S1: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and I have a guest today that I have already... I'm feeling like I'm having deja vu because we already had an online event together which was so fun. Melyssa Allen, welcome to Central Line. It's great to have you.

S2: Awesome, thanks so much, Katie. I know, it's definitely one of those things where we've only talked a couple times, but it was just such an easy flow of conversation every single time.

S1: Yeah, absolutely. And I feel like that's probably not uncommon for you, Melyssa, because you're just a... You have a great presence and you're just... It makes me feel like everything's gonna be okay when I talk to you. And I think that that is...

S2: I love that.

S1: That's a good gift for the business that you're in, so... [chuckle]

S2: Yes, absolutely, I will share that my two strengths on StrengthFinders were positivity and winning others over, the woo factor. So...

S1: Oh, you got woo, oh yeah, that's a...

S2: I do [laughter]

S1: I don't think it's that common to have woo, so that's good. [chuckle]

S2: I own it, I try to. [chuckle]

S1: Yeah, positivity and woo, I love it. On my StrengthsFinder, I'm the one who gets things started and then flits off to something else.

[laughter]

S2: I have elements of that too. I think that's why I was drawn to entrepreneurship.

[laughter]

S1: Yeah, anyway. Melyssa thank you so much for joining us. So, would you mind introducing yourself and just letting people know a little bit about what you do?

S2: Yeah, absolutely. So, my name's Melyssa Allen, I'm a board certified Lifestyle Medicine Professional, currently working towards my board certification in health and well-being coaching. I have my Master's in Clinical Psychology and got my Bachelor's in Biology and Psychology which a lot of people were like, "Those are so different." But they're actually not, they're very interconnected, so it works well with where I've found myself in the well-being space. I have a dog, his name is Buddy. He's a 13-year-old Golden-Lab mix, and I'm a recent cat mom, we
Melyssa Allen - Full Video

rescued a kitten...

0:02:04.7 S1: Yay.

0:02:06.5 S2: Yeah, Jackie, he's the best. He's so entertaining, and he's basically a dog in a cat's body, so him and Buddy get along pretty well. [chuckle]

0:02:14.9 S1: Love it. And Buddy shows up frequently in your social media because he's your mascot, right?

0:02:19.6 S2: Yes, he does, yeah. For those who are watching online...

0:02:23.6 S1: I love it. [chuckle]

0:02:23.7 S2: I have him on my little... Shoulder for my shirts and things like that, but yes, he is the mascot for my business, the Mind-Body-Thrive Lifestyle which is dedicated to providing veterinary well-being services, programs and online resources.

0:02:39.8 S1: Very cool. And I found you on Instagram because... You know how Instagram is always suggesting people you might wanna follow. I was like, "Well, actually, yes I do. Thank you very much, Instagram." And when I saw that you were doing meditations on Insight Timer specifically for veterinary professionals, I was like, "In. I gotta know this woman." [laughter] And so...

0:03:00.4 S2: I love that.

0:03:01.2 S1: Insight Timer, for anybody who isn't familiar with it, is an app that has... There's a free version, you can pay too, so you can have folders and stuff, and there's some bonus content, but you can access the app for free and there's hundreds of thousands of meditation tracks on there.

0:03:17.5 S2: It's so good.

0:03:19.3 S1: Yeah, and so you can actually find Melyssa's veterinary specific meditations on there, and we'll put a link to that in the show notes too because... As well as your website because it's so long overdue that there should be meditation specifically for the vet space, so...

0:03:39.2 S2: Yeah, and quick and easy ones because I know y'all are crunched for time, so I want them to be quick and effective.

0:03:44.8 S1: Yes, and they really do help. Oh my gosh, we did an episode last year with Patty Casebolt who was talking about mindfulness and meditation and how you can just take mindful moments now and then versus having to really throw yourself into... I'm gonna sit here silently for 20 minutes at a time, that is really hard at the beginning. I mean, it's hard not at the beginning, sometimes it's just hard.

0:04:07.5 S2: Yeah. Right, it's called a practice for a reason...

0:04:10.9 S1: Exactly.
'Cause you got to practice. [chuckle]

Yeah. But just something that makes you take a breath can be so life-changing or changing in certain moments where you really need to stop and take a breath. [chuckle]

Yeah, absolutely. It's a good...

Which we have many of in vet-med.

Yes, it's a great way to help down regulate your stress response for sure.

Yeah, yeah. So, I wanted to ask you to... What is lifestyle medicine? What does that mean?

Yeah, I'm so glad you brought that up 'cause I always forget since I'm ingrained in the human health care world, it's a lot more familiar in that arena, but it's actually a sub-section of medicine. It's a formalized specialty that looks at six health behaviors and that's physical activity, nutrition, stress management, healthy sleep, positive social connections and then avoiding risky substances, and it takes those to a therapeutic level, so there's actually providers that can prescribe these different lifestyle behaviors specifically for chronic diseases that are related to our health behaviors, so it really helps to focus on that whole health approach for behavioral risk reduction to help prevent, treat and sometimes even reverse lifestyle-related chronic diseases.

That's really neat. And when it comes to veterinary medicine, we don't call it lifestyle medicine, but I feel like we're starting to talk in those terms for animals as well, we just maybe don't think about it that way all the time, but when we talk about fear-free and low stress handling and not creating a lot of emotional distress for pets, how we could work on their environmental enrichment and make sure they get enough activity, and we've always been really focused on nutrition, at least, in the past 50 years or so, and then just ways that we can enrich their lives so that they're happier. We sort of talk about that as a part of health and...

Yeah. Absolutely.

It's funny that with people, sometimes it can be so hard to draw those connections in our minds, when it comes to ourselves. [laughter] None of those things were happening at periods in my career." So...

Right, I know. Yeah, I hear you on that. [chuckle]

Yeah. Well, that's awesome. That's really great. And we ask everybody to tell us the answer to kind of a personal question and how we have guidelines for best practices for how to manage certain conditions, things like that, but I think overall, we just... I like to think about that principle of guiding, not forcing, not telling, but gently guiding people along the path, and so when
it comes to your work, what guides you?

0:07:13.7 S2: I love this question, and I love that you just made that comparison too because a lot of times when we're in clinical roles, we take very much the expert approach to things and tell people what they need to do, but you really need to elicit that... What drives them internally. And that's actually falls under more of the coach approach which is very much a focus of lifestyle medicine too, so when it comes to guiding, really, that boils down to a journey, doesn't it?

0:07:41.8 S1: Yeah.

0:07:43.5 S2: And I think for me, my journey is a little all over the place, but I'm so happy with where I've landed because ultimately, I just want to help people have hope and to recognize that they can come out on the other side of really challenging situations. I like to say, knowing that you've been burnt to a crisp, that you can still recover from that and create a life that you love, and that's why I'm so driven to help educate people on what some of those strategies can look like and help them to feel empowered to create more of that mindset and that lifestyle, that's going to help them live their full potential, and I'm just now realizing I didn't mention in my intro, the whole reason that I'm in the veterinary space in the first place.

0:08:31.2 S2: I've never worked directly in the vet industry, but I was an animal trainer for about seven years between the Navy's Marine Mammal Program and SeaWorld Orlando. So, I worked alongside a lot of vet pros, and I was even involved in Pre-Veterinary Society at the University of Central Florida during undergrad 'cause I gotta get those animal volunteer opportunities. And so, during that time, I just got so ingrained in that culture and had so many connections there, that going through COVID, I really saw a discrepancy between the way that human healthcare which is where my full-time job is right now were being touted as healthcare heroes, they were getting so much appreciation and gratitude for their work that they were doing, and all I kept seeing on my personal social media feeds and hearing from my connections was like, "We're struggling too. And nobody knows."

0:09:22.0 S2: And so, it just felt like this entire community were living as the invisible healthcare heroes, going through the same PPE shortage, staff shortages, all of these unique challenges that were faced during that time without nearly the same amount of support resources. And so, that's when I started really pivoting my business to help beef up the space a little bit in terms of the veterinary well-being resources and services that are provided.

0:09:56.8 S1: Well, I'm sure I speak for many of us when I say, I'm so grateful that you did because you're right, there is a big discrepancy. And every time I hear about a program designed to help improve well-being of human healthcare workers, I'm like, "Wait, we need that." And this is certainly not to say that human healthcare workers have it easier, that is a really, really hard field to be in, and most of us are in vet-med because we think people are kind of gross. [laughter] So, we don't actually want to touch them. So, thank you human healthcare workers. Thank you so much. It is really, really hard to do what you do, but our teams were in... We're on the front lines too and facing a lot of really difficult factors that have not ended. Some of them existed before and COVID just magnified them and others just really hit a new level during that time, and it got really, really hard, and I think a good thing to come out of it was, there has been a lot of attention on all of the challenges that vet teams face because they got so dire.
0:11:06.3 S2: Yeah.

0:11:07.2 S1: So, I hate that they had to get dire for some people to pay attention, but also at least now people, I think, are sitting up and paying attention and it means a lot that you made that decision. To really focus on this area. Also being an animal trainer for marine mammals, it is pretty rad.

[laughter]

0:11:28.4 S2: That was definitely...

0:11:29.7 S1: That's one of those jobs.

0:11:31.9 S2: Yeah, it was the childhood dream, I am so grateful for the time that I got to spend training so many different species of animals, so many different behaviors, all of the things I learned about animal husbandry during that time too, especially, from the veterinary teams that I worked with. It also introduced me to my fiance, so...

0:11:50.0 S1: Oh. [chuckle]

0:11:51.1 S2: That's not so bad either, I know... He hates when I say this, but we were both at Sea Lion Stadium together and we did the sea lion show, which at the time it was called Sea Lion High School. So, I like to say that we're high school sweethearts [laughter] 'cause we ended up...

[laughter]

0:12:04.9 S1: High school... Sea Lion High School.

0:12:06.8 S2: Sea Lion High School. [laughter]

0:12:09.1 S1: That's awesome.

0:12:10.1 S2: I know. I have a great time with it, but he just always rolls his eyes and I love it. [laughter]

0:12:14.8 S1: Well, that's great, and I know there's been a lot of stuff in the news and in documentaries and stuff about marine mammals in captivity and of course that is a tough subject, but it is encouraging to know that really great people are helping those animals and making sure that their welfare is being looked after, so...

0:12:33.3 S2: Yeah.

0:12:35.3 S1: Yeah, definitely one of those jobs... You're like, "Do people actually have that job? Is that a real job?"

0:12:41.8 S2: Right. [laughter]

0:12:44.0 S1: It just seems like a movie job, so... That's really awesome.
And there's definitely... I was gonna say, there's definitely some elements that parallel vet medicine at times, where it's like, I sacrifice my own well-being to show up for those animals quite often, and I'll talk a little bit about one of the stories that I'll share as we get into the topic for today, but I definitely see a lot of that in the vet industry as well, so...

Yeah.

Yeah, just experiences all around to learn from.

Yeah. Absolutely. Well... So, when we were first chatting over email, you had sent me a website that... You were like, "Hey, this is something I kinda wanna... I'd love to talk about on the podcast" or whatever. And it was something I hadn't heard specifically applied to veterinary medicine, and so I thought that was a really cool place to start, and I'm really glad that you sent me that. And it's a website, it's actually a government website from the VA, right?

Yeah.

And it's about something called Stress First Aid. Can you talk about that? What is that?

Yeah, so this is actually a framework that was created by doctors, Patricia Watson, who I got to take my train the trainer from, to learn how to facilitate Stress First Aid. And it was just such a wonderful experience. She is an incredible person, and I hope I do her subject justice today, so Dr. Watson, if you ever watch this episode, I hope I did you proud. And she co-created...

I'm sure she'll be thrilled that you're bringing it to a new space.

She was. Yeah, actually, when I first chatted with her because her and her colleague, Dr. Richard Westfall, they created this program originally to serve the Navy and the Marine Corps as a way to provide a model of peer support, provide some common language and just to start the conversation about how to talk about these stress reactions and stress injuries, so it was originally developed for military populations, but there's been different iterations that have risen from this framework, to serve other high-stress occupations. So there is some out there for forest rescue, for probation officers, and then the one that's on there right now was from the American Medical Association that funded it, but it's a healthcare worker specific guide that has all of the facilitator resources, all of the participant guides, the presentations, and the reason that they wanted to do that was so it was freely accessible to anyone who might need it.

So, it's fabulous resources out there, and really it just helps to provide that common language and help people start to recognize and identify stress injuries and reactions in themselves, in others, and then from there, be able to have this model of self-care actions, peer support and co-worker support, as well as for leadership, to try to help ingrain this into the culture of different types of industries, departments and things like that. So, when I approached her about extending this framework of hers to the veterinary industry, she was like, "Oh yeah. That sounds interesting, let's chat about it." And between the time that I pitched it to when her and I met, she was like, "Listen, I talked to my niece who is a veterinary nurse, and she was telling me how much the industry is..." and she was like, "I had no idea." So, she's like, "Yes, you have my blessing. Please take it and
run." So... Yes, I'm sure she'll be very excited to hear this episode when it gets released.

0:16:29.0 S1: That's great. That's amazing. And also such a common story. That we'll go to somebody involved in human health and we'll be like, "Hey, we need some resources for mental health and well-being." And they'll be like, "Why?" Or, "Okay, that's fine." Because we...

0:16:47.4 S2: Yeah, they're like, "Don't y'all play with animals [0:16:49.8] ____?" [chuckle]

0:16:50.0 S1: Right. Like we play with puppies and kids, it's so cute, why are we stressed? And they have no idea, and it's not through bad intent, they just don't know. We're a relatively small group, and we forget that, I think, that people... We're not in the public eye, the way that we sometimes feel like we are, at least, not for the right reasons. [chuckle]

0:17:11.9 S2: I know.

0:17:12.0 S1: Anyway, that's a whole other story. But...

0:17:13.0 S2: Yeah.

0:17:14.0 S1: But yeah, this booklet for the Stress First Aid for healthcare workers is a free PDF, you can just download it and I will put the link in the show notes because it was really interesting and I have to say... That I just have to insert this here, when you're talking about stress reactions and stress injury, this instantly triggered something in my mind because I'm a runner, and anybody who's done a lot of repetitive endurance sports, especially high impact ones, knows about stress fractures and stress fractures happen when you either have a weakened bone or you just pound too hard for too long.

0:17:52.8 S1: And the bone gets these tiny little microscopic fractures in it, and sometimes they don't even show up on x-ray, but they can be debilitating, super painful and take weeks to heal. And the first sign of those is often... It hurts, and maybe you get an MRI or an X-ray and there's something there, but it's not a fracture, and it's called a stress reaction, and that's the warning sign, if you have a stress reaction, you have to back off and start doing something differently because otherwise you are going to get that stress injury, that stress fracture, and it just seemed so apt here where it's like... You're seeing these signs and that's the time to do something, not when the person is debilitated and can't come to work or is reacting in a completely uncharacteristic way. It's you gotta intervene earlier. And I feel like this framework should really help do that.

0:18:51.7 S2: Yeah. And just like we were kind of talking about earlier with like the whole COVID situation, how it kind of shown a light on issues that were already existing. I called COVID like the pressure cooker of the world.

0:19:05.4 S1: Oh, yeah.

0:19:05.5 S2: 'Cause it was just like...

0:19:05.6 S1: Oh, my God.

0:19:05.8 S2: Everything was kind of contained and that it just like kind of blew open and exploded
and made a huge mess. And I hope now we're still trying to pick up the pieces and everything, but society in general tends to not be the best at being proactive with things, especially, with our health. And so that's why I love lifestyle medicine so much because it is taking more of that proactive instead of reactive approach to your health and wellbeing. And it's not just physical health, it has a lot to deal with mental health and wellbeing and emotional wellbeing. So it really takes that whole health approach and applies it in a proactive way. But it can also be used on the reactionary side too and since stress management is one of those pillars, I was so excited to see that this framework even existed. And as you're learning about Stress First Aid, you're probably gonna be like, "Oh, well, I already do some of that stuff" and that's the whole point is like, chances are there's ways that you've found to be able to navigate some of these like mitigating some stress reactions either in yourself or in others. And you are already practicing some of these things.

0:20:17.5 S2: But with Stress First Aid, it really provides more of like a comprehensive and flexible framework. I think that's the part that I like about it the most too, is like, I always tell people, you have to find what works best for you in whatever it is that you're trying to do in life especially when it comes to health behavior change and trying to establish new habits.

0:20:36.1 S2: And so first of all, just even recognizing where your stress is at certain points in time and thinking about it from a first aid model. When you're getting trained in administering physical first aid, you can typically see that there's an injury that needs to be addressed or someone is unconscious on the floor and that's when your training kicks in and you're like, "Okay, here we go." So what's usually the first thing that you have to do? You have to check and make sure that the scene is safe, but then you also have to recognize what's going on. And that's where we don't have visuals for this, but if you go on the Stress First Aid website, you will see them.

0:21:21.1 S2: There is a stress continuum that shows from the green to the yellow to the orange to the red zone. Not like football red zone, although, I love football season and [laughter] red zone is really where you don't wanna get stuck. But it's just this nice spectrum to think about checking in on yourself. Sometimes it's hard to verbalize what it is that you're feeling at a certain time. And so the stress continuum kind of breaks down. Green is where like you are functioning optimally. Like you are well, you're performing at your optimal performance. Yellow is where maybe there's something a little off, something kind of stuck with you or somebody just kind of irritated you for the day, but it's not taking a significant impact on your wellbeing or your performance. The orange and red zone is where that starts to show up. And at any point in time, you can fluctuate between the green to the red zone and back again within the span of a day or even a few hours. [laughter] Yeah, it's really just a tool.

0:22:26.4 S1: I'm thinking of examples right now. [laughter]


[laughter]

0:22:30.5 S2: And it's really just a tool to be able to help you better identify and recognize like, "Where am I at right now?" Because that's what's gonna inform what kind of action you take afterwards, and it can also help you recognize that in other people too.
0:22:44.8 S1: Yeah, I was gonna ask you that. So normally, when you think about First Aid, I feel like you think about it in terms of other people, like somebody's bleeding, here's what you can do to help them. I feel like obviously you can do first Aid on yourself if it's not an injury that prevents you from doing so, but I feel like when you're like, "I know first aid", it's because somebody else is hurt. And is Stress First Aid predominantly something that's designed to do for yourself and to help you help yourself or is it designed for you to help others or equally either one?

0:23:17.6 S2: Yeah, it's meant to cover all those aspects and even more, right? It was originally created for the individual and the team, but then there's also a component that's person-centered in Stress First Aid, which is like interactions with other people. And that's where even this framework can come in handy when dealing with clients that are experiencing that stress arousal and injury. And yeah, you're so right. Like even with regular first aid, there's usually a physical injury that you can see with your eyeballs. [laughter] You can't really see that with the stress injury, right?

0:23:52.4 S2: It's invisible and you either have to ask people the right questions to kind of see if they're experiencing a stress reaction or stress injury or checking in on that with yourself. And it's basically like a triage for recognizing and treating those stress injuries. And that's a term that I just kind of wanna break down really quickly too because I love the analogy that you gave with like the stress reaction versus the stress injury when it came to that physical injury of running too hard, too fast and having to give yourself that space to recover. With stress injuries, there's usually like four different categories that come up. And as I'm going through these, you'll probably be like, "Yep, check, check, been there. Like maybe I'm there right now." But the first one is trauma.

0:24:39.0 S1: We don't have to be overachievers at everything, everyone.

[laughter]

0:24:41.9 S2: Right, yes. It's not a competition. [laughter] It's not a competition. But the first one is trauma because in your roles, you're going to experience some level of trauma in some way, shape, or form. So when it comes to traumatic injuries, it is going to be subjective to each and every person, right? Just like stress is also subjective. It's our perception of a certain experience. Two people could be involved in a car accident and one could walk away just a little shaken up, but the other person could walk away with trauma and potentially develop something like post-traumatic stress disorder. So recognizing that it is going to be a unique and individual experience for everyone. But then there's also opportunities where, or I should say instances in which it's more of a collective experience, right? So there's trauma.

0:25:36.0 S2: The second one is loss. So that's gonna be a grief injury. Again, something that we all experienced during COVID, especially, whether it was loss of life, loss of opportunities to maybe travel or have celebrations, loss of jobs. There's so many different instances where loss can show up. The third one is inner conflict, and this is where moral injury kind of comes in. And that's gonna be where maybe you are seeing things that go against your moral compass, but maybe there's no other opportunity for you to act in alignment with your values. It's just, it is what it is at that point. So that inner conflict and that moral injury can show up. And then the last one, I'm sure we're all familiar with, it's wear and tear. So it's that fatigue injury. So it's that accumulation of stress over time that just wears and tears you down. So those are the four different categories of stress injuries and that can also be helpful when it comes to trying to conceptualize and identify what your stress is.
0:26:44.4 S1: Well, yeah. So I was gonna...

0:26:49.8 S2: Were you taking notes? [laughter]

0:26:51.6 S1: Yeah. Well I was. I was writing down those four because I saw them when I read the booklet and then but I hadn't written them down. And if there's ever a list that every single person listening to this could relate to, right? Like, and a couple of things were coming to mind when I was listening to you just now trauma for sure, grief, those I feel like are, we sometimes put in a separate category from the wear and tear and the inner conflict because wear and tear and inner conflict, we know we encounter like that's just all day, every day it seems like in vet-med because we don't get to make the decisions about who gets what care most of the time, you know? We have to work with human, other humans that make those decisions or that just create the conditions out of that we have to work under, out of necessity.

0:27:41.5 S1: And so there's very little control there sometimes and that's very hard. The grief and trauma, it took me a while in vet-med to realize that what we go through on a daily basis really is trauma and produces a lot of grief. Because to me, trauma, like you said, I think of a car accident, I think of war, I think of cancer. I think of trauma as being these enormous events and I don't have a right to think about things that I go through as trauma if they're not those events. And the same thing goes for grief. As I heard a lot of conversations about this during the height of the pandemic where people were talking about grief and like people would feel bad for not being able to go to a Taylor Swift concert. Because of the pandemic when other people were dying. And it's like, I think, I heard an expert on grief say that grief is grief and the physical and emotional sensations are the same whether it's due to this cause or this cause. And so I have a friend that likes to say it's not the the grief Olympics. It's not the pain Olympics because you're allowed to feel grief and you're allowed to know that you've been through trauma even if it's not around the same causes as someone else. Is that something that this framework sort of helps us discuss and talk about or is that something that you sort of come into the framework having done a little bit of work to realize that? Because there are a lot of people listening who are like, "I don't go through trauma", but we do.

0:28:32.4 S2: Sure. [laughter] Yeah. And I think that's one of the first big barriers too, is we don't wanna admit it to ourselves because it might be stigmatized as a weakness if you think that you've experienced trauma and even with grief, we run into this issue where we have this phenomenon called comparative suffering and it's where we think... We minimize our own experiences because we think someone out there probably has it worse than us, or we know someone who's been through something more traumatic or it just, it's one of those things that only hurts us more, and so for Stress First Aid, it helps you to just kind of recognize what's going on for you with that emotional spectrum, with your stress levels and then from there, be able to take self-care actions to support yourself through whatever it is that you're experiencing and even provide some co-worker support if you notice changes in behavior in your co-workers or if someone comes to you for help.

0:29:23.0 S2: That's kind of where the Seven Cs model of Stress First Aid comes in. And this is really like the meat of the program, like the meat and potatoes of Stress First Aid is the Seven Cs model. And that's gonna walk you through the different action steps that you take where there's a stressor that's been experienced. And whether you found it traumatic or not, if you just notice that...
you are off or something is different about you, you're just feeling kind of funky, you can use this model to provide support for yourself, but you also have to be willing to support yourself through that too. And I know that there's some people out there who really wanna take the suck it up buttercup mentality, but it's only gonna do you more damage over time because our body responds differently to stress when we interpret that stress differently.

0:31:26.4 S2: And there's a really great TED talk about it. Dr. Kelly McGonigal talks about how we can make stress our friend and she taught, she shows research on how if we think about stress as something that is helping us and assisting us to show up and encounter a challenge and take it on head first, then our body channels those resources in a different way than if we were thinking, "Oh no, I'm stressed" and then you start getting anxious about being stressed and you go on this, what if worry spiral. And so all of that to say checking in on yourself and on others is that first C, is check. And it's such an important step because it shows up throughout the entire seven Cs model. So as you're working through each of the seven Cs, check and the second step, coordinate are constantly present throughout that entire cycle.

0:32:24.0 S2: And as much as we would love for it to go in a nice little circle, that's usually not how it happens. Usually there's some bouncing around, right? Life is not linear as much as we would like. Even these theoretical frameworks to be linear as well and to go according to plan, it doesn't always go that way. And so that's where you have to just be flexible, use it as an informed model to really tackle some of these things, and just doing the best that you can. I think that's one of the things that I want people to walk away with is like, maybe you don't have training in mental health, but you don't really need it to be able to still support someone and yourself in a way that shows you care. So for check constantly present throughout the cycle, coordinate also constantly present and that is just gonna refer to coordinating some sort of action. Do you need to coordinate follow up resources for this person? Do you need to coordinate that next level of care?

0:33:29.7 S2: Especially if someone comes up to you saying that they're in danger or someone else is in danger, that's when you really need to focus on what needs to happen to keep everyone safe in this. And that's actually the third C which is cover. So just ensuring everyone is safe and or getting them to a place where they can be safe, whatever that might look like. And once you are somewhere safe, the fourth C is calm. And so this is where finding those strategies to just help down-regulate your nervous system a little bit, you're not gonna feel totally zen and completely relaxed. I think that's a little unrealistic to expect, but it's just about finding some different strategies to help you feel grounded and secure during that time and to help try to at least calm your physiological response. So that's gonna be some deep breathing, grounding practices and that could look like, find five things that you can see in this room, listened for four sounds, and it's the 5, 4, 3, 2, 1. So you can... Three things you can feel, two things that you can smell and one thing you can taste and just walk through all the senses and that just helps bring you back to the present moment. So.

0:34:47.1 S1: Or do a veterinary meditation on Insight Timer.

0:34:49.0 S2: Or that one too. [laughter] I do have one that I absolutely love sharing called the Mindful Minute which is where you just deep breathe for 60 seconds and if you can count the number of breaths that you take during that 60 seconds, bam, you can take a mindful minute wherever you are by just taking those same slow, deep breaths.

0:35:08.3 S1: I love that.
Yeah. And that's one of the fastest ways to help ourselves kind of get out of that state of fight or flight because when we deep breathe, like all the way into the belly, it tickles our vagus nerve which goes along the spine and is really active in the relaxation response which is the opposite of the stress response. So they work in opposition of each other. So yeah, that's calm. I could talk about calm all day because there's so many different strategies that you can use.

That's a whole episode on its own.

[laughter]

Yeah. I think it could be.

[laughter]

I have my little breathing Buddha here. So he likes...

There you go.

This is something Patty Casebolt taught me, is this 4, 7, 8 breathing. So you inhale for four, hold for seven, and then exhale for eight. And he changes color according to the counts of four, seven, and eight. So you can breathe along with Buddha anyway.

I love that.

So if you're listening and not watching, I have this like little squishy, he's like squishy and he's this little squishy like USB charged Buddha and he just helps you breathe. And I keep him on my desk for moments when I need to take a minute before responding to someone.

Yeah. Yes.

So he just sits here sometimes it works.

[laughter]

It was so funny because as soon as you turned the light on, I found myself breathing in and then it changed and I just automatically started breathing out.

Oh, I know yeah, I spent 20 bucks on Amazon, you know?

That's so funny. Oh my gosh.

Anyway.

I might need to go shopping. But yeah, the breath is very powerful and something that has kind of started catching popularity that I haven't looked a lot into, but I'm curious about it is breath work. So just changing different breathing patterns to either energize you, help you relax, work through like physiological arousal. So that's an area that I find fascinating and I just don't have
the time or energy to try to explore it right now, but I am very curious about it.

0:37:08.8 S1: Next chapter.

0:37:09.1 S2: Yes, exactly. So we've gone through four of the seven Cs so far. We have check, coordinate, cover, and calm. The next one is connect because when you can connect to social support, whether that's professional support, going and seeking therapy services, whether that's connecting with groups that are going through similar challenges like other peer support groups outside or if you're in the workplace and you are concerned about someone going home or concerned about yourself, making sure that they're connected to people who care about them after they leave wherever they are. So like going home to someone that is supportive or making sure that they can call a friend or a family member that they can feel connected to and comforted by.

0:37:56.0 S2: So that's number five. Number six is competence. Because what tends to happen is we get really down on ourselves. And if we... For example, if you mess up in the workplace, your ego kind of takes a hit and then you beat yourself down when you've already fallen. And it doesn't really to help you get out of that. So instead of trying to take on something that maybe you're just learning, still getting familiar with, try to go back to skills that you have mastered. Things that you know, you're like 98% confident you're not gonna mess up. And that's gonna help to kind of restore your belief in yourself. It's gonna help kind of soothe off that bruised ego a bit. And you're gonna start feeling like you can take on hard things again. And once competence has kind of run its course, that's when we come back to confidence.

0:38:52.1 S2: And this is just being able to restore your self-esteem, restore your hope. You're able to take on challenges again without kind of going into that, that negative spiral. So those are the seven Cs of Stress First Aid. And it's really just an opportunity to allow yourself to practice it in different ways for yourself, for your teams, for your co-workers to help create this flexible model of how to approach these stress injuries and reactions in a way that is supportive. And ultimately the hope is for stress first aid to become ingrained within a workplace setting so that it's just like second nature and you can have these conversations and it helps to break the stigma around these conversations. And some of the ways that I've seen it used is people kind of doing like a pulse check on their units. And one of my favorite instances of this was like a big whiteboard that they had different colored sticky notes that people could just go pick up a sticky note and slap it where they felt they were on the stress continuum for the day.

0:40:09.6 S2: So you can kind of get a visual of where your team is at too. And if there's a lot of orange that you're seeing, a lot of red that you're seeing, maybe you're able to kind of like call a quick group together to be like, "What do we need?" Like either a practice manager saying like, "What can I do to support you all?" Or like, "Maybe let's just all take a breath together. Let's order some pizza." [laughter] Just kidding. I know that's always the pizza. [laughter] But I was always the joke.

0:40:40.1 S1: Pizza can't be the only thing, but it doesn't hurt. I'm just saying...

0:40:45.3 S2: Yes, pizza can't be the the end, but if no one's mad about having pizza, as long as it's not like the only thing you do, just saying that.

[laughter]
0:40:53.9 S1: Like pizza gets a bad rap.

0:40:56.9 S2: Yeah. Yeah. That is true. [laughter]

0:41:00.8 S1: Yeah. I love that idea of having that that scale 'cause... I don't know if you've ever seen in vet clinics and like the AAHA Pain Management Guidelines that came out last year in 2022 talked a lot about using these clinical metrology instruments to basically scales to help people more consistently grade pain in our patients. And so like the Colorado Pain Scale is one of the most frequently used and it'll have like pictures of what the animal might look like, and it'll often be color coded from green to red. And like, we'll do the same thing for Fear Free. We'll have fear, anxiety and stress, the FAS scale to show how stressed the animals are getting based on their behavior and reactions. And like, we would never look at an animal in a fear-free hospital anyway. Or a hospital that practiced with fear-free type principles which is trying to produce positive interactions, low stress, not forcing. I call it no torture policy. Like we would never look at an animal who was in the red who had an FAS of five. We would never look at that animal and just be like, suck it up buttercup. That's just not something that we do anymore. And practices that are still doing that are getting fewer and farther between.

0:42:20.8 S1: I remember having technicians throw themselves on top of patients so we could trim their nails and it was horrible to watch. It just felt really bad. Like it just never felt good and it would get it done, but it would make it that much harder the next time for everybody involved. And it was just not... And we've figured out that that does harm not just to the animal, but to the people who are involved in that whole interaction. It does... Never feels good. And yet we have absolutely no problem looking at ourselves when we're in the red and being like, just do it. Or like, suck it up buttercup to the coworker who's having a bad day because something's going on in their personal life, or, it's been too many bad days in a row and we'll send them into a difficult surgery because it's on the schedule and they're supposed to do it. And it's like maybe that day that person could trim some nails or like draw blood for routine labs and somebody else could go into that surgery or whatever substitutions we can make so that that person has the space they need because we do, we do that to ourselves all the time.

0:43:33.8 S2: Right. And that's usually when mistakes are gonna happen too, right? If people aren't in the right frame of mind or if they're sleep deprived and things like that, that's when more errors are likely to happen. So it not only sets a person up, not for the greatest success, but also the team.

0:43:52.8 S1: Yeah. Do you think... I don't know how widespread the stress first aid framework is in human healthcare and mental healthcare. Do you feel like say for instance in a hospital, your average human hospital, this would be a framework that would be accepted and people would try to implement? Or do you think there's still a fair amount of resistance to stuff like that in human health?

0:44:17.3 S2: It really depends on the teams. Not just the teams, the leaders of those teams. That's usually where you'll run into the most resistance. And it's an unfortunate reality because sometimes the people on their teams are the ones that need it most. And the ones that are gonna be looked at with side eye if it's like, "Hey, I could use some support." And they're like, "Well no, just go do your job." [laughter] And so it is something that's emerging. I can't remember. I think it was either during or the year after COVID really blew up that the human healthcare iteration was created. So I
don't think it's gotten the same kind of traction that it could to be able to be beneficial, but also it's up against like trauma informed care. That's a big movement that's going on at the same time too. And they're very compatible because Stress First Aid isn't meant to try to replace anything that exists. It just kind of comes in as an additional support resource. So I think that's the biggest issue is like, it really depends on the teams, what kind of culture the leaders are creating, and just even knowing about it in the first place too. 'Cause a lot of institutions don't even know that this is accessible.

0:45:35.0 S1: Yes. That is a huge part of all of these initiatives. It's just awareness for sure. And it's not like one initiative is gonna shove all the other ones out of the way. Like you said, you can have multiple initiatives, multiple frameworks, and they can all have benefits and they can all be put into use without it being like a either or situation. And a lot of them do seem to be a lot of the principles, the principles of the brain and of wellbeing and of health. It's not like they've drastically changed. We're just becoming aware of how connected everything is it seems like. Yeah.

0:46:10.5 S2: Yeah. Absolutely.

0:46:12.0 S1: What do you think that we in vet-med can learn from the work that's being done in human healthcare and the adoption of frameworks like Stress First Aid?

0:46:24.5 S2: Yeah. I think it's just gonna be able to provide a more robust approach to providing the support that's necessary. I think it was almost... It sounds crazy to say, but it almost seems like it was a luxury for a while for there to even be the minimal resources that were available in vet-med. And so to now be able to help bolster that space and to provide these different types of approaches, I mean, that's something that human healthcare, like, there's so many different subspecialties and just like there is in vet-med that trying to get everyone on the same page for the same thing is gonna be impossible. And so it's really just about exploring and knowing your teams and like, do you think that this is something that they would find beneficial? And if you have a team, that's maybe a little skeptical about things like this, even just kind of introducing it and saying like, what do you all think about this?

0:47:22.6 S2: And if your clinic is pretty crispy and burnt out, you're probably gonna get a bunch of eye rolls and be like, "Why are you bringing this to us?" But that could be the clinic that needs it the most. So really even just being able to plant those seeds and letting people know this is available, keeping it visible. Like even just having it somewhere that is seen will be the time that people can seek it out when they need it most. So I hope that's helpful in Kind of wrapping that piece of it up.

0:47:56.4 S1: Yeah, for sure. And I think that even though it's not veterinary specific, a lot of the stuff in this booklet for healthcare workers could be applied to veterinary professionals too. But it would be great if we had something that was designed specifically for veterinary practices. And I'm just thinking about other people that I've talked to recently like Josh Weisman who was on the podcast recently and when we're recording this, it's not out, but his book is coming out May 22nd. And it's about creating positive leadership and positive workplaces. And so much of that is designed to help stuff like this be put into practice and then also not be needed as much. That we have to have an environment that's safe enough that we can put that poster on the red, if that's for real. And let everybody know be vulnerable enough to say like, I'm in the red today.

0:49:00.4 S2: That's so true.
0:49:00.5 S1: I mean, I need some help. So is that a plan that you have to try to develop this for the veterinary community specifically?

0:49:08.8 S2: Funny you should mention that [laughter] because yes while the resources are out there right now and it is jam-packed with valuable information, you can pull the facilitator guide, the presentations all have speaker notes and so you could bring this to your teams, but knowing the shortage on time that people have, that's one of the reasons why I wanted to be able to help be a resource for, if you wanna do like a 30 minute briefing with your team about Stress First Aid, if you wanna do an in-depth four hour workshop, I like to call them work retreats because I always try to make it like fun and enjoyable and entertaining. So you could really dive in depth into each one of those components of Stress First Aid. But yes, Dr. Watson and I are actually trying to seek funding to be able to develop a veterinary specific stress First aid basically kit like the one that exists on the website from the VA to be able to host focus groups with veterinary professionals to be able to have relevant examples that really speak to the population that it's being delivered to. And while there's a lot of parallels with human healthcare, there's also so many unique instances. You all's patients can't talk to you. So that's a whole other level of complication.

0:50:26.9 S1: And they come with humans that usually have absolutely no problem talking to us.

[laughter]

0:50:31.8 S2: And that too.

0:50:34.2 S1: Yeah.

0:50:34.9 S2: Yeah. So we would love to be able to talk with any organizations that would be interested in sponsoring a project like that to be able to make it an open access resource to the entire veterinary community. So that is something that's on the hopes and keeping our fingers crossed that there's interested parties out there to help us out.

0:50:56.7 S1: I hope so too. And I hope this helps get the word out about that also because I do think that's so important. We can't have too many resources. There can't be too many. And this seems like it could really be a format that people relate to and that doesn't make people feel like they have to overhaul their entire work culture in order to implement some things right away. Which is so important 'cause nobody got time for that right now. [chuckle]

0:51:22.7 S2: So true.

0:51:24.9 S1: Yeah. Okay. So last question, well, I have two questions for you. One is, where can people find you if they want to contact you or learn more about this or about what you do?

0:51:35.2 S2: The easiest place to find me is gonna be on my website, which is www.veterinary-wellbeing.com. And then on Instagram my handle is veterinary_wellbeing. So those are the two places that I tend to frequent the most. I am also on LinkedIn, so you can search my name and I'll pop up there too.

0:51:56.0 S1: And you have a Facebook community that you help to moderate, right?
I do, yes. The lovely Rebecca Rose basically let me inherit her veterinary team's Living Well group. And it's just a place that we come together to share resources together to provide different valuable experiences and content for the group and just to provide a space of positivity.

I love it. And it is a really positive space. I wish I joined earlier, but I'm glad to be there now, so...

We're glad to have you. Yes.

[laughter]

So we'll put a whole bunch of links in the show notes.

Perfect.

Cause we've talked about a lot of resources today and I wanna make sure everybody has a chance to get to them. But you can always email me at podcast@aaaha.org if I forget something 'cause that does happen. Or if there's something that you wanna have access to that we didn't talk about specifically today.

Yeah, absolutely.

So, okay. Last question then before we leave, this is the post-it question 'cause I am always so interested. You have so much to offer this profession, I'm so glad you're here. If you could put a post-it on say the bathroom mirror of every veterinary professional so that they would see it when they get up in the morning tomorrow and go to work, what would it say?

It would probably say remember to be kind to yourself because if being hard on yourself worked, it would've already worked by now.

Yeah. And man, that would be boring, right? If we were all walking around perfect 'cause we'd been hard on ourself one time.

Right. I know. What fun would that be?

[laughter]

That'd be like Stepford World or something. It wouldn't be good. Like, no, no. So yeah, we definitely that kindness... Be kind is such a good... It's a good thing to remember anyway, but so often we don't take care of ourselves.

Well, we're so good at being... Yeah. We're so good at being kind to other people and showing others compassion and we just either don't know how to turn it inward or we forget to do that. So treat yourself like you would a good friend and be kind to yourself.

I love that. Melyssa Allen, thank you so much for your time and all of your wisdom
and all of the resources that are here now that you're telling us about and that I'm sure you'll be creating in the future for us. I really, really appreciate. This has been a great conversation.

0:54:12.1 S2: Thanks so much for having me, Katie. Always the pleasure speaking with you and I'm so excited to reach the AAHA community now.

0:54:19.3 S1: And thanks to all of you for listening. We will catch you next time on Central Line.

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