yanked away from us and it was instantly yanked away.

So it wasn't even like, hey, warning warning.

Six months from now you're going to have this big chunk of your self care taken away from you prepare.

Um, it's, it's not like, you know, and we didn't have a, there's no like social support savings account that we all could have deposited into.

And it was instantly yanked from us.

And so we are having some really, really startling effects as a result of it.

And certainly you must have heard and I know that I get little pings every once in a while, we in the mental health community have been inundated.

There are people who have 234 month long waiting lists to be seen because this has impacted people.

And that I see that primarily because our social support has really been curbed in a way that isn't, isn't in our best interest psychologically.

Mm hmm.

Thank you.

So, as we look at PTSD and secondary trauma, are there treatments that can support people who have this?

Absolutely.

And they really, I guess you could call it good news because I'm a pretty positive person.

I think if you're going to end up with a disorder PTSD is highly treatable and that's a really wonderful thing.

Some disorders are treatable, but they just, they aren't as easy to treat in their own way as PTSD can be.

And so there are some specific treatments.

Almost all of the treatments that are are touted for the use of for PTSD for use in treating PTSD are in the category of cognitive behavioral treatments.

Most of them are in that category.

So we have cognitive therapy which is which is really what it sounds like it is which is you're gonna be working a lot on those thoughts and that come up as a result of the traumatic experience and how you explain the traumatic experience to yourself and then working on creating a better relationship with that thought process.

There are some in that florida, you know 68, 10 week whatever time period where PTSD is forming very often part of those cognition is like I said before they become very negative but also sometimes very self judgmental, very blaming and some of them will end up having some distortions that get embedded in them.

And so in cognitive therapy they work a lot on those distortions.

The inaccuracies of what a person has told themselves.

And then so you're working on making that thinking more logical, more helpful, more really accurate factual truthful.

Another type of therapy is prolonged exposure.

It's also a cognitive it's a C.

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It's a cognitive behavioral therapy and this one really is working more on imagining and the recounting the trauma and then recognizing the distortions but also working on the avoidance strategy.

So the behavioral part of it, we're going to be really looking at what you're doing to avoid and being able to undo some of those behavioral habits of avoidance in the different aspects of your life.

Um Cpt which is cognitive processing therapy actually includes parts of cognitive therapy and parts of prolonged exposure.

So it's basically a combination of those.

So you're gonna be doing some exposure but then you're also going to be really working a lot on stuck points, some pieces and parts that you've gotten stuck in around the trauma.

Um and so you're actually in that one, it does use a written account.

So you write the account and you're going to read it repeatedly and you're going to be adding to it as you have more insights about what actually happened and what is really your feelings about the trauma.

And then the last one is that is is eye movement, desensitization and reprocessing referred to most frequently as MDR.

And this helps the patient re experience the trauma and discover areas of distortion and then these are reprocessed into a more functional narrative.

So you're going to actually just continue to revisit it and you're going to in a sense cognitively rewrite the narrative of how you explain the trauma to yourself.

So just to give you an example of that, I am actually interestingly enough trained in all four of these.

And um and it's only because I've obviously been doing this a long time and when you work for the military, they let you get lots of training and so I ended up getting trained in all of them.

I have a tendency to lean towards the MDR and, but that's, that's, that's merely because of the group of the people I work with are just very, it was courageous and so they are willing to be MDR is very, I think it's faster and I think that's just my own opinion about it.

It isn't, it just gets there much more quickly and so they're just willing to do that.

Sometimes it can be more difficult before it gets better, but it's, but they're just willing to do it.

And um, so an example of how that ends up working, I've had had somebody in, in therapy in the last probably couple of years that had a critical incident that they had had a sense of there, They had not performed well in this critical incident and there there, um, and their judgment was all about like I didn't do well, I didn't do well, I didn't do well, well thank goodness.

Which I think is kind of the cool part about body worn camera.

This is a police officer is that, um, the distortion, once you actually saw the body worn camera and you were actually able to compare it to what they believed happened versus what actually happened was entirely different.

And so in that replaying of it, you know, you end up saying like, wow, I did not do what I thought I had done in my own head that that is not actually what happened.

And so that can end up helping in that in the aftermath.

So we do end up it's kind of nice that we have that as a something that can be sometimes relied on because it does end up helping you to get the actual facts versus having to cognitively get there.

You can actually physically see the facts of something.

So that's really helpful.

And I always tell people when they're looking for a therapist to do this work is always take the time to find someone that you feel like is a really good fit for you.

Not everyone is going to be a great match for any one of us in therapy and therapy is a consumer industry, just like anything else.

And so so if you go to a therapist and you find after the first session or second session, this person just doesn't get me.

You're right.

They don't because it really has to do with the consumer's perception, not the therapist perception of how this is working.

So if you feel like you have a good fit with somebody good, if you don't move on because that's what's going to be really, really important for you.

And then also when you talk with your insurance company obviously is or if you talk to friends or family for recommendations, you want to maybe even ask about specialties because therapists do tend to have specialties in larger metropolitan areas, some of the smaller rural areas will have what we call generalists.

So they're seeing a wide variety of folks.

So if you are looking for someone who specializes in trauma, you can let them know that I'm looking for someone who specializes in trauma and they can usually give you some specific referrals and then you can work your way down the list.

But I'm a really big fan of word of mouth and that's what a huge majority of my practices.

Word of mouse, I get a lot of referrals from people who are already seeing me and that has a tendency so ask around to friends because they may have someone there seeing that is just wonderful.

And that that does make the process a lot less work for you.

I love that.

I think, I think knowing the options that are out there and I love just kind of the way you're talking about everything Trudy about, you know, at the beginning, you talked about the effort it took to to really get included as a respected resource, right?

And and I think that speaks to from my own interpretation.

Um there's a lot of barriers for folks in these fields to go to therapy in the treatment, right?

Um and obviously like stigma and all of that plays into it tons of barriers.

Um but as also, I would think from a family member perspective, since there is the barrier in the stigma, it's difficult to approach the conversation, especially if they're not talking about the trauma.

You don't really know exactly what's being said because of you know, the secondary trauma issue.

And so what's some advice you can give to a family member or somebody that maybe is seeing some of the signs you mentioned earlier in their spouse or in their partner.

How can they approach that conversation of?

Hey, I think this may be an issue.

I think this may be something you should talk to somebody about.

Mm hmm That's a great question.

I think that the most important part in that is is to really be working just generally as a family.

To have open communication to make sure that there are sort of no real taboo topics and then and and to have open communication especially from the beginning, ideally when you first end up dating is to talk about like you have a job that that has trauma involved in it.

Can we figure out some ways to have some open communication about the fact that you are working in a traumatic job.

You could potentially be traumatized by some of the things you're exposed to.

So how can we have that as an open topic of conversation?

I also am a really big fan of setting aside some time formally to check in in a sense with each other, Like how do you think I'm doing as a as a spouse or whatever?

How do you think I'm doing as a dad or as a mom?

So that we can then have a formal way of giving each other feedback in case like, okay, like wow, I've been noticing this and that way we can give that feedback.

Also, it's super important to focus on observable behaviors, so we don't want to focus on like you're being a jerk because that's not necessarily observable.

Well maybe to us, but it isn't really observable, it's like, no, we want to have it be something like, you know, I've noticed that you've been spending more time alone or I've noticed that it seems like, you know, like it's really like when you first come home, you just you aren't really talking to any of us or you're not really interacting with any of us, or I've noticed that um by the end of your work shift that you're you are more irritable or that you're so you're gonna give them sort of like absolute sort of behaviors or things that you could actually counter c and you can describe and you're gonna, it's it's usually best if you use and I've noticed because it's saying it's I'm noticing this, This isn't maybe you're not noticing it and this isn't this, but I'm just noticing it another way is to use what's called a softened startup, which is a really important, an important sort of gentle way to point something out that's difficult to another person and how that works.

Is that I feel concerned for example, and I feel concerned you seem to be withdrawing more lately.

So I'm wondering if we could talk about that or I'm I'm worried because you seem so tired and I'm worried about your health and I'm worried about how that tiredness is affecting you.

Can we talk about that?

So you just, you come from this place of concern care, worry, whatever it is.

That's usually something like, oh, the other person is going to be more likely to hear it now.

Certainly if they say like, I don't know what you're talking about saying.

Like I always say that the second follow up is like, if they're resistant, then what we do is we'll say something like, okay, I can see that.

You know, maybe now isn't a good time, but could you give it some thought because I'd really like to be more helpful.

I'd like to be, I'd like us to be able to work together as a family to help each other on stuff.

So you do a wee and then sort of back off and then maybe in a good moment couple days later say, hey, have you given any thought to what I shared with you about?

You know, I was concerned about that.

You've been really restless in your sleep and that maybe, you know, it's, it's time to look through it.

That's why it's also so important for couples to have these ongoing conversations about sort of the symptomology and what a person would notice about symptoms about the symptoms.

Because that way, when a person is going through something like really difficult at work, you would be able to have like, hey, I noticed that, you know, it's really been bad and you've been here, they call it being forced.

So you end up having to work an extra, let's say 24 hour on, on top of your already whatever shift for as a firefighter and that you're really, really exhausted.

Um, is there any, is there any thing you, you know, any other support you need or any of that kind of stuff?

So you're going to, you're going to want to have that as an open part of your conversation regularly and to have that formal check in about symptoms I think is important.

Um, because that way it normalizes it too.

Like I'm seeing this is like, this is just, it's just like any other sort of normal part of a regular person's jobs.

Some of us, it's all stress, other people, it's pressure for other people.

It's deadlines for other people.

It's trauma.

So it's just like normalizing it in a way that helps them feel more open to talk about it?

Yeah, Thanks Trudy, I love this idea.

How can we normalize the experience of trauma if I am a first responder and my family is in the first responder and we have you know, this agreed upon that we're going to check in with each other and see how things are going.

That seems just extraordinarily helpful.

So if I am a family member of anne first responder, what action steps do you recommend that I take to support myself in living with someone who has PTSD or secondary trauma?

Like I said before, probably the first would be that you really want to get educated about the symptoms of post traumatic stress disorder and you want to create that regular check in process with the first responder and family members in a sense to even that maybe that parents get together with Children and to be able to talk to them and ask them, what do they notice?

Because sometimes kids are, there's that, that old television show, you know, kids say the darndest things.

Sometimes it's through Children that we're able to really like, oh crap, that's what it looks like.

And then we go like, oh now I really want to work on this.

So sometimes even including kids and being able to talk about that with them and to get feedback about any noticeable symptoms and to have that be a regular conversation.

Um and then also recognizing that family members who are exposed to traumatic content can also end up with PTSD.

So there is some care that has to be taken and we will talk about that I think in a subsequent episode, but really to create some really good boundaries around content and we'll be able to give you some information about that so that we don't end up inadvertently creating some problems in our family that we can avoid.

Um also I think it could be really useful and I do know some people and I just I just have such admiration.

I have, I have several people I'm seeing currently who said I'm just coming in just in case and I think, gosh, what a smart person.

And so I think deciding ahead of time, which is what these people did, which is so powerful, decide ahead of time, when will it be important to get help, decide ahead of time.

And you're just like, what are we going to use as a family or even as a couple or as individuals, like what will be sort of our our line in the sand that if we kind of get up to the edge of that line, that's when we're going to seek help because that way it sort of becomes, it's like, okay, I guess we need to go now.

You know, it's rather than it having it be something really difficult in the moment when we're not doing very well now I've got to make a decision.

So it's a lot easier to make these sort of decisions ahead of time than it is to have to make it when you're right up against the line and um and then also obviously have the numbers of things like the employee assistance program, the insurance company, the union support department support have those readily available to you, even if you haven't used them or you haven't needed to use them to have them in your phone ahead of time.

So you don't have to scramble to find them.

So you can make these calls all of the, all of the departments down here and I know that some of them up north too, They have 24 hour coverage.

So if you needed somebody who is a peer support person, you would have access 24 hours a day to be able to call them up and to talk things through and to get the assistance that you need.

Those are hugely helpful.

Thank you.

I love those examples that you had of people that are coming in just in case I have a friend who's a therapist and which he says is we need to talk about instead of asking ourselves, the question, do I need therapy is can I benefit from therapy?

And a lot of what you're saying, whether it's the need for treatment or self care or communication is really looking at it from the aspect of like could this benefit us and so not waiting till there's a problem and then you develop good communication skills or you develop good self care as a family member that really learning those because it's always going to benefit you, but especially if someone's in these, this field as a first responder, being, being a family member to a first responder, all of those things kind of carry out.

And so it's important to learn these skills just because it's going to benefit all these folks.

Oh absolutely.

And are there any other, you you recommended quite a few awesome resources, are there any other resources that you'd like to recommend to our families today?

Well I really like um if you really want to go into a really dense book um Bethel Vander Kolk has a book called the body keeps the score and it's very, it's got a lot of technical aspects of PTSD if you really want to do a deep dive into it.

Um there are a lot of different, really nice resources for different, you know, aspects of first responder world for example.

Safe call has a 24 hour hotline for first responders.

Um the organization code green campaign helps educate and designates mental health issues that impact first responders.

Um First responders Bridge helps first responders and their caregivers get connected to help for trauma, so they'll even have resources in different areas that you can get connected to um the National Institute for Mental Health, they, you can go on their website and gets just a really nice little handout on PTSD and the symptomology of PTSD?

So you don't have to, you know, read an entire book, but you can get a nice little one or two page.

Um and then also the vicarious trauma tool kits available to anyone who wants to learn more about secondary trauma.

And that's a free resource online, which is um, which is really useful.

There's also some wonderful podcasts out there.

And so if you ended up wanting to learn about that and just hear somebody speak about it and I'm going to give you some really good references and subsequent um podcasts about some really good podcasts on, some specifics about PTSD, like, like let's say it's a sleep aspect, there's a couple of really good ones out there to listen to, but it's sometimes it's sometimes understanding it.

And then obviously if you have people within your own community that are also in the same world that you're in, so the spouses, some of the spouse groups can be really, really useful.

Obviously you end up having to be careful about giving too much information to people that you think that might end up might end up sharing information that you don't want to have shared, but to be able to have some folks that maybe one or two really safe people that you designate that is then in the case, like let's say a spouse of another first responder?

So you can say, hey, have you noticed this, Does your does your wife ever do this or does your husband ever do this?

So you also can have an opportunity to normalize that and that's some of the basic important sort of regular resource.

We should all have someone on speed dial that we can check in with to normalize and experience that we're going through.

Thank you for all those wonderful resources, Trudy and we'll make sure that we have those in the show notes so that it's easy for people to find these awesome resources.

Uh so thank you again Trudy, we're delighted to have you here for this series and we can't wait to keep learning from all of your wonderful knowledge.

Thank you.

It's been great.

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