CASAT Podcast Network

We are excited to welcome Derek Reid here to the show today.

Derek is the president and founder of the Nevada Peer Support Network, he's also the battalion chief with Truckee Meadows Fire and Rescue and has served in the fire and E.M.S industry for the last 25 years.

Thanks so much for joining us today, Derek.

Thank you for having me.

I'm looking forward to it.

So as we get started, what experience has led you to establish the Nevada Peer Support Network?

That's a very good question.

We had a a suicide in our department and um in 2019 and we just stood up our peer support program which was an integral part in kind of the recovery of that, even though they were all affected as well, but they understood the concept of peer support and we had other teams that were either establishing or were established to come and assist us with that post mention because of that we that event was very difficult in the sense that we didn't know who to reach out to.

There were resources out there, we just didn't know who to call.

Um We ended up calling the I.F.F.

The International Association of Firefighters, more or less the union, they deployed a peer support team and they came in and they hit every station and every person to sit down at the pier level and just, you know, say whatever bubbled up, understand understanding that model.

I started participating in that as well.

Um with the I.F.F. but I remember ask myself, you know I don't even know who to call, I was the lead of the peer support team um it was incumbent upon me to know most of the resources and I didn't um so I mentioned that in our one of our our post mention deals and I remember one of the guys from another department that got you know pump the brakes on that.

Well I think it was a month later Henderson had a suicide and I remember calling down to him and saying hey if there's anything we can do to assist you, please let us know.

And he said something on day three, the tone in his voice and the words that he said were the exact same thing and I felt it and that was I don't even know what the resources are.

So At that moment I scheduled the day I sent maybe 15 emails out saying we need the network, we need to find out who other departments what they have that includes law enforcement, E.M.S., Firefighters, whatever scope that was.

We figured that out.

and um we had a meeting and it turned into fifth, it was 15 emails that turned into About 90 people showing up wanting to figure out how we can network and and get all those resources together.

And that concept was a website and that's what you're seeing now with than about a purse apartment website that we have with the resources so that's how that sparked that fire.

And honestly it's a brushfire going right now, even more so in the future we have a vision and um and we'll go until, you know, everybody knows what's out there, embedded resources.

That is so you're, you're really new organization and um you mentioned you have a vision, what is your big vision for the Nevada peer support network?

So um 501 C three December 19.

And our vision now is a resiliency center we had um and that resiliency center is very comprehensive.

It includes, you know, inclusivity is one of our values and we stick strongly to that.

That means all law enforcement, all first responders from the dispatcher being the first responder to the corner being the last responder and everybody in between.

That's hospital professionals.

That's and also military.

This resiliency center basically, if you can kind of take a walk with me in your mind that um it would be a larger facility where you had two large rooms, one that would be a classroom and potentially um places that you can have classes like yoga, any kind of um, you know, physical or mental, uh you know, we're talking, you know, breathing exercises, meditation, any stress reducing exercise that could be a value to a first responder that um is basically run and red line and certain times of the year, certain times of our timeline, each first responder branch has experienced something crazy over the last two years.

Um It's either a movement that is anti law law enforcement, it's either a pandemic when you're talking hospital professionals.

Last year's Wildlands season, I think we you all, I can say it was crazy.

We lost equipment and thank God we didn't lose manpower.

We didn't have any line of duty deaths due to that that that event in the military.

Um You know, frequently we go to war and stay at war and those those men and women that service the armed forces deploy and they come back and um it's no different.

They see horrific things that no one should ever have to see.

That's so that's one room and then another room would be for support groups, Debriefings, uh Family, marriage, uh Support groups.

Um There's a lot of meat on the bone when it comes to that to the support groups I.O.P.S.

It can be.

And then basically we would staff it with at least one or two administrative people up front.

They walked through the door, they would meet somebody that was very culturally competent and also knowing what the resources are.

They would be depending on the size of the resiliency center, at least three culturally competent, trauma informed clinicians on staff.

That if anybody walked into the doors that can be one on one so they can do group.

Um And they would be there for the first responders and we would choose the boots on the ground, not an administrative over our chain agency or something.

Um, and, and so that's phase one and that would be like a commercial building, Phase two and three seems to be coming really fast because of the vacuum that we have with sponsorship.

We may bypass Phase one altogether.

We might go right into Phase two or 3 and that would be a campus and you would see much more.

You would have your gym, you would have everything I just mentioned and then you would have branches and arms out.

You have an area to, you know, a lot of health and wellness that surrounds first responders is knowing that you belong to a tribe.

Um, and that tribe is what strengthens us until we retire and then you are not part of that tribe anymore.

Um, the center courtyard of this area could be walking paths, you know, it can be water features that could be a centralized area where there's a barbecue where we can come together and and cohabitate because that's what we're built for connection.

That's a very brief synopsis of what the resiliency center was about.

So I know I'm chewing up time, but there's a lot of meat on the bone of what our vision is and it's currently happening right now.

That's so exciting.

Derek.

It's an incredible vision.

Yeah, I think it's, I mean obviously so needed.

I mean, most people I think if you asked about, you know, the struggles and especially around mental health and PTSD that first responders face.

I mean it seems pretty obvious that people, no, that that's something that first responders and their families deal with.

But then if you ask about resources, like you said, I imagine it's hard to find those.

And so I'm more curious about, I mean with all these resources, who is or do you know, who is kind of accessing these resources?

Is it a lot of first responders themselves?

Is it family members or kind of all around some of our so to go back to the resource pool?

The Nevada peer support network resource pool is deep, but it's also stratified, diversified.

We made sure that there were everything from your basic peer supporter um that's trained, but it's boots on the ground, which is an amazing trusting kind of someone there to open the door to the other resources.

You have chaplains for spiritual wellness, you have licensed clinicians that are culturally competent, trauma informed, that we bet we talked to, we know them, we know what their specialties are.

We even know who to send somebody that might be a little new agey versus maybe, you know, this person is a little redneck, we need to find them somebody a little bit more conservative.

So we choose these resources on purpose and you know, we we do that very carefully, but it is very encompassing and very and very broad and still, even then not one counselor that 11 size fits all, it's a relationship and we guide those participants that that reach out for help and um and say, hey, you know what, don't be disappointed if you run into your first clinician and it's a mess, you know, you know, you get three strikes, you know, swing if it's a miss, we'll find somebody else, but don't give up.

And that's where that that peer support comes in and um and tries to, so the data, I think you're kind of referring to data, how do we know that it's effective?

What's our measurement, what's our um what's our measuring stick to know that if we're actually doing good, we get a lot of feedback, we get a lot of people that actually when we first started was somewhat awkward because when we started peer support and explained the intent of what's peer support is in the y and this is what we do and there's confidentiality.

Um you know, there's an rss that protect that.

Um I remember standing in, you know, in a in a in a bar one time and this guy is standing next to me that I work with and he's not really saying anything, but he's the guy that I don't normally talk to and he was just kind of oddly quiet and about five minutes came back and then he dropped the question, hey, you know, I started seeing a counselor and I'm like really awesome, you know?

And then we started talking normalizing stuff that we would never talk about Maybe even 6, 7 years ago.

So the normalization, the reduction of stigma which is noted as the biggest thing that stop somebody from getting help um to answer a little bit more of your questions, clinicians, I've talked to clinicians, they said I can't tell you, but I can tell you what you have done is you've already saved lives but we can't quantify that because of the confidentiality thing.

Yeah, I love that and I love that you you hit that point because that was one of the thoughts I had is by this kind of being birthed out of your need for resources because we don't I mean the thing about whether it's addiction or mental health or counseling through someone who's who's experienced a death by suicide, like you don't know what you need until you need it right?

And so I love that it birthed out of that place of like I don't know what resources, but I think that benefit of getting out and telling people about the resources now it normalizes it's ok to experience these things.

In fact it's probably more typical to experience some of the mental health struggles as a first responder then maybe not.

And so you know and I like your your three strikes analogy because I've always heard it as a negative and it's the first time you said it where you said you get three strikes, like, don't walk out after your first strike, like try again, right?

And I love that piece and and normalizing it, and uh, I think that's such a great thing that you're doing.

Yeah, and then you get you get three outs to, so we, you know, we don't say three strikes and yeah, go ahead and give up, hit the bottle again, and we're like, oh, wait a minute you get two more outs, there's always something around the corner that we're not gonna give up on people.

So derek, for anyone who doesn't know about peer support, can you describe for us what appear does what the training is?

Like, how do you even get involved in being a peer?

I'm glad you asked that um we have people in the state that that the longer departments that still don't understand the difference between schism and peer support, um, schism is more of a response model When something bad happens, we call on the system team, we sit around in a circle, we have this 13 point structured way that we're gonna work our way around the room, and and you know, and talk, that's been, Even at the beginning of my career, 25 years ago, I've been involved in those and I don't necessarily like them pure support, It's more proactive, it's more, hey, let's let's identify the problem before, it becomes a problem, let's have difficult conversations and then if somebody does reach out or you're acting as a pure support, You're doing more listening than you are injecting solutions.

And I'll tell you what for first responder, uh, my pyramid when I was down in L.A.

When I went to paramedic school, I had one minute to tell my precept er what was wrong with this patient and what are you going to do for them?

One minute?

So we've trained our whole careers to solve the problem and solve it.

Quick peer support completely flipped upside down.

It is let them talk, let those silent, you know, those, those, those little pauses and conversation float.

They're processing and teaching peer supporters that, you know, sometimes just listening or a cup of coffee, you know, solve so many problems just because there you're helping and allowing them that space to verbalize what's on their mind to get it out.

And sometimes they come up most of the times they come up with their own solutions, you know, from a clinical standpoint.

Um, I don't know any counselor, good ones that give you all the answers.

It's a process.

Those answers are embedded within you, not somebody that's, you know, getting paid to give you answers.

Um, so that's helpful.

And then after listening, listening listening, okay, what you're saying is this.

You know, we talked and we call it reflective listening marrying all the strategies of almost like negotiations if you will, um, just to try to find out or at least lead that person to what, what, what, what is bothering you the most today?

Yeah, you have all these issues.

But what led to it?

Oh, you're doing this?

Is that helpful?

Is that how's that going for you?

But you build that trust on the front end so you can ask these questions that might be otherwise intrusive.

What peer support is not, it is not to enable a coworker to, you know, well just go to your, go to your room and sleep it off.

No, that's, that's not right because they become now a danger to the rest of their crew.

So that's enabling that can actually be, you know, a huge risk to themselves and also, um, heather cruz.

So we don't look at it that way, but look at it as hey, we'll help you, we'll listen to you.

We'll walk with you through the darkness, will walk you to who we feel that it would be a, a relevant warm handoff counselor, you have questions about spirituality will get you a chaplain.

Um, you, you're completely falling off the wagon and wheels are coming off.

Um, there's treatment centers and we can, we can, we've done it, I've flown across the country with the member once and I had two hours notice, I had stuff to do that day, but that member became the priority at that time.

I jumped on the plane, flew to Maryland with that employee and then flew back the very next morning.

I think it was on the plane, It seemed like two days straight.

Right.

Who?

So I got a question because I love that.

So you and I love the specifics of how this works within first responders because you think of peers and you keep saying the terms boots on the ground and folks that get it.

And I think there's a difference to a lot of times.

We talk about peer support and we talk about specific issues.

So in addiction or, or something used to sort of recovery.

But I think there is such an importance of people who get what it's like to be a first responder and the experiences.

So where do you get the folks that become the piers?

Are they active as first responders?

Are these folks that are retired?

Like how does that path kind of work?

I'll do you a buck To be relevant to the 1st 25% of the department that's been hired in the last five years.

You need people that went through the academy with them understood how difficult that was, went through probation, knowing what it is to clean toilets, you know, twice a day or whatever.

Um, you need those mid level guys that are in the heyday of their career.

But some stuff at home isn't going really well and they're struggling.

Um, the ones that are approaching retirement, questioning their purpose, not knowing what to do, um engaging and work to the point where it's unhealthy because that's all they know, extending their, their retirement because the statistics of firefighters in particular survival rate, post retirement is not good.

For whatever reason, it's either cancer or they fall into the bottle.

They lose their sense of purpose, they lose their tribe.

We need those people on the other side also to pull them through that tunnel of, hey, I know what it felt like when, when I retired and I had to find a hobby, fishing and hunting.

You can only do so much.

You've got to find some other purpose in life and that's where depression sets in.

If you don't have a sense of purpose, you get depressed and then suicides on the menu.

Derek, you mentioned that the last two years really have been um just a tremendous amount of added stress to just even a stressful job just with the events that have happened over the last couple of years.

Um, I'm curious what do you see as the biggest need for first responders and frontline workers today?

Well, that's an interesting question because the first part of that question is, yes, it has been stressful.

Second part is the problems are the same as they were before we even came into a pandemic.

We still have people that are struggling with um, you know, the, you know, this is almost, I've said this so many times, it seems like I'm saying it again and that's that suicide has outpaced Line of Duty desk for at least the last six years and we have any, we don't even have all that data.

So you know what that means is we're more dangerous to ourselves and there are jobs that are very dynamic and high risk.

Um that's crazy.

What are the reasons there is one person that has collected that data as much as he possibly could, he made it his mission in life.

And it turns out that family and relationships float to the top of that, that completed suicide.

That death by suicide breaking.

It's not PTSD, it's family relations and that has a lot to do with what you said at the very beginning and that's that reintegration process.

You go, you go to work and you're in a, you know, in an honor society, you come back home, you're in a pride society, you get treated different when you've got your cape on and your, your armor, whether you're carrying a gun or wherein turnouts, people for the most part respect us and see us as heroes when we come home, we're just mom dad or you know, the significant other, that transition is not as easy as it seems.

It's hard for a lot of people.

There's a lot of meat on that bone, but I'm not trust me, there's a lot of other things that lead to that kind of stuff.

No.

Mhm Well then that's really what our um has been the common thread and the focus of this podcast is supporting families of first responders and communication and strong relationships continues to raise to the top as being most important.

Um and so I'm curious, what do you see as the biggest need for families?

The need?

So integration within kind of, you know, there's even a lot of leadership books out there that will tell you that um you know, to make a stronger organization is to kind of overlap the family into that a little bit.

Um, our department after our suicide, we were told that we had 100 or a 10%.

We were 10 times more likely to have a secondary suicide Because we had one.

Um, so we went to work, we had family, uh we had a counselor come in and do a wives group Where we had, I believe 20 wives that came in, which was pretty significant and um talked about the warrior culture to kind of loop the wives into this is this is what they do and this is this is what their day looks like.

They might not come home and want to tell you everything that they saw.

You know what we talked about vicarious trauma.

Um, or maybe I just spoke to a dispatcher the other day and he said that he grew up in a first responder family.

The mom and dad used to sit around the table and talk about all the nasty things they saw, but they were offloading, that's a healthy thing.

But when we go home, this particular dispatcher was married to somebody that didn't like those stories, so guess who he has to offload his stuff, nobody, you know, and he's a dispatcher.

So a lot of his stories never get completed.

That, that, that loop is never tied in most of the time if they hear a baby is not breathing.

Um, and first responders arrive on scene and then dispatch hangs up.

He doesn't know what the result of that was.

It could have been a seizure, could've been mom freaking out because she thought he couldn't breathe.

But in his mind, he's thinking, wow, you know, I had and a dead kid today, This is crazy and processing that without getting feedback.

Um, we did a couples deal where we brought in a chaplain and he gave us, you did a really good job.

You took tables, you put tablecloths and candles up and candy in the middle and scheduled it at like five o'clock in the afternoon to where spouses would, you know, come off work, they come down, they go over the four pillars of resiliency and then gave them time afterwards to go and have dinner to try to reintegrate the family in that sense.

Um, a lot of the things that you're gonna see at Valor on the 20th and 21st 1st is warrior culture, the honor versus pride culture, the reintegration rituals that warriors of ancient times used to do, we don't do what they actually did, a better job in reintegrating into the family than we did, which made a stronger family unit.

Um And josh and Phillip are gonna talk about that Philip from Valerie.

He's actually anthropologist and some of his stories that I've heard on podcasts.

Um even though even these small little villages in South America do it better than we do, we were never taught in our schooling, even when I went to school all the way up to modern day, there's nothing in there that talks about how to build your own resilience, maintain your mental wellness, um, and know what to do when you get off track when you x, y z and go, I'm off track.

They don't even tell you how to identify that within yourself, josh Wyner from Valerie doesn't retreat.

And he talks about those action signals and what to do when you see those actions signals, managing your sympathetic sympathetic nervous system.

There's practices out there, if you, you know, can't breathe or your breathing shout, there's there's tools for this.

But first responders were never taught this.

And then if they're not taught right, they're going to reject it because that's touchy feeling.

So it has to be framed, right.

Um One thing that I've said and all the lectures that I've given for peer support is the best thing you can do with peer support when you bring it to your organization is don't make it weird, make it weird.

It's not about giving out hugs if if what I'm telling you don't make it weird.

I love that.

Yeah.

Mhm.

But you bring up such a good point to and I think we've seen like heather said over and over where families talk about all the logistics that go into managing a first responder home to sleep schedules and all of that.

But the thing that's that's more nuanced and difficult, is communicating what to talk about, when to talk about how to talk about it.

Um and when did them and that may vary, there's times that you want to talk and you don't want to talk.

And so that kind of emotional mental health pieces is something that it's really hard to navigate.

And I love that this has turned from not just resources.

So when I saw this on the agenda, I thought we're just going to talk about a resource website.

And so that's why I'm like blown away because I love that it's even though its resources and connecting people to resources, it's normalizing kind of taking care of your whole self, but also I think, and I love how you're talking about this, it's really supporting the whole family, right?

And supporting, not just the individual that's the first responder, but the whole family because that's going to make everybody better and I believe, and not to be too over dramatic.

Maybe I am being a little bit, but I think that ripples out to our community.

I really do.

And, and hopefully that normalization that we're seeing with our first responders that you're doing is it will ripple out to our community in some other ways.

I'm glad you captured that last point.

I was going to follow up with that, but you nailed it.

And if we're more mentally in our game when we're at work, um, that that's gonna, that is gonna ripple to the community, our end user will get the best of who we are and then they'll get the human side of who we are.

And when we go home, when we learn what those rituals are, whether it's um, that I can't remember which culture, but some warriors weren't even allowed back in the tribe until they, until they did something to reintegrate and that in some cultures, it was writing calligraphy, calligraphy, some had to do with, you know, making something that was a completely different things.

So what it did is it got amount of who they were, we got them back into who they are.

So they don't come back the warrior, they come back and there's that intermediate area where they get reconnected to who they are and then that makes him a more effective dad the dog doesn't get kicked and the wife is happy.

So this is what, this is why we're bringing in valor and the resiliency center and valor.

This is all wellness stuff.

This isn't sickness stuff.

This is reframing what we haven't done right.

Um, the results of that and putting wellness on the front end and teaching people what they should have been knowing all along.

And that's take care of your brother and sister, meaning our coworkers and know when they are offline by knowing them in the first place and building trust on the front end, knowing yourself and when you're offline and getting yourself doing something, whether that's playing the guitar, going to the gym.

Um, there are many ways to get back online, but nobody knows that.

No one taught him that.

I talk a lot on campus about mental health.

And one of the things we've been talking a lot about is masculinity and mental health and, and in these cultures.

And you're mentioning things like warrior and we we know from our history.

My brother is a is in the military now and we talk a lot about he has a real frustration and a soft heart for Vietnam vets.

And, and he has this thing where every time he sees somebody that's wearing a Vietnam hat or or something.

I think we've talked about on this too.

He says, thank you for your service.

And one of the things he says is we when they came home, we didn't celebrate them.

And so, and so there's research that shows the reason that drug use was high was not because of drug use in combat.

It was because of the lack of acceptance and reintegration.

And I think seeing that on a micro level, on a regular kind of daily level Every other day, every 48 hours or 96 hours, whatever the shift is, I think it's so important to talk about that reintegration and how that works for ritualistically for the family and the person and then also normalizing it's okay.

And these really kind of masculine cultures to use, like you said, don't make it weird, use these, these warrior talk.

But also it normalizes these things that don't always go Hand in hand with that kind of masculine culture.

Does that make sense?

I just, I love, I'm astounded at at what you're doing at the program.

Um, and, and completely on board.

100%.

I love what everything you have going on here.

I appreciate it.

And you and you nailed it.

And uh, we gotta get out of the habit of asking our brothers and sisters how are you doing?

Because you know what, you know what the common responses to that?

Right?

Yeah.

Good.

Good.

I'm good.

Rather than that call sucked and then leave some silence in between or wow, I don't even know what to do with that.

I've never seen anything like that before and being safe to make it a safe place to be vulnerable to say, hey, wow, That that hit my top five and sometimes it's not even the trauma, sometimes I had somebody tell me one time that that scene was so messed up, it didn't bother me because it didn't seem real.

You know, that would be like a decapitation, something horrendous.

Where you just go, well, that's not real.

And that's not the traumatizing, traumatizing thing, is seeing some kid that broke his leg, screaming, trying, you know, because he's in so much pain and you have a child at home the same age, you know, same hair color.

Um you know, that's what, you know, puts us into a state of anxiety when we go home and our kid gets up on the couch and get down from there, you know, and it's real, it hits home.

Mhm.

And and people are more likely to check in on the really traumatizing ones without really knowing the ones that hit home and so normalizing that culture, I think of what you're talking about, how to check in and then also communicated, it sounds like you're saying communicate when it's difficult for us and normalizing that I think it's so important.

Yeah, and and looking at vulnerability as a strength, not a weakness.

We need to keep preaching that it's like, hey, what's going to affect you isn't going to affect me fair enough, but if that bothered you?

Um, let's let's get out on the table, let's talk about it.

How did you sleep last night?

You know, what are you doing this weekend?

Um You know, these are questions that are living ideation is not suicidal ideation.

So if they're living then they're probably doing pretty well.

It's an opener.

It's not necessarily deep conversation.

But if you know, you got a birthday coming up and you ask that person, hey, what are you doing for your birthday?

I'm just, I'm just gonna stay at home.

Hmm.

That that's that may not be normal, its isolation.

Um and you know, that's that's that's not usually a good sign.

Only one sign, but still worth investigating, right?

Let's go change in the culture more than it sounds like as much as everything else, the culture of checking in and looking for those things.

I love it.

Absolutely love it.

Don't make it weird, make it sound manly and you have females in our application.

But some of the females, I actually had talked, I talked to a female within my service branch that said that they felt that they had to be tougher because they were a female, that they did know that people looked at them as being more sensitive, which made them even combat something that would mess up even the most masculine person, man or woman.

Um because they felt that they had an expectation from there.

Their coworkers and that would confirm a bias of some kind.

So um that makes, you know, women in certain service branches even harder for them to be vulnerable.

That totally makes sense.

Well, all I know is is you, you have me on board.

So whatever you need, I'm on board, let me know.

I love what you're doing for our community, for our state.

Um, love any, is, can we put in just for the podcast to just the, the website is kind of one last final thing and anything else you want to add?

Nope.

So the website is www envy PSN dot org.

And like I said, you can find tons of resources there.

It takes a little there.

There's, there's grief resources of resiliency resources, there's family, marriage resources, spiritual.

It's somewhat of a deep dive.

Peer support is very prominent on there.

You go to peer support and depending on what service branch you want.

Um, those peer support, uh, teams are established, some of them are, some of them are in development.

Covid slowed us down for the training of that.

Um, yeah, that's awesome.

That's awesome.

And we'll have that in the notes as well.

And uh, and the, and the podcast notes, the show notes.

But thank you so much Derek for, for everything you're doing and for being on this today.

And and hopefully people get some good, some good connection and some resources out of this.

Yeah, thank you so much.

Derek.

And I want to echo what daniel said, I'm on board and let me know how I can help as well.

So thank you so much for taking the time to talk with us today.

Absolutely.

And thank you for allowing me this platform to be able to spread that you know your support doesn't have to be weird and come to valor.

Yeah.

And I would be happy to send, send out there.

We're looking over 200 people so far and I I expect that to grow when we get closer.

So there is two days.

So you guys are welcome to attend either day or both days.

Thanks Sara.

We really appreciate it.

Absolutely.

Thank you.

Thank you for listening to CASAT Conversations we value and appreciate your time.

Please share with us any comments, feedback and ideas you have for future episodes.

Please email us at learning at CASAT.org.

Please visit our web page for additional information, show notes and relevant topics at casatondemand.org/casat-conversation.

This podcast has been brought to you by the CASAT Podcast Network located within the center for the application of substance abuse technologies at the University of Nevada, Reno.

For more podcasts, information and resources, visit CASAT.org.