

Written Transcript
On The Line Episode 3.9 “Post Traumatic Stress/Growth”

Copyright: On The Line. All Rights Reserved. This transcript cannot be transferred, quoted, or shared without written authorization.

There may be grammatical and spelling errors present in this transcript.

Charlie Palmer:

Welcome back to On The Line a podcast for today's professional wild land firefighter. This is episode nine of season three and we're grateful that you've decided to tune in and give us a listen. As we've highlighted over and over in this podcast, wild land firefighting continues to be a difficult and demanding occupation in many ways, both physically and mentally. In some very recently completed firefighter research that we're going to highlight in the upcoming 10th and final podcast of season three, survey respondents reported PTSD or post traumatic stress disorder at a rate of about 14% which is about four times higher than the rate of prevalence found in the general population. And so to discuss that topic and offshoots thereof, we're very fortunate today to have with us in the KUFM studios. Asad Rahman. Asad is a BLM battalion chief out of Carson city, Nevada. He's deeply embedded in the BLM efforts at CISM work or critical incident stress management.

Charlie Palmer:

Hopefully he's a name you're very, very familiar with because he was with us on the closing episode of season two, episode 10 of season two talking about CISM work that he does. And then also we're fortunate to have Dr. Deb Silveria, she's a PhD psychologist out of Costa Mesa, California. And Deb does a great deal of work in the critical incident stress management world in various ways. And that's executed through over a hundred contracts that she has with law enforcement and fire departments. So we're very, very fortunate again to have two folks who are actively working in this field and they're here to share their time and talents with us today. So welcome to both of you. Thank you. Thank you for having us. All right. So Deb, with what I mentioned there, kind of at this prevalence rate that seems to be so high in terms of PTSD and our wild land firefighter population, what are some thoughts when you hear a number like that?

Deb:

It's about exposure to traumatic incidents and I get very passionate and excited about this topic. So, you know, we hear a lot about PTSD and it's all kind of gloom and doom and we hear about mental health. So I'd like everybody to kind of pause for a second, take a breath and think about brain health instead of mental health because mental health kind of has a stigma right around it. But you want to have good heart health, right? You want to have good kidney health will did you know Charlie, that your brain is a body part go figure, right? So this difference between mind and body, this duality, where did it come from? So if we think about keeping your brain healthy, the overexposure to critical incidents, fire people in the fire service are some of the best people on the planet. And you get into the business to fight fires and they don't tell you in the beginning about the destruction that you may encounter about the lives lost the line of duty deaths, the suicides. I'm a psychologist, so they front loaded me that I would deal with depression and emotion and those types of things. But they didn't front load you when you're in

training that you might have to deal with this in the fire department. So you get these exposure to these different incidents that may predispose you to getting PTSD.

Charlie Palmer:

Okay.

Asad :

You're taking me back. You're taking me back as I'm reflecting, reflecting back to the beginning of like a rookie school of when we did start and the basic tenants by which we learned at rookie school, all the basic things, right? Heat, fuel, oxygen, all those good things, but nothing. There was nothing about this. And so if I reflect back to the beginning, it was a summer job. I was there to make money in three to four months, five months maybe to go travel and do those fun things that I wanted to do. But there was no discussion of all the things that you guys both talked about. And yet when I think about my very first fire on a hot shot crew in 1990 your point, Deb, was the dude fire. So right out of the gate, first fire on a hot shot crew, it was the dude fire for me and I'm dealing with six fatalities. I'm not personally dealing with six fatalities, but I was a part of that. Right. And had had no idea how that was going to impact going forward. So you're on point. Absolutely on point Deb.

Charlie Palmer:

So with that being said, it seems like it's better today. I mean it seems like perhaps a better job is being done in terms of informing folks as they come in that there might be these elements to the job or am I mistaken?

Deb:

No, I think wellness is really big because people are realizing that you need your brain and you better keep your brain healthy. And even I remember in kindergarten if there was a fire in my school, we learned stop, drop and roll. If your body gets on fire. But what about an emotional fire? And we don't have any stop, drop and roll skills, but we're learning those things to protect you. You have turnouts to protect you. But what about your brain? What about that? What we call Kevlar for the brain because of the exposure that you might encounter in your job PTSD. If you compare your body's normal fight or flight to like a handgun, okay, you fired. Well, PTSD is more like a machine gun. All right? Imagine M 60, with a very sensitive trigger. It's in full automatic mode and it has a misaligned targeting system.

Deb:

Firing a weapon like that could leave even the expert marksmen a little bit confused and overwhelmed. So PTSD can weaken your connection to other people. You might want to withdraw your confidence and that type of thing. So you get exposed to multiple casualties, destruction of animals of the environment. And you have this emotional response that you've never had before in your life, how can you know what you don't know? There is a certain personality that gets attracted to the fire service. You're action oriented, take charge people, okay? And so you're used to being the help, not needing any kind of help. So when this happens, you don't know what's going on. And if you have some flashbacks or you have difficulty sleeping, you can start to think or maybe a smell as you go by a particular intersection where that fire was combined with the diesel, some fuel and the fire smell comes back.

Deb:

You can think, gee, what's wrong with me? Instead of an understanding that this is, as we say in the critical incident stress management world, this is a normal response to that over arousal of your body's fight or flight system. But if you don't know that, then you shut down your emotional response. You don't talk about it and you think that you might be, you know, crazy or something's wrong with you. So it's our passion to educate people about some of the normal signs and symptoms of what happens when your body gets this huge M 60 adrenaline rush and then for your population what you can do about it so you can be stronger and a post traumatic growth as a result of what you went through.

Charlie Palmer:

Okay, so you brought up some good points there. Maybe just for clarity sake, maybe necessary to kind of identify, maybe even elaborate a little upon what some of these symptoms might be or some signs that that a firefighter might want to pay attention to either in themselves or in a coworker with regard to potentially having some issues with this trauma that they face. What should people be on the, on the lookout for to make sure that they've got an understanding that there might be something of concern going on?

Asad :

So if I, if I reflect back to that time when we didn't have necessarily, at least for our crew, we did not have a peer support response after the dude fire. We went right back to fighting fire. I actually went to the, a rock fire in Yosemite and then it just kept rolling onto the next one and the next one until the end of the season. And it's something that I use in, in reference when we're doing peer support. But I talk about sometimes my girlfriend at the time that winter was that in our apartment and woke up in the morning and I felt like someone had hit me in the face, like my jaw was aching and I looked at her and I asked her point blank, I said like, did you hit me? And she's like, Oh God, no. What are you talking to? My, and my jaw, you know, is like aching.

Asad :

So I'm thinking, okay, maybe I fell asleep with the Copenhagen in my mouth. Right. But that wasn't the case. What unbeknownst to me was the grading of my teeth. So the unconscious, I was grading my teeth when I slept. I had all this stress that was like almost glacial. It was just piled up and piled up. And that's how it manifested itself. And that was a totally unconscious thing that I wasn't even conscious of. I wasn't even aware of it until your significant other brings it to your attention. And I'm grateful that she brought it to my attention. That's one. You know, one thing that I, that I think of, the other thing for me was I found myself being very short with other people, like stupid things that people would do and make me really, really short and I had a really short fuse in regards to stupid things and it's just, it's in reflecting back, it's all those little pebbles that are put in your backpack or your, your IA gear, so to speak, in those pebbles, just keep adding up and adding up until some point it tips you over and you're not even, you're not even aware of it.

Asad :

I just kind of sneaks up on you. Right.

Charlie Palmer:

Just such a slow accumulation that eventually it ends up being really heavy.

Asad :

And I, and I think to Deb's point, because it goes back to who's Karen for the caregiver, right? We take care and we're trying to do a good noble deed in the work that we're doing for the natural resource for the environment, for, you know, the communities that we serve. We're taking care of a lot of different folks. We're taking care of our brothers and sisters within the fire community, but then who's taking care of us and what are we doing? And that brings in another dynamic, the family dynamic. But that's, we'll save that for later. But Deb, thoughts on that?

Deb:

Totally. You know I agree with you is, is there's that buildup and if you go with the classic PTSD, which I think it's going to be PTSI a brain injury and get out of that weakness, melt modality of that, it's a disorder, but you generally have to either have those slow buildups of like little t. Big T are usually thought of as life threatening things like a car accident, rape, that type of thing. But little t are like, you know, emotional abuse, bullying and those things that kind of build up fire after fire after fire that caused an emotional response. So you have to have some sort of T. The symptoms are, I like the acronym TRAP. In fact, in our little mental disorders, our little code book, our little DSM that you get that disorder, the only one that we really know the cause of is PTSD.

Deb:

I never seen a schizophrenia caucus. We have to have a trauma or a buildup of that exposure. And in our little code book, the number five first responders get an honorable mention. It no longer is just that it happened to you, the rape or the incident, but that you witness multiple incidences can increase your exposure and you can get the symptoms. The R trap is re-experiencing kind of those classic symptoms you think of such as flashbacks, nightmares. The A is avoidance because we avoid things that cause us to feel uncomfortable. So I don't want to go where that fire happened before. I don't want to go by that intersection where there was that fatality. I'm kind of avoiding it. And then the P is some of the physiological symptoms that we think of that hyper startle response or the insomnia and those types of things that happen.

Deb:

And sometimes we have changes in our mood, we get depressed, we get changes in our thinking. This isn't worth it. This is too much trouble. I don't have any effect any way. I'm not really making any difference. And those kinds of negative thoughts. So if you can pay attention to some of those changes, and a lot of those are normal for the first 30 days, that's not a disorder. But if those things persist, then you might want to do some extra self care. It's not rocket science, but do some extra things to take care of yourself, like sleep more, do some exercise and things like that that are preventative.

Charlie Palmer:

Great. What other things might be on your list then? If a person has noticed some of these signs or symptoms and they're wanting to address them and hopefully get better, what, what other things could a person do? Like you said, address your sleep, try and get more sleep, address your physical wellbeing through working out and whatnot. Which firefighters tend to be pretty darn good at, right? Asad?

Asad :

I think we're, I think the culture is pretty well ingrained in fitness. Yeah, absolutely.

Charlie Palmer:

So we've got that part of it covered. What else Deb can, can somebody look at addressing?

Deb:

Okay. And a lot of times, you know, it kind of is, there's that adrenaline overload. Okay. And it's kind of like humans aren't designed to endure survival situations or be, you know, on a fire for a long period of time kind of in that fight or flight mode. Okay. So if you can imagine filling up your 57 Chevy with nitrous oxide and racing across country and if you were fortunate enough to get to the finish line and then you're expected to drive slowly in the same car with the same fuel on the way back. So if you're noticing that you're revved up, one of the best things that you can do is drink plenty of fluids. It does flush those negative chemicals when you're in fight or flight out of your system. Exercise if you can, between the first 24 to 48 hours, meditation is wonderful.

Deb:

One of the best things that you can do is breathe because a lot of times when that fight or flight or you notice you're in that revved up mode, that Chevy mode, you're breathing from your chest short, shallow breathing. So if you can just do maybe every hour, you know, we have smart phones, you can, there's lots of apps for paced breathing every hour. Just take one minute of inhale for four through your nose. Hold for a count of six, exhale for kind of eight slowly through your mouth. It is a way we hack in our nervous system and we reset our parasympathetic or rest and digest so that we can slow down. So meditation, apps, breathing apps, you know, five minutes a day, something like that would be really important. Also, before you go to sleep, if you can just lie in bed and put your arms up over your head and breathe for about two or three minutes, you have to breathe into your belly with your arms up over your head and that will help you sleep because it resets that rest and digest that parasympathetic. We're firefighters and people get in trouble as they keep that on switch all the time of that parasympathetic 12 hour days, day after day after day that we're not supposed to do. So we have to switch it to the off. And these are some little tricks that we can trick our biology through our breathing and through exercise to get down into that relaxation mode so that you don't have the negative effects of PTSD.

Charlie Palmer:

Okay. Say a person has tried all those and they're still feel like they're having some issues. There were some concerns. What next?

Deb:

Well, most of the time we reset and I like the analogy of sometimes you get a splinter in your finger and my body is going to go get some edema and it's going to pop that splinter right out and I'm going to be fine, but sometimes this splinter gets stuck. I am a therapist. Therapy means talking cure. Okay, so maybe going to somebody who can have a tweezer, a little duct tape to remove that splinter so your body continues to heal. We are meaning making creatures. We like to have a story with a beginning, a middle and an end, and then we parked that event in the past without the negative emotions like fear or sadness or the tension in our chest. Okay. If you think of PTSD, it really is the past comes into the present. If we think of veterans, that's a lot where PTSD is.

Deb:

If there's an Iraqi vet and he sees a backpack and he starts to shudder, okay, have heart palpitations and tenseness in his chest. It's not the backpack at his six year old school. It's the backpack that the IUD was

in, in Fallujah that comes out into the present and he's experiencing same symptoms. If he didn't have PTSD, he might remember the backpack, but it would be a story about his life. He wouldn't be carrying the disturbance in his body. And so sometimes therapy, a therapy that I really like, which is called, Oh, it's got a terrible name, EMDR, eye movement desensitization and reprocessing is a really good therapy for helping to remove the splinter or whatever block is there so that the emotions and the body sensations can get digested so that it just becomes a memory.

Charlie Palmer:

Okay. I like your terminology there of taking the disorder piece out of it and just simply adding injury at the end because it changes the way we think about it. Right. And it's just think of post traumatic stress injury, well, it's an injury. I got to figure out how to treat that injury and it's like a whole host of other injuries I might have and it changes kind of the mindset of it.

Deb:

It really is the medical model and if you think of the medical model and first date we get injured, we flush out the wound, we put a little Neosporin on it and we clean it out so it doesn't get bad and you get better quicker with mental health where it's like you have to get gangrene or PTSD. We don't do anything preventative in order to manage it. Your brain is designed to learn. That's his job. My digestion is designed to take the nutrients from the breakfast that I just had and it will take the vitamins and the minerals and it will process it. I work with kids, they love potty humor and then we get to poop out the stuff that we don't need, you know, later on, right? Yeah. Well the brain is designed to learn from experiences. So if I'm five years old and I see a socket or two years old, I guess, and I'm curious, I'm going to put my finger in it.

Deb:

Woo. Burnt shock. I go to bed that night and we think this is one of the functions of sleep, rapid eye movement, REM sleep is it takes the information that we got during the day. Don't put your finger in the socket and it keeps it in longterm memory, so I'll remember that, but I don't need to. Every day I go by that socket to shudder feel the burning in my fingers. All right. The past coming into the present, I park it. Yeah. That was two days ago when I did that and I know not to put my finger in the socket well we think what causes that PTSD is because the arousal in the nervous system. Wow. That was an overwhelming, shocking event. Okay. I went on that fire. I didn't expect to find that car with those, you know, three bodies in it or whatever and the smell of that and it continues to haunt me.

Deb:

I got over aroused and then I didn't digest to use that same metaphor when I, maybe I didn't sleep that night very well. So didn't get to get rid of the negative emotions and the body sensations that went with that event that I don't keep, I don't need to keep. Yeah. Okay. And so what EMDR can do is it can help you digest it so it just becomes a memory and you don't carry any of those disturbing flashbacks or anything like that when you get triggered. Cause triggers are your brain's way of saying, Hey, stay out of danger. I'm designed to keep you alive. Right. And it doesn't know that the dangerous past.

Charlie Palmer:

So we might have some of these initial strategies that you talked about through breathing or meditation for a person has decided, you know what, I need a little bit more help. And so maybe they've accessed, a

clinician through their EAP or they've tracked one down somehow else. But again, they're just trying to address so Asad, as you hear Deb talk about some of that, any, any thoughts that you have?

Asad :

Yeah, let's be real here. For a second, right? I mean no, cause you're spot on Deb. Absolutely. But huge proponent on the meditation and the wellness aspect. But when I go back to the beginning and culturally some of the norms in fire, you know, drinking was a big part of that cultural norm from my seat in my opinion. I can't speak for everyone, but in my resonates for me noted going back to that and now that I understand what I know in regards to how alcohol affects the brain and especially when you've had trauma and how it affects sleep, where I thought I'm going to get really, really drunk and so I can pass out and sleep.

Charlie Palmer:

It might involve going out with maybe some or all of the folks who are also involved in that incident. And so there's going to be a social aspect to it and Hey, here's another opportunity to be together to perhaps talk about it, to try and process it, but now we're going to add in the variable of alcohol. Perhaps we're or other things. And, and now maybe the game changes a little bit.

Asad :

Yeah. And that is that, that's, that was the, that was my normal, if that makes sense. That's how I remember it in those times. But now as I've grown, you know, as a fireman and understanding this so much better that when you have trauma in your brain, and you're not getting the REM sleep. When you've exceeded that alcohol content to the point that you're not in a deep REM sleep, you're not healing. Your brain is not having the ability to heal. So in essence you're doing more harm. And that was really eyeopening to me in regards to how important and what the correlation was between the two. I also feel that the other part of not only the sleep, but I love what you talked about Deb, in regards to post traumatic stress disorder and changing, changing the phrasing to injury because there's such a stigma I feel in regards to the disorder.

Asad :

Like there's something wrong with you, but changing it to an injury gives the implication to it can be healed. And I think sometimes in dealing with with either it's management in, in, in fire or just you know, your brother and sister working next to you. If you fill out a CA one or a CA two because you have a swollen ankle or you have a broken arm or you have a swollen knee or you got a bee sting, you're able to see those things. They're tangible and in front of you, right? You're able to see the swelling in the knee. You're able to see, get the stinger out and see the swelling from the bee sting. But the trauma that we, that we can encumber through a traumatic event, you're not able to see that physically. Right? So how does one know, how does your brother or sister at work or at home your significant other or your children, how do they know what burden you're carrying with that?

Asad :

Which is, I mean we can, we can go down that rabbit hole, right? But I think we're just at a point now culturally within within the agencies that we're having these discussions and to what you were talking about earlier, Charlie, this is something that is being reflected in our training. This is something that is slowly, you know, when I was here for the last podcast with Heath, you know, part of the apprentice program, they are being very proactive in getting that information built into those academies, those

entry level academies for our, for our permanent folks. And I know I've tried to use it at our rookie schools with the BLM here in Nevada and just have a 20-30 minute talk about that. To preface some of the things that you can see because again, like I shared earlier, I didn't, I was just here to make some money so I could go traveling. I was not prepared for what was, what was gonna happen and there was no talk of it. Once the incident happened, there was no talk after it. And to look at those implications and the ripple effects and how that affected not only myself but my loved ones. And you know, carried with me for a really, really long time. Yeah.

Charlie Palmer:

So I know you're both really big proponents of posttraumatic growth. Let's talk about that for a while where folks have experienced trauma of some sort and they have somehow been able to have that be a segue into beneficial and positive growth for them as a person. How does that happen and what, what can somebody do to grease the skids to increase the likelihood that, sure, I'm doing my job. I've got a lot of things that are out of my control and I experienced some of these traumas, whether they're big T trauma or little t trauma and they eventually all add up. Especially if I'm doing this gig for a while, you know, year after year. What can somebody do to increase the chances that they grow out of some of these traumas?

Deb:

Well, I think listening to some of like these podcasts and getting, you know, you can't have suffering and loss and not be touched by it. Okay. That's as unrealistic as this expecting to, you know, walk through water and not get wet. Yeah. All right. That it is part of us as human beings and as Asad said, paying attention to the signs and symptoms. There are signs and symptoms of that brain injury and this is what you can do to get better. I mean, I, I did smash my toe and I ignored it and it was broken, but I had some signs and symptoms. It was swelling and it kept hurting and the swelling didn't go down. And I kept ignoring it and saying all of those types of things where there are these signs and symptoms that if you have an event that causes you to feel emotional about it because of the nature of it, because you're a good person and you should, there's some cognitive signs and symptoms that I have difficulty with attention and concentration for over those 30 days.

Deb:

Do I have difficulty sleeping? Okay? Am I more hypervigilant as my family members telling me that I'm irritable and grouchy and snappy and these are signs and symptoms! Great. You guys are great at wanting to take action, but you got to know what's happening. This is what's happening and this is what I can do about it. And just like if you break your leg, it heals and it's stronger there than it was before it broke. Well, if you get into BrainHealth and you start to study the brain, we're now looking at pictures of resilience in the brain and your brain is stronger and there is research showing that if you've had difficult life events, they're uncomfortable. Feelings are uncomfortable. But if you learn different skills like exercise and meditation and talking with friends and connection, then you will get over. You know, if you, if you look at emotions like waves, okay there's a peak and then you come down the other side and it ripples to the shore too often.

Deb:

Like what you're talking about aside, we don't feel good. We don't know what to do with this overwhelmed emotion, the waves going up and then we numb it out and we just go back down with alcohol and we never get to ride it out over to the top with connection with other people and support so

that we're better as a result of what we have overcome. And just like your leg, okay, is stronger where it broke. Your brain has more connections. I won't get into all the science of it, but more connectivity and more strength there so that when more bad things happen, you're able to overcome more quickly. When you think of resilience as the ability to bounce back if you get the flu or resilience also has another part which is resistance, which is this educational piece. Okay, like I might not get the flu if I get a shot, you know, and it makes me more resilient.

Deb:

Well, getting this education is like an immunization. Should you get the flu? It's like, yeah, I'm not sleeping. Then I'm going to do, and I'll tell you the three things that I think are most important. Do that. Breathing to get your rest and digest your homeostasis online exercise to do the same thing and get your peer support and connection with other people cause that's what heals us and then you will be stronger and have more commitment to your life. You'll be more grateful. You'll take more time being in the moment and being with your kids and enjoying your life because of the bad stuff that you've seen. I get passionate.

Asad :

I support the plan, I support the plan and I guess want to elaborate on that because the growth, and I'm going to speak for myself, the growth is reframing the opportunity, right? So as you know, what transpired in the year since I was last with you is an essence and being perfectly honest and blunt as we talked about those little pebbles that build up in your backpack. I tipped over and it was a very, very sobering eyeopening experience to look at yourself in the mirror and realize that you are the one that needs help now. And then knowing I had the resources to get help was huge. So bottom line, long story short, I went to a rehab facility for 35 days to basically rewire, reset the system, if you will. This wasn't an alcohol or drug or anything like that. This was just a buildup of all these little pebbles, whether it was CISM, whether it was my personal life, whatever the case may be, the traumas incurred at work, all of those things where it's just, I struggled sometimes just coming in in the morning cause you're talking about the, all these things that kind of remind us like just when I drive from my house to work, I have to drive by the house of a family that we had to do a death notification.

Asad :

I have to, I have to see that house everywhere. Sometimes the families out and I got to see them when I come home. So there's always that picking at the scab. So that's on my drive to work. I get to work. What's the first thing we do? And when we come in we can do six minutes for safety, do the morning briefing, do the weather, right. Six minutes for safety. I mean if you look at it, it feels like every morning that we're going over some fatality fire, we're having some remembrance of a firefighter or a fatality or something. Well-Intended. Absolutely. Yeah. But I'm saying this from the point of after 33 years it's like, you know, you've, you've had some contact with each of those incidences in some way cause our family is so small and tight. Right? So there's that. So anyway, go through the rehab in regards to resetting and it was the hardest work I think I've ever done because I'm in there initially for the first couple of days going, what the hell am I doing?

Asad :

Like... I shouldn't be here, I shouldn't be here cause we, we would do some things like EMDR and in different modalities, deb and, and I knew exactly what they were doing and I would ask the clinician, she goes, yeah, we're doing this sort of modality and thinking that I was like, Oh I'm, I'm with the in crowd. I

know what you're doing. But if I was so smart, why was I there? Right. Yeah. So there was, there came a point after two or three days of where I actually just actually surrendered to the process and like I need help.

Charlie Palmer:

Your resistance was high enough for a few days and then.

Asad :

A lot of ego and pride, lot of ego and pride, you know. And then it's very humbling and sobering in regards to I, I definitely, I need help. And so when I surrendered and trusted the process and really gave myself to the staff there and the rest of the team, cause I was in a group, if that makes sense. And we'd worked to, we did a lot of group therapy as well. So you come out of all of that after 35 days, there's changes. Obviously there's obviously going to be changes if you've done the work, which I did. And there's changes that have to be made in your personal life and your professional life. And that was one of the great keys that I got out of that was boundaries. Like I really, really had to have stronger boundaries and that, you know, at work that meant saying no, you don't say no. Right? I mean we're doers population that says yes, we're doers, we fix things, right? We're operationally focused, we take care of things, we get crap done. Right. So now here I'm coming in with this, with this shift of saying no in regards to not saying no to everything, but instead of taking everything on, choosing and picking the battles, severing ties with people that were toxic, where before you could be tied with people and you'd think of the implications. Like if I said no to this friendship, there is going to be a residual effect, right? It professionally, personally, whatever the case may be, and that could impact you negatively, but when the end state was personal wellness, it was easy to put up those boundaries and get rid of those toxic people that were in your life. Incredibly empowering and incredibly healing. So that posttraumatic growth to your question, Charlie, now going forward is really the way that I frame things now and I know it's going to sound, I mean it's, this word has been used a lot, but it's for me again, it's this rings true. It comes from a place of gratitude. It comes from a place of having those boundaries of those things that are, that are sucking the life out of you. Taking the energy away, bringing drama into your life that you don't need and then what are you putting in its right.

Asad :

So that's the stuff that's draining my cup. What's the stuff that I'm putting in place to fill my cup and you know for me personally that has meant, now I've gotten involved into the music business side of things. Just got back from a tour, six weeks we did a U S Canadian tour and I share this only that I was working with the opening act and the headlining band. They had a gentleman on their crew from the U K as I found out day one he's a nurse. Hmm. I'm a fire guy. He's a nurse. He's over here doing the same thing that I'm doing in regards to that fills his cup. He's filling his cup for six weeks and we hit it off instantly, you know, after, after day one. But it blew my mind that here's a guy just like me that on his vacation. Right. Cause I was using my vacation time as well. We're on the road because I'm in a scene now where we're working with the artist and then they have the VIP experience where the fans get to pay extra money and they get to meet the artists and take photos and ask them questions. That whole thing, that whole environment is filled with joy. Like the fans are so excited to see their favorite artists. The artists are excited, they're filled with gratitude. There's just a lot of good positive energy. There's a lot of love in that environment. Fills my cup, absolutely fills my cup. So that to me is making those shifts from the trauma to the growth.

Charlie Palmer:

So you shared this story at breakfast that we had about walking your dog, which I think is a great example of this reframing that you're talking about. Can you share that with us again?

Asad :

Thank you for breakfast by the way. So the dogs, yeah. Boston terriers for folks who know me, they are my they're my necessary evil. Love them. Prior when I would walk the dogs, it was point A to point B. I had to get there as fast as possible. I had my cell phone with me, I was taking calls, I was doing emails, I was answering texts, I wasn't present with the dogs, And it really is truly multitasking cause the dogs need to be exercised and they need to go outside. And then I think that I'm going outside and walking with the dogs as some sort of physical activity, which was kind of a misnomer. But you know, the dogs, they have the senses and obviously there's got the, all the different smells and you know, it's the way they talk to the other dogs in everything. So they're there at every tree. They're at every fire hydrant. They're at every, every tire on every car. And I was pulling them like, come on, let's go point a to point B. We got to get there as quick as possible. I wasn't present and I wasn't enjoying the moment. So now fast forward to present day, leave the phone at home as much as possible when the dogs stopping to smell and they're taking that time to go through their process, I'm just calm with them and I breathe deeply like to what you said, I do a four, I go in for four, hold it for four and then I push out for six so does a deep all the way out and I let the dogs do their thing. But then I, I look at where I'm at, looked at the trees, look at the wind, look at my surroundings and there's really, there's no agenda in regards to time. Like I have to get this done, I got to walk him in 15 minutes or whatnot. They're really guiding the process and I kind of just go along with them. But it's been incredibly, incredibly healing for me where I'm actually feeling rejuvenated coming back from a walk where prior I was just as equally as stressed if not more because I would put these stresses on me cause I live up in the mountains and so I didn't have cell service when I'm walking the dogs I have to get home cause I got a wifi booster at home. Right. So these texts aren't going through or I'm, the phone call gets cut off because I've only got one bar service on pushing the dogs to get home so I can make those phone calls. Right. Missing the whole point. So when I'm able to leave the phone at home and when I'm able just to focus on my wellness and focus on the dogs, I think the positive results are, are much more apparent. .

Charlie Palmer:

So thank you both so much for the conversation. If we're going to wrap this thing up, which I hate to do, but it's just one of those things that's necessary. Deb, what do you have for closing thoughts as a take home here?

Deb:

My closing thought is with PTSD, like kind of what Asad said, it's not what's wrong with you, it's, it's what happened to you and it's about the event and that your culture as take charge people sets you up, you do a ours, you're always thinking about, you know, what could I do differently? You know, what's my fault? And you're going over and over those things in your brain and sometimes it gets stuck and if you can do you know what Asad just said? It is healing his brain inside in the nervous system. It's like that breathing and taking time with the dogs. It's like there's an antibiotic in him and we don't see the antibiotic if we had the flu that it's working. But it is and these are all really important self care strategies that if you guys can do them in the beginning that it can prevent that PTSD and you can have post traumatic growth.

Deb:

So look at how you look at events. You take charge, you fix it. People, sometimes you have to learn how to manage. The only thing you can fix, which is your response to the event. Not the event, and if the fire happened, if, if the structure burnt down, it doesn't have anything to do with blame or that your fault, but you're left with some of the sadness and some of the anger that's left as a result of that. And in our culture, we don't teach you tools to deal with that and it's just needing more tools. It's not about the weakness model to change that stigma. Okay? That's what I would leave with most people. Structural fire doesn't need a Pulaski. Okay, well we need more tools if you're exposed to different things just to manage the emotions that come up as a result of that. So, and thank you all for what you do, the best people on the planet.

Charlie Palmer:

Well thank you for being involved. Asad. How about yourself?

Asad :

Don't be afraid to ask for help. Don't be afraid to ask for help. So if I look, if I look back, you know what we do, right? Whether I'm a division or I'm an IC ops, if you're on a hot shot, crews, a squad boss. If you're working on an engine as a, as a first year firefighter, if you start picking up spot fires across the line, they're starting to pick up an activity. What would you do if you were a first year firefighter? You're probably gonna let the senior firefighter know, or the engineer or the engine captain. If you're on a hot shot crew, you're gonna let your soup know. If you're the soup, you're probably gonna call division to get a dozer, get another crew, get a helicopter, get a tanker drop. We have no problem asking for help on the fire line. Why do we have such a hard time asking for help within our personal lives, away from the fire line.

Asad :

So if we can have some sense of balance where it's okay and, and that stigma can be broken in that ask for help, why wouldn't I want to be happy and healthy? And I'm just so grateful that I had people in my life that when I was able to ask for help, they were able to get me the help that I needed so I can live a happy, productive life. So that's, that's what I want to leave as a parting shot is don't, don't be afraid to ask for help. And especially if you're friends with someone and you see it, you know, sometimes we're very standoffish and we don't, we don't want to engage out of fear. Like you just ask them, how's everything going? Oh, it's fine. And you leave it at that. Don't be afraid to dig a little deeper than just accepting. I'm fine.

Charlie Palmer:

Ask a couple more questions. Absolutely. Yeah, absolutely. Well, again, thank you both so much for taking the time, sharing your talents and your energies and your perspectives. We're grateful. We're appreciative and thank you to the listeners for tuning in once again, and we have one more podcast left for season three. We'll see you next time On The Line.

Charlie Palmer:

You've been listening to On The Line, a podcast for today's wildland firefighter, our audio engineer is, Mike Matthews, production assistant, Joey Moore, and I'm your host, Charlie Palmer. Thanks for

listening and we hope to connect with you again in the future. On The Line.

Copyright: On The Line. All Rights Reserved. This transcript cannot be transferred, quoted, or shared without written authorization.