CASAT Podcast Network

Hello and welcome to season four of CASAT Conversations.

I am your host, Heather Haslem.

This season we will explore the impact of trauma on those who work in human services.

You'll hear from researchers, authors, and people with lived experience.

We hope you enjoyed today's conversation today.

I am delighted to welcome Dr. Steven Nicholas. Steve is a practicing marriage and family therapist and author of the book Living Ideation.

He is also a colleague and happy to say he's a friend.

So welcome Steve.

Happy to have you here today.

Thanks Heather.

It's nice to be here.

So uh, please share with us about yourself and the work that you do.

So you gave a couple of comments about kind of what I do.

I am a practicing marriage and family therapist.

I do like to dabble in writing about things that interest me and some of the work that I do uh and that intersection of who I am as a person who I am as a professional that comes out in my writing.

So I wrote a book called Living Ideation, that is my, my take my take on mental health.

And I do mean that concept health versus the common medical model of trying to assess for illness or symptoms.

And so it is a type of model and philosophy to counseling that really tries to build instead of repair folks with my line of work as a therapist in town over the past handful of years, I've really started to specialize in working with first response cultures.

Frontline workers, military folks, those are populations that I refer to as warrior servants.

Uh, those are public servants, People who really dedicate their lives and they're calling to helping others, uh, their emotional tolls and therefore needs are different than others.

So that's pretty much who I work with uh, in my professional lifestyle.

Nice.

I'm curious.

Um, I know how passionate you are about working with warrior servants and what drives you to work with this population.

The work actually kind of found me as I was as I was as a practitioner and then as a, as a researcher finishing up my doctorate quite a few years ago, uh, I lost a brother to suicide death and I recognized within myself that I was a changed person.

Uh, and there was no undo button, you know, for, for that change.

And so I was very curious, deeply curious about who am I now in in, in my roles and relationships in life because they're all different.

And then I started studying people going through those changes, Those seismic changes.

And it turns out that first response cultures, these warrior servant cultures, they go through these seismic changes, unfortunately more more frequently and more dramatically than I think most populations do most demographics do.

So the work kind of found me that that crossroads of who I was personally how I was practicing professionally and then the populations that I would start working with, and once I started trending toward first response work, it really hasn't slowed down.

I've never been able to go back toward anything else.

Very cool.

You mentioned that the emotional tolls are different for warrior servants.

Can you kind of shed some light on that?

Sure.

And and I'll try not to be too cliche with it because I truly, truly mean what I'm about to say most folks, most demography is demographics.

We will have a handful of horrible, horrible days that that happened to us throughout our our lifespan.

Uh, we will suffer losses.

We will uh, have, have relationships dissolve very road.

There will be tragedies.

Our first response cultures have those two as average humans.

However, they also sign on for showing up every day to the experiences of people in the public.

So they have they have the the the commonalities of the every of the every person and then they show up for the extraordinary for anybody and everybody else.

So they have the, I think that the first degree effects of trauma and loss and then they also get the secondary vicarious trauma impacts because they are intentionally showing up on your worst day.

And so that that that has a bit of a of a residue that kind of splashes on them too.

And um, what are some of those impacts that you've seen of taking in the other people's worst days well when somebody is assisting or serving somebody going through chaos or mass despair, Then they have to not only interact with that chaos, but then almost cross reference it with their own right?

So let's say, a a fire rescue crew shows up on a scene where there is maybe a maybe a pediatric call, maybe there's a pediatric uh loss, something that is just, you know, we put our hands to our mouths and gas, we say, oh my goodness, well, that's a Tuesday for a lot of our first responders.

And if they show up on that, that awful, awful pediatric event and then they cross reference it with their own either personal life or familial life they're working on, let's say, a nine year old and cardi, you know, having a cardiac event.

And what if they have their own child or nine year old, they're now cross referencing the horror of somebody else's life with a potential loss or horror of their own.

And so it really creates all of these.

What about me scenarios that are either on the surface consciously or quite sub or unconscious.

Yeah, that was gonna be my next question, really, was how much of that brain processing do you think it's conscious versus how much is unconscious?

Well, enter the mental health program or professional into the first response culture.

Uh my job, a couple of my jobs are I'm an embedded clinician in some of our first responder communities.

And first and foremost, I see my opportunity is to try to grow awareness to what real and normal are that again, we are all normal.

I'm air quoting the word normal, we are all normal people who are stepping into extraordinary or abnormal situations.

So it is, is trying to remind and maybe awaken our first response culture too.

We all feel and we actually all feel the same things in the same ways.

But these warrior servants, they're almost the culture almost says no, you're you're stronger and you're different and yes, while on shift or on task, I think that they are extraordinary and quite different with their abilities and their training, but at the end of a shift, when somebody's back at home sleeping or not sleeping because they're looking up at the ceiling fan recalling what they have to do for a living there, an ordinary human feeling, the same spectrum of emotions.

Uh and so it's that that on off switch or valve that they are conditioned to be able to flip and almost just be this blind performer that would be somewhat subconscious that they're experiencing these things.

But when then that switch, your valve is flipped back into, oh, I could get to be an average human in relationships and doing normal mode along kind of things.

That's when the consciousness floods back in and they can be quite debilitated by the flood of pain or truth or horror or trauma.

Mhm And I guess the unnerving part of that is that you really just never know when it might flood in.

Well, so if we never know when it will flood in, if we can take it to the bank that it will flood in.

That is a, that is our opportunity to try to preemptively have a pre incident training and uh, and concept that we're going to go do some pretty tough stuff and it will impact us.

So if we actually don't allow it to accumulate and uh, hit us when we're not thinking about it, if we always kind of just normalize, hey, we do some really tough stuff here, uh, and and and allow it to be the truth, then we can authentically go into and come out of traumatic events.

I want to take the opportunity to describe essentially as a, as a mental health guy who enters into first response or these warrior servant cultures.

There is a model, this umbrella type principled model called schism, C I S.

M.

That stands for critical incident stress management.

That is essentially, again, an umbrella of concepts for taking care of, of, of our, of our first response cultures, are our frontline workers schism has a few levels and until recently, those other only levels have been received in response to nature.

So for example, if there's a critical event that might be a line of duty death, that might be a mass casualty incident that could be an officer involved shooting, that could be just something gnarly, right?

Something just really awful, then traditionally the response models in, hey, something super awful just happened, bring in a clinician and maybe some peer support, some peer supporters.

And let's do one of three things.

At first we do what's called a crisis management briefing and that is kind of consulted by the clinician, but led by administrators or leadership of an organization to try to control the message, right?

A crisis management briefing is briefing and it is trying to quiet a rumor mill or any false narratives of an event to give one kind of broad brush.

This is what went down to all the people, an organization.

And then as people are significantly or not significantly impacted, there's a concept called diffusing and, and that's pretty self explanatory when somebody is, is debilitated and they are hurt, emotionally hurting.

We are metaphorically stopping the bleeding.

We're tending to that.

It's almost like an emotional first aid for somebody who is in acute pain and crisis that's diffusing.

We're gonna let that, that energy out of it.

So it's a little bit less Within about 72 hours.

We want to do something called an incident debrief critical incident debrief.

And that is a very, it's a semi structured, but it is very, uh, it is very consistent with the trajectory on, we're going to get the people who are affected, homogeneous group, people who went through together and we are going to unfold the facts of a situation.

We're gonna, we're gonna start to address the reactions of a situation.

We're going to convert that into the thoughts and feelings so that we can normalize those back into the human condition to get our responders back on the horse if you will.

So that's traditionally been the schism model, adding to that kind of more in contemporary times is, well, instead of waiting for humpty dumpty to fall off the wall, what if we get up on the wall and start talking about, hey dude, that's pretty far down there and it will hurt if you fall knowing that you will fall, it's going to hurt.

So, a pre incident contribution to that schism model is we are going to try to normalize the human condition with our responders, prior to them needing to recover and repair that human condition.

So when I am out in the field or I'm working with uh, with first responders Heather, you and I have worked closely with the Wildland Fire community, we are showing up before something awful happens.

And we're trying to remind these these Wildland firefighters who they are before and outside and after service.

So who if I use that, that phrase Warrior warrior servants, how do you separate the warrior in the self is a question that we're asking these people regularly so that they can really maintain that consciousness of I am a self, I am a partner, I am a friend, I might be a parent or sibling.

Uh, so we're reminding these people and really trying to train them on how to stay conscious of who they are outside of service.

And I want to underscore, we want our warriors to kick butt in the moments that they need to, we want them to show up and nail it and to do it right and to execute all the training that they do and then we want them to be able to resolve, you know, resume being a full functioning, full, emotion driven human.

Can you share with us?

Um, a little bit about how you've seen schism, um, evolve uh, in the time that you've been working in this field, Yes, it's become a huge part of my life's work and there's no, as I said, there's no undo button.

I can't stop doing what I'm now.

I now find myself doing, I want to help move the needle of cultural awareness that we are, we are humans who are afflicted with the human condition and then we are tasked for moments of our life to be, get it right, semi perfectionist servants, you know, human servants.

But we have to be able to come back to the genuineness of who we are uh, as people.

And so my life's work is to really normalize the pre incident way and then in a, during an incident and then in a post incident type of concept.

So again, what you and I have been able to do as, as colleagues and buddies with the fire community is we're gonna show up toward the beginning of fire season and not in a pep talk way, but say, hey, this is gonna be awesome, but let's keep remembering who you are outside the fire service.

And then when an event unfortunately happens during season, we're going to show up and we're gonna try to render aid emotional and mental health help.

And then toward an end of the season we're going to double back and we're gonna have a conversation of, you know, you've been grinding for a long time.

I wonder if you kind of forgot or if a little bit of dust gathered on who you are outside of your profession, you know that over identified professional, that's what a warrior servant is.

It's a public servant that so strongly identifies with what they do, that it runs the risk of taking over the identity of who they are.

And it's almost like you were talking about like a separate, like who I am in and out of service.

But I think of it in my mind more as like an integration seeing that, you know, I am both, I am both of these things.

That's the ideal.

That's the ideal.

But if you think of just amusing some broad brushes here, if you think of the stereotypical soldier, airman, sailor firefighter, law enforcement officer and every very, you know, frontline worker, you know nurse physicians, if we think of those, those very stereotyped professions, they have a mask that they have to put on in order to kind of get through their day or get through their shift or deployment.

And I recognize that and I'm not necessarily trying to change that.

But to your point, I am in both of those the integration of the self and the warrior, that is ideal.

But that goes both ways.

That's not just the self is able to to level up, put on that armor and go kick some.

But it is also the warrior has the opportunity to to essentially initiate the landing pattern and get the wheels on the ground and be able to decompress and rest as the thoughtful person.

That's the big idea.

So much of that has to do with self awareness, which is why we've introduced mindfulness as a tool but there's a lot of self awareness that has to happen for integration to occur.

I agree 100%.

Uh and by the way, when do we ever arrive, when are we ever done?

That's rhetorical.

Right, so getting but that common medical or response model of oh hey you have these symptoms so we need to address and cure again for the listener.

I'm air quoting cure, which means that we have a malady or we are ill.

No, we're humans and we feel these things and we're going to continue to feel these things.

So your point of mindfulness of being more aware that never we never fully accomplish that, that is that is the hamster wheel of life right there.

Trying to be aware in this moment as it will unfold in the next future moments Well and I think of it really as a practice of a lifetime and it's continually changing depending on what's happening in your environment in that moment.

And then how are we responding to it?

Right well, and if we go back to a public servant, a warrior servant and being being aware in a moment to saying I am stressed or I am terrified or I am sad to be able to just know that that is your moment, that your that is your truth of the moment allows it to move.

But if we pack that down because hey Big boys don't cry again, super gender stereotypes, you know, cliche right there, but big boys don't cry.

That means also by extension, Big boys don't hurt, they don't get afraid, right?

They certainly don't get sad.

So come on, we all do.

We all do.

And so it is creating that awareness to let it be a truth and then it can move.

And as a culture, this is a long game, a free a phrase that I use pretty regularly is we are trying to turn the titanic with a soup spoon and sometimes we're trying to turn the titanic with a fork because this is a long game of moving culture of hyper masculinity of direct and indirect trauma exposure and certainly the accumulation of trauma.

So this is a cultural movement, Something else that's such a part of the culture that you touched on is perfectionism and like having to get it right.

And yet we know that things go awry at times and um, there's a lot of things out of a person's control.

I'm curious how you help someone deal with um a failure or um something going really awry that they feel like it's their fault.

First, I want to acknowledge why that level of perfectionism is necessary.

It's necessary because in many circumstances there's life on the line, there's very little room if zero room for error because it's a super high stakes game and we are taking common humans and putting them into uncommon situations that are real high stakes.

There's very little room for error because people's lives are at stake.

So want to just acknowledge the, that's a lot of stress right out of the gate.

Now try to help me with your question again, it was so say something goes awry.

Um then how do you help someone rectify that in their mind?

So I'm gonna not reinvent the wheel, many first response cultures have figured out a concept called a a R and after action review.

So when there is an event, good batter and different, they check their work.

I really admire that concept of reflect on how y'all did how we did and let's look for lessons learned so we can, we can repeat those or room for improvement.

Right?

And so when somebody is hurting or when they're not hurting, let's check our work.

And so as a mental health guy who's working with first responders, I want to do that, not just in times of trouble, times of pain, I want to do that all the time.

Hey, let's check your work, how you doing, what's going well?

And these response medical models, we've only been responding and addressing things, especially emotionally and with our, with our mental health, we've only been and I'm smiling to the listener because I just used were only addressing mental health.

We're actually only addressing mental illness or impairment.

So to address health and check our work on what is healthy, how is healthy?

That adds some competition to the tough times.

So if we can actually train and maintain toward health, it's a cliche, overused word, but that is what makes resilience, that ability to bounce back is conditional on our ability to create and maintain strength and health.

So focusing on checking our work and reinforcing health.

Yes, of course we will check our work and we will tend to illness or impairment symptoms of pain, trauma, but I believe in fact I'm pretty confident in this concept that we can decrease traumatic impact by working on the front end and helping people train to their own emotional health and well being.

I the concept of a r I can see how even in working with um a client and say something is going awry in their personal life.

How even just that concept of a.

R could be useful um in really looking at, okay, what's going on here, um since they're so trained in how to do that in work life, um that transition to home life.

Um well, and I think that our culture has uh really normalized the answer to that, what's been going on or how's it going?

Question one people generically just kick the can down the road and they respond to the question of, hey, how you doing, they'll say good, they say fine, but as a mental health practitioner, if you said, alright, so how have things been going?

We're inferring that there's problems that need to be fixed, and while that might be true, we are not even acknowledging the bulk of successful living that has gotten us to this point.

So, if I were to ask you, how are things going, I'm really actually interested in all of it, not just the, what problems do we need to address.

I'm deeply and quite frankly, I am more interested in what if what's going well in your world, because I want to expand that so that you're more powerful and capable attending to yourself in the difficult times.

Yeah, really that strengths focus, which is a lot of the work that you've done with living ideation and in suicide prevention, that's exactly what living ideation is about.

Uh, and it is not a pollyanna approach of, Hey, look at the bright side, punch me in the face.

If I ever say that, it is not a look at the bright side, it is actually look at the dark side to get to know the dark side so that you can start to convert that to light.

The coexistence of dark and light are there, they have to coexist.

So when we are only focusing on pain and on trauma, we are forgetting that pain only exists because of the concept of non pain and whatever that means to the person.

So if we can acknowledge and truly empathize and validate pain, we can also give somebody credit that whatever is non pain has allowed them to get to this day.

You know, we have all successfully navigated 100% of our days were actually incredibly skilled and good at surviving and persevering and frankly we suck at dying because we haven't yet.

So only focusing on dying or pain that actually doesn't compute with me when we have so much material to work with that somebody keeps figuring out how to get through their day.

I'm not saying it's awesome and it's graceful, it's probably quite bumpy and painful, but they still have these attributes and the skill sets that we could probably try to uncover and then improve upon.

use that after action.

Review for the hey, the unrecognized skills and traits that you have.

How do we sharpen that instrument to make you better?

And I think that the work and positive psychology really that looks, you know, we focus so much attention on the negative um but if we can learn how to even just acknowledge and take in some of the good moments, how much that helps our mental health in the long run.

Yeah.

Which makes a very basic question.

So let's say somebody who has a life of trauma, a life of violence and they're sitting there sitting with us and instead of trying to really understand the violence and the impact so that we can try to minimize or decrease the pain.

Imagine answering the question of how did you survive all of that?

Instead of me focusing on the symptomology and the pain so that I can try to help you reduce your pain.

I'm not a magician who could reduce your pain, but instead of focusing on reducing pain, what if we could actually acknowledge that you have some skills and opportunity because you made it.

I'd love to examine that.

So, a question of how did you survive really engages the brain to give, to give yourself credit for?

Huh?

Let me let me take a minute.

I guess I know how to do some stuff I know to push, I know how to endure it didn't kill me.

Mhm.

I think of that a lot in just even my own life and different things that I've overcome and how some of the coping skills that I've developed over time have really served me well, and then how some of those coping skills haven't served me well and it's time to let go.

So I think of it really in this evolution of the lifespan and that again, is that self awareness and mindfulness to stop and take stock in this moment.

What's going on right now?

You also just said something that a lot of us forget that our lifespan is a consistent evolution.

Nothing stays the same.

You know, the concept of impermanence, but I'm in my 49th year, actually, I'm in my 50th year and On one level I'm way different than I was five years ago, 10 years ago.

Let alone go all the way back to childhood and thank goodness I'm changing and I'm different.

So if we keep reminding ourselves that we change, we evolve in our life cycle that everything moves.

I wonder if we can then add a dollop of forgiveness into our story into who we are and then that forgiveness can turn into acceptance of in spite of it all here I am.

So today is my my today's a new day.

It gets to be, that's part of the cultural recognition right there, of it all moves and who we've been in our history does not have to be what we are at this moment.

We get to move it, which takes me back to the perfectionist peace.

And so there's like the perfectionist piece at work.

But then there's the perfectionist piece that comes home to.

So when things go right at home or in relationships, uh, that can get real sticky and so that practice of forgiveness, um, is a real practice in that practice.

I use kind of a clunky phrase that I refer to as a psychological transition.

It is trying to work with our, our first responders, our, our warriors in how to recognize their headspace in one situation or environment and transition that into the next one.

So the psychological transition of, I'm on shift, I'm on duty and now I'm not an easy example of that is if you've ever been in a, in a firehouse, those are pretty clean environments.

Structure, firefighters man, they are neat as a pin.

Uh, and there's a lot of reasons why they need to be right.

So when, if a fire captain goes home and has been running a house and a crew that, you know, it's very detail oriented, the kitchen, the oven in a firehouse.

They're remarkable when that fire captain goes home and sees a stack of cereal bowls sitting next to an empty sink.

If he or she is not able to psychologically transition transition and say, this is not my firehouse and this certainly isn't my crew right.

Then they'd be able to not be too tipped over and bothered by the three cereal bowls.

But somebody who is not in a more conscious headspace, they're gonna go home and they're gonna blow, they're gonna lose their temper and they're probably going to tarnish some relationships more than they probably already are because they're gonna be pissed about cereal bowls and it's never about the cereal bowls, it's about that perfectionism and their, their inability to psychologically downshift or transition into, oh my goodness, I get to be home now.

This is awesome.

This isn't the firehouse is great.

So that psychological transition, I also think about that psychological transition as like there's so much, there can be so much chaos at work at an event and then if you go home to chaos at home, that how that can just tip you over the edge.

So the hypervigilance of of the profession, the always that that, that your brain is not able to slow down or quiet down because you're gonna get radio chatter, you're gonna get tones, you're gonna get deployed at any second.

So you have to be prepared and ready for any second.

Whatever that fill in the blank situation is, it's really hard to slow that down, let alone try to not do that in your personal world.

You find me a cop who sits with his or her back to the, to the, to the front door of a restaurant, nope, you can't turn that down and I'm not saying that you have to turn that down.

But can you, can you quiet that noise down a little bit.

Can when you go home, can you actually say this is not that that I actually am free and holy cow.

I am so fortunate to have this food in front of me, to have my lovely people near me, to have this home, whatever it is to have my dog and be able to just fully absorb into the personal concepts and almost give give you know an accentuated sense of gratitude that this is being in warrior service is not all of what I am not even a long shot right?

I am all these other pieces in my personal life that takes a lot of I think I think it takes a lot of training and then it takes a ton of practice.

We have to practice and there are many skills in life that are perishable, especially in warrior service.

That's why they train physically on their bodies with their bodies.

That's why they train in their environments with their apparatus, Law enforcement officers shooting is a perishable skill, train, train, train hit the range with incredible regularity.

How would our mental or emotional practice be any different?

We have to train.

And so what does ideal mental training look like do you think?

And that's the phrase I use is we physically train we P.T.

And and most of the most people understand what Petey is.

But we've never considered empty mental or mindful training.

And the more you Petey with regularity it works pays dividends.

And the reasons we P.T.

With regularity is on one level.

That's that's therapy for a lot of people.

Iron therapy or cardiovascular therapy.

I mean it just helps them feel expressed because they are on physiological and emotional levels.

But we P.

We P.T.

Because our body is truly our instrument.

But we forgot that the head is between the ears, the mental training, the M.T.

So if you took the basic principles of P.T.

And you apply them to MT, the more you do it, the fitter you are.

There's also a point of diminishing returns.

If you are a grow about your P.T.

You might hurt yourself or you might just hit a hit a ceiling Mt is the same.

So you gotta you gotta have some patience with yourself of a little too much there.

I'm gonna take a total veg day that actually might fit into PT and Mt.

You know, rest days are part of training.

But to really start to full pun intended wrap our head around how we're going to train our brains and our emotional abilities so that we can transition our headspace from warrior service into family service into individual hobbies into love into romance into nurturing those have to be transitions and if we're not good at it, then we train to it and we practice it well and with those same transitions, I think about that hypervigilance and we know that hypervigilance and chronic hypervigilance really leads to most chronic diseases, heart disease cancer, et cetera.

And so this ability to self regulate our nervous systems for this population is so critical in my opinion, I agree.

And we don't prioritize that, let alone practice train.

And so, you know, obviously short short branch to walk out on here.

Uh what would that do to trauma to somebody having uh you know, trauma impact?

Either, you know, first direct exposure to trauma or indirect accumulated trauma.

So if we were were more practiced in R.M.T.

In our abilities to identify essentially in a pre incident way that we are going to go through painful situations, then we can start to train to that and then ultimately when the event the bank event or the critical incident does happen.

We're we're probably, and I, my experiences say we're going to be able to push into those and through those and out of those more skillfully.

Therefore there is less traumatic weight on your shoulders.

Yeah, I think about it in the context of essentially being able to bounce back quicker doesn't mean it doesn't impact you or have an impact.

It's really that we're able to come back quicker, right?

We're not debilitated to the degree that we otherwise would be, had we not been training our heads and our minds.

Yeah.

Um you know, you talked about the mask that first responders put on and I know sometimes we've talked about it in the context of armor.

Um, but can you speak to why that's so important while on duty?

Sure house, you're going to get through a shift or an event, let alone a career.

If you don't armor up, you're toast.

You know, if we think about people in law enforcement or fire just because most people listening, they have exposure to structure firefighters and city or county law enforcement officers, right?

But I mean this, so I'll just use those two as this quick example gallows humor, you know, some crude humor is a mechanism of coping and if you didn't use those coping mechanisms then you would be feeling the full weight of awful, awful, horrific, terrifying traumatic exposures over and over and you would wash yourself out of your career by next Thursday.

So if you don't find some coping mechanisms that are are more like then there's nothing to protect you.

So we start to and, and, and I wholeheartedly subscribe to these cultures need to be able to armor and protect themselves.

Otherwise you'll get destroyed by the human experience that you are not only having yourself, but then you are joining with others on their worst days.

Um, so we have to have armor, but if that's a situation that we don't change like you gotta be able to take the armor off and put the shield down.

Gotta stop wielding the sword.

Otherwise, I mean if we talk about somebody who's a marine once a marine, always a marine.

Yeah, I get that.

But if you're in, if you're in families or relationships, I'm pretty sure that your loved ones didn't enlist, they didn't sign up to be in the marines.

So you gotta be able to stop being a marine to your loved ones, right?

You hey feel free for that to be your personal ethos.

That's great rock and roll.

But I'm pretty sure the people that you're kissing and loving in your life didn't necessarily decide to do that.

So it's that, that imposition of the armor and the shield and the sword.

If we can't put them down and what have you seen as some of the ramifications of not being able to put the armor down.

There's a ton of research.

The divorce rates are more common than marriages are.

So your divorce rates for first response frontline cultures are more, they're the norm, not the exception, your substance use disorders, your alcohol and drug use.

Those percentages are through the roof.

They are heartbreaking because at some point those substances steal people from themselves and the substances, the drugs they win.

So those alcohol and drug occurrences are more common for warrior servants and quite frankly the suicide rates are absolutely through the roof.

They are at least because it's hard to get clean data.

They are at least 10 times higher than the general population, death by suicide.

And that partially is because of that inability to psychologically transition into something that is more balanced with the the whole human existence that really happens in retirement as well.

So if somebody, you know, somebody completes a phenomenal career of service when they retire, if they haven't been maintaining their their personal fullness, let alone the relational fullness with some, some positivity and some love, then who is that person after they retire?

It's this existential crisis.

What does it mean to exist upon retirement?

They have no idea.

And they are at great risk.

So, all of those floods, all of those traumatic events when the genie comes out of the bottle, it's pretty hard to put the genie back in.

I'm not saying we can't do it, but it's a hell of a lot of work.

So knowing that our first response populations are military.

Those types of populations are at huge risk for divorces, for relations, for relational problems, for substance use disorders and for suicide, knowing that that is the truth, we'd be fools if we didn't try to at least start getting ahead of it a little bit and starting to try to teach people how to know themselves create themselves and then maintain that train and maintain that.

So the impacts our people are dying.

So that's our job.

You know, you, we talk a lot about cultural competence and um what makes a culturally competent clinician and why is it so important?

I don't think we have enough time to describe fully what a culturally competent clinician is.

But right, so, talk to somebody who's in a in a warrior servant population and they'll give you their thoughts about therapists because traditionally they've been they've been offered or thrown at therapists who don't really understand what it's like to be in a first responder or in a warrior uh, profession.

There are so many stories of when, you know, let's say, uh, say a soldier is talking to a general population therapist, not a military therapist.

And they've got to explain what they do and what they and what they've experienced.

And they almost need to console the therapist.

Heaven forbid they gotta pass the damn tissue box to the therapist.

That is not only a waste of time that poisoned the opportunity for good therapy to happen in the future for that soldier.

Uh, you have to have a culturally competent therapist who has dabbled, let alone immersed in the phenomenon of people who wear armor.

People who are over identified, not just over identified in an ego, way over identified in a heroic way.

Again, normal people who step into the most abnormal situations on a regular basis, over and over and over.

So culturally competent clinician has to be able to get up to speed on knowing what dark pain is, massive trauma is uh the hyper masculinity of a culture for somebody to go in there and try to expect that a hyper masculine culture isn't hyper masculine, that's not competent at all, That's invalidating.

Right?

So somebody who just uses a broad brush of simplicity who comes out of their graduate program and maybe they they're they're fairly decent at working with certain populations.

Our first responders, our frontline workers are our military soldiers and veterans.

Those are not general population demographics.

These are ordinary humans doing extraordinary things as a lifestyle.

So you would have to really be able to train on competencies of those cultures and then practice every clinician were never done learning.

We're never done training ourselves.

We have to practice practice practice on what it means to be competent.

There's a second variable somebody who works with these populations needs to be a wizard at trauma, which means we're never done training on what on on what trauma is and how to interact and work with trauma because it takes a different set of approaches.

So, these these clinicians, their perpetual students and practitioners on culture and on trauma and also on reflecting on their work.

So they can also do an A R and after action review on their own work on, huh?

I think I could do better with this population or that person.

So, you have been doing this work for how many years now therapy or first response, First response focused therapy.

I first really started doing it in earnest in 2016.

First response work And I'm curious.

So you've been waiting, waiting in the darkness with people now since 2016 and um have you noticed an impact on yourself?

Absolutely, yep, Absolutely.

And I'll describe the impact on myself after I use a phrase that's a little off putting.

When I go into deep darkness with people, I really subscribe to a concept where I say the deeper the darker the better and I want the darkest, most painful, awful trauma that I can possibly get.

And here's why if somebody knows how to feel extreme pain, extreme trauma, they know how to feel extremely.

They know how to perceive with such an enormous quantity.

Therefore they have a quantity of ability to feel that much pain.

Do they not theoretically have the ability to feel that greatly in other ways too.

So somebody that shows me such an ability to hurt, they're also showing me an extraordinary ability and in time perhaps we can use that for other things.

So when I'm working?

I do I do awful work as far as I walk with awful situations.

I want to walk with people through awful darkness.

And does it hit me, does it impact me every single time?

I cannot help but bring my work home with me.

But I do have a practice skill of using it contextually to compare, I am sad because I know what it's like to not be sad.

And if I use that observation as I'm coming in the driveway of my house and I walk into my house and I'm wearing this heavy coat of sadness or pain.

I now have this choice to use my quantity of ability to feel that pain, to appreciate my house, to look at the leaves falling off my tree and say, that's pretty.

So my experience with with this type of work is helping me sharpen my own perspective on all of my opportunities to feel not just pain, not just darkness, but all of it to know darkness is to know light.

And so when I say the darker, the better that means that I have a stronger ability to appreciate non darkness, light, whatever we're gonna call it.

So yes, it hits me and sometimes I'm not as I'm not as collected as perhaps I'm alluding that I am, I lose it.

I get overwhelmed, I get tipped over, I get angry, right?

I get upset, I cry.

And then I also, hopefully, and pretty quick at recognizing and saying, okay, what's really going on and how do I flip that into what it could be, right.

And a simple example of that conversion is grief and loss, grief and loss.

It only hurts when we are grieving when we've lost somebody because we miss that person, we could only miss that person because we love that person.

All three of those situations exist on the same continuum at the exact same time.

I miss this.

I'm grieving, I'm aching because I miss this person because I love this person.

Cool.

Even if that person is not here anymore, you still get to love.

So take our grief and try to convert it to what it it ultimately is.

It's love, right?

Anger reduces down into pain and fear.

Pain and fear exists because contextually they have an opposite.

There's contentment and there's there's happiness, there's love.

So those all have to coexist at the same time.

So that's what I try to practice within my own world and I'm not an expert at it.

I'll always be a perpetual beginner at it.

But I try to bring that concept, that's the concept of living ideation is we forgot the duality of pain, that it's also non pain.

So if we really try to reawaken, you know, rekindle non pain within people, then perhaps they are stronger versions.

Yeah, it's it strikes me one just that acknowledgement of the duality.

But then too, it's really your ability to rather than narrow your focus on the sadness, right?

And just like sit in laser focus on the sadness, you're able to widen that attention and that focus and see, oh, there's so much, there's so much here in my world.

I love that.

You just said that you succinctly described the medical model of diagnosis, the narrow, oh, you have sadness.

Let's really zero in on sadness.

Oh my goodness, I hate that expanded absolutely ripped the barriers off of that.

And here's a here's a pretty straightforward way to do that.

Uh, I'm sad, I'm upset, I'm lonely, I'm overwhelmed.

We could even splash in the cool stuff.

I'm overjoyed.

I'm in love, Right?

I'm ecstatic.

Whatever the I am phrase is, imagine following that with a question.

The question is, how do you know?

So again, for you, for me, for the listener, whatever you're going through today, allow that to be a truth of I'm upset.

How do you know That engages the brain to start calculating all 360° of an opportunity of I'm upset, I'm upset.

Well, how do I know I'm upset because I can draw upon times when I haven't been upset.

Oh yeah, I'm a lot more interested in those times.

I wanna I wanna wash out and validate this time while you're upset, but I really want to start contextually comparing it to how do you know what upset is?

Because there's this understanding of not upset.

Mhm.

That's how I work with with folks who are warrior servants.

That's how I start to work with traumatic impact and traumatic residue is how do you know?

And I do not mean to come off in an invalidating way whatsoever.

I firmly believe that the first step that lasts as long as it needs to is to validate and surf the waves of pain and trauma will do that until we have the opportunity to start moving into a broader context of pain exists with non pain, trauma exists with non trauma, right?

So we've covered a lot of ground today.

Um and of course, as you know, I could chat with you about this all day as we do sometimes um traveling on the road, but is there anything else that you feel is important for our listeners to know or understand before we wrap up?

Yes, I want to normalize again, encourage us all to normalize everything that we feel is appropriate.

But when we get stuck in one headspace of what we are, we have a dominant thought and more often than not those dominating thoughts and perceptions are painful and we really get stuck.

I want us all to realize that all of the feelings and perceptions get to exist at the same time.

And so if we can start to normalize pain, especially in these these uh these first response type cultures, if we can start to normalize that pain is part of it, but I'll be damned if it's all of it, then we, as a culture can start to move together.

Right ideally, the clinician is not even necessary in these concepts because within culture we start to embrace each other in painful moments that lets it move.

So all things move and all things are appropriate to feel.

All emotions are appropriate to feel that allows us to move them well.

Thank you for being here and sharing yourself with us today.

Really appreciate it.

I appreciate the opportunity.

Thanks buddy.

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