Transitions: The Cumulative Trauma of Drought, Bushfires and a Pandemic

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Ms Julianne Whyte (00:18):

Welcome to Transitions, which is our wonderful podcast series with the Mental Health Professional Network. My name is Julianne Whyte. I'm a mental health social worker working in rural New South Wales, and with me today is my colleague and friend Matthew Povey.

Matthew Povey (00:32):

Yeah, so I am a trauma psychotherapist and also finishing my social work degree and I work in rural and regional New South Wales in the Snowy Valley District over the last 12 months doing a lot of the trauma recovery fire affected regions that Australia's been having.

Ms Julianne Whyte (00:52):

And it's a really significant region, Matt, isn't it? It's sort of stuck between Victoria and New South Wales over on the eastern side of Australia. Significant bushfires through 2019, 2020 summer season, which came on the back of a significant 10 year drought, one of the worst droughts that have hit the region and Australia for some time.

(01:12):

And these bushfires hit international significance. It was just significant. Most of the eastern seaboard was on fire, but what was significant about the snowy region is that it was intense, absolutely intense fires and a massive fire front that went right across kilometers and kilometers and hundreds and thousands of hectares with lots of property loss and stock. But listen, I'm really curious though, as a social worker, and look, we have, this is where I really love the mental health professional network. It is an opportunity for us as professionals and clinicians and colleagues to collaborate, to share ideas and look at current research and what's out there. So I think this is a beautiful opportunity to have a chat with you, Matt, as a colleague and as a current social worker, which is really great. But we've often

talked about the fact that we've got slightly different perspectives. Me with my mental health, my grief and loss hat, and you've got your a social worker, but trauma sucker, therapy hat. How do you feel that all fits? Tell me about your practice.

Matthew Povey (02:15):

So I think for me in my mind, it actually comes together really quite naturally well. So my main practice model is what we call mentalization based therapy, and that is based on brain science and the capacity for a person to be able to make sense of two things in their mind of themselves and also imagined other states and other people.

Ms Julianne Whyte (02:37):

But how does that work with trauma? Matt, we've talked a lot about this mentalization approach. I'm just curious then, and it's really looking at transitions in people's lives, isn't it? The trauma is a form of transition. Would that be right?

Matthew Povey (02:51):

I think it's a huge transition because when someone goes through something that's traumatic, it actually has an effect on their whole life. So a mentalizing perspective, what we actually try to do with the person is actually take a step back and

(03:05):

looking at the effects the trauma has had on them from multiple dimensions, both in their relationships, maybe affecting their work life, academic performance at school if they're younger ones. And then what we try and then do is actually begin to work to bring them back online and to then mitigate and reduce the effects trauma has on them when they've actually been through something usually quite horrible.

Ms Julianne Whyte (03:30):

And look, and this what we've experienced the last 18 months or so with first the drought in this region, and then we had those most horrific bushfires right through the snowy region and one of our communities, Batlow has just been so heavily affected. And then we had Covid. And Covid has been, it's almost like a stacks on of trauma, hasn't it? We've got an underlying communities that are struggling or suffering. Do you want to comment on that? Stacks up or cumulative trauma, how do you see that with that? Do you use that mentalizing lens for that as well?

Matthew Povey (04:04):

Yeah, we do. And I think just thinking about it now, it kind of very much ties in when I've been working in the communities, the way that we've been describing is it's almost like covid become a bit of a blanket. So the effects of the bushfire trauma are actually still there. But because of the massive intensity covid had, which was reducing people's ability to connect, which is a healing part of trauma, and then also the anxiety that's just been in the air, not knowing what's going to come next. And if you've got someone who then has been through bushfires flood drought, and even then people who have actually had previous history of trauma maybe from their childhood, it actually does create this compounding and stacking where all this stuff actually then starts to come to the surface,

Ms Julianne Whyte (04:52):

Sort of bubbles up a little bit in my mind sometimes. I'm a very visual person and we've often talked about the images. So in my mind I'm seeing little breakouts of bubbles erupting and little eruptions and major eruptions, huge ones. So do you find then I find in my clinical experience that people might have a grief over something and there's a significant grief depending on the meaning the person gives a certain loss, like lost job or lost opportunity, people that have left the area and then you might have something else more significant, like businesses closing down and townships struggling to even know that they're going to function or have a township in 12 months time, especially with covid as a compounding influence post, I'm really thinking about one of those communities that's quite small and it's just so sad to see this compounding grief and trauma that people are having.

Matthew Povey (05:44):

It's no, it is very huge and it comes from all them aspects because then people when they've been through that trauma really struggle to transition into other areas of their life, but that they were also affected by the trauma. So a lot of these communities have lost a lot of work. They've lost education's been affected by covid last year with the lockdowns we've had. So people are then struggling because they're behind and people are trying to catch up. And the bigger thing that's been a constant comment is no one's really had a break. It's kind of just been this domino effect and no one's really had space to breathe. So it really is this compounding effect. But then the impact of job education and even family relationships can be quite impacted with that and financial pressures. So I think from that social work lens, we really need to actually collectively look at not just the person, but actually what is going on in their environment. And then even take what I call a drone position, which is a very mentalizing,

Ms Julianne Whyte (06:43):

Say that again? What's that? A drone position. A sitting above people and looking on, that's a really nice image, isn't it? Like a helicopter view sort of thing.

Matthew Povey (06:53):

So from the social work lens, I try and take that drone position, not just to look at the individual, but then take a couple of steps up and go, how's the community? How are the organisations such as the schools and local networks and things like that that have then been affected? Because then we've also then got a sort of role to come in and then assist other professionals there that may have been impacted, and that could be local business owners. So that's a drone position of looking at that. And that's also the work I then eventually try to do with clients of my trauma sort of work as well.

Ms Julianne Whyte (07:24):

Do you find it makes you work as sort of a bit more complicated or a little bit, I hate using the word, but it often creeps into our conversation, doesn't it? That sometimes it's a bit chaotic.

Matthew Povey (07:35):

Yep,

Ms Julianne Whyte (07:35):

Yep. So just from a curious perspective, how do you handle that chaos

Matthew Povey (07:40):

I love chaos

Ms Julianne Whyte (07:41):

Oh, you love chaos, do you

Matthew Povey (07:43):

So chaos is one of my favourite things.

Ms Julianne Whyte (07:45):

Do you find then if you expect chaos, you actually deal with it better?

Matthew Povey (07:50):

I do. And there's an interesting, something that's come up in our conversations before, the way that I actually go into these situations is I go in with a mind of what we call not knowing.

Ms Julianne Whyte (07:59):

I like that one.

Matthew Povey (08:00):

Yeah. Because at the end of the day now is different than 12 months ago, but I didn't have a map of these communities and these people and how they'd been affected. So I actually go in looking at it as a clean slate and not knowing and not assuming, and really just then try to take that on. But it also then allows me to sit back and when we are thrown with chaos, which tends to be the nature of social work as a whole, it actually lets me manage it better because my mind then has the capacity to do so.

Ms Julianne Whyte (08:27):

And I think that's a really good point because it allows you to see the person as the expert, not just of their lives, but of their community.

(08:37):

Because what we've noticed, and you'd just noticed this too, I'm sure, Matt, that each community that you've gone into the trauma, they've all had a bushfire experience of one level of another. Also, covid experienced that differently depending on their isolation or where they are huge. And we've had road closures, so people have just not been able to have that movement through the communities, which often happens in these small confined areas. And we've got logging issues. So we've got issues that have impacted that. So if we are not able to work fluidly or being agile, I really think sometimes as social workers, we've got to be agile and be able to work across, as you said, those multiple areas of people's lives or those domains.

(09:18):

I Actually really like that image of the helicopter or the drone too. I like that because in my mind now I'm thinking I can drone in and sit at a level and observe and have an effect and then move up another level and then have, see what I see from that point and then move across. So I really like that image. It might be one I might use in my practice. Yeah. So are you all right if I clone that one from you?

Matthew Povey (09:39):

Yeah,

Ms Julianne Whyte (09:40):

I like that one. And I think clients would understand that and just say, I just want to step up above this and look down. I'm a drone. What do you think I might see? And that might be an interesting way of working with people. Do you think

Matthew Povey (09:52):

It is, and I'm not going to get too much into theory, but it comes into the brain science behind it of what we call metacognition, which is a person's capacity to actually step back from their own thoughts, feelings, and mental states and actually have a sort of observation sort of stance about the impact it has on them. And that's where I try and eventually get people is to have that awareness. And that doesn't mean that we're always going to be this perfect person who's walking through the world. The world doesn't work like that, but the idea is we learn and increase that capacity to do so. It increases our capacity to manage things like trauma, grief, loss, and all these things that are really, really difficult transitions for us and actually then move fluidly with them and then become part of our life.

Ms Julianne Whyte (10:38):

That's a really good point. But listen, what I'm picking up listening to you is I'm not hearing you talk about unpacking the trauma. You are actually looking at the trauma as an event and looking at the impact the trauma had on the person. So actually looking more at the person rather than unpacking the trauma, the experience of the trauma, you're not really going there, are you?

Matthew Povey (11:01):

No, not often. I will say there is a certain number of people I work with where we actually do need to go there. And that's actually okay because some people really do, and I'm a big believer in this need to feel heard and have a story.

Ms Julianne Whyte (11:15):

So talk about what happened on that day, what happened the next day? Actually take them there.

Matthew Povey (11:21):

Sometimes. And so

Ms Julianne Whyte (11:23):

Tell me what your practice is when you're holding someone in that space of we are back there and the images are coming. How do you manage that? Because bushfires are pretty darn horrifically scary aren't they, like what we saw on telly,

Matthew Povey (11:36):

Horrible.

Ms Julianne Whyte (11:36):

And I remember driving through some of those bushfire regions a couple of weeks afterwards. And just the starkness, the blackness really shocked. Oh no. Listen, what we must really say here too is that if we are talking about some stuff that triggers thoughts and feelings for people here today, please be mindful of your own experiences. It could be triggering for people, especially those that might have lived through this experience themselves. So we invite you to be really mindful of your own experiences and feelings here today and talk to a colleague. Absolutely. If you feel something come up or you've had something trigger, please reach out to a colleague. And I think it's just critical. And that's a really good point. Perhaps we could talk about Matt, how do you get self-care? What do you do when you are sitting there? It's so hard to sit with somebody's grief and trauma and then be able to hear this multiple times in a day and across a week. And then what do you do when you go home?

Matthew Povey (12:32):

I go fishing usually.

Ms Julianne Whyte (12:35):

Oh that's such a, I won't say that's a boy thing. Sure. Girls go fishing.

Matthew Povey (12:39):

Girls do it too.

Ms Julianne Whyte (12:40):

Girls go fishing. Yeah. Yeah, I just can't do fishing.

Matthew Povey (12:42):

No, not for everyone. I know some people who do knitting and that's not my thing. So we all have different forms of self-care, but two of my big things is I go fishing, so I've always got a rod in the back of my car.

Ms Julianne Whyte (12:54):

Have you really?

Matthew Povey (12:55):

So if I've had a heavy day, I might go fly fishing. And a big one that I really enjoy as well is just walking.

Ms Julianne Whyte (13:02):

Do you really?

Matthew Povey (13:03):

In nature. So those are probably my go-to's, and because I do a lot of work with adolescents as well. I'm a little bit geeky, so I'm into my video games and stuff.

Ms Julianne Whyte (13:15):

I've heard you talk about Pokémon's and stuff. Yeah, yeah. You've got a couple of those ways of debriefing and unwinding, haven't you?

Matthew Povey (13:24):

That's my self-care. How about yours?

Ms Julianne Whyte (13:25):

Yeah, I hang out with the kids. And I can act like a little kid with my grandchildren, and I make caterpillars and blow bubbles and I can go on the merry-go-round and yeah, so I tend to hang out with the kids or in my garden.

Matthew Povey (13:38):

Gorgeous.

Ms Julianne Whyte (13:38):

And you know what I like about my garden? Stuff happens there and I don't have to make it happen. I just go out there and weeds grow all by themselves. I don't get many plants growing. They tend to die, but the weeds do their own thing. And I love the fact that I don't have to do anything about it. It's really just a debrief and then I can go back inside or get back into it again and think, yep, I have chosen to download. I think self-care has to be a choice.

Matthew Povey (14:03):

Yes.

Ms Julianne Whyte (14:03):

Doesn't it? You say this I'm doing now is my self-care.

Matthew Povey (14:06):

Yeah.

Ms Julianne Whyte (14:07):

Would you agree with that?

Matthew Povey (14:08):

I definitely agree. There needs to be what I call intentional purpose.

Ms Julianne Whyte (14:11):

Intentional purpose. That's so good.

Matthew Povey (14:12):

Which is the capacity to kind of go, and I do this on a daily basis where I kind of go at a big one for me is at 7-730 every night after I'm away is I usually then actually go for a half an hour walk and there's a lovely little farm area out near me. And if I'm in the bushfire affected regions, I'll actually then do very similar things. So I'll go out for a walk near the water or something like that. So I'm quite big on those sort of things for myself.

Ms Julianne Whyte (14:40):

I think that's a really important, what you said before, this is where it's just lovely to talk with a colleague around this stuff, the intentional purpose of self-care rather than just read a book or do something and think, oh, that was nice. Intentionally choose to download and put aside the trauma and say, this is not my trauma, this is not mine. My life is here. This is what I'm doing, this is me. So that we can actually go back there fresh and sit with people in that space. And I think even the concept of transition affects us as clinicians, doesn't it?

Matthew Povey (15:11):

Huge.

Ms Julianne Whyte (15:12):

So tell me, what word comes up in your mind when I say how has this transitioned you as a clinician?

Matthew Povey (15:19):

It's transitioned me because I think the big thing that I've found is it's really opened my capacity to sit alongside someone during a really, really difficult experience and actually kind of sit there and really be empathic, but also feel humble that I'm a part of that experience with them and moving towards that process of transitioning into making meaning of their what's happened to them and where they're going to be moving forward with that new meaning with what's happened. And as awful as that can be, having that chance to share with someone, there's these key little moments I call in therapy these golden moments that they're just like a golden slither, that we just have these amazing little moments that me and the client just sit there and go, wow, that's huge. And especially when they've come so far and been through so much.

Ms Julianne Whyte (16:07):

And do you then sit with that client and then hold that moment slow down the session so that you can just, let's sit with that for a bit? Do you do stuff like that?

Matthew Povey (16:16):

A lot of that, yeah. So especially if I see changes in a person's mental state that has shown that they've done that out of therapy or they've done it in therapy. What I actually do, again, I'm similar when I'm working with someone with trauma, I'm like a hawk. I'm always watching for shifts in emotional state. I'm listening to different language and common themes. And the idea with that is twofold. To your question before, when I'm working with trauma, it lets me know when someone's getting what we call overregulated or hyper aroused, which is where they start to move into this really moving into where the trauma is almost reactivating them. You have to be quite careful with that.

Ms Julianne Whyte (17:01):

You do.

Matthew Povey (17:03):

And what it allows me to also do, and the flip side is then when we have these really golden moments, I can actually hone in on them. I get the client to really exemplify that, and I really, really kind of go, that's so amazing you're doing that. I really love how did you come to that concept and get them to actually think about how they got to that stage.

Ms Julianne Whyte (17:21):

So they're thinking about thinking, aren't they? You're actually, so this is what I really love about your work, Matt, and this is why working with you has been a real joy and a privilege. I really mean that.

Matthew Povey (17:30):

Thank you.

Ms Julianne Whyte (17:30):

That your approach to working with people is gone beyond a medical diagnosis. We're not looking at this is depression, this is trauma, this is grief. You're actually moving into a real social dimension and looking at a whole person, their whole experience and their community and their family and how it impacts on parts of their life, like their life's narrative.

Matthew Povey (17:54):

Yeah.

Ms Julianne Whyte (17:54):

Yep. Is that a good summation of what you think your work is?

Matthew Povey (17:58):

Yeah, it is because, and back just briefly looking at mentalization, it's actually what we call a trans diagnostic model where it doesn't, and that basically means is that it can work across the spectrum with different mental health conditions per se. But what it also then allows is it allows me to step in and look at family dynamics or systems in schools where things might be going in a little bit difficult. And actually

then assess what's going on there with that lens as well. So it actually crosses over into that sort of wider community sort of stuff that we've been doing up there and then aiming to do some work around bringing people back together or back online as well.

Ms Julianne Whyte (18:38):

And I think that's a good approach when we are looking at cumulative or multiple traumas. And it's interesting too because what's trauma for one person? It might not be trauma for someone else, wouldn't it? There's a real individual experience of events, isn't it? So age, cognitive of capacity, just the locality of it. I heard this morning about the circles of vulnerability so that if those vulnerability circles overlap, so if there's proximity, social closeness or social relationships as well as chronological development issues, then where they cross over, there's an element of vulnerability for people. So you could actually assess how or how at risk a person might be for perhaps further mental health concerns.

Matthew Povey (19:28):

Yep.

Ms Julianne Whyte (19:28):

Can I just ask you too, with some of the clients you've seen and you've seen a huge mix of ages, has there been an increase or around suicidality, expressions of hopelessness and despair for people or an expression of suicide? What's your experience with the relationship between suicide and trauma?

Matthew Povey (19:48):

It's actually quite significant, and sometimes with suicide it can be really tough. One in the sense that it actually cross into people also not so much having thoughts of wanting to die by suicide, but not wanting to exist anymore either. So I think both of them can sometimes come in tandem, but I've definitely, especially with covid, because that social connectivity is, and with trauma, is one of the fundamental healing elements. So when Covid has come in and then ripped people apart and put massive distances to them, it's potentially increased this and the ideations, which is the thoughts and a person has around that not wanting to be here. So I think there's been a big increase in that. And I'll be really honest, I think we've got a bit of a way to go because of just this compounding effect that people have had,

Ms Julianne Whyte (20:47):

Which is really interesting. So just listening to you too, Matt, I just am hearing that maybe our response then to communities around suicide has to be a little bit different as well perhaps, and understand the nuances of the reasons or the impacts things are happening on people that might make them express a suicidal ideation or a wish no longer to be here because the cumulative traumas are too great.

(21:17):

There's also, I was only talking to a colleague too the other day around anticipatory trauma. So thinking about the next trauma, is this something you are aware of that we've been through this trauma, they've had drought, bush fires and floods. This is specifically for this region, and then they're anticipating job losses when the logging stops, they're anticipating maybe the bush, remember January, February was really tough. We were on standby right through Christmas, new Year. Weren't we waiting for the

potential for a bushfire and people were really on edge? How did you respond to that? What did you do?

Matthew Povey (21:54):

The main thing is we were very present in the communities and available if that was there. I think there was at least this summer just gone. It was doused a little bit literally because it was a cool summer by the rain. But even then a lot of people I was working with still reflected that anticipation and that anxiety, even if a thunderstorm come through, would that lightning strike start a fire? And that is very much there. Then you've got the other side, not just the impact of the trauma, but also the impact of where is my income going to come from the next six months if I lose my job or how am I going to pay rent? These sort of anticipations then actually make things more difficult because they overwhelm a person's emotional capacity and that takes what we call the thinking part of the brain, which is the part just above the eyes offline. So the work that again we're trying to do is just gently back and forward, make sense of this, but teaching people to stay more online, I don't want people necessarily kind of turning around and not having this sort of hypervigilance because the reality is if something had have happened,

Ms Julianne Whyte (23:07):

Yeah, you want them to be vigilant, don't you?

Matthew Povey (23:09):

Yeah, you need to respond.

Ms Julianne Whyte (23:10):

So we don't want to dull people down too much or even have this false sense of, oh, you'll be fine mate. This is okay, and have your safety plans. You actually want some vigilance, you little want to. I often say to clients too, anxiety is actually a normal natural state. What do you think about that?

Matthew Povey (23:27):

No, I definitely think it is. I think it's a state of heightened awareness that actually lets us focus and get things done. And it operates in quite an automatic, yeah,

Ms Julianne Whyte (23:38):

It does. The para-sympathetic nervous system, it kind of happens in the background there, which is the part of the nervous system that really happens outside of awareness. So we need that, but there's also then that need with that person, with that vigilance as well and with trauma work, as we move towards the end of it, making sense of meaning moving forward with the experiences they've been through as well. So I think it ties into both the anticipation and being responsive, but also then the capacity to move forward with what they've been through and what has happened.

(24:16):

So some people use the phrase post-traumatic growth. What's your feeling about that?

Matthew Povey (24:21):

Mixed. Mixed, because it sounds, for a clinical,

Ms Julianne Whyte (24:24):

I don't like it. I'll put it out there right now. I really don't like the phrase post-traumatic race. I just think sometimes it's about using the theme of this mental health professional network title of transitions. I think what we are helping people to do is that trauma is a natural event that happens. I mean there's an unnatural event that happens. Bad things do happen to good people, trauma happens and we have to help people see that things happen in their life. We were talking before this around their narrative life narrative interrupted, and they can actually then transition into a new narrative with the trauma alongside them making sense of what that trauma has done to them and to their communities, to their families, but also to their capacity to either have the life they had before or a new life that has emerged that may have positives or not so good things as part of it losses, other losses. Tell me what you do or what you think about that.

Matthew Povey (25:20):

Well, I think there's two points that have just come to my mind is one's that you can get two people who have gone through the exact same trauma and they can respond completely different.

Ms Julianne Whyte (25:28):

Absolutely.

Matthew Povey (25:29):

And that to me is where trauma is there more on a continuum and different people get affected by different ways. So it's a very individual experience that we then have to as professionals and be adapted to fit that person. And with what they're going through. So then when it comes to making meaning, well that depends on what we are making meaning out of or we are making meaning of a job loss. Are we making meaning of losing a loved one? Are we making meaning of having to relocate? There's a lot of different meanings we're having to make, but it's just helping that person make that meaning with what they've been through. But I think

Ms Julianne Whyte (26:11):

And allowing them to understand what's happening in their brains

Matthew Povey (26:14):

Yes

Ms Julianne Whyte (26:14):

And how they're making sense of this experience

Matthew Povey (26:16):

Big time.

Ms Julianne Whyte (26:17):

Now, an interesting thing that comes up a lot, and I'm pretty sure you'd be aware of it too, Matt, when we are looking developmentally with people, is that they may experience this trauma here now, but in five years time. So if someone's in their 16, 17 and then when they turn 21 and then when they turned 35 significant periods of life developmental changes, do you find from your clinical experience that people experience the trauma yet again or from different lens when they're in a different life stage? What's your feeling about those other transitions that they make with life? I

Matthew Povey (26:49):

Think that sort of transitional stuff comes actually down to the individual, but I will definitely say that people who have been through earlier trauma, especially in the adolescent sort of early year period,

Ms Julianne Whyte (27:04):

Like you're talking 13, 14 something,

Matthew Povey (27:06):

13, 14 and even earlier periods, and that even when they're quite young, when we haven't got what it's called pre-verbal memory, which is memory that is encased in the body

(27:18):

And we don't have language for that. Then later in life when they're going through these developments, then the trauma then can actually play out in different ways and they're more prone to being reactivated by different traumas. So it's individual, but at the same time it kind of puts them in a situation where they're more susceptible to it. But then flip side of the coin, there's other people I've worked with who've been through really, really horrible trauma and have just come out the other side and used it as a way to grow and not even needed to do therapy, per se on that. It's so unique, and this is why I love this work, because you just get a different, it shows you how as people, we don't fit into a category. We really are people and really deserve to be treated as that.

Ms Julianne Whyte (28:09):

And not a diagnosis or a label or something just as people who are experiencing a bit of a hard time or something's happened and our job is perhaps to be conduits or facilitators to some sort of knowledge or healing. So I often say to people, I see us, especially from a social work lens of me being on my mountain looking across at you, and I've got this knowledge and you are looking for some help from me, but we are just two humans travelling on journey

Matthew Povey (28:37):

Yep.

Ms Julianne Whyte (28:37):

And at the moment you need my help and there'd be any other circumstance, I might be there asking for your help. Do you see that as part of your practice? I think that's a humanising and a humbling of our role. Yes, we are professionals, but we're also human too.

Matthew Povey (28:53):

So I'm just trying to understand with that question, what are you asking me just so I can make sense of that in my mind?

Ms Julianne Whyte (29:00):

Well, I just said sense of we could be seen as experts in trauma and we go into the community as the experts. So we've got the knowledge that expert knowledge, and we are coming in with this is what you do and this is how you do it and this is how communities need to have. We do this recovery, we open up these offices and this is what's needed. Whereas I think we need to go in with, you used that phrase earlier as well, the person's the expert of their life. We go in with not knowing. So tell me what I need to know about you and your community and this trauma, even though yes, it's bushfires or covid. So we have a model and we have a program that we might be doing, but it's unique for that person in that community. And we might be just a conduit, we might be the facilitator, but it's the person that's the expert of their life in their community, aren't they?

Matthew Povey (29:50):

A hundred percent. And they know how they work generally. And sometimes it's our job that there is aspects that maybe have fallen out of touch or they don't know, and it's our job just to facilitate them discovering that. So then we can try and make sense of what may play out in their mind and how they work and what happens in the community. And it's what I call making explicit. So instead of being implicit and just things going along, actually going, especially looking at interplays within schools and if a dynamic is not working between two students, maybe just even pointing out, I noticed this sort of pattern going on and it seems a little bit problematic. What do you guys, and we think together about it,

Ms Julianne Whyte (30:30):

What's happening here? How have you found working with other health professionals? You would've noticed too in these particular communities, there've been an influx of support programs help and some places don't get anything. So it's really been a little bit hit and miss. But overall there's been quite a bit of, the government's been pretty fantastic and even things like this, mental health professionals network in providing support through webinars and podcasts and things is really exciting. But working with other professionals, how have you found that? Because the local health district, the primary health network funding from a range of sources,

Matthew Povey (31:07):

I will be very honest. Sometimes it's mixed, but on the most part it's really positive, especially with fire recovery because people have, and other health professionals have actually wanted to come or come to the table and really do some brilliant work. One of the biggest barriers that we've had to contend with, once again has been covid. It literally shut us down.

Ms Julianne Whyte (31:29):

That just changed how, well, actually, what I love about what Covid has done is that we had to be agile really, really quickly and get good at remote support for communities. And communities had to be good.

The problem was some of these places are so remote, they had no internet access anyway, so that was really, really tricky, but almost wanted to be on a drone there and drop in. Didn't you just do that?

Matthew Povey (31:50):

Sit above and

Ms Julianne Whyte (31:50):

Sit above. Yeah, drop me in. But that made us, COVID made get into groove remotely really quickly, didn't it?

Matthew Povey (32:00):

And I think in a way it's been positive and negative. I still struggle sometimes even with remote learning and remote therapy because I do prefer to sit in the room with a person. But the advantage that it kind of opened twofold, number one, I can actually do some really good work with clients who are isolated, but also I can connect with my other professionals and peers so much easier. And that's actually become a bit of the norm now. So we can have more regular meetings and conversations around that. And my big thing moving forward with this sort of stuff is over the next 12, 18 months with professionals is trying to bring more professionals together with systems. And getting systems just working together better.

Ms Julianne Whyte (32:46):

What do you mean by systems? What's this?

Matthew Povey (32:48):

So different organisations, whether it's a school, networking with the local community, then maybe networking with local businesses, even networking network with mental health services and that mental health services, networking to supports around them and getting people talking more, just

Ms Julianne Whyte (33:03):

God, that's such a social work approach, isn't it? You just love it. That's what I love about this project is both of us being social workers and we are employing mostly social workers to these roles, is that we are really getting some good networking happening, would you say?

Matthew Povey (33:17):

Yeah, a hundred percent agree. And so we want hugely without networking, want more integrative networking, which is just people coming together and having productive conversations, but actually working together as well. Because the evidence shows this as well. We've trauma recovery, the more people are able to work together and get along as best they can, because there's always going to be differences. The better people recover and the more support they have and all these things. So generally things just work a lot easier. So that's where I'm very passionate about that for versus people trying to work solo can be quite problematic for both the worker and the community. So huge on that. And when we start to move into the moving forward phase, which is the recovery sort of stuff with trauma as well

as then the community moving forward, I think that's pivotal because it gives it the capacity to do so in the most productive way, connect.

Ms Julianne Whyte (34:14):

And it means that it's just not one service, one model, one approach that it requires. It takes a village to raise a child. It actually takes a village of services and a mix of professionals to recover from the things that we've seen, isn't it? So it's not just social, it's just not psychologists, it's just not doctors, it's just not whatever. It's everybody working together, isn't it? And trying to get these discreet program areas to find how we've got commonalities as opposed to what brings us together rather than what divides us.

Matthew Povey (34:43):

And that's both been a challenge for some of these communities because they're so really isolated and things like that, that it actually then makes it difficult that they just don't have access. Some services are literally a two hour drive away, which can be if you've got a family with four kids and you're working full time and all that sort of, that's tough. That's really hard. So trying to just support the development of that I think is really huge over time to come.

(35:10):

But I agree with you. It also then doing this sort of approach allows that sort of bringing people together and healing. And that's pivotal moving forward because trauma at some point isn't always doom and gloom.

Ms Julianne Whyte (35:23):

Actually, what I've really loved about the experience over the last, or perhaps six months is some of the big events that we've had that have been organised across the Snowy Valley region. There was an arbour ceremony in that big beautiful sugar gum forest burnt down, and then people went back there and had a ritual, a ceremony to

(35:43):

mark this spot. And I often think with trauma, with major traumas like this, bushfires and covid and things, we don't have a mark, we don't. We've got roadside traumas. If there's been an accident, we put up a roadside marker. If someone's died, we have a grave. But when these major traumas and there's a bushfire gone through now, we've had covid, it's changed people's lives. We've all had to make some major changes to how we practice what we do. And our communities are different. And it's very hard. Yes, the forests are gone, the houses have gone, but they get rebuilt sometimes there's a movement on. And for a lot of people it's like this major thing happened, we need some memory. We need a marker to say this bad thing happened in 2021. And so how do we record that? How do we mark that and celebrate? And I think what these ceremonies have been really remarkable to allow people to come together and say, this thing happened here and we are coming together as a community. Those that lived through it and the new people coming in and just remember, do you see that as an important part of our work as clinicians to facilitate this and be part of it?

Matthew Povey (36:50):

Yeah, I think it's huge because the reason I think it's quite huge is I don't really like the term closure because I don't, in my perspective, and I could be wrong because it doesn't fit for everyone, but the

trauma's always going to be there. We can't just magically blanket from our mind. No, that's right. What we can do is apply that new meaning to it and making that sense of it and giving that capacity to put it where we need to put it to then start moving forward and creating that new narrative and transition in our life to what's next, but with appreciation on what we've been through at the same time. And that it was a really difficult experience both individually and for communities as a whole and as a nation.

Ms Julianne Whyte (37:32):

Absolutely. Yes, yes. And internationally it was picked up too, wasn't it? Huge. Just huge. But as you were talking, I was just thinking, and it makes us as healthcare professionals challenge some of our older models of working with people around grief and loss. So those people that might be still using models that say there's stages and phases to say that you might go through stage of anger, denial, bargaining, and moving on or having closure. We are really challenging that notion of having defined phases because for each person, there'll be a different trigger, something different that changes their adaptation. So those dual processing models fit quite well, don't they? Those grief dual processing models fit well with a trauma response. Would that be right?

Matthew Povey (38:20):

No, I think so. I actually think sometimes I actually sit and map this out with people and draw it on paper and that, especially when you get trauma, I really don't often find people who have not been through trauma, who haven't got some form of grief. So it's really good in their mind when you map this out to go, these are the triggers and this, are they more on the sort of instrumental, which is sort of a doing thing,

Ms Julianne Whyte (38:45):

A task focused sort thing?

Matthew Povey (38:47):

Yeah, task focused thing. Or are they more intuitive, which is more emotional and for them to make sense of themselves that way? So I actually think with both trauma, grief, and loss, they just meld and it's logical.

Ms Julianne Whyte (38:59):

And I often draw that diagram for people that dual processing one or the dual tract one, same, but put trauma over the top like a blanket. We must work through this trauma first to see the grief and loss. Would that be something you use?

Matthew Povey (39:14):

Yeah, and I definitely do use that. Very good for adolescents as well. I'll add because it helps them make sense of themselves when they're quite overwhelmed and they're still in that stage where they're learning that skill. What I also think it does though, is when you start to work through that trauma, the grief just naturally starts and the loss starts to come up with it as you do the work. So it actually lets us kind of move between the two quite gently. And I always work mostly gently. I do challenge my clients

quite a bit, but I do mostly work gently. You've got to take this stuff slow and steady because you run the risk of what I call blowing someone out the water, which is retrieving,

Ms Julianne Whyte (39:56):

Retraumatizing them again, and that's just such not good practice.

Matthew Povey (39:59):

No it's horrific.

Ms Julianne Whyte (40:00):

But Matt, this has just been a remarkable experience. I just love sitting here chatting with you. It's just conversations with Matthew I think have to be on my agenda for every Friday. This is just really cool.

Matthew Povey (40:10):

It is really cool.

Ms Julianne Whyte (40:11):

So thank you so much for the privilege of coming in here today for the Mental Health Professionals Network and this theme of transitions and to think of trauma, grief, and loss fitting into this concept of transitions. It sits well, doesn't?

Matthew Povey (40:26):

It does. And even me thinking now, I think that's something that I'll be taking away from this is that word transitions and kind of looking at from that lens on how people are transitioning and taking that sort of step back and going, just observing and what transitions they're going through because it exists in multiple contexts.

Ms Julianne Whyte (40:44):

I think what it does for us too Matt, is it takes the word journey out of our language a little bit. I don't like using the word, this is your journey, but to actually say that this is your transition. And this is this transition, and you'll have multiple transitions in life. So how we do this might inform others. I just think it's a beautiful concept to have for this series and also to have in our trauma language.

Matthew Povey (41:09):

I really do like that actually. So I'm going to steal that one off you myself. But thank you so, so much for having me.

Ms Julianne Whyte (41:15):

It's an absolute pleasure. Let's do it again. Let's do it again. Thank you. So just to reminder, we are really, really interested in your comments and thoughts and things that you might've taken away from today while I've been really engaged listening to Matthew, but a lot of you might've taken things from today or comments that you'd like to make. So please, please send us back your feedback and your comments,

follow the link in the show notes and look for the next episode of transitions. So this is Julianne Whyte. I'm a mental health social worker working in rural New South Wales with my colleague Matthew Povey,

Matthew Povey (41:45):

And I am a trauma psychotherapist working in rural and regional New South Wales and also finishing my social work degree.

Ms Julianne Whyte (41:53):

Fantastic. Thanks, Matt. Wonderful

Matthew Povey (41:56):

Thanks.

Host (41:58):

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