

Brooke Bartlett II - Episode 812

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SPEAKERS

Brooke Bartlett, James Geering



James Geering 00:00

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first because we will read chatting right before we hit record. I listened to it again you listen to it again. We covered so much so for people listening I would hit stop. Now if you're listening to this for the first time, go back and listen to episode 690 and then carry on this conversation. Secondly, in this monologue, before we start, I want to welcome you to the behind the show podcast today.

B

Brooke Bartlett 03:54

Thanks, James. I'm so excited to be here. Again. I couldn't wait to talk to you.

J

James Geering 03:59

Well, I think that the best icebreaker because we're doing this on August 17 would be to discuss what's going on in Hawaii at the moment. You obviously have a extensive mental health background, we talked about your work with the VA and veterans and then transitioning to the first responder profession. But you have found yourself working with the wildland community through your eyes you know from a mental health trauma perspective, what are you seeing or what are your What are your worries with the the civilians and the responders that are dealing with that nightmare at the moment?

i

04:33

Yeah, it's such a tragedy what's what's going on over there. I mean, I have I'm Maori it's very near and dear to my heart. I've spent a lot of time there and my fiance's family actually lives there on and off during the year so it's hard to see a beautiful place like behind I just decimated to the ground. But there's so many as you can imagine layers to what's going on. I mean trauma to say the least on all ends. This billions so many lives lost. I've, a couple of people have reached out to me just about civilians who are feeling a lot of guilt and shame for maybe they're, maybe their family wasn't affected, or maybe their house is still standing or maybe they could have done more than of course you have the responders, there's wildland firefighters out there, their structure firefighters out there, EMS, paramedics, you know, doing recovery, having to absorb all the trauma and the grief of the civilians who were impacted. I mean, there's just there's so many layers to it.

J

James Geering 05:35

When the first conversation, we talked about moral injury a little bit, I know you wanted to kind of expand on that I think a good transition would be you're a wildland firefighter or municipal firefighter with wildland interface. And you have been asking for more resources, more manpower, which is you know, very well known in the wildland community the moment understaffed underpaid, and then something happens, and now it's the inability to save. So there would be a moral injury element of that. So with these responders, specifically, who are in, you know, the Heiner at the moment, and weren't able to save these homes these lives, let's kind of open that as far as the impact of moral injury on the responders even though

technically it was out of their hands. They shouldn't be blamed. Because they, you know, they've asked for more staffing. And, you know, aside from that some of these natural disasters, it doesn't matter how many firefighters you put down, mother nature still gonna win.



06:30

Yeah, yeah, that's a moral injury is something that I really focus on in my line of work, and it's super prevalent among first responders. So I'm just gonna give a little bit of a background as to what moral injury is for. So, moral injury is a very popular and widely used term among military populations, particularly combat veterans, that's where it was first coined because a bunch of trauma researchers through the VA system, were treating combat veterans with what appeared to be PTSD. They'd use some kind of evidence based treatment and their PTSD symptoms, like let's say hypervigilance, by the end of treatment, those were no longer clinically significant, but they were still really, really struggling, they were still experiencing debilitating symptoms. And so all these researchers started going well, what, what's going on here, and basically, what they found is that this other separate syndrome called moral injury that a lot of these combat veterans were experiencing, and it's very common among individuals who are exposed to trauma, but it is separate from PTSD. So moral injury is basically when someone perceives any type of moral transgression, whether it be they think they've done something wrong, they've witnessed someone else doing something wrong, or they've witnessed some kind of horrible thing happened to someone, or in the case that you just brought up, it could be something that's completely out of their hands, like protocol, policy, funding, things like this, but they're not able to do what is morally right to them, which is help people recovery, do what they can to help as many people as possible and so that causes can cause that moral injury, schism. And the number one symptom of moral injury is guilt, just overwhelming guilt, a lot of should have could have shame. So that's kind of how it presents. So I know I'm sure that a lot of first responders that are trying to be part of the recovery and helping out in Maui are experiencing that, because I'm sure there are a lot of red tape that they can't get by, you know, it's not their fault that they can't go provide the help that they want to provide. But that regardless of that being out their hands, it can still cause that sense of moral injury and those feelings of guilt. And, you know, I wish I could do more even though it's out of their hands.



James Geering 09:04

What's going on now, just some of the rhetoric that I've heard so far seems to mirror what happened to the London fire brigade with the Grenfell tower fire. They, you know, responded heroic Lee, they, they were facilitating the rescues that they could I mean, they were kind of questioned, as far as why didn't they rescue more people? Well, for example, the aerials that the ladder trucks can only reach. I mean, it's actually a very small number of floors before you just too far up in World Trade Centers, a perfect example. So they're heroes on the day, fast forward a few days the politics gets involved. And now they're blamed. And I actually had the chief at the time Danny cotton on the show, and she's been hailed as a scapegoat. The reality of the situation was a company did a really horrible job of putting cladding on the building, the cladding was petroleum based and created a fire that was the reason that all those people were killed, you know, periodic own period. So now you have these people that responded did everything they could, and now betrayed by their organization, by their country, by the media,

by the politicians, whoever it is. And now you've got that organizational betrayal as well. So now you've got the combination of moral injury and betrayal, compounding what was already going on between their ears?



10:17

Oh, absolutely. I mean, organizational betrayal is one of the most common reasons I see that leads to moral injury among first responders is the organizational betrayal. And again, like you're saying, there's all these layers, there's politics, there's protocol, there's so many different things that can go into that organizational betrayal, but it's a huge, huge part of moral injury that I see among first responders. I mean, I work with this year, I was working with some wildland fire, and basically, it was a dispatching unit. And they had some protocol that they have to follow when there was a lost hiker, who had called in for help. And basically, there was a, you know, a rescue unit helicopter that was much closer that could have potentially made it there in time, but they were not allowed to call that they had to go through a protocol and go elsewhere. And then by the time that, you know, the protocol that they follow, by the time that other rescue, and it got there, the individual died. And so those dispatchers that hit them really, really hard, right? Because there's so many layers to that, but you know, I could have just called this person, but I wasn't allowed to do that. Right. So it's not only the moral injury of like, should I could have would have, should have, but it's also that betrayal of like, you know, we knew the right thing to do here, this was a clear, you know, this was clearly the better option, you know, higher rate of chance of survival. And, you know, it didn't go that way. So, there's definitely a lot of that going on in in Maui as well, as you've pointed out.



James Geering 11:45

Well, you mentioned dispatch that I had the one of the dispatches for the paradise fire, which I think prior to the high note was the deadliest wildfire we've had certainly in recent history. And Beth bow sock, she was one of the dispatches. So that's, that's the kind of unsung hero of first responders. When we get toned out, we go to that event, we try and save them as a physical exertion and offloading of that stress. When these dispatches receive these calls and some people that literally speaking to them before they get burned to death. They sit in a chair, and they hang up and then they do the next one. So So what has been your observation of that particular group of people within our profession? Yeah,



12:25

it's just now as I'm sure you're aware of, finally, it's becoming more mainstream, you know, knowledge that dispatchers are first responders. They're the first first responders, right? They're the first people to talk to these individuals on the phone. And they experience a lot of trauma, a lot of distress all those things. And moral injury is extremely prevalent around among dispatchers because like you said, there's something different about being able to que I'm there and I'm, I'm at least this is somewhat in my control, you know, I can try and help in some way versus being the person on the phone, but not really being able to physically, you know, do anything to help that person. And another big thing I see among dispatchers, that's, that's very unique to dispatchers is oftentimes, they don't have any closure. So, you know, many dispatchers don't know what happens, you know, whatever happened to that call or that

person. And so a lot of dispatchers I work with talk about what do I do about this? Right, you know, I stay up at night going down the rabbit hole of what happened in that person, what happened in that call, maybe I should have done this, maybe I should have done that. And so there's a lot of uncertainty and a lot of lack of closure among dispatch, that maybe isn't as prevalent, you know, in firefighters or police given that they are, you know, they're sitting in, like I said, sitting in a chair at a, you know, some type of dispatching center and they're not boots on the ground, there

 James Geering 13:54

were a couple of things that were evident when I look at what we do, you know, you get that trying to fight the bear adrenal response through the call coming in. But then we go pull hose, throw ladders, you know, pick up patients wherever we need to do CPR. And there is a physical offloading of that stress the same as fighting the bear running from the bay or whatever it will be the dispatches get that spike, you know, it's a pediatric choking or drowning. You know, that's a huge adrenal response, but there's no physical release for it. And the other thing is they, nine times out of 10 are in this cave, this dark, dark room, a lot of them do 12 hour shifts. So they're probably arriving to work in the dark, leaving in the dark and they're not getting any sort of sunlight or circadian rhythm, you know, setting rhythm at all. So you've got these people that are, you know, disrupted physically. I mean, there's a lot of weight gain, I think in the dispatch community, they've got this adrenal response with no physical offload, and they've got the the circadian rhythm disruption, which is probably why you know, The longevity of that population is so low as well.

 15:03

Yeah, that's a really good point. Honestly, I'd never really thought specifically about, you know, the adrenal loading on that doesn't really get loaded off either. And yeah, that can really take a toll. I mean, when we think about all the things that go on, when we have stress responses, and the, you know, internal hormones and and chemicals that are being released in us, you know, if those basically start to gather up and don't get released in some way, that can definitely cause a lot of detriment over time.

 James Geering 15:33

Well, we spoke nine months ago, I've come across some pretty amazing technology. I've had some conversations with people, for example, ketamine that is becoming more prevalent now, this last nine months year, what are some of the treatments that are exciting new to add to the toolbox that we already had?

 15:52

Yeah, so I've been connecting with in and working with some individuals who are utilizing psychedelic assisted therapies for for trauma. I, you know, I'm very transparent with these individuals that I'm, you know, cautiously optimistic about them, there's the available research on it is extremely optimistic. I mean, the research that we have thus far shows how it's been


extremely effective. And helping individuals, particularly individuals who've gone through other types of trauma related treatments that, you know, maybe they were, it wasn't working. So that is definitely something that I think is going to just kind of get bigger and bigger and bigger. And again, I'm hopeful that the research continues to support these positive clinical outcomes. And so that's something that I've definitely been been, you know, sticking my nose in a little bit more learning a little bit more about associating with and learning from the people who specialize in those treatments.

 James Geering 17:02

Now, from a legality point of view, what, where are you at with psychedelics and psychedelic assisted therapy, and we're here in Florida, there's still way behind, we've got this whole this is your brain on drugs, you know, throw addicts in jail mentality, and this badass was state when it comes to that particular conversation. I love living here, but we need to unfuck that. But you know, Colorado, some of these other places, they're a lot more progressive for the men and women that literally serve this country and can't get treatment in their own nation.

 17:31

Yeah, it's definitely a lot more, you know, I'm based in California, it's a lot more progressive. I mean, you can't just have anyone being like, hey, come to me, and I'll, you know, give you some, some MDMA. But to the best of my knowledge, you have to have some kind of licensure, typically, an MD has to be providing the the doses in a very secure, monitored, constantly monitored situation, right. So that that would be my only when I say cautiously optimistic, too, is that I guess, I'm really worried about, I'm very confident that this is going to continue expanding, as it should, if the research continues to support these outcomes. However, I just worry about the saturation of it, I worry about individuals who are not trained or competent in providing this very, very, very unique form of treatment, starting to implement it and the damage that that can cause. Because, you know, I mean, I see it a lot just even in non psychedelic assisted therapies. And so I think adding that the vulnerability of utilizing substances like that, with someone who is not necessarily competent or trained to provide it could be really damaging. So that's a lot of where my hesitancy comes from.

 James Geering 18:59

Well, I think there's a fallacy around some of the conversation where people like, Oh, I just take psychedelics, and I feel better, it seems from all the conversations I've had that you need, the psychedelic itself, and then you need the psychotherapist that shame Charmin whoever is that, you know, as you said, well versed well educated in guiding someone through that. And then that's the door that's opened in it, whether it's MDMA led therapy, and now you've got all that stuff to process. A perfect example is a green bar, a friend of mine, who literally, two months ago called me and said, I just discovered that my grandfather molested me after all this time, and he's a writer. I mean, he's, you know, he's, he's done a lot of self work, but it was that that unlock the door, which is obviously the thing beneath the thing. So talk to me about that with your optimism, optimism, the psychotherapy element to psychedelic



19:52

Yeah, so um, basically the reason so exactly what you're saying. This isn't Hey, you know, take some psilocybin I've been, and you're all good, right there. It is, it is an adjunct to the actual treatment, which is the actual treatment with therapy, right? You're doing this with a trained provider you're doing. I mean, in some of the sessions with these individuals I'm collaborating with, it's eight hours long, one, one session, right. And they're there the whole time. Again, it's a very highly monitored secured situation. So it's not the the reason why the research is showing, at least that these outcomes, these clinical outcomes have been so remarkable, is because these psychedelic psilocybin allow someone basically target that emotional part of the brain, when we have trauma, a lot of that gets damaged, and shut down basically, is the best way to put it. And so in trauma focused treatment, non psych psychedelic assisted, trauma focused treatment, there's some individuals who have a hard time with it, because they basically just can't break through that point, because either the PTSD is so significant, maybe that part of the brain is a little bit more impacted. But that's why maybe they can't see the improvements, you know, that some people can with with these therapies. So with the psychedelic assisted therapies, but something like psilocybin is it really targets that part of the brain. So it basically lessens the inhibition in that emotional part of the brain, so that then they can start to actually process I think about it is like a, like, just a giant ball. You know, that's interlaced with a bunch of stuff, you know, dirt, weeds, all this, and we have to start breaking that apart. And so that's kind of what the the the psych psychedelics can do is to kind of help someone access that part of the brain. While they're doing that therapy, it's still the therapy, that is doing the work. It's just the psychedelic can assist that and allow that to happen.



James Geering 22:06

So we discussed trauma in the first conversation. But you know, as we before we hit record, he talks about kind of really laying down on only the psychological element of trauma, but the physiological neurophysiological elements, so I'll kind of give you the mic. Again, we talked about, you know, the trauma being locked away. Talk to me about trauma and its impact impact not only on the mind, but the physiological brain.



22:31

Yeah, absolutely. So I really like to stress to all my first responders is that there's very as you're aware of, we talked about it last time around this stigma surrounding mental health stigma surrounding being impacted by the impacted by the job, you know, trauma and stress. And that it's, it's like something a matter of willpower, right. And if you're just strong enough, you know, you can just trudge right through it. That's not the way it works. Individuals who are chronically exposed to trauma and stress, there's an actual physical impact on our brain. And I think it's really hard for us to really accept that because we can't see it, right? We can't see our brain on the outside. And so to us is just something made up it's just this a amorphous thing. But I really like to educate people on the different parts of the brain that stress and trauma impacts. So first of all, when we think about a stress response, fight, flight freeze, right? Have you heard about that? Yes. Yes. Have you heard about freeze before?




James Geering 23:34

Yes, yeah, fight, flight, freeze, and flow. But yeah, the freeze is definitely the one that

yes, yeah, five try fight flight freeze and flow. But um, the freeze is definitely the one that people forget you know, fight or flight is still an actionable thing. I think freeze from what a lot of people have told me that's that's the the crippling depression, that's the maybe even the acceptance and then the pre suicide, which arguably might be flow, which is ironic.

 23:54

Yeah. So freeze is very, very, oftentimes left out and in military and first responder communities, I think a lot of times it's left out, because it's very stigmatized, and looked down upon. And I'll go into that a little bit more. But so when we think about the fight, flight freeze response, right, we're in a stressful situation. It could be our fight, flight freeze response can go on and off in life or death situations. Right? And it can also go off and maybe there's not an actual threat to our life, but it's a stressful situation. Right? Same process happens. Why do we have a fight flight? fight flight freeze response? What is the purpose of that? Why are we evolutionary evolutionarily wired with that?

 James Geering 24:34
self preservation?

 24:35

Yeah, to survive, it is the most important thing that we are wired with. And we don't really need to be taught to run away from the saber toothed Tiger right back in the day. You know, if or if I'm out in the middle of the street and a car turns and it's coming towards me at a high speed. I don't stand there and go, let me think this through. What should I do? I just move my body goes right and my body is able to move like that, because it immediately goes into that fight flight freeze response. So it releases cortisol, it has an impact on our sympathetic nervous system, which is the system that basically helps us go go go, right? Blood, increased heart rate, so that we can pump more blood into different parts of faster or we can fight harder, right? That's, that's what it does. So we have that in place. And so every time that that's going off, it releases chemicals in our body. And those don't just go nowhere, right? constant exposure to cortisol, which is the stress chemical has a deleterious effect on us and our bodies over time. So that's just kind of the background into the beginning of the stress response. And so what happens when we go into that stress response is, it's a part of our brain called the amygdala. Have you ever heard of that?

 James Geering 25:50

I have, because I had to do exercise physiology. I don't remember where it is and what it does, but the name rings a bell?

 25:56

Yeah. So there's three main players when we're talking about trauma, stress and the brain. It's the amygdala. the prefrontal cortex. and the hippocampus. Okay. So the amygdala has one job

and one job only. It is actually one of the structures in our brain that has not evolved that much over the years, okay? Because it has one job. Survival. That is its one job. And so the amygdala gets activated when it perceives and I'm going to use that word perceives some kind of threat. Okay, so the amygdala is what sets off that fight flight freeze response, it goes, go, go, go, go, go. All right. Obviously, the amygdala is very important. If we didn't have that, none of us would be here, species would have died off a long time ago. Right? So then we have the prefrontal cortex. Now, what the prefrontal cortex does is it's our let's, let's slow down and think about this. That's what the prefrontal cortex does, right? It controls emotion regulation, logical thinking, reasoning, all these things, okay. Its other job is to basically turn the amygdala off. So it goes, Okay, that situation is done with, you can go back to sleep now, right? We don't read Oh, really? Thank you. But we don't need you anymore. Or it tells it whoa, whoa, whoa, whoa, this is not an actual, this is not a situation where we need the fight flight freeze response, we're good. This is we're safe. This is okay. Right? That's what the prefrontal cortex does, then we have the hippocampus, okay. And the hippocampus is in the back of our brains little thing. And what that does is, it's our memory center. Okay, I like to think of the hippocampus, like a giant filing cabinet meticulously organized memories from childhood and middle, you know, a teenage years and adulthood and what we know about this, and what we think about ourselves, and what we know about trust, and what we know about love and what we know about safety, right? All these files organized. Okay? Now, let's talk about chronic exposure to trauma, what the brain looks like with post traumatic stress injury. So because the amygdala has arguably the most important job of any other other structures in our brain, which is to keep us alive, when the amygdala is activated, it is the loudest structure in the brain. And because of that, it dims down other parts of the brain. So when our amygdala is going, we don't really think through things and think logically and think rationally, right? Because we're thinking survival mode. How do I get through this? And so with constant activation, okay, here's my stress response, stress response is going stress responses going Danger, danger, safety, I need to respond this way to it, the amygdala starts becoming over reactive. So we have an overactive amygdala, and then the prefrontal cortex. And again, there's brain scans that show all of this just like you would see in an x ray, but the prefrontal cortex does is it starts to decrease its neuronal branching, so it becomes under activated. Oh, so we have this one structure in the brain that screaming all the time. And that turns off, basically, these other structures in the brain, including that one structure that is involved in our emotion regulation, logical reasoning, all those things, right, the one part of the brain that's built to turn off the amygdala, lights are off, the lights are dimmed, it's not doing that, right. And then when we talk about the hippocampus, what happens with trauma exposure is it actual short actually shrinks the volume of the hippocampus structure, it becomes smaller, and the way I like to explain it with post traumatic stress injury is that it's as if those very meticulously organized filing cabinets just got thrown all over the place. And this is why with individuals with post traumatic stress injury or disorder, you'll notice that they will get triggered by things in a situation that maybe is safe, but it reminds them of their trauma. I use the exam Pull up combat. You know, I've worked with many combat vets, you know, who had served in Iraq or Afghanistan, you know, they're living here in California and San Diego now, but if they smell some type of barbecue or burning, they immediately their fight flight freeze response goes off because their brain that hippocampus, there, it's hard for that brain to do to pain past present future right I'm not back in Afghanistan right now I'm here in San Diego in the year of 2023. So their brain immediately goes off and says Danger, danger danger because that hippocampus isn't accurately able to place that memory. Okay, so then we have a big issue, right? And so that's why we see with post traumatic stress injury, we have the amygdala firing at all times the amygdala is associated with basically being anger, impulsivity, right? The prefrontal cortex is down, we can't think logically. So we see self destructive behavior, we see impulsivity we see anger, or we see things like substance abuse, reckless behaviors, all those things, right. And then memory

problems, I can't remember anything I've concentration difficulties, again, I have difficulty remembering something that happened to me, right, all these things. So this is what actually goes on with chronic trauma exposure, this is not a matter of willpower, it is not a matter of, I can just get over it. Just like we can do an x ray and see, yes, you have a fracture in your elbow. That's what happens with the brain, there's it's actually an injury to the brain over time because of the chronic exposure to trauma and stress. So it's really important for first responders, I think that's a very impactful way to approach it is to go about this is actually scientifically related. This is why on the outside you see yourself or your friend, or your husband or your wife that she's pissed off all the time, and she has a short fuse, and you know, is isolating and maybe drinking more, and maybe it's disconnected more and can't stay focus. But there's actually impacts on the structures in the brain that are leading to those observational that observational manifestation of those symptoms.

 James Geering 32:09

Well, speaking of physiology, one of the observation that made and we touched on it last time is we have this, as you said, the survival element, you know, fight flight freeze. And it's interesting, I had a Julian pugno on who's a strength and conditioning coach, but he went took this deep dive his brother actually took his own life. And it was the expression of mental release through physical exertion. And he was talking about, you know, the fight flight is, you know, that the healthy response somewhat, and when you're either removing yourself from the danger, you're fighting the danger, freeze is the deer in headlights, which is, you know, arguably kind of pre suicide ideation. And then I've had this through storytelling of some people that lost someone to suicide flow, that acceptance of like, yeah, I am, I'm gonna take my take my own life, and I'm okay with it. And they're in reportedly a better place, the days leading up to their suicide, they seemed happier, they seem calm. So it's kind of ironic that the term flow can be for, you know, human performance, but also apply there as well. But that Miss wiring is what I've talked about recently, because again, I get to hear all these, these these stories, and that that sense of burdensome that we talked about before, the outside person looking in, and sadly, there's a perfect example we had in Florida, probably since we spoke to law enforcement officers took their own lives, there were a couple within a week of each other, and they had an infant, between the two of them. So the outside healthy brain looking and going, how could they be so selfish? How could they be so cowardly they left that child behind. But now I've learned as you talking about that it is Miss wiring it is, you know, the the chemistry within the brain is, is wrong? Because only if there was a physiological imbalance would that create a reality in a parent's mind to go that five months old, will be better off without me be better off without us? Whatever the sense. So with that trauma in a biochemistry conversation, talk to me about that distorted reality that other people that take their own lives find themselves in.

 34:22

Yeah, it's a really important topic to cover because again, these misconceptions really contribute to the stigma. And what stigma does is it prevents people from reaching out for help. So stigma, we lose lives due to stigma. I mean, that's the bottom line. And I think we talked about this a little bit in our last episode, but this factor of burdensomeness So burdensomeness is I'm just going to use my own anecdotal experience as a trauma psychologist I don't know if I've ever worked with someone who has attempted or seriously considered killing themselves that didn't say that they felt that they were a burden on others. I mean, it is what I see every

single solitary time. And there is for those who listened to the our previous episode with a theory, and I won't go into detail about it this time, but it's called the interpersonal psychological theory of suicide. And it really taps into that factor of burdensomeness, which is that this misconception about suicide is it's selfish. They weren't thinking about anyone else, how selfish of them to do that. In reality, I'll just say 99.99% of the individuals that I've worked with, they are thinking about other people. But unfortunately, their thoughts aren't necessarily accurate, but they're thinking that their burden, they're thinking that this child, their partner, their kids, whoever it is, are going to be better off without them that they are nothing but a burden, that they're toxic that they don't bring anything to the table, and that they just bring them down. And so they will be better off, without me around. And again, I think that it's so important to dispel that this is not an act of selfishness, because then it's more likely that people who are struggling, who are thinking about taking their own life will reach out to someone without fear of being judged. What do you mean, what do you have two kids? Like? Why would you even think of doing that? That would be the worst possible way to respond to someone who, who chooses to disclose to you that, you know, they're thinking about taking their own life, right? So it really dispels that misconception, which opens up opportunities for individuals to reach out to people knowing that they won't be judged in that way, because that is by no means what's going on.

 James Geering 37:00

So you have a friend who's there, they're, you know, they're showing signs that they're actually thinking about taking their own lives as short of an actual you know, Baker Act 72 hour hold when you're absolutely in crisis, and that they're standing holding the gun. Prior to that someone comes to you, they they confide in you, what is your advice to that? responder dispatcher, whoever it is, because I think a lot of us feel so lost. It's such an uncomfortable conversation for a lot of us and we want to help we just don't know how to help.

 37:35

Yeah, that's a great question. And it's one I get a lot. So number one, someone discloses to you that they're thinking about taking their own life or thinking about killing themselves. Don't freak out. Okay? Just actual physical observations, right? Oh, wow. Oh, no. Okay, okay, let's talk about this. What do we do? Right? Stay calm. Don't freak out. Thank them, for sharing that with you show gratitude that they're sharing that with you. You want to these people typically aren't looking for advice, unless they specifically say please give me advice. A lot of times, they just want someone to listen. Thank them for sharing that with you. Thank them for trusting you. Listen to them, tell them you care. Let them know that you're there. Let them know that you don't have the answers. But you're going to help them in any way that they need that you're there to support. Right, a lot of first responders because responders are helpers. They like to problem solve, right? The idea is I'm scared to reach out to my friend who seems like they're not doing well, because you know, I don't know what to do. So what if I reach out to them? And I don't have an answer. That's okay. You don't need to have the answer what that person needs is to know that you care, and that you're there to listen and that you're there to support you. What you also want to avoid doing is, of course, you want to avoid minimizing their feelings, but you really want to avoid trying to convince them that their life is worth living, right? They're not looking for you to say Wait, what are you talking about? No, people love you. No, no, no, no, come on. Think about your kids. Think about this, you have so much going for you. Right? If

someone's having a heart attack in the middle of a heart attack, you're not saying think about things, you know, you could have been eating, maybe you should have eaten a little bit or think about all these other things, right? We don't want to do that. Right? We just want to be there and listen, so we're not there to provide advice. We're not there to convince them not to do this. We're just there to tell them that we're we support them. We care about them. And we're going to do whatever we can to help them. That's really all that's needed. And it's very impactful.

J James Geering 39:41

Now from your perspective, your if someone is struggling, you've had this conversation with with them. What are the best resources that you found? I've heard a whole spectrum from a friend of mine who was basically seconds from taken his own life he ended up becoming an avid advocate and created an app app called Red Line rescue, which connects peer support, you know, competent counsel apps can be competent, culturally competent counselors. And then the other side of the spectrum, you have the EAP, Russian Roulette, which I've heard horror stories from, what are some of the best resources that you've come across for that responder who's now spoken to their friend to take the next step to getting them help?

i 40:24

That's a really great question. Honestly, it really depends on also where this individual is located. So some of the work I do is I create basically resource manuals for agencies so that they have theirs nationally based but also locally based competent providers, locally based nonprofits or programs that maybe have those hotlines. Obviously, there's always the 988. And people don't know too, that you can text the nine eight line as well, if you're feeling that way. But I think the first big step is to reach out to someone you trust, right? And then go from there, there could be depending on the severity of someone's suicidality, right? I mean, there's a bigger range to it, but starting to get the ball rolling, there's nonprofits. So many nonprofits that are nationwide and and state base that people can reach out to some of them have 24/7 lines, but also some of them have programs that someone can get into. There's culturally competent providers. There's also obviously the EAP, depending on how that works. You know, we hear a lot of the bad stories from the EAP. There's people who utilize EAP, you just don't hear about them that it worked out well for them. So I would really say that, looking into the national, local nonprofits, first responder support networks, things like that, you know, there's some specifically for the the Wildland Firefighter Foundation. There's some for law enforcement, but there's a lot of different avenues outside of just finding a provider that have options. Again, and it really depends on where someone is with that. I mean, if someone is imminently in danger of killing themselves, you know, it might not be the time to start, you know, okay, let's see, maybe I can get some in somewhere in the next three weeks or so. You know?

J James Geering 42:18

Yeah, that's the crazy thing. I heard. We talked about your time in the VA, but I've had a lot more conversations since and the number of people that were very close to crisis or in crisis, and the first available mental health appointment was months away.



42:33

Yeah, talking about moral injury. I mean, you know, health care workers, doctors, psychologists, it's something that we experienced to especially for working in a hospital system, there's a lot of that that goes on, but I have I have experienced moral injury in that guilt. And that, just that that pain, you know, working at a VA where I was working in the PTSD Clinic, so we're, you know, only allowed to see people who meet criteria for PTSD, which already was, you know, kind of against my own functioning, because, you know, a lot of people with any type of trauma exposure can benefit from these treatments, but also, you know, having someone be like, okay, yeah, this person really needs help. And then I have to tell them, sorry, you know, there's a three to four month wait for treatment. And it's, it is really tough. To deal with that. And it's, it's unfortunate that, that that is that is the case.



James Geering 43:33

Yeah, now we got a lot, a lot of work to do. And this is the thing even locally, like, I know, one of my guests, now she is back in town, so she's receiving patients and and it will get to your, your center, and you're doing the same, but it's still so siloed, you know, we should be able to say, well, what's the resource? Well, there's the go to place and they have, you know, local departments and everyone's covered, but it's not, it's still all these great people with their own facilities and all these great people that next rung and Dustin with red line rescue, trying to make a difference, but there is no kind of national network. You know, as you said, even with the psychedelics, there should be a governing body. And it should be easy to say, Okay, this is these are the parameters is the license you got to have done. And when these responders or these military members or civilians go, when the stamp is on there, we know you're good to go. Let's move this thing forward. But you know, again, it's just, it's the siloed fragmented, first responder professions that have created so many barriers to entry to a fluid system where someone needs help, and they get help.



44:37

Oh, 100% is very, very siloed. And yeah, as someone who who does this work, like I said, when I create, you know, resources and resource manuals for agencies, one of the reasons they hired me on to do that is because I do the backend work of like, okay, I have to put those pieces together like how, what can I put together for this agency that as local locally base where they there's a comprehensive list of resources for the personnel that have differing levels of needs, right? There's some people who are not doing well at all. There's some who are trying to be proactive. There's some in between? And what are the who are the competent providers in the area? What are the local options, volunteer options, nonprofit options, businesses, etc. That can provide people it takes me a lot of time to do that, because this is my job. This is my business. And and it's few and far between, you know, like you said, there's no streamlined. There's no streamlined list of individuals and agencies that can they can, you know, all tie together and be like, this is this is step one, two, and three, here's, here's what you need to do. Right?



James Geering 45:51

Well, another thing has come up recently is, I've had quite a few people on the show who went to someone because on their website, it said they worked with first responders. And these

to someone because on their website, it said, they worked with first responders. And these prep, basically mental health practitioners that have a list of everything, children, PTSD, mental health means gonna be first responders military. So talk to me about that. I mean, that's your profession, what are you seeing through that lens?



46:19

Oh, how much time you got



James Geering 46:21

all the time in the world?



46:24

You know, I, I tread very lightly talking about this subject, because I, you know, I never want to come off as you know, superior in any way. However, I do think it's really important to educate first responders on what to look out for and who to look out for, you know, what does it mean, there's so many different credentials, right, and different titles of people. And it's like, here's what this means this is, this is what it means that they went to school for XYZ. I have seen a very disturbing number of individuals who have no formal training, in mental health, advertising, that they can resolve your PTSD, and that they can do this. I've seen people who have formal training in mental health, who say, Yeah, sure, I can work with the first responder. Yeah, I've experienced doing that. But they actually have no training or experience to do it. And I think it like, in my eyes, it comes from two areas. In the first responder culture, it's very, as you know, it's very much like a first responder needs to know that you, you can be trusted that you actually understand the culture. So there's a big pull, I think, to go more towards people who say that they are or were a first responder, because they're like, Okay, they'll be able to help me with, let's say, again, my alcohol use problem or my post traumatic stress disorder, right? Because they, they've done it, but if that individual has actually even though they have the, let's just call it lived experience, lived experience on its own, is not enough to address actual, serious clinically significant mental health issues. Can it be enough to provide peer support? Absolutely. And you know, to be able to provide just kind of the entry level of, you know, let me help you with this. Here's some symptoms, here's some options may be for you. Absolutely. But it treating something like PTSD is not just let's just talk about this. There's very evidence based ways that you need to get trained to treat these things, just like anything else. You know, people specialize in treating psychotic disorders. Someone comes to me that has any type of psychosis, I refer them out immediately, I wouldn't know the first thing to do eating disorders. That's a very niche thing to I don't know how to treat eating disorders, do I know enough about them, because I'm in the field? Sure. But I don't feel competent and treating them. So I see a lot of individuals who have the experience in the first responder world advertising that they can treat something that someone really needs actual for, like someone needs help, formal training to help them with. And then I see the other way where you have formal legal mental health training, but they don't actually understand the culture and what goes into that, and then they advertise that they do. And then a first responder goes to them, and then the first second session, they have the provider crying, I can't tell you how many first responders I've worked with, are there like my first experience, I had go into a therapist, they were crying, you know, and I grew, but they advertise that they did that. So it's it's a big, big,

big issue. I think that individuals are not accurately advertising, what they can provide and how competent they are in providing those things. And I'll I won't necessarily put it all to maliciousness. But I think in some way He's maybe it's just they they think they're they misunderstand or they think that they can do it. But it's it's, it's not enough.

J James Geering 50:10

Well, what really haunts me is I've had people on the show whose counselor burst into tears. I've had people on the show who told to leave, because the counselor says, I can't help you. Now, those people were alive to tell those stories. But how many people have walked into a counselor, psychologist, psychiatrist office. And this was their last ditch attempt, and they mustered up the courage to actually seek help. And that person burst into tears. I told him to get out. And that was the final straw. And we'll never get to hear that story.

i 50:42

Oh, it's, I mean, extremely dangerous. And damaging, extremely dangerous and damaging. And that's what really, I can tell you, I sign on to LinkedIn often. And there's a lot of days where I'm like, I see someone advertising that they do something that I'm like, you know, like, let me like, What What experience do you have in this? What training do you have in this, you need to have both experience alone is not enough training. Being a mental health provider is not enough. In the first responder world, you need to have both. And for a competent provider. You don't need to be to be a culturally competent provider doesn't mean you have to have been a first responder, but you need to have had training and experience significant training and experience working with them. Right? Not maybe you saw one client in your past five years. That was a cop for five years. And you're like, yeah, yeah, yeah, I know how to work with first responders. But you've been on the research side, on the clinical side, you worked, you were embedded in the department, you worked, you've done ride alongs you've been on scene, you've gone to gone to line of duty death, funerals, you've gone to graduation ceremony, you've done all of that you're immersed in the culture. That's what it means to be a culturally competent psychologist. And so yeah, it's, it's, it's dreamily I cannot overstate the frustration that I experienced when I think it's very, very prevalent. That I see that and, and the reason it's so frustrating to me is because I know how dangerous it is and how damaging it is. And I wish that and try and get the word out like when I work with agencies, I'll create manuals and tell them what to look out for, you know, here's what these credentials mean. Here's, you know, the questions you should ask someone if they're saying that they have experience working with first responders, but I really try and get the word out because it is, it is a dangerous and damaging thing to do is to falsely advertise what what you're competent and doing?

J James Geering 52:48

Well, I want to get to your sensor. But just before we do one thing that seems apparent because of the prereqs, you've just listed, that she we seem to be woefully inadequate as far as the amount of people that would be a valuable resource just aren't enough culturally competent clinicians out there for the number of responders. How do we improve that? How do we increase the number of people that are going either from first responder the mental health

and mental health to including responders, so that we can, you know, hopefully, one day have enough people in everyone's community to be able to serve the responders that are working there?



53:28

I think there's a couple different answers to this. And it's on differing levels. You can talk about, there's a couple more programs like, like, I have a PhD, right, I my training experience comes from because I got my PhD and all my training, you know, eight years of training, working in a program where I worked specifically with the agencies, you know, the first responder agencies, I got all my training through that, oh, my, you know, I started doing research. And so you can talk about from that and if we're talking about programs, actually implementing funding and or making connections with agencies to allow their trainees to start to during their training, have supervised training, working with first responders, right, that's, that's one way to go about it. And I know that there's a couple more, just a couple more not a time but I do know since my time getting my PhD there are a couple more institutions or programs now that have made you know that now collaborate with a local you know, fire department or police department where their trainees are now working directly with the first responders. So that's one way to do it. Right you get it? To me that's that's a really that's a really good way to do it. Because your that's all your training is immersed in that there's also possibility of like non funding going to nonprofit agencies, you know, first Bonner oriented nonprofit agencies that then use that funding to train already licensed providers, right in how to be culturally competent providers, right. So individuals who want to work with first responders, the ethical thing that you're supposed to do as a provider is if you're not competent in something, then if there's organizations like say, I want to do EMDR training, I, okay, I don't know how to do EMDR. There are giant organizations, you know, the EMDR, International Association, where you can go to, and you can find these, you know, all these trainings that they offer throughout the year, the calendar, and go through an intensive four month training to learn how to do that. We need that for first responders as well. Right? Okay, I want to go through a program where I can be trained and learn how to be a culturally competent mental health provider. I think that's another important way that that could be tackled, as well, to me, those would be the two top things that come into my brain, there's also and this would take more ethical obligation and proactive proactivity on the side of a provider, but say a provider wants to start seeing for sponsors, but they're like, Okay, I'm not comfortable, necessarily. I don't think I'm competent enough yet to maybe start seeing them in my practice. So they start reaching out to local departments and say, Hey, can I do some ride? alongs you know, this is who I am, you know, I really want to be a provider in the area, I just want to learn more about your culture and kind of, you know, start to get to know what's going on more. That's, that's another way potentially, to do it. But obviously, I think that way would be just take a lot more effort on the, on the providers. And



James Geering 56:44

well, thank you for that. And I think this is just so needed. And because it's so siloed, I mean, I've worked for places where the city and the county don't talk to each other, or FD and PD don't talk to each other. And it's pathetic, it's all egos, but it's created, like I said, this kind of egg carton, where everyone's reinventing the wheel in their own little, you know, divot rather than there being a national conversation. And we have unions and we have some other

organizations, chiefs associations, but in my experience working for fire departments. So got a little bit more of a gypsies lens on this whole thing. The communication is woefully inadequate and there's people with great intentions trying to start from the beginning. And it's so much wasted energy, because if they, if there was this kind of national connection, interconnection of all these departments, they could all knowledge share, take the best things create these, these courses to create, as you said, a culturally competent condition through a regular mental health practitioner or a lots of people on the show that are retiring out of the met the first responder profession, they want to get into the mental health side, but then getting them all in the same channels. So again, they're not just fumbling around going well, how do I make a mental health program from my department? Or how do I find the right counselor to actually hire for my department, but it just be, you know, a conversation that's already been had? Because it has, it's just trying to connect those people so they can all find the same information?

 58:14

Oh, absolutely. Yeah. And I've actually come across a lot this year, a lot more I'm seeing of first responders like Active Duty first responders that are going to school, you know, to become some type of counselor or some type of clinician, which is, which is really awesome to see. And at the same time, you know, it's I just feel like they're, when I've talked to them, a lot of them are like, something's gotta be done, you know, like, we don't have anything. So we figure we'll, we'll go do it ourselves. Right, which is great to do. And it's sad that that's kind of the option is like, well, I guess we'll be the ones to go do this and go to the schooling and so that we can help because there's not enough culturally competent people out there.

 James Geering 59:00

Yeah, it's kind of like the COVID thing in England, you know, just we'll just stand outside and clap and you guys figure it out.

 59:07

Yeah, yeah, exactly. Exactly.

 James Geering 59:10

Well, your organization now is called the Center for trauma, anxiety and stress before we even get into your work from a business point of view. Did that create trauma anxiety and stress for you?

 59:24

Yeah. Oh, yeah. Ongoing trauma, anxiety and stress, you know, they always say back and you know, researches me search, you know, so yeah, definitely trauma anxiety and stress on the on the business side of things.

J James Geering 59:38

So what have been the challenges because I, the one thing I can't stand about the podcast is the business side, I have to pay my mortgage, I have to feed my children. So there needs to be a sponsorship element and ironically, is we're talking basically almost zero sponsors. It's a rollercoaster ride from from great to terrible and depending on you know, who, who are that moment is wanting to market And but it's it's such a stifle to the creativity side when you've got to worry about the business. But this is a reality. In the CrossFit space. For example, I've had numerous conversations of gyms that are fail, because someone's a phenomenal coach, but a terrible business person. And you know, it's very, very hard to juggle. So what have been some of the challenges for you going out on your own?

i 1:00:22

All right, let me see sifting through where to start here. Um, I Okay, I'll start here, because this one, like, it kind of just weighs more on my conscience. But you were just saying, you know, this is also a business, right? It's my, it's my livelihood. And I think that two things can be true at one. So one, I am extremely passionate about what I do, like, extremely passionate, it fuels me, it brings me fulfillment, you know, sitting here, for example, looking at what's happening in Maui, I just want to be there on on the ground and helping, you know, it's extremely something I'm extremely passionate about. And, you know, I spent 15 years in school and training to become, you know, a licensed clinical psychologist, it's about 13 years, right? It's a, it's a long time, I didn't I didn't take a three month online class and get a certificate, right? It's, it's a long time. And during those 13 years, I was working 80 hours a week, I wasn't sleeping, I wasn't making money, you don't get paid, by the way. So living off of \$15,000 a year. And that's one five. So needless to say, You got to take loans, you can you can't afford food, all these things, right. And so I think one of the biggest struggles I've come across is this balance between, particularly the first responder culture, we're in the first responder culture, you know, it takes a little bit more to get trust, and a lot of first responders rightfully so are a little bit worried that people are just in it for the money. This goes along kind of with what we were talking about before, which is also what frustrates me about some people that I see where I'm like, you know, Laos, like selling snake oil, you know, and trying to make a buck. So one of the biggest things I've come across or struggles is earning that trust and and not feeling bad. Like sometimes I'll feel guilty for making money off of what I do. And then I have to remind myself that I love what I do. And I'm passionate about it. And you know, I worked really hard to become this specialized, I worked really hard to to become this licensed clinical psychologist who specializes in working with responders and this is this my business. So yes, I do make money off of what I do. And I do. I do want to be successful, I am not going to hide that I want to make good money and grow, become a bigger business and be successful. And at the same time. I think that the work I do, you know, I think I help people I'm trained, I'm competent, I help people, I help agencies, and I'm really passionate about that. So I think that's one of the biggest challenges that I've struggled with, I'd say personally, is you know, how to how do I best get that message across, you know, it's

J James Geering 1:03:23

such a kind of vicious circle because it's the same with me, like I have done this for free for a

long time right now. There's no There's one sponsor once a week. So basically almost nothing. And again, I'm back to doing it for free. So I will do it regardless, but like you said, there is a livelihood to be made, I gave up, you know, a firefighter salary and benefits and pension and all that stuff to do this. But it's I think when you're truly altruistic and you want to help people that I need to make money side is such a struggle. But you know, as people have said to me before, it's like well, people make money on things that kill people and they have no issue with it. You're just trying to support your family on something that's making a difference, but it is it is a dichotomy. It's a struggle between I should be doing everything for free always which I am I mean, everyone listens to the show gets it for free, which is exactly how I have it set up there's no Patreon there's nothing but you know, the the sponsors who are also products that I adore, they're you know, wanting to reach the audience and I think that the people listening need to use their stuff so there's no real downside but again, I think when you've really got that service burning in your heart, it's still a struggle even though people make billions on cigarettes and and are able to sleep at night.



1:04:36

Yeah, it's funny my a friend of mine said almost exactly what what you were saying they're kind of like there's a lot of people who make a lot of money that don't think twice about it like it doesn't but they don't make money off of other people that are struggling or whatever you want to call it selling something that to tell people that you're helping them and they sleep just fine at night, right. And so you know, it's a normal thing to have that That kind of struggle when you like you're saying you're altruistic and you want to help people. And, you know, I, and I always say like, in my head, I think about this too. And it's funny in the mental I think it's a little bit different in the mental health arena, this expectation of like, oh, well, you know, wow, they're charging that rate, like, oh my gosh, they're just out for money, right? Like an orthopedic surgeon. I don't think anyone's really like, wow, that orthopedic surgeon charges that right, and they make money. How dare they like they, I thought, I thought they really want to help people, why don't they just work, you know, charge 100 bucks for a, you know, a full spinal reconstructive surgery, you know, but for some reason, in the mental health field, it's very different. And I also think that goes into a difference between the mental health field in the medical field is that in the medical field, typically, you know, you have an MD, like a doctor, medical doctor, you have nurses, RNs, there's, of course, going blank, like physician's assistants, and, and whatnot. But there's like a very known difference between an RN and a, an MD, right. And in the mental health field, you have LCSW use LC, cpws, Saudis, PhDs, MDS, and all these different things. And they all take different levels of training degrees and schooling. And so I think that, you know, there's people who will look side by side at two people and see like, we're talking about therapy, like an hourly rate of this and this, but one person might have been to 12 years of school, whereas another person might have been to two or three years school, and they might be a wonderful clinician, too. However, there isn't a difference in charge based on the amount of training and experience someone has, right. And so I think that that kind of gets lost in the web, too, because I'm in the mental health field, anyone with any type of degree can open up a practice and practice. So there's no like, really differentiation. And even so and another big thing, which I'm hoping I'm thinking that is going to change after more lawsuits come out, because I know they're already coming out is that there's a lot of people who advertise themselves as like a mental health coach, and coaching, there's no regulatory board, regulating them, there's no law, there's no ethics, you don't have to have any background or training or anything. And they can run, you know, something that they say,


Yeah, I provide mental health services, and I'm an I'm a coach, and there's no regulation on that either. So I think that it's easy for people just kind of look side by side and being like, oh, that person is charging this or that. But there's a lot of different aspects that go into that too.

 James Geering 1:07:41


I always question the term life coach, because I'm pretty sure all of us have only had one. So I don't know how you I mean, there's, there's other descriptions, you know, you've been through trauma, you got lived experience, whatever, but the term life coach, like if you're, if you're, you know, a Hindu, that's been reincarnated 1000 times, and you can tell me, this is how you ended up being, you know, an eagle, not a dung beetle, knock yourself out. But for the rest of us. I really struggle with that. There's some you know, there's all these different titles but the term life coach I really struggled with because how the fuck are you any better than most of us? Were you just live one as well.

 1:08:17

I feel the same way. James. I get my feathers get rustled ruffled a little bit, sometimes. stuff. So yeah, I'm with you there.

 James Geering 1:08:29

Well, just kind of tangent in for a second because you're a great person to ask this. Speaking of ironically, of kind of Eastern wisdom, Joe Rogan, had a guy's set guru who is a very interesting kind of Eastern holy man. And he said something on Joe show that basically, and Joe was talking about, you know, pharmaceutical companies or whatever. And, you know, by being evil, and he just kind of came back with like, well, they're also hurting, and I was like, I've never thought about that way. There's the there's a new show on Netflix about the oxycontin crisis, I think Dope Sick has been, you know, amazing storytelling, if you look into that, but you are the CEO of a cigarette company of an opioid company of, you know, McDonald's, whatever. And you fucking know, in your heart of hearts, that your product is killing hundreds of 1000s of people around the world, and you still sleep at night? Or you're a fire chief, and you've had multiple suicides and you shrug your fucking shoulders and go, Well, you know, I don't know what to do, and you just fucking keep doing the same thing. Me personally, I would argue that that's also a mental health issue in that end, as well. What is your perspective of that?

 1:09:42

Hello, well, I mean, you talk about I'm not necessarily saying the fire chief, but a lot of people at the top of the ring, you know, like a pharmaceutical company. There's a lot of traits of sociopathy like actual socio past write, that don't necessarily feel the same way that you and I do, their brains are actually different. And I'd have to imagine that that is more prevalent. I mean, there is research that showing people like, you know, high, high high up in the rankings of giant businesses, our on Wall Street, all that stuff that there's more sociopathic tendencies and traits among those individuals. So in that way, I think it's hard, it's comparing apples to oranges, because their brain quite literally doesn't work the same way as, as ours does. For the

individuals who do who aren't sociopaths whose brains are the structures in their brains are functioning similarly to ours. I don't know you can call it there's either a ton of distress and issues that they deal with, because they know that what they're doing is wrong, like cognitive dissonance, right? So cognitive dissonance is, you know, when you have a certain belief, or moral or whatever it is, and you're basically your actions don't match up with that. So either they just struggle all the time. And, you know, they're they're wallowing down in their in their struggle home while still continuing to do it knowing that it's against their morals, or they find a way to make it okay to them, right, like they Okay, well, you know, I put food on the table for my family, my family's number one or along with that I have so many employees that can put food on their table, because because of that, right. So it's kind of making, making a way to make it seem better, so that it doesn't cause that level of distress. I think those are the only two options, or three options. Either sociopath, someone is just significantly impacted by it. And they just lead a very, very troubled distress life, or they find a way to, you know, turn it around a little bit.

J

James Geering 1:12:01

Yeah, I think that that, you know, this is James Geering opinion, but you take the last two people that have sat in the White House, and that spans both sides of the aisle, it's the same thing. It's this narcissism is this deliberate division of a nation. And when we look at these human beings that go through this frickin turd factory of a process that we have at the moment, you're always going to get these self serving divisive people that are going to make our country worse and worse and worse. And the moment that we actually understand that we need a normal human being the room full of normal human beings to fight vie for these positions, and whoever we get whatever color tie there is, the other side is gonna go now, they're pretty good, though, wasn't what I wanted, but they're still pretty good. And they brought us together, and we're moving forward. The fact that we have people ready to die, you know, fighting over these sociopaths that we seem to get the moment that simply divide us. This, if we can just finally take a step back and go, our system is so broken, we need to stop letting this kind of person get into office and actually get good leaders that will unify us that will help us rebuild that will help the health of our nation that help the education, all these things. I think there's a strong application of the fact that we have a mental health crisis, in our music, this term very loosely leadership. And we need to actually reframe how we choose these people so that we can build community again, because if it carries on down this road, people are getting more and more siloed and turn against each other. And you know, I hate to say it, but a lot of the world has kind of pointed us and wringing their hands, and some of the more devious ones are going on sweet they're getting weaker and weaker. Which is terrifying to me.

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1:13:49

Yeah, I think that unfortunately, like you're saying, I think that the way that the reason that there's, you know, sociopaths like that at the highest levels, whether we're talking if there's a lot of systems that that, that that's the case, I think that's a feature, not a bug. Meaning that I think the system is built to support that, unfortunately. And I think there's a lot of people that fell out of the system long before they made it that high up, because they weren't necessarily a sociopath, or maybe they had actually something to offer in a way that wouldn't be corrupt or manipulative or psychopathic. And anyway, and so, you know, we we, as citizens, we don't really see those people because by the time you know, the people we see made it far enough

up the ladder, I mean, I even saw it in So originally, you know, I have a very heavy research background, I was very heavily in academia, and I was pretty dead set on staying and that's what I thought I was going to do as an academia and as the years went on, you know, this was my experience and and there are of course exceptions. I know some really wonderful people in academia. But in many, many institutions, the system in academia is really set up to let maybe not the most caring and morally. People with moral foundations rise to the top. There, I saw a lot of exploitation, I was exploited, right and throughout my graduate school time and and I just really did not like what I was seeing. And I was like, for me, the kind of person I am, I'm like, I wouldn't be able to just say, Okay, well, I enjoy doing this. So I'm just going to keep my head down and keep working through and do it. Like, I just can't, I can't do that i like it took away any any interest and joy I had in it, because I was like this, I don't like the way this is, is set up. So I know a lot of other people who were really fantastic, you know, researchers in their graduate career and whatnot, or maybe in their early, early career that didn't stay in it, because because of that, as well, you know, it really takes a certain kind of person. And again, there's many, many amazing researchers that are good people. But there's certain certain institutions and certain systems that kind of really prop up maybe people who aren't really looking, which is ironic in the mental health field, because you would think, okay, these people made it this far, they probably look really good with other people and care about them. But it's not. So not always the case. So

J

James Geering 1:16:34

Well, I think as well, this conversation, is addressing the cause of organizational betrayal, organizational stress, too, I've had lots of people on the show, who, funnily enough are kind of revered by the rest of the country as a firefighter, as a paramedic as a police officer. But the prophets not received in their own land, and their own agency doesn't like them. Because they're this this voice. So by having good leadership in a first responder profession, in you know, a government, whatever it is, and you're doing the right thing, you're removing so much undue stress of these people that just want to make the world a little better in their community, in their school, whatever it is, but they're so fucking tired from swimming upstream against the current, because certain people in certain positions are creating barriers rather than solutions.

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1:17:20

Oh, 100%, that's something I run into talk about, you know, things that have been difficult in my business to I mean, it's no, it's not going to get easier, is I'll get brought out to an agency to do a training or presentation or something. Right. And at some agencies, you know, I'll have some of the personnel come to me afterwards, you know, privately and, and like, you know, be really thankful, you know, that really helped, you know, that opened my eyes to certain things. But like, what do I do about XYZ, because, you know, we don't have the option for this or, and so it's really difficult for me, I always feel like I in some sometimes hit a wall, because I can provide certain tips on you know, how to better go about managing sleep on shift or these things. But if there's an agency that's just, you know, checking off boxes, and aren't, aren't actually fully invested in the overall wellness of their employees, like, I can only do so much. So I feel this almost like tug of like, call it moral injury, whatever you want. But I feel this, like, really heavy, heaviness inside of me of like, there's, there's nothing else I can I can do, I can provide you with this information. But unfortunately, I don't have, you know, I'm not a part of the leadership structure, I can't change the way they approach this or how they treat you or all

these different things and what they prioritize. And so it causes a big, a lot of discord inside of me. And I don't think that that's going to go away. Fortunately, there's I work with a lot of wonderful agencies that are really, truly passionate about and focused on wellness, that you know, there's there's some that aren't and, and I'm almost just kind of brought in to check a box off. And I hate that feeling. I really hate it, because then I just feel like I'm the I represent that, you know, so I hate it.

 James Geering 1:19:18

Yeah, I've worked for the place just like that. The last one. So, again, there's some good people in there really want to make a difference. But they you know, the organization actually even higher than that, the same part that you're working for when you work for this agency. They've had people from other fire departments come in as a chief, and they've barely lasted a year because they're like, oh, no, no, we don't actually want to change, you know, and they just go back to the puppet that they have. And, you know, we don't want to see you just, you know, there used to be back in the day. You have a heart attack in the park. You had to be dragged off backstage before you're even allowed to start CPR. That's the kind of distorted power and again, sociopath elements Someone is fucking dying. And you're more concerned about optics and pixie dust than saving this human life? How did you go so far from reality, but this is, this is what you're dealing with. So you get great firefighters going into that department. And then five years in, they're just they've given up, they're just shells of who they could be, and it should be. And again, this isn't talking crap, it's just this is my sacrificial lamb of worst case scenario, lots of money, no leadership, you know, and then, you know, I shudder to think one day if something happens there, and this is blown wide open, because, you know, people have been talking about it for a long time, and it was preventable, but But anyway, the point of the wrong people in leadership positions, the immense amount of trauma physically and mentally that that can cause just by not addressing, you know, that individual's mental health as well. So I think it goes, we think about mental health in the fire services, us, the firefighters or paramedics, but if you've got a city or council County, that doesn't mind working their men and women, literally to death, and they go to sleep at night. Well, you know, we're talking about mental health on that side, too.

 1:21:09

Oh, absolutely. I mean, throughout some of my training, you know, I mean, just in general, in the, you know, when when you're getting a doctorate, like I said, you're working typically more than full time, and you're not making money, maybe five to \$10 an hour, if you did the math, and you become overworked. And that has an impact on the quality of services you're providing to other people. I mean, how are you supposed to, I mean, talk about your passion goes away, right? I mean, you're just trying to survive, and you're, you know, malnutrition, you're not sleeping, and then you're expected to be functioning at 110%, you know, to provide people with these services. And so that's also like a system that I just, it's just so broken. Because not only like, I think about it in the first funeral, like certain agencies, like, not only is it harming the, you know, the health and wellness of the personnel, but then that also has an impact in how you're able to actually do the job and help the people in your county or in your city, right. Because if you're not, if your personnel are all functioning, you know, below optimal level, or significantly below optimal level, then it's going to impact the services they, they provide, and you talk about this, like you and I've talked about this before, I include your quote

from your book, and a lot of you know, in some of my presentations, and really go after this idea of like, we got to change this mindset of like, okay, this is just so that, you know, to make my personnel happy to bring this person in, you know, and then they could just get some facts, and then we go on, and we go with status quo. And this has to be a full organizational priority, right, it has to be addressed in so many different ways, wellness, you know, like mental wellness, physical wellness, nutrition, sleep, all these different things, in order to optimize personnell overall wellness. So I just, it's such a difficult task to kind of get that point across is that the list you do for the personnel, then the more work and time and money it is typically for your agency, because you have more line of duty injuries, potentially more line of duty deaths, mistakes, paperwork, medical leave all those things, that's all related to it. So it's a tough, it's a tough message.

 James Geering 1:23:40

It's a false economy. And that's what blows me away is that, you know, people will want to look good in a budget year, but they're actually draining money from a city or a county, but if you just had that courageous leadership to say, we're going to invest, I mean, the corporate world thinks since we spoke last, there's been a lot of articles how, you know, the bigger corporations and more progressive corporations have tried the four day workweek that's still four, eight hour days, nine hour days, not adding, you know, twelves and they realized that they were getting the same if not more than because these people found in a very innovative they found more ways to be efficient, they got the same amount of work done. And then they got a three day you know, period with their family came back much more refreshed. And so sometimes the fire service refers to itself as a business. I'm like, Okay, well then, don't model a fucking Indonesian sweatshop model, Google or version, be progressive if you're going to model it. So I always talk about it. 2472 you invest in that extra shift, as you said, you would actually save money hand over fist longitudinally, but you've got to have the courage to seem like the bad guy in that one or bad girl in that one. budget year, but you will be the hero 10 years from now when they realize the savings that you've made.

 1:24:58

Yeah. Oh, yeah, that takes a lot. Got a courage to do, though, as you know, you know, especially in the first Fonner role, you know, things things have been things have always been done this way. Right. I mean, that's a lot of the, the messaging that gets across. So I agree. I mean, it's, it's something, I think it's going to take a long time to get to the point, I hope, hopefully it gets to the point where more of that is happening. I mean, that's, that's, those are much bigger changes. But I think at least, there's so much more emphasis right now, a lot of agencies are truly, truly interested in and wanting to prioritize the wellness of their personnel. I think I just come across a lot of agencies not knowing how and so almost, I mean, I think we all experienced that, right? Like, I'm, I'm trying to figure out right now, right, I needed to go do some more like functional, physical therapy to start building my body back up, we talked last time around of, like, years and years of athletic, you know, endeavors have just broken my body down. And so, but I feel very overwhelmed. I'm like, Okay, where do I start? Do I call this person? Do I do that? Like, I know, I want to do this now. And I'm passionate about it. But where do I start? And I think it's very similar like that, that feeling of just stuckness. And sometimes when we feel stuck, we just end up not really, we just keep going with the status quo, or we

don't end up doing anything, because we just don't know where to start. So I think a lot of agencies I've talked to, they're like, I have this funding, what do we do with it? You know? So, yeah,

J James Geering 1:26:29

which elements of your physicality you're struggling with at the moment?

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So, um, yeah, so I told you last time around that I have a couple of injuries that are just chronic, and they've been there for a long time, my shoulder and in my wrist. But really, I want to start reinvesting into my body as a whole, like holistically. And what really brought that about finally, was, I, in January, started having my back didn't, I didn't, my back didn't fully go out where I was like bedridden for days on end. But my back had a problem. I was at a pinched nerve, I couldn't function I couldn't work out for a couple of weeks, I was in pain. And if you've ever had back problems, I read your book, you've had back problems. You know, it affects everything like that, to me back problems are just the worst. I mean, they affect everything. And so, you know, when I ended up going to see a specialist, I'm going like, what the hell happened, like, I moved in January, because I was picking up boxes, or this or that, and they kind of just like, looked at me after a while, and they were like, I hate to break it to you. But this is like an accumulation of years. This happened over years, you're just feeling it. Now your body finally, you know, there's one little hair on the camel's back. But this is not from something you just you can't pinpoint this to one thing, you know, the mind is basically like postural and, you know, being in the PhD program, and going through all that for 13 years, I'm bent over, you know, looking at my computer, so mine is very postural, and I realized, wow, this is very much about like the approach I talk about mental wellness as being proactive, right? If I would have been kind of putting more investing more in having, you know, a workspace that you know, my eyes are level with the screen and where I can stand and sit and do all these different things that was more ergonomical I wouldn't have had problems back then. And then I probably wouldn't have the problems I'm having now. Right? Because I was putting that time and effort and investment including monetary into that. So now I'm trying to now I'm basically I've started doing a couple of different things to where I'm starting to try and re I call it rebuild my body, but basically focus on what are workouts that I can do, what are the things that I can do or I'm I'm focusing on recovery, functionality, retention, so that my body is preserved for longer not only to not only to remove the pain, so like, I've gone to physical therapy many times, okay, I've this injury, physical, physical, physical for two months, okay, then we're done. Then I go back to boom, boom, boom, boom, boom, hurting my body, I want to maintain I want to reduce the pain, and then maintain it for functionality. So that is what I'm doing right now. And I had to learn the hard way. You know, I think a lot of us do.

J James Geering 1:29:22

Well, they say pain is a good teacher. And it's true. Yeah. Did you ever look into the foundation training that I wrote about helped me for my back injury?



1:29:32

No, I did not so that



James Geering 1:29:33

I'll give you homework. So that could be something you take away if you go on to YouTube. There's a thing called 12 minute foundation training. They just did a new one. So the one I did that hit fix my back was 12 years ago. I think they shot that one. That practice is phenomenal. And it not only will it's not just for the back, it's for it's helped my knees help my shoulders because as you said, you've got that forward, shoulder carriage which pinches nerves, and it's probably why you're feeling it in your, your wrist, it's probably actually being projected down there. Even though I mean, obviously, aside from the athletic element, but that as a go to where you're trying to figure out PT when I was going to PT because of my back, I discovered this from my chiropractor, I ended up educating my PT on this practice, it was working so much better than anything I was doing that I still did my PT, but my warmup would be this 12 minute foundation training. But they have a whole streaming platform with all kinds of exercises that I mean, they work with like high level Brazilian Jujitsu, people, Lance Armstrong, Kelly Slater, you know, all kinds of people, but the guy, Eric that found that it has been on the show multiple times. He's like the money thing. People haven't heard of it, because he doesn't want to go down the QVC room. But it is such an effective practice. So if you take nothing away from this conversation, just go do that every day for two weeks. And then you tell me if you know, if you feel something, I mean, it'll blow you away.



1:31:02

I'm highly motivated, I just wrote it down, I'm definitely going to do it. Because yeah, it's time to start walking, walking the walk, you know. And I'm so invested in the mental health wellness side that, you know, I definitely put less emphasis on on the physical wellness. But as we know, these two things go hand in hand when my back is hurting, and I'm not able to enjoy and be active and do the things that I enjoy doing, guess what happens? I get sad. So you know, it affects your physical, your mental health, as well. So I'm thankful that you gave me that, that resource.



James Geering 1:31:42

I'm gonna give you another one, which I just came across literally a couple of weeks ago. Now. I had one of the most high performing people I've ever had on the show. And I'll just say that because he's the Air Force's AI guru, but he's also a high level athlete. So and this is he's got an amazing life story. But this is a man who I know is only going to tell me about something if it truly truly works. So you mentioned snake oil, he's not gonna be he's so damn intelligent. There's no way in hell anything's gonna get past him. So he talks to me about the TBI training for triathlon. When he came out the other end, he has synesthesia, and these are the people that can smell and taste colors, and he's the real Rayman stuff. But he said he used this thing called New calm to get him on his healing journey after his TBI. At the time, this was only available in very high performing kind of areas. So you know, the NFL, Navy SEALs, NASA, they have these \$6,000 machines, and you put these headphones on and the eyemask. And it takes you through these series of kind of therapies if you like, and he was raving about and I'm like,

Okay, I've got to really learn more about it. So I just had the founder of the company, Jim Pool on the show. There is a one of the most intelligent human beings we've ever had in the States. He passed away recently figured out early in his career talking almost four years ago now that you can measure the frequencies of nervous system states from anxiety to deep sleep, you know, theta delta, all those. And then for years and years and years, he was trying to figure out, Okay, can we manipulate that. And he realized that he could create a machine that would send the same waves, and it would actually stimulate the brain to down regulate or up regulate depending on what state you're looking for. So that was all well and good, but unless you're a Navy Seal, or an astronaut, you really couldn't access his technology was smart. Smartphones have become so advanced now that about a year and a half ago, they were able to develop an app that anyone can use now. So I used it again, like CBD, like some of these things. I'm not going in thinking, Oh, this is definitely going to work. I'm very, very open minded. It's not a placebo effect, because I don't even know what to expect. I meditate I do, you know, I exercise I eat well, like I abstain from alcohol recently for a long time. And so when I did it, I'm like, Alright, I'm already clean. So it's not going to have this I've gone from doing nothing to doing something affects. I was blown away blown away at how well it works. And you come out of like, there's a 20 minute one they call power nap, you literally come out feeling like you have a full 90 minute two hour sleep. There's ones that actually help you focus if you're working on a study or book, you know, whatever it is, there's ones that actually help you on the exercise side, which I haven't tried yet, but supposedly the kind of upregulation one, but for me, it's that downregulation that monkey mind that I've had for so long. After two weeks is almost quiet now. It's it's incredible. So that's another thing.



1:34:47

I everyone listening. You said it's an app. It's an app,



James Geering 1:34:51

it's called New calm and you see a LM and they do have a free trial. If you Google new calm free trial is a one week trial. I'm hoping to get them on as a sponsor, because I think every single person on on the on the developed world needs it. But it's, it's never been accessible to the regular people until very recently. So I can, you know, say having tried it, and I'm a very self experimentation kind of a person. And there's a lot of gadgets and hacks that I think are bullshit, you know, to be honest, but this is this is a game changer. So my wife has been suffering from back pain recently more kind of chronic, she just did a session again today. And she's like, I got up on my back didn't hurt anymore. Because the Body Keeps the Score element, you know, really get me excited about this. Yeah, so I don't like to talk a lot on the on the podcast. But I think those two foundation training a new calm, CBD is another amazing one. Those are phenomenal for you know, you talk about the physical side, but the mental downregulation and for me, what makes me excited. Whether you're, you know, a hotshot, and you finally finish a deployment, whether you're a police officer, or a dispatcher, or whatever, you've just seen done some horrible shit. And then you've got to go home and be mother, father, you know, whatever, that 20 minute, sit in your car, go in the bunk room, whatever, put the mask over your face to a 20 minute one, and you're down regulate, now you can safely drive home for us, because it's like, you kind of have a mini sleep. But also, when you walk through the door, you're not going to be thinking about what you just did at 3am. So I think that the applications for the people listening is phenomenal.



1:36:34

Oh, it's huge. Oh my gosh, I was gonna say I, I cannot imagine the impact it would have in the first responder community given the you know, we've already talked about but you know, on under chronic with a job that you have to be chronically under stress, right or quickly under stress. Your body when you're off shift doesn't just go okay, we're off shift now. Time to relax. It's not the way it does again, because, scientifically, chemically, what's going on internally, your body doesn't go Okay, I'm off shift, or we're gonna we're gonna stop here. So that's a big, long standing issue. With responders I find particularly with sleep where they're like, Okay, well, I know I, there's all these tools for sleep, and there's all these, you know, recommendations, but okay, I go home, and I try and sleep and either I fall asleep fast, and then I'm waking up multiple times, and I can't stay asleep, right. And that's because the body is trained, their body is trained and to be more hyper vigilant. So the body is going to wake up more. So having something like you're describing, to actually bring the body back down to a state of, of, you know, baseline state would be incredible.



James Geering 1:37:40

Yeah, it's amazing. Well, speaking of solutions, Center for trauma, anxiety and stress. We have, you know, this this huge nation that we live in with this real need for resources, education, when it comes to I mean, wellness in general, obviously, mental health as part of that conversation. Talk to me about your company, and what can you offer agencies and individuals that are listening?



1:38:06

Yeah, so there's two parts of my company. So one of them is that I offer therapy services for both individuals and couples, exclusively to first responders, military, people in high stressful professions and their loved ones. So because I live in California, and due to licensing laws right now, unfortunately, I can only provide therapy services to people in California, but I can provide them to someone living anywhere in the state of California. So we've talked about a lot of things that I specialize in, but I use evidence based treatments for post traumatic stress, injury, trauma, moral injury, guilt, shame, anger is a big one that I do with first responders. You know, anxiety, depression, substance abuse, I like I said, I see a lot of loved ones of first responders, because I think that unfortunately, sometimes they get kind of lost in the, in the dark, you know, but it's a big, they're a big part of it as well, you know, they experience a lot of, of the job in a way as well. And so I think it's important to have culturally competent providers who know the culture and know, you know, what goes on in the job and how that impacts other loved ones in the house as well. So yeah, I provide the therapy services and actually might be getting telehealth licensed in Florida. So I'll keep you updated. But a biggest part of what I do is work with agencies and implementing developing and implementing wellness programs and I do a lot of different things. One of So, let me let me talk about this. So I very much talk about the proactive approach to wellness. And what I mean by that is every single agency should have not only reactive resources in place, so Let's say for responder kills themselves, right, we have the chaplain come out of the peer support teams come out, you know, all these resources that come out. And in the face of a tragedy like that a lot of agencies have that. But there's a lot of agencies that don't have much, or at all a proactive side of things. And so the proactive side of

things is meant to do two things. One, most importantly, keep the healthy people healthy. A lot of us because we're feeling good, we don't take care of our minds or our bodies, because we're feeling good. And then 10 years down the line, Brooks moving in January, and all of a sudden her back starts hurting, right? So we want to keep the healthy people healthy. And we want to be able to provide early intervention for people maybe who start to not feel so well, right before that snowball accumulates so much to the point that it rolls off the cliff. We don't we want to prevent it before it gets to crisis. So how do I do that? So agencies bring me in to do pre mental wellness pre presentations. I think that's a huge power. I'm a huge fan of doing those because I think psychoeducation just basically talking and informing individuals about let's say, I come in and do one on sleep, general, what sleep does, what impacts sleep negatively, how the first responder service can impact it specifically and uniquely and tips to utilize that in and of itself is super, super, super impactful. Because then people know what to look out for, they have tips to if they're sleeping well, right now, great, here's the things to keep doing, or here's the things to implement, so that you can continue to do this. So that you're, you don't end up having any issues, right. So that's what presentations do. So I do a lot of customized presentations on sleep, trauma, substance abuse, retirement, all these things. Another thing I do is peer support training. So different agencies are at different have different levels of peer support, you know, there's some huge agencies with tons of peer support individuals and maybe something of a structure already in place. And so I come in to maybe kind of reorganize or polish it up a little bit, provide supervision to peer supporters. And there's some agencies that are smaller with really small, you know, 10 people and their peer support team, that they don't really know where to start. So I train them in peer support and kind of build it from the ground up. That's another big thing I do. Another aspect of what I do is I a lot of people call them mental wellness visits. I call them psychological enhancement visits. But basically, I think they're becoming more prominent, but agencies using funding to bring a culturally competent provider out once. And if you have the wherewithal twice a year, that all of your personnel, including you, the leaders, the leadership, that command talked to this person for 30 minutes, right? It's not therapy, nothing is recorded, no notes are given. It's completely confidential. But it's just normalizing talking to a provider, right. And for some individuals, that can be really helpful. They can have ask about resources, etc. But this is just normalizing the process. So that's another big thing I do as well. I do content development, resource manuals, I've talked about, you know, where do we start, we want people to be able to have something to go to. So a lot of content development, as well. So I'd say those are the four four biggest things that I do for agencies as well as critical incident response.

 James Geering 1:43:37

Beautiful. So where can people find you online and the website?

 1:43:43

Yeah, so my website is [www dot center. tawse.com](http://www.center.tawse.com). So let's center T A s.com. So there's a lot of information about me and my background, the services I provide there. I also have an Instagram, it's Dr. Brooke, PhD. That's Dr. Spelled out br Oke. Okay, EE PhD. I just actually made that so

 James Geering 1:44:08

I just accepted your friend request. So excited

 1:44:11

about it. But yeah, I just started getting into the Instagram world. So pardon me in advance for you know, maybe having lame content right now. But um, yeah, so those are the two places you can find me I'm also on LinkedIn, as well. So I again, I'm very, very open to people reaching out to me, even if it's just to talk or have asked questions to network, I'm happy to do you know, come to the apartment and do ride alongs, things like that. Again, I'm very, very focused kind of what we were talking about earlier. It's not all just about business. I want to form relationships with people. I've met so many wonderful people over the last year just by networking and you know, hopping on a zoom call or getting coffee with them or doing ride alongs and so, you know, I do welcome people to reach out to me and Joe enroll I've had people reach out to me because they saw articles I wrote and just asked me questions or whatever it is, you know, I'm open to all of that. So I really do welcome that.

 James Geering 1:45:09

Beautiful. Well, I want to ask you the same closing questions I did nine months ago. That's okay.

 1:45:14

Yeah, I don't remember it. Go ahead. Good.

 James Geering 1:45:16

So the first one, is there a book or other books that you love to recommend? It can be related to our discussion today? Or completely unrelated?

 1:45:24

Okay, well, obviously, I always recommend your book. But I truly do every time I go and provide a resource manual, I put your book as number one. But aside from those two books I always recommend are the body keeps a score. That That book is basically it goes more in much more detail with someone much smarter than me, a psychiatrist who talks about basically how trauma affects physically, the body and the mind. Right. So I'll go into a lot of detail about that. And the other one is why we while we sleep, by Dr. Matthew Walker, he's a neuroscientist over at Berkeley. And as his book is, for me, just truly revolutionary. And it's a very easy, it's not dense. It's a very easy read. And so informative. And so that's another book I also recommend.

 James Geering 1:46:16

Beautiful. What about movies and or documentaries?

 1:46:20

Oh, movies or documentaries? I don't know. The PTSD 911 documentary came out last year. I do like that. That's a great one. That's a really good documentary. But yeah, I don't know how to answer that question. I mean, I watch a lot of movies, but I'm trying to think of I don't have a confident response. And you know, what movie might fit well, for some people, and not others.

 James Geering 1:46:47

Brilliant. But now that the documentary is great, actually, I spoke to the guy who was making that a long, long time ago, but that was the last time we spoke. But one of my friends from Anaheim, Matt Firenza. is in that movie. Yeah.

 1:46:58

I just met him. Yeah, I just I spoke at a conference in Vegas, the first sponsor conference in June and so I met him and his his nice dog Axel as well.

 James Geering 1:47:07

Beautiful was speaking of great people, is there a person that you recommend that come on this podcast as a guest to speak to the first responders, military and associated professionals to the world?

 1:47:19

Yeah, so there are a Well, the first person that comes to mind, she does a lot of so she has a very large company as well working with first responders. Her name is Heather Williams, and she she's works heavily with law enforcement, I believe her husband is a SWAT was working in Swat for many years as well. She's someone who, you know, who's an expert psychologist, who could probably provide a lot of information to and, you know, as it does a lot of really great work. So that's kind of the first person that that comes to my mind. And I always say, to get our mutual friend Rex on here, but he's, I've been trying to convince him to come on. So

 James Geering 1:48:03

I've been trying to convince him to come on. So maybe this this will finally be the one that pushes them over.

 1:48:09

Maybe I'm gonna text them after this and say, You know what, it's settled. You have to go on there.

 James Geering 1:48:15

Let's do it. All right. Well, then, again, talks about that. I'm forgetting the term now. But the the trauma that you get from listening to people talking about their trauma, that's secondary trauma. Is that what they call it?

 1:48:28

Yeah, there's different words for it. But yeah, secondary trauma, vicarious trauma,

 James Geering 1:48:32

vicarious that was what I was looking for. So, you know, obviously, this is a discussion for a lot of people in the counseling therapy world, what do you do to decompress? How do you offload that?

 1:48:43

So just like I preached to first responders, I have to actively do that as well. And when I don't guess what, I feel it. And so it's funny, I think there's like a perception that the mental health providers is this like optimally functioning, you know, resilience, person that doesn't get affected by any of this, but far from the case. So there's a lot of different things I have to actively do. After tough calls, if I'm on scene or you know, tough day clinical work, talking about these things, I have to find different things that work for me to process and decompress. I go to therapy myself, I'm very open about that. And that's one way that I work through that. You know, just some of the stuff I experienced. I also do a lot of things like you're talking about that basically lower my sympathetic nervous system or shut it off that sympathetic nervous system again, is that thing that goes off when we're really stressed, right, it's what makes us feel jittery and wired up. So for me, I have to do things like I will go for a bike ride. I like to be outside get some sun, nature is always a go to for me. Always, always, always, always going for a walk going for a hike. I like doing things like that going for a bike ride being outside, I do things to kind of occupy my mind and help my mind decompress like puzzles, where as I'm using my mind, but it actually helps to calm my mind and take it off of, you know what I was doing for work. And I have to implement all the sleep stuff that I tell first responders to do. And when I don't guess what, I stopped sleeping, I don't sleep well. So things like not using my phone in bed using bed only for sleep, not checking my email past a certain time during the day. All these different things that I do that I and if I stop, if I start to wobble on any of those, or you know, get lazy on any of those, oh, a couple of nights in a row, I'm just tired. I'm just gonna look at my phone for five minutes, all of a sudden my sleep quality gets impacted. So there's a lot of different things I really like to let first responders know that I have to do these things to in order to maintain my wellness so that what I do for work doesn't start to impact me because there absolutely have been times when it has.

J James Geering 1:51:10

So I do the same thing I wear the blue blocking glasses at night phone goes away have a lavender Mr. That I mean, you know full on hipster. But the new calm has another setting which is called deep sleep and you put a speaker in your room, you have to plug it in. And there's three settings I always have the rain one. So it sounds like rain and thunder, which in Florida is you know, usually what you hear on the outside anyway. But again, those frequencies are getting you to go in that deep sleep because I was able to go to sleep, but I always woke up feeling really tired. So obviously I wasn't I was still sleeping in that one eye open thing that I did for 14 years wearing uniform. And it's been amazing to but to be fair to a couple of days to get used to because it was weird hearing stuff and normally very quiet. But um, that's another tool now to to kind of get you the downregulate out of that. Again, that hyper vigilant stay into that relaxed deep sleep.

 1:52:05

And that's the you said the new condoms. Yeah, same app. Yeah. Okay. Yeah. Yeah, I can, I definitely want to look into that. Because I can tell you right now the first thing that starts to go for me, when I start to you know, get a little bit loosey goosey with these proactive things that I have to do is my sleep. And that goes is my sleep, I start to just wake up feeling tired. I'm waking up during the night, I can't fall asleep. I call wired but tired. I'm tired. I'm so tired. I haven't slept for a few nights. But I get into bed and I'm wired and you know, just can't. So that's always my first indicator of like, okay, we got to identify things when we have to start ramping up, you know, tools and resources, and my sleep is always the first place that it shows.

J James Geering 1:52:51

Yeah, no, it's been amazing. And Jim actually said, you may well make wake up halfway through your sleep. Because when you're in that deep restorative sleep, your body is cleaning the way it was supposed to. And you might need to pee. But what I find is sometimes I wake up some of the don't but you know, sometimes I need to pee sometimes I don't, but you just go straight back into sleep again. So it's just it's so alien to me. But um, you know, even my son who's only almost 16 that's apparently when we start to shift away from the deep, deep sleep that children get. And he's been doing it and he's like, Yeah, I slept really well last night. So it's three different people now.

 1:53:30

Real pumped. I'm real pumped up. Yep.

J James Geering 1:53:33

Yep, sounds like a like a sales pitch. But it's not I just prophesized when I find something that's going to change people's lives. So



1:53:38

I that's I know that you wouldn't talk about this if you didn't think it was actually legit, which is why I'm so excited about it.



James Geering 1:53:44

Absolutely. Well, I guess I just want to say thank you again, we've been talking for almost two hours again, that means I think it's four and a half hour conversation if you put the two together but we I think we did a good job of kind of circumnavigate and some of the things that we discussed the first time but then layering on some other things. So I want to thank you for being so generous yet again and coming on the behind the shield podcast. Oh, thanks so much for having me, James. I swear I could talk to you forever. Two hours goes by real fast