CASAT Podcast Network

Welcome to Season two of CASAT Conversations.

I am your host, Heather Haslem.

This season, we will explore the timely and complex topic of resilience for health care providers.

Within each conversation, you will hear from experts, clinicians and providers who will explore and share the latest research best practices and applications for how to be resilient.

Please enjoy today's conversation.

Dr. Patricia Watson is a psychologist for the National Center for PTSD.

She is co author of The Psychological First Aid Field Guide and the Skills for Psychological Recovery Manual, produced by the National Center for PTSD and the National Child Traumatic Stress Network.

She is also a co author of the stressed first Aid Self care and peer Support model, originally named Combat Operational Stress First Aid produced by the Department of Defense and Defense Centers for Excellence and since then adapted for fire and rescue personnel, rail workers, public safety personnel, health care personnel and pretrial and probation personnel.

Dr. Watson has additionally co edited three books on disaster behavioral health interventions, numerous articles on resilience and early intervention, substance abuse, mental health services, administration guidance documents and articles and chapters on disaster mental health, public mental health, resilience, combat and operational stress and pandemic flu.

Welcome to the show today.

Thank you so much.

Heather.

I really appreciate it's very nice to be here.

So as we get started, please tell us, how did you get into this work?

So, uh, when I was younger, I was a clinician in the Navy for about eight years.

I started out working with adults and then got a fellowship in pediatric psychology and worked with families and Children.

And, um, I moved from that job into the national Center for PTSD in 1998.

And coming into this job at the national Center for PTSD, I was I was tasked with creating educational materials for providers and veterans and anybody who had been experiencing traumatic stress.

And I was so happy to do this because as a busy clinician, I never had time to read research, um, and also was very, you know, tired and sometimes burnt out.

So I had a real passion for distilling down what we knew and what we have been discovering from research into usable practical materials for providers and clinicians.

Um, in large part that has been focused on disaster mental health over the last, you know, uh, two decades.

But, um, about 10 years ago, we started really focusing in on peer support and self care for people in high risk, high stress jobs, fire E M s, military police, um, and health care providers in the context of the pandemic.

So it's been it's been really rewarding work, particularly because I get to work with and train people in jobs who I think have a real commitment to serving others and often put themselves behind the people they're serving.

And so it's always an honor to work with people who have those high values and standards and are trying as hard as they can to do their work.

I love that you really identified early in your career.

It sounds like the burn out that you were experiencing and then finding a position that allowed you to have the space to really won.

It sounds like take care of your yourself, your own health and well being, and then to be able to share that wisdom with others.

Yes, that's probably one of the most rewarding aspects of this job.

I really I really valued it quite a bit.

So as we think about that, or you share about that, what are the aspects, Um, that really are most meaningful to you?

I would say it's two fold, and I've had a number of conversations with people recently about this because people in behavioural health and health care right now are really working so hard.

And what we're finding is that there's this kind of continuum of of needs that they have.

They have a need to, um, find ways to what I call gain a toehold, because we really have such little time and energy to, um, take care of ourselves and each other.

Um, and our capacity has been so depleted over the last few years and actually longer than that, because people in healthcare and behavioral health have been responding to different types of disasters prior to the pandemic.

They come into the pandemic with, you know, having, as you know, in your area, responding to fires, responding to, you know, economic distress, responding to all kinds of large scale events, the the you know, the shooting, that they're horrific shooting there, and so you have people who are already tapped with day to day kinds of issues with their clients.

Then you've got large scale events and I've got this pandemic and, um so the needs are so layered and so complex.

Um, what we found in the work that we've done is that it's not just about job stress.

It's that people are, uh, dealing with in the context of pandemic, this kind of large scale stress that's personal, more personal than other times in their life, where it's something that's affecting all of us.

There's a level of uncertainty and kind of this free floating anxiety that's affecting everyone.

And, um, people are really tapped.

So the need is to try to find ways to not only take care of themselves but also find meaning in what they're doing, because sometimes they don't have the time or the energy to even do basic self care measures.

So what gets them through it is feeling like what they're doing is fulfilling some sort of value.

You know, I'm caring for others or I, you know, I might leave this world completely depleted, but at least I felt like I made a difference or I contributed, and you've got needs on both of those sides where some people are done with wanting to have meaning, they just want to take care of themselves.

And you've got other people that are much more focused on the meaning Piece of it.

So we're I I see so many great needs, um, all piled on top of each other right now.

It's really complicated.

Yeah, I am very aware of the complexity of this to just, you know, tell a health care professional or behavioral health provider.

Just take more time for yourself, right?

We know that that isn't effective.

Um, because there there isn't more time generally.

So what are some strategies that you recommend?

Um, primarily focused on self care.

So for for our purposes, what we've tried to do in the work that we, um, have been compiling over the last decade is to, as I said, try to distil down what we know about research in terms of, um, creating a framework that people can go to, and I call it an accordion type of model where you give them the basic principles of what we know is essential to people's well being, and then they can take that framework and those principles and decide how much to expand the accordion based on their capacity and their time, or keep it really compact.

And just try to, you know, squeeze in small ways to build upon this framework and the frames that we identified many years ago.

We pulled together an expert panel who came together to talk about what to recommend to people in situations of ongoing stress.

Ongoing threat because a lot of the research has been focused on post trauma, post disaster, that type of thing.

So we really wanted to think about All right, what do you do when people are in the middle of something?

So we scoured the literature.

We presented it to this group of about 50 people from around the world.

Some were researchers somewhere, people who've been on the ground in different types of settings, providing services, and we as a group.

We came up with this five essential elements that seem to be related to better recovery.

Better, um, adaptation, better resilience in a number of different types of situations that are adverse events, adverse circumstances and the five elements are helping people to move towards a greater psychological sense of safety.

It doesn't have to be absolute safety.

It's not objective.

You're just trying to move them into the direction of feeling more safe.

And the second element is getting people to a place where they can become calmer.

Uh, so what happens when people are highly agitated or anxious is that bio biologically and biochemically they get this kind of cascade a flood of hormones and stress, you know, types of, uh things that are happening in their body.

You know, their brain is flooded with different types of processes.

So if you can move them towards greater calming, we know that that's related to better recovery.

We know it stops this kind of cascade downward, where people who are not able to calm themselves will turn to other measures alcohol, you know, substances, different types of things that will create a downward spiral.

We want to We want to stop that early.

Um, social connectedness is the third element, and it seems to be probably the strongest.

It doesn't mean that people have to have 100 friends.

It just means they have to have authentic, um, rewarding connections.

And it could be just with one person for some people, it's a pet for some people, it's connection with somebody who's already passed over.

But this for some, it's a connection with God, but something that gives them a sense of being connected.

And we more recently have found that the types of connections that are particularly helpful are ones where a person helps you to feel uplifted in one way or another.

I guess that could be through humor or through, you know, just positive stories or, um, you know, advice about what they did.

And the other one is, um, seems to be when people can help you view your situation from a different angle and an angle that will help you see it, um, and adapt to it.

So that's the third element.

The fourth element is self efficacy, which is a fancy way of saying that people feel like they have the resources or the skills to get through something.

You know, we see this a lot with Children have been raised in in, uh, situations that objectively look very adverse.

But if they've had a friend, a coach, a teacher and extended family members, somebody who has been able to support them and say to them, you can get through this.

They tend to be had this strong sense of self efficacy like, Well, I've gotten through worse things.

I can get through this.

I know I can do it.

I've done it before.

Um And then, lastly, the last element is hope, which is a broad term.

Um, it can mean optimism.

Some people are naturally optimistic.

Some people have a connection with faith, religious faith, and that gives them a sense of hope.

Other people feel that those around them are working towards a greater good, or they have.

The community has enough resources to get through something, so they feel hope in that way.

So these five elements safety, calming connectedness, self efficacy and hope.

As I said, people don't have to have all of them.

But if they have some combination of one or more of these, the research suggests that there are better able to get through situations of ongoing threat.

And so we've built, um, a lot of our materials at the National Center for PTSD.

Um, we've built a model called Stress First Aid that is crafted around these elements.

Um, and what we're trying to do is to get people.

We're not trying to be prescriptive and tell people how to feel more safe or how to calm themselves down or how to even connect with others.

What we're trying to do is say, when you're going through difficult times, remember these five elements and you decide what they mean to you.

You decide how to become more feeling more safe for some people.

It's gathering a lot of information so that they know what they're dealing with.

For other people, it's creating scenarios and sort of action plans for other people.

It's preparing ahead of time for things that they think might be, you know, highly adverse or create threat.

So each person is going to be different in how they get a sense of safety.

Same thing with calming.

My experience has been that some people love breathing and meditation.

Other people say, Don't even talk to me about that.

I'm not going to do it for me Calming his problem, solving and writing lists and making sure that I'm, you know, able to do what needs to be done so everyone has a different way of doing these things.

Connectedness is very variable depending on you know who you are.

What?

Your personality is that type of thing.

So our goal is to give people this map this framework and say, we know these things are helpful.

We know that when you're in difficult times, do not take these things for granted.

Because what happens when people are really busy is they're socializing drops off or they're calming.

You know, routines drop off.

And what we're saying is try to bring those forward because we want you to have longevity.

And if you let too many of these things drop off, um, you may find that over time you're getting ground down and it might be too late.

You've gone too far down this path, so really try to bring these things forward in whatever way makes the most sense to you.

Um, one of the things that I see happening, Um and I'm sorry I'm talking so much, I'll finish after this.

But one of the that's why you're here happening is, um, that people have their routines like, Here's how I manage stress.

I go out for a five mile run.

That's what really helps me.

But since I'm in this pandemic.

I don't have time for a five mile runner.

I can't run anymore because of the fires and the smoke or the, you know, the mask mandate.

Whatever it is, they stop altogether.

What we we are trying to do is say, find a way to do something even a small portion of what you did before rather than dropping these things altogether.

So, um, again, not trying to tell people how, just telling them these are what you probably should be focusing on.

I love this approach of honoring people's own wisdom and that here, the key elements, this is what research supports.

And it's up to you to figure out how this looks and feels in your own life and what is most meaningful to you.

Yeah, And I would also say that, um, what we would what we also say is that we hope that whenever we give a training that validates what people are already doing.

So whenever I go into a health care setting, I'll say, I'm hopeful that many of you are already doing these things and I hope that what this does is say please keep doing them and don't ever take them for granted, being kind to each other, being patient with each other, being kind to yourself and adjusting how you do self talk, because in times of regular stress, it's probably OK to say to yourself, Come on, idiot, get up there and get back, Get back on the horse and get out there, You know and talk to yourself in this kind of coach way, and sometimes it's a little harsh.

But in times of really intensive stress, we have to sometimes reevaluate what our priorities are and say, You know what?

I'm not going to ever be at 100% for the next year.

I've got to stop being hard on myself.

If I'm not meeting my own internal standards, I've got to drop those down and reprioritize, take a look at my list of priorities and say what absolutely has to happen now what absolutely is fulfilling for me right now, what are things that I can do?

And if I don't do them, I'm not going to beat myself up.

I'm just going to say to myself, All right, take it slow and and really have more kind, self talk as well because I would say that most of the health care workers that I work with are their own worst enemy.

They're very hard on themselves.

A lot of times they have very high standards, and that, under normal circumstances is adapted because it makes us all really good at our jobs.

And we work really hard to be great.

But we tend to sometimes be perfectionistic and, um, again under normal circumstances, that's fine.

But in these circumstances we have to view ourselves as somebody who typically can hike up to the top of the mountain.

But right now we've all got, like, $50 backpacks on, so be a little bit gracious with yourself and, uh, as you do that and you role model, that for the people around you.

What I've seen is one of the biggest recommendations that we've been giving to health care settings right now is that it's really, really important for leaders, people in supervisory roles in particular to support their staff, but also to be very authentic.

To be open and say you know what?

None of us are doing well right now, myself included, and let's really find a way to have more conversations.

Problem solve together because what we're facing right now in many ways is overwhelming for all of us.

But maybe between ourselves as a group, we can come up with strategies in the moment on the fly.

Uh, and again, the research bears this out, that you should be looking for low hanging fruit.

You should be moving towards things that seem to be helpful and trying things out.

It's trying experiments out, and if they fail, don't beat yourself up.

Try something else out.

And just there's a line in the one of the I think the newest frozen where it says, Just do the next right thing.

You know, every day just move towards what you think is the next right thing for you and for the people around you, and try to suspend your long term goals and the the great ideals that you have and just try to get through each and every day.

Well, I mean, there's so much in all of that that you just said, um, it was fascinating listening to you give permission to not give 100%.

What came up for me was like, Oh, my God, I can't possibly do that for a year.

And yet like the permission like I mean, it almost gave me tears.

I was like, Oh, okay, that seems like very realistic right now with the $50 bag.

So I want to thank you for that.

And it's good.

I was talking with a colleague earlier, Um, when we were talking about, you know, the importance of leaders acknowledging the difficulty that we're in and how challenging it is when leaders are just trying to kind of not acknowledge it or sweep it under the rug and what that does to the people around them.

Um, which points towards the psychological, um, safety piece of this, I think.

And when you look at the psychological safety, what recommended stations do you have for creating a culture of psychological safety?

Yeah, that's a really good question.

Um, well, you know, the research bears this out as well when you look at resilient organizations, Um, what I find interesting is that a lot of healthcare workers and and people doing research in health care settings are really starting to understand now that when you compare the resilience, scores or levels, and this is a messy field.

Okay, just I just want to acknowledge that the way we measure resilience, the way we define the way we talk about it is very variable, and it's really messy.

But I would say that we're starting to find that, uh, you know, there's this.

There's been this great push.

How can we make health care workers more resilient?

And what we're actually finding is that healthcare workers are actually more resilient than the general population.

So it's not necessarily about making the worker more resilient.

It's about making the organization more functional and more resilient for the workers.

Right, And this is complicated and tricky because you get into different cultures, you get into the culture of finance versus the culture of well being okay, and this can be really complicated.

And I do not have all the solutions to this because I think that this is going to take a tremendous amount of work over the next decade to try to figure out how to reconcile finance performance measures with the well being and the longevity of your staff.

The two do overlap because when we lose staff in health care settings, it's a huge financial loss to that setting.

I mean, huge.

So they do overlap.

Um, but what we're finding is that when you can have, um, organizations where, uh, you've got genuine interest in the well being of your staff when you have accessibility to support and collaboration when you have when you can provide safe avenues to have discussions about what's going on and sharing of problem solving and strategies and things that can be helpful for people and providing, you know, opportunities to have support without any judgement.

So the the norm is Look, this is a stressful job in the same way that we take care of our equipment.

We really have to take care of ourselves in each other.

There's no shame in that.

There's no judgement about that.

So here are some resources for you and support services and that type of thing.

Um, we've had health care settings where they've with our model.

We have a stress continuum of, you know, of zones of stress because what we found is that it started in the military where people felt like either they were in the Green Zone, which is your fully functional.

You're motivated.

You're ready to go.

You're highly, you know, uh, you know, ready to do your job.

If you're not in that green zone, that means something is wrong with you.

So the military set out to develop this stress, continuing to say, Actually, in reality, we all cycle in and out of different zones of stress, from green to yellow to orange to red.

And the, you know, yellow is a very common zone for all of this is kind of daily hassle.

The things that make us feel tired and it comes and goes.

And you know, it can be good stress, too, because it motivates us because you got stress on the job.

It motivates you to learn and function.

When you get into the Orange Zone, it's usually you find it's an accumulation of stressors that people have had to bear over a long period of time, and they haven't had enough rest and recuperation or they've been exposed to traumatic stressors or moral injury.

Moral distress, which is when you feel like you haven't done as well as you know.

This is why that perfectionism thing is so problematic because you're so hard on yourself.

You feel you haven't done what you should have done, or your organization isn't doing what it should be doing.

So you are either angry or guilty or ashamed, or you have people who are exposed to loss and significant loss.

So wear and tear injury, we call it moral injury, traumatic injury and loss injury that those are the things that generally put people in what we call the Orange Zone, which is being injured by stress.

You've got more long term reactions to stress.

You you feel like you're no longer yourself.

You can't control your reactions, your more irritable or your you're not able to sleep as well, and you can't.

The things you normally do to make it better aren't working.

Um, so we try to target stress first aid for that orange zone because we're trying to catch people before they get into what we call the red zone, which is where you kind of, um, are in the diagnostic zone of depression anxiety.

You know, PTSD, um, and the only difference between orange and red is that we've got this diagnostic system where we say if you've had this for 30 days or if it's significantly distressing then we would categorize you in the hills own.

And so, um, we've had people use that stress continuum in health care settings to create a couple of the things I like.

They have what they call the orange Zone huddle.

When things are really difficult on in a hospital setting, they'll say, Okay, orange, Tuttle, orange zone huddle, and they'll get together and say, All right, we're not doing well.

Things are not good.

What are we going to do?

How do we help each other?

You know, what do we need to do right now?

Um, or they use it as a way to have communication with each other.

Like, boy, that was a really tough you know, situation we've just been through.

I'm kind of in the orange, and the other person says Okay, Yeah, me too.

What are we going to do about that?

Um, thirdly, we've had people, um, use it as a way to they have a, you know, like a white board, and, uh, they have the stress continuum on it, and people will write their names in the in the green or yellow zone that day.

If they're operating at a pretty good level, and that gives people permission to talk to them.

If you know, if you've had a tough day and you just want to vent, you go look at the board and you say, Okay, Susan's having a pretty good day.

I'm going to talk with her because one of the issues with what I've seen with health care workers is they don't want to be a burden to anyone else, and they don't wanna event or unload sometimes.

So if they know that somebody is doing pretty well and they're they're saying, Hey, you can talk to me If you're having a tough day, then they're more likely to do that.

Um, so what we're trying to do is create these ways where people can reach out to each other again, not feel like they're going to be able to solve every problem.

But just know that by having conversations that it often can help move you in that direction.

Um, and people have even categorized.

They've learned to have what they call trashcan or toolkit conversations.

Trashcan conversation is, Do you want me to take what you're saying and just file it in the trash can and not try to help you Problem solve it all toolkit is Do you want me to help you do something about it, you know, So it helps people really start to talk about things in a way that feels like they're not going to burden somebody and that they can just reach out and, um, support each other.

These are such helpful recommendations for creating this container of psychological safety.

And how can we create a place that we can communicate more effectively and make it OK to say, I'm in the Orange Zone and I'm really struggling.

Can you help me, Um, or can I just bounce this off of you?

I love the trashcan tool kit.

And I would just add I have a tremendous amount of compassion for leaders in leadership roles because they're really in a difficult position.

They're often the loneliest and the least supported in an organization because middle managers are having to take the mandates and the edicts from upper managers and translate them into their staff and there in the middle.

And that can be really challenging.

And they often feel a pressure to meet their standards and goals.

You know, they're being given from their leaders.

So what can happen sometimes is they get closed in on themselves, and they don't want to present as if they're having any issues because they want to be strong for their supervisors.

And yet, um, they don't have support often, and they also feel like they don't want to ask their staff what's going on with you.

What's causing you to have stress because they're afraid they won't be able to solve it so they sometimes turn away because they're afraid If they ask, then that means they have to solve it.

And they also often don't want to let their upper leaders know what they're dealing with.

So it can be really, really challenging.

And upper leaders have a whole other set of stressors where they are really alone, and they're having to deal with a large population who they're overseeing and deal with many different levels of making things just run smoothly.

So what we've seen happen is if you can have what we call, we call them in our system stress for first stage champions.

But it doesn't have to be called anything if you have people.

If the middle leadership you can find a way to talk with other middle leaders, have their support and feel comfortable being more authentic, feel comfortable asking for input from their staff and be able to say to them, Look, I really want to hear from you.

I don't want to.

I don't want you to think that I'm gonna be able to solve everything because I might not be and there's a good likelihood I might not be.

But I do want to hear from you, and I also want us to put our heads together because as a team we might not be able to solve the problem.

But we might be able to find ways to mitigate the stress in other ways and just start having those conversations also feel empowered to have somebody who can speak to upper leadership and say, Look, I need to take off my manager hat in terms of form and function, and I need to put on my manager hat in terms of advocating for my staff and this is what I'm gathering from my staff.

This is what I'm hearing.

This is where the stress continuum can come in handy, too, because you can just say my team is in the orange and here's why.

You don't have to give them all the details, but you can say they're really stressed.

And here's why.

One example that I love is that, um in healthcare setting.

Um uh, some some middle managers were asked to be on the Leadership Steering committee, and they were very well informed about stress for states so they would go to the monthly leadership steering committee meeting.

They heard that some of the physicians and nurses had been put on furlough because they weren't properly wearing there protective equipment.

And so they were about to move on to the next topic, and they raised their hand and said, Hold up.

Would it be okay if we go interview to find out what was going on?

Instead of furloughing?

That may be something else could happen.

They went back and interviewed those staff and found out that the reason why they had adjusted their goggles and mask was because the goggles that the hospital had ordered were fogging up and they couldn't see their patients, and they needed to connect with their patients so strongly that that need was stronger than their own protection.

So when they brought that information back up to leadership, um, not only did they apologize to those stuff and say I'm sorry we furloughed you, we want you to come back if you, you know, if you'd like to.

They also ordered new goggles.

So there are ways that we can problem solve if we start having these conversations, and I realize that there's not a lot of time for that.

But maybe there are ways to shortcut that process, and each staff, each organization will have to figure that out for themselves.

I think most importantly, is just don't be afraid to have the conversations.

Don't be afraid to authentically say we're all struggling here and and and And it will only be together as a team that we can probably get through this.

So let's continue to two again, have conversations, suspend judgement, look for you know, the reason behind things rather than trying to be critical about the reason people do things.

And from this example, I'm struck by the simplicity of the solution.

And I, um I see that often in my own work.

But, you know, we we think that we're We're really reacting to different situations, not necessarily responding, and by taking the time to maybe pause and ask the question, um, what a simple solution came out and how effective.

It's so true.

There's a There's a great podcast that just came out with Burn a.

Brown, where she said that she and her husband will check in with each other regularly and they'll say, Okay, where you at And they use it on a scale of 1 200 it has to do with their capacity.

You know where they are in terms of exhaustion, and if they're both at about 50% great, they can kind of carry each other.

If one is at 100 and one is low, they won at 100 agrees to cook the dinner and do all the things that need to get done.

But if both of them are at like 15 20 then they sit down and decide what they need to do so that they don't hurt each other and they're basically just preparing ahead of time.

We know that when we're all depleted, conflict is higher and people withdraw and isolate, and then it starts to create this kind of snowball effect where people aren't connecting or they actually are hurting each other because they're irritable.

And so let's proactively just acknowledge it's probably going to happen when we're all depleted and figure out ways to mitigate it, you know, to say All right, well, how are we going to deal with this?

It is really simple.

And I think it has to be simple right now because complex strategies are too much for people to grasp.

So you've been in this line of work for a long time and working on burnout and fatigue.

I'm curious how you've seen the pandemic impact health care professionals to date.

So, um, one of my favorite quotes is from the short Center.

We we we did a webinar and I've been working with short Center to create some materials and, um, one of their conferences.

The administrator of a hospital said that his, you know, in the last few months that, um, one of his staff said it took a lifetime of reserves to get through the first wave.

And now we're dealing with these other waves and our reserves are depleted.

So, um, that's in general.

What I am seeing that when I give webinars.

Now people are just tired really, really tired and they're exhausted.

And, um, I'm actually quite concerned about it.

I'm more concerned about this than I have been about any population that I've worked with, Um, because I think that it's so universal.

Um, and it's hard to for people, you know, typically, what you see in some research with high stress jobs and is that people cycle in and out of the high stress, the highest stress functions of their job.

And then they find a way to continue in their job on a less stressful note for some time until they replenish.

But what's happening right now is that people aren't having the opportunity to replenish.

And I'm very worried about it.

I don't have any, um, you know, overall long term solutions other than for people to continue to be having these conversations both on a small level to, you know, acknowledge and to support each other and be kind to each other.

But also, I think, organizationally and nationally, we need to be starting to have conversations about what does this mean about the way we do business and and the way we recruit people and how many people we need and how much we charge.

And all those levels of conversations probably need to be had, and they probably need to be.

Have we?

We had a lot quicker than what we're going to be able to accomplish them.

So in the meantime, we have a We have a population that I think is, um, uh needing to be honored and preserved and helped.

And I don't know how to do that because each and every organization, each and every setting, I think is going to have to find out ways to do that for its for its team.

I wish I could give you a more optimistic outlook, but, um, you know, I I until we have a better sense, uh, there's no way of knowing how long this is gonna last with the variants are going to do what What will be involved than we all in many ways, need to live with uncertainty.

And some of the research about uncertainty is that, um, for each person that their future is going to be different, right?

You can't give a blanket on what each person's future is gonna be it's gonna be different for each person we're gonna We're going to alternate back and forth between feeling okay and not feeling okay.

It's going to take a toll on us.

Um and, um, you know, eventually there's going to be a new version of reality, but it's going to take time to create that each person is going to have to have this way finding process where they, you know, each and every day try to find these little toe holds these little routines these ways of being fulfilled.

Um, these ways of focusing in on their values and their faith or whatever it is that gives them replenishment, um, and do it a little bit at a time, um, and learn from each other share with each other.

Um, you know, rely on people, um, in ways that you never have before.

You know, most of us are the strong ones in our network, and we don't even have the social skills to reach out and ask for help.

So find ways to, um, you know, take help when when needed, um, and give help when you can.

It's, um, it's challenging Well and I appreciate you know, you talked about the importance of authenticity and really saying it as it is, and I think you just modelled that beautifully for us.

So thank you.

Um, and I'm struck by what you said earlier.

Also in the need to really planned day by day.

And what is the next right step?

As we look at, uncertainty, like planning too far in the future is overwhelming for our brains.

And so coming back to what can I do today?

What can I do right now?

Um, when we started this conversation today, you talked about the importance of meaning and how sometimes rather than self care, connecting with meaning and purpose can be really supportive in resilience.

Can you say more about that?

Yeah.

There are many writers and speakers right now.

Um, Simon Sinek, Jordan Peterson.

Remark.

Manson are a few that come to mind to really have focused in on, um, this aspect of, um, building your sense of why you're in this world and your purpose and what you're here to fulfil as a form of self care.

Because, um, you may find and many people who have been in high stress jobs have found this that No, it's not necessarily about coming out of this unscathed.

It's not necessarily about being stress free.

It's more about what do I want to build with my life?

What has meaning for me?

And, um, So what I would say about that is that there are some people that gravitate towards that more than self care.

Um, and Jordan Peterson has a really nice clip by using my trainings where, he says, you know, become the person at your family at your father's funeral, who others can turn to.

That's his sort of story and his way of doing it where if you can learn from adversity, if you can figure out what it has meant to you and how you got through it and use that to guide and help others.

We know that social support is particularly helpful in settings where people view you as somebody who has one step above them.

They've been through it before, so if you have a person you are a person who's been through certain things you're going to be listened to.

You're going to have more gravitas.

You'll have more social capital.

We call it people will pay attention to you because they know you have been through difficult times.

You have a role to play, and maybe that is the only thing to get out of that adversity.

That you can maybe assist somebody else and doesn't mean you have to have gotten through it completely.

You might still be struggling with it on a daily basis, but you may be able to give a little bit of a guide poster, you know, advice about what?

What has gotten you through it.

And that could be the only thing that that helps you to continue getting through it is that you're assisting others.

Um so I would say, though, that some of the research suggests that try to find a way if you can, to not just be, um, only doing one thing.

If you can find ways to balance out meaning making with some just basic what we call emotion focused, coping, fishing, taking a walk, taking a bath, whatever it is for you, it will be different for each person.

But if you can, if you can create a portfolio in a similar way that we do with a financial portfolio, not putting everything in one basket.

You know, try to have a portfolio of different things.

Um, that will get you through this.

Um, you probably will find that you can, you know, turn to those on different days, depending on how you're feeling.

Because if you're only trying to help others on some days, that's ideal on other days, maybe the next right step is I can't get out of bed today.

What is the next right thing for me right now?

And maybe that is, you know what?

I'm gonna actually stay in bed, and I'm going to read a book, and I'm gonna find a way to take a nap or replenish myself, because then tomorrow, I'll have more energy to give to that person.

So again, try to find this kind of, you know, uh, portfolio of different options.

And, um and also people I've heard so many of the people I work with say how important it is to have people in their network who call a spade a spade who call them out.

Sorry to use that phrase, because I don't think that's a good phrase right now, but who call them out and say Look, um, I know you say you're fine, but I know you.

You're not fine.

So let's get down to the real deal here and have those people in your life who you can turn to that will say, You know what?

I know you want to do this, but actually, I think it's better for you to do this right now and then come back to that, um, and and also people that will take things off your plate, Just practical things off your plate when needed.

And you can return the favor when you can.

It doesn't have to be one way, but, you know, lots of different strategies to use.

All of these strategies have been so helpful.

And I find this conversation very meaningful, as I identify as being in the Orange Zone currently.

So I really appreciate your time today and just sharing all of your wisdom and expertise with us.

It's my pleasure.

How can our audience learn more about your work?

So I would say I'm not sure if you're going to be able to post resources, but I did send some resources.

Great.

So there's some PDFs that I sent, um, the national Center for PTSD has a stress first aid page that has slide sets.

Um, and we'll have the manual up shortly.

My research gate page, if you just Google stress for state also has a number of different manuals you can find.

Uh, so, you know, I think that would be the a good first step for getting materials.

Wonderful.

Thank you so much for your time today.

Um, your presence and just all of your knowledge and expertise.

We appreciate it.

Mhm.

You're welcome.

And my best goes out to everybody who's doing this work right now really thinking a lot about you and hoping everything goes well for you.

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