# James Jackson - Episode 821

Fri, Sep 15, 2023 11:13AM 1:43:55

**SUMMARY KEYWORDS**

icu, called, long, ptsd, find, problems, patients, talk, mental health, psychologist, great, big, book, people, good, first responder, trauma, written, sleep, feel

**SPEAKERS**

James Jackson, James Geering

---

J James Geering 00:00

This episode is brought to you by Thorne and I have some incredible news for any of you that are in the military, first responder or medical professions. In an effort to give back, Thorne is now offering you an ongoing 35% of each and every one of your purchases of their incredible nutritional solutions. Now Thorne is the official supplement of CrossFit, the UFC, the Mayo Clinic, the Human Performance Project, and multiple Special Operations organizations. I myself have used them for several years, and that is why I brought them on as a sponsor. Some of my favorite products they have are their multivitamin elite, their whey protein, the super EPA, and then most recently Cyndaquil. As a firefighter, a stuntman and a martial artist, I've had my share of brain trauma and sleep deprivation and Cyndaquil is the latest brain health supplement. Now to qualify for the 35% off, go to thorne.com th o r n e.com. Click on Sign In and then create a new account you will see the opportunity to register as a first responder or member of military. When you click on that it will take you through verification with Gov X. You simply choose a profession provide one piece of documentation and then you are verified for life. From that point onwards you will continue to receive the 5% off through Thorne. Now for those of you who don't qualify there is still the 10% off using the code BTS 10. Behind the shield 10 for a one time purchase. Now to learn more about Thorn, go to Episode 323 of the behind the shield podcast with Joel to Toro and Wes Barnett. Welcome to the behind the shield podcast. As always, my name is James Geering. And this week, it is my absolute honor to welcome on the show neuro psychologist and the author of clearing the fog, Jim Jackson. Now this was a unique conversation for a multitude of reasons. Firstly, Jim's book clearing the fog discusses the impact of long COVID especially on cognition, and as you will hear it mimics TBI. So his book not only identifies the issues, but also bring solutions. Another interesting thing about this discussion was as you will hear halfway through Jim had a mental health emergency they had to respond to so this conversation was actually broken up about a month apart. So there may be some overlap, but it was also a unique momentary insight into the critical area of psychology and psychiatry. Now, before we get to this incredible conversation, as I say, every week, please just take a moment, go to whichever app you listen to this on, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast therefore making it easier for others to find. And this is a free library of well over 800 episodes now. So all I ask in return is that you help share these incredible men and women's stories so I can get them to every single person on planet earth who needs to hear them. So

with that being said, I introduce to you Jim Jackson enjoy Well Jim, I want to start off by saying Firstly, thank you to Mark Watson for connecting us and we'll get into how your paths meet or met and how you use some of his tools with the people that you work with now, but also I want to welcome you to the behind the shield podcast today.

J James Jackson 03:52

Great to be with you really looking forward to this conversation.

J James Geering 03:56

So where on planet earth are we finding you this afternoon?

03:59

You know, we could go if you would have talked to me I was at the beach in South Carolina and it was really hot it's still hot but I'm in Nashville Nashville, Tennessee today.

J James Geering 04:10

Beautiful any shark attacks in in the Carolinas when you were there and the last couple of times I've been there down the beaches where people getting murdered and I'm okay, I'm gonna stay out of the water today.

04:20

You know the only the only sea life that we saw was if you dolphins and then I managed to catch a stingray and that was exciting. You know I love fishing. I like catching I do a lot of fishing, not much catching. I hooked something and it felt really big and I was really excited. I was in the surf with a with a kind of a small pole. And it got closer and closer the rod was bending and all of that and I lifted it out of the water. It was a baby Sting Ray So I think the way it was shaped made it kind of resist the water a little bit so it felt a lot Bigger than it was I was really disappointed, but no shark attacks.

J James Geering 05:04

Okay, good to hear. Well, I would love to start at the very beginning of your journey. So tell me where you were born. And tell me a little bit about your family dynamic. what your parents did and how many siblings?

05:14

Yeah, sure. Thanks. So I was born in Grand Rapids, Michigan, kind of in the southwestern part

of the state. And then as, as a little boy, moved our family's longtime hometown of Portage. Somebody in our family has lived there since 1830, or 40, I think longtime so I grew up in Portage, Michigan. Small town in the southwestern corner. Good people, very Midwestern, surrounded by lakes. Fishing is already a theme. I think, in this interview, I grew up fishing, grew up playing sports, was a really curious kid. Raised by my parents, my dad, a salesman, my mom, my dad, Jim, my mom, Kathy had a daycare business. So we had kids in the house all the time. And I watched my mom and dad really lovingly care for people in our neighborhood, in our life. And I think in some ways they were planting the seeds without knowing it, of a career for me, engaging people and helping people you know, witnessing their their caring and generosity transitioning into a field where I would be caring for people turned out to be really natural. I went to college really wanted to be a sportscaster that was that was plan number one. And you had to be proficient at the time, probably still. Now, at using a camera, you had to know how to edit footage, all of that. And if all I had to do was talk on air, I was great. But back in the back in the studio, I was horrible. And I quickly thought, you know if I need to be proficient as an engineer, as a tape splicer, as a cameraman, this is not the job for me. So I changed my major to general studies actually, which is kind of like nothing, you know, I had a little bit of a lot, got into graduate school, kind of by the skin of my teeth. And once I got there, really was able to thrive I wound up about 22 years ago, at Vanderbilt Medical Center. And we've been here in Nashville, my wife, Michelle, our three kids, Colin, Caroline, and Carson. And now our three pets a dog. I'll have a dog waffles. And then a cat. I usually forget to mention the cat the cats being mentioned today. Try not to ignore the cat. So we love being in in Tennessee, Michigan is lovely. I think if I never had left, I would still be there. But once you move south, and you realize that you don't have to endure seven months of winter, five months of winter, six months of winter. You realize pretty quickly at least I did. Gosh, I don't think I can go back. And that's kind of what happened to me. So happy to be here. In the Mid South.

J James Geering 08:14

Yeah, we have to endure seven weeks of winter here in Florida. Exactly. And it's the probably the most beautiful time of the year to be honest, because there's blue skies and sun but it's cooler. Yeah, absolutely. So just going back with this kind of lens that you had early life, I've talked about this before I grew up on a farm, my dad was a horse fat. And we had anyone from gypsies to extended royalty, and everyone in between, come through our doors. And then it gave you this amazing, you know, perspective of the spectrum of the human being some at that moment. Maybe not the nicest, kindest people, and then others weren't. So you realize it's not about socio economic or race or religion. It's just good people. You had this this kind of lens yourself with the school? What is your perspective, and this isn't a political conversation, but there appears to be a lot of division and pigeonholing currently the last few years, which spans both both presidencies. What is your perspective, from a psychologist point of view of what is happening and how do we go back to that unification that community element again,

09:21

I am hugely worried about it. I mean, I share the vantage point that you highlighted. That was my experience growing up to that we encountered people of all sorts, and recognize that, you know, you engage people as people. And I think we are hugely divided. Things are so divisive, what the what the cause of that is, you know, hard, hard to say but but I think it's hard to over exaggerate. It's hard to overstate how big that problem is, right? We're so siloed It's one reason

that when we raised our kids, we wanted to make sure we traveled a lot. One reason when I hire people on my team at Vanderbilt, I try to hire people who love to travel. Because I feel like travel is something where you get out of your comfort zone and you realize, oh, my gosh, these stereotypes that I held on to they're really not true, right? They're not true. But But I think increasingly, we are hunkered down. We're kind of in our bunkers. And we congregate with people that look like us that think, like us. People with with a particular kind of politics are moving from blue states to Red from red states to blue. And, and I think it's a big problem. And I think the onus is on us, as, as leaders. You know, for me, as a psychologist in healthcare, the onus is on us to try to create a change, right to try to make sure that we are pushing against the currents culturally, in terms of how we engage people in modeling for other people how to do that, because I think it's a huge problem. I agree.

J James Geering 11:04

One more kind of tangent. Before we get into your journey into psychology, I'm kind of jumping ahead a little bit. There's a great story. I'm blanking on his name, who's the gentleman that started apple?

11:15

Oh, Steve Jobs. Thank

J James Geering 11:15

you, Steve Jobs. I don't know why that fell out my head then, that he was at college, kind of fumbling around trying to work out what he wanted to do. And he took a calligraphy class. And ultimately, that became the very first font that you could do on a computer. When you look back now, were you all but the lens today? Were there elements of your sports journalism that you did do that carried over into your career today?

11:39

Yeah, I think so. You know, one thing. One thing that was true of me in my sports journalism is I was really enthusiastic. Right, I was a big cheerleader really enthusiastic, and that has, that has continued. Sometimes people tell me to tone it down a little bit. Right. I've been accused at times of toxic positivity. On a serious note, I have to being too positive. Right. Yeah. And, and, and I try to take that to heart. But that cheerleading that coaching that enthusiasm, for better or worse, that's who I am. And I think that's grounded in that experience of being a sports journalist for for a minute.

J James Geering 12:26

Yeah, it's funny, I've only had that once. And I was like, I don't even know what this term is. And then I was thinking, Okay, can you imagine if it was Jesus, or Buddha, or, you know, whoever, Krishna and be like, God, God gets so annoying, can you stop being so positive? It's kind of, you

know, you're trying to encourage goodness and community in the world. That's what positivity is in the fact that some people call it toxic and I get empty positivity, you know, what they call it virtue signaling? That's different, but someone who's positive that should never be discouraged?

12:54

Yeah, you know, the first time I ever heard that term, I'm on Twitter, and I have a little bit of a love hate with Twitter. It depends. But but it can be a contentious place. And I think it was about a year ago, at the beach, I was tweeting and I won't get this exactly right. But I, but I made a tweet, if that's how you say it, that basically said, You are more than your disease, right? I work with people with chronic illness a lot. And it said, you're more than your chronic illness. Remember, you are so much more than your chronic illness. And somebody responded and said, That's gaslighting, that's toxic positivity. And, and truly, I had a hard time wrapping my head around that, because I do believe, you know, I don't want to minimize people at all. I don't want to minimize their struggle. But I do believe that it's important for us to communicate the message to people, that whatever your label, whatever your struggle, you are far more than that, you know, let's not reduce you to your occupation, let's not reduce you to your economic status, let's not reduce you to your chronic illness. You're far more than that.

J James Geering 14:09

That's an observation I made as a firefighter, EMT and paramedic is sometimes you would see people it was almost that their disease, their diagnosis was an identity. And there was always a statistic. Oh, I'm wondering, you know, only only 10 and a million have this thing that I have. What have you seen about that element?

14:27

Yeah. So I think there's a there's a needle that we work on threading every day and that needle is how do you find a way to own your story? Because on the one hand, I really want to affirm that right? How do you find a way to own your story, but not own it too much, right? How do you own it without becoming allowing it to become this all encompassing, all arching narrative that defines you and when it defines you, it really limits you so in the support groups we lead in the individual therapy I do this is a constant conversation, right? Like you've got long COVID. Now you've got PTSD. Now you've got depression now whatever it is, yes, let's be honest about it, let's be vulnerable about it. Let's acknowledge it. And let's recognize that you can have a life that is far bigger than that thing, right? Because if, if you become the sum total of that thing, it is limiting, and it is unhelpful. So owning on the one hand, and casting a big vision, on the other hand, that's the dance that I try to help patients do.

J James Geering 15:36

So you were doing these kind of General Studies? What was it that took you into the world of psychology initially?

15:44

So great, it's a great question. I took a class in college, you know, I had, I had entered college with a great academic record. And and I wouldn't say with a lot of fanfare, but with a lot of enthusiasm, I got some got some credits, because I had taken some advanced placement tests and all of that, and, and I burned through that goodwill with bad grades pretty fast. And by the time I was, in my final semester, before graduation, I didn't quite know what to do. But I took this psychology course, just one. And it was a lot about how people change, it was a lot about how people grow. And something about it really hooked me, I had no idea what I was going to do after college after moving off of this journalism major, but something about psychology really resonated. And it was a little like, you know, I pulled the thread, and, and just kept on pulling kind of followed it. And that propelled me to graduate school. And once I got to graduate school, frankly, I met my wife met her and then we got married couple years later, but she was organized, she was disciplined, she was a lot of things that I wasn't actually. And under her guidance, and maybe even tutelage, she gave me some railroad tracks to kind of run on, so to speak. And I was off to the races, you know, loving helping people, and realizing that it was really natural for me. And, you know, I'm not sure that's everybody's experience with a career, but my experience is, you know, you know, you're doing the right thing, what you're called to do what you're built to do, if that's the way people want to think about it, when it is a little bit effortless, you know, when you're not having to knock that door down, when it feels like you're in that state of flow. And for me, that's how psychology has really felt, you know, I've been much of the time in this flow state where things just happen. It's really natural, you know, you learn techniques, and you learn tools, just as you did in your career, but the passion is there. And many days, it doesn't feel like working now. Now, that isn't always true, right? There are hard days. And they're big challenges, but, but I feel really blessed to love what I do. And I think part of the thing that's great about the world of clinical psychology is you work hard to impact people. And in real time, often you see the results, right, and they're so gratifying and seeing people change and grow and improve. That gives you the added motivation to get back in the ring and do it again and again. And again. And again. And that's kind of been my story.

J James Geering 18:38

Since I started this podcast and been, you know, went down this journey myself, there have definitely been some very pivotal aha moments. So one of them, for example, the kind of suicide crisis that we have in our profession was rearing its head around the time I began this. So initially, I'm going oh, you know, a lot of people also think, you know, this is what we see, you know, this is why we're doing this, and then someone educates you. Well, actually, let's bring in childhood trauma. And as an added layer, it's not a single thing, but you start becoming more and more nuanced. And then asking the question and getting the courageous vulnerability of so many people that have come on here, you realize just how many people wearing a uniform, have significant childhood trauma, have, you know, very high a score? So what were some of the aha moments as you progress through your career, maybe deviating from the academic side and seeing the real world?

19:31

Yeah. You know, there have been so many. Early in my career, I worked at a worked at a rural hospital in, in in Michigan and a tiny town in Michigan and you have patients that that you remember, right, you know, that you recall, and one of them had lost a child tragically, and had

remember, right, you know, that you recall, and one of them had lost a child tragically, and had developed particularly profound PTSD and PTSD. He has been a big interest area of mine both clinically and and academically publish on the research etc. And before I saw this man, you know, so dear and really brave but really racked by the trauma that he endured before I saw him. You know, PTSD was a very academic kind of a term for me, you know, it was a it was a phrase on a page, if you will, something that happened only to soldiers, if you will, and seeing the real world impact of this in the life of a man who before had been perfectly high functioning right, his life had been going fine. And he literally, you know, is like he got a clothesline, if you remember the old pro wrestling matches writing got a clothesline, suddenly he's on his back. I remember that. That event, kind of stealing in me building in me, a passion and a desire to learn more, you know, to help people like this gentleman, who really was a victim. Right. So that was that was one moment that I remember really well. There have been so many others in my, in my 27 years at Vanderbilt, the support groups that I have led have been really impacting that way all. So I would say early on in the work that we did, it was very much up in the air, whether we would continue this support group program, we just started it now. It's very large. And early on, I had an encounter with a patient and it was obvious that his life was really improving. And I remember thinking, Oh, my gosh, this is working right. It's worth the effort. So those are two examples. But there are many, many more.

J James Geering 21:48

Now with that definition of PTSD on a page with a soldier, as you come across people in you know, whether it's uniform of this medical, whether it's some sort of profession where there is acute obvious trauma, did you start seeing the same thing, as I was seeing through a microphone here with, with the the impact of unaddressed childhood trauma being a contributing factor, amplified by these acute traumas in the job?

22:15

Yeah, absolutely. We did a, we did a study, many years ago now. And we approach patients in the intensive care unit, ask them about PTSD. But before we did that, we gave them a tool, a test called the T Leq. And that's called the trauma life events. Checklist questionnaire, trauma, life events, questionnaire, TLA Q. And in that questionnaire, you basically say, I'm going to list some traumas Have you been exposed to them, and then you just go down the list, hit by lightning, you know, from obscure to, attacked by a dog to robbed to sexually abused to, you know, the whole nine yards. And the amount of items that people were endorsing on that checklist would really stop you in your tracks. Right. And there were there were more than a few times. When one of my one of my colleagues, not a psychologist, but a research coordinator, one of my colleagues would be in the ICU, administering this checklist to someone that is, what's your trauma history? And I would get a call saying, Jim, there's a patient here breaking down, right, like they're overcome with emotion. We asked them about their trauma history, and they just came undone. It was overwhelming to them. So I think your point is really well taken, which is there's overwhelming early trauma, childhood trauma that people have. That's true, certainly, for first responders. It's true for medically traumatized patients that I see it is clearly a risk factor for the development of PTSD. But But even in people who don't develop PTSD, I think it's a problem that is really overlooked. And I think part of the problem in my way of thinking, and I work for the Department of Veterans Affairs, and I have great affinity for veterans. And I think for a long time people have defined trauma, as combat trauma, right? Like that's what people think of. And I think we need to be really thoughtful and recognize trauma

comes in a lot of shapes and sizes. It comes in a lot of packages. And that's not only combat trauma is not only abuse, it's so many other things that make people vulnerable to developing PTSD when they have that next trauma down the road.

J James Geering 24:55

Well, I know you worked in the ICU for quite a while one of my friends is a former fire higher and she had a very bad traffic accident just driving to a station, she got rear ended by a SUV there. I think it was something crazy, like 80 miles an hour. But she had already gone into nursing. So she was able to carry on that. And in our conversation, she talked about ICU psychosis, which is I've only heard that term a couple of times. I am aware completely, though, of the sudo psychosis that sleep deprived first responders like myself, you know, have in as well. So talk to me first about ICU psychosis, and what are the contributing factors to it? Yeah, it's

25:31

been a while since I've heard that term, actually, that that term used to be very much in vogue. And we saw it as a little bit of a problem our research group did and others did. And most people now use the term delirium to mean what ICU psychosis meant. And when we think of delirium in the ICU, we think of a situation where, where someone has an acute change in their consciousness, typically characterized by things like inattention, sometimes disorientation to reality. Sometimes Frank psychotic symptoms, and the concern with delirium as it relates to PTSD, is that often people who are delirious in that delirious state, they distort things a lot. So they have memories. They're real memories to them. But but in in fact, their memories of delusions, right? So we often have, we often have patients who, someone tries to place a catheter in them in the ICU, and their memory of that is, Someone touched me inappropriately, they tried to sexually assault me, someone delirious in the ICU, is taken to neuro imaging, they get an MRI, and they're convinced that someone was trying to move them into an oven, right? Because because the entrance to an MRI maybe looks a little like an oven, right? So often what happens is people leave the ICU, their delirium is gone. But these delusional memories have been literally imprinted, if you will. And they are they are normal. They're in their right mind. But they still think, oh, my gosh, it seems like someone tried to sexually assault me, it seems like someone tried to put me in an oven. I don't think that could have happened, but it feels like it did. And that's a source of really profound distress for people, often long after the fact.

J James Geering 27:33

The way Steph was describing it, and it makes perfect sense to me, because I've done a deep deep dive into sleep medicine, because of you know, we'll get into that in a minute. But I believe it's the nucleus of a lot of things that we suffer from in first responder professions. But when you think of just even a regular hospital room, especially an ICU, there's lights, this pings. There's this coming in for for vitals checks. And so you can see how disrupted the sleep is, is that a contributing factor to the psychosis or delirium that we're talking about?

28:03

Yeah, it's a huge problem. And that has led to, to a lot of adaptations in ICUs. They're part of a program called the ABCDE. F bundle. And basically this, this bundled approach to care in the ICU involves things like, let's put a clock in every person's room, right? Let's try to have natural light in the room. If we can, let's try to sedate people as little as we can, so that they're aware of their circumstances, because I would argue, being aware of your circumstances, even if that's upsetting, that's better than being constantly in this bizarre, unnatural, half away, Cap asleep sort of a state, right. For a long time, we thought that loading people up is the best way to say it heavily on anti-psychotics on Saturday lives in the ICU. For a long time, we thought that was a humane approach to care, because it would cause them not to remember what was going on. In fact, we have realized, you know, you can put someone to sleep under under sedatives, but not really, right. Like that's not the quality of sleep that you want, right? And you can knock them out. That's true. But that doesn't mean they won't remember anything. That often means they'll remember things. That actually didn't happen, right. So this so this paradigm shift is let's emphasize quality sleep, if we can as aggressively as we can in the ICU because it's a cornerstone. Let's highlight the difference between day and night. Let's do reality testing and as much as we can, let's sedate people as minimally and let's get them up and aware and active if we can. And the hope is that this will your thinking will lead to better outcomes. i It seems to be the case.

J James Geering 30:04

I think that's one of the most irresponsible elements of medicine is describing a lot of these drugs as sleep medicine. Yeah. Because you hear yourself and all the other people have on the show that understand this from Benadryl through to the extreme ones. And you understand that it's a sedative your your unconscious, you're not actually getting that quality of sleep.

30:24

Exactly. Yeah, exactly. I think people are well, meaning I mean, thankfully. Thankfully, I think the times, you know, they're changing. But, but it's taking a long time to get there. And I think the changes that we've made in in large academic medical centers, let's say to, to think differently about sleep, to be more thoughtful, to be more proactive, more aggressive, and caring for people, and keeping them oriented to time and place, etc, those those changes are taking a long time to trickle down into the community. So you know, if you go to a large hospital, you probably will get state of the art ICU care. But if you're in some little town somewhere, too often, the tendency is we're going to, we're going to knock you out. And one unfortunate thing that happened during COVID, in the early days of COVID, especially is we reverted in the ICU back to old ways of caring for people, where we would heavily sedate patients. And, and that was a major step backwards. Another major step backwards, I think, was in the early days of COVID. We had and they were well intended. But we had really restrictive visitation policies, right, still do in some hospitals. And I think that reflects such a misunderstanding, because as you know, very well. Family is the crux of a good outcome and a good recovery. Right? So the thought that I'm gonna potentially die in the ICU on a ventilator without any of my family around, right. For some people, that's a fate literally worse than death, right? To be there without your family. So, you know, we need to rethink a lot. We're making some progress, we need to make more progress.

J James Geering 32:27

Well, I want to get to the obviously the COVID element in a second. So we're going to talk about long COVID And a lot of your work now, just before we do one last area in the world of sleep deprivation, there are, you know, the, the suicide epidemic is multifaceted. I would argue the homicide epidemic probably parallels that and also a lot of similar contributing factors. But so you have childhood excuse me, you have the unaddressed childhood trauma, I think childhood trauma address become, you know, makes us better at what we do, especially in our professions, you have, you know, organizational stress, you have the acute traumas that we do see, you know, do see and have to do, but my community works 24 hours straight. They at the moment, are working 56 hours a week, a lot of them are understaffed, so they're being forced to work an extra shift, which is now 80 hours a week. So huge circadian No, not even disruption, like an absence of sleep for 1020 30 years. Talk to me about through your eyes, the correlation between sleep deprivation and some of the mental health issues that we've been seeing.

33:29

I think it's a huge problem. I mean, I think for too often, sleep has been an afterthought. And I think, I think part of the problem is a cultural one. And this is a tough nut to crack. But I think it's a problem. And that is, I think, we valorize and we honor right, especially among man, the fact that gosh, I was able to go 24 hours without sleep, I was able to go 48 You know, that idea of being tough, strong, sturdy, defined as how many bad things can I endure, right, that I shouldn't have to endure? Like, how much can I endure, the more the more of a man I am right. And and I think we need to really move away from that. And I think one way to move away from it. It's not a simple thing. But one way to move away from it is for people to be vulnerable and say, gosh, you know what, I'm actually struggling, right? Like I'm struggling, right? If you prick me, I'm gonna bleed, right? I wish people would find a way to be a little more vulnerable. No one wants to be the first one, unfortunately, to raise their hand and say, you know, being up for 48 hours isn't really working for me, right? Like no one wants to be the first one to do that. Right. But but the truth is, we're human, right? We're not built to do that. We're not designed to do that. It's going to take a toll and I think it does. So it needs to change.

J James Geering 35:03

And with mental health, specifically the detriment of not sleeping

35:08

is a huge problem. I mean, it not only is problematic physiologically, but I think there are a lot of other consequences, right? So it leads to problems with inattention and leads to problems with short term memory, it leads to problems with executive functioning, it leads to simple things like I'm not sleeping, so maybe I'm drinking more, right? Because when I do sleep, I want to really sleep or I'm not sleeping. So I'm really ornery with my wife. And now we've got a conflict that we didn't have before, which contributes to me sleeping even a little less, or, you know, it's all connected. And, and I think it's a huge problem. I mean, one thing we've learned recently, is that there are these cumulative effects of not sleeping, right. And those lead to heightened risk of things like Alzheimer's disease and other dementias. So I think if there's one

area that we could target, that might be low hanging fruit, right, like we could we can do something with this right, the benefits of addressing it would be multifaceted and far reaching. I think if we could target one area sleep would be near the top of the list.

J James Geering 36:24

Yeah, I agree completely. I'm actually in the process with, I don't know if you heard of IHMC, the research organization? Yeah, I have that. So they're actually doing it. Very long story very short, we had two suicides in the county of the fire department, right where I live, and a local businessman put up some money to fund them to do a study on human performance. And it's funny, the first interaction, they were like, That's not human performance, when we do in the chief laid out how they currently do it. So I'm hoping that's going to actually give data to get people to realize not only Yes, you are killing your people, but also it's a false economy. If you invest in your people, they will have longevity, they will perform at a higher level and you will actually save money, not waste money.

37:07

Yeah, I think it highlights again, you know, in this culture in this workforce, how often we view people as disposable assets, if you will, right, we're gonna, I think of it in the context of football here in Nashville, Derrick Henry is the Tennessee Titans great running back, right. And, and, in the NFL, if you're running back these days, the idea is, I'm gonna wear you out in three or four years, I'm gonna cash you off and move on to the next guy. And that model might be fine in the NFL, maybe not, I don't know. But it's not the model that we want to use with physicians. It's not the model we want to use with EMTs or first responders. It's not the model we want to use with psychologists. But all too often, I think that's the model, right? We're going to use you up and wear you out. And then when you raise your hand and say, you know, I'm really struggling, we're going to dismiss you and call you a baby and find somebody else. So that model needs to change.

J James Geering 38:10

But with that vulnerability, I've had some incredibly high performing extremely dangerous men and women on the show. I'm just blown away by the courage of their vulnerability. But I've talked about this a lot. When you and I were young, masculinity was kind of played, portrayed as James Bond Rambo, John Wayne, and we were sold a very two dimensional story. How do you think that's factored into a lot of our men struggling today? And I'll say men, specifically in this example.

38:39

Yeah, I think it's a huge problem. I mean, I really do think whether people consciously are aware of it or not. This is what is encouraged in the culture, right? Be a man defined not as, be gentle, be thoughtful, be kind, but be a man as in, you know, grit your teeth and bear it right, push through. And I think it's a problem. I have pushed back against that in my own life a lot. I was an athlete way back in the day I wrestled in college. I'm far removed from that, right, my

son's a college wrestler, and I will not get on the mat with him. That's the last thing that I want to do. But But I have come to realize that masculinity is is much more nuanced, right. It's much more nuanced than that. And for me, that point of vulnerability has had a lot to do with sharing my own mental health journey. About five years ago, I was diagnosed with obsessive compulsive disorder, it developed really quite out of the blue and a real stressful season in my life. And initially, I didn't want to tell a soul about it. I mean, I got the diagnosis, of course, and my wife knew about it. And I really withdrew from a lot of close friends in my life because I didn't want to tell them my story, right? Didn't want to take my mask off. And when I think about the fact that I talk about it pretty easily now on podcasts, and in the book that I wrote, There was a time when I wouldn't have done that in a million years. So you know, all of us have our own story. We have our own vulnerabilities. But learning to tell that story with courage, and learning not to be ashamed of the fact that we're human, I think is really, really important.

J James Geering 40:30

I've heard this come up a lot. The prevalence of OCD is a lot more common than people think. And I think most of us are like, Oh, is that when you have to do the light switch 20 times before you leave your house, but there's obviously a spectrum within that diagnosis. When you look back, all the way back to the beginning, you know, what was some of the contributing factors that that you think created this this diagnosis?

40:51

Yeah, it's a great question. I mean, I think I had likely had some tendencies, if you if you will, that dated way back. But at the time, at the time of my diagnosis, there were a couple things that were happening one. We had two kids in private school, and it was really expensive. And, and I was working an extra job, I was engaging in all these side hustles to try to keep that going, trying to bring in some extra income. I was battling with OCD, or excuse me with diverticulitis. And I was on antibiotic round number nine or 10, refusing to get surgery wanting to tough it out. So interestingly, in some ways, this, this curse, if you will, of man, I need to be a man, right? I, you know, I need to earn a lot of money. So I can send my kids to private school, I need to tough this out without getting surgery. Right. Those were ironically, some of the traits, I think that that created the conditions that my OCD kind of developed in, you know, I was I was struggling in this stressful situation, and not wanting to ask for help. today. I think if the situation existed as it did in 2018, I would raise my hand, right, I would ask for help, I would take myself out of the game, whatever I know better. But at the time, I was really stubborn, and I was proud. I didn't want to be vulnerable about my own weaknesses. And I think there's a lesson in that, right. Like, we can only operate that way so much. At a certain point, there really is a breaking point. And I think that breaking point for me, was developing OCD. And and I didn't want it, I don't want it I'd rather not have it. But But one thing I have learned and one way in which it has been a gift to me, is it has taught me well, you can coexist with really hard things that you don't want. And and that's been a useful message. To reiterate and to share and to honor with along COVID patients I work with because they have something they don't want long COVID. And they got it out of the blue as I did my OCD. And it's not necessarily going away. So if we can find a way to highlight for people, you know what we want your symptoms to go away, but they don't have to go away for you to be okay, that's a really powerful message.

J James Geering 43:28

Well, we have the book, The Body Keeps the Score. And obviously there's another phrase the gut brain, it seems like there's a pretty solid interaction between, you know, our psychology and our physiology. When you look back now you Was there an element, you think of anxiety, depression, whatever was going on in the manifestation in your gut?

43:49

I think there's no doubt and you know, when you look at diverticulitis, that's the prototypic example of inflammation, right. And we know that inflammation is, is really harmful. And, and in my case, it was just perpetuated again and again and again and again. And I think, I think diet often is the last thing that we think of when we think of mental health concerns, right? I mean, very often, you think mental health, hey, I'm gonna take a quick trip to the psychiatrist. I'm gonna, I'm gonna get medicated for my anxiety, depression, whatever. And medication plays a role, no doubt. But I think there's a there's a movement, there's a groundswell of interest now, in the idea that perhaps diet is a lot more fundamental than we think, in mental health. And I think that's a really great trend. You know, the idea that hey, you know, here's a, here's a jar of antidepressants take two a day and then Call me in the morning, you know that sort of a model? I think we need to move away from that.

J James Geering 45:05

Well, I promise we're gonna get to COVID. And several, you keep sending me these other rabbit holes, which are beautiful before we get there because it is a contributing factor to the outcome of COVID. Anyway. So talk to me about again, through your lens, mental health and the obesity crisis.

45:21

Yeah, I, I think, you know, I was I was recently on on Facebook or LinkedIn somewhere, I'm on social media too much. And there was a picture. Again, I'm no expert on this. But there was a picture, this is a typical day at the beach in a 1967 or something. And then they put next to that, right, this is a picture at the beach in 2022, or 2023. And people really look different, right? They looked really different. And they do. And I think there's no doubt that the obesity crisis manifests in so many different ways. You know, one of those is, it leads to things like type two diabetes, that in turn leads to depression, right, that in turn leads to cognitive problems. I think it's a huge problem. And I think, culturally, too often. We're interested in shortcuts, right? Like, we're interested in shortcuts, I went to see a psychologist recently, I've gained some weight in recent years, I'm trying to lose it. And she's an expert in weight management, if you will. And so I went to see her. And that first session, I thought, you know, hopefully, you're gonna give me some quick tips and tricks, and I'm gonna use them and, and it's gonna be amazing. And I'm going to lose a lot of weight. And she said, Actually, I'd like to talk about your childhood. And I was like, why are we doing that? Right? Like, why are we doing that I, I just want some tools, I want some tricks. And she said, you know, we can give you some tools and tricks. But that's not how you're going to make lasting change, right, you're going to have to lean into things. So Robert Frost famously said, The only way around is through. And I think

when it comes to behavior change, when it comes to weight loss, when it comes to making new habits, breaking old ones, the only way around is through. And I think we need to reinforce that with our patience with our children, with ourselves that we are doing everybody a disservice. If we think there's a quick fix, there's no quick fix.

J James Geering 47:38

I think if I'm if I'm getting it right, Winston Churchill said, if you're going through hell keep going. And I agree completely, you know, it sucks. But you know, if you retreat, it's only gonna get worse. If you curl into a ball, it's only gonna get worse. But there will be the end if you if you keep moving forward.

47:54

Yeah, exactly. And I think one thing that is important to reinforce in patients, and we do this every turn is a, the only way around is through and be you've got more grit and metal than you think you have, right? Like, we can support you. And you can get through a lot of things that frankly, you probably don't think you can get through like you're stronger than you know. And you're stronger than you know. And this is the key point for psychologists. And I'm going to be with you on this journey. And that's a potent combination, those two things.

J James Geering 48:35

Absolutely. Well, let's get to COVID. Then talk to me about you know, through your eyes, the lead up, and then your experience of the actual pandemic. And then we'll obviously get into long COVID and the patients that you had after that.

48:49

So, for years at Vanderbilt, my research group, the critical illness, brain dysfunction and survivorship center, the center, we had been working with survivors of intensive care. They were there for various reasons sepsis, acute respiratory distress syndrome, multiple organ failure, a range of things. So we had been working with them. After they left the ICU, we had a we had a research program. We had a network of support groups, we had a range of initiatives designed to help them. And when COVID became a concern, I thought and others thought, you know, it seems like these patients are going to have the same sorts of problems, especially if they're in the ICU with COVID. They're going to have the same sorts of problems that our ICU survivors have generally so so let's make sure that we target COVID ICU survivors and we did that in our in our program we did. We started enrolling them in our studies and and they started coming if you use the Field of Dreams model, if you build that they'll come they started coming and then people started saying, you know, I was in the hospital with COVID. I was never in the ICU, but I was in the hospital with COVID. Could you see me too and your clinic? So he said, Yeah, we can see you too. And then people started saying, Well, I had COVID, I was never in the hospital, I was never in the ICU, but you work with COVID patients in the hospital in the ICU, maybe you can work with me. And so suddenly, things just kind of expanded. And before you knew it, we were drinking out of a firehose, you know, we were leading countless support

groups. For long, COVID survivors, the majority of whom had never been in the ICU, we were studying cognitive training applications for COVID survivors, most of whom had never been in the ICU, I was seeing people in my clinic, many of whom had never been in the ICU. And we started making an impact. And things just kind of continued. From there. I think what happened when the pandemic emerged was that there were a lot of places that didn't have any programming. And they were having to build it from scratch, if you will. And we already have this robust infrastructure just designed for something else. And we just had to tweak it a little bit. And so it's been a great journey. Engaging, supporting caring for long, COVID patients, many of whom are marginalized, many of whom are dismissed by the medical establishment. It's been one of the great privileges of my life personally and professionally, to really care for and walk with these patients.

J James Geering 51:42

Now, you mentioned somewhere in ICU somewhere in hospital somewhere at home, where all of them at least, ill with the viruses, you even they were they

51:50

were all least ill. I think early on, I thought we thought that there would be a clear dose response relationship between kind of how ill you are here, and what your outcomes are down here. And it is true, if you look at studies of, of long COVID Generally people who were in the ICU with COVID, they fare worse than people who were just a little bit sick in the community. Right? That's not That's not surprising. But I think what did surprise me and probably others was the extent to which a lot of people who were never very ill have really been devastated by long COVID symptoms. So we see some people with really striking cognitive problems with what I would call brain injuries, who were never very sick with COVID. We see people with, I think, meaningful symptoms of PTSD, who were never very ill with COVID. So. So that's been a great insight, one we've been aware of now for a few years. And it's been a challenge for patients because often their families say, sometimes their doctors say, You never were really very sick, right? Like what are you complaining about? Exactly, you are never very sick. But there have been a number of studies, including some using neuro imaging, using advanced technologies with heart outcomes that have shown that people who were never very sick with a long COVID often have brain changes often have atrophy often have really substantial problems. And they're often the ones that are in a place of greatest need, because they're the ones that people are the most skeptical about.

J James Geering 53:44

So what were the spectrum of symptoms that people were reporting?

53:52

You know, everything from with with acute COVID everything from you know, I was a little fatigue to, I was on the couch for two or three days too. I had a fever too, I lost my sense of taste and smell, plastic sorts of symptoms that people reported on the front end. When we see

patients in our clinic in our support groups, their symptoms really fall into three areas. Cognitive, those cognitive symptoms evolve, attention, executive functioning, memory problems, processing speed, those will be the main ones, mental health complaints, often those involve anxiety, depression, sometimes OCD, often PTSD, and then in the physical realm. As you know, there are literally, you know, 90 or 100 different symptoms people report but the the one that is far and away the most common is fatigue, so fatigue, brain fog or brain injury, mental health concerns. That's the that's the unholy trifecta is what I like to call it the unholy trinity.

J James Geering 55:02

So it seemed like the the majority of people who were very, very ill there were comorbidities as well. And this is the problem as you talked about silos and bunkers earlier, well, everyone divided into World War One trenches, and it was either 100% One way 100% The other. To me, it was a very real virus, you know, vulnerable populations include people that listening to this that are sleep deprived and immune compromised, but then you obviously had the the obesity, diabetic, etc. What elements of underlying healthy think contributed to the long COVID side?

55:37

It's complicate complicated. You know, there was an interesting study that that came out some time ago, somewhat recently. And it showed that if you had a history of traumatic brain injury, you were more likely to have symptoms along COVID, let's say, and that's a vulnerability that I wouldn't have expected necessarily would be reflected in an increased risk of lung COVID. There are a lot of studies that have demonstrated that if you have pre existing mental health concerns, you're more likely to develop long COVID what that relationship is, but the nature of that is, I think, is complicated. We certainly see a lot of people who were high functioning, they were thriving, they were hitting on all cylinders, or attorneys, physicians, nurses, engineers, etc, without obvious comorbidities. And they still have really striking cognitive symptoms. So I think it cuts both ways, both that there are people with obvious vulnerabilities and, and not surprisingly, those vulnerabilities have been exacerbated by long COVID. And people who were hugely healthy before, who are confused and befuddled as in what on earth happened to me, right? Like I used to run marathons. Now I can hardly get off the couch. So we've seen both extremes. And then everything in the middle.

J James Geering 57:15

From a microbiology perspective, what is it about this virus? Do they think that it's so different than the flu? For example, when it comes to this this prolonged post condition?

57:26

It's a good question. And I don't know that people know the answer. I think one thing that has emerged as an insight during this season is that perhaps during the Great flu, right, the great pandemic of the 1920s, or the teens whenever it was, you know, if you look at the the literature that was generated in those days, such as it was, you can see the fingerprints of what we might

call long COVID. You know, we've studied people with influenza in the hospital, who have really adverse outcomes. So I think the question that that remains unanswered is, to what extent is COVID different than then, you know, other viral conditions, if you will? To what extent is it quite similar, but the denominator is so much larger? And we're seeing more of it? Right. So I don't know that we know the answer to that. I just know that. There are so many examples of high functioning people whose lives are vastly different. That is clearly a real phenomenon. Right? No doubt of that. But But is it worse than others? Is it not? I don't think we know the answer to that. Exactly. I think it is, I think it is highlighted an important conversation we need to have about the persistent effects of viruses. I don't think we probably talked about that quite enough.

J James Geering 59:10

Now another thing that was so unique about that particular period in time was the response by a lot of countries, you know, I would argue some did it better than others. Scandinavia, for example, seem to fare pretty well. But when you look at the extremes, and you know, the UK was one of them, there was a lot of people, especially if they're in the inner city that are literally in an apartment in a flat for weeks, sometimes months at a time, as you said, excluded from family excluded from friends, autonomy is lost. And then even from the nutrition side, you know, you get fast food delivered to your house and alcohol, you know, and binge watching television. So these these are this whole conversation for me is just you know, the preventative side. What could we do better next time? How much of that kind of breaking of what would have been traditional tribalism in a positive way that can be Unity do you think is affected or contributed to the psychological impacts that you're seeing through long? COVID?

1:00:08

Let me ask you this. I just got a text about a clinical emergency, I've got to attend to go do it. Can we find a way to finish this? Okay, 100%

J James Geering 1:00:19

that's more important. Well, firstly, Jim, you just literally got pulled away to a, you know, psychologically psychiatric emergency. So, before I kind of revisit that question, I hope everything was okay. on that end.

1:00:37

It was okay. But, but that's actually not that uncommon these days. And I think it highlights and highlights the intensity of difficulty that a lot of people with long COVID have. And I think it in tents, I think it highlights the, the magnitude of the need out there, you know, a lot of people have problems, finding mental health treatment, finding affordable mental health treatment. And so we have support groups, we have things of that sort of Vanderbilt that we offer, and often were the only source of support for people. That's not as it should be. But, but often it is. And it's a reminder that it's not quite as simple for many as picking the phone up calling a

psychologist and being seen the next day, right? Like that doesn't really happen today. If you don't have a certain sort of set of resources, so yeah, clinical emergencies happen all the time. And I've kind of adapted to that being a part of day to day life and this post COVID era.

J James Geering 1:01:43

Well, I want to revisit the question I asked before you had to run, you know, to that emergency just very quickly. This is one of the things that I see as the next challenge for the first responder profession. There's all this conversation about smash the stigma, you know, and there's people doing push ups and all kinds of things. And I think, okay, we were kind of there. Now, I think most of us, you know, are not in too much of an echo chamber, have acknowledged that we can also feel the way that we feel it's not just the military. It's so we're there. But the huge barrier now, I think, is the barrier to entry to finding a culturally competent commission, especially if someone's in crisis. So when I'm sure that extends, you know, passed into the civilian world as well, how do we resolve that issue to reduce as many barriers as we possibly can? So someone who's either realizing that they're starting to go down that road, or God forbid, they're very close, you know, down that road? cannot have an EAP in a Russian Roulette experience, or, or just find themselves on the phone to the wrong person?

1:02:50

It's a great question. I mean, if we use Nashville as as kind of a test case, what we have here is we have hundreds and probably 1000s of mental health providers, some of them doctoral level, many of them master's level, and probably 85% of those in private practice, and probably 99% of the people that you would really want to go see if you needed to, they have opted out of the insurance system completely right there just opted out. And so if you want to see them, many of them have waiting lists. And if they don't, you know, they're going to charge somewhere between 250 and, and perhaps $400 an hour, you're going to find people at 150. But even people who are quite affluent, that's going to be a heavy lift for them, right. It's a big ask for them. And it will be a particularly big ask, because if I'm in crisis, I need to see you once Yes. But I need to see you more than that. Right. So this notion of mental health care, which costs you $100 A month or $1,200 a month or you know, whatever the case might be for, for six months or a year. It really isn't very sustainable. So I think in light of that, we need to come up with different models, right. And one of those models is the use of mental health, mental health apps of different kinds, things like headspace participation in support groups, and probably the biggest I think, and unfortunately, this shifts the responsibility to the patient. I don't love that. But one of the biggest strategies I think, is let's work on self care and resilience before that happens right before that trauma happens. And then the hope is that when that trauma happens, yes, you're still going to be affected, but you're going to be less affected than you would have been Right, because you're building your psychological muscles in advance. So increasingly, that's my strategy with people, which is, you know, before the flood comes, let's build that boat as much as we can, right? Let's make sure the hall is airtight. Let's make sure it's not sinking, let's build the boat. And part of the way we build that vote, I think is, and this is something I recommend, let's get in touch with a mental health provider. Before you need one, right? Let's get in touch with one before you need one. Let's establish a relationship with one before you need one. So that God forbid, if you do need one and a one off situation, you already have a connection with them, they've got to take your call, right? They've got to see you at the office. And even if that's only a one time thing, there's that connection. When I first

suggested that, in a forum, a meeting I was at people sort of scratch their head a little bit as in, gosh, why would I go see a psychologist by old need one. But I think we need a little more James have a primary care model, right, you establish a connection with your PCP, you might not see them again for a year, right, but they're there if you need them. And I think we need to think about mental health providers the same way you make a connection. They're there if you need them.

J James Geering 1:06:18

So one of the unique things that I've been able to experience through my career as a firefighter is I worked for four different departments, I would argue one of the best and one of the worst in America, but also east coast and west coast. So I really had a gypsies perspective. All four of them, we did what they call the psychological test, which from what I understand now is the Minnesota personal personality interview test.

1:06:43

Personality Inventory. MMPI. Yeah, which

J James Geering 1:06:47

in itself, I've been told by many people is not a singular tool to be able to evaluate if someone's going to be a good firefighter or not. And then the polygraph three of the 40, the polygraph, which I realized that you just have to learn how to lie through it, because most firefighters not being quiet voice and say we're a baby, right. And I'm not belittling that so much. So there's money for both of those. And as you said, in a professional, you know, polygraph or polygrapher, or whatever the right term would be. And then a psychologist, you're talking about hundreds of dollars. What I have suggested to a lot of people just kind of adding on to what you just said, is educating fire departments of the fact that those two are not great ways of deciding if someone's valid for a profession. And actually the background check and the interview and the physical tests. And the written tests are the real tools. So instead, take that money and put it into giving new recruits a counselor five times while they're going through their probation. So ideally, with all those firefighters basically hiring someone to have on staff, now at the front door, you've normalized the mental health conversation, you've removed the barrier to entry. And you've had someone there now that like you said, God forbid, someone goes to a darker place, they have already proactively made a connection with someone so and the money would literally just have to be shifted from one part to another.

1:08:12

I think that's a really wise suggestion as it relates to the MMPI. I'm not an expert as such on that. But I think there is a broad recognition that those tests are used in ways that they were not necessarily designed to be used, right? It's not really intended to be a fitness for duty test, if you will. Right. And I think that's an example probably, of people doing something, because they've always done it. Right. Why did you do that? Well, I don't know. We always did it. Well, why did you start it? Well, you know, my predecessor did, and I just continued it. So I think

that's right. I mean, so many of the evaluations that we use, the Myers Briggs would be one. They're not really grounded in the strong empirical data set database that we would like the MMPI is certainly excellent at identifying what we call psychopathology of different kinds. But turning that into a, a little, a little test to determine whether you're going to be effective as a firefighter, not so sure about that. So you're right. I mean, I think we need to be open to taking on a lot of the sacred cows, right. And being very practical and in offering help to people and one of the methods is just what you mentioned, shift some funds, focus on counseling. Another thing I think that is important, whether it is in a you know, firefighting context or police department, contact Is there any context is having leaders who are comfortable talking openly about their own mental health struggles, because I think when they do that, it gives people, new people to the team permission to do that themselves. And that's something I advocate all the time. You know, if you're a leader, if you're privileged to be a leader, if you're a leader of men and women, talk about your own challenges, talk about your own challenges, and make it as normalized as you can to grapple with depression, to grapple with anxiety, to have a history, whatever that history is, right? normalize it, so that people have the space to talk about it and to own it themselves.

J James Geering 1:10:45

Now, just to add on as well, what I was going to ask when we get when you got pulled away last time was we talked about, obviously, the pandemic, we talked about COVID, and brain fog, and in a long COVID. There's a guest I had on Johann Hari, who wrote an amazing book on addiction called Chasing the scream. And one of the quotes in his book is the opposite of connection. It's going the opposite of addiction is not sobriety, it's connection. Now, what I witnessed when everything shut down, rightly or wrongly, depending on each, you know, geographical place and their kind of makeup was people would rip from their tribes, whether it was family, whether it was friendships, you know, gym communities, Jujitsu, you name it. With that lens, you know, what did you see as far as, as from the mental health perspective, the impact of lockdowns and those stringent regulations on the mental health of the people that you interact with?

1:11:44

Yeah, I appreciate the question. It's interesting. You mentioned tribe, the word tribe, because at the time, my wife and I were working out at a gym called Iron tribe, right iron tribe. And it explicitly is a place where you are called to be part of a tribe, right? It's group workouts, right? It's relationships, and it was so profound iron tribe, until it wasn't right until it shut down. And you were no longer part of that tribe. And I think that was the experience that people had in work contexts in hobby related contexts in religious context in so many environments. And I think it highlights again, the fact that we were really made for community, right, we are designed to be creatures that connect with other people, right? We're at our best when we're engaged with other people. And looking back now, hindsight, 2020, looking back now the the notion that in our effort to protect ourselves and others, the notion that we weren't going to lose a lot, by being so fractured and connected, seems incredibly silly and naive, right? People were really damaged. And we saw the emergence of a mental health crisis that continues to this day, right, both in terms of families, both in terms of children and teenagers who are experiencing record setting levels of eating disorders of OCD, addiction, I mean, we've got a huge problem on our hands. And I think we've got to acknowledge that the problem is, I think

once the genie is out of the bottle, it's a little hard to put it back in, right. And now that we are so dispersed, we've been so disconnected, and we've adopted really a new way of living. Excuse me, I think to try to find a way now, to reengage in community is not so simple.

J James Geering 1:13:52

So we've talked about obviously, some of the issues, from the long cord COVID symptoms to the mental health impacts of the lockdowns themselves, let's talk about some of the solutions. So I want to get to the book that you've written. Obviously, this is a valuable tool, but also the the concept of cognitive rehabilitation, whether it's long COVID, whether it's a lot of the people listening, it might be TBI, it might be the crippling impact of chronic sleep deprivation in my community. So what you know, when people have identify that within themselves, what is the hope? What are the the tools that they can use to start getting themselves back to, hopefully normal or as we think we talked about before a new version of normal? Yeah,

1:14:33

sure. So. So in the context of cognitive problems that are not dementia, right, dementia is a different animal, because that involves a progression right and progression of problems over time they get worse over time and dementia. So if we put dementia on the shelf for a minute, and we think of other cognitive problems that are very significant, but not necessarily progressive, we tend to think of a solution In, which is something called cognitive rehabilitation and cognitive rehabilitation is really a strategy or a series of strategies that that don't aim to fundamentally improve your brain per se, that is, on an MRI, your brain is not necessarily looking different than it did on cognitive rehab. But with cognitive rehab, you're learning to approach problems differently than you did before you're learning to put new tools in your toolbox, you're learning to be more efficient, you're developing strategies, internal and external, so that at the end of the day, you're functioning better. That's cognitive rehab. So there are simple examples that are, that are easily understood. One technique we use a lot is simply called stop and think. So just to set this up for a minute. Many of us when we're under stress, when we get triggered, when we're worried when we're anxious, we're prone to making mistakes, right? We're prone to making what neuro psychologists call absent minded slips. I made one not too long ago when I was at the gas station. And I was really preoccupied, and I wasn't paying attention. And I grabbed a hose and I stuck it in my car. And I filled my gas tank up with kerosene, not gasoline, kerosene, right. And only after I did it that I realized, oh, my gosh, what did you do? wreck my car, the whole thing that car car is gone. My mistake not paying attention, right. And so one thing we teach people in cognitive rehab, is, let's begin to understand the rhythms of your life, let's begin to understand the times and situations where you're likely to make mistakes, right? When you're in a hurry, when you're feeling stressed, when you're feeling lonely. When you're feeling hungry, you know, when you're feeling angry, whatever. Once you identify those, let's heighten your awareness. And let's use that awareness as a tool to help you avoid making those mistakes, right? It's a simple insight. It's really powerful. People write down on a legal pad, the situations where they're likely to make mistakes, and they develop mindfulness really, they become mindfully aware of the space that they're in, they use a technique called stop and think they're a little more deliberate, they avoid the mistakes, that that's a simple technique of cognitive rehab, often very powerful. We refer people regularly with cognitive problems of various kinds for rehab to a person called a speech and language pathologist and SLP. That's not a great name and SLP. Because many

people with cognitive problems, they don't have issues with speech and language, right, necessarily. So I think one of the reasons SLPs are not as popular as they might be, as people don't really know what they do. The right way to think of them is they're kind of like a cognitive coach. They're kind of like a brain coach. And when people go see them, they reliably get better. Since the start of the pandemic, I probably refer 200 patients to local SLPs. And in many cases, it really changes their lives as they improve their cognitive functioning.

J James Geering 1:18:31

Beautiful. Now I know Mark Watson connected us talk to me about you using the ABA wellness products.

1:18:37

Yeah, I love ABI wellness, I love Mark Watson and his optimism, enthusiasm is big vision for the future. And I love what they're doing at ABI wellness, we're in the process of starting a study with them. We haven't started it yet. But ABI wellness is an approach to treating brain injuries that that doesn't focus as much on compensatory strategies, which I just described, but more on leveraging the brain's natural movement toward neuroplasticity, you know, the idea that, that I think Mark would articulate if he's here is that the brain has an urge and a desire to grow, to reconstitute right to improve. And if you create the right conditions for that brain, that brain is going to do that right. And that's going to result in improved memory, improved executive functioning, improved attention, improved processing speed, ultimately improved function. So I'm an optimist as are the folks at ABI wellness, that if people get the right rigorous brain training done under the right conditions, their cognitive capacities on a fundamental level can grow and change and improve

J James Geering 1:20:01

Now since you and I spoke and now I actually got introduced to a product called New karma as well, and you see ALM, and it's the vibrations that go through a headset, you listen to music, the kind of origin story is almost 40 years old. It's amazing how long it took some of the brightest minds on the planet that come up with this. But Ken, who is a TBI survivor himself was the one that introduced me to it. And I've been amazed, I've used it, my wife's use it. So that's another thing that I've never come across. And literally, when we first spoke, I was oblivious to it. That is another tool now as well, because it not only deregulates, the nervous system, so the power there, but also can up regulate. And I think that I'm assuming is probably some neuroplasticity going on there, too?

1:20:45

I think so. And I think, you know, for a long time it was there was a there was a strong belief setting concrete, right, it was an article of faith, that your brain is what it is right? Where you are is where you're going to be. I think there was really that belief. And in 2023, I think we realized that that's just not true, right, that there is a frontier and a paradigm that is bigger and broader, more filled with hope and optimism than we thought. And that's reflected, I think, in

the stories of individual people, at least, who have overcome really significant deficits in the context of the brain injuries, right? People who, in some cases had to had to sort of build a bridge that they were walking over, right, you know, without roadmap. And I think those anecdotes remind us that we tend to limit ourselves too much, I think, when we act like the brain cannot grow and improve, because there are a lot of people who would disagree with that. And I know many of them, and you probably do too.

J James Geering 1:22:04

Absolutely. Well, I know that you wrote the book. So just to make sure we haven't missed anything, because they obviously there was this pause in this conversation? Yeah. Yeah. Tell me about why you wrote the book, let's revisit signs and symptoms again, and then, you know, talk about that as a solution as well.

1:22:22

Yeah. So, you know, I've been working with ICU survivors since around the year 2000. And during that time, I got to know well, individuals who had been critically ill in the ICU who had struggles of various kinds, and started to understand the lay of the land, quite thoroughly in the context of what we call post intensive care syndrome. And when when the pandemic started, I started seeing a lot of patients come to my clinic, come to our research program, they had been in the ICU, not not with a typical things not with sepsis, not with ARDS, but they had been in the ICU with COVID. Right. And I noticed that many of the challenges we had seen in ICU survivors in the previous 20 years, these patients had those same challenges. And and we started working with them and the way that we do. And then, before long, we started seeing not just ICU survivors, we started seeing people who had COVID, who were never in the hospital, never in the ICU. And sure enough, they had problems too. And the problems were in three areas, primarily they were in the area of cognition, they were in the area of physical functioning, which largely included fatigue, they were in the mental health domain. And that largely involved PTSD, depression, anxiety, sometimes OCD. So I was aware and interacting with hundreds and hundreds of these patients, that they didn't have much in the way of a resource. Many of them felt incredibly hopeless. There is a pretty dominant narrative out there related to long COVID that nobody gets any better. That felt very discouraging to me, and also not true. And so I felt like I needed to enter the fray, so to speak and write a book, which I'm holding in my hand that that that I thought could offer some real hope to people called clearing the fog, from surviving to thriving with long COVID Practical Guide. And when I came up with a title James, I was a little reluctant at first, to stay with the words from surviving to thriving, because I felt like there would be some people who might be a little critical of that from surviving to thriving. But at the end of the day, I kept that title, because I believed and I still believe that people would big challenge As can thrive, right, they can thrive, whether that's a brain injury, whether that's PTSD due to being a first responder, whether that's long COVID, I just don't think despite the hard challenges, that we have to throw our hands up and say, you know, all I'll ever do is survive, right, we need to try to find a way to cast a vision for thriving. And so that's what clearing the fog does. It's, it's a very practical step by step guide that talks about everything from how to advocate for yourself to how to find a provider to how to find the most effective types of mental health treatments to how to develop resilience, how to find

acceptance, how to engage your family in this long process of recovery. And I've really been heartened by the many people that have responded to me saying, you know, this book really hits me where I live, and it's making a difference in my life. And I've been grateful for that.

J James Geering 1:25:58

Well, I think it's an important resource, because as I think we touched on in earlier in the conversation, how I feel it was managed at the end was very much sweep it under the rug, let's just forget about it. Yeah, we might be wrong about some some of the things but I don't want to talk about it anymore. But that doesn't help the people that are suffering, like you said, whether it's the mental health ripple effect, or whether it's people that actually do have, you know, physiological long COVID. And I've got friends of mine that were in the ICU that I'm sure don't feel like they're 100%. Now. So for people listening, where are the best places for them to find it?

1:26:32

Yeah, Amazon is probably the best place it's at almost any bookstore. It's at Barnes and Nobles, for instance, and many more, but, but you can order it on Amazon. If people have questions about it, if they buy it and have questions they want to engage me. Again, actually quick to respond to email, I get a lot of emails these days, but But if people email me, I'm, I'm glad to email them back. We have a full time social worker in our shop here. So if people read the book, if they feel like they need to find some mental health providers, like we talked about, and they feel like they can't, we're glad to offer our social work services to help someone find a mental health provider. So yeah, I'm very accessible. And the book is to through Amazon.

J James Geering 1:27:19

Beautiful. Well, I want to throw some closing questions at you for you talked about your book. Is there a book or other books written by other people that you love to recommend? It can be related to our conversation today? Or completely unrelated?

1:27:33

Gosh, so many books, that's a that's a hard question, actually. Right? Because there's so many one of the books that has really been impactful to me. And it set the level of organizations but I think really helpful, Good to Great by Jim Collins, a little bit old and a little bit dated now. But but about the characteristics that make an organization move from good to great, right? What are those features? Very practical, I really love it. There's another great book, interestingly. Just called tribe by Sebastian, younger, famous writer, talks about his family talks about the war, but on homecoming and belonging talks about belongingness really lovely book. I'm a big fan of Brene. Brown. I don't know if you're familiar with her, but she has a book that is a synthesis of her other books. And it is called Atlas of the heart, math mapping meaningful connection in the language of human experience. So it's a lot about vulnerability, and having the courage to live an authentic life. Brene Brown has a quote that I especially like, and I imagine you will, too, she says, you can choose courage, or you can choose comfort, but you can choose both. And

and that's the essence of the work that she distills calling people to live in courageous way is the last book I would mention. I mean, we could go on and on and on. So you know, we won't but the last book I would mention, the brain that changes itself by Norman Doidge. Do DoD IGE I think, a really lovely narrative about neuroplasticity, and how that has been expressed in the lives of people. And important I think to have on the bookshelf, of people who are interested in how their brains can change.

J James Geering 1:29:52

Brilliant. Yeah, tribe has come up over and over and over again. I've had Sebastian on. Two or three times I forget, but he's coming I can't again in a few weeks because I mean, every time I soak around with him, he's you know, his revelation has changed even more. So I know that he's waiting another book now I'm not quite sure what it's about, but I'm excited to hear about it.

1:30:11

Yeah, I'm quite a fan. I've never met him, but he's seems like he's quite a guy, you know, fascinating guy.

J James Geering 1:30:17

Absolutely. Well, then what about movies and or documentaries that you love?

1:30:23

Oh, gosh. Such a good question. silly example. But just last night, we watched Driving Miss Daisy, and was lovely to lovely to introduce my daughter to it. The first time. Gladiator I think is one of my favorites, right? You know, this powerful story of, of courage and overcoming that that would be one. Chariots of Fire would be another. I have a strong Christian faith, and this notion of working for the glory of God, in the case of the movie running is something that that resonates a lot with me, you know, I'd say to your listeners they have, they may have a faith, they may not I don't think that's the point. Really, the point is, find a purpose, right? Find a purpose, whatever that might be. Might be God might not be God, it doesn't really matter to me, but find a purpose. And then pursue that with a passion, right. And I think at the essence, that's what Chariots of Fire is really about. So that's one that stands out.

J James Geering 1:31:38

Beautiful. I just interviewed a comedian, and he did a breakdown on the Wizard of Oz have never heard before. And it was fascinating. Like, I could have done a whole episode with him just kind of walk me through it. But But yeah, it's interesting hearing. And it's been a long time since I've seen chairs to fire. So I'm gonna have to revisit that, but that kind of in my mind, now,

1:31:57

that a long time it has been it's been a long time. It's interesting. I mean, you know, so much media. Currently, I'm not a big critic, but, but there's so much that I think, is less good than it might be. And I find it a challenge these days to sort through a lot, you know, to find the gold nuggets sort of, but but it's out there, right? It's, there's good stuff out there if you if you can take the time to find it. And I think many of us have things, you know, like chariots of fire that have that have shaped us really deeply and, and it's important, I think, to expose our kids to these sorts of things right to great literature to great movies to great art. Because I think it's it's really impactful. Les Miserables, you know, Liam Neeson, now they're very human story. Beautiful film. So a long list of things that are impactful to me.

J James Geering 1:32:58

Absolutely. I wasn't a huge fan of Russell Crowe singing but apart from that it was a good fit. Absolutely. All right. Well, the next question, is there a person that you recommend to come on this podcast as a guest to speak to the first responders, military and associated professionals of the world?

1:33:16

That's a good question. I, I've got a good friend, Brian marks, who is one of the world's leading experts in PTSD and very thoughtful, great researcher. He is the creator of an innovative approach to PTSD treatment, that is really being hailed to a lot of acclaim. And that's called Wet written exposure therapy, written exposure therapy. Okay. So you're familiar, probably with PE prolonged exposure. But this is written exposure. And it appears to be highly effective in treating people with PTSD no matter what the cause seems to be effective in a very short timeframe, actually. So I'd love to put you in touch with Brian, and you would enjoy getting to know him. That would

J James Geering 1:34:11

be amazing. Thank you so much. All right. Well, then the very last question before we make sure everyone knows where to find you. What do you do to decompress?

1:34:21

It's really interesting, you say that, you know, we have all these support groups and, and last week, someone in one of the support groups, send an email to my to my close colleague and coordinator, Amy and she said, You know, I'm really worried about Dr. Jackson. That's what the email said, I'm really worried about Dr. Jackson. And, you know, I'm functioning just fine. Actually, I'm doing fine. But his his observation was, she is really busy and he's taking care of a lot of patients and it doesn't seem like he's taking care of himself. And, and gosh, I I get that right, I get that. And I think I think it's interesting. You know, you can burn out a couple of different ways, right, you can burn out, trying to achieve. And you can burn out in the context

of achieving a lot, right. And in my case, especially in the last couple of years, my team and I, we've been fortunate to achieve a lot, and, and that's a blessing. But suddenly, you're responsible for all these people, right? You're leading all these programs, and people are sending emails literally from all over the globe. And it's a challenge. So I say that to say I've been mindful in a new way of the need to take good care of myself and to decompress. I do a number of things I love to go fishing. I don't do much catching as they say, but I love to go fishing, I love to go hiking, spend a lot of time with my wife at the park in Nashville, listening to music, they have a lot of events here with singers and songwriters. I've taken up running, I just ran a 5k. Yesterday, it's it's sad that it's come to the place where that's good progress for me, but But it's baby steps. So I'm taking self care really seriously. And I would invite your listeners to do the same, you know it, it isn't a panacea, it won't solve everything. But it is a rhythm that we need to build into our lives. It's a rhythm that that can help protect us against stress and to a certain extent against trauma. And I highly recommend it.

J James Geering 1:36:41

I was amazed when I shifted over to doing this full time. Obviously, there's vicarious trauma, we'll run on the scenes that actually just passed an incident, I hope I was wrong. It looked like it was a fatality on the road, right when I left my jujitsu school today, but hopefully it wasn't as bad as it looked. But, you know, that would be something that okay, that's that's, you know, obviously traumatic. But then as I progress through, and I'm doing this and I'm listening to, you know, sometime people literally pour out their heart, it's amazing, the trust, but that vicarious trauma in that way, and there's times where I'm like, oh, oh, my cup is, is really, really fallen, I need to hit the pause button for a bit. Talk to me about that through your lines. Because again, I mean, you got the business side, you're managing all that you've written the book, but then halfway through all of you, you have to hang up and go and be that person for someone in crisis.

1:37:35

Yeah, it's really hard. I think. I think for me, I deal with that. By trying to really engage in my downtime with a lot of deliberate effort, if you will, you know, there's a great book, speaking of, you know, list of books, there's a great book old now called the power of full engagement written by a sports psychologist, business psychologist named Jim Lorre. And the idea is that success comes not so much through managing time, but through managing energy. And the point is that, that when you're at work, you need to sort of be at work, right, you engage work. And when you're not at work, you need to really be not at work, right, you need to be not at work, you need to be engaged in that other part of you, right. And so, so I do try hard to take care of myself so that my cup will be a little more full. When I get a call out of the blue. I was hiking not too long ago, watching some armadillos on a little mountain not too far from here, having a great day, got a call looked at the number recognize that it was one of my patients, they were really in crisis, right. And you get snapped right into duty, so to speak. So I do think I do think building your reserves up is really important. I also think it's important with humility, to take feedback from people and to seek out feedback about how you're doing right, like, how am I managing? And I asked my team that I asked my wife that, you know, when I'm grumpy at home when I'm sterner than usual when I'm a little harsh when I'm critical, all things that I'm not normally right, those are, those are warning signs that something is going a little bit awry, right when I'm gaining some weight because I'm stress eating like crazy, right? And that's how

I'm managing. Those are warning signs. So I look for those warning signs. And the goal I think is, hey, when you notice those, start trying to address that right start trying to change that behavior. Go back to your therapist. I've got one you know I'll in the queue so to speak, they're there if I need them. It's really important but having people in your life who are not just sync up Hans, who will tell you honestly how you're doing, tell you if you're screwing up, tell you if you're slipping. I think that's one of the most important things we can do.

J James Geering 1:40:19

That was an observation I had, because in the fire station, you know, we'll we'll talk to each other, but we're all in the same barrel. We're all in the same meat grinder. So how are you doing? Well, I'm fine. Yeah, because you're just as beat down as I am. So having the humility to ask, like you said, the family, my wife, my children, you know, like, do I see more on edge? You know, that was a huge kind of wake up call, like, okay, yeah, ask your crew. I mean, don't don't discount that. Ask a group that doesn't see you, you know, or isn't in like I said, that meat grinder with you as someone from the outside and even better. Maybe, you know, a parent or someone who you don't see every single day, but you've seen two weeks ago, a month ago, because they'll be like, holy shit, you look awful. That's a pretty good barometer. Okay, maybe I need some more sleep. And, and some some me time.

1:41:08

Yeah, I think that's right. And I think I think the point would be, if you're going to ask that question, have the integrity to really grapple with what the answer is right? If the answer is not what you want, right? Have the integrity to deal with that. To deal with it courageously. Right, and take whatever action you need to take. We can deceive ourselves very easily, right? So getting feedback from other people and being receptive to that reading, because my colleague Wes Ely, likes to say, you know, being willing to get that red ink and being willing to make changes, it's really important.

J James Geering 1:41:43

Absolutely. All right. Well, then the final question, if people want to reach out to you and online on social media, where are the best places to find you?

1:41:51

Yeah, I am on Twitter. At Dr. Jim Jackson. I am on LinkedIn. I think Dr. James C. Jackson, probably but if people really want to engage me, the easiest thing to do is send me an email that sounds very old fashioned, actually. But Jas dot c dot Jackson at v you MC Vanderbilt University Medical Center, VUmc dot o RG, they can find me on Twitter, they can find me on Tiktok making videos about mental health, but send me an email. And I will follow up one of the things that I've noted, that has been really sad to me. When we get emails, we respond to them, you know, we respond to them all the time. Feel like, I feel like it's the least I can do. And so often when we respond, patients say oh my gosh, nobody ever responds like no doctor that I send an email to whoever responds. And, and I think often they don't. And it's really sad, right?

That's what things have come to. It's really sad. So if you send me an email, I'll respond. And if your listeners have a need that we can help me, we'll try to connect them with resources as we're able to.

J James Geering 1:43:08

Beautiful. Well, Jim, we finally managed to do it. I want to thank you. Thank you so so much for coming on. I mean, what your area of expertise, especially obviously, the narrower focus of the post COVID issues, I think is invaluable. And again, this whole show is not about bitching about beings as pulling problems out of the shadows. Absolutely. But then bringing solutions which is you know, what you've done with the book and your work. So I want to thank you so much for being so generous with your time and coming on the show.

1:43:36

Yeah, well next time you're in Nashville. If you are in Nashville, let's get together.