

## Central Line: The AAHA Podcast

Interview with Helen Beaman, LCSW

0:00:04.1 Dr. Katie Berlin: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin. And my guest today is actually here for part two of a two-part series that we're doing with a team that did some really amazing work in their practice. The first episode was the practice owner and a member of his team talking about some really cool work that they've been doing to get through the last couple of years, intact, [chuckle] which I think is just a feat in and of itself. And our guest today is Helen Beaman, who has been an integral part of that journey with this veterinary team, and she's got some really good insights that I think pretty much anyone in the veterinary world can benefit from. So Helen, welcome to Central Line. Thank you so much for joining us.

0:00:51.7 Helen Beaman: Thank you for having me.

0:00:53.9 Dr. Katie Berlin: Helen, would you mind just giving us a little introduction to who you are and how you came to be here?

0:00:58.8 Helen Beaman: Sure. So my name is Helen Beaman, I am a licensed clinical social worker within the State of Oregon, and I got my Bachelor's of Science from Oregon State University, which also has a great veterinary program. And my focus there was human development and family sciences, and so that's where I started, and then over the course of time, popping in and out of different jobs within human social services, also a lot that was unrelated, where I just grew up and got life experience. I decided to go back to school, and I got my Masters of Social Work from the University of Southern California, and that's what allowed me to get into the career that I'm in today, which goes by a lot of different names. But in my current role, I'm considered a behaviorist or a psychotherapist. We put the word psycho in front of everything we do just to keep it exciting. So I work in different primary care settings as part of an integrated behavioral healthcare model, so that we basically augment through mental and behavioral health practices, whatever people are working on, to improve quality of life, or manage complicated medical or health situations.

0:02:10.0 Dr. Katie Berlin: That's really neat. I love that sort of description of a more holistic approach to health, and I'm using holistic in the way it's meant to be used and not in a woo woo way. [laughter] And that brings... That is really part of why you're here, because a lot of what you do and how you've helped this team was just... It's evidence-based, it's not something that you have to sort of believe before you do, it actually is rooted in science, and I love that that is available to us because there are a lot of people who I think... Especially in this industry, we're science people, and we need to know that there's evidence for why we're doing something, if we're gonna spend time and potentially resources doing it. So, we'll get into that, but before we start, I would like to ask you a personal question. I was wondering if you were a dog, what breed of dog would you be?

0:03:07.1 Helen Beaman: So I did put a lot of thought into this and...

0:03:12.9 Dr. Katie Berlin: I love that. [laughter] It's very important.

0:03:15.8 Helen Beaman: Which is a gift and a curse. So I just recently, over the last couple of years, became a wiener dog enthusiast. I only have one that I got from the Oregon Dachshund Rescue, so shoutout to them. So my answer is, I would want to be a wiener dog. I think maybe I

kind of already am in human form. I'm very short, so I've already kind of adapted to that, been accused most of my life as having little man syndrome, so the things that I really think would work for me as a dachshund is, you wouldn't have to walk upstairs, because IVDD, so obviously, I'm rolling the dice with that. But I have to carry my dog.

0:04:00.5 Dr. Katie Berlin: Please carry me.

[laughter]

0:04:00.8 Helen Beaman: Yeah, please carry me like a princess, up and down stairs. I don't have to jump on or off of things, and they're just really low to the ground, which I think feels very secure. And I already have trouble finding clothes that fit me properly, so all the major drawbacks, I think... My dog's name is Tucker, and we buy him cute clothes. And I always have to alter the sleeve length, so we can work around any issues I have, I just... He's an extraordinary cuddler. And I would love to spend my days cuddling and... They bake in the sun, sometimes to the point where I'm like, "How do you not melt?" But he doesn't, so that's my decision. I would be a wiener dog. And everyone thinks you're cute, and when you act poorly, the excuses, the grace that people show these dogs, because they're so bizarre-looking and adorable, they're just like, "It's okay, he has power and control issues," and everyone's just like, "Oh, of course, he's a wiener dog. It's fine."

0:05:00.8 Dr. Katie Berlin: Like, you'd be cranky if you were so small.

0:05:03.7 Helen Beaman: Exactly, you're so long, and your legs are so short, and I just... I want those allowances made for my poor behavior, so...

0:05:09.4 Dr. Katie Berlin: It's so funny because my Chihuahua is the same, I think. Yeah, Chihuahuas and wiener dogs, I think, can be very similar. And he also has IVDD, he's had back surgery, as have I. And he's cranky and everybody's just like, "Aww, he's so funny," and then they'll pick him up and move him places, and he's not allowed to jump down off of things. So, I completely identify with that. My fiance says that Frankie is a manifestation of me, all the things that I can't actually do, Frank can do and get away with. I totally get that. I also love, everybody listening and watching has to love you now immediately, because you alter your dog's clothes.

0:05:48.0 Helen Beaman: Well, you have to, otherwise he gets tangled and then you find him stuck in a sleeve somewhere and it's just really traumatizing for the whole family. So yeah, you just gotta put a couple of stitches in it and just get things one size too big for that big chest. So, yeah, yeah.

0:06:07.5 Dr. Katie Berlin: I love that.

0:06:07.5 Helen Beaman: I get it.

0:06:08.2 Dr. Katie Berlin: So cute. Okay, well, I feel like everybody listening knows something about you now, and so do I.

0:06:14.5 Helen Beaman: Yes, yes.

[chuckle]

0:06:17.7 Dr. Katie Berlin: So the team that we talked about, that I mentioned at the beginning, is the Grove Veterinary Clinic team in Oregon, and the practice owner's named Charles Hurty, and he and his team member, Alana, were on the podcast. Actually, we're gonna air this episode right after that one, so it will have been last week that it aired. And Charles wrote to us here at AAHA, at the podcast email address and just told us his story. And it was so compelling, and now he's been on a couple of podcasts, and I know you were on a podcast with them, and we did a story, a NEWStat, he was interviewed in our Trends Magazine. It's really... He's making ripples with what that team has been doing, and it really is thanks to you that they've been able to come through this and create such a culture for themselves, of just being able to handle challenges that they meet together. And so if you want to hear the full story about Charles and the Grove team and their initiative that they call Grit + Love, please listen to that episode, because today I really wanna focus on how you worked with them and the work...

0:07:30.8 Dr. Katie Berlin: How the work that you did with the Grove team can be translated into other practices and for other people. So could you start by defining cognitive behavioral therapy for us?

0:07:43.7 Helen Beaman: Yes, so CBT, it's important to know that when people say CBT, they might be saying cognitive behavioral theory or cognitive behavioral therapy. So, one is derived from the other, obviously. So cognitive behavioral theory states that our thoughts or perceptions, sometimes even our values and our rules that we have shaped for us, are just part of who we are, those things that help us get through life, basically shape our emotional experience of things that happen to us, and then our emotions have that interplay with our behavioral choices. Sometimes these things don't feel like choices, but CBT says they are, and then our behaviors ultimately reinforce our experiences and our perception, so it kind of just goes in a cycle. And so, cognitive behavioral interventions draw on one of those general three components of thoughts or cognitions, emotions and then behaviors. And so one of the first things I usually do with people to help them understand, is I draw three bubbles and I'm a terrible illustrator, so everybody's fortunate that they don't have to deal with that, with me today.

0:09:21.6 Helen Beaman: But I put each concept in a bubble and I draw an arrow going from one to the next. And sometimes it doesn't always go in the same direction, but just understanding and accepting the relationship between those things helps you understand the broader idea of CBT, which is that if this is how life works, then we have a lot more control over the things that sometimes feel very automatic. Like thoughts can feel very automatic, but they're generally based on things that we've learned or ways that we've just adapted from our experiences, and in turn, our emotional responses or our perceptions of things also get really shaped by those things as a reaction, and then that in turn generally has an impact on what we decide to do or what we decide not to do, as far as behaviors. And so we can change our emotional experience by adjusting any of those other factors. And so I just like that the concept is so straightforward, but basically that's what CBT is, is understanding the interplay between those things, so that you understand the reason why we would do any of the skills related to cognitive behavioral therapy.

0:10:17.0 Dr. Katie Berlin: That's really... I love how you put that, because it sounds like part of... A big part of CBT is really figuring out or just deciding that you have control, you have some control, that your behavior is not completely out of your control, even though the things that happen to us can be completely out of our control. And we had a guest on who had written a book about toughness and resilience and what true toughness and true resilience really looks like. His name is

Steve Magness, and he was saying that one of the things that it's very difficult for us to do is be resilient and feel like we have the ability to keep going when we don't have any control. So I like the idea very much that if we're in control of our behavior, that we always have some power in a situation, even if we can't control some of the big things that happen.

0:11:09.0 Helen Beaman: Exactly. I think empowerment is a huge thing, and empowerment isn't just solely tied to cognitive behavioral interventions, but I think many of us, and I'm talking to all the people in vet med out there, we're perfectionists, or we're just maybe a little bit too smart for our own good. And so we just really get stuck in our own heads. And that's what CBT highlights, which is sometimes, a hard thing for people to accept, is just how much of our own distress we're responsible for. And once we can navigate that part, I think we shift very quickly into empowerment. It's like, if you've ever seen that meme that says, "Relax, everything's out of control," Or "Nothing's under control," right? And it's just like, that feels really scary to people, but if you can accept that and then just reach for the things that you do have control of, I think that is a really powerful tool.

0:12:07.3 Dr. Katie Berlin: Yeah, love that. And as you're talking, I'm thinking about a lot of parallels to another conversation that we had about mindfulness and meditation. But CBT is not the same thing as mindfulness. Can you talk about how those things might be different as we define them?

0:12:27.8 Helen Beaman: Sure, and I would actually say that mindfulness practice is very much a part of CBT, it aligns with the ideas of CBT, and I think it's really important you use the word holistic. And I think just like with anything, CBT has so many different facets and so many different areas that have their own sets of tools, and so I think to really make this work for people and to get the most out of it, is understanding all the different components that are available, because you might really like mindfulness-based practice, and for me, I might feel like I'm gonna work myself up into a panic attack if I'm sitting there trying to clear my mind. That is literally my nightmare, is emptying my mind. And so I always kinda joke around with people in session, but really it's true, like, you just get to adapt the skills to meet your needs and whatever makes sense for your brain. Sometimes we have to do what feels really, really opposite of how we think or how we feel, and that's the parts we're actually doing some really good work, and there's stress there or distress there, because we're about to make it better. And other times, with skills, I tell people like, "If it feels wonky, keep going, you're right on something. If it feels really, really uncomfortable, then we need to go in a different direction."

0:13:51.2 Helen Beaman: And that's the nice thing about it, is like CBT does include mindfulness, it includes things like sensory grounding, which you can Google if you want more information on. It's just really, really basic things that somehow aren't very intuitive to most of us, but once you get it, then it unlocks this whole different perspective that people can use. And people who are really smart and really want facts and really want black and white, "Tell me how to be more comfortable, tell me what to do, give me the tools," that's what CBT offers. And I like that it's not vague. I like that...

0:14:29.8 Helen Beaman: I obviously can dance in the woo woo world quite a bit, because of what I do, but naturally, I don't like to live in that space. I like facts, I like strategy. And with CBT, those worlds are married, and so there's something for everyone within this really, really broad type of intervention. So, I would say it does include mindfulness practice. I think a lot of people think of, if

we're gonna change our thoughts, that usually means, be positive, right? How do we find our happiness? And I struggle with throwing up in my mouth a little bit when people are preaching the sunshine and happiness...

0:15:13.0 Dr. Katie Berlin: The toxic positivity.

0:15:15.8 Helen Beaman: The toxic positivity, which it's like... We had to really go too far over to one side of the continuum, before people were like, "This actually feels really bad and weird to try to lie to ourselves," 'cause life can be really hard. In working with the Grove Clinic, I think one of the biggest things that I felt like I could offer based on their feedback is just the validation, me coming in there and them being perplexed when I'm like, "You all go through a lot of traumatic experiences every day, there is a tremendous amount of grief and loss in the work that you do," and everyone's just like, "Well, this is what we do," and I'm like, "Nevertheless... "

0:15:58.2 Helen Beaman: Just honoring those experiences. And if I went in there and tried to tell everybody to just be positive and think positive thoughts, I don't know that anyone would have listened to me, because it's just not... It's not realistic, and in some ways, it can really invalidate some of the challenges that we all face in life. And so I think we do modify thoughts a lot, a ton in CBT, that's one of the main kind of groupings of skills that I teach, and that I use myself. But CBT is so broad that I could talk to you for three days about all the different directions that you can head in it. I won't do that, but definitely includes mindfulness practice, definitely includes more of the concrete skills, changing perception, changing behavior too.

0:16:51.0 Dr. Katie Berlin: Very cool. And we'll get into a little bit of that later. I think later in this conversation, we'll probably have you demonstrate and talk about some of the actual exercises that you do with people to try to get them thinking a little bit differently, because it really does seem like it's a different way of thinking about your own brain and about your own behavior, and a lot of us feel so... Like a victim of circumstance, in a veterinary situation, I know, just like, "Why is this happening again? Why can't I change this person's mind? Why did this happen to this patient?" And we can't change any of that. But it is nice to feel like there's something we can grab on to. Now, is CBT, is that a style of therapy? Like, as a therapist, do you solely use CBT to help your clients or is it like a tool in a tool box?

0:17:45.8 Helen Beaman: So CBT is considered a theoretical orientation, is the nerdiest evidence-based way of putting it. So it means that as a CBT practitioner, that's what resonates the most and makes the most sense to my brain, about how do we make sense of human distress? And so most of the...

0:18:08.1 Dr. Katie Berlin: That's a big question.

0:18:09.1 Helen Beaman: Yeah, yeah, it's a big question. And a lot of therapists go around and they'll say like, "Oh, I use a very eclectic model." And a psychologist that I worked with very early on in my career was like, "Hey, don't be that girl that says you're eclectic." Like, you gotta figure out what really resonates, what makes sense, have a primary modality that a lot of different things are derived from, and then use the other stuff as more of an ancillary way to either gain insight or give people validation, things like that. So primarily, I practice cognitive behavioral-based interventions, which like we just covered, really can include so many different things. And then within CBT, there's problem-solving therapy, there's solution-focused therapy, which I think is

really amazing. That theory really talks about working with people where they are, but having them draw on past ways of coping, which I think is very empowering, 'cause a lot of us forget how much we've been through. And so I think it's...

0:19:11.0 Helen Beaman: Before you get out there and you're like, "Oh, I'm an expert. I'm gonna teach you how to be more psychologically flexible and comfortable in your life," it's like, why don't you ask them what they're already really good at, what they've used before, and then build from that. Not only does it help you align with the people that you're working with, but it reminds them of one of the most important things, which is, you probably have everything that you need to be more comfortable in life, you just have to kinda maybe shine it up or modify it a little bit, grow it up a little bit.

0:19:39.5 Helen Beaman: The other theoretical orientation that I draw a lot from is kind of a psychodynamic lens, and that's how I usually talk about it, it's a lens that I look through and I walk alongside people in their journey in therapy to help them use that lens too and start to apply it more, not only to understand patterns in their life where they maybe came from, not only so they can show themselves a little grace about how they got where they are, but also then flipping that lens in helping them understand other people's behavior and other people's perspectives a little bit differently to honor just how different we are. And when I work with people on their relationships or even stuff with their employer, with co-workers or in this situation with pet parents, it's like if we can understand where they're coming from, it might still be completely irrational and really difficult to deal with, but I think sometimes the understanding helps us connect and remember we're all kinda in this together, and if you can see something from somebody else's standpoint, then you can figure out how to deal with it a little bit better, but you might also unlock ways that you can communicate with that person or work with them differently so that you get them out of their own way too.

0:20:57.6 Helen Beaman: And I think that's really valuable with the work that you all do. 'Cause if we're not honoring, like why are they behaving this way? Then you don't know where they're stuck potentially, and you might be stuck too. And that's like when two people are stuck in different things, and so it's...

0:21:14.3 Dr. Katie Berlin: It doesn't go well.

0:21:15.9 Helen Beaman: Yeah, it doesn't go well, and it can be really frustrating on the outside, because I think once we look back, we might understand things better, but when you're in the moment, you're just working with your viewpoint and they're just doing the same thing. So psychodynamic lens kind of talks about some of the experiences that you've been through and how it shapes the way that you see the world, it also talks about patterns of behavior. And I think of that really as coping strategies, and so ways of coping when we were little kids, our developmental stage was different.

0:21:50.9 Helen Beaman: Our capacity to communicate or problem-solve is very, very different, hopefully, and then as we grow up, sometimes we carry along these coping skills or these beliefs and perceptions about things that have happened to us, and we don't think about modifying them. And so sometimes we don't need to do a lot of new work, we just have to go back a little bit. And we don't work from the past, but we can look back if there's a learning moment, if there's some insights that we can draw, then we use those and I incorporate those then in the more present

moment work that we do, 'cause cognitive behavioral therapy is really focused on the here and now versus other modalities that are maybe more past-oriented. And so I like to incorporate different types of modalities just to make sure that we don't leave stones unturned. Sometimes people just need that light-bulb moment like, "Oh, that's why I do that," or, "Oh, I do that, and I didn't realize I was doing that, I was getting in my own way because I'm afraid or because I don't have that skill, or don't have that perspective." And so it's really just kinda starting where people are and then building the skills based on what they're already good at and what fits best with what they're willing to try and what suits them the best.

0:23:18.1 Dr. Katie Berlin: It sounds like a very nonjudgmental way of thinking about yourself and about other people, and definitely learning how to communicate effectively with people who seem like they're coming completely out of left field is a very important skill, I'm sure in our job and in your job, where you're just like, "I know there's a reason why this person is acting this way, and I don't know if I'm gonna completely understand it, but I know that I..." You don't have to judge that person for being that way, you can try to understand them.

0:23:49.2 Helen Beaman: That's exactly right. It's really flexible, and the whole point is ideally that we help people kind of recalibrate their brains to be a little bit more flexible so that we don't create our own distress.

0:24:01.6 Dr. Katie Berlin: That sounds great, like sign me up for that.

0:24:03.8 Helen Beaman: Yeah, yeah, yeah and it's...

0:24:04.5 Dr. Katie Berlin: I want my brain to be flexible.

0:24:05.8 Helen Beaman: It takes a lot of time, and it takes a lot of energy and you have to dedicate it because it's definitely one of those things where I always tell people early on in therapy like I don't have a magic wand, I don't just... Like, you pop in for a 20 minute session, I bop you on the head and like, ooh, you're fixed or whatever. It's like, we're gonna work on this together, but it's what happens outside of the clinic that really makes a difference. And just like with anything else, if you put the time and energy in, you're basically just shaping that conditioning or recalibration in some cases, and retraining the brain, creating new networks within your brain, just like with anything else. And pretty soon, like the big sexy cell, with cognitive behavioral therapy, maybe the only sexy cell, is that if you create that muscle memory, some of this stuff just becomes natural, it becomes conditioned into your brain, and then pretty soon you don't have to do all that really intense, like focused, committed work with it.

0:25:03.0 Helen Beaman: Your brain just starts to know how it's gonna do things differently. And so for me, it was a year probably after I really committed to cognitive disputing, which we'll talk about in a little bit, and diaphragmatic breathing, and then I just realized at a couple different moments in my life, I fought back and it could have been like something that happened a day before and I was like, "How did that not cause me to panic?" Or, "Why did that not make me really angry?" Or, "Why did I not have a panic attack at all?" And I could reflect back and I could kinda track down in my brain like, "oh, you disputed that, and you were able to just immediately in the background, figure out why we weren't gonna be so set on, "It's either this or that, it's either black or white, it's wrong or right," which is where I live naturally, and the way that I think about things. And my brain was just like, "Not today, not today, we're just gonna maybe tell ourselves we got it

wrong or we're not seeing the whole picture." And I mean, that's kind of the magic of CBT, is like if you put the time and energy in it'll just change the way that you think and experience life.

0:26:14.5 Dr. Katie Berlin: It's like training any other muscle, right?

0:26:16.2 Helen Beaman: Exactly, take your brain to the gym.

0:26:19.6 Dr. Katie Berlin: Yeah. Okay, so you're talking a lot about CBT as something that each individual person can use, so techniques that you can use to sort of retrain your own brain and understand other people. Can CBT also be more of a practice that applies on an organizational level, or is it limited just to the work that individuals can do themselves?

0:26:43.4 Helen Beaman: So CBT can be anything and everything that you want it to be, it can be scaled up or scaled down. And I think Grove is really a great example of how it can be used more of on a macro level. So all of those individuals that came and listened to my talks and did the things that I offered them, they... Each are on their own journey, they're each applying the skills probably in a very unique way, even though they're doing all the same tools. And then together, whether we like it or not, all of their brains are talking to each other, all the animal brains in that clinic are talking to each other too, but all the brains are just talking to each other. So if you have Charles floating around in the morning and he's having a great morning, he did some diaphragmatic breathing, he was getting ready for that surgery, whatever the case may be, and maybe his tech is just like, didn't sleep well that night or maybe had too much caffeine, not enough caffeine, and her brain's a little bit jittery. So just them being together, one brain can really kinda toe the line a little bit and speak a little bit.

0:27:47.2 Helen Beaman: The other thing too, is that the way that they're using the skills and how connected their team is, is like one person might notice that the other person is getting stuck or in some situations really frustrated, and if that person can catch it and they're all very connected I'm sure you could tell that it's just... I mean they're a family more than anything. They rescue each other, and they'll just be like, "Oh, that situation was not ideal." I don't know if they popped that joke. That is their favorite thing.

0:28:19.8 Dr. Katie Berlin: Yes. They did. Yeah. "It's not Ideal."

0:28:22.9 Helen Beaman: I always tell them like, "You guys, if you want me to be the butt of your joke in the clinic, so that you can get through your day, by all means, that's for free." And so I think helping each other, sharing the tools or just reminding, like when one brain's stuck and the other brain can be like, "I'm not stuck right now, I think I can offer something," and it can just be a phrase that they learn together or the glitter globes that they made together. There's physical tools around the clinic now that they can do with the only rule, the glitter globes, is that you don't throw them at people. These are very accessible tools. And so again, it can be on any scale, it just depends on the level of commitment, and I think it's really important too, because there's such a huge diversity within CBT, all the different skills, all the ways that you can put it into practice, making sure that you have a wide range of things so that there's something for everybody. And if you're like, "You know what, I probably should do diaphragmatic breathing right now, but I am too mad. What can you do instead?"

0:29:28.3 Dr. Katie Berlin: Yeah. I did that recently.

0:29:29.9 Helen Beaman: Exactly, it's like we all wanna be that super woo woo person that can just have a little Zen moment and find a unicorn floating around in the glitter globe, but we gotta be real. It's not always that pleasant, and so I think being able to be like, "I wanna do that, that's not available to me right now, what can I do next?" And sometimes, even for me, I use this stuff every single day in my life, and sometimes it's really messy, but I know that I have pretty much endless ways that I can put something into practice, and so I think the larger scale is at a vet clinic with everybody kind of understanding the premise of the model and then figuring out ways that they've all adapted these skills for themselves.

0:30:16.7 Dr. Katie Berlin: That is such a great image of all the brains in the clinic talking to each other 'cause they do whether you want them to or not. Somebody's mood can bring the whole place down really fast, and I really love that so much. First of all, it makes me think of the Borg, which is a bad image but also, in the best possible way, I feel like this is nerd speak, but I feel like that image of just sort of, okay, maybe the organizational level is that all of our brains that are working so hard every day to make sense of what's going on around us get plugged into this big machine, that is our team, and then whatever the strongest emotion is or the strongest behavior is, is gonna influence all the other ones. And thinking about it that way makes you maybe think twice before popping off or deciding you're gonna indulge yourself in...

0:31:11.8 Helen Beaman: Be in a stink mood. Yeah.

0:31:13.2 Dr. Katie Berlin: Have a really bad day, yeah. I just love that mental image, and I hope other people are getting that too, 'cause it's really powerful. And the Grove team is special for sure. Talking to Charles and Alana, you could just tell there's a very... There was a close-knit aspect to this team before they started working with you, that's why they started working with you because their leader Charles realized that they needed help.

0:31:36.4 Dr. Katie Berlin: And he wanted to do everything that he could to help them, but I'm just thinking about little teams within of that clinic, even if leadership's not on board with creating a culture that includes some of these CBT techniques, like maybe the front office team could help each other. That's a mini brain there. Maybe the technicians could have this language that they can speak with each other, and that is empowering in and of itself, that you don't necessarily need to wait for leadership or management to catch on that this is important to make it work. Really love that. Okay, so would you be willing to talk about some of the specific exercises that you taught the Grove team and walk us through how those work?

0:32:23.4 Helen Beaman: Yeah. So I think the first thing to understand is, I kinda separate skills for people, just to keep it simple in the beginning, into two categories. So one is based on skills that will help you feel more comfortable physically or physiologically because the stress, not only when we're cranky, but when we're really anxious, when we're sad, all of those things can take a physical expression. And when we're in fight or flight or freeze, we all understand animal behavior, and that's us too. So thinking about what you see in a scared dog and remembering that we are pretty much the same, our brains are almost identical.

0:33:08.5 Dr. Katie Berlin: Yep, and my pants are always too long.

[laughter]

0:33:11.6 Helen Beaman: My sleeves are always too long. So remembering is like, how well does a dog follow directions or do what it needs to do when it is afraid? A lot of dogs and cats, and I've even seen in my birds at the house, they won't even eat if they don't have the rest of their pack around, because they're vulnerable. And so just...

0:33:32.2 Dr. Katie Berlin: This is not my problem, just so you know.

[laughter]

0:33:36.1 Helen Beaman: I just always thought it was weird, my Maine Coon would wait for me to eat his dinner and he would come over and just start chatting when I would get home from work and he would start eating. And I was like, "How does this make sense to me?" 'Cause I'm always looking at behavior and it's like... 'Cause you're vulnerable, you're vulnerable when you're eating, doing certain behaviors, but also if you're stressed out, we are not designed to do a lot of other really important functions, like thinking, remembering what we're doing, communicating well. And so I wanna give people those tools first, because if I started out with like, "Oh, do cognitive disputing," or "Change your perception," or, "Change some language, make it more neutral," those things aren't gonna be very accessible to people if they're in a stress response. And so we want to first have a sense of mastery with whatever types of skills work well for each person, so that they can basically hard wire in through that muscle memory, an on-off switch to get themselves as quickly as possible out of a stress response, so that you can have all those other really valuable parts of your brain come back online. And so once people learn those skills and I take them into the other bucket, which I think of as cognitive skills, where we're gonna really start doing the hard wiring with thoughts, language, all of those things.

0:34:53.4 Helen Beaman: And so there's two main skills that I really like for the physiological side of things. One is diaphragmatic breathing, and the other one is sensory grounding. So sensory grounding. Did they talk about the glitter globes very much?

0:35:09.1 Dr. Katie Berlin: I don't think so, no.

0:35:10.1 Helen Beaman: Right. So they did a little craft make and take at the end of one of our talks, and we just got little plastic jars and they filled them with water and hand soap and a little bit of glitter with something significant or special that they could find once you swirl it up. And so the sensory grounding really just looks at using your senses to distract whatever other thing is going on at the time. Because you really can't be mad, you really can't be anxious if your brain is working really hard to find this glitter unicorn in a whole swirl of glitter. Okay, just that tactile thing to shaking up the glitter, you can hear the glitter. We don't usually eat the glitter, so we don't do that particular sense, but you can ground yourself with any object. My cheesy joke is like you can just get a ball of dryer lint and you can ground yourself with that, so find an object.

0:36:07.6 Helen Beaman: You can look up sensory grounding online, and it'll take you through the most basic one as like a five, four, three, two, one, where you're using all your different senses and you're keeping track, you're counting, name five things you can see, and you're just describing and you're engaging all of your senses and your focus within your environment around you. And so if you're really getting into it, you're not gonna be able to do anything else. And when people first start that skill, like many of the skills that I offer, you'll get pulled away from it. If you've ever tried to

meditate, do a lot of mindfulness stuff, and you're anxious, which is probably why you're doing it, you're gonna be pulled away from the skill. I always tell people, "Don't be frustrated with yourself, just honor that you got pulled away, you're human. Bring yourself back to the skill." And some days, especially when you're new with these skills, it's gonna feel like you were more pulled away than you were doing the skill. But pretty soon, if you keep practicing it'll just become kind of second nature to you. So the sensory grounding is one. I won't spend a lot of time on that just because there's so many different variations that each person can find out what works for them, and there's a lot of information online. Diaphragmatic...

0:37:17.5 Dr. Katie Berlin: I really wanna make a glitter globe now that... Also, I think everybody should do that.

0:37:21.6 Helen Beaman: Yeah, so the only problem is, especially for anybody who's more like aquatic animal stuff is like, I heard that glitter is bad for our environment, so sorry about that. You can put probably a lot of things in a glitter globe though, so it doesn't have to be glitter, or you can do dryer lint.

0:37:39.1 Dr. Katie Berlin: We should make biodegradable glitter.

0:37:41.1 Helen Beaman: Yes, yes.

0:37:41.4 Dr. Katie Berlin: It doesn't have to last forever.

0:37:43.0 Helen Beaman: Exactly, exactly.

0:37:44.8 Dr. Katie Berlin: Dryer lint. It's not as cute.

0:37:47.5 Helen Beaman: It's not as cute...

0:37:50.1 Dr. Katie Berlin: But readily available.

0:37:50.2 Helen Beaman: Readily available. [chuckle] I love glitter. So that's like, I'll do everything else for the environment, but I'm not ready to part with my glitter. So the other piece is diaphragmatic breathing, and there's endless amounts of names and labels for all the cool different breathing skills. If you've ever practiced yoga, most yoga practice will incorporate some type of specific breathing and they almost always have a cool name with them. Have you done any types of diaphragmatic breathing yourself?

0:38:18.0 Dr. Katie Berlin: In yoga, definitely. At least I was told how to do it, I don't know if I was actually breathing from my diaphragm, if that's what we're talking about. But I have done some breathing exercises in yoga and then also through trying to incorporate mindfulness in that experience, yeah.

0:38:36.9 Helen Beaman: So, I would argue that there's probably not a lot of wrong ways to do a breathing skill. Part of it, which is the coolest part, is that it's mostly just distracting your brain from freaking out or being mad. And so there's enough components there where you have to think about what you're doing, the half of the battle is won. So the one I'd like to do today is called triangle breathing, and it's just because there's three sides to it. I always recommend to people that you start

out with a count of four for each side. You always wanna start with an inhale, so you don't pass out. Although if you pass out, you probably won't be too stressed, so, kind of works, but not ideal.

[chuckle]

0:39:15.8 Dr. Katie Berlin: I don't know, I passed out in the vet clinic one day, 'cause it was pain actually, that's a whole other story, but the vet tech who saw me fall over, I think I was pretty stressed out. So I don't recommend that, 'cause it might be easy on you, but it's not gonna be easy on the people around you.

[chuckle]

0:39:29.5 Helen Beaman: Your peers will panic.

0:39:31.8 Dr. Katie Berlin: Yes.

0:39:32.2 Helen Beaman: So that's the big part, is start with breathing in first. And if you have any kind of breathing issues, asthma, anything like that, the thought of long COVID came to mind, which is so bizarre that I'm now working pandemic-y things into my spiel, but a count of four is usually a pretty good fit for most people. If you play the tuba or are a vocalist or something, you can probably go pretty big. And then as you continue these breathing practices, you might notice that you're able to actually do quite a long count. So for me, most of the time, I'm up to an eight count. Otherwise, I feel like I'm breathing too quickly. So what this looks like is we'll start by breathing in for a count of four, and then we'll hold that breath for a count of four, and then we'll exhale for a count of four. If it's okay with you, I'd like to take you around the triangle twice, just so that you can get a little bit more of a vibe for it without spending a lot of time on it. Are you ready? Alright.

0:40:35.0 Dr. Katie Berlin: I'm ready.

0:40:36.5 Helen Beaman: Go ahead and breathe in. Two, three, four. Hold. Two, three, four. Breathe out. Two, three, four. Breathe in. Two, three, four. Hold. Two, three, four. Breathe out. Two, three, four.

0:41:07.3 Dr. Katie Berlin: Feels nice, and I noticed doing it too, that it's the hold that really matters, for me anyway. Because I feel like we're told, sometimes, breathe, take a breath. But the holding is what really makes you concentrate and come into your body because you can't just hold your breath for that long without thinking about it at all, and yet at the same time, I feel like when I do that, I realize I've been holding my breath all day. [chuckle]

0:41:37.7 Helen Beaman: Yeah.

0:41:38.2 Dr. Katie Berlin: I've been just breathing from here and not, from here.

0:41:40.4 Helen Beaman: Yeah, so that's one of endless probably variations of diaphragmatic breathing. So some of the parts that make it useful and make it work really well, is that one, you got to listen to me. My voice always changes. I go therapist voice when I do that. And it calms me down too. So you can help other people do this, and you'll probably wanna fall asleep too. Added

benefits for everyone. But we're counting, we're thinking about... Even me, I could probably do this on autopilot all day long, I've done it so many times. But we're counting, we're keeping track of it, we're also keeping track of... I'm like, "Oh, did I just say in? Did I just say hold? Am I supposed to be breathing out? When are we... Am I gonna pass out? When do I get to take a deep breath in?" And sometimes your anxiety helps with this, because you're having to keep track of these things. Some other ways to make it interesting and make it a little bit more complicated is you can work in like a mantra or a coping kind of statement if you want. So if you're really struggling with anxiety or something like that, you can say, "I am calm." And some people like to have the right amount of syllables for their counts, other people will just draw it out, and they'll just kinda listen to their body and say, "Okay, I think my hold's done," and then they'll shift into a slow exhale.

0:42:57.3 Helen Beaman: And so again, you can make it however you want. Some people will visualize something. I'm a very visual learner. And so for me, sometimes I will think about an image in my mind. One of the things I do, I've had an iPhone since they came out. And when I do the software update, I think it takes forever, and sometimes it looks like the bar is never even moving, and then you get the full bar finished and then there's the second bar, there's always two bars, which is super frustrating to me. So I use that in my diaphragmatic breathing when I do just a basic controlled inhale, controlled exhale, and the component that makes it complicated, I always tell people, try to make the inhale just the same exact length as exhale. That's what you wanna focus on. So again, some people will default to counting or doing a beat, like you're bobbing your head as you listen to the cadence of my voice. And so sometimes people will do any little thing. For me, since I'm visual, I will think about my software update. And what's cool or nerdy, you can take it however you want, is like...

0:44:03.9 Dr. Katie Berlin: I referenced the Borg.

0:44:04.8 Helen Beaman: The Borg. I know, and I have to admit that really graduates in my life, so how many people would have reached for that? When you do a software update, do you know what that's for? Do you ever read the fine print before you hit accept on a software update?

0:44:22.6 Dr. Katie Berlin: It's usually like bug fixes.

0:44:23.8 Helen Beaman: It fixes bugs. And I'm like, "You know what, I don't like that, but I am super buggy. My apps have been crashing all day and I need an update. I need to power down, fix some things, clean up some things. Maybe I got hacked, I don't know. And that bad moment that I had or that snarky comment that someone made to me, it hacked. And so I just have to reset." And so for me, building in all those extra components makes the skill meaningful for me, and it gives me enough to connect it to in my world that it's a very meaningful reset. And so I imagine when I breathe in, I imagine that first promising, but sometimes just gruelling, first bar of an update. And then once it clears, you think, "Oh, my phone's gonna turn back on. The so many texts waiting for me," and then a new bar, and that's when you exhale.

[laughter]

0:45:18.0 Dr. Katie Berlin: That is a great image. And I picture going up and down the legs of the triangle as we were doing that, and I guess I've done box breathing before and pictured going around the box. But I also love the idea that each side is kind of like one of those bars that's filling in for the software update, except that, of course, you never know when the software update's gonna

end. [chuckle] But, that's... It's such good imagery and just like it's so simple. It's so simple, and something that you could actually do very easily with your team, too. Just be like, "Hey, everyone's, let's take a few triangle breaths before we go into this appointment."

0:46:00.9 Helen Beaman: And if you think it's cheesy, or you think it's woo woo, we're here for you with that too. You can make it a Borg cube and do square breathing, right?

[laughter]

0:46:08.2 Dr. Katie Berlin: That's right.

0:46:08.6 Helen Beaman: 'Cause we're here for that.

0:46:09.8 Dr. Katie Berlin: Everybody has to breathe.

0:46:10.8 Helen Beaman: Everybody as to breathe. So if you feels woo woo to call it diaphragmatic breathing or a calming breath, and you're just not into that, you can call it whatever you want, you can work in whatever weird stuff, just makes sense to you, and you can do it and no one will know that you're calming down or that you were even worked up to begin with. So it's available for every mind.

0:46:35.0 Dr. Katie Berlin: I love that. So great. Helen, if there are people listening, and they want to know more, I know you said that there's a ton of resources online they can Google, but do you have any in particular that you'd wanna share or do you recommend? If it's possible to go to a mental health professional, I'm assuming that that would always be a welcome addition. But if that's not possible for them, how would you suggest they go about learning more about CBT?

0:47:01.1 Helen Beaman: I think... There's endless resources online, and with a really quick Google search. And a good place to start, honestly, is just looking up CBT, look at the people who are responsible for thinking it up and labelling it. There's one primary father of CBT, but there's a lot of people who have contributed to this theory and all the different interventions that we use. And so I would say start there, get some names in your head of who is directly related to this theory and some of the different practices that have come out of it, and then make sure that the resources you're looking at are at least something that are coming from maybe some one of the founders. You probably can't really do a lot of harm if you find some book that says it's CBT, and it's really not. But I would always just say, educate yourself, get familiar with it.

0:47:55.5 Helen Beaman: There's apps that you can get no matter what kind of phone you have, there's stuff that you can incorporate on your smartwatch that will guide you through diaphragmatic breathing or whatever it is that you want. And so I would say, therapy, is it right for everyone? I think it could be helpful for everyone all our lives long, but I know for a lot of reasons, it's not accessible, or it's not something that people feel comfortable doing, and that's okay.

0:48:22.3 Helen Beaman: Therapy isn't the end all be all of becoming more psychologically flexible or comfortable or learning these skills, you can do it on your own. If a group feels more accessible, you can do that, and it can be an online group where you can remain anonymous if you want, you can use... We have text lines now and anonymous lines that you can call on your phone if you just need someone to listen to you. Within the vet profession, I'd say it's kind of one of those niche

career fields where you probably will get more out of it if you know that who you're talking to maybe has had some similar experiences, and we see that a lot of times with mental health, like veterans are very commonly thought of as like, they don't wanna go to a therapist who's never experienced some similar things, you just don't connect as easily.

0:49:18.6 Helen Beaman: So there are different groups, and I would say that this profession might be one of them where you wanna know that the person sitting in front of you, offering you skills and tools and maybe empathy is somebody who's had similar experiences. So I would say... I know Charles introduced me, Not One More Vet was created for a really, really important reason, and I've looked at that website a number of times, I get their newsletter, it's full of really good information. So I would reach out to places like that, that are gonna be streamlined specifically for people dealing with some of the things unique to your profession. But other than that, you can first contact your primary care doctor or whoever your medical provider is, see if there's a behavioral health provider that's integrated into the clinic.

0:50:04.4 Helen Beaman: That is a nice way. It doesn't feel like you're going to a therapist for many people. It feels like I'm going to my doctor's office, and this is someone my doctor already trusts and has a relationship with. A lot of times we're doing more straightforward clinical approaches. CBT feels pretty clinical and direct for a lot of people. If you know you want talk therapy, I would look on psychologytoday.com, that's a big website, you can just type in your zip code, if you don't wanna do therapy in your own town. I live in a small community, so I get that. You can just type in a zip code for the nearby city that you would feel more comfortable in, and then I would enter in your insurance type, and you can even click the type of intervention style that you want, you can click if you have a preferred gender for the person who you're gonna be working with. Some people feel more comfortable working with a female or a male clinician. You can really filter down specifically what you think will work. And then you can start making some phone calls, you can read people's bios, and you can see there the photographs of their faces, which this is the only time I would recommend judging a book by its cover, 'cause psych stuff is weird.

0:51:13.9 Helen Beaman: If they remind you of some kid that pulled your ponytail in third grade, they might be the best clinician. Yeah, you're just gonna be like, "I just don't like you, I don't know why." So just do whatever is comfortable for you. The biggest thing is just knowing that if you're struggling with anxiety or depression, if you're having thoughts of suicide, that is not a way to have a good quality of life, and it doesn't mean that you're broken or that your character is flawed, or that you're ill. It just means that you're going through human stuff, and you deal with a lot, and that to me is like, would you want anybody else that you know or love to suffer when there are so many resources out there to feel better? I was thinking about this last night, and I was thinking, okay, how could I gently peer pressure someone in this profession to take better care of themselves? 'Cause most of the people I've met in this profession are really stubborn perfectionists, like, "Give me the facts." They don't want woo woo stuff. And so I'm like, how do we make this something that feels accessible?

0:52:22.3 Helen Beaman: And so I thought about if a rescue pup came into your clinic, and it was sad or scared, would you just be like, "Yeah, a dog really just needs to grow up, and tough it out, pull yourself up by your bootstraps." No, you would get maybe a weighted blanket out, we got all the woo woo things for dogs now. Prozac sometimes is necessary. I have a wiener dog...

0:52:49.0 Dr. Katie Berlin: Yup, that everything too kinda scares the thing.

0:52:49.9 Helen Beaman: Yeah, exactly. My wiener dog has had a lot of traumatic experiences, and I didn't wanna be the mom that was medicating, but we did that for a short time, we leveled out some of that brain chemistry while we were working on behavioral changes. And my dog is riding free, he doesn't use any anti-depressants now, but we use them as a tool. And I would just think, if you cannot imagine doing these things for yourself because it makes you feel weird, think about what you would say if somebody else came to you and said they were struggling with the same things, would you tell them to get over it or would you want to help them and try all the tools and things that are available to help them be more comfortable and healthy? The main thing comes down to is, if you wanna stay in your profession and you want to be able to do that your whole life long, you're gonna have to make self-care, you're gonna have to make mental health just as much part of your daily routine as everything else, because it's just too hard to get through it without making yourself a priority.

0:53:58.4 Dr. Katie Berlin: Yeah. All of that.

0:54:00.6 Helen Beaman: Yeah, all of it.

0:54:01.2 Dr. Katie Berlin: Because we are historically very bad at that in this profession, and sometimes creating a little bit of distance between you and the decision, as Steve Magness also said when he was a guest, that really that mental picture really helped me is stepping back and saying, "Okay, this decision is about a person, not it's about Katie, not it's about me, but rather, what would I tell my friend Katie in this situation?" And almost always it'll be the right advice, and then we'll be like, "Oh gosh, I absolutely would never have made that decision for me," and that's a little bit sad, but also it's a fixable problem.

0:54:44.2 Helen Beaman: It's a lot human, though.

0:54:47.4 Dr. Katie Berlin: Let's go for the problems we can fix. Yeah, it really is.

0:54:48.4 Helen Beaman: Yeah, it's a lot human, especially for people who are healers and people who practice medicine, and we often don't reflect that same courtesy and grace and understanding and problem-solving lens that we use for everything else we do in a day. And so it doesn't have to be who woo woo, but just take one step. Just take one step and try to incorporate one little piece into your life, and then pretty soon if you work really hard at it becomes automatic, and then you can make one new step in the right direction. And that way you can do what you love, and you can be healthy, and you can have the quality of life you'd want for anybody else.

0:55:31.9 Dr. Katie Berlin: Yeah, physical exam didn't use to be a [0:55:34.4] \_\_\_\_\_. And now you've been out of school a while, you're used to it. If you're a technician, the exam room flow is automatic now, once you've been doing it for a while. But at the beginning it was terrifying, and you had to think about every step. And this is really the same thing. So Helen, thank you. This has been so exciting and helpful and empowering. And I really hope people listening feel the same way and can take even just that one technique that you had as demonstrate today, I hope they can take that with them and work it in and see how it goes.

0:56:03.9 Helen Beaman: Me too. We had Borg, we had wiener dogs. I feel like it was a really well-balanced episode.

0:56:11.0 Dr. Katie Berlin: It was, yeah. We had pop culture and science.

0:56:15.3 Helen Beaman: We snuck the self-care in there, just real fly.

0:56:18.0 Dr. Katie Berlin: That's right. Yeah, yeah. Well, Helen, thank you, and I'm gonna definitely post a link in the notes to the episode with Charles and Alana from Grove Veterinary Clinic, who worked so hard with Helen to make some of these changes and bring that sort of hive mind mentality to their team, and it's working really well for them, and maybe it could work for your hospital too. So definitely email me [@podcast@aha.org](mailto:@podcast@aha.org) if you wanna get in contact with any of these wonderful people, or if you have questions or comments or if you've tried any of this yourself, I'd love to hear about that. So contact me any time. Thank you, Helen, and thanks to all you for listening.