



# Defense Suicide Prevention Office Podcast Transcript

## Maximizing Your Well-being

Dr. Alicia Matteson:

Hello. Welcome to the Defense Suicide Prevention Office's podcast series, Mental Health Is Health. I am your host, Dr. Alicia Madison, and today we're going to be speaking with Air Force Lieutenant Colonel Select Jordan Simonson. He's a senior Air Force psychologist and most recently served as the Air Force Suicide Prevention Program Manager. Major Simonson entered the Air Force shortly after the repeal of the policy, known as Don't ask, don't tell, becoming the first openly gay psychology resident in the U.S. military. Since then, he has had an incredible career. He has championed inclusive health and personnel policies. He's earned qualifications as a Survival Evasion Resistance and Escape (SERE) psychologist. He's led the Air Force's Resilience Program and served as the Air Force's Chief of Prevention, Research and Development. Major Simonson is currently the Fairchild Air Force Base Mental Health Flight Commander, is the deputy commander of the 92nd Operational Medical Readiness Squadron and he serves as the Biomedical Scientist Executive for the 92nd Medical Group. Thank you so much for joining us today, Jordan, and welcome to our podcast and congratulations on your promotion selection to lieutenant colonel. That is an amazing achievement and it's reflective of the incredible way that you have served as an active duty clinical psychologist.

Maj Jordan Simonson:

Well, thank you so much, Dr. Matteson. I'm really honored to be here with you today and looking forward to our conversation today.

Dr. Alicia Matteson:

Well, the honor is ours, Jordan, and with this being Suicide Prevention Month, we have several themes that we're focusing on around mental health and the importance of well-being. I'll open up with a question. When it comes to military psychology, what's your approach to mental health and well-being for our Service members?

Maj Jordan Simonson:

So, I love this question because I think when we're thinking about mental health, I like to consider that full well-being spectrum. When we look back at the past 20 years in military mental health care, we know that the demand for mental health appointments has tripled and the number of providers hasn't significantly changed, and that means that we really need to be proactive and creative about how we meet the needs of our population and champion well-being. So, I like to shift the focus upstream; and focus on primary prevention. That's the sort of stopping a negative outcome before it even starts and seeking help early and often. Although I'm a clinical psychologist, I sometimes get billed more as a community health psychologist or prevention specialist, because I really like taking that proactive approach. When we do that, I think it does a couple of things. One is that it allows us to really think more holistically about the broad spectrum of options available to us. We can think about both clinical



and nonclinical care. We can think about a variety of different services that might be offered in the community and our health clinics and/or by more traditional supports such as family and friends. So, I think that when we consider my approach or when I think about my approach, it is really to focus on building this culture where it is normal and reinforced, or actively promoted to seek help before issues become impairing. None of us should be struggling alone. We need to build a culture where that is normal.

Dr. Alicia Matteson:

Jordan, that is fantastic, and a part of that really holistic culture of health and care is advocacy. It's crucial, especially for our underrepresented groups' national data. We see that LGBTQ+ individuals, especially our LGBTQ+ youth, are at higher risk for suicide and suicide ideation. In your opinion, what are some ways that our military community can support and provide safe spaces for LGBTQ-plus Service members and our family members?

Maj Jordan Simonson:

Kind of Ironically, this is kind of how I was led to the military. My dissertation in graduate school was focused on this problem of increased depression, anxiety, and suicidality within LGBT young people, and really the stars kind of aligned and right as I was searching for a residency program in psychology, Don't ask, don't tell was repealed, and I thought, what a great way to apply some of my skills or knowledge to a population that up to this point has really been prevented from being visible. Back in that time, we thought really pretty much exclusively on minority stress and on the various contributors, unique contributors that the LGBTQ+ population might face that then was contributing to this increased rate of psychopathology or other negative outcomes. I think since then we've been able to broaden that scope and think more proactively, think more about in addition to the stressors, what are some potential strengths that this population brings to bear not only in the civilian population but also in the military population. So, I've just really enjoyed this ability to apply my skills to the military.

I think shifting then to the military itself, we need the military to be a safe place and I should say this is really my own view. I don't want to speak on behalf of the DOD or the Air Force, but I think the military itself must be a safe space, and with approximately 77% of our young Americans not qualified for Service without a medical waiver, we need to seek to remove all barriers for those fit for Service. It is, I would say, a military necessity to attract talent from the full spectrum of our population, including the LGBTQ+ population. I'm proud to say that I think the Air Force has been really leading the charge in this and for years continuing to look at things like what are the state laws that may affect those from serving, looking at potential policy solutions to ensure the impact to our forces minimized, particularly in the sort of the recent number of policies that have been state policies and laws that have been passed that could negatively impact our families from a care perspective. I think things like the transgender care liaisons, which we have now at most of our military treatment facilities, ensure connection to resources, and a standardized experience for trans service members as they go across different locations, as they PCS, as they go TDY. We really want to ensure that there is a standard experience and that they shouldn't have to kind of hope that they'll be able to get care as the military moves them across the world. That should be an expectation and I think that we're moving in that direction. I think another thing that is important is to have some support and representation from senior leaders, and this is another area where I think that we've really seen some significant strides being made. We've got a number of senior leaders now that make it a point to address these issues, not as an afterthought or



kind of a peripheral issue, but really as a key force readiness issue. So, it's an exciting time for LGBTQ+ Service members and I think while there's still a long way to go, momentum is definitely building to ensure that each service member is able to serve and to be able to reach their full potential in the military.

Dr. Alicia Matteson:

Jordan, just on a personal note, when I was serving during the time of Don't ask, don't tell, my son came out to me, and he was so concerned that he was not allowed to be gay because he was a military child. So, I just personally want to thank you for your leadership, for your advocacy and really making our more vulnerable populations visible in our system. Thank you, Jordan.

Maj Jordan Simonson:

Absolutely, you know, that process of coming to terms with who we are and coming out to those that we love around us, that is stressful enough. We shouldn't add to that stress with any concerns about the ability to serve or restrictions that might be in place. I think that it's great that your son was able to do that and I'm glad to see that things continue to evolve where hopefully the stress around that period is reducing for young people today.

Dr. Alicia Matteson:

Absolutely. Thank you, Jordan. And speaking of that though, there is still some stigma in the military around seeking support and so given that, how do you encourage self-care within the military community?

Maj Jordan Simonson:

So, I think this to some extent goes back to what I said about thinking upstream and what is primary prevention. I think that in that same vein, we need to broaden our conceptualization of what help-seeking is. So often when those words are used, we think of going to see a behavioral health provider when we're in crisis or when we're struggling with depression or anxiety. At that point, that's kind of when we use those terms or think about help-seeking and that's certainly part of it, that's an important time to seek care. But if we think more broadly about this full spectrum of help-seeking and think about primary prevention, that period is really at the far end. That is the tail, the most significant period of time when we're talking about crisis or formal clinical interventions. When we think about the full spectrum, we can also then think about seeking help for kind of mundane things.

And so first I would say that asking questions and asking for help should be a habit. When I think about this for myself, I always tell my teams that I'm not afraid to look like I don't know, and quite frankly, oftentimes I don't. I think that we need to really normalize asking for help in these mundane ways if we don't understand something or if we're just sort of struggling with, it could be something tiny. It could be an administrative task or something that I just don't know how to do, but I know that there's folks on my team that do know better. I think that when we ask for help in those mundane ways with those little tasks, it helps us build this skill that can generalize to when things are maybe more, a little bit more consequential. And so I'd say that first then in this asking questions being a habit, you need to start small, you need to do it early on in the process, and you need to do it often.



I think that's how we really get at stigma and encourage self-care in folks. I think on the flip side, when we're talking about sort of beyond the individual, I think that when our overall population, when our senior leaders, when our influencers within the community model this, it has a profound impact. Recently, the Air Mobility Command commander, our four-star General Minihan, shared a photo on social media of his calendar with a mental health appointment on it, and that I think had a profound impact on not only the Air Mobility Command population but the military as a whole. Here you've got this four-star general who's not afraid to seek care and to tell people that he's seeking care. Things like that normalize help-seeking. I think that they really reduce some of the concerns of the stigma around it, and it can also help make it more normal to share stories or personal examples of how help-seeking works.

We know from the literature that is an effective way to get at stigma, to have influential folks tell their story about how they sought care and how it may have helped them or even to share times where folks went through difficult periods and didn't seek help, but in retrospect wish that they would have. I think it doesn't need to always be tied to extreme negative outcomes like suicide risk or suicidality. I think that sharing even some of those mundane examples of asking for help of that courage to raise your hand and say, "Hey, I need something now and I know that my team is here to support me." I think that those types of experiences can really build teams and help shift the culture to one where help-seeking, especially early on, is normative.

Dr. Alicia Matteson:

And Jordan, you are one of those influencers as a leader. As a psychologist, if you're willing to share your story of how you stay resilient, how you maintain your own well-being, and while working in a really demanding, potentially challenging field like military psychology.

Maj Jordan Simonson:

Well in full candidness, I think this is probably an evolving answer. It will probably change if you ask me six months from now. I think that different situations, different constraints, kind of just what the environment has for us mean that kind of what we do to take care of ourselves changes over time. I think we have to have some adaptability, be flexible in how we consider caring for ourselves and looking after our well-being, but that doesn't diminish how important it is. I think that this is always a priority and it's just a question of how do we meet that priority in the given circumstance. I'll tell you most recently, and I'd say this is fairly consistent over time, I periodically review my values, the things that are most important to me and take stock of how my daily life stacks up against those values. I try to find consistency between what my life looks like on a day-to-day basis. That is, how I spend my time, who I am spending my time with, the kinds of activities that I'm doing, all that kind of stuff, and how closely that resembles the things that are truly important to me and what I want out of my life and out of the life of my family. I think that the closer those two things come, the better we're prepared to handle stressors and to really lead lives that are fulfilling and feel rewarding.

I like routines. I think that a regular routine and engagement in positive activities is key. And so, for me that's cycling. I try to cycle to work three times a week, and that's a challenge because it's about 20 miles each way for me, but I try to do that. Currently in Spokane, we've got some fires going on and so the smoke makes that difficult, but I try to adapt and overcome in that area. Mundane things, again, coffee each morning, I think that that's a part of a routine, that it's not just the substance, the coffee,



although that's a great experience as well, the smell of it, the taste, et cetera. I think that the relationship with the barista and just kind of knowing that as a reward for getting out of bed each morning, I get to go and have that experience is something that keeps me on the right track and sets my day off right. And then I'd say also some weekly discussions with close friends. I think that friends are critical in ensuring that we feel supported as we're going through life and build those connections that not only can be useful in challenging times, but I think also make the good times all the more rewarding because we get to share our good experiences and the things that we're grateful for with those that we care about and are central to our lives. And so, I think that those are some of the activities or the routines that I follow.

I also, like I mentioned before, try to ask for help regularly. I make it a practice to ask for help from my team, from my mentors and supervisors, and even subordinates. I like to make sure that we're doing this as part of our culture and I'm never afraid to admit when I don't know or when I need help.

I think I had a kind of a life-changing realization when I discovered that that's okay and oftentimes the better solution, right, asking for help. I think oftentimes when we're going through life as a young person or a young professional, there's this belief that we have that we're supposed to have the answers. I'm the one that's got the slip of paper on the wall that says I'm a doctor and has that sort of expertise, but I think that that belief oftentimes doesn't really fit the reality of the situation. There's experience in all sorts of different domains and different things that we can learn from those around us. And if we don't have that sort of courage to kind of admit when we don't know or to ask questions, I think not only do we feel more isolated, but it sets this tone within your organization or within your team that it may not be okay to ask for questions or to admit that. I thought maybe people would think less of me. I'd lose the trust and confidence from my leaders, and I found just the opposite.

I think that people love it when you ask questions of them. It empowers them to step forward and help you. It shows interest and motivation to learn, and I think that it actually builds confidence from your senior leaders in you and your organization that it's okay to ask those questions and builds the confidence in them that when you don't know, you'll not just sort of act blindly, but do what it takes to find the right solution for yourself and your team.

And then I think finally, I try to bring my whole self to work. And what I mean by that is I try to be fully authentic with my team. I don't try to sugarcoat things or pretend to be someone that I'm not. I think candidness is critical. I think that we need to not be afraid to share our personal experiences, and not be afraid to share some of the areas where we're trying to grow as leaders and individuals. I think that that sort of genuineness and authenticity is key to recognizing not only where we stand as individuals but where the folks around us are and where they may need help. And so that's it for now, but like I said, this continues to evolve.

Dr. Alicia Matteson:

Jordan, thank you so much for your transparency, your honesty, and really going into some really specific ways that you're taking care of your health, and your well-being from lots of different aspects, socially, occupationally, physically, mentally, emotionally. Thank you. And you've given us a lot of really practical tips and I'm wondering if you have any more tips that would really be effective that can apply to anyone.



Maj Jordan Simonson:

Yeah, I'll give you just a few. And part of this is similar to what I do for myself. So, I think that at the outset it is key to identify your values, who you are, and what's important to you. I think oftentimes those values get distracted by maybe what is socially desirable, what we see on social media, or what we hear from folks that are influential in our lives. That could serve as maybe a jumping-off point. But I'd say we really need to put in the work upfront to figure out what is important to you, what do you want to be known for? What do you want others to know you for? And if you think into the future, what is going to be most important, then I think that can serve as a model for figuring out what your values might be now.

After you've done that, I think stick to those values and the actions that support them in your daily living. So don't get distracted by what others tell us is important explicitly or implicitly. I think really, we need to find out for ourselves what is our values-based actions and routines and establish those. Next, I'd say those routines that I talked about, even the mundane ones like getting coffee, I think that that is critical for maintaining stability and maintaining our well-being, especially when encountering tough times. We may not need them when things are going great, but I think that if we haven't established the routine when we're doing okay, it is going to be very difficult, if not impossible to establish it when things are maybe not okay. So, I think that as a measure of self-care, we need to set that early on and be willing to deviate from it, but also try to stick to it as much as you can. I think have flexibility, but also make sure it's routine.

And then I'd say lastly, never negotiate who you are. So often when I see folks in the clinic who are struggling with depression or anxiety, what we identify is that they've come to a point where what they're doing on a daily basis does not in any way resemble the things that are most important to them. And they've been leading this sort of inauthentic experience because they've shaped themselves to be who they think others want them to be or what they think the situation demands of them. And some of that could be useful. Occasionally the mission will demand of us certain things that maybe don't fully resemble the things that are most important to us, but we put our needs aside for the needs of the mission, needs of our team, needs of the organization. But I think if that becomes a pattern and we're shifting really who we are as individuals to meet this perceived need, we're really on shaky ground for our own well-being. And so, I'd say just remember that to not negotiate who you are, don't change your presentation, your values, any of that for other folks. We only deviate from what is important to us when it's critical for the well-being of others to temporarily do so. Yeah, so that's a few ideas, but again I think everyone should kind of figure out for themselves what that value is and what's most important for them to support that. Thanks.

Dr. Alicia Matteson:

And Jordan, for our listeners who are interested in some organizations or services to engage with, who do want to go on this journey, who do want to enhance their well-being, what are some resources that you would recommend?

Maj Jordan Simonson:



I like to think upstream as we've already mentioned. And so, I'd say consistent with that theme. If we're seeking help early and often, oftentimes the nonclinical resources are the best ones to reach out to at least first, and that can include friends, family members, and peers. I mentioned my routine of having a lengthier discussion with friends on a weekly basis. That's for me too. That is not just something that I do for them. That is something that I do for myself. It helps me maintain my well-being and as a source of help-seeking or supports my well-being. So, I'd say consider starting with those. If that's not a resource that's available at this time, then certainly move on to some of the more formalized resources. Military OneSource is great. By contacting them, and this is open to all Service members, you can get connected with a counselor in your community that provides non-medical care.

Sometimes the wait times are a little bit longer, but really there's a wide pool of folks to utilize in seeking care through that modality. So, it's a great resource and it's where I personally have sought care myself in the past and found it to be very useful. The military family life counselors are similar in that it's nonclinical care, but from a credentialed provider that's in our community that we can see, they'll oftentimes do drop-ins and other times will want us to be scheduled but can meet with us in a variety of different situations, and chaplains, the Military Family Readiness Center, I think all of these are resources available to us in that nonclinical space. I'd say if we kind of move up the sort of spectrum more toward clinical care, you've got embedded care resources now really in most of the Services. So, for the Air Force that looks like our operational support teams, our True North providers, these are again, credentialed mental health providers that are right there in the squadrons and groups with us that can provide counseling services and can serve as really kind of the nexus to formalized clinical care resources.

And then I'd say finally, we should never be hesitant to contact an installation's mental health clinic or other clinical resources on the installation. I know speaking for our clinic here at Fairchild, we've launched an Air Force and DHA program called Targeted Care, which means that we can serve as that initial touch point for care across the spectrum. If people have needs, if folks are struggling, they can reach out to us, and we will help connect them to the best resource for their presenting issue. That could be in our clinic, and it may not be, but it's, I think, reassuring then for the community to know that it's never wrong to call the mental health clinic, and we can then help get folks to where they need to be. Some of those folks that will get cared for in the mental health clinic will get treated with a variety of modalities, but we're really looking at group therapies. We're looking at getting folks treated with high-quality care so they can get back into a mission-ready status as quickly as possible.

And so, I think it's really a great time that we're in with all of these various resources. I know it can be confusing sometimes for Service members trying to figure out what's the best resource or organization. I would say, again, at least for Air Force currently, don't hesitate to reach out to the mental health clinic because you can get connected to the full spectrum, but also feel empowered to go through Military OneSource and the MFLACs, some of those early care resources first, because I think in many cases if we're practicing this early help-seeking, those are the best resources for what the presenting need is.

Dr. Alicia Matteson:

Jordan, thank you so much for really laying out multiple options that our Service members and family members have upstream, downstream, really all along the spectrum of health and care. So, my last question for you, Jordan, really has to do with you being such a trailblazer in our field. What advice can



you share with listeners who may be interested in working in our field of military mental health or well-being support services, either in the uniform or as civilian providers?

Maj Jordan Simonson:

Yeah, I love this, Dr. Matteson. Thanks. Thanks for asking. I was the product of a home where my mother was a mental health provider, and so I definitely have kind of experienced this throughout my whole life and found it incredibly rewarding. My mother still is a social worker and was, when I was younger, involved in community healthcare. Really, I got to see that full spectrum of what's offered out in our communities in terms of occupational support programs, therapeutic services, really sky's the limit when it comes to that. And so, I feel that I got this great experience in learning mental health from a very young age. I'd say that this is a great career field because we get to focus on improving the well-being of those around us, and particularly in the military, those who have stood up to support and defend the Constitution, defend the American people. I think that it's hard to understate how moving and important that is. With that in mind though, I think it's easy to sometimes get over-involved to spread ourselves emotionally too thin, and to kind of lose sight of some of those small victories, the daily just kind of small improvements in our patient's symptoms or things that now they're able to do that maybe a couple of weeks ago they weren't able to. And then when that happens, it is fairly easy to get burned out. Like I mentioned before, there's a lot of folks seeking care these days, and so our mental health providers are stretched thin, and that means that I think you must practice self-care. I think that establishing there's routines and kind of practicing what we tell others is key. I think we also need to ensure that there is some healthy separation or detachment from our personal lives and what we do in a clinic or with those that we care for.

Certainly, it is easy to get personally involved in these situations, and in some cases, we want sort of that personal dedication, but not necessarily for our own well-being to hinge upon the outcome of a particular case. And so, I think that's a skill that those just joining this career field need to learn early on just to make sure that they're able to care for themselves and continue to show up for our patients over a period of time. And then also having our own support networks. We do this in my clinic by meeting weekly and discussing our difficult cases, and then have established this norm of offering consultation to one another really on a daily basis. And I think that that is an important resource and an important process for any mental health provider or behavioral health provider, regardless of setting, right? We need to be able to talk with others in the field to get that guidance, get that support, and to make sure that we're not getting over-involved or burned out ourselves.

Seeking care for behavioral health providers shouldn't be something that is frowned upon. In fact, I think it should be encouraged. I mentioned that I've done this before and found it very helpful, and I think that in so doing seeking care can help us be more effective in caring for others, caring for our patients. And then finally, I'd say keep focused on your why. What is it that brought you to the behavioral health career field? What is it that is important for you and for your patients? And I think that in the day-to-day, sometimes we lose track of that why. Keeping focused on it and reminding ourselves of it periodically is key to a long career in this space and one that is truly fulfilling.

Dr. Alicia Matteson:

Jordan, we are just so honored and grateful that you've spent this time with us sharing your journey of health and wellness as well as so many important ways that others can really engage in a journey of





health and wellness. You're very inspirational, and we're just so grateful that you are with us today. And again, thank you for sharing your story. It's just been a pleasure to have you. And for our listeners, this was a time that we got to spend with Lieutenant Colonel Select, Dr. Jordan Simonson. We hope that you really enjoyed today's episode and that you'll join us again. Have a great day.

Maj Jordan Simonson:

Thank you so much, Dr. Madison. It's been a pleasure speaking with you.