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 we are joined by Dr. Joyce Mikal-Flynn.

Dr. Joyce is an expert in resilience and trauma care and she's the author of anatomy of a survivor.

Welcome Dr. Joyce, we're so happy to have you here today.

I'm super happy to be here.

Thank you so much.

Alright, so as we get started I'd love for you to just share a little bit about yourself and kind of how you came to write this book.

Well it all basically started, I'll just go back to let you know that um clinically I am a nurse practitioner and um at I'll kind of go back and what even got me interested in all this content and what I do in terms of trauma research and especially building resilience and post traumatic growth.

So many, many years ago over like 30 years ago um I um had a very significant event I had I died and required 22 minutes of cpr to come back to life at that time.

I already was a nurse practitioner.

So at a bachelor's in nursing was a nurse practitioner so I had some background obviously in medicine and understanding what was going on.

It was a you know, nice sunday.

I have zero memory of any of this.

We are at a big swim meet with our children.

There was a fun adult meet.

I grabbed my husband from adult relay grabbed my husband and a couple of other people said we're going to swim this and we're gonna win this.

And I'm going to swim the last leg because I'm the fastest.

And again have zero memory of any of this.

But I finished at the side of the pool that was 13 ft deep and once I finished I just sunk to the bottom.

They realized I wasn't coming up.

My husband over the bottom of the pool to get me to the side.

And very luckily there were Several Children there and their parents, there were two emergency room physicians and a cardiac nurse specialist.

So I received 22 minutes of CPR poolside.

I was in life flighted to the hospital, my heart stopped again.

They got it going.

And that's when I ended up in an ICU.

And life changed for me dramatically.

But to really edit it down as to over these three decades why I ended up doing this work.

It really generated from that event because as I was coming back to life when I was trying to re enter life, I obviously had a lot of issues.

You know, physically I was absolutely fatigued all the time.

But I could do things emotionally I was a wreck and cognitively I had a lot of delays because of the extended cpr but one of the things that frustrated me and became more depressing than anything was constantly being told what I couldn't do anymore.

So when, when I would ask physician, well when will I run again?

Oh you're never going to run again.

When will I swell?

You won't do that.

When can I go?

We don't know.

And there was just not a lot of guidance toward wait a second.

Nobody even mentioned this is 30 years ago, but nobody even mentioned T.B.I.

To me, nobody even went into the brain injury I had, so it wasn't overnight, but it was over time as I was crawling back from this very deep, dark depressing hole of wait a second.

I had this big life before I had I was, you know, a nurse practitioner, mother of three marathon runner, trying all sorts of stuff.

And that had all stopped and I wasn't really given much guidance or hope for a future.

So over time I just basically rehabbed myself in a lot of ways.

Found a cardiologist who was a runner who got me into cardiac rehab.

Um I did go to speech therapy because of the extreme aphasia um that I had and that helped um I went back to University of California Davis where I received my np nurse practitioner and I just would ask can I sit in class again and I just kind of dug myself out of this hole.

But it generated over time, this incredible desire or this passion to look at these situations and say, we we need to do a better job here.

People, you can't just keep telling people what they can't do.

As I said to one of the physicians who first saw me a cardiologist and kept telling me all negative things.

I said, okay, you need to stop doing that.

I am living what I can't do.

I'm super aware of that.

What I need from you is you need to tell me what I can do.

You need to ask me what I want to do and your job is to get me there.

So it really, you know, came about that after I did resume a life and I went back to seeing patients and you know, I would see patients in my practice or I would read a book or see a movie and you see people who went through horrible situations and not overnight, but over time they not only survived, but they thrived and not in spite of what happened, but as a direct result of that.

So I did my after my event, my accident here.

I actually um earned my masters and I looked at, I took stories of people who had survived death events because I was very curious had they gone through the same things that I had gone through with the emotional trauma and the depression, all the things that they went through.

Well it was a great study when a nice award for that and kind of just set things aside for a while.

But as I was going on in my practicing in my life, I was just almost overwhelmed, almost obsessed seeing patients or reading things about people who had gone through horrible things.

And again, not only survived but thrived and I wanted to learn more about that.

I was fascinated by how did that happen.

So I was sitting around with some colleagues one time and I said, you know, I don't like the word rehab, it's way small, just commentate, you go back to baseline people blow past that all the time.

So I created with the help of some colleagues, this word meta going beyond moving beyond and ability Ation restoration.

So I created the word meta ability, ation or meta ham for short.

And then once my Children were kind of grown and moving on, I decided to go back to school to study this.

Met Ahab in earnest and so I received my doctorate looking at meta billet ation not only as a theory, almost a philosophy, but how could I apply this.

And so I did my doctoral research and I identified stages that people go through.

So I'll identify like if you know the stages of death and dying, there are stages, identify six stages that people go through with Met Ahab and also what I a term facilitating conditions and characteristics and so I have now applied that um clinical pathway and a variety of settings from cancer patients to veterans to spinal cord injuries to most recently I've been working with women who experienced domestic violence and sex trafficking.

I do a lot with first responders, police um you know those secondary nurses, I just finished a huge piece of work with ICU.

Nurses, respiratory iCU nurses who had gone through the covid situation which was just incredible what they've gone through.

So anyway that's basically in a nutshell how it started and where it's gone.

And finally I mean I actually I am a professor at Sac State and I created a course that people try every semester to sign up for even if they can't get in way to the next semester called trauma Atala ji an introduction to post traumatic growth.

So awesome.

What a powerful story um really from your own personal experience and coming back from 22 minutes of death.

I mean that is really incredible and then how it's fueled so much of your life's work since then.

That's a nice way to put it.

I like that how it's field that Yeah it's nice.

Yeah, I'd love for you to kind of outline those the six stages of Met Ahab for our listeners.

Okay awesome.

So yeah so and and while I'm saying this it would be really wonderful if you as you listen, thought about not necessarily a significant trauma but maybe an adversity or a challenge that you went through and see if you in fact can identify moving through stages like this.

So stage one I called um the acute trauma, So stage one is, it just happened to you and that could be, you're in the hospital, that could be um you know, anybody just it is their here and now, don't look too far in the future, just look at the here and now.

What do I need to get through today, what do I need to get through tomorrow?

This is the focus of the acute part of it.

Stage two, I call turning point and that is why you're going through your acute traumatic challenge or trauma or adversity, whatever you wanna call it, you definitely can hear in people's stories over and over that.

They don't necessarily know exactly precisely how they're gonna get move forward, they're not sure of how they're going to do it, but they have made the critical decision that I am going to move forward and once they make that decision, once they make that powerful decision of, I don't like what happened, I'm not going to focus on that, I'm gonna focus on moving forward.

Then they get into what I call stage three is treatment modalities and these can be complementary traditional treatments, this is where families, especially, you know families and adjunct, you know, friends and family really help in stage 12 and three, but they come together and they look at a variety of different treatments or ideas about how to take care of things, what you want to do and it's a very busy stage for people, it's very whether physical therapy, emotional therapy, going diet, whatever, there's a lot that goes on Once they kind of get some traction moving forward.

Stage four is a reflective stage, that's adaptation and adjustment for now, you don't have to do it forever, but for now it's kind of like how take a breather, think about this, what happened, what's happening now?

How did you deal with it?

What helped?

Are there obstacles?

You really need to take some time to just make some adjustments and think about what you need to do and then stage five is return to life, you got to get back into life some way somehow.

You know, it may not be what you experienced before, it may be something different.

I cannot tell you how many times I have interviewed people and this doesn't happen overnight.

Again, this is this is a journey that they go through where a door has been closed, but they then reflect and go, but a a much more interesting door opened up that I never would have considered had I not had this shut.

Um there may be different ways that you go into the work that you do on your own and I'm gonna talk about that in a second, but you do get back into life and again, It may not be the same, but you have to move.

Stage six is the final stage, but that is a never ending stage and I call it meta happy it's the moving past.

This is something you have now developed a mindset, a way of organizing your thinking and your practice around adversities, even challenges your trauma, that you get back into the system and you work it and you move forward and this could be a ways down the road, but you look back and you reflect, you didn't want this to happen, this isn't something you planned, but in an amazing way it made you who you are, it gave you insight into life that had you not had this, you would not have recognized it, it built your inner strength, you now see yourself not from a position of weakness but from a position of strength and again you go back and forth through these stages, but you never when you, especially when you try new things, you never go back to the absolute horrible, this has been, you know, I can't get out of this stage, you may live there for a little bit, but you move forward quickly because you've adopted this mindset that I am going to focus on my strengths, I'm going to focus on what I can do, I'm going to focus on day to day if that's what caused, but I am going to manipulate, I'm gonna create my future, that's awesome as I, you know, listen to you and you invited us to really think about different things that have happened in our own life.

I can think of small t traumas in my life really where I can see these stages and um you know, I don't think any trauma is something that we, like you said we rehab and get back to an old self, we're really moving forward and integrating what we're learning into our current self.

Um and it sounds like Met Ahab really kind of encompasses that super well said really well said uh one of the things that I strive for as I work with people, first of all, I will tell you when I work with groups, mostly I'm working with groups, I never stage them, I never identify their characteristics or their facilitating conditions.

I I invite them to do that because they know where they're at and then they can because what I want meta have to be doing and what I have seen it successfully doing is to really uncover, you know, and this is a joseph Campbell thing, but uncover the hero within you know, to uncover these strengths that people think, well I didn't know I had that, I didn't know I could do that and as they focus on again the possibilities and what they can do utilizing their past history of trauma and adversity, to inform them with regard to their strength.

Um it's very and this isn't a big word, it's kind of an overused word, but it's a good word.

It's really used to empower to really self actualize, to really get in there and see that.

And let me also remind people when I work with people and I work with organizations or whatever.

I never minimize or trivialize what has happened.

You know, I honor the trauma.

I never this is not something you get over.

I make that clear.

There's no getting over a lot of this stuff, you learn over time, how to use it, you learn how to use it.

And as you've said, incorporated into your life's journey thing, but we don't want this to be defining us, how we fell is in our definition, how we Rose is how we define ourselves.

Mm.

Yeah, that makes a lot of sense.

So I know you've really spent a lot of time with trauma survivors.

I'm curious if you can share some of the commonalities that you found within your research.

Well, one of the things again, um, that really comes back to my initial research where um, as I had this idea of the term and the philosophy of Met Ahab, I didn't really understand the stages or the patterns that happened until I talked to or heard hundreds of stories because my work is not coming out of my head.

This is from people who told me this is what they did and I just provided language and a structure around it.

But one of the things that I can tell you in general that you see, or I hear about um when I talk to people and I go, just tell me your story, just don't worry about making, just tell me your story and as you're telling me their story, I'll hear certain things and certain patterns of behavior, one for sure is even if it's a sliver of hope, somebody help them or they held on to even a sliver of hope in terms of what their life could be.

Secondly, you, this is so key and I tell, I talked to people about this a lot when you know, I was going through my thing, I was so you know, headstrong.

I grew up in a family where I was the oldest daughter and I just was used to doing things and I just plowed through and I just did things.

Well, this was bigger than anything I had ever dealt with.

And what I noted in myself and have seen in others is when people are aware that they need to ask for and accept help, they do better.

Now you want to ask for the right help, you want to be clear about that.

But when they ask for and accept help, they do better, when they focus on possibilities, when they get into this notion of what can I do and kind of build a strategy around that, you know, they get a game plan and I go, hey people game on here, you got goals here.

So they start to recognize a, you know, a goal for here and now medium sized goals and long term goals and they stick with that and they work in that way to strategize around that and they bring people in who are positive and optimistic for them to help them with that.

And it's really one of the things too that's really important to do is to, you know, surround get your people, get your team and it isn't because your team is always telling you you're great, you're great, you're great.

They can give you honest opinions about where they see things, especially sometimes we don't realize our day to day.

Um uh you know, productions, things that we do well.

So when somebody doesn't see us for a couple of weeks or a month I'll go, oh my gosh, look at you.

Do you realize what you're doing now?

So it's good to have that around.

The other thing that is absolutely clear is people find a purpose.

They find a reason to keep going now we can call that motivation.

But I always tell people those motivations change over time.

Right?

The motivation for me to come back is different when I first had my situation because of my Children, my husband, what I want to do motivation for me now is different.

But you, you isolate you identify a motivation, a purpose, a reason to come back.

So when I see that and hear that in people, I would say, yeah you're gonna do okay, I'm gonna do okay because people who talked about what you do, they they've done okay, so stick with it, you're you're on the right track.

Um again, you know, looking over small things that embracing um even small things that you've done well and move forward, looking at that and then guiding you forward and really you got to be around people who will challenge who will support you, but also challenge you people who did that and say why don't you?

I'll just give you as an example.

I always love this example.

So my colleague Dr. Bridget par sh super good friend, great colleague.

And when she's always been very supportive of the work I did.

So when I finished my dissertation she goes, oh my gosh, this is so great, you need to write a book.

Now, this is my first book.

My second book is Anatomy of a survivor.

But my first book is turning tragedy into triumph and it's subtitled, meta billet ation, a contemporary model of rehabilitation.

And I said, yeah, yeah, I'll write it, I'll write it and every week she'd come to me and you write that book, how are you going on that book?

Yeah, yeah, yeah, I'm gonna do.

So finally, about a month or so later she sat me down, she said um did you get that?

Have you started that book?

Said, you know Bridget.

I just I don't know if I'm a good writer.

I don't know if I'm smart enough to do this, I don't think I'd do it.

And she looked at me and said, okay, first of all, you are smart enough to do this, you are a good writer and you need to do this.

Second of all, you're really annoying.

You're super annoying going into all the obstacles and everything.

And she said you found out some information people need to know.

So you need to put this down on paper and let people know this is a way out and away up after stuff happens.

So you need to have people like Dr. Brigitte partial around we do we in one of our previous episodes for this season we interviewed um a woman named Beverly Care who writes about compassion fatigue.

And she shared with us the importance of having an accountability partner in your life, a colleague who really will call you out on these types of things.

And we were talking about it in the concept of um really watching out for each other when we are maybe doing too much or in this case, maybe not, you know, living to our full potential or doing the things that you know, we're gonna make an impact because of the work we've been doing.

But that sense of having an accountability partner uh seems to be ringing true through many of our conversations.

Yeah I love that.

So I know much of your research really focuses on post traumatic growth.

Uh Please share with us how you think um about this important trauma concept.

Well let me just um I always love to give credit where credit is due.

So the term post traumatic growth has been was coined by two psychologists from University of north Carolina, Richard Tedeschi and Lawrence calhoun.

And they had several several iterations of it before they landed on post traumatic growth.

They identified domains they have five domains that are centered around post traumatic growth.

So I look at Met Ahab.

I have structured it in a way that met ahab is a pathway a strength based clinical pathway that can over time lead one forward to a productive recovery and encourage these encourage post traumatic growth.

So um when I look at that or um you know think about how to do that that's kind of the end game.

Or we kind of look at that as an end game.

Um In terms of the notion of post traumatic growth.

It's amazing to me when I go to I just actually was at a resiliency conference recently and uh a national resiliency conference and I asked people who knows about P.T.G.

Who knows about post traumatic growth and there wasn't one hand that was raised and so even though people have identified that and noted it in themselves when you start talking about it, they don't see that, or they don't hear that as a regular thing that comes forward with regard to care.

So I'd like to change that and I am changing that.

Even when you look at the literature is pretty clear about trauma informed care or you know, when we're getting into health care positions, first responders that this kind of ideology needs to be incorporated during training during our training period.

My son in law's emergency room physician and I've talked to him a lot about this and I was just so touched when he said, you know, I just wish when I was in medical school somebody would have started to talk to us about this.

He said, I wouldn't have probably remembered everything, but I would have remembered how you what this concepts about and start to think about, hey, do I want longevity in my career, how will I get this?

It's never a question of if you're going to be faced with this or you know, it's when it happens and how much of it.

And so, going into, as you said, the compound fashion wellness programming, thinking about how this, your job can bring forth post traumatic growth, looking at what it gives you, not what it takes away.

So really incorporating this from the beginning of your training and or you know, your academic didactic work.

Um and it should actually be interspersed throughout your uh, you know, professional life because again, we just need to be reminded of this because, you know, especially some of the work people have been into recently with the covid crisis and everything.

It took its toll.

And so recognizing how you can adjust, adapt, make some changes, incorporate practices that are going to promote your healing and over time your growth are really important.

You know, what strikes me about that is, you know, I'm thinking of the medical model that's really focused on symptoms and deficits and so much of the work and trauma, right?

Is focused on symptoms and deficits and okay, what's our treatment model to fix this?

And really it sounds like meta have is a much more holistic approach in saying yes, this happened and how are you going to move forward?

And that there are several pieces involved in that.

Oh my gosh, that is so perfect.

And I have been pushing, I used to say a rock now I say a boulder up a hill to try and gain this awareness because we do like to focus on what has gone wrong and here's what I, over time I've really obviously thought a lot of things through, gotten a lot of input from people and structured my thinking in my approach around this.

And so what I say to people is um like for example, with grief and depression or whatever is going negatively.

That is a real thing.

I used to say I want to normalize this process, but I stop using that word and I use the word instead.

I expect when at the beginning part I expect you to be undone, I expect you to be and that needs to be.

That aspect needs to be treated, but I'm going to come back and get you because we can't leave you there, we now need to move forward with what it is you have so the awareness of what has been taken away and what needs to be dealt with, Is there a very interesting concept that came that really resonated with me with regard to what you just said was um you know if you know about Dr. Hugh hair, a grr he is a I I can't remember now where he went to med school but he did and he's got an engineering degree from MIT.

He is a double amputee from a climbing accident many many many years ago and he was given prosthesis that just were like he goes what am I supposed to do with these?

He was a young man and so he wanted to learn more about better ways to do prosthesis.

And so he went back to medical school and MIT.

And he's amazing in the prosthesis that he does now, but he also incorporated in his work an orthopedic surgeon because what they had identified is that when people are doing amputations they're basically using pretty much the same techniques as we did during the civil war and they went wait a second.

I think we need to figure out a better way of doing amputations and so we can utilize these updated prosthesis to can to keep as much of any of the neural pathways you have there any of the connections you have, anything you can do.

So it can interface with these prosthesis now this is way above what I can talk about here.

But it just made me think, oh my gosh, that's exactly right.

We have to have a better way of dealing with things from the get go because we need to establish pathways that people are going to need to reconnect with from that time again it's a bad thing, Things are bad.

You need grief work, you need to all that's there.

I get that.

But we need to establish a better way of dealing with this from the moment that it occurs so that we can establish ongoing um productive mechanisms to utilize as you move through your healing recovery and growth journey.

Mm Yeah, I love that.

And it makes me think of I like that.

It honors that.

Yeah it is hard and whatever happened, it acknowledges whatever happened and that that person had whatever their experiences around that right, that's going to look different for many people.

But um you know some things there's that like toxic positivity that I sort of think about um and like, well we learned from this and now we're going to move forward, but your meta ability ation is not about that toxic positivity and it's all gonna be okay, it really is just a framework for um are identifying the different stages that a person goes through when they have experienced trauma, and I and I really appreciate you saying that because that that term toxic came came up what, you know a couple of years ago and I again had to kind of think that through, but let's not let me be very clear, this is tough stuff and there are times when you're moving on in your life, but then something hits you again or something throws you off course or something happens.

But what I want to reassure people with met ahab is again, that notion of okay, before I move on, I need to get some help here and that could be emotional psychological help, that could be other types of rehab, that could be other types of spiritual help or whatever.

This is not a one way like journey and the more you move forward, the more you realize about what it is, that can not only help you move forward, but how to engage more productively with obstacles that come about because they are going to be there.

The other thing I always like to tell people to is you real quick, you you better recognize that just because you went through one thing doesn't mean other stuff is not gonna happen, so hopefully getting this ideology around this will help you as you encounter other things that occur in your life.

Yeah, and it speaks to those the layers of trauma and that lifespan development, right?

Like if I've looked at something and healed a trauma from childhood, say in college, and then now, you know, I'm married and having a child, it looks this life stage looks different versus Children out of high school and becoming, you know, your parents or your Children have launched, then that's a new stage of life and I feel like each time we go through these stages of life, you know, things are unearthed from that past that sometimes we have to look at, and so it really is a journey throughout our lives, you know, it's so it's so great that Yeah, well and the other thing though too, it's so great, you talk about that because, you know, as you go through this and there's been times that you have been kind of thrown off and then times of a super appreciation as you go through those life events too, because, you know, as you, you see your Children graduate, er we saw seeing our Children get married, you just stop and think, wow, that's amazing that I'm here, it wasn't easy getting her,,but it's amazing that I'm here, so you don't realize that until you go through those things, the other thing and I don't like to use this word a lot, but there are things also that can trigger you into remembering how tough that was.

And a very important, very important concept that I learned as I was writing my book Anatomy of a Survivor and was able to talk to actually Dr. Richard Tedeschi about visit a chapter in there about post traumatic growth.

It is very important also to recognize that trauma and growth are not separate.

They can live together.

So because I can get even talking to you now, I think about I can get emotional about what has happened, it doesn't mean that I haven't grown, they live together.

Those memories are stuck very deeply in your hippocampus, but I just like to reassure people you're going to feel that, but that doesn't mean at all that you have not understood life in a very important way and moved forward in a very productive, provocative way.

Mhm.

Yeah, and that it lives those traumas live in our bodies and uh they come out periodically.

Uh so you mentioned that you've done a lot of work with first responders and nurses and so much of this season is really focused on secondary trauma and vicarious trauma and we'd love to hear how your program really supports people in the helping fields.

Well one of the things that I've been trying to promote and I did this actually having my class at Sac state trauma Atala ji and introduction of post traumatic growth because um most of the people in that class are you know, criminal justice, major social work, psych nursing pt, all sorts of that, so that's really good so that they can get have build that awareness around what they do um The other thing, so again in any other kind of training work, I try to build in a piece of this work into their education as they go through.

It has been absolutely humbling to work with people who have been through what they they have been through and I hear this over and over again from them.

Nobody has brought this forward to us in this way, nobody has structured a a pathway in this way so that we can start to understand again not only what these situations did to us, but what these situations can do for us.

And um so that's in the secondary in vicarious trauma people kind of use those interchangeably but they're a little bit different because one's more an acute thing and one's more over time, you experience that, but the work that I've done with them has been amazing and it has when I hear back from them this, you know taking meta have courses has made me want to go back to work or I don't miss work anymore or I'm more into what I'm doing it also the thing that has been most and comforting, but most amazing to me is to see how they have come together as a group.

And so as an example nursing managers or with staff nurses have come together as a group and realized how they can empower each other and their group can be strength, can be manifesting that strength.

So they'll do different things at the beginning of each ship kind of like, you know, athletes do it before a game.

They come together and they do a huddle and they'll say something positive, whatever they come up with their own ideas, because I never tell them what to do, I say what do you want to do?

And they come up with these great ideas.

One of probably the most powerful things that came through, especially working with I work with over 30 nurses respiratory.

I see nurses and managers at the end of using the meta have program with their organization.

They said the thing that came that was most that it became most aware of was their shared humanity that they connected with each other.

Not just this opened up some discourse with these professionals who had worked together, but it not so they it didn't just talk about what they had done professionally, but it opened up them to feel comfortable about talking about things that happened in their life in general in their life and they realized that they may not have had the same types of adversity or challenges or trauma, but they appreciated man, people are coming to work and they've carried some heavy loads from before.

And so I didn't use this term, They used the term of what came together as a shared humanity and it brought them closer to their understanding of each other and their appreciation and their ability to support each other as they went through their shift.

And that's some stuff that you kind of hope would come through.

But when you hear it in reality I went how I'm so happy they saw that.

Yeah, that's huge.

And um you know, as we've been recording all of these episodes for this season, something that just keeps coming to my mind um really is actually even just thinking about a title is maintaining our humanity while responding to trauma, because that's really that's really what this is um as far as how to um how do I honor the impact of the work that I do and how do I move forward?

Um and to me it boils down to that maintaining our humanity, which is not always easy.

So I love, I absolutely just underscore I'm like shaking my head, people can't see that.

Yes.

Yes.

Yes.

So it's how you honor that, but also I think you know, how do you move forward but put a little piece in the middle, How do you honor that?

How do you incorporate it?

How do you use that specifically to build your resilience and growth?

One of the other things I just want to bring forward again and this came through when I was writing my book and looking at this is in order to experience post traumatic growth over time to understand those dimensions.

One must engage with the adversity challenger trauma, an engagement has to happen.

So it doesn't just occur independently.

You can't just wake up and go, oh that happened, that's why Met ahab is fashion so perfectly because it creates a way to purposefully or productively engage with what happened.

So let me just use an example if you want to get stronger biceps, you can't just sit around hoping it'll happen or thinking that it'll happen or guessing it'll happen.

You have to actually get in the gym or do what you need to do to engage with the process that will strengthen those biceps.

So you think about you know post traumatic growth and engagement with the process as um you know like a resiliency, post traumatic growth jim like you gotta get in there and engage with things, you gotta, you gotta go at it.

But the thing that happens with people when they go at it is they realize it isn't as scary as they thought they have the ability to go at it and once they do they come out of it going okay, okay, I kind of think I got this part, so that's a very important part.

So it's the recognized, you know, doing it, but at that mid part has to be the engagement or utilization of what has happened and then you recognize that I'm getting this funny image in my mind about like the monsters under our bed when we're Children, right, there's like, it's so scary to look under that bed and then you look and it's not as bad as we thought it was.

There's a book that I love reading by christmas, real crip by chris McDougall, just say this and it's I'm a runner, so I love this.

It's called uh Not Born to Run, I think it is not by chris McDougall and there's a woman in there who's an ultra ultra ultra runner, like she runs 100 milers, 200 mile ultra and she, as you said, looking under the bed, she talks about encountering the beast.

So when she goes out to run, she when she encounters the beast, she recognizes that she has pushed herself that she's pushed herself so she's encountering this beast, but she says over time I've come to not love but I I appreciate encountering the beast because that makes me no, I push myself and the more I encounter the beast and the more I'm challenged by that the better I get at dealing with the beast.

So the more I'm at it, the better I'm the better I can do.

So it's not going away from it, it's going into it, so sorry I didn't mean to interrupt you, but no, I, I appreciate that.

Yeah, I can see that.

Um will you give us a quick snapshot of the meta hab program for our listeners?

Okay.

There's basically two, there's a couple ways I put it together and I'd really love if organizations would love to incorporate this, but I do two basic things that go on.

Number one, there's the training for uh, to certify you in utilizing the meta have process And that I use for a variety of people, clinicians, therapists, whoever wants to, you know, social workers or whatever.

So there's about a 30 to 40 hour training that I do so that they can utilize met ahab within their existing practice.

Let me just also make sure I tell people this is, this is not, I don't like to get rid of what you've already done, which you've already done is great.

This is an adjunct to your current practice.

Then I also do a separate program that I do.

Hybrid can do online or whatever, but it is to work with people taking them through the meta have stages on their own.

So one is really working with, you know, managers, you know, administrate whatever in utilizing that on an organizational level to incorporate that.

And then another one can be more person to person where I don't do therapy.

I'm not a therapist, but I engage them in the meta half practice and I do this through a hybrid and or online program that they can um sign up for.

So yeah.

And do you offer that in groups or is that purely individual?

I know I like to do this you know, I like to do this more in groups but I have because people have been wanting to do this more.

I'm established and I'm just about ready to publish it, but I'd like to do a an online meta have program that takes people through the stages.

Again, I'm not a therapist, don't try and do that, it's used in conjunction with other therapies.

Um I also have, as you mentioned um my most recent book is Anatomy of a survivor.

People can purchase that book within that book is the meta have system and how to use it.

There's a whole unit on that, but it also incorporates a lot of the science behind the neurobiology of trauma care and how happiness gratitude.

I talk about genetics and epigenetic and why That's good.

So that's a very complete book.

My first book turning tragedy into Triumph also takes people through the six stages of meta has and I like to use that in conjunction.

I have a workbook for search specifically for survivors.

I have a workbook for family and friends and then obviously there's clinician work but I keep that within the context of the certification training.

Very cool.

Well we'll make sure all those are included in the show notes for today so people can find you.

So as we wrap up, is there anything else that you feel is important for our listeners to know or understand?

Um, I think just in general, like I always like to wrap this up.

Um, you are, we are all way stronger than sometimes we are giving credit for or we give ourselves credit for.

Um, I think with what's happened in the, you know, past, especially in the last few years, decades.

I like, again, I get it's important to understand the crisis and what has happened.

But I almost don't want to miss this opportunity for us to also learn how we have come through this.

And these situations are precisely situations that can build our resilience and our strength.

Not overnight again, but over time.

And as I talked to when I meet my students and they're all worried about certain things, you know, great or some of them have way more other cares and issues that they're worried about.

And I just say, tell me your story and when I listen to people's stories, my final thing is all you got this.

Do you not understand how amazing you are?

You got this?

So that's probably a message.

I would like to leave for everybody.

We go through things.

We struggle.

We fall.

Sometimes we have our finest hour.

Sometimes we don't, but we, we do have the capacity in the ability, not only as my tag line is with meta.

Have not only to survive but adapt.

And finally amaze and that's what the message to leave.

Mm Well thank you so much.

Dr. Joyce for being with us today and sharing all that you've learned throughout your journey.

We really appreciate you being here.

Thank you.

Thank you so much.

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