

Confluence Podcast Transcript: Bryan Cochran

Bryan Cochran: “Our present tense human experience, our lives in the inescapable present are like living trees. Our memory of experience, our individual paths are like trees fallen in a river. The current in that river is the passing of time. And a story, a good shared story, is a transfusion of nutrients from the old river log memory into the eternal now of life. There are, however, small parts of every past that are hard cross-grained worlds of memory that remain inexplicably lodged in us long after the straight grain narrative material that house them has washed away. Most of these worlds are not stories exactly. More often they're self-contained moments of shock or of inordinate empathy. Moments of violence, uncaught dishonesty, tom foolery, of mystical terror, lust, preposterous love, preposterous joy. These are our river teeth. The time to find knots of experience that remain in us after most our autobiographies are gone.”

Ashby Kinch: So welcome to Confluence, Brian.

Bryan Cochran: Thanks. It's good to be here.

Ashby Kinch: Yeah. And you know, that's a beautiful passage. You mentioned that he's one of your favorite writers. That's David James Duncan. Um, but you hadn't read it in a while. But you know why he picked it, I mean, our, our theme is rivers and that there's this really powerful sense that he's built this metaphor around, you know, rivers. And it's a three-page passage actually, where he talks about the tree falling in and wearing down over time. And then these things at the bottom, these teeth that kind of hang around. And I just thought for a psychologist, you know, someone trained in clinical psychology, it's kind of an interesting metaphor to dig into a little bit.

Bryan Cochran: Absolutely. It's toothy, from a psychological point of view for sure.

Ashby Kinch: Yeah, exactly. And so, you know, Freud, Freud talked about the kernel of dreams. That's another thing that's like a hard, um, bit that never softens out, that somehow is a, is a core idea. Is that kind of what resonates for you? Or what did the passage make you think of?

Bryan Cochran: Yeah, the passage for me is about, um, what remains and what kind of wears down over time and what is kind of woven into part of who we are. And it's a beautiful passage. I just love the wood and the river and all the metaphors kind of woven together. Um, it's one of the things I like about David

James Duncan. I think that he tells a story at multiple levels at the same time and I really appreciate that.

Ashby Kinch: And had you read him much before coming to Montana or was it, you know, part of your arrival here?

Bryan Cochran: Coincidentally, I read, um, *The Brothers K* by him, um, actually about two years before coming here, before Montana was even on my map. So I moved here and then I just kind of heard by word of mouth that, you know, he lived in the Bitterroot and is nearby, which I thought was really interesting.

Ashby Kinch: But maybe in some weird way, kind of paved the way for you to, to be open to Montana because, you know, it's such a river culture and if you were attracted to his writing, there's something about that maybe that appealed to you.

Bryan Cochran: Quite possibly.

Ashby Kinch: 'Cause your Montana story is you, you moved across the country from Furman, where you did your undergraduate, all the way up to Seattle. You got close to us, right? Uh, you know, here in Montana. But then you had this opportunity kind of come about while you were working in the VA hospital. And so tell us about that moment. What, you know, what was that like and what light bulb went off that said, yeah, I'll try that out?

Bryan Cochran: Yeah, it's a fun, um, one of those stories that just kind of your life turns on a small incident that you wouldn't have anticipated otherwise. So, um, I had finished up, or, was finishing up my internship, um, which was part of my doctoral degree at the University of Washington, and one of my colleagues there, Matthew Jakupcak, was also on internship with me. Um, of course, we're all like scouring the job ads and looking to see what's coming open in postdocs. I had already planned on staying actually at the VA for a postdoc for the next couple of years. Um, but I hadn't yet accepted that job. And then a posting came open for the University of Montana and Matthew said: "You know, you might like this place."

And, um, I, I sort of shrugged it off thinking like, "how many Thai restaurants are there really in Montana?" And, you know, what are the different options?

Ashby Kinch: At the time, zero.

Bryan Cochran: Right, exactly. Um, but I, I decided that I would give it a try based on his recommendation. He grew up here. It was really interwoven into who he was. Um, and he was someone I trusted a recommendation from. So, um, I came out here. I interviewed in March, um, about 20 years ago, and sort of fell in love with the place then.

Ashby Kinch: Well, you and I were interviewing at the exact same time. Yeah, we're in the same cohort. And it's funny we've never talked about this, but actually I had a similar experience where a professor where I was teaching Andrew Vek had done his PhD here and he was at the institution I was at. And so when I told some friends that I was applying. He's like: "Oh my God, you're gonna..." He actually walked over to my office and brought me the Bitterroot hiking guide and he said, "'Cause I got a few pointers for you." You know, and same thing, like, I had never even thought about being here. Yeah. And then here I was interviewing and coming.

Bryan Cochran: Yeah. And it's the connection with place that often is what brings people here. And even though I didn't have that connection, I had it one degree of separation. So yeah, he connected me to what he thought would be a good place for me.

Ashby Kinch: And then you built it. I, I'm assuming, since you've been here for 20 years.

Bryan Cochran: Sure, yeah, sure.

Ashby Kinch: And you've built this incredible career here. You've done a, a bunch of things, obviously all professors do. And, and what, what we really like to highlight on this show is, you know, what are the big things that drive your passions for your profession, your research interests? And I know that's extremely important to this program's identity, that it's a, it's a clinical psychology program you're training future clinicians. But research is a key component of that. And I'm, I'm assuming that's part of what attracted you to the position is to kind of work on both the training side and the research side.

Bryan Cochran: Oh, absolutely. I mean, I think the great part about my job is that I get to do so many different things over the course of a given day or week or month. Um, really what is at the core for me is graduate student mentorship. That's the most important thing that I do. I tell my graduate students that, and they probably think it's silly that I harp on it so much and mention it over and over. But, um, I really do think the most important thing that we can do is help train the next generation of people who are doing similar work.

Um, so it's the combination of mentorship, teaching, research, service, everything that's kind of part of what I do that keeps my life interesting and my career moving.

Ashby Kinch: We're definitely gonna come back to the mentorship component 'cause it's just so core to how you and I have been working together recently. But let's talk a little bit about your research. You brought with you some, some research questions you were already working on. Especially, um, addiction issues and behavioral addiction issues within the, the LGBTQ+ community. Talk about how that's unfolded and how that's kind of shaped your career.

Bryan Cochran: Yeah, sure. Um, well, when I started as a graduate student, there really wasn't a field of LGBT psychology, which is really kind of interesting to think about: 25, 27 years ago, um, there wasn't really anyone doing scholarship in that area. Um, I knew that's where my heart was. I kind of knew that it was really important to look at issues that disproportionately impact LGBTIQ folks. Um, and I thought that I could perhaps carve out a career in that line, but I didn't know who to work with.

Ashby Kinch: Yeah. Well, there wasn't anyone.

Bryan Cochran: There wasn't anyone. Right. So, so I went to graduate school to work with someone who studied suicidality and had a treatment for suicide, um, for people who were at risk for suicide. And, um, that was kind of what I thought would be an entry for me because so many LGBTIQ folks are at elevated rates of suicidal ideation and behavior. Over the course of graduate school, that morphed in a number of surprising ways. One is I switched mentors, um, and I switched to work with someone else who had done a great deal of research on homeless adolescents who were disproportionately LGBTIQ as well, um, in Seattle. So as being part of that study, I started to publish and look into kind of what are the health disparities that LGBTIQ homeless youth are facing in comparison to heterosexual and/or cisgender youth. Um, and that led into an area of health disparities research that kind of guided maybe the first 10 years of my career, I'd say, um, most of which is focused on substance. So substance use is one of the areas in which those health disparities are really clear and significant: um, depression, um, anxiety disorders, and, um, certainly suicidality are also commensurate with that as well.

Ashby Kinch: And what, what about the interventions? I mean, what, what, what can we look at to say, you know, after now there's some body of evidence and we're researching it? What impact are they having?

Bryan Cochran: Yeah, so we're really in the early phase, I would say, of defining what it means to have LGBTIQ specific interventions. I mean, certainly the interventions that we already know work for people in general in psychotherapy are gonna be beneficial. But there's probably an added benefit and maybe an added kind of, way of getting people into treatment if they're LGBTIQ identified by having components of affirmative treatment. And having a clinician who knows a little bit, even if they don't have direct experience about what--

Ashby Kinch: That's what I was gonna say. So some of it is the outreach and recruitment, as much as it is the specific treatment uh, treatment, but there is a treatment component that's kind of unique to that population.

Bryan Cochran: Yeah. Yeah. I mean, in some ways, again, it's sort of in definition currently, but it has to do with recognizing discrimination and victimization that LGBTIQ people face at a much higher rate than people who don't have those identities or that identity. Um, and it's probably also a celebration of identity in various ways and helping people to feel affirmed when in many ways in their lives they may have been invalidated or discriminated against on the basis of those identities. So being in therapy can be a really corrective experience.

Ashby Kinch: Yeah. Fantastic. So, I mean, as your research has evolved, you sort of said that's the first 10 years. What, what, what's happened more recently?

Bryan Cochran: Yeah. So taken—

Ashby Kinch: We're old so we can talk in decades, right?

Bryan Cochran: Right. Exactly. Um, I think more recently I've moved into this phase of trying to figure out what it means to have LGBT-specific treatment, um, and working on what those components might look like. Part of that research has also been trying to identify, um, biases that either people or agencies might have about working with LGBTIQ folks. So, as with other aspects of cultural awareness, overcoming one's own biases is a huge component of being able to be there and to be present for people who might have different identities than you. So we've looked a lot at biases. Um, we've looked a lot at protective factors. So, um, for example, research from my lab has indicated that being a high school student at a school that has a gender sexuality alliance, even if you're not part of that alliance, probably confers some protective benefits with regard to mental health. Um, one of my--

Ashby Kinch: Just normalizing and, and giving you a sense of affirmative identity, even if you're not actively engaging?

Bryan Cochran: Absolutely. I mean, a lot of the research in school has to do with this variable of belongingness and belongingness really buffers against negative health outcomes. So if people feel that they belong in school, whether that be, um, on the basis of their LGBTIQ identities or on the basis of some other factors, that's gonna confer some health benefits that probably last beyond the schooling period.

Ashby Kinch: You indicated one of your big research successes was this zero-cost study. Why don't you tell listeners about this? 'Cause it's quite clever, right? I mean, it's a simple way of getting at, um, whether or not bias exists in the system and how it is and isn't addressed.

Bryan Cochran: Yeah. Uh, well I love a free research study. I mean that it's nice to get grant funding, but it's also fun to be able to figure out like, what questions can you answer without having the huge enterprise of NIDA [National Institute on Drug Abuse] funding or other mechanisms? Um, this particular study was one that I did kind of early on here at U of M. And it was in this interest of what are substance abuse treatment agencies doing to provide LGBT specific services?

So they all receive a survey every year saying: do you provide specialized services for people who use IV drugs or people who, um, are homeless? And one of the options is for people who are LGBT or, at that time, it said lesbian or gay. So many years ago there were 900, I think it was like 911 agencies that said, yes, we do provide LGBT-specific services. And I'm both curious and dubious, um, with regard to that. So--

Ashby Kinch: Well, you had done the research, you kind of knew there wasn't much out there.

Bryan Cochran: Right. So I, I was wondering how are these agencies defining what a specific service is? What does that really mean for a client who comes in? Because that same database can be used by clients to locate what agencies might be a good fit for them. So they might be looking on the basis of that information.

So I started by, um, just picking up the phone and calling different agencies, and as a hypothetical client saying, um: "I noticed that you were in the SAMHSA [Substance Abuse and Mental Health Services] Providers Guide as an agency

that provides LGBT-specific services. Could you tell me a little bit about those?” And the answers were disappointing.

Ashby Kinch: Yeah. Yeah, I can imagine.

Bryan Cochran: Yeah. In fact many of them were quite invalidating. The first call that I made, um, was to an agency where the person said: “Well, of course we accept lesbian and gay clients, but we don't encourage them to stay in that lifestyle.”

Ashby Kinch: Oh, wow.

Bryan Cochran: So immediately I thought there is a gulf between--

Ashby Kinch: That's the treatment they're offering.

Bryan Cochran: Right, exactly. Um, and just the damage that that can do when someone is really, you know, having a hard time, um, with the stigma of substance use and having a hard time reaching out for treatment, and then their first attempt to do so gets this incredibly invalidating response. So our research team called all those agencies and, and transcribed the response and coded those. And found out that only a very small percentage of those agencies were pointing to anything that was LGBT-specific.

Ashby Kinch: I love that on so many levels. It's clever. It's a, it's just a simple, straightforward approach, but you get great data out of that. You know, at the interface of a treatment and whatever ideas or values are structuring it.

Like a lot of faculty, um, you know, I, I, I think it just differs a little bit across the disciplines in terms of how people imagine their impact in the world, you know? The research impact, right? Obviously we have some faculty are, you know, generating a ton of research impact by, you know, their articles being cited. But I think in your field in particular, that's important, right? But the really important thing is building out a whole new generation of practitioners. You know, on, on this podcast, we kind of elevate the importance of that relationship, that bond between a researcher, a faculty member and a, and a student researcher and, and a graduate student. Um, but in your field it's, it's just that much more important because of all that transmits in the clinical setting in terms of supervision, all the values that transmit that aren't, you know, they're in the dossier or they're in the research. Right? They're, they're interhuman dimension. So talk a little bit about that. I mean, what was it like coming into a

field like that? And growing into that role? I'm sure right off the bat, it's a little different, right? It's some, you're, you're on the other side of this dynamic.

Bryan Cochran: Right. I, I think that coming into this field, one of the things that I realized, and it was reinforced by a mentor early on, is, um, that there's nothing in graduate school that's too difficult or there's nothing that's too demanding in terms of what we do. It's just frequently too much. So there's too many different aspects of what we do.

Um, so I think about, um, training the next generation of clinical psychologists is about training researchers, um, it's about training practitioners. So I'm training people, um, hopefully to get to a point where they can become licensed, um, healthcare providers as well. It's about training teachers and the next generation of mentors. It's about training consultants. So the mentorship that I provide really by nature, I think has to, um, have me wearing a lot of those different hats. And then the supervisees that I'm working with or my mentees, um, can decide what matches their style, what doesn't. You know, of course I don't want to put out a bunch of people who are very similar to me necessarily.

Ashby Kinch: Well, you say that, but actually, I mean, you know, I think that in some fields the model is to create clones because they're gonna amplify your research. I mean, that's a little sharply put, but I think what, what you're getting at is that in your field, that's, that's not the mentorship model. The mentorship model is, um, finding that skill set--the match with you, but also letting that student, uh, define for themselves what they're gonna go focus on, what the research area is gonna be, how they're gonna cultivate their talent.

Bryan Cochran: Absolutely with transferrable skills that they're learning through the program, through my mentorship, through all the different things that they're doing. So, um, I think I'm happiest when students decide to carve out their own path and figure out a way to make that skillset work for them in a career that's really exciting and is gonna propel them for the next however many decades.

Ashby Kinch: Yeah. I think that's so important for listeners to hear, especially if they're graduate student listeners and they're thinking about grad school. And this applies across the bat, you know, most professors really do want that. They, you know, so I was being snide earlier, but I mean, most professors really do want the student to find that thing that's gonna define their place in the field. And sometimes that's within, uh, you know, the field that the student, uh, has built out of the faculty mentor's expertise. But, but, you know, and the, the goal

is to liberate and, and to create new knowledge, right? We want our students to kind of go do something new that we've never done.

Bryan Cochran: Right.

Ashby Kinch: What's the area you've been stretched in most by your students?

Bryan Cochran: Oh, that's a really good question. Um, I, I think that, you know, as I started off earlier in the field, um, most of the research--and I've been using the acronym LGBTIQ because it's kind of most comprehensive, although there's more. When I started in the field, um, most of the research, even though it used a more comprehensive acronym, was focused on minority individuals on the basis of sexual orientation. So lesbian, gay, and bisexual individuals. And the real change I think that's occurred over the past 10 to 15 years is the incorporation of gender diverse and gender expansive individuals into the experience. Um, recognizing that whether people are minoritized on the basis of their sexual orientation and/or their gender identity, they have some shared experiences. Um, so I think that I've been stretched the most, mainly because it's outside of my own experience personally, um, by graduate students and other folks who have encouraged me and worked with me alongside as we've started to explore how the impacts of health disparities might also apply to gender expansive and other folks. And similarly, how protective or, um, you know, other resiliency factors might also apply to gender expansive and gender diverse folks as well.

Ashby Kinch: Yeah and I think a lot of us have experienced exactly what you're describing, you know, just across the board. In your field, it's applied intervention work, but in, in other areas, it's just being open to new possibilities we just weren't thinking about. You're needing to kind of adjust as you hear new voices and, and, and recognize and be open to what, what that does, you know, how does that shift your thinking? You know, if it's another field, maybe it's, uh, how does it shift your approach to gender in a literary text? Or a philosophical matter or whatever. So that's really, really important. And I, I think you've also sort of talked a little bit about, um, opportunities in the field that maybe didn't even exist for you. Uh, I, I think one thing you said is, you know, consulting in tech as a, as a job consultancy type of track for someone who might today be coming out into the job market. What's that look like?

Bryan Cochran: Yeah. So, um, the options are really pretty limitless for clinical psychologists. I mean, I think that, um, and I'm really fresh in thinking about this because I just went to a training conference where the theme was preparing our graduate students for a variety of different careers that didn't exist

when we were coming out of training. So, um, so some of those are in tech. I mean, I think that, um, you know, a number of clinical psychologists are building websites to help connect people to therapeutic services. Or they're building apps to translate psychological principles into a really easily disseminated and palatable way that people might use for a few minutes a day, something that could be a benefit for them. So tech is one.

Um, certainly consultation. A lot of psychologists are DEI experts--diversity, equity, and inclusion--and are utilizing, um, kind of the principles that we know in terms of helping people to, um, expand their cultural awareness, um, in ways that could be beneficial for businesses or for industry.

Um, certainly psychologists today are not following the template that maybe everyone thinks of when they think of a psychologist, which is: you've got a very kind patient person and then another person on the sofa across from them, and they meet together for 50 minutes. Psychologists do that to some extent, um, usually not on a sofa. Right? The client's not always on a sofa these days. But, um, the, the models of practice are very different. Psychologists are much more likely to be involved in integrated healthcare settings where they're working alongside, um, MDs, nurses and other folks in terms of coordinating care and providing brief interventions as opposed to necessarily long-term psychotherapy. So tons of options that are out there for our students.

Ashby Kinch: Yeah. Yeah. Well, thank you so much for that work and, you know, we, um, end every program with our quick hitters. And here they come.

Bryan Cochran: Have at it.

Ashby Kinch: Everyone gets the same questions. Uh, morning or night person?

Bryan Cochran: I'm definitely a night person.

Ashby Kinch: Me too. I I--it's terrible to have to admit that, but you know, cuz there's--people who are supposed to be more productive in the morning. It's not me. Winter or summer?

Bryan Cochran: I'm definitely a summer person.

Ashby Kinch: It's been a tough winter.

Bryan Cochran: It's been a bit of a long winter.

Ashby Kinch: Yeah. If you're not a winter person, this is a tough one.

Bryan Cochran: You know, I'm not moving yet, but, uh, but it's been tough.

Ashby Kinch: Yeah. Sunrise or sunset?

Bryan Cochran: I love sunsets.

Ashby Kinch: Yellowstone or Glacier?

Bryan Cochran: I'm by far a fan of Glacier. Both are amazing parks, but Glacier, I've been there so many times and there's just so much more to explore.

Ashby Kinch: Yeah. What's your favorite Montana mountain range and why?

Bryan Cochran: I love the Missions. Every time I drive up on Highway 93, that treacherous road, but come up Ravalli Hill and you see that view of the Missions in front of you. It's breathtaking.

Ashby Kinch: Breathtaking. It doesn't matter if you've done it three dozen times, you know? Um, what's your favorite Montana river?

Bryan Cochran: I think I have to say the Blackfoot, not only because of its reputation, but I've just had some amazing days on that river.

Ashby Kinch: Yeah. Um, what's your shadow profession? The thing you kind of thought maybe I could have been pretty good at that?

Bryan Cochran: Yeah, definitely architecture. Um, I'm always thinking about design and environment and it's not completely far afield from psychology, but I think that would've been the other thing.

Ashby Kinch: Did you ever think seriously about pursuing it?

Bryan Cochran: I did. Yeah. In fact, I, um, shadowed an architect when I was in high school--the most disgruntled, saddest architect that they could have possibly paired me with, who effectively talked me out of the career. But I, but I'm okay with that. Yeah. I love being a professor and a psychologist, so, it's all good.

Ashby Kinch: You, you had an interesting undergraduate career. I mean, you studied psychology, but you took a lot of philosophy courses. So you were, were you in college kind of already knew you wanted to be a psychologist or were you kind of exploring options?

Bryan Cochran: I, I started off psychiatry possibly and thinking about going to medical school. And, um, I realized pretty early on that I was purely interested in psychology as a discipline and I didn't necessarily want to pursue a medical pathway. Although, of course, there's a lot of health work in what I do. But I also went to a really wonderful liberal arts college that, um, had this idea that we should be well-rounded individuals. Go figure. And um, so I was encouraged to take a lot of classes and do a lot of hobbies and activities that I otherwise wouldn't have pursued.

Ashby Kinch: Yeah. You've talked about the, a class you took that had three different artists talking about different, uh, works of art. Those kinds of things from our liberal arts training, I think are really valuable. They stick with you. Because it, it's not just the content of what you're learning there. It's that idea of kind of changing your lens. And hearing a debate play out.

Bryan Cochran: It's critical thinking, right? Learning how to approach different issues from multiple perspectives. Yeah.

Ashby Kinch: What's the one piece of music you'd be willing to listen to for eternity?

Bryan Cochran: Um, I'm kind of obsessed with the group The War on Drugs. I don't know if you've heard of them.

Ashby Kinch: I didn't know their work well, but I dug in a little bit because of you.

Bryan Cochran: Oh, the song, Eyes to the Wind, I think is one of the most beautiful songs I've ever heard.

Ashby Kinch: You wouldn't hum any of it? Would you? Sing it?

Bryan Cochran: No, absolutely not. I, I wouldn't do that for the band. I, I think that if they ever stumbled across it, it'd be the most embarrassing thing possible.

Ashby Kinch: What would your best friend say about you when asked what you were like?

Bryan Cochran: Um, uh, there's what I hope they would say and what they'd actually say. Um, I'd like them to say that, um, I truly am someone who cares about people and is very genuine. Um, that I'm generous with my time and thoughts. Um, they'd probably also say that I like to have a lot of fun too. And that's, that's good as well.

Ashby Kinch: From what I know of you, that's pretty accurate. They're, they're all saying that, what's the voice you hear in your head when you go to sleep at night?

Bryan Cochran: I have to always be careful about how to answer questions like that cuz I realize they could be misinterpreted--

Ashby Kinch: We're not in a clinical setting.

Bryan Cochran: Okay. Okay. Gotcha, gotcha. Um, I think that when I'm going to bed at night, I try to reflect on the things that I've done throughout the day and think about like, okay, what did, what did I do today? What would I have done differently? And what am I pretty happy with? Um, so I, I ideally would like to end my day with the voice in my head being somewhat of an affirmation for myself.

Ashby Kinch: Yeah. Yeah. Great way to go to sleep and wake up the next day, ready to do all that you do.

Bryan Cochran: Sure.

Ashby Kinch: Thank you so much for joining us on Confluence, Bryan.

Bryan Cochran: Thank you, Ashby. It's been my pleasure.