

## **Episode 27 - Dr. Charles Figley: Veterans and PTSD: Time for a New Paradigm?**

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. This is your host Adjoa Robinson you were listening to the one year anniversary episode of Living Proof. Over the past year every two weeks we've brought you conversations with prominent social work professionals interviews with cutting edge researchers and information on emerging trends and best practices and social work. Our aim has been to engage practitioners and researchers and lifelong learning and to promote research practice and practice to research. We encourage you to write a review of an episode. Become a fan on Facebook and most of all keep listening. Last week the Army announced that it plans to require all one point one million of its soldiers to take intensive training in emotional resiliency. The Army mandate is a marked contrast to the practices that often ignored and even punished those suffering the effects of psychological trauma. This move to fortify soldiers against the psychological stresses of combat multiple deployments and shorter times between deployments is no doubt due in part to the efforts of today's guest Dr. Charles Figley notes that although only 18 percent of military personnel experienced post-traumatic stress disorder or PTSD 100 percent of soldiers in Iraq and Afghanistan experience repeated combat stressors. Thus health expenditures for prevention and amelioration of the psychological wounds of war should be allocated accordingly.

[00:02:12] Charles Figley is the Paul Henry Kurtz wig Distinguished Chair and Professor of disaster mental health at Tulane University's Graduate School of Social Work. Dr. Figley is an internationally renowned expert in disaster related mental health and as author of over 200 scholarly works. One of the most cited scholars in the fields of trauma and disaster mental health. His current editor ships include the International Journal traumatology and the Rutledge's psychological stress book series. Dr. Figley is founder and director of the Traumatology Institute whose mission is research assessment training and education programs focusing on the traumatized. Dr. Figley classic work stress disorders among Vietnam veterans was published in 1978 and outline what would two years later become PTSD in the third edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Today Dr. Figley discusses a move away from the original paradigm to one that emphasizes repeated stress injuries. Now here's Dr. Charles Figley. Nancy Smyth professor and dean of the University at Buffalo Graduate School of Social Work spoke with Dr. Figley by telephone. Well I just want to say that it is a privilege to be able to speak to you being relative newcomer to the trauma field as compared to your contributions. I'm really really pleased to have the chance to talk to you. Thanks for agreeing to do that. Thinking about this call I really trauma issues for veterans just obviously getting to be more and more interest to people right now and you're the person that comes to mind for me when I begin to think about that area since you were the one who really helped put that on the whole agenda for the trauma field. Way back when we were defining PTSD.

[00:04:12] So I was curious if you could start just by talking a little bit about what kinds of issues you think will be facing veterans who are returning from Iraq and Afghanistan right now thinking about today's veterans and those who love them and those who are responsible for taking care of them including social workers. It's very very different than Vietnam in lots of good ways but also in some bad ways. Let me focus on the good ways first. America loves them. America recognizes that we may find fault with a particular war that our troops are fighting in. But we first and foremost appreciate the troops because our nation had a vote and they voted to attack those elements within Afghanistan that caused 9/11. So there were a lot of young men and women who stepped up and to

do just that. Then there were other wars such as Iraq that started that was far more controversial. But nonetheless America in contrast to the America of the 60s and early 70s they didn't mix the war with the warrior. They always appreciated those people who were willing to sacrifice for their country. We would put in the same category the Peace Corps and other nursing social work. Representing the values of all of us. And we we very much appreciate it. That's very good. The problem the downside unfortunately with many of these men and women are that they feel that they're not heroes that they actually felt afraid when they were deployed they felt angry and frustrated.

[00:05:51] And frankly some of them would like to return because they feel it probably it's easier on a deployment when you have relatively narrow responsibilities in contrast it being at home as a father or as a mother and taking care of things and home fire. Keeping the Home Fires Burning is a hell of a lot harder. In many ways than fighting a war and who knows better than those who fought in the wars. So it's the same and it's the different and it's different compared to other generations. I think one of the things that make it harder than any this generation is cohort of military service members because of fighting two wars simultaneously. I think have sacrificed more than any other generation and I'm including the Revolutionary War. Really. How about how about that. Wow. Well the Revolutionary War it was real clear what you were fighting for your for your land you were fighting for your town for your neighbors and your family. It was somewhat the same in World War II but they weren't fighting on our shore unless you count Hawaii which of course we should. But it was before it was a state. Sorry. And the further we've gone away from the Revolutionary War the more separate we've become from our values. You know our nest if you will are fighting in our backyard kind of thing. So we missed that level of importance from Iraq in Afghanistan. I don't care if you're a rabid hawk but then you add to that add to the complications of the mission. You add to the fact that there's a narrow number a small number of men and women who are in the military who can be deployed.

[00:07:42] When you figure that in the U.S. that they have sacrificed far more than most military members in other areas because they have it's more likely that they've been deployed to a war zone at least once. It's quite likely that they've been deployed more than once. And particularly if they are at the tip of the spear if they if their job is killing people and they are you know going after the bad guys if they can find and sort that out they're deployed over and over and over again through a career in which it's not unusual to find six seven deployments particularly Marines who have an eight month deployment. So these men and women are not used to being at home actually. They're used to either coming back from deployment or going to a new one. So it's just the wearing out of these men and women in uniform both enlisted as well as officers. That's very different from other wars. Yeah. Well you said two things that I'm wondering about. The first one is really talking about the meaning of this war compared to other ones and I'm kind of curious how does an issue like that the meaning of the war affect the kinds of war stress reactions that you get in a group of people. Well for one thing people are pinching for you. People are hoping that you will recover. This is the case here. One of the reasons why Congress has fallen all over themselves to fund treatment programs and disability programs for post-traumatic stress disorder and traumatic brain injury is that they recognize and appreciate what these men and women have been doing and they want to.

[00:09:27] They want them to get better so they throw money into it and sometimes add it is not being used that effectively. The other element is the notion of in addition to throwing money that you have people who are really committed to trying to bring these kids back to life both physically as well as mentally. So the meaning of the war is that we're all in it together even though we're not necessarily in favor of being in it what are in it. It's all for one one for all. So consequently the meaning of the war is less important if it is an acceptable war and it's acceptable for certainly those people that are taking care of these. That what we're going to find though in the next I would say the next three years is a real transition period from being completely supportive of the troops

and whatever they want they get etcetera to being I would call it war fatigue variance by the nation which is saying OK enough is enough. We're bankrupt meaning our next generation and we don't want to short shrift these guys and not give them enough to fight with and all that. And women but enough is enough and we're going to see more and more of that and that's going to be very difficult to be very difficult for the vets because they're going to stop being perceived as is perfect and they're doing a good job to saying well why don't you stop doing what you're doing and then that will end the war. It's a very dangerous option and that is demoralizing and really as a nation as we get ready to move on.

[00:11:09] There's this expectation that they should move on precisely and when they find when they as we as a country find that they have not moved on then what we will do then is what we have been doing in years past certainly Vietnam. We blame the warrior rather than the war. We blame them for and for taking it for not being able to live within their means. Be a man step up. You don't need a government to take care of you. You don't need a wet nurse. It's those kinds of mentality and expressions will start coming back there in the 1960s 70s. Unfortunately that makes sense that it's not not a good thing but I think I can understand where that might happen. But let me ask you about the the part that you talked about where people are much more likely to be redeployed and redeployed. How is that going to show up down the road as these veterans return and begin to have psychological reactions to stress and trauma. How is that redeployment repetition going to change what we see for those people who are living with and caring for them caring about them was they you might ask well what are the implications of all these multiple deployments. The patients are already coming through in research reports. We did a special issue of our journal traumatology in December 2007. So if you do if you Google Mhat 2007 traumatology or just TNT either one if you google those and you'll get a special issue that we published on the impact on the mental health assessment team.

[00:12:54] It addresses the issue you're talking about because the every year since 2003 there have been a survey what's called down range people not only who have fought in the war but were fought fighting and as they take steps. I mean they're actually surveyed in the foxhole and since 2003 this trend of accounting for the variance the variance in terms of incidence of PTSD or PTSD symptoms depression binge drinking etc. etc. including but following it in other words this behavior for example binge drinking happening when you're on leave or after you've finished the deployment. The problems associated with deployment have increased every single year since 2003. One of the reasons why we wanted to do a special issue in 2007 was that the previous IMHAD for the first time collected data on Marines. Marines are deployed only eight months in contrast to the 12 to 15 months that the Army's deployed fundamental difference between the Marines. In other words those who are deployed for eight months versus those who are deployed for for 12 months and even 15 months because they were unable to reset between war campaigns between deployments. In other words the reset is the psychosocial and bio behavioral rebooting if you will for them and that they were not back in enough time to be able to do that.

[00:14:28] So consequently for the first time there was absolute fundamental evidence that deployment was destroying the American Army in particular it wasn't doing good things to the Marine Corps as well in the Navy and the Air Force but the fighting army in particular there with absolute black and white overwhelming evidence that deployments the frequency of deployments the length of the deployments and the short downtime reset point opportunities between deployments accounted for morale accounted for behavioral health and substitute in their mental health functioning family relationships discipline problems and and rank so all of those things were affected more in other words you're deployed to less or less probability you're going to get rank. This is totally the opposite of what people were predicting or thinking about. Because normally you give rank when there's a war. Right. Because people die. Yeah this was no time to tell another war because anyway there was a certain group of people that were dying as in those people who were in

convoys by IED. And those included were not limited to those at the point of the spear. So what you were having was kind of like an implosion of the entire army fighting corps. Not just limited to trigger pullers but all kinds of other people who drive in convoys including women. Women are getting Silver Stars and Bronze Stars and combat ribbons where they have never got them before because they weren't allowed in combat. Well you all have to be in Iraq or in Afghanistan and you're going to be in a combat zone in contrast to Vietnam. The only women in Vietnam were nurses. And what a great group and they were you know real heroes in that regard. So this is this is why this particular group of people are affected right at the moment right now by the deployments and they're still hurting from it. But you're asking what is the long term effect the long term effect is learning to be a family member again. You've been married for 15 years and you've been deployed pretty much on a regular basis 11 of those years. You barely know your spouse. You barely know your children.

[00:17:03] And there are many women and mothers that are deployed now. So it's very different from previous wars in which for example in Vietnam you went over there for 12 or 13 months and then you came home and then you were back for a long time like a year and a half. You had an opportunity to try to reacquaint yourself with your family and also you expected the war would not go on that long and relatively speaking when these wars are going. Nate surpassed Vietnam easily so it. And it's also up now on volunteer all volunteer army. So it's only those people who volunteered to do this and who are probably cut out to do this and want to make it a career. So they're destroying those people. You're not only destroying the army but you're destroying Army families because you can't have enough people really to attend to the needs of these families because it's not just dealing with combat stress post-traumatic stress disorder and combat stress injuries you're dealing with single mothers who have been single mothers for more time and they have not been single mothers and consequently they've learned how to manage and handle a household just fine without their husband. Thank you. And how difficult if not impossible it is for that father husband to come back and what to feel like he is in charge. Not to mention that he has equal responsibility very very difficult. Then you add to that that they're they need to heal those 11 to 12 years of being apart and learning how to live and live together. And it's like starting over again and some couples do great. And there's no question about that.

[00:18:47] But other couples have to struggle and sometimes they don't make it. When when people are back for these short periods between deployments how much time are we talking about now that they're back for six months. Yeah. If you're talking about national guard it's even more complicated because the National Guard has always had to catch up to the regular army because you know while they're off in their day job their counterpart in the army are taking classes and things like that. So what happens if you are in a in a Guard unit in upstate New York and your unit is stretched out over maybe five or six counties. You only see these guys during the weekend. You know once a month or during the summer when you are deployed you get to know them extraordinarily well. So that's a good thing that you're learning your neighbor. I mean it's definitely developing your friendship network and that part's quite good. But the difficulty is when a small community gives up the substantial number of young men and women who are vital to the. There aren't that many jobs anyway. And then that many people leave for that amount of time. We're not just talking about a family being decimated. We're talking about a community being decimated. Yes I know they're sacrificing for the country and it's for God. County state and country and we're all proud of them nonetheless. Nobody looks at the economic impact of that in terms of the community.

[00:20:19] Certainly if you look at the economic impact on that guard family you may have a bank president that's making 270 thousand dollars and he is called up by his guard unit and he's making as a as a captain maybe a take home of 600 dollars a month. Wow. I mean you know it's a major major difference there. And yeah they get combat pay and that kicks it up quite a bit and they may get promoted which kicks it up a bit. But in terms of the differences. No. So we're talking then

about a generation. It will require a generation for a community for a family and for an individual veteran to be able to get back into their life and be able to recoup some of that life that they've lost now will they do it tomorrow. Yes. Are they proud of their service. Yes. Are there going to be a ton of people lined up to serve their country in the future. Yes thank God. But it has relatively little to do with what they're doing as a country to take care of these men and women. We're doing kind of like the minimum I always use the analogy of of America needs to do more for their veterans than put a stupid sign on their car saying we support the troops. To me that's an insult. That's nothing. That's it. That's basically saying living pennies for a maid to cater room. Don't say anything. Don't put anything on the car if you're not going to do anything more than that. Well let me ask you about that. What we need to have for veterans and their families.

[00:21:58] Because I think if you've hinted a couple of times that were worth were throwing money at it but not necessarily most effectively. And we certainly talk about supporting them but that doesn't mean we deliver what's needed. Why do you think is needed will be needed to effectively help this this generation return and really adjust to their lives. Well that's a great question about what what would you do then to try to help these veterans. Well what are you Nancy Smyth at Buffalo are doing you are you're utilizing what you have available to you to try to educate colleagues alumni family members and social workers and professionals how to help these veterans. I mean if they if they get it if they understand the sacrifice of these men and women and if they understand the sacrifices of their family and the community that they represent again especially National Guard I think we're doing these were National Guard than any reserves active duty veterans. But we're not doing enough for these women as I mentioned before. So educating people about what they're going through. And if people know that these men and women and communities and families are sacrificing for our country I'm confident that the goodwill of human beings. Not to mention New Yorkers are or Americans will step up and do what they need to do rather than that they'll go in behind their car. They'll take the we support the troops sign off and send care packages to those who are overseas. They will write letters to the editor urging their congressmen and their and their religious leaders and people that have some degree of influence to do more than just talk about supporting the troops. But it's rather starting knowing where the families military families live.

[00:24:01] Adopting a family looking looking at their family member that's been left behind at that mom or dad in the eyes and saying I'm part of this community you are too. I want to do what would be helpful to you. And they may say nothing why I say cut my grass or write a note. Give me your card. Whatever it is. It's not so much what they do for veterans is the message they send to veterans that they want to do something and they don't want it to be something that is not needed it's something that it can be utilized immediately. That's what I would say actually talking to the veterans and their families to really understand what do you need. How can we help and that's going to be different from one family to the next one. That's right yeah. Do your in your own world. Well we should be doing it in our own world is to reach out to those that are aware of who are serving their country and looked them in the eyes and say you want to help and that you're serious about this and to educate them about how they can help whether it is them in particular that particular event families or veterans families generally they may say give them the Red Cross who knows. But at least they know that somebody else cares and they're not alone. They have the importance of working at a local community level that really can't be overemphasized. I completely agree that it working at the community level is the key.

[00:25:32] Well let me switch directions a little bit I want to just follow up on the types of mental health issues that veterans come back with. You were instrumental in really helping us to look at post-traumatic stress disorder PTSD and and yet we conceptualize that disorder really quite awhile ago now and I'm wondering as this group of veterans comes back and then maybe some of your other experience in disaster mental health if you have some thoughts about problems with how

we're thinking about PTSD as a disorder and whether we need to rethink what we're talking about or if you think it really still works for us as mental health professionals are you better than anyone that I have been trying to promote a paradigm shift we have a paradigm that I helped create back in the 70s with my stress disorder among Vietnam veterans. I talked about stress disorders the loosest mental disorders. I believe that not just because I had a hunch because I had just read the research literature. And I was part of that enterprise of generating real data about men and women who went off to war in the immediate and long term psychosocial impact of that. So I was part of that early architecture that translated the sorts of things we were seeing among veterans returning from war and translating that into this what then became combat related post-traumatic stress disorder. Well now we know that that is out of date. We now recognize that yes indeed we can classify a certain percentage of the symptoms that now men and women and women are coming back with from war.

[00:27:20] But rather than seeing it as a disorder or an illness like we were seeing or we wanted to see which helped in seeing back then we need to recognize because of just the overwhelming percentages we have to see it as an injury a stress injury. Because when everyone everyone who goes into combat experiences combat stress you know I say that and some people say well look it's a no brainer. I mean I don't give a damn who it is. How many times they have played for a professional football team how many times they've been banged up as a as a linebacker or whatever you're not prepared for war. And when you go into battle and even if you're in a support group like a medic or a corpsman your blood starts circulating much much faster. Take their chemicals that go into your bloodstream that enable you to be able to survive. And that's a good thing that's very very good. But when you have too much of that stress that adrenaline it causes negative things negative things that can last a long time. And it isn't. You get just the shot of adrenaline in it. It's just one kind of event that took place. This is an accumulation this is a pressure cooker. You're in a pressure cooker that does weird things to your mind and your body. But it's not to make you sick. As in illness it is a injury to the extent that you overdo it. It's a use bover use kind of injury using your body and stressing it out. Injury so consequently there's a percentage of those people who get injured and for various reasons including their own childhood including their own neuro biological makeup develop post-traumatic stress disorder. That is a very very small percentage.

[00:29:27] I mean we're talking about the height that the highest percentage we've ever found wasn't all 18 percent. What we're predicting is that 100 percent of people experience combat stress. About 80 percent of people have come real close to a stress injury. If it happens more than a couple of times this is like a concussion over a number of times. So in other words most people 80 percent of people are just fine and dandy there's not really no problem if you do the analysis if you do the assessment carefully. The problem is we have a 20 80 ratio. I'm just going to say 20 because it's easier to say than 18 to 80 ratio. Twenty percent of the troops that come back from combat are perceived to have the signs of post-traumatic stress disorder and 80 percent are not. OK. Now let's assume there is no measurement here error and that is that's a straight sound percentage. We spend 80 percent of our resources and time focusing on that 20 percent. And we spend 20 percent focusing on the 80 percent now what I'm suggesting is it should be flipped around that we should be spending 80 percent of our time protesting on those who have the 80 percent or 80 percent that are not having difficulty currently. For those kids who come back from Afghanistan tomorrow. And that kid is riding around with a family member and that kid looks like hype he's hypervigilant. It is as if family is afraid that he has PTSD. He doesn't have PTSD.

[00:31:21] So what we need to do is educate the family about how how better to welcome that that home how to allow him or her to heal at their own pace not wring your hands for fear that he's going to develop a TBI or PTSD or ECD. I'm just made sure that the letters don't show that it will take a little bit of time. Anyone who has ever gone on a vacation it takes a little bit of time to come down from the vacation. So the overall thing that I can say about this generation of veterans is that they're doing that they're pretty much doing as well as one could expect and far better frankly if the

country had turned against them. So they're doing as well as they possibly can but they need less help than the families need in terms of helping the family adjust to their coming home helping the family know how to behave in effect and to be a resource rather than a roadblock fear source of fear of foreboding. You know that kind of thing we have to take this out of this sort of special illness and really normalize that anybody is going to come back with reactions and needs time for their body and mind to adjust to being home. Yes. Now here's the here's the bottom line. Take home message social workers. I say the same thing to you and anyone else who are professionals or volunteers working with veterans do the same things that we're suggesting is attend as much to those who are symptom list. In other words who don't have PTSD and know how to take care of them by keeping your mouth shut. Giving them a lot of time enabling them to talk but don't expect them to cool your jets. Take a deep breath.

[00:33:19] Make sure that there that you're giving them what they want. Very helpful perspective. It's about not looking for what's wrong with people that are just understanding what happened and what they've lived through and that you don't reset and come back from that you know overnight that that takes time. Is there anything else on this issue of veterans that you think people should never understand before I take advantage of having you on a call and switching the topic a bit. No problem at all. And I'm happy to talk with you. To me what we're doing right here Nancy is as important as any article I've written any TV show been on this may reach real people who really will make a difference. That's that's what's exciting to me. Yes me is Routh. That's certainly why we're doing this. And then I want to mention one reference the reference was published in The Journal of mental disease nervous Surmont. Yes. Thank you. It's the biggest the oldest psychiatric journal and they published an article of mine and I was the second author and the person who has a long term collaborator of mine. I've known him since the 1970s when we started working on the first survey of combat veterans. His name is Joseph Bhasker Reno Joe and I published this article. And essentially its repression and PTSD and what we basically found was we found evidence for the repression that repression meant is that if you if you repress things then you have PTSD. You're going to die faster than those people who don't press repression.

[00:34:55] Because if you don't repress it you're willing to go back and re-evaluate and to reprocess and to work through some of the the the shrapnel if you will of memories inside of you. We found that was a myth. Yeah that's a major thing because many of the psychotherapy models are built on the assumption that repression is bad. So what is very interesting because your summary of what I was talking about before with regard to combat stress injuries applies to repressed people. The article basically that the way I would title for a newspaper article for our four hour journal article is good news. Repressed people live longer and not live longer than people that aren't repressed lived longer than we expected them to live compared to people that are repressed. But it's the science is beautiful. And I highly recommend it for any research methodology courses because gel is so brilliant and because you know I found this to be the case in my own clinical practice and I definitely found it to be the case when I was interviewing these combat veterans in the mid 70s because they just opened right up if you know the questions to ask and then they just manage it like crazy. So I think the assumption has been in with the repression thesis that people that are repressed don't know how to manage their emotions. I think that's a myth also. They don't manage them like we do. Yeah the myth is a myth because the assumption is if you can't name feelings then you're repressed and that you don't have the ability to love and you have limitations with with regard to social engagement and all that kind of thing. That's not true. It's just not true.

[00:36:59] The take home story with that article and with what we're talking about now is that we have to be far more humble when we're working with patients and clients to not categorize them very quickly to get to know them better understand their world in their context and once traveled and understand and know that a lot of the way they behave becomes far clearer. Think it's about having a respect for who someone is and how they're living and understanding that there are real

real functions and purposes for how their approach in the world. And not to not to pathologies it. I was talking to a Fulbright fellowship by my colleagues at Kuwait university. I was there in nineteen ninety two to provide some consultation and helped them set up a crisis program in Kuwait. So now that Kuwait is not in the shadow of Hussein anymore and they're not have any threat of being attacked that Iraq is neutralized. They wanted me to come over and study the kids that I studied. Initially to see if they were OK. OK. I said Well all right. But I didn't study just kids because the old people as a well what I was going to do is replicate the research that we did and I did in New York City to look at the immediate and long term psycho social consequences of traumatic events. Well the problem is that people in Kuwait are not new yorkers. That's a nice pristine methodology. Ready. Look them up to biomedical information to get biofeedback markers biomarkers. We're able to get saliva samples. We're going to get blood samples etc etc..

[00:38:42] One problem is we began to discover as I talked to people over there. Here's the hint. They said here here is a typical response that I got Dr. Figley. I respect you and I respect the research that you did in New York but this is not your. There's no self respecting Kuwaiti and he meant of course a man segregated society over there by gender. No self respecting Kuwait would admit there that they had any negative consequences. Not to mention are traumatized by Iraqis. When we did we went back to the drawing boards and we identified what would be the opposite of being traumatized and we discovered a concept that no one had ever talked about outside of of Arab speaking Muslim countries. Raha Raha is in effect wellbeing Raha is personal comfort Raha is how you feel when you've had a great meal and your kids have your grandkids have run around and they've laughed and you've made and you've told your favorite story and they've laughed again. You're looking forward to work the next day and you love your wife know that he is feeling Raha. Raha so what we did is we developed a measure of Raha then did the survey and study those people who are the and interviewed them found out. Sure enough a lot of it was associated with traumatic experiences they've had either during the the Iraq Kuwait war or various other things that have happened but nonetheless they've been traumatic. So you use a different approach.

[00:40:20] I mean you can't go in rough elbows and say OK I'm going to study this phenomenon and damn it they're going to do it my way and I will okay fine I'll translate it into their their language. Now hurry up. Shut up. Fill it out so I can get home and then talk about you people. I mean that's basically the way international research has been conducted. And and I was part of the problem until I got a wakeup call. Yeah well it's a wonderful example of doing research in another culture of how it should be done. Well not really no no. It's now okay yeah eventually how it should be done eventually wholly wrong and then I learned luckily thank God. And now I'm admitting that I made a mistake by talking to you so yeah. And for all the world to hear oh my god. But see I would say even mid-evening mistake is part of how it needs to be done because there is a certain arrogance and ignorance and how we go about doing research and particularly research about people that we don't understand. So it is wonderful. You know Nancy interesting you mention that that we need to be not we need to be more humble when we're studying people are different than us. I really had a humble pie party since I've been here in New Orleans. Humble Pie Party Malay yeah I'm an outsider. I asked people so how did she do. How'd you fare. I know that is the new orleans Cajun combination language. To ask people how they did with Katrina they assume I'm from here they tell me their story. I respond in appropriate ways when they're shocked to know that I'm not from here.

[00:42:16] They feel that at one point they felt used they felt manipulated and they felt exposed they felt disrespected and that lasted three times after the third or the third time I said OK. Three strikes you're out. Dude you got to go to. You got to go to New Orleans school. And I did. And I learned a lot about the culture and I took tours and all that sort of thing. And I haven't made that mistake again. But you know because of that I made a discovery since I've been here and discovered you shared drama. You can have compassion fatigue because you're trying to help someone who is in

harm's way. If you were in harm's way to get your primary victim and a secondary victim you experience secondary traumatic stress reactions but you've also experienced primary stress reaction. So for a social worker who graduate from Tulane School Social Work who's working with these clients you're not much different than they they could live in the same neighborhood and they're talking about their frustrations in working with Road Home and organization down here. It's supposed to help you facilitate your getting back into your home while you're on the road. If you know that Road Home If You know about insurance problems then you're from here and those people are having a great time talking to this therapist because the therapist understands really how they're feeling about this and as they're talking about it they the therapist interrupts them finishing their sentence feel like I really really know this and then they said the only thing we miss is our cat. They're concerned. So that's really a point half of the human connection between them.

[00:44:02] Well it's a part of their human connection that really does help the client her doesn't help the therapist. Now what we're doing in the school social work is establishing a support group for all of the New Orleans. They're focusing on shared trauma and the person who is leading the charge is a woman who's getting her dissertation here under my direction. If you want to call it it's more coaching than anything. Jane Parker is doing this and she has lots of experience she loves this community she grew up in. The most part of Mississippi which also was devastated by Katrina. So it's it's been a it's been great because the thing that I discovered here again because of my stupidity the sheer trauma is going to make a big difference here I think. We are also working with those in New York City school social work at NYU charity studied 9/11 survivors we can do the same thing together now here in New Orleans. And we're also going to go to Shapir Israel and that college is the largest school in Israel. It's been bombed more than any school in Israel to get the faculty to talk about that and to try to collaborate to try to focus on sheer trauma. Oh that's very exciting. That's some think a topic that hasn't been talked about or are written about enough. That sounds like a topic for another podcast. Let me mention a couple of other examples. Northern Ireland with the troubled therapist they're experiencing themselves right mean anywhere in the world in which there is fear and all that. Obviously Iraq obviously Afghanistan and also other places who are you know in a smoldering Somalia.

[00:45:49] Lots of places in Africa. So anyway there's a lot of stuff for social workers to do. It doesn't sound like there's any shortage. Well I really appreciate you taking the time out of your busy schedule to talk to me about your thoughts on both of these topics the shared trauma and and veterans issues is both very important. You've been listening to Dr. Charles Figley discuss secondary trauma and the mental health support needs of this generation of veterans and their families. Tune in again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smith professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community with more information about who we are. Our kids through our programs and what we do. We invite you to visit our Web site at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). At UB we are living proof that social work makes the difference in people's lives.