

Bill Mazur and Joe Collins - Episode 813

Mon, Sep 04, 2023 4:43PM 1:58:22

SUMMARY KEYWORDS

first responder, people, talk, trauma, eap, work, conversations, joe, bill, happen, resources, family, years, good, mental health, profession, folks, outcomes, addiction, new jersey

SPEAKERS

Bill Mazur, Joe Collins, James Geering



James Geering 00:00

Welcome to the behind the shield podcast. As always, my name is James Geering. And this week it is my absolute honor to welcome on the show former police officers and current members of the Acadia healthcare team, Bill Mazur and Joe Collins. Now, this was an incredibly unique conversation, you have two police officers from totally different geographic areas in the US, each with their own powerful mental health story, each in a leadership position in law enforcement, transitioned out and now is working on the mental health side for the biggest mental health facility organization in the US. So we discuss a host of topics from their journeys into law enforcement, some of the challenges facing the modern day police officer, leadership, mental health, addiction, the gamut of facilities available to our first responders, and so much more. Now, before we get to this incredibly powerful conversation, as I say, every week, please just take a moment, go to whichever app you listen to this on, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast for the sole reason to make it easier for others to find. And this is a free library now of well over 800 episodes. So all I ask in return is that you help share these incredible men and women's stories. So I can get them to every single person on planet earth who needs to hear them. So with that being said, I introduce to you, Bill Missoura and Joe Collins enjoy. Well, Bill, and Joe, I want to start by saying thank you so much for taking the time, I know you're in two different locations. So we're doing a kind of three for today. But thank you, and welcome to the behind the shield podcast today.



02:08

Thank you, James. Thanks, James. We're



02:10

just very honored and thrilled to be here to to have our talk.

J**James Geering 02:15**

So we're gonna kind of lead you down the path that I normally do. But obviously, with three of us, we'll do it one at a time. So we'll start with Bill. I want to start the kind of early life and then walk through so tell me where you were born. And tell me a little bit about your family dynamic what your parents did, how many siblings?

B**Bill Mazur 02:32**

Sure. So I was born in southern New Jersey, specifically Atlantic City, New Jersey. And I was born into, you know, your typical blue collar family. My father was a police officer, when I'm doing four years in the profession. And I'm the youngest of six siblings, sort of your typical American Brady Bunch three boys and three girls. And so public service was, you know, I refer to it a lot of times as being in my DNA, if you will, every member of my family was committed or devoted in their professional life, their adult life to some sort of public service. I have another brother who's a police officer, a brother, who's an orthopedic surgeon, two sisters, who were OBGYN nurses, and a another sister who was a an educated top grade school. Like I mentioned, my father did 40 years in service in law enforcement. And my mother, she was like an administrative assistant for you know, her earlier years, and then was dedicated to, you know, a stay at home mom, and, and, you know, all the things that attending to activities around six children. So I was raised in that in that blue collar sort of, you know, environment. And, you know, when I looked back, I guess I identified with the good guys and girls, you know, see my dad, you know, in the uniform, having his friends over and sort of being around police families, and that cousins who were firefighters and, and so that was that was my normal. That was you identify with those things. So I originally had planned to possibly go to law school, or in the federal law enforcement. I was I was really looking at the FBI at that, at that time. And long story short, I did my first two years of college at Temple University in Philadelphia. And the police test came up for Atlantic City, New Jersey, and a few of my friends were taking it and they said, look, let's just you just take the test. I was actually a lifeguard at the time. It for summers in Atlantic City, which is sort of in that natural progression. Anybody who's listening in South Jersey, we'll understand this. A lot of folks go into that's their first taste of public service. Going into into lifeguarding and then they move on either fire service or police etc. So anyhow, I took Test and I did really well on the test. And my parents wanted me to finish college. And I said, Well, look, you know, this is a great opportunity. I was 20 years old, I could get in early and finish my degree. And you know, my parents were not real. They were not real receptive to that at first, but they said, hey, look, if you promise us you finish your degree, and then you know, you pursue things after that. Okay, long story short, I took the job as hard, you know, 20 years old. And I went on to finish my bachelor's and then even went on to get my Master's as well, and the police Graduate Studies program at Seton Hall University, also in New Jersey. So that's sort of my path into law enforcement, I then subsequently spent 25 years in the profession, and a great career, I was very fortunate. I had some great training opportunities, certainly great promotional opportunities that I took advantage of studied very hard for tests and was fortunate enough to come out high and get promoted. And I retired at 46 years old as Deputy Chief of Police. So I owe a lot to the department for those experiences that I was afforded both interdepartmental Lee in terms of promotions and assignments, I spent, you know, close to 13 years on the SWAT team starting out, as you know, your your your typical rookie, carrying what we would call, you know, the bag of band aids, stay on the perimeter guy. That's where you sort of, you know, make your bones and went through the system and became a team leader, supervisor, and then eventually executive officer to the team. So I really had some really good experiences, I also was very fortunate to be selected for the FBI

National Academy, which I attended in 2014. So it was a great experience. And truthfully, what I will say is, I'll close it out with this, I would not be able to effectively do what I do today, for first responders. If I hadn't had that career, right, it gives Gemini, the credibility to speak about, you know, operational and organizational stress and traumas and what that looks like from either firsthand experience, we're vicariously through the people that we work with the people that we supervise the lives that we were responsible for when we rose up into our respective agencies. So that is a very important part of our story, you know, giving us credibility and doing the things that we did, because we lived it. But I can tell you without any hesitation, this is, you know, the best work we've ever done in terms of fulfillment and meaning behind it, because we get to see these outcomes all the time, virtually. And literally, every day, when first responders are, you know, in a dark place, they come to somebody who, you know, they trust or they heard that they could trust and we're able to get them connected to the right clinical resources. For Gemini, there's, I would say there's no higher honor for us at this point. So that's sort of my path. That's what's led me to where I am today, and what you know, the meaning behind our mission here at Acadia and the public safety team, what we do now?

J

James Geering 08:15

Well, going back to your father for a second, obviously, we're gonna get deep into mental health as His child, whether it was when you were younger, or whether it's now looking with a different lens. Did you notice or did he ultimately self identify issues of his service as he progressed through his career and beyond?

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08:34

Yeah, I mean, you know, he didn't talk that he came from the age, right of work. And he didn't talk about those things. It was not, it was not part of the operational vernacular, if you will, wasn't, it wasn't the language used back in those days. And honestly, it wasn't the language that the profession used when I came on the job in 1992, it wasn't a whole lot of talk about mental health and emotional wellness, and what, you know what repetitive exposures to trauma can do to you. But if he shared that stuff with me later on, you know, when I was well into the career, my father spent a good a good portion of his career in our juvenile unit. So obviously, you get to see some horrific things, you know, involving children and adolescents, you know, all kinds of abuse. So, he did share some of that stuff with me. And, you know, I think, a not being part of the operational language, right. It just wasn't things that you talked about, and maybe you wanted to save me from some of that, you know, vicarious trauma. So, you know, later on in my career as I progressed, we certainly talked about some of those things. And then, you know, my brother as well, I mean, he, he was involved in a couple of really violent incidents, doing undercover work, some shooting, so, you know, I know what that looks like, up close. And of course, you know, as you rise in rank, you're responsible for so many He lives and we worked in a busy sort of urban environment, whether it was violence and there were, there were police shootings, there were all kinds of, you know, violent sort of activities involving gangs and drugs. So this was this was not something that was, I would say, an unusual occurrence. Unfortunately, in the in the department I worked in. It was it was part of it, you know, so I got the witnesses things got to see them. And I see the outcomes. So

J

James Geering 10:27

well, one more question before we go to Joe. You mentioned lifeguarding in New Jersey, I had a guest who became a friend Jason bitser. And he ended up being one of the best lifeguards in Hawaii. So like true, you know, revered lifeguard, I was a lifeguard for a long time, but in pools and open water, so not the ocean. Talk to me about that, because I don't think most people realize how you know how high on the totem pole a New Jersey lifeguard is.



10:53

Yeah, so there is an I believe this is this is an accurate I've been told this. I believe the Atlantic City Beach patrol is the oldest organized paid beach patrol in the country. That's I'm pretty certain that you get the fact checking on that. But I'm pretty certain that's, that's accurate. So there is a long storied tradition in Atlantic City. And because we're on a barrier island, right. So, I mean, there's some legends that have gone through the Atlantic City Beach patrol, you know, one of my brothers was was, was on there, too. So you know, it, it forwards Boys Into Men, you know, it was there's unpredictable surf, we have a lot of jetties and Piers in that area. So it creates sort of a, you know, a rip current, that, you know, you 1415 years old, you become a lifeguard, it is baptism by fire, you're swimming in that stuff. So and you have to learn how to how to go with the current not fight against it. It's a really, really good education. It's funny that you bring that up too, because you know, we are doing a lot of work. In New Jersey, I am in this part of New Jersey with the beach patrols. And it's really starting to become part of their conversation about, you know, what trauma can do. Because you're exposed a lot of car as you know, cardiac events, possible drownings. I mean, there's, there's some pretty traumatic stuff. And when you think about young kids who get into that profession, because let's face it, it's an awesome summer job. If you're in high school or college, you get to sit on the beach, you have good camaraderie, it's pretty good pay. So there's not a whole lot of downside, until there's no traumatic event. So when you're talking about 15 1617 year olds, who really have never been exposed to that sort of traumatic experience, that suddenly get exposed to it, you need to be aware of what the outcome could be, if they're not provided with resources or an opportunity to maybe process that type of incident. So we're doing some work with the beach patrols around here. But it was a great experience, as I mentioned, I mean, there's really been, it's been a great sort of springboard for folks in this area, who have gone on to become certainly police officers, firefighters, that's a big one. But also, I mean, you know, high ranking political figures, attorneys, doctors, you mentioned it. So it's been a great springboard in this sort of area of southern New Jersey.



James Geering 13:20

That's the profession that it kind of gave me an aha moment with as a lot of struggle in our professions when it comes to maintaining a fitness standard. And you know, I have a lot of people from the Special Operations community come on, and obviously, they have a standard and if you don't meet it, you're not in the team anymore. But it made me realize that the ocean lifeguards are the same, like if you can't pass your swim tests and all the hoops that you have to jump through, well, then you're not going to be hired that next season. But for some reason in fire and police, there's so much resistance to simply just putting a bar and if that falls out the front door, it's going to encourage you to maintain it and we are an environment that sets us up to fail physically, especially the shift work in the fire service. However, you know, no other professional lives are at stake. Do they discard a fitness standard except fire police and EMS?



14:11

Yeah, you nailed it. And I know you're a big fitness guy. I am sort of myself too. We talk a lot about that in terms of resilience building. And I'd love to delve into that into the conversation. I want to take up too much time but I mean fitness, it needs to be a non negotiable in your personal contract with yourself. Especially if you are a first responder in there are so many reasons why. It's not just hey, it's good for you or you'll look good in a uniform while I have no problem with those sorts of reasons. It's should be low on the totem pole. It's the counterbalance to cortisol. There's so much research out about it. A study that you know I recently read about you know them talking about you releasing you know these Mito kinds which are you of Hope molecules, right? That's what science calls it at you moving your body, it's basically, it's basically the counterbalance to stress, repetitive exposures to stress and trauma. And we know, we know definitively through science and psychiatry and psychology that repetitive exposures to stress and trauma, which is what fire service and police and first responders have the most effective, most efficient way is through moving your body to restore those things. Right. So yeah, I mean, I could talk all day about the, the importance of exercise, but you're right, you nailed it. It's, it's, we've lost sort of that as a priority. You know, in the first responder world, and it's one of those things that we we really as a profession, we as a discipline, we really need to look at restoring for the overall long term health, not just in the profession, but personal life and beyond. So hugely important subject.



James Geering 16:04

Absolutely. All right, Joe, thank you for your patience. Same question for you then. So tell me where you were born. And tell me a little bit about your family dynamic. what your parents did, how many siblings?



Joe Collins 16:14

Absolutely. So So I was born in Breckenridge, Minnesota, not Breckenridge, Colorado, because I, my entire life endured to be a downhill skier. And I wanted to be Snow Patrol when I went through college. So I took those classes. But we, right after that timeframe moved to the Twin Cities, St. Paul Minneapolis area. So that's where I actually have my earliest, like memories of growing up as a child. So I'm a middle, I'm in the middle. So I have two older brothers and one younger sister, not quite the Brady Bunch, as Bill said, but Yeah, same blue collar kind of situation that I was raised in my dad, at the time that I can remember he was kind of a managing some of the very large hardware stores in the in the Minneapolis St. Paul area. And my mom actually worked as a secretary and one of the churches that we went to in, in St. Paul. So actually, St. Paul Park is where where we ended up. But I had an interesting, interesting thing happens in my childhood is that my dad as managing one of the large stores and had one of the employees that was stealing from the organization. And it just happened to be the son of the owner. And my dad did the reports did all of this stuff out. And he was told that he needed to change the report. So that it didn't reflect that the son of the owner was the one was doing these things. And he refused to do it. He said he No, this is what happened. And this is the way I'm going to document it. And he was he was immediately fired. And so from that point, he he kind of had a very hard manual jobs that he was working then pretty much the rest of his life. And so he showed us the example of sticking to your values and your ethics, regardless of the consequences, because that's who he was. And so that was a pretty interesting thing to

experience as a child because I didn't really have somebody that was a first responder, public safety person as a guide in my life. Until recently, I actually found out that my grandparents on my father's side, were both investigators for the IRS. And and Bill that's interesting now because Bill and I have done 14 webinars now with the the investigative regional offices for the IRS and talking about organizational operational stress. And they're dealing with a lot of that right now. But then before I went into high school, we we decided that we're going to all pack up and move to northern Wisconsin in the middle of nowhere. And this was when, when I was going from junior high, actually I was in junior high at the time, and our family had 40 acres out in the middle of nowhere northern Wisconsin, that was right against some county property and then some national property. So literally, we're moving into the middle of the wilderness, to the point where you know, at that age, I literally believe that if I if I ventured far enough into the wilderness that I would run into some like Native American villages. At that point, you know, you're 11 12 years old, and they're like going on this adventure. But so then we moved up to northern Wisconsin and went to went to college. Interesting thing about my parents, they did not have formal education. However, we have quite a bit in our in our family where we now have for my three brothers and sisters, we have three associate degrees. We have four bachelor's degrees, and we have three master's degrees for the four kids so their support for higher education for us has transferred laid it into every one of us having a higher educational degree, including then my children and the children of my siblings, as well. So I met my wife in college in Duluth, Minnesota at St. Scholastica. My path at that time, I wanted to be a helicopter pilot in the army, until I found out how long that was going to take because I didn't enjoy high school. And when after meeting with the recruiter a couple of times, and then going back to college and talking with people that were actually in the service that were going to college with me, there's like, you do know that it's going to be about eight to 10 years before you see a helicopter? Well, not a recruiter didn't say that. It's like, you need to rate you need to ask better questions. So I went and I did I talked with him, he's like, oh, yeah, it's gonna be at least eight years on your second or third reamping. And that was a lifetime, for an 18 year old, you know, you're looking at half of your life, you're going to spend back in school again. So I was looking at youth ministry at the time, and my wife was actually working for a security outfit up in Duluth, Minnesota, and she's like, Hey, they're looking for security guards. So in 1984, I put a uniform on. And I didn't take the uniform off until February 7 2020. So I did 35 years in law enforcement. 21 as a police chief, and a couple of different communities in Wisconsin, I jokingly say, but it's not a joke that I don't like negativity, especially if it's in front of my temperatures. So I moved to Texas, so I don't I don't deal with minus 30 anymore. Because it doesn't happen in Houston. And that's where we're living at now. But similar experience to Bill, you know, I did 15 years in Swat, that led to a lot of very cool things happening both on an international and national level where I was doing a lot of instructing, we did work with almost every special operations unit in the different militaries. That led to me being connected with Ken Murray, who was the guy that created the Simunition round, the marking cartridge. And that helped lead me around the country as well doing a lot of instructing and, and that's kind of where I really enjoy being in front of people and helping them prepare for extremely difficult situations out there on the job. So, and a lot of different hats, a lot of different roles. But like Bill was kind of alluding to collectively, we got over 60 years of experience on the job. And we talked to a lot of people about the trauma. And we did not get to have those type of discussions when we were coming up in the ranks. You know, he went to the FBI Academy, I did as well, in 2009, I had the great fortune of being in a very first class at the National Academy, that was titled spirituality and wellness for law enforcement. And there was 20 of us in that class for 10 weeks. And we were having discussions around the difficulties of the job and outside of the job that I had never experienced before. And we're having these discussions as groups coming to the pretty much the same conclusion is that Why has our culture developed into something that we can't have these critical conversations with people in our own organizations, to get it out of our systems?

You know, we all think that nobody else understands what we're going through. And nobody understands that what the difficulties are that we're facing on a day to day basis, but everybody is so much more alike than we are different. And when we have these conversations, we understand that we're not alone, is that we have to develop our tribe, we have to develop a group of people that we're going through this together with and lean on those other people when things get difficult, not isolate ourselves and stop talking about it.



23:42

And we didn't have that, you know, and I'm sure when you started to it was like when difficult things happen. It was like just suck it up and get busy, you know, rub a little dirt in it, you'll get over it, or you know, what we'll do is like, let's just get through the shift, and we'll go down to the local pub, and then we'll just resolve everything that way. And, you know, more unhealthy coping mechanisms. And like Bill talked about the physical fitness nutrition, when we're having these discussions around the country, is that the lack of nutrition, the lack of physical activity, the lack of sleep, these these things are like the trifecta of killing us. And we're in we're not fixing that, and having discussions on how we could do that. You know, I started, I got promoted very young in my career. I became a chief young I started as a police chief in 1999. And now looking back the amount of trauma that was going on in that environment. I went to a fairly small community that was a suburb kind of a St. Paul area. And the very first year, we had, we had one of the students get killed in a car crash before school started. And it was very traumatic. Well, the second year what we had is we had twin brothers get killed right before school started in a traffic crash. And you know what happened in year three? Yep, three girls. got killed before school started. And now we're coming down to year four, what do you think we're thinking? It's like, oh my God, here we come again, is it really going to happen? And it did. But, you know, the whole anticipatory grief and anticipatory trauma of thinking back is what may happen now, because of what happened in the past, and getting that whole idea that that's difficult, you know, this, the calls that people are going on, especially dealing with kids, you know, and I'm sure you've seen it as well is that we have got to have these critical conversations and have have safe environments for people to have these conversations, when they're not okay with what's going on, on a day to day basis. So that's kind of my path. And then I retired, like I said, February 7 to 2020 for two and a half days, and then went to to work full time with with my friend Bill Mazur. We kind of split the country, but we do a lot of stuff together on a national level as well. And he said before is that this isn't something that we have to do. This is something we want to do because it's fulfilling. And and I had a conversation this morning is that I have had more people tell me this year, that are that I saved their lives than I did in 35 years of being a police officer. So why do we do that? Why do we do what we're doing? That that's the reason?



James Geering 26:24

Beautiful? Well, there's so many things I kind of want to pull out from that. But let me pick an important one, because it doesn't get a lot of discussion. And I think a law enforcement lens and firefighter lens are our two that see the raw truth. We lose 40,000 people every year on our roads, that's who actually dies. So obviously, hundreds of 1000s have life changing injuries. And I think it's 5 million accidents a year. In the UK, I don't know if you've ever come across this, but our driving test is extremely hard. And most people take about two or three attempts to even pass it. But you go through all kinds of maneuvers. And you know, you're reversing

round corners and parallel parking and having to prove yourself on all these different types of roads, roundabouts, huge one. And then when I first came to the States, I took my driving test to forget my very first American one. And I genuinely hand on my heart thought that we just did a kind of warm up before the actual test. And they go, congratulations, you pass and I just drove around like two streets. And you know, which, at the time I wasn't a firefighter, but okay, well, that was easy. Then you go through a career of cutting people out of cars. And then you were like, when are we going to start talking about this, because, you know, it just happens over and over and over again. And, and so many of them are carbs, images, and most first responders minds. The firefighters aren't usually from fires, you know, and a lot of police officers is not normally officer involved shooting as the horrible things that we see on the road. So again, staying with you, Joe, first, talk to me about your perception from the preventative side of how we can improve all the horrible things that happen on our roads.



28:02

Wow, you know what, if we come up with a solution, we're going to be able to quit our day jobs probably on this one. But yeah, I think that it's just awareness, like you said before, and having people understand their physiology, when it's not where it wants they want it to be. So that when you have that event, that's like activating your, your sympathetic nervous system behind the wheel, and recognizing the fact that something has changed. And that you can actually do something about it. You know, obviously, you can't stop some of the things that you don't see coming. But you can actually put yourself in a better mindset to be able to deal with difficult situations. And that's one of the things with this whole resiliency kind of trend, or the movement that's happening right now, is that managing your emotions through understanding your own physiology can actually put you in a better place. And it can actually put you in a better place to if you're involved in an accident, right? Because you may not be able to get out of the vehicle, like you're talking about having to cut people out. Okay, so what are you going to do, if that's the situation, and pre planning these scenarios or these situations in your head, so that so that if this happens, I'm going to do XY and Z in any one of those particular situations, and having those discussions ahead of time. You know, it's like we talked about setting up peer support teams or having wellness initiatives within your organization, and then having critical conversations and pre planning for these things. But fire services amazing about doing pre planning and having all of the different things and practicing for each one of these different scenarios that happen. But what I think that a lot of our first responder communities aren't doing is doing the exact same things for people that are struggling. And having those those discussions. It's like okay, so So if one of us, let's just use this as an analogy, Bill, if the three of us go out on a call and we're dealing with an infant death, what are we going to do with Bill or how are we going to have this conversations if we recognize that he's having some significant struggles over this particular situation. Okay, let's play that out. How are we going to have this conversation? What are we going to talk? Who are we going to call? Who are we going to get involved? If Bill needs to go somewhere to get therapy? Who are those people? And if it's more than therapy, what does that look like? Does our insurance cover it? Is this a workman's comp situation that we have to get workers comp involve? Let's do this, all of this stuff ahead of time, because we know what's going to happen. And if we know it's going to happen, why are we not pre planning for it?



James Geering 30:38

Bill, he'll response.



30:40

Yeah, I, I thought that your question was more directed towards me, Joe. Everything Joe just said was 100%. Accurate? I mean, that's, that's, that's our experience? Or were you referring specifically to the road as well,



James Geering 30:54

but it was an interesting kind of parallel into the mental health side. But yeah, I mean, just to give you my thought, at the front door, I think we need to make the standards a lot higher, so that people understand the why, why you keep distance from why you use your blinker. Why, you know, so therefore, this doesn't seem to be understanding of why it seems like we're on a big race track, and everyone wants to get there first, rather than what I see in other countries. Not all of them go to Portugal, they drive like crazy people. But um, you know, like the UK, there's a lot of sharing the road, they'll let people merge over. Because I mean, if you all share the road, you actually will get to your destination a lot faster. What I see here is a lot of selfishness. And I don't think it's because someone woke up and decided to be an asshole that day. I just don't think they were ever told, Hey, if you sit in the outside lane of a freeway at 70 miles an hour, and there's a half mile line, not only are you being inconsiderate, you're also increasing the chances of an accident or people to try and get around you between other cars, for example.



31:54

Yeah, I think you actually both made beautiful parallels Joe was was referencing What do you do to prevent things? Right. And he did that eloquently? And I think to your point, I think what happens is what society will allow to happen. And let me let me give you an example. So one of the most successful peer programs ever to be implemented, is related to driving in the road, you know, what I'm referencing? It's the designated driver. Oh, how did that start? Right? And right, so how did that start? Obviously, a dire need to address drunk driving. There was also sort of a co issue like teenage drunk driving. I can tell you now, I don't know what the statistics are. But that has been drastically reduced doesn't mean that it doesn't happen. Of course it does. But it's drastic dress. I mean, I have, well, I have two teenage I had three teenagers at one time, that one's an adult now. Actually, they're all adults, to be honest, I have twin 18 year olds and a 21 year old. But you know, that whole thing of designated driver and it's real, and they really adhere to it, and how do they do it? With what they won't tolerate a clear campaign? Education conversation? Right? So look, that includes I mean, this is just, this is just the human the human way of thinking it also must include stiffer penalties, right, there must there must be consequences included. And I think what you know, what happens is we we probably give licenses to people who shouldn't have them, and there, there shouldn't maybe be, you know, an age restriction, you know, on the on the higher end, and attention I mean, inattentive driving, I believe it's always been the number one cause of actions of accidents, driver and attention, and so on every accident report. And so, you know, distracted driving, texting, right, the cell phone, there's so many things, but it all starts with a conversation, you know, and realistic, you know, directed campaigns toward minimizing those outcomes and putting it really

in people's face, not to scare them, but to make them aware of the reality. So they can be they can hold themselves, you know, more accountable and their families, their immediate family and friends. So,

 James Geering 34:20

absolutely, what I want to get to, you know, the way that law enforcement is viewed, because I think that's a big part of this mental health puzzle, especially in your profession at the moment that organizational betrayal, it may not be by the organization, it may be by the way the profession is perceived. One thing that you never seem to hear in conversation, when we have that bad apple video or the gray area video that people are trying to paint us about Apple is why are our streets so dangerous? And you know, this is an important conversation because if you go to Reykjavik or Oslo or Lisbon, there aren't gangs trying to murder each other on the corners, you know, There aren't there isn't a lot of this violence, a lot of the homelessness, a lot of the addiction that we see in, for example, the US. And so it's very unfair to say, Oh, the police that look like they're going to war? Well, yes. Because there's a lot of people trying to kill them out there at the moment. So again, with your lens with that element, what is it that is creating so much crime on our streets at the moment where there are other countries that would that's just not normal for them? They're not having school shootings and gang related murders all the time?

 35:30

Well, I think I'm going to piggyback on what Bill was saying before is that, what we're are accepting, and what what the communities and those in charge of those communities are willing to allow happen, and then look at as normal. And, you know, I was just in just in Denver, and, you know, some of the side streets, there's a lot of a lot of tents set up a lot of homelessness there. And I was there for our FBI National Academy conference. And we have people from all over the country coming in there. And those that weren't from the major metro areas were were wondering, why do they allow that? Why did they allow that and in the city streets in downtown in some of these bigger cities, because they do, they just they have chosen not to do something about it. And obviously, once you goes a certain distance, it's hard to come back from it. But that's not the way I grew up. Like I said, I grew up in St. Paul, fifth and sixth grade, we were taken to see buses downtown, as fifth and sixth graders for cry, I could not imagine that for my kids at that age going down to the to the middle of the city. Now, at that age. That'd be terrifying. But we've allowed it to transpire. And as you said before, that it's not happening in other places, because they don't allow it. Bill,

 36:57

I would also add to that, sure. I think it's multifaceted. Obviously, there's no one clear cut answer. But you know, they're multifaceted in that. There is and this is some personal belief, of course, to them. This is not a political statement. But you know, the multifaceted approach, when you can't deny that the breakdown of the family unit causes interpersonal traumas are generational traumas, which result in mental health issues. Right? So the breakdown of the family unit, the generational trauma, poverty, mental health. And then of course, you know, you cannot talk about these things, and not include the importance of law and order. In those

conversations. We don't mean law and order in a heavy handed sense. We mean law and order, in a common sense approach, right? Be respectful of your neighbor. You know, respect laws, you know, be considerate those those types of things. And, you know, look, social media and the, you know, the advent of I can get on social media and comment and say anything to anybody, with virtually no consequence, almost no consequences. Maybe you could be ghosted from social media, but there's still the damage is probably already done at that point, you know, you can say anything about anybody and, and so I think that breeds a lack of respect for your fellow human. And if you don't have coping skills, and you're triggered by things, you know, you'll say something, maybe sometimes you don't even mean it, but it makes you feel good in that moment. So you say something that's inappropriate, hurtful, disrespectful. And then that just grows and there's just this disrespect, and humanity becomes acceptable, so to speak, or normalize. So that's what I mean by multifaceted. There's a lot of things going on here. But you have to mention all all of those things when you're talking about long term solutions, family unit, accountability, mental health, poverty, law and order all of these things, sort of not one of them's the answer, right? Because there's an old saying, in law enforcement, you can't arrest your way out of every situation. In other words, arresting Everybody isn't that but it's, it's part of it sometimes. Right? There, there's, we are all for rehabilitation, Joe and I and people that we represent, we're all for it, there's probably no bigger proponent or advocate than us in terms of rehabilitation and getting people help. But at some point, you know, consequences have to be, you know, administered to there has to be some, you know, keeping people accountable and sometimes there are some folks that you know, need need for isn't, so we don't lose sight of that. We don't see it as a, you know, a panacea that cures everything, but it's part of the picture.



39:59

So James, if I can just go back to your analogy about teaching people how to drive appropriately. It's the same type of analogy now is that we have to not only tell people what not to do, we have to train them how to do things the right way. And I think that that's, that's been lost. It's been lost in society of how you are supposed to behave as a good citizen.



James Geering 40:25

Absolutely. We talked about not being able to rest your way out of a problem. It's been an interesting evolution on this podcast. When I first started, it was probably maybe a year into it. My mom and brother had moved to Portugal and people listen to this show her the story before I apologize, but it's the way they're kind of set up their what I'm about to talk about. And she said to me, did you know that they decriminalized addiction here in Portugal, and so I didn't, I did more research, I ended up managing to sit down with the the gentleman who spearheaded this initiative in Portugal. And what happened, they had this massive opiate epidemic. And they had done the War on Drugs model, to you know, no real effects. So the country democratically chose to try a different initiative. Smugglers, you know, dealers, they were all still, you know, Iron Fist with them. But the addict with the uses of Mt. Wasn't even forced into addiction counseling, they were just simply educated, so they weren't gonna get arrested. But there was these addiction centers, medical health, student mental health counseling, there was job creation. And it D stigmatize being an addict. And so a huge amount of them came out of the woodwork and you know, sought help. Now, of course, there's that portion that were just hooked, and to this day are still shooting up. But a majority of them were completely turned

around, they went from one of the worst epidemics in Europe or the world to one of the lowest now within less than 10 years. So now, you know, we're being more open in our professions, and we're realizing that addiction is crippling so many people in uniform as well. So with this 2023 lens, and another kind of layer to this is, you know, we've got people in uniform that serve their community or country that have to go overseas to get psychedelics that seemed to be working well for their mental health. So without loading the question, this is just my personal opinion, seeing the failure of the war on drugs through a firefighter paramedic sighs What is your Have you yourself had an evolution from being told you need to enforce this, this law to maybe understanding that there's a mental health crisis that is behind the addiction, and that we cannot arrest our way out of the addiction crisis?



42:46

Sure, I'm happy to answer that. Yeah, great point. And, you know, I'd like to see the other parameters that also work into their success there, but to very directly answer your question. I know that we feel together that the education that we've received, over the course of our previous career and now on trauma has changed our perspective on addiction, whether it's a process addiction, substance use, you know, there are various addictive type type things, scenarios, but what we've come to realize is that trauma can and will drive behavior, right? So, look, if you look behind the addiction, which is almost considered to be seen as a symptom,



James Geering 43:40

you look beneath that,



43:41

and this is a great analogy for firefighters, if you don't address the trauma, underneath the addiction, it's like not addressing the fire in the basement, and worrying about the roof. Right? So look, that doesn't mean that people get a free pass for committing crimes if they're addicted, or for abusing themselves self harm, or you know, whatever they're engaged in. But it gives you perspective, right? It's not a free pass for them to do it and say, oh, you know, I feel sorry for them. That's a different thing. What we're saying is, it can as a first responder, especially a police or firefighter corrections person, learning this early in your career, or even before you go into the first responder world gives you perspective on humanity, and will make you look at people just slightly different. Not Oh, I feel sorry. Again, it's empathy. It's different from sympathy, looking at them and saying, Gosh, you know, I wonder what happened to them and their lives, to bring them to where they are. guarantee there's a story behind every one of them. We are very much proponents of getting people treatment, as opposed to incarceration when appropriate. That doesn't mean that everybody Should I get a pass on incarceration? Look, there's plenty of addicts that we've spoken to people who have struggled, who said that prison is what got them clean. Right? That was their bottom. So there again, you know, you can't you can't put a blanket statement on everyone, but what I can say is, is that your trauma is a big part of the picture. And so, you know, on top of that, or to add on to that empathy thing, what we need to look at is where the trauma occurred, which most likely was in their developmental stage, right childhood trauma. And look at how we can do a better job as a society. You know, with that, I mean, just look at the, you know, the child trafficking and the

human trafficking stuff that's going on. And that stuff starts at a young age. And, you know, that is a recipe for, you know, horrific, early emerging adulthood for folks into their adulthood, when they've experienced horrific amounts of trauma, through various forms of abuse, emotional, physical, sexual. Those are the things that we really need to focus on, and how we can be better at preventing them. And I think, again, it goes back to family unit, and having morals and principles and being raised the right way and healthy. And so, you know, again, multifaceted, and but we are, you know, we are huge proponents of looking at treatment as an alternative where appropriate to incarceration, no doubt.



46:31

Yeah, and I think that, like you're saying too, and a bill was alluding to it is that it sounds as though Portugal had a plan in place before they flipped the switch. And I think that we we were asleep at the controls on that one here is that we just decided that we're just going to flip the switch and it was going to be okay, because of the the mental health stuff that was behind the addiction, but we didn't have the resources or the knowledge or, or the wherewithal to, to catch the people at that moment. And that's where I think a lot of the issues now when we're talking about the crimes in the cities, how much of them are driven by by drugs, you know, that they're looking for the next fix? And how do they do that by stealing stuff and doing different crimes and, and again, like Bill was said, it's a symptom of the trauma. We talked to first responders every day across the country, we've helped a lot of them get get help. We haven't helped anybody get into a substance abuse program, that as a first responder is not driven by trauma, that that is a symptom that is a maladaptive behavior that they put in place thinking that that is going to help their traumatic situation. And it just made things worse, obviously. And the idea that we have so many first responders come into the job with it, adverse childhood experiences, the whole aces thing is that the average first responder has is probably pretty high on the ACES score, and hasn't resolved that issue before they got to the job. So why, why do we get into a business of helping other people, because it's so much easier than helping ourselves right. And you know, that I often tell say that in their training, they're great at taking care of other people. But we suck at taking care of ourselves, because it's hard. And but you can do it if you're shown and taught and trained how to do it ahead of time. Again, that doesn't mean things aren't going to be difficult, but hopefully coming through difficult situations then we become stronger as a result of it. And then we can help teach other people.



James Geering 48:37

Well, that tags on nicely too. I was going to ask you guys next as I got deeper into this podcast, there was a comp there was multiple common denominators the Venn diagram just kind of overlapped again and again and again. And one of them and always credit Jake Clark from cyber warrior really opening my eyes to this was the impact of childhood childhood trauma. That's why I love to start people's early life because I'll open the door some people's early life was was amazing, beautiful family. So you had a good strong foundation when you went in the other 80 plus percent, not so much. You know, there was a lot there. Some addressed it well, some buried it and it you know, reared its ugly head later in their profession. For me, personally, I ended up testing and working for four different fire departments. I went out started east coast, went to West Coast came back to East Coast. And so I got an interest in perspective of multiple hiring processes. The same thing happened over and over again, that was a polygraph three out of four of them, which, you know, I basically to be honest, I live my

way through because I try being honest, my very first app and I got it thrown back in my face. So I was like, okay, so you have to pretend to be a choirboy to be a firefighter because, you know, people that go run into burning buildings usually have got some shit in the past that you know, gives them those tools. But then also the, I believe it's known as the Minnesota personality test, the standalone one test that they use at a lot of my Psychology and psychiatric friends have told me since that is never meant to be a standalone test, it's part of a gamut of tests for forensic psychology. It's useless on its own or you know, all but useless. So you've got these two pots of money that departments are already spending. Now we have an understanding of the high ASA scores, a lot of men and women that are walking through the door of a first responder profession. Why not take that same budget, and you're going to PT these recruits, you know, X amount of times a week, why not in a six month probationary period, give them six counseling sessions. Now you're given an opportunity to offload childhood trauma, you've created a relationship with a mental health professional, and you've made mental health a norm at the front door.



50:47

That's a that's a great point. And Jake's a good friend of mine, I went to save a warrior session 057 A few years ago, but absolutely, and you know, the studies that they're showing the people are coming in there that that have not dealt with their adverse childhood experiences. And so why not just come to the conclusion that they're coming with them. And we need them because we already have them on the job. And like you said, they lie their way through it to get on the job. So why don't we just help them all become better people, because we need them to take care of themselves to give the level of service that we want them to give to the community consider the community isn't funny analogy that somebody said the other day, and one of our trainings is that as first responders, we just keep just pushing everything down right in our in our bucket. And we just keep keep putting it in and putting it in until it's full. And then once it gets full, what do we do, we just jump on top of the bucket and try stamping it down so we can fit more in it, rather than actually getting the stuff out of the out of our system. So that'd be fantastic. You know, we're talking about trying to do more resiliency training in the academies. But it can't be a one stop shop. You know, the guy that ran the the program that I went through at the FBI Academy, the spirituality and wellness, he had a great analogy that he used is that we expect our people to come into this career field, walk in through the mud and come out clean on the other side. But we don't give them the resources to wash the stuff off and to live the life that they truly deserve. before, during and after their careers. We got to do better and every single aspect of it.



52:27

Yeah. So I think what you're referring to is mandatory wellness initiatives. And that's really we've been big proponents of that. And we've written articles on it co authored it, which have appeared in some really good publications, we written an organizational checklist and, and so I think that's a wonderful idea. And I think that, you know, the new generation coming through or developing into the first responders of tomorrow, I think are definitely more open to that than you know, maybe from someone from our age bracket or demographic. Because this is sort of, you know, a higher level of normalcy for them. But But what I think is, is probably just as important, at least, maybe not even more important, and maybe easier to get through is this idea of teaching resilience, and what that looks like healthy coping skills, and making them

understand that, hey, look, you've gotten into a profession where we already know this is not conjecture, we're not, it's not maybe we already know that you're going to have a much higher level of instances of exposures to trauma, it's going to happen, it's a matter of when it's not a matter of if so here's what to look out for, here's what happens to your body physiologically, when you are in a hyper vigilant state, like educate them to those the effects of trauma and, and how things that may have occurred in your childhood, whether it was a loss of a significant loss of death in the family, whatever it was, that you know, these things, while they may not be triggers for you now, or may not be something that's unsettling to you that you think about all the time. When you experience perhaps something similar, you may be triggered by it on the job. And these thoughts and memories could come back, we see that constantly. James constantly, people who have varied stuff as their body's own defense mechanism against that trauma in their youth. And then later on in life, this stuff comes back, and it comes back like a tidal wave. Right. I mean, I'm talking about people who maybe were exposed to domestic violence in a home growing up, sort of suppressed it, and then when they get on the job, there is there is that as a trigger point for them, right. So those types of things. And, you know, we're really proud of some of the things that we've been involved in one of those things, is the resiliency project in New Jersey. And both Joe and I were involved in that it stemmed from Joe's involvement with the FBI National Academy. He mentioned it early on in our interview here he was part of one of the first classes and became one of the first classes to become master trainers to the Air Force and the Resilience Project. And we brought that program to the state of New Jersey, via the FBI National Academy associates. And they basically gave it to New Jersey as a model for free, if you will. And I'm proud to say that Joe and I were involved in the ground floor and bringing that to New Jersey in New Jersey became the first state first state in the country to make resiliency education, mandatory for all 36,000 Plus police officers. were attempting to maneuver that into the fire service in New Jersey, as we speak right now. So has it made a difference? Big time now, you know, there hasn't been any long term studies, right on the on the the outcomes, scientific studies, I should say, but anecdotally, what they've done in New Jersey, has it saved careers, families in laws, I can tell you, unequivocally yes, because I live in New Jersey. So I get a lot of these referrals. And I see the language and the environment, how it has changed in New Jersey because of this process that we brought here. So you get this educational resilience in the academy never happened before, right? They talk about trauma, they talk about substance use, they talk about the outcomes if you don't have healthy adaptive coping mechanisms. And this, you know, this is this is a drastic, you know, gear shift, if you will, into another lane from, hey, like, chose it, it rub some dirt in it, man, you know, you'll get through this, Hey, you know, the easiest way to deal with that trauma, just move on to the next trauma, so to speak. And we're really, we're really changing the language here in New Jersey, one of the things that they adopted was, every police department must not not can or should, shall have an RPO, which stands for Resilience Program Officer, regardless of the size. So if you are a department that has hundreds of officers or 10 officers, you are required by the Attorney General of the State of New Jersey, to have somebody in your department that is a referral source where you can go to confidentially and they can get you help. The chief cannot take that information cannot demand it, the prosecutor the Attorney General can't even it is a HIPAA protected, confidentiality protected conversation. So things have changed massively here and it's spreading. With the help of Joe and I into other states, Georgia, Texas, Wisconsin, a lot of these states are looking at this model, and moving towards you know, Wellness and Resilience as a mandatory educational piece that you receive, just like any of the other mandatory such subject matter. So it's really cool progress that we're seeing. It'd be nice if everybody adopted this.



 James Geering 57:50

Well with the the kind of HIPAA protection is that also then addressing the issue that I hear a lot from law enforcement of that fear of having your gun take away the moment you proclaim that you're struggling in any way, shape or form.

 58:02

Right. And that, again, that's more of an individual kind of situation, I think with the agency, and the lack of knowledge surrounding that, I think we're changing, you know, we're going in the right direction, like Bill said is that and it's in the fire service as well is that this was a lot of people in top leadership positions came through when we did, and they didn't have this information, you can't necessarily hold people responsible for knowledge and information that they don't possess. But But now having these discussions like what Bill was saying to about this resiliency, and the frequency of trauma that our people are being, like encountering on a daily basis, with that knowledge comes responsibility. And when you have that knowledge, and you don't do something with it, that's negligence. So now you're acting in a negligent way, if you're doing some of these things, because you know that they're coming to the job with a lot of trauma, probably from adolescent trauma that they haven't resolved. You're putting them in situations that the frequency of trauma that they're seeing on a regular basis is putting them in an area that they are more susceptible to having other things happen in their life that are negative, right? And then saying, when somebody comes forward and saying that, boy, I'm struggling, you're saying okay, well, first of all, we're going to take all your job away from you. Is that really a path to ask for help? You know, I often say when people tell us that, and we have this all the time. Well, we got a great program. You know, we got a policy that surrounds it. We got these different people in place, we got a team. This is how we're handling the different things and this is what they know. And it's like, okay, that's fantastic. You need to have those things. Tell me how the last person was treated. Because you can have the best policy, you can have the best plan. You can talk about all of the things you're doing. But if you treated the last person like crap The next one's not going to ask for help, just because of that. So I think we're getting there, like Bill was saying with the New Jersey, that it's mandatory that they have these things in place, they have a person there. You know, when we're doing these type of things, we try to have as many points of contact as we can within an organization, because we don't know where somebody's going to reach out. And they may not reach to the administration just for that reason, like you're talking about. But what did we hire these folks to do? We hired people in the first responder, public safety world, to solve problems, to fix people to get to where they need, and when they can't do it for themselves. There's a level of shame involved with that, is that you know what, you hired me to be a peacekeeper, you hired me to help people. And now I can't even help myself. Or what does that say about my skill set? You know, that's their mindset. You know, what we have to realize is that well, we put you in situations that you are now thinking that way, we have to help you think a different way. You know, one of one of my friends here, Bruce, in the area that I said a phrase and one of his and he uses it for all of his kids, is that you are only one thought away from changing your mind. You're simply one thought. And if your thoughts are spinning you in a direction that is negative in that, you need to be able to stop that and put a different thought in your mind is that you know what? It's not because of what happened to me, it's the situation that I've been involved with, that is making me think this way. And how do I think differently, if I can't do it myself, I've got to ask someone else. And it has to be okay to ask someone else or lean. You know, there's another chief from Illinois area that kind of coined the phrase of perceived burdensomeness. There's a perception that you know, what, James, I got a lot going on, you've got a lot going on, I'm not going to burden you with the stuff I got going on. Because, you know, that's just too

much for your plate, even though I would be really frustrated. And I'd be upset if you were having difficulties. And you didn't ask me for help. You know, so we have those conversations, try to flip the narrative on him. It's like, well, what? How would you feel if they didn't ask you for help? Well, they can always ask me for help. Mm hmm. There it is, right. So it's creating environments, that it's safe, to be able to have these discussions is really what's most important right now, in our, in our cultures,



1:02:28

things. Here's the other thing, too, you know, sometimes leadership gets caught up, and I'm not throwing a dart at leadership, we were part of leadership. Sometimes you get caught up in the liability of this or perceived liability, right, when someone has a problem. And, you know, when you're in a leadership position, you know, you have various levels of concern coming at you peripherally all the time, right? liability is something that's pushed on you from either your employer, the city manager, the mayor, whoever it is, right? Everybody's got a boss, so to speak, in this in this in this sort of, table of organization. And so, what Joe, and I say is like, here's another way to look at this, from beyond like, the internal leadership, like maybe to your city, your government, whoever, we are protecting our investment. When we have resources for people, because you do the numbers after you've been on the job as a firefighter, or a police officer for you know, a decade, you know, they probably spend close to a million dollars or more on you, right, through training, salaries and wages, fringe all these things, equipment. So do we want to see who is this good for if this person, you know, crashes and burns because we fail to recognize an adverse reaction to the trauma that they've experienced on this job, where we employ them, they're doing the job that we asked them to do? And we're going to now say, Sorry, buddy, you're gonna deal with that on your own right? So protecting your investment, and there's nothing wrong with looking at it. Not I wouldn't say singularly through that lens, but accompanying the lens of humanity, hey, we need to take care of our own. We're also protecting our investment because what happens when you have to fire the individual or let them go, certainly does not look good for the department or the agency. It is not helping the person or their family. There's a lot of negativity associated with that. Right? So why wouldn't we set up resources to protect that investment? Get them help, because what we see vastly, are positive outcomes. Now we can no one can promise outcomes and say everybody's going to have a fairytale ending, right. But what we can say is the vast majority, it's in the upper 90th percentile, the vast majority of folks who reach out for help, who get help, especially for trauma mental health, they They are able to recover, they are able to get back, be deemed fit for duty and finish their careers. There is such a small portion of folks that leave the profession due to this. I mean, we can count on one hand over the last six years, literally one hand, as many people that have left the profession after getting treatment, and every single one of them left because it was a mutually agreed upon decision between the provider themselves and their department, hey, they should move on from this type of work. And because of the trauma, or whatever it was, and they got pensions, so we speak from a place of credibility. Because of the vast majority of people that we interact with nationally, we're not just doing this, we don't just work for a facility in a small town or one state where this is our experience. No, we work actually internationally with folks. But most of its nationally from Hawaii, Alaska to Texas, California, Florida, and up to Maine, and everything in between. So we have the credibility to say these types of things, because of the cross section of people that we deal with the vast majority of people, when they ask for help, they get connected to the right clinical resources, they're able to process and heal from these things, and live long term, you know, lies of wellness in their career and beyond. So we are that's why we're so enthusiastic and have so much energy behind this, because we can see the outcomes that occur when you get

connected to the right clinical resources. And your supported departmentally. I mean, it is such a it is so like Joe and I talk about this all the time, we're always like super, you know, energized when we hear oh, in my you know, oh, my captain or my battalion chief is really supportive. My peer group or my chief or, you know, the sheriff for, you know, the fire commissioners is super supportive of me getting help or like, thank goodness, that's a, that's a huge part of the sort of the table the foundation that you need to get well. So that's that's kind of how we see it in terms of you know, an agency of government and organizations supporting their folks is protecting your investment.

 James Geering 1:07:08

This is a conversation I've had a lot of times because you talked about the humanity piece, to me, a lot of times to be hands on my heart, it's just lacking. You know, we have departments that lose firefighter after firefighter after fire, and I say like, Alright, give me your body count, when we reach that quota, you're going to start changing, because it doesn't seem like it's moving you at all to go to funeral after funeral after funeral. And the sad reality is sometimes it's the money that makes these people aware. Now, I would argue that's a mental health issue. If you're a council member on a city or a county, and you're not moved by this, then maybe you need to go see a counselor yourself because there's some ethical issues there personally, however, the the false economy that is the budgetary year through a first responders, you know, first responder management eyes smacks against any successful business. So if you look at Google or Virgin, or some of these highly successful businesses, they're investing in their people, they have gyms, they have flexible work hours, you know, so they're encouraging people to thrive and, and have longevity in their profession. But then you look at, for example, the fire service at the moment, 56 hours a week, short staff that turns into 80 hours over and over and over again, they're actually bleeding money on the back end, because you have not only the mental health side, you have the physical health side. So you have workman's comp claims and overtime, covering vacancies and malpractice lawsuits, and all these other things that are costing them 10 times what it would cost to just give these men and women the rest and recovery they need. And as you said, the physical and mental health tools to allow them to thrive, process trauma, recover from injury, and therefore have longevity in the career and maintain that. That knowledge that you get from a veteran but also have a fruitful retirement, which I think every single first responder deserves after 1020 or 30 years in uniform.

 1:09:05

Well, it just came to mind as you're saying this, and it's the most, the most valuable apparatus that any fire department is ever going to have is the brain in the heart of each one of their operators. And the in the simplest way to make your investment actually thrive and grow, is to take care of it. And we're not you know, if you pay a million dollars for a ladder truck, you can't put a few different programs in place to actually maintain and nurture the most important apparatus, not the department. And it's absolutely and the thing is, is that some of these things are so simple. They're so simple to do, but unfortunately simple does not equate to easy all the time. And like Bill was saying the conversations when someone actually reaches out to and asks for help. That is not easy, it's simple. All they got to do is pick up the telephone, or they got to reach out to somebody that they that they trust. But that's not easy. And, you know, having these discussions with people, when you line everything up for them what they can do to be better, because that's what we why we do this, our purpose building, our purpose for

existing, is to help our first responders get the type of care that they can. And why do we do this, because like Bill said, we have seen the outcomes, we have seen the smiles, we have seen the lives, the careers, the families that have been saved as a result of someone getting the right kind of care, someone that understands the first responder what they do on a day to day basis, and then does the right types of treatment and helps them get to where they need to be. It's amazing. It's amazing when we see that, but we also see those that, that get right to the door right to the edge, and they're looking over, it's like, boy, that I can't make that step, I can't make that next step. And it's like, you know what, I can't, I can't carry you through the door. Here it is, you know, we don't have any magic words, we don't have any pixie dust that we can sprinkle on you to fix it, you've got to do the work. And that's the same thing with disable worry, we're gonna go through, it's like, we're gonna show you all the tools, right? But guess what, this is just the beginning, starting your work.



1:11:24

So I would add to that change, too, is there's, you know, gosh, you know, Joe and I are self proclaimed geeks, when it comes to this, we could talk about this stuff for hours on end. But you know, so many things run through our minds when you know, and when certain points are brought up, like the one you did, and I think, you know, unfortunately, for some folks, and this is this is, you know, pretty offensive when you think about it. They think of those, those deaths and injuries and traumatic stuff as sort of collateral damage. Like I think one of the most offensive things that people can think or say, outside of our profession, the first responder world is, well, you knew what you were getting into. Right? So and my response is, Well, no, because I've never spoken to a firefighter or law enforcement corrections person or EMT or any of those other disciplines that didn't get in this to help people. That's the most common response. He didn't get into it for anxiety, depression, post traumatic stress, trauma, anger issues, right? So no, that's not what you're thinking when you get into it, you're certainly aware of the dangers, right. But I think people become sort of numb to it because it happens. And it's it's a fleeting thing. So I think some of the folks even folks with good intentions, and comes from a good place, but they can become emotionally detached to the life of a firefighter or first responder or police officer that loses their live their lives in the courses that are duty. And look, some of that falls on us, you know, the people in the profession, we need to do a better job of talking about it and keeping it front of mind for folks. And because at the end of the day, it takes a special person to do what we do what we've done. Not everybody's cut out for this work. And people say, Oh, well, you have a choice, you have a choice. Yeah, of course, you have a choice. And this is what I wanted to do. I wanted to help people identify with the good guys, as I mentioned earlier, you know, helping people is something that gives me fulfillment. So I think the emotional detachment, seeing people as a number of collateral damage, those are all things that sort of play into that. And it needs to be talked about more internally, by leadership in the first responder world influential the people who will positional leadership, sort of stature and talk about these things. And you know, what the loss of life can do you know, I mean, one of the organizations that, you know, in the law enforcement side that does a real good job with this is concerns of police survivors, who you know, is one of our partners, too. It's the cops foundation, I know the fire service has has a similar type of organization, but they do such a good job of honoring those families in their service. And I just think that needs to become part of the mainstream, mainstream acknowledgement of how valuable first responders are to our society.



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1:14:29

And it really it it comes back to biases, obviously, in the leadership role is that you have to, I think that you have to do a deep dive and take a true look in the mirror is what what your belief systems are, what you think about addiction, mental health issues, suicide, as it relates to the first responder community, you really have to do that. And you have to come to terms with the fact that that you have a belief system of cert around all of those things, and whether or not your belief system is detrimental to the welfare of the people that you are supervising and leading. And if it is, then you know what you need to check yourself. You need to see whether or not that this is really where you should be. Or if you need to educate yourself around it, and really come to terms with, you know, what we're discussing is that most of the addiction issues that Bill and I are seeing in the first responder community are being driven wholeheartedly by the trauma that they've either brought to the job before they got there, or that they've seen since they've been on the job or a combination of both of them. And what is that leading to the number of suicides that are happening?



James Geering 1:15:45

Absolutely. And the overdoses, which I think is it's still the elephant in the room, you know, those are those are the died, suddenly, announcements that we see over and over again. Well, I want to hit one more topic. And then obviously, we'll go to what you're doing to today, what you're doing today, excuse me, and the tools that you provide people listening. But just before we do, I'm just going to open the door, you go wherever you want. But Joe, you mentioned about saver warrior, a lot of people I find that are in this advocacy position now usually have gone through some highs and lows themselves in their career. So was there a personal journey that led you to where we're about to talk about next?



1:16:22

Well, it was interesting, because if you go through the Save warrior, occasionally, they'll have folks there that or they call them witnesses, right, that are witnessing the program. And it's just to get an idea of what the program is and what they're doing. So I went, because I was in this capacity. It was just shortly before I got in this, I was doing some contract work with Bill and with Acadia, and I got to the program and I'm sitting in the seat, there's 13 of us that were going with it, we're there. And they started identifying or introducing me as the witness. And I'm like, you know, at the first break, I'm like, What is this witness thing that you're identifying me as, and then they came back from break, and they're like, oh, there are no witnesses, you're in the program. So I was I was in and I'm so grateful that I was because I learned so much from the people that were in that group with me and the support and the tribe that was developed and the people that actually helped lead us through that that week that I was there. You know, it's like Bill and I talk about a lot is that we in our careers and in the fields that we're in, we have to be very quick to judge. Because that can save our lives. You know, you have to judge the situation, you have to judge the people, are they a threat? Are they not a threat? You have to judge? You know, do I go into that door? Do I not go next door, all of those different things. That was I think the beginning for me to be able to acknowledge the fact that I can't judge. I can't judge myself because you know, we're so much more difficult on ourselves and anybody else that's going to be in our lives, right? And just accept people for where they are at that particular moment. Not necessarily what got them to there, or where they might go after that, but just be present now. Accept them for the fact that they have gotten where you are.

And me too. You know, there's a there's a really great quote there from a John Maxwell, great author did minute with Maxwell and stuff. And one of his books, he said that the greatest gift that you can give to anybody that you truly care about your life, the absolute best gift is a better you and what my acknowledgement and understanding about self during the Civil War, your idea and idea at the retreat was that I thought I was balancing things really well. You know, taking care of myself, and taking care of other people. And I was really balancing that really well. Oh, hell no. I was I was pushing, I was given everything out that I had to take care of other people and taking care of myself was not a priority. Because I and again, it's easy. It's easy to help other people. It's extremely difficult to help yourself unless you actually prioritize that. And that's what I learned going through that save a word. Sure. I dealt with all kinds of 35 years in law enforcement, so much trauma that I've seen that I've experienced, that I've witnessed that I thought that I was compartmentalizing, you know and I kind of jokingly tell people that you know what, you're you're saying you're really good at compartmentalizing and putting this over here and then guess what? We got one compartment. Everything's going in it. So you might you might try to put walls up around different things and stuff. But when when push comes to shove, and when when the big things hit in your life. All the compartments are equal game, and they're all They're all spilling in Do each other. And unfortunately, when that happens, it doesn't stay in your compartment. It spills on everybody that you care about around you. And it's affecting your relationships then. So that's what I learned going through sable warrior. Did I think that I needed it for myself when I started it? No, at the end of the program? Oh, hell yeah, I learned an awful lot. And I developed great relationships that I still am in contact with several other people. And that was years ago, that I went through it. And I talked to a lot of the the alumni, I was just texting with one of them today about the different experiences and the things that we have, because we need people in our lives, we need tribes, you know, there's a great book out there actually called tribe, right, and that we need to have these type of relationships with people around us because this is not an individual sport life. It is it is a collection of people that we can get around us that can help us through difficult times. So that's my experience going through sable warrior. That's one of many different retreats that we that we work with across the country. There's all kinds of different levels of getting care. And maybe that might be the first step for you to be able to accept the fact you need something and get to there, and then start doing the work, because they're not going to do the work for you.

 James Geering 1:21:20

Absolutely, we're just to jump in. Because I want to hear from from Bill, same question. But one of the other lesser address elements is busyness. So we have the term overtime whore, you know that usually, if you look in the backstory of that person, I mean, it makes no sense to want to work and not be familiar with your family. Unless your family is so wrong, that you need a new family, you need a divorce and, you know, get your kids adopted or whatever if they're that bad. But the reality is, most people just haven't addressed the things between their ears. So as you said, helping other people is easier than helping yourself. So if I stay in other 24, to fire station, and run my ass off, because I'm in an urban or suburban department, I don't have time to think about all the bad stuff. And then I can kid myself, and it's all about the overtime. But it's not all about the overtime, because you can always spend a little bit less well, it's a

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it's another way of isolating from another part of your life. Right now you're isolated from your

family, and extra duty jobs. And the firefighters are great at work and other jobs when they're not at that station, right. And the whole idea of work in that rotation is so that you can recover on your off time and not go back and working the entire time that you're off. And cops are the same way with all their extra duty stuff. And then they become dependent on the extra money. And then what happens when they don't have it?

 James Geering 1:22:42

Yep, exactly. Well, Bill over to you, firstly, any any highs and lows that led you to be so passionate about this topic?

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Sure, I mean, just the career alone, you know, working in in a highly dynamic urban environment. I got to, I got to do some really cool things. But you know, concurrently, you get to see some really bad things. Now, I spent years doing some undercover work, I supervise the street crimes unit there spent some time, you know, more than a decade, dozen years on Swat. So there's a lot of lot of situations there that were extremely dangerous, and you know, repetitively exposed to that and then becomes your normal. So that's part of it. But I also I also saw, so I saw the gamut of outcomes, if you will, I saw people with good healthy coping skills and a good foundation and support systems survive and thrive. And then I saw, you know, everything in between all the way up to the ultimate horrific outcome suicide. So, and I saw fire in firefighter, firefighters and multiple communities. It was last time I counted was around a dozen of my colleagues over the course of my career that took their own lives died by suicide. So that was, you know, something that was I was very aware of, and, you know, went to to many of those those sorts of funerals. In my last five or six years, there were multiple officer involved shootings. You know, that resulted in the deaths of suspects. And I saw what it did to a lot of good people. And as I as I progress through the, through the ranks, wellness became much more of a focus, not just my own wellness, but you know, organizational and what we could do differently. And, you know, I didn't have all the answers at the time. I certainly, you know, made some great strides. You know, we built a we bought a state of the art fitness center. You know, we got lots of people help, but there still was much to do, which led me into doing this full time one of the one of the I would say one of the most some poignant things there were there were many, as I mentioned, the suicides at people close to me, very close to me who, you know, dealt with some addiction issues and trauma and stuff like that. And there was one in particular that is September 3 2016. It's a very well known incident. Maybe some of your listeners heard of it, it was it was actually one of the guys that worked with with me. One of my guys in the Operations Division who was shot in the head, September 3 2016, he and his partner interrupted what they thought was just a, like a disturbance, like a fight, and it turned out to be an armed robbery in progress. So the the assailant, just you know, they pulled up on the scene, the assailant, just, you know, fire to close range, hit the on his head, the officer's name is Josh Fidel. And what ensued after that was, you know, probably one of the most miraculous stories you could ever hear of survival and recovery and forgiveness. It's amazing. And I only share this, because Josh shares it publicly. And we've we've gone around and actually spoken about the incident probably, you know, close to 100 times at this point. But it's an incredible story. And it was, it was, you know, he he had less than 1% chance of surviving because of where he was shot and his his partner, at the time, a guy by the name of Thomas McCabe, just performed incredible, was able to return fire, kill the assailant, come back, full

Josh into the patrol car, get him to trauma, in less than two minutes, it was like 90 seconds and save his life good want less than 1% chance of living from the injury that he has struck in the head here. So had to learn to walk and talk again. I mean, there's this the story is just incomprehensible and just amazing, it'll Floria but that was that was, you know, I would say probably the defining incident for me in terms of really, really pushing me, you know, we're no guide, I shouldn't say pushing me guiding me into where I am today. And, you know, I, Josh is one of those success stories. And again, I'm only sharing, I'm not disclosing anything that's that he wouldn't allow me to speak about, you know, but you know, his process of healing and getting help and, and now he's, you know, he's got a foundation. And he, he, he's, he's a professional speaker. I mean, he helps, you know, first responders who have survived trauma. So there's a whole, there's a whole other, you know, associated backstory with with that outcome, which really pushed me into and guided me into wanting to do this full time. So, again, a gamut of experiences through the career, but I would say, you know, that was probably, you know, the most defining moment of my career when that happens. So, and here I am.

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James Geering 1:27:53

Well, it sounds firstly, like, I need to get Josh on the show, too. So I'm gonna have to dig into that. So you both work now for Acadia healthcare. So talk to me about that transition. And then obviously, there's the red, white and blue program as well, we'll discuss that. But as as a whole, you know, what, what are the services that you're now able to bring to the professionals that we've been discussing for the last hour and a half?

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1:28:19

I can start out with that. So. So what we're called what we call ourselves basically as public safety liaisons, or first responder liaisons. And what we kind of say is that we help our first responder community and our agencies and their families navigate the behavioral health system, so that when they're looking for care for something that they're struggling with, it's simply a phone call away. And we can connect them with what we consider culturally competent resources, meaning people that understand the first responder community, what we what we basically try to do is triage the situation and figure out where they're presenting on the behavioral health scale, because what we don't want to do is shoot too high and get them into a level of care that they really don't need. And we want to make sure we don't go too low either, because if they need a higher level, we want to make sure we're kind of hitting that sweet spot. So what we do is we work with a national team. They're called a treatment placement specialists, and they're spread across the entire country. There's about 80 people on our team. Phil and I focus exclusively on the first responder, public safety world and their family members, but that other team, they help everyone within their particular area of responsibility. So when you call biller i for regardless of where you are, you're going to get our entire team. And their responsibility is understanding and knowing the resources in their in their area, and working with us because we try to vet out those resources. And we're not going to get you with somebody that doesn't understand what a first responder does, whether it be a therapist, whether it be a residential program, whether it be we have situations where people are in acute hospital, because they've been, you know they've been a danger to themselves or someone else they might be suicidal, what we do is we then we can work with that program in that facility to do a bed to bed transfer to get them to where they can get care. Because obviously,

if they're in that a hospital setting, they're responsible for the hot, the responsibility of that hospital is a stabilization. And to make sure that you're not going to harm yourself or kill yourself, and then we'll get you somewhere that can actually provide the level of care that's going to get you back to where you need to be. And we do that all the time, we do a whole lot of coaching. Obviously, we're resiliency instructors, so we spend as much time as we need on the telephone with with the people that are calling and asking for help, regardless of where they are, like Bill said internationally, yeah, we do a lot of work with the federal agents that are spread across the entire globe, because we have people that are stationed there. And today, we're real, real proud of the fact that we have never had anybody, not one person reach out that we have not gotten them a resource across the globe, and getting them connected with someone who if you call us, we're not going to say sorry, I can't help you. We're going to connect you, whether it be someone that needs to go based on their insurance. You know, we refer people, we get people into the care, what we do is absolutely free. We don't charge for anything that we do. If we connect you with a therapist that's between you and a therapist to work the details out on that. If you go to a program, whether it's an Acadia program, or outside of Acadia, we don't work for any program, like we talked about the beginning, if you call me, Jim, for yourself, somebody that you care about, we work for you, and we work for that person, and we're going to connect you and that person to the resource that they need, regardless of where it is who they work for. We're going to connect you that way. And that's what we do every day. And I'll let Bill add to that, because he's my partner.



1:32:03

Yeah. So I mean, you know, Joe, sort of put it all connected all the dots there. And, you know, what's interesting is, is that again, you know, we're not, it allows us to do our job very ethically, as we view it, because we don't work for a facility, right, we have, we have access to hundreds of facilities. So we're not salespeople, we're not marketers for a facility, and I'm not throwing a dart at that there's some great people who do that. That's just not what we do. We, what our product is helping you locate what's clinically appropriate. Now, we don't do that through diagnosing you. We're not psychoanalyzing you, we're not qualified to do that we work with a team, because many clinicians on there, but the truth is, we have helped 1000s of people and when you have the volume of conversations that we have, and you know, look, we get training to in this, you don't need to be a doctor to recognize some of the flags. That's what being a peer is, right? So if you have the frequency of these conversations and the volume, and you know, the outcomes, and you start to get a really good grasp of what nuances to look at, for resources, what programs, right, is there a diagnosis? Are you working with a professional now loop them in, by all means? You know, and then there's sort of, there's other nuanced details like, is this a mandatory thing? Are you involved in some discipline? So there's, it's not just about, hey, what's the right clinical resource? While that is hugely a part of it? We also want to know the nuanced details. Is this a mandatory thing that your department sent you for a fitness for duty? Are you in trouble? Is there discipline? Is there are there criminal charges, you know, someone have a DUI. So there's a lot of nuance things that Joe and I are familiar with having spent, you know, full careers in there, and then being in leadership positions, and doing this 1000s and 1000s of times over, but also through the clinical avenues that we have. And we do a lot of peer work. I mean, Joe said, you know, we spent a lot of time on the phone, just listening to folks, just being there as a non judgmental peer to listen to them. I mean, Joe, and I get this, this reaction quite a bit. And it goes something like this, Hey, man, I can't tell you how much better I feel just talking to you. And we're not there to cure any we're not being a therapist. We're not a clinician, but it's probably the first time that the person actually unleash some of the stuff are unloaded some of this stuff and ironically, we were just talking about this

yesterday, you would be surprised how willing people are to share some of this stuff with Joe and I as effectively as strangers to that, like we don't know the person and they would not share this with their closest friends or their family, again, because of the shame or the stigma or whatever. But they felt a level of comfort, sharing it with us because they realized confidentiality is the number one priority, very a chance in hell, we're sharing any of this with anyone, including your department and even your family unless you give us permission, or there's some other reason. So that goes a long way to confidentiality peace, the stigma, the shame. And so we really, we, we really feel honored to be in a position where we get to listen to folks. But then we also have the resources to connect them instantly. Because the last thing you want to do is not be prepared when somebody comes and says, Hey, I need help. Right? I mean, risk mitigation is a huge component of what we do in this world, the first responder role, this we treat no differently. We are there we have resources. And, you know, that's really what we believe is our lane, what's make it's what makes us special, we believe, our role, not, not individually, our role is special that we have access to so many resources. And the truth is, is that I think Joe touched on it is the vast majority of folks are calling us to be connected to an outpatient resource or a therapist. And that Acadia does not well, we have some we have some IO peas, but the vast majority are upwards, around 80. Closer to 85% of the clients are looking for a culturally competent professional that they can be connected to first responder therapists is what I'm saying. So we connect those folks all the time, and they're not employed by a KT, there's no, there's no transactional thing there where we have an agreement where hey, they pay us or we pay them. It couldn't be further from the truth. They are just people that we've located, interviewed vetted her through word of mouth that we know they are who they say they are, and they can treat who they say they can treat first responders and their family members. So the vast majority of folks, that's what we're doing the other portion, 15 to 20%, that are looking for inpatient, we do that, and we do that well. So whether it's mental health, substance use, or even a psychiatric stabilization type thing. We do that as well, too. So that's sort of the gamut of who we see, as clients.

 James Geering 1:37:09

I've heard so many EAP horror stories. So when you talk about culturally competent clinicians, this is a huge thing. I just don't think there are enough of them. And even like where I am, people reach out to me like, Okay, who do we have around here? And I'm like, Well, there's one I know. But she's often the northeast, helping after Hurricane Sandy, or through the COVID price crisis, or you know, whatever it is. So a lot of the good ones usually get pulled from that area and sent somewhere else as well. So there's a thing, a sonnet app, technically, it's a website, but um, redline rescue that one of my friends created, which is a great resource to find some of these culturally competent clinicians, but it sounds like you know, what you're doing is you've got this network, and I think it's, it shows a little bit about the business, business ethics that 80 plus percent of the people that you're referring aren't going to your own organization.

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Right? Yeah, absolutely. And, and how we learn about more is like that Congress, I'm gonna look up redline rescue now, because we'd like to be connected. Because obviously, we can't know every single pocket of the of the nation. So when we do our talks, and we talk with people, it's like, if you're seeing someone, or if you have a great resource, please share that with us, because it's only going to help other people. And just getting back to EAP Employee

Assistance Program. Yeah, most of the organizations that we talked to and deal with, they don't use their EAP is for whatever reason, you know, they don't trust them or someone, you know, we're really bad at actually given grace to anybody, because somebody may have gone to the EAP, 20 years ago, and it sucked. So you know what, we're never going to give anybody an opportunity again. But we actually have those conversations with AAPs, across the country, too, because if they don't have first responder resources, we can help with that. What we did is in one of the organizations here in Texas, I actually met with the EAP, and their assistant chief and their wellness director, because we saw that as a gap. And they actually went out and sought and got more people. And then we I vetted the list of people that they sent. And now they have a solid, probably six or seven culturally competent resources that are therapists in the EAP. So there's ways of demanding that as organizations because if you don't have it, you can actually pressure your organizations to do it, and make sure that you have what's necessary. So one of the things that Bill talked about before is it on our webpage and a web page is helping the number one St. responders.com. We actually have the organizational checklist is there. It's 15 questions, you can actually do an internal audit and ask yourself, Do I have these resources? If so, what do they look like? If not, how do we get them? And actually, that's how you can kind of form and develop your own wellness committee or wellness team within your organization. It's a best practices that we've seen across the country. that, that people that are doing these things are actually having these these resources in place.



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That's that's actually the first question on the organizational resilience checklists, we call it. The first question is, do you have any APA? And, you know, what we've seen over the years is that some of the distrust or mistrust in EAP is rooted in in legitimate, you know, circumstances, right, the legitimate facts. Other times, it's not. And what I can tell you is our experience, generally with AAPs have been a very positive one. Sometimes they get a bad name, right, like with Joe just sort of offered up as an example of one person says something, and you know, it carries on, I've met some of the greatest people in this business who were associated with employee assistance. I've also met people who just go through the motions. And what the message is, is that if you do have any AP, if you know better, you must do better, right? There's that old adage, you must make an effort to bridge the gap between them and give them a chance and tell them what it is you need and what you're looking for. I mean, here's an example. If your EAP is located in City Hall, and there's a bench outside the door for you to sit on, when you go to the to see somebody, that's probably where you should start. That probably shouldn't be the scenario, right? Because of the shame is that and that's, that's a, that's happened many times, right? So these are like old things that people will hold on to old processes that need improvement. And then that's, that's a way to address some of these things, you want a better relationship, have an honest conversation that's not offensive, or accusatory, let's try to let's try to figure out how to build this better together. So so that and we work very closely with a lot of VIPs. I mean, we get calls from EAP. Like, hey, I have a firefighter here. This is what we're looking for. This is the diagnosis, here's the insurance, the answer is standby, we'll give you at least a couple of you know, scenarios or a couple of resources for, for the employee. And, you know, it's it's great, we love it, when we see an EAP involved, that's really, really engaged in the treatment process and the recovery and wellness of the of the client, because they can be, they can be amazing partners in this whole thing, getting the person FMLA leave, getting, you know, holding their spot in the firehouse or you know, where they're at holding their assignment, making sure the family's taken care of additional resources for the family. We work with them on continuing care when they discharged from inpatient treatment, like, hey, we'll find them a you know, a clinician in the area that takes their

insurance, that way they can continue their care. And so we've had great relationships and our referrals come from a lot of different resources, one of them being EAP s. So we enjoy a good relationship with most of the APS we encounter. Because I'll finish by saying this, we're never meant to replace those folks. We're there to work in conjunction with them and stand side by side with him to help them. We're never there to say, don't call your EAP call us. Although that happens quite a bit. Because of our x. We don't have a direct link, right. So they know that some people were still fearful that if they go to the EAP, they're just not trustful that it won't get back to the chief or to Fire Commissioner whoever, right. So they go to an external resource like us to ensure Hey, again, there's not a chance in hell, we're calling the Fire Commissioner or the police chief, this is just the way it works. Right. And again, some of the EPS will just give our number out and then, you know, the rest is history. We'll we'll deal we'll take the client all the way through the process. So

 James Geering 1:43:41

beautiful. Well, we were connected by Sierra Tucson. So just I want to make sure we discussed this because they were the ones that connected us originally. So talk to me about the red white and blue program.

 1:43:54

Me start Sure. So I mean, the red white and blue program has really grown into a you know one of the premier programs specifically for trauma recovery in the country for first responders, being Sierra Tucson has a long storied history with their level of care. I mean, it is platinum standard, if you will mean people from other countries come to their trauma recovery program and that's been like that for a while. It wasn't always owned by Acadia health, which is the parent company that we're, we're employed by. But when they purchased it, I forget what year it was. It's been some time now. I mean, they have really built that into what many refer to as the flagship program of Acadia is, you know, 300 plus facilities now. Not only is it aesthetically beautiful, tranquil, serene, it's in the desert of you know, Tucson. It's the quality of care that makes them special. So they have an incredible trauma recovery program. They're licensed as a mental health primary facility right which requires a whole different level of licensure and credentials, as opposed to like a substance use primary facility. Right. So they're they're, they're incredible, strict mandates and licensures that are involved in being a mental health primary. What does that mean? Well, in essence, to break it down, they can treat just about any thing on the mental health spectrum behavioral spectrum, even when there's not a substance use issue involved. Right. So anxiety, depression, bipolar, you know, borderline personality, mean, acute acute cases of post traumatic stress. And, you know, we've even seen, you know, schizoaffective disorders, I mean, there's eating disorders, you name it, and they, they have a program for it. So they had been treating first responders, you know, sort of here and there and sporadically, I want to say that their programs probably approaching 10 years old now for the red, white and blue program. It's very close, I think, to about a decade. So they had been treating first responders before that, but I don't know that they had a, a dedicated specific track for military and first responders, but they were doing such an amazing job of it with such amazing outcomes. You know, actually, Joe and I were part of that discussion. When they develop this into a really, really specific track and a real program in there. And they have they just have incredible clinicians there. That, you know, I mean, they have an EMDR specialist, who is, you know, internationally recognized, you know, as one of the leaders in

EMDR. Just all kinds of therapeutic modalities, like TMS transcranial magnetic stimulation for depression, there is there's acupuncture there there, CBD CBT DBT, Dialectical Behavioral Therapy. So they have so many treatment modalities. And you know, one of the folks that they had there, who was really, he was sort of the, you know, the, he was the forerunner to it, his name is Bill Reynolds bill is a 30 plus year military veteran who has incredible path. In the in the Navy, I think he rose to Lieutenant Commander, retired, he worked with a ton of special forces during his time in the Navy, and got a specialty in psychiatry, and he came to Sierra Tucson, and was treating a lot of these vets and first responders. And it was obviously, you know, he had a passion for it. So that's how the red white and blue program was born. Bill was definitely an integral part of developing that program. He's the clinical director now. But of course, there were many other people in Acadia leadership who had a hand in that that made it happen, but they just do a tremendous job. And we've had, we've had hundreds and hundreds of clients go there with some of the most incredible outcomes. I mean, you know, I say this quite often. I've seen people go to Sierra Tucson, red, white and blue Trauma Recovery Program, that the average person would look at and say, you know, I'm not sure how a person recovers from that type of incident. That's the level of trauma they've had, you know, I'm talking about, you know, firefighter watching, you know, a colleague, parish, you know, in a structure fire, you know, a police officer responding to an active shooter and watching their partner get killed, or, you know, horrific, horrific things that, you know, would be exposures in our discipline that you would look at and go, Gosh, man, you know, where do you start with something like that, and I've seen them go to Sierra Tucson. And, of course, the person always has to put the work in, there's no secret sauce, the clinical resources are there, the person always has to put the work in. But you know, when you connect those two things, the will to want to get better. And then you set the table with, you know, Platinum level clinical resources, that are the kind of outcomes that you can have. And, you know, we have the pleasure and the honor of seeing these things pretty often. So that's a super special thing. Joe and I have been the Sierra Tucson, I don't know, between us probably over 20 times, we take, you know, we take folks there from the various disciplines, you know, the first responder world whether it's Doc's AAPs, peer support union folks, peer coordinators, and referral coordinators. We bring them there, to sort of look behind the curtain and see what's going on there. And what I can tell you is, and, you know, this is not a sales pitch for CRM, I'm just responding to the question, and I wouldn't say it, nor would Joe if we didn't absolutely believe in this. I mean, I've had people. We've had people go there who are very, very educated people who have been in this space for a long time. They've seen it and done it all. And their words are, this is what treatment is supposed to look like. They're not my words. They're not Jos words, they're not even folks from Sierra Tucson words, these are independent people who have come there, look at it, they see what goes on there. And they say, Okay, this is the standard of care, that should exist everywhere. Now, obviously, not every place can do that, because they're Aidan equip and not licensed. But Ciara, you know, they really do a tremendous job of the trauma portion, then treating, of course, the CO occurring issues of whether it's process or substance use addiction. So we're real proud of, of working with them. Again, that's just one of the programs that we work with in our portfolio. But, you know, folks at Sierra are just tremendous. The process there is, you know, it's amazing to witness and to see, and, you know, we have such a good relationship with them. And Bill Reynolds, not only is he you know, we trust and believe in Him clinically, but, you know, we've also become very, very close personally with him, because of the kind of human he is. So that's, that's sort of our take on, on Sierra.



1:51:01

Right. And the only thing I can add to that is that both Bill and I have had very close personal

friends and colleagues that have gone there. And the outcomes have been amazing. So I can't I can't say anything else. I've said that I've sent a family member there. And because I've sent family, friends and co workers and it's unbelievable, the outcomes.

 J James Geering 1:51:29

Well, that gives people hope, and that's what we need, you know, finding the right counselor finding the right facility. And as I've said in many conversations, there's there's such a huge toolbox these days, you know, from some of the more traditional counseling, counseling methods EMDR all the way through to ketamine, psychedelics, equine therapy. I mean, there's such a gamut. So I think hearing not only that there are these these experts, but as you said, a platinum level that maybe someone who's frustrated maybe they'd been through, you know, a clinic before it didn't work. I think that gives people hope, listening. So that's amazing to hear. Now, for people out there, you know, you've got that's, that's a specific clinic. But I mean, Acadia as a whole, were the best places to learn more about this, and, you know, put that into their own kind of pocket books that they have it when they need it. Right.

 1:52:20

So again, I mentioned our webpage for a bill and I, it's helping the number one s t responders.com. And that can access all of our contact information. We have a number of different things on there as well as far as resources. We talked a number of times about the checklist. We also have on there a mental health handbook. It's a collection of articles that were written in collaboration with Bill and I and our chief medical adviser, Dr. Genovese. It's really the articles about Steve destigmatizing, asking for help and what post traumatic stress is and isn't. We've done a number of articles, we've done some podcasts, we're hoping to have this podcasts up there in the very near future. So people can access that as well. We've got some videos and some of the stories that we talked about on there as well. And some great outcomes. And then as far as the they can Google, Sierra Tucson, and look, or Google, the red, white and blue program. There's all kinds of videos on there and testimonies about, you know, the great outcomes from that. And we could put you in touch with any of those programs. And across the gamut. And but again, we were just here to help and to try to get the right level of care for people regardless of where it is.

 1:53:37

Yeah, so I do want to mention, I mean, what makes the so the team that we're part of it's, you know, 80 plus strong, give or take a couple, the treatment placement specialists, specialist is with an asset the end was actually trademark that the sort of the job description of what we what we do triaging cases, almost like a personal concierge for folks, you know, trying to navigate the system that that was that was born through Acadia, and if you look at it, it's actually trademarked that the symbol TPS treatment placement specialist, there's been several copycats of it, which I guess is flattery. But they really they really pioneered this sort of role. And, you know, being part of that team and having the subspecialty of, you know, public safety and first responders and their family members is just one part of the team. Right? So we have we have people who specialize in higher education, believe it or not just college age people that you know, they're dealing with mental health and addiction stuff. We have eating disorder

specialist, there's numerous clinicians on the team, so we can actually help anyone because Acadias network is so large I think I mentioned it earlier that Acadia has been recognized as the largest behavioral health care company in the nation. And that's for good reason. It's the ability of their outreach and their network. Being having access to hundreds of facilities, and, you know, resources, it's a powerful thing. And so anybody could really reach out to us. When we say we specialize in first responders and their family members. Of course, that's what we do. And it's also active and retired. So there's that component. But, you know, look, we get calls all the time from cousins of first responders or friends or my neighbor, you know, who are civilians. And like Joe mentioned, there's never a time when we will turn somebody away and say, Sorry, we can't help you. That's not our lane, we have a huge network of professionals that we work with, where we can get instant feedback, depending upon person's insurance, their geography, we know what the clinical diagnosis is. So it's really, it's really special. And it's an honor, for us to be able to have those resources. When somebody sends you something, even if you're not familiar with, with the actual circumstances, we can email into our system and boom, you, you know, you have all of these resources from the team members pouring into you. So it's, it's really a cool, cool thing to be able to have access to that. And, like Joe said, helping first responders.com There's also the treatment placement specialists.com website, which links to us as well. So because we're part of the team

 James Geering 1:56:23

Beautiful Well, Joe, and Bill, I want to say thank you so much. It's been an amazing conversation, obviously paralleling your careers initially, but the kind of mental health conversations that have overlap some of the topics that we've hit today, but this network of treatments and whether it benefits the company, or whether you're sending people to the right fit, so you're benefiting ultimately, the responder, I think is a beautiful model. So I want to thank you so much, both of you for coming on and spending almost two hours on the show today.

 1:56:54

We're just honored to be here and that you good to have the chance to talk and learning from you as well. We need to get connected to your to your red line rescue folks, and because it's just going to build our network and our ability to provide more help. So yeah, thank

 1:57:09

you, James, I know you have a you have a pretty considerable listenership. So kudos to you for building something that's very important. And it's it's a platform, it's a platform for you know, guys and girls alike, you know, in our profession, where we can have these kinds of conversations, and it can, it can resonate with somebody. And you know, Joe and I always say this, when we're speaking somewhere, you never know who's listening, that you might touch at that point. And it happens every time. Every time we're somewhere speaking or in a class. And it happens to Joe and I to when we're sitting and listening to somebody else. You never know who's going through something because everybody's going through something in reality. And there might be just some point or some phrase or something that you mentioned and

experience that someone will instantly relate to. And if and if nothing else, they say I'm not alone, or they say I'm not alone. Oh, and here's a resource for me. So thank you for what you do. Congratulations on what you've built here. So kudos, my man