

[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm Stephen Calabria. Today we have a special edition of Road to Resilience to celebrate publication of the third edition of the book that inspired this show's creation.

[00:00:18] The book is called Resilience, the Science of Mastering Life's Greatest Challenges, which can be found on Amazon and wherever books are sold.

[00:00:26] The newest edition was composed in part by Jon Depierro, PhD, an Associate Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai, and the Associate Director of Mount Sinai's Center for Stress, Resilience, and Personal Growth.

[00:00:40] Today on Road to Resilience, Dr. DePierro interviews Sarah Bannon, PhD, an Assistant Professor in the Departments of Rehabilitation Medicine, Geriatrics, and Neurology at Mount Sinai, And a faculty member of Mount Sinai's Brain Injury Research Center.

[00:00:55] Among other things, the two discuss utilizing new and innovative uses of group therapy in patients, building resilience within both teams and individuals, and the surprising health benefits of sending memes to your friends.

[00:01:07] We're honored and lucky to have Drs. DiPiero and Bannon on the show.

[00:01:13] **Jonathan DePierro:** Welcome to the Road to Resilience podcast. My name is Dr. Jonathan DePierro. I'm an Associate Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai, and I'm excited to be joined in the studio today by Dr. Sarah Bannon. Dr. Bannon, welcome.

[00:01:27] **Sarah Bannon:** Thank you. It's great to be here.

[00:01:28] **Jonathan DePierro:** Can you tell us a little bit about what you do at Sinai and what your background is?

[00:01:32] **Sarah Bannon:** I can. So I came back to Mount Sinai in March of 2023. Next week will be one year as faculty here. I was previously at Mount Sinai in the Brain Injury Research Center. Where I am now as an assistant professor, I was first at the BIRC in 2017, and I came to the BIRC interested in

learning more about brain injury and brain injury in the context of close relationships.

[00:02:05] So to tell you more about myself, I'm a couple and family psychologist by training. I am really interested in understanding how close relationships are impacted by the experience of brain injury, by the experience of neurodegenerative diseases broadly.

[00:02:22] And my first training experience at Mount Sinai was the first attempt at understanding how to take some of the things that I was learning in relationship psychology and understand how relationships operated in the context of medical trauma and neurological illness.

[00:02:41] So, I think that the focus on relationships and being around colleagues who really value the interpersonal experience of like learning together led to a lot of really interesting career opportunities.

[00:02:56] The first one was in grad school at Stony Brook where I had a mentor, his name's Dan O'Leary. He's kind of a foundational person in couple and family psychology. And he was the only person out of anyone I applied to in grad school who said, I don't know anything about brain injury or really the brain, but I'll learn with you.

[00:03:16] And Stony Brook is out in Long Island. I saw the BIRC director, Dr. Kristen Dams O'Connor, give a talk at Stony Brook and said, "I need to work with her," because the way that she spoke about brain injury assessment and ways of better supporting patients was so inspiring.

[00:03:36] So I asked her about an opportunity to be a practicum student. We kind of made one together. I spent a lot of time on the Long Island Railroad, back and forth from Stony Brook to the Upper East Side and then went to fellowship at Mass General.

[00:03:53] Again, with the only person that I saw that was doing work in dyadic or patient caregiver interventions in a neurointensive care unit. So, that's Dr. Anna Maria Varanchianou. She has a program of research that's focused on dyadic interventions.

[00:04:11] And now my work still is in relationship psychology, but it's on adapting patients and caregivers to address a range of neurological conditions.

[00:04:21] **Jonathan DePierro:** So, you do work at the intersection of resilience and neurological conditions, like dementia and brain injury. What does resilience mean to you?

[00:04:32] **Sarah Bannon:** That's a great question. I think about this a lot. I, I think there's an academic understanding of resilience and then there's a personal understanding. My interest in this work is fundamentally personal in nature.

[00:04:46] A big reason why I wanted to go to grad school and explore this further is that I saw my mom growing up. She was a sandwich caregiver. So taking care of myself and my siblings, and then also supporting her mother who had dementia and lived with us in an in law apartment upstairs. My grandma's experience of dementia was also in the context of two strokes.

[00:05:13] She was diabetic for a long time and also had a number of other heart problems. From just as I'm describing it, it sounds really challenging. My grandma had just such an optimistic disposition and was always such a joy to be around and by my mom's account was someone who was very resourceful, very playful, and just exceptionally kind.

[00:05:40] My mom is also, and I could see how hard it was for her to balance so many things. And my dad is also a shift worker, so there was limited time, limited resources, and everyone was doing everything to make it work as best they could, but it was also very hard.

[00:05:58] So when I think about resilience or when I think about that in the context of neurological conditions, a lot of times I think about them and about resourcefulness, optimism, about the importance of relationships and being connected to things in your life.

[00:06:14] And I also think about the structural barriers. And I really, when I, I got to grad school and I started looking at definitions of resilience, I mean, I know we could talk about this more, but I was dissatisfied at, at the definitions of being just about the trait or the the individual characteristics.

[00:06:34] I know those are important. I think the broader context is also really important to understand and that's where some of my work has been in connection to brain injury, specifically because in brain injury research and in brain injury rehabilitation, many people experience functional disability, trouble finding and maintaining employment, difficulties with relationships after brain injury, and it's very dissatisfying to me to think that based on some measures or metrics that we could deem someone not resilient when the broader context

imposes so many additional barriers after something that is so stressful and disruptive, like brain injury.

[00:07:22] So that's a long answer, but I think there's a lot of factors that are really important for us to think about and I've been encouraged at where the field is heading, where we're starting to take that into account.

[00:07:33] **Jonathan DePierro:** We're really looking at the bigger context.

[00:07:34] **Sarah Bannon:** Yeah. Yeah. So the bigger context for me is moving beyond an individual in a healthcare setting to understanding something like a family unit. I think that's really important.

[00:07:45] I think that any of our patients or individuals who experience brain injury will tell you that group interventions, especially ones that provide skills training and education, are a great context for people to both learn ways of moving forward with other people and also be in community with other people where they might feel a kinship, hopefully the absence of stigma or feeling othered, and then also kind of work together to celebrate the small wins, to hold space for the things that continue to be challenging, And then even beyond that is our broader systems and how we support people.

[00:08:22] **Jonathan DePierro:** Right. And I know these group therapy options can be limited in some places. Some health systems might not even have those as an option. I know Sinai does.

[00:08:30] **Sarah Bannon:** Yeah, we actually have a number of group interventions at the Brain Injury Research Center. And we're continually thinking about creative ways of using the group therapy framework to give people structure and a context to both practice ways of coping, but also do things that are hopefully meaningful and exciting to them.

[00:08:54] We have a number of groups running right now where we pick, and actually this is a new thing that's happening in our center, their reading groups. So it's kind of like a book club, but also a club that provides education on ways of practicing memory tools, on working to navigate any cognitive changes that come up in the context of brain injury.

[00:09:14] And we pick books that are fun. So people have the skills to practice, but also the opportunity to have hopefully meaningful and exciting conversations with other people with similar experiences.

[00:09:27] **Jonathan DePierro:** That sounds like a really creative approach to group healing.

[00:09:31] **Sarah Bannon:** Yeah, so being back at Mount Sinai and being back in rehab medicine in particular has been really exciting because my first exposure to neuro rehab was in a day group therapy program here and that program was called the Bridge Program, and it had a number of different group therapy classes that would go from 10 a.m. to 2 p.m. that provided a range of skills, both for things like cognitive changes, memory tools, and then also social relationships and practical challenges.

[00:10:07] And we'd take field trips, sometimes virtually, if there were places that we couldn't get to, and also integrate things like art and music. And it was very interdisciplinary and also by design very creative.

[00:10:21] So I think about that a lot and it's a really nice setting to be in because I think being around other creative people, both participants and also facilitators, kind of stretches the bounds of what you might think is possible and at the very least encourages you to think about it.

[00:10:42] **Jonathan DePierro:** It builds cognitive flexibility.

[00:10:43] **Sarah Bannon:** Mm hmm. Yeah.

[00:10:44] **Jonathan DePierro:** And some fun along the way. Humor. Humor and joy.

[00:10:47] **Sarah Bannon:** Yeah, I think it's important to have fun with what we do, especially when people have experienced so much change and loss. I often find that in our group therapy sessions or in my work with individuals and families, I'm so inspired and encouraged by humor.

[00:11:05] I think it makes me leave work and feel like I can do that a little bit more with the day to day stuff.

[00:11:13] **Jonathan DePierro:** You used a word earlier, dyadic. What does dyadic mean?

[00:11:17] **Sarah Bannon:** 'I'm glad that you asked. I use the word dyadic a lot, so I didn't notice that. Dyadic is a way of referring to a pair of people it could be a couple, it could be an individual and a close friend.

[00:11:34] In the context of intervention science, we talk about dyads as being a pair, typically an individual and a care partner or a spouse or romantic partner, and the interventions that we're developing and implementing, they're not the same as couples therapy or family therapy, where the focus is on improving the relationship itself.

[00:11:59] They can include that as an element, but I see dyadic interventions as simultaneous training in individual coping skills, and then also training to increase a dyad's resilience or their ability to work together to overcome adversity, to move forward, and to navigate challenges as a team.

[00:12:22] **Jonathan DePierro:** So I was sitting here thinking about something like brain injury. Someone is going about their day, maybe you could think of an example, they were in a car accident and they sustained a brain injury from a pretty bad car accident, or they had a fall off a high ladder, , and hit their head on the pavement, and then it's a period of significant adjustment afterwards, gradual recovery, a function, or maybe adapting to a new baseline, and you can imagine that would be, as you said, a strain on a relationship, and at the same time, that very relationship with a partner or spouse, friends, family, is something that is a vehicle for healing.

[00:13:00] So it's this interesting balance of, you could see ways in which the illness or the injury impacts the relationship, but those very relationships are so important for the recovery and resilience process.

[00:13:12] **Sarah Bannon:** And I'm glad that you mentioned that piece as well. Something that I could nerd out about for a long time and something that I wish more people understood is how foundational relationships are to our long term health.

[00:13:28] I remember reading about studies in grad school, large population based studies that, and also longitudinal studies that demonstrate that the quality of close relationships, and specifically relationships with partners, are as linked to long-term health outcomes as your diet and exercise behaviors.

[00:13:50] We know that relationship strain and conflict have many negative health effects, both immediate and with something like wound healing or someone's experience of illness.

[00:14:04] And then also with people having a higher likelihood of accidental injury, of missed days at work because of relationship strains. So I wish that more people knew more information about the variety of ways that relationships

are linked to health outcomes and just how substantially they're linked to health outcomes.

[00:14:26] So, for example, in large scale studies and large scale longitudinal studies, we see that relationship satisfaction with a romantic or spousal partner is as linked to all-cause mortality and just general health outcomes as a person's diet and exercise and other health behaviors. So that alone is substantial.

[00:14:51] We also see that relationship conflict, strain, or changes in relationships like divorce, like loss of friends, that often happens after substantial injuries and then the loneliness that occurs as a result, all of those have really substantial negative health impacts, both on a person's physiological functionings, but also the likelihood for accidental injury, the likelihood for adverse consequences at work or in other relationships.

[00:15:22] So I think all these things are really important to your question or kind of the broader conversation about relationships being impacted by the experience of a brain injury, but also really important.

[00:15:36] This is something that I find fascinating and I think makes the case on its own for the benefits of a dyadic intervention.

[00:15:44] If we know that at least one other person in someone's life is impacted by something that is really disruptive and potentially traumatic, like a brain injury, then I think it makes logical sense to include that person in the conversation and also to provide them support as early as possible.

[00:16:05] **Jonathan DePierro:** So, what you're saying is really interesting because, at least to my awareness, dyadic interventions are not the norm in neurorehabilitation.

[00:16:15] **Sarah Bannon:** Not yet. They're not the norm in neurorehabilitation. They're not the norm in healthcare settings or in psychotherapy broadly.

[00:16:24] I do think right now is a very interesting time because we've had, now, decades of research on dyads where we see over time that dyad members' outcomes are linked both in terms of risk factors or things that might predispose them to negative outcomes or worse adjustment after a stressful event.

[00:16:48] On the positive side, we also see that resilience or resilience factors are interdependent and correlated within dyads and something that, from dyadic interventions, we've seen evaluations of those interventions, including the one

that I mentioned in the neuro intensive care unit recovering together, that if one person improves on their coping skills or their sense of resilience, that that also, because dyads tend to be interdependent, they influence each other, that the other person benefits.

[00:17:22] So, there's that evidence and also a lot of other reasons that would suggest that dyadic interventions might be more effective, might be more efficient, and might be more economical for healthcare systems and therapists to adopt or at least learn more about them.

[00:17:42] **Jonathan DePierro:** Because the typical model would be somebody has a neurological condition or injury. They go to the ER, they go to the ICU, they do outpatient physical therapy, occupational therapy, they might see a psychologist, and family members might be brought in for family meetings, but not really any other kind of intervention as a typical package.

[00:18:02] **Sarah Bannon:** Yeah, I think that is the typical model. I also think it's important to note that even outside of neurological injury, if we think about something like depression, my grad school mentor was a big proponent of something that's now called the marital discord model of depression. And that theoretical model has empirical support.

[00:18:25] And basically what the model describes is that within a couple, if one person experiences depression, that's something that can predict the onset of relationship discord or dissatisfaction.

[00:18:39] And you also see that relationship changes in satisfaction can influence each person's experience of depression symptoms.

[00:18:47] When you intervene on an individual for depression symptoms, you can address their depression symptoms but actually, individual interventions don't demonstrate as positive an impact on relationship satisfaction.

[00:19:02] Couples therapy approaches that target the individual who's experiencing depression but use a couple based framework demonstrate improvements on both depression symptoms, but also relationship satisfaction.

[00:19:15] So, I think we're seeing within dyadic research, within couples therapy interventions for mental and physical health challenges, including all relevant people, and giving them skills and support, benefits everybody in a variety of ways.

[00:19:31] **Jonathan DePierro:** What are some of your dyadic interventions look like? What are some examples of the topics you cover? What would a session look like if there was a fly on the wall?

[00:19:40] **Sarah Bannon:** I think it depends if we're talking about dyadic interventions that are manualized and right now, as part of clinical research, because we're still evaluating and scaling up these interventions, those tend to be more brief in nature, like six to eight sessions, and also pretty structured.

[00:19:59] The interventions that I've helped develop and also administered in that context incorporate a variety of skills that might come from cognitive behavioral therapy, dialectical behavior therapy, and then also some skills or tools that focus on values and the meaning-making that can come from a dyad's experience of sitting and talking openly about shared challenges.

[00:20:28] Separate from that, in a clinical context, that's where I think the creativity comes in.

[00:20:33] I like to incorporate a dyadic framework because I think that having an understanding of both people's challenges with an identified health event or something that one person is experiencing, I think knowing what the most stressful things are is really important.

[00:20:54] I think knowing how people typically cope with challenges is really important and relevant, and also just how they're doing and relating to each other, because injuries or illness tends to press at the joints of the existing vulnerabilities that a dyad or couple or family have already faced before.

[00:21:14] So in a clinical context, I incorporate a lot of tools from couple and family therapy techniques. I really like the Gottman Institute resources. I think that their work and their observations of the conversational strategies and the ways that people respond in tough moments, either to show that they're receptive to their partner's stress or concerns, those little tips can go a long way.

[00:21:48] And then, as I said, even outside of a clinical research context, things like dialectical behavior therapy tools that focus on emotion regulation, distress tolerance, mindfulness skills, and then also ways of communicating to focus on the goals and ways of advocating for a change or something to be discussed that is compassionate, curious, nonjudgmental, and also open to negotiation or is flexible.

[00:22:20] I think giving people education on those things goes a long way.

[00:22:25] So the other thing that I'll say is, dyadic interventions are at least, in part, based on dyadic coping theories. And this is something I find very interesting because dyadic coping has been discussed a lot.

[00:22:40] In medical context, couple and family researchers have also talked about support provision, and we might be aware of something like the golden rule. Do unto others as you would have them do unto you.

[00:22:52] People generally don't have the same preferences within a couple or a family. One person might have preferences for support that the other person would find too much, or a burden, or over provision.

[00:23:05] And dyadic coping theories, and also the interventions that have come from them do focus on the optimal provision of support and also the different ways of mutually addressing a shared challenge.

[00:23:20] Sometimes that could be delegated support where one person takes care of something because perhaps the other person has experienced some functional changes and it's more difficult.

[00:23:31] It also could be more collaboratively doing a task that would previously have fallen on one person.

[00:23:37] So, at least right now, I find that in clinical context, talking to people about that and really just having a conversation about the many different ways that you can address a challenge together gives people an opportunity to brainstorm themselves and hopefully takes the pressure off of them to do things the way that they did, or do things in the way that they think they should.

[00:24:02] **Jonathan DePierro:** As you're talking, I was thinking about this idea of love languages, but also realizing that I don't think the research actually supports that there are love languages.

[00:24:11] **Sarah Bannon:** No, and I mean, when I look at the Love Languages work, I'm like, well, those all sound nice, so we probably want all of those in some degree.

[00:24:21] **Jonathan DePierro:** Tell me about some of the outcomes in your studies.

[00:24:24] **Sarah Bannon:** So right now I am preparing with my team to start an open pilot, which is our first chance at delivering an intervention that we've developed that it's called Resilient Together for Dementia.

[00:24:39] This intervention will be delivered to couples early after one person has received a dementia diagnosis. That intervention is focused on prevention of emotional distress, so depression, anxiety, heightened stress.

[00:24:55] In theory, before that becomes chronic and more difficult to address, and also in theory, before the stress of a dementia diagnosis and the emotional challenges that come from it have impacted long-term adjustment.

[00:25:09] So, the outcomes that our team is most interested in, and in general, the work that I've been a part of with dyadic interventions, they're focused on prevention of distress and promotion of resiliency and giving people support early after a stressful event to hopefully minimize the wear and tear from that, and also to improve their own sense that they can move forward, address challenges now and later, and live well.

[00:25:41] So, the outcomes that we focus on for our research studies are depression and anxiety symptoms, perceived stress.

[00:25:50] In this study, readiness for caregiving, in this study also relationship satisfaction and communication, dyadic coping, and then also things that we sometimes call resiliency skills like self efficacy, mindfulness, general coping.

[00:26:09] **Jonathan DePierro:** So what you're really talking about is preventative medicine.

[00:26:12] **Sarah Bannon:** Yeah. And relationship-centered care, which Mount Sinai, as a healthcare system, is very much an advocate for, and I didn't know that before coming back and then looked at our nursing programs focus on relationship centered care and some of the ways that, by focusing on relationships and also measuring things related to relationships, not just within our dyadic interventions, but also in our healthcare system, that we can start to make some small changes that really help make things more personalized, really focus on prevention, and hopefully help us all be more well, and help people feel more supported when they need it the most.

[00:26:56] **Jonathan DePierro:** I'd love to talk a little bit about resilience in your own life. What do you do when times get tough? What do you turn to?

[00:27:03] **Sarah Bannon:** I have a motto for myself that is, sometimes in order for things to make more sense, you have to make them ridiculous first. I, at some point when I was in undergrad, I was volunteering at a children's museum and I learned a lot about puppets.

[00:27:22] So, I have a collection of puppets that during the pandemic, as a pandemic therapist, were in the background behind me and actually people asked to see them sometimes. I get another one. I think I'm making puppets with a friend.

[00:27:38] And I think a lot of the things that I find helpful when things feel heavy are about play, are about creativity. I've been watching episodes of Sesame Street on high-stress days.

[00:27:51] I also think keeping it moving, literally, like running, exercise. I, I really enjoy weightlifting and I think things that help me feel both strong and also softer, not serious. It's like the balance of both of those things that really help me.

[00:28:09] **Jonathan DePierro:** Yeah, I, I think in medicine, there's this idea of dark humor. Seeing the ridiculousness, in a sense, in times of stress can be really helpful.

[00:28:17] It can also feed into cynicism, but a lot of people find it helpful, certainly. I send a lot of memes out to my friends, you know, when I'm feeling particularly stressed.

[00:28:26] **Sarah Bannon:** There's research on memes now. I was really excited to see someone did a study on the benefits of sending memes to your friends. So evidence-based intervention.

[00:28:36] **Jonathan DePierro:** I'm doing an evidence-based intervention on myself, apparently. And what about being a researcher right? You've, you know, submitted grants, submitted papers, I'm sure faced rejection. How do you cope with that?

[00:28:48] **Sarah Bannon:** I call my mom. I think that for me, the rejection with research has never felt personal. It does when there's care and investment in an idea and as I've gone along in my career, there are times where we all get so excited and invested in the potential for something to change the problems that we're facing.

[00:29:17] So, I think there's disappointment that can come with that. I think focusing on the bigger picture and the bigger picture why. I try to remember where this curiosity started and it feels like a privilege to try to tackle some of these things. It feels frustrating sometimes that there's so many things.

[00:29:37] And so, on days where it feels like we're not lucky or we have to just keep going when we have the setbacks, it's helpful to zoom out and think about the journey to get there and also the journey to come.

[00:29:50] **Jonathan DePierro:** The bigger picture and the goal and purpose of the work.

[00:29:52] **Sarah Bannon:** Yeah, absolutely. And I think, growing up, seeing how many ways my mom, my grandma, just people experience barriers in accessing care that they really need and barriers to support.

[00:30:07] That's where I think being a clinician and a psychologist in particular, outside of the research grants, to be able to sit with people and talk about the things that are difficult, help people feel heard, understood, and, hopefully, also validated that these concerns are real that they're big and heavy and that perhaps we can do something to make it 10 percent better.

[00:30:33] That feels like an antidote to getting pessimistic and also a remedy for feeling discouraged.

[00:30:39] **Jonathan DePierro:** Just making a small incremental improvement in someone's life.

[00:30:43] **Sarah Bannon:** Yeah, and that we're doing it right now, because research takes a lot of time. So I feel lucky that we're in a profession where we can get to enact changed both now and hopefully also later.

[00:30:55] **Jonathan DePierro:** There's immediate gratification.

[00:30:56] **Sarah Bannon:** Yeah, which we need. We need both, I think.

[00:31:00] **Jonathan DePierro:** I think that's what I like about being a clinical psychologist also. I can sit with patients and see the impact of the therapy right away or over the course of a couple of weeks, even, and then I could see a longer term impact in the research world.

[00:31:16] You know, when I put out a paper, it gets digested by others, it's cited by others, and it might even lead to a practice change at some point.

[00:31:23] **Sarah Bannon:** Well, and something I also wonder about, that I'd be curious about your thoughts on, I think that storytelling and being in dialogue about some of these challenges, the ways that we're coping with things, and just having conversations with the people around us, is so powerful.

[00:31:38] I know that when I'm going through something, understanding other people's stories has a lot of value. I also think listening to people's stories, even if you're not currently experiencing something, has tremendous value.

[00:31:52] And it seems like from your involvement on this podcast and just being in conversation with people that that can also be something that is maybe an antidote or something that gives you balance from the other day to day things.

[00:32:08] **Jonathan DePierro:** Yeah, I think relationships are so important and having forums like this on the podcast.

[00:32:13] Even, you know, with a team that I have, getting to talk to people, leaning on each other, asking for advice, showing vulnerability has been such an important thing for me.

[00:32:22] I was thinking recently that I was kind of an introverted person and becoming a clinician actually made me less introverted because I had to build relationships.

[00:32:32] **Sarah Bannon:** That's so funny, because I also was a very introverted person growing up, and I don't know if people would still perceive you that way or think so. People are often very surprised when I say that.

[00:32:45] But I do think that the interest in being a clinician was to listen to people's stories and not do as much of the talking. And maybe that helped it feel more comfortable. I'm not sure if that was the case for you.

[00:32:57] **Jonathan DePierro:** Yeah, I think it helped me in the process, as well. It led to a lot of personal growth, even just learning to be a clinician.

[00:33:03] **Sarah Bannon:** Yeah, what you change, changes you.

[00:33:07] **Jonathan DePierro:** That's right, I definitely agree with that. Do you have any questions for me?

[00:33:11] **Sarah Bannon:** I do, I do. So, it's kind of a personal, professional question. So, in coming to Mount Sinai last year, you were one of the, I would say, most directly welcoming people that I encountered.

[00:33:24] And that made a big difference in feeling like, Yeah, I could adjust to the challenges of being here. So I found that to be very impressive.

[00:33:34] And I wondered if it's something that you think about your role within the system, ways of connecting with people, and if so, what are your tips?

[00:33:45] **Jonathan DePierro:** Sometimes I jokingly refer to myself as the psychologist for the health system, which is a big job and not exactly true, but I really like building collaborations.

[00:33:56] I also love reaching out and finding other psychologists in the health system because sometimes they're in other departments. But doing related work.

[00:34:04] One of the projects I'm involved in is an NIH-funded study, around training scientists, and my role in that is to lead to collaboration.

[00:34:14] My role is to facilitate collaboration around the topics of resilience in our scientists, and that means getting people together who are doing work on resilience, but looking at it from a different, each from a different perspective.

[00:34:28] Getting them to collaborate. Getting them to talk to each other and to broaden the field, and also deeply involved in the resilience of the workforce and scientists in general.

[00:34:38] So, yeah, I love learning from people, learning new ideas and seeing how this through line of resilience gets woven into the medical center.

[00:34:50] **Sarah Bannon:** Psychologist for the system sounds like a big role. When did you discover that that was something that you wanted? That sounds like big responsibility but I also can see the joy that comes with it.

[00:35:05] And it seems like something from an outsider's perspective that probably has shown up in your life in other ways.

[00:35:12] So is that something that you've kind of always been interested in? Or did you find yourself in this role and then kind of shift into it?

[00:35:20] **Jonathan DePierro:** Yeah, I think I grew into the role, but it made sense given what I had done before.

[00:35:26] So, I focused on post-traumatic stress in graduate school, did a lot of work on understanding what happens in the brain and in the body when people go through stressful experiences.

[00:35:37] I did training with the World Trade Center Health Program here at Mount Sinai. So, helping World Trade Center first responders manage their PTSD.

[00:35:47] Also, doing research on their mental health needs, their psychotherapy needs, and their barriers to care, so learning about stigma that they might have.

[00:35:56] You know, a lot of law enforcement officers, endorsing a lot of stigma around help-seeking.

[00:36:01] And when the pandemic started, I was part of a small team that was asked by our dean, Dennis Charney, to plan out a center to take some of those teachings from the World Trade Center and apply them to our own healthcare workers.

[00:36:15] So another first responder group during another mass disaster. So some of the same themes and some of the same programming, was thought to be helpful.

[00:36:24] And from there I was asked to be their first clinical director of the center, by Dr. Charney in early 2020 as we were forming it. And it sort of just took off from there.

[00:36:35] And I really had the privilege of hiring most of our staff and forming a beautiful well-run team of people that just get along together and feels like a family,

[00:36:47] **Sarah Bannon:** That's great. And I can understand based on that description of how the center came to be and your role in the creation and design. The broader context with mass events.

[00:37:03] Presumably you were developing a center with an awareness that it was not designed to focus on one specific condition or a specific group or a department.

[00:37:15] So maybe in accepting that role, you knew that you'd have to be the psychologist for the system.

[00:37:22] **Jonathan DePierro:** Well, thankfully, I'm not the only one now. I hired other psychologists and social workers and psychiatrists, um, and that's not my official title.

[00:37:30] **Sarah Bannon:** Can I ask about the resilience of your team and about mentoring or training or building that team? Because I do think that's something that's interesting about your role, and it's something that you seem to do very naturally.

[00:37:47] But I'm wondering about your process and some of the things that you think about with building a team that feels like a family.

[00:37:56] **Jonathan DePierro:** So one of the first things I thought of when I was hiring folks is that we could teach people to do psychotherapy, but we can't necessarily teach people to be good team members and curious and empathetic and understanding and creative and cognitively flexible, to some extent.

[00:38:20] We can teach that, but it's maybe easier to teach how to do CBT. And so, we hired folks and some of the folks we initially hired might not have had a lot of training before in modes of psychotherapy, but we trained them.

[00:38:36] What they did have is they were just amazing team members and we needed that as we were starting something from scratch.

[00:38:43] We needed people that would work well together and we continue to have it an amazing team of clinical social workers, of psychologists, our leadership of psychiatry, with the full support of our dean, Dr. Charney, and our department of psychiatry.

[00:39:00] And just like every health system, we face our challenges. There's really high rates of burnout within health systems. There's high rates of distress, and we're really lucky, and I think somewhat unique in that we have a treatment service where we take care of all of our healthcare workers if they develop a condition like depression or anxiety, they can get care almost immediately that's evidence-based that we actually publish on, that works.

[00:39:24] And so they don't have to worry about where they should go to get help. And we also are flexible and adapt our interventions to meet the needs of our workforce.

[00:39:34] So, we initially started by running workshops focused on some of the same things that you focus on in dyads. Workshops on optimism, facing fears, on spirituality, and meaning and purpose.

[00:39:46] And what we found is that people didn't generally have the time to come into a 45-minute workshop if they're busy on a nursing floor taking care of patients or in an administrative office.

[00:39:56] And so what we developed actually, thankfully with funding from HRSA, which is a government agency, as part of the Lorna Breen Act, which is up for renewal.

[00:40:06] We took our model of longer form workshops and brought them to units. So we have actually gone to intensive care units across the health system, gone to emergency departments across the health system, and to labor and delivery, other medical floors.

[00:40:21] And spoken during their nursing huddles at seven o'clock in the morning when the nurses are there learning about their patients that they're getting for the day. We come, we join the huddle for five minutes.

[00:40:31] As a group, they hear about mental health topics. As a group, they hear about topics that can help them be more effective team members, and work together better and manage the stress of the unit as a team.

[00:40:44] And we do this for the night staff at two, so we go back at 7 p. m. and talk to the night staff and we've done this over 150 times in the past year and a half or so, reaching over a thousand nurses.

[00:40:56] So it's a great way to take these intervention that worked at a time and a place in a longer format, and actually adapt to the needs of the evolving healthcare system.

[00:41:06] **Sarah Bannon:** And that, I think what you've articulated and the work that your team's done, it reminds me of some of the things that we were talking about earlier with group therapies and maybe, broadly, this relationship-centered care model of meeting people where they are, showing up when they

need it, or hopefully would prefer reducing the barriers to participating, and also leveraging some of that team approach.

[00:41:37] Group cohesion, kinship with people with shared experience or similar experience, and also flexibility on how you implement something or what you include.

[00:41:49] **Jonathan DePierro:** And the other thing that I want to speak about briefly, is that one of the things that struck us right away and that we learned in part from the World Trade Center work is that, it's not just nurses and doctors and nurse practitioners that work at a hospital.

[00:42:02] There's administrative support staff. There's research staff at an academic institution like ours. There's security officers, all sorts of other people that work here.

[00:42:13] And they have unique needs. And so we've also adapted our programming to meet the needs of folks who maybe didn't have resources for them before, or their needs weren't described in papers or articles before.

[00:42:26] So we've actually started an initiative of providing some of these workshops to security officers who are facing workplace violence, who are generally but not always men of color, where there might be stigma around mental health help-seeking.

[00:42:41] And so we've really targeted that those individuals because of their unique needs.

[00:42:47] **Sarah Bannon:** And as you describe their needs and the benefits of providing support, I think it's really clear, unfortunately, it doesn't seem like something that many systems think about.

[00:42:58] So I'm curious what led to that and generally what's led to the expansion of services in your work.

[00:43:06] **Jonathan DePierro:** Yeah, having really good data is very helpful.

[00:43:09] So, for example, learning at a system level about workplace violence and the rising rates of workplace violence since the start of the pandemic in health systems.

[00:43:18] Doing surveys of our health care workers and looking at both who answered the survey and who didn't answer the survey. And what we learned is security officers generally didn't answer the survey.

[00:43:33] And so we went to them directly and learned from them directly about their needs rather than relying on an email survey, which is helpful for people who might get and check their email in the institution, but maybe is not the best way to reach the officers.

[00:43:48] **Sarah Bannon:** And that to me speaks to the time that you're taking to really understand what people's experiences are because if you don't and you don't take the time to learn more, maybe ask in a way that works, might make the assumption that someone didn't respond to a survey, so they don't have needs.

[00:44:07] I do a lot of qualitative research and I love qualitative research because I think that our surveys, when they are routine and reach people, can tell us a lot.

[00:44:19] Sometimes people need a more personal conversation, and sometimes the questions that we ask, if they're very structured, can be limiting to really understand what's going on.

[00:44:29] So I think it's really cool that you delivered a survey and then looked at non responders and then followed up to learn more.

[00:44:37] **Jonathan DePierro:** Yeah, we learned a lot about who did or didn't answer the survey, and what we've done actually today, we have one ongoing probably as we're speaking, we host luncheons for our security officers where we can talk about the services available to them in the center, they can complete surveys, with their consent, around their needs, and we can learn more about how to address their needs in the future by going directly to them, where they work, when they work.

[00:45:04] **Sarah Bannon:** And that seems like something that being there and expressing a desire to learn more on its own can help people feel cared for and supported before you even get to the formalized intervention or, or different setup.

[00:45:20] **Jonathan DePierro:** Yeah, there's been tremendous positive response and gratitude. There's just such an impactful role for going to where people work.

[00:45:29] **Sarah Bannon:** Something that I'm struck by in the examples that you've mentioned is the benefits of taking the time to check in with people.

[00:45:37] I'm wondering if, just thinking about yourself as a mentor, a leader, a director, if there's advice that you'd give to our junior colleagues or people who hope to make change that can be as widespread as what you're, you and your team are accomplishing.

[00:45:56] And if looking back, there are things that you wish that you would have known.

[00:46:00] **Jonathan DePierro:** Oh, that's a big question. I think in terms of advice, I would say start small. So one of the things that I do, which I think you probably know by now, is that I randomly text people throughout the week.

[00:46:11] Hey, how are you? What's up? How are things? Here's a random meme that I found that I thought was funny.

[00:46:17] But checking in with people does not need to be a, an hour one on one meeting over Zoom or in person. It could be a text message or a Slack message or Teams.

[00:46:26] Just a quick individual, Hey, what's up? How are you doing? And going through your phone, looking at people you haven't spoken to in a while, even friends outside of work.

[00:46:36] Investing just 30 seconds in a relationship, those unexpected check ins, actually research now shows that people really like getting those.

[00:46:44] **Sarah Bannon:** Plus memes.

[00:46:45] **Jonathan DePierro:** Plus memes. So that's a good place to start. It doesn't need to be extravagant, just investing the tiniest amount of time in cultivating a relationship, demonstrating to someone that you care.

[00:46:55] Then it can sort of evolve from there. And something I, let's see, things I wish I knew going into this. Saying no is important.

[00:47:04] **Sarah Bannon:** Oh yeah.

[00:47:07] **Jonathan DePierro:** I'm still learning that one. That came to mind. Learning what I have time for and what I don't have time for is telling someone that I recently agreed to review.

[00:47:16] You know, be a reviewer for a project. And I said yes a month ago. And then I looked at my schedule this week and thought, why did I say yes to that?

[00:47:23] And of course, of course I'm going to do it and it's going to be fine, but I haven't learned from my mistakes yet. And I, I often overcommit and then kick myself for over committing.

[00:47:33] **Sarah Bannon:** I find that my biggest challenge in saying no is the enthusiasm for something that sounds cool, but turns out when there's too many of those, we all have the same hard limits of time. So yeah, sometimes you find yourself in a situation where you let excitement drive and here you are.

[00:47:54] **Jonathan DePierro:** And I think what I've told folks is that I really try not to be a hypocrite. I really try my hardest not to work on the weekends and in the late evenings.

[00:48:04] I like to do the crossword with my wife and the wordle and the connections. All of those were on a 500 day streak.

[00:48:13] **Sarah Bannon:** You know, I had a grad mentor that was in his late seventies at the time that I worked with him and he would often talk about how everyone would ask him, how do you do it?

[00:48:27] How are you still so excited about your career? And not trying to slow down and he would say that he played first every day and also at the end of every day and he literally played.

[00:48:40] He would play tennis and I actually went to the same gym as him in grad school. So I would be lifting weights and there was a glass wall and I can see the tennis games and then we'd have lab meeting and we talk about how it went and then shift into other things.

[00:48:53] So, it never felt like we were pressured to work beyond what we wanted to, and I think that's what sustained us, was the enthusiasm for the work, but also the enthusiasm for life broadly, and it wasn't like work took up too much of the pie chart.

[00:49:10] **Jonathan DePierro:** What I'm really looking forward to is, we're planning to go to every national park in Utah at the end of this year. And I'm just like counting down the months until taking five or six days off.

[00:49:21] **Sarah Bannon:** All in one. All in one trip. You're going to do all the parks in five or six days.

[00:49:26] **Jonathan DePierro:** And well, nine total days, but like taking five or six days off from work, including the weekends, it's about a nine or 10 day trip.

[00:49:33] **Sarah Bannon:** That sounds both exciting and also busy with a different.

[00:49:36] **Jonathan DePierro:** Yes. We're probably close to the end of time. So I wanted to thank you for taking the time to speak with us today. And, until next time on this podcast.

[00:49:46] **Sarah Bannon:** Thank you. It's been great.

[00:49:50] **Stephen Calabria:** Thanks again to Drs. DePierro and Bannon for appearing on today's show.

[00:49:54] That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:50:01] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee.

[00:50:09] From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.