Trish 0:00

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Steve 1:11

We are excited to welcome our guest today, Bryan Wempen. Bryan is an accomplished author and passionate storyteller based in Santa Fe, New Mexico; that's a lovely part of the world. His journey began with Note to Self, a collection of 99 life lessons in 2015, followed by Sober is Better: My Note to Self in 2019. Drawing from his experiences with addiction, adoption and mental health, Bryan explores often overlooked themes like adventure, healing and self exploration. His latest book. I don't know how to say this exactly, F--- my demons. You know what the word is, F my demons is coming out in 2024 it is a fearless exploration of these topics, redefining normalcy along the way. Bryan, welcome to the show. How are you?

Bryan Wempen 2:01

Oh, good, good. It's so great to you know one, see both of your faces and hear your voices, and absolutely spend a little bit of time talking about talking about the book and getting caught up. And you know the world in general, if we encroach on that. And you're right. Everybody should go to Santa Fe and try it out. It is a beautiful, you know, it's a beautiful place. I feel very, a lot of gratitude every time I get to come back here, when I've been traveling, I really enjoy rolling up into high desert. And it's a, it's a wonderful, wonderful place.

Trish 2:38

You know, that's one of the few places I've not been. So I need to come for a visit Bryan, because I've always wanted to see Santa Fe and I just never have.

Bryan Wempen 2:48

We would welcome you with open arms.

Steve 2:52

It's a beautiful part of the country, beautiful part of the world. And, yeah, it's one of those places where you think, Boy, it took me a long time to get to New Mexico, like it was, I just happened to be passing through there, and I'm like, wait a minute, this is like the prettiest place I've ever been. And so I was, I was lucky enough to spend a couple days there a few years ago. So great stuff. So Bryan, great to see you. Listeners may not know that we had not sort of seen or talked to you in quite some time. We used to do a lot of stuff together, back back in the old days, right? With early days of HR evolution, the old the old days of this podcast, your podcast, it was, it's been a long time, but it's great to see you get caught up and also learn more about the latest book and maybe even some of the the ideas in the first couple of books as well, for folks who may not be familiar. So maybe let's start from there, like, what are you up to these days? And then, then we'll get into some of the book stuff.

Bryan Wempen 3:46

Sure, no. And again, I really appreciate the conversation spending a little bit of time. And, you know, I love, you know, I love what you all do I have. It was the inspiration of when I first did a podcast almost 15 years ago. You know your podcast was, was the inspiration, so it goes back a long time. So yeah, it's about almost nine years ago now, I segued out of anything HR related and got into healthcare and just to do something kind of different, different challenge. You know, I knew that my time in HR had had kind of run its course, and I was just ready for something different, and kind of jumped in there and learned, kind of ground up the real basics to kind of moving into have kind of progressed over time to like, you know, working with like small providers and practices on the technology side, and really progressing over the years into managing public health initiatives for states inpatient hospitals, or specifically mental health and addiction recovery. I. And then kind of expanded that to community health, and then more into tribal health. So I kind of have run a lot of the continuum around different types healthcare and the technology behind it and so, and then three years ago, progressed into digital health, because I thought, you know, that's kind of the way we're going, right access and quality, you know, the great equalizer, once we get, you know, once we get cell signal, or, you know, bandwidth, like connect connectivity in places you all of a sudden can correct a care desert, no matter where you are in the world, if you have one of those things with, you know, with digital health, and I thought that's really the progression of where we're going, AI, and some of the other really modern technologies, I'm like, I think I want to be there. And so I jumped into that about three years ago, and was, was, was very successful, and then took a role as Chief Revenue Officer with a two year old startup called RUMBLE, RUMBLE, who's now Rumble Health, about seven months ago, and I have not worked. I will always work fairly hard, but I'm not this hard startup. Startup mode is very different, but, but it's awesome. I mean, it's, it's an incredible opportunity to get people connected with getting help. So that's ultimately what really drives the fact that we're building something that actually does help people. And so I'm super excited to be able to do that. So, so, yeah, that's kind of the the professional side. And we moved to my wife and I moved to Santa Fe about three and a half years ago, during covid. We actually built a house and moved all during covid, not intentionally, but it just worked out that way. And so, but yeah, and so, yeah, kind of based out of here and travel all over the country for different for different things, and still, still do a lot of that. And so, which is good. And so I crisscross occasionally with, you know, some of the folks that we we all know, not too much, unfortunately, but whenever I can.

Trish 7:22

Thank you for sharing all of that. It's interesting. We recently recorded with an executive from LinkedIn, and we were talking about skills. And the one thing that strikes me as you're kind of talking about, you know, working in the human resource realm, and now you've sort of morphed that into healthcare, more generally, and now even more specifically, in some of those specialty areas of digital and tribal support. It really strikes me that that's truly what someone who who looks at their skill set, and you can apply it in so many different areas, right? Because a lot of people we're talking about how that people sometimes have a difficult time making a connection on how their skills might be very valuable, right, in another format, in another industry. And so I just want to at least acknowledge that you've actually, it sounds like seamlessly done that, because the skills you had from your sort of life in HR and caring about people, and when you start talking about mental health, like, to me, that's just such a natural progression. Did you think of it like that, or was it just something that sort of morphed over time?

Bryan Wempen 8:25

Boy, I wish I could say that I had really pieced the puzzle together. You know, obviously I really do, truly enjoy supporting and helping people, supporting people in what they want to do and living a very fulfilled life, or that's kind of core to my personal mission in life and for my myself and the people around me. But I was literally, I had a start. I had a very small startup, software startup that was HR centric, around screening, and it was, you know, made several mistakes, partly because I was kind of kind of burned out on the that part of the that market, or that sector, and and really got to the point that I was, you know, it was my company, and I was really unhappy. And my wife actually pointed out one day, she's like, you are miserable every day, and I can see it on your face, and you're still just trying, and maybe, maybe you just shut it down and go do something completely different. And I was at that point where I'm like, okay, like, you're right, like, I can't continue to do this. I'm not going in the right direction, and it doesn't feel good. I'm not motivated like I'm just kind of going through the motions, because it's my own company, and so I had to let that go. And that was a very humbling exercise. It was very healthy, because there's a lot to just admitting your your failures, right? Calling it what it was. And trying to figure out, how do I never repeat that again? And so I kind of went from kind of running everything, and I just jumped in at kind of a sort of a kind of an entry level, kind of inside role to start learning I knew nothing about health care, completely health care illiterate. Just I mean, 100%. I didn't know anything about insurance, never did the benefit side of thing, just really had no I mean, technology, I understand technology, and there's when it comes to clinical workflows, technology really has nothing to do with it. I learned that very quickly, it's not the technology stack, if that's still a term, it's truly clinical workflows and talking about outcomes and talking about efficiency and quality and the continuum of care, right? And so that's where it all started. And I had some incredible mentors who were very patient. I mean, I worked hard, of course, and I was a big learner, like I did for the first year, keep my mouth shut. Didn't volunteer for anything, didn't take any like, I don't want any kind of any any leadership role whatsoever team. I just want to do my job and make sure I learn as much as I can. And they had an then the environment was really set up to do that. And so I'm super grateful for how it started. And then, you know, once, once, kind of, I was more fluent in what I was doing. Things moved pretty quickly, like I was able to kind of navigate. I like complex. I like big and complex and stuff that other people don't want to do. So I started working with states and public sector, and so those are big and complex, and so with, you know, Medicaid populations and and all those things and legislators and all that stuff. So it's been, it's been really, it's been really fun, actually, and challenging, because it's using a different part of my like skill set. And, like you said, and I've been able to really kind of dig into that, and at the end of the day, we're helping people like it's the same, that's where, that's where the connection starts to come into play. Now that I've had a bit of time out of the industry, I kind of see where it does connect a lot more, and I've kind of decompressed from the experience. And so I always have the best I just had a conversation with the HR, an HR director in a county who we're getting a lot of interest from for rental for employees, because within the EAP, the two most under utilized area of EAP are mental health services and and substance use disorder services or addiction recovery, because people are it's the stigma. They don't want it to impact their you know, their their work status, or what people think about it, and they're sure it's going to get back. Whether that's true or not, the fear is real that they don't want to do anything with it, because it'll get back to their supervisors or their company. So they're using our they're putting setting our platform, which is 24/7 non clinical support through our digital solution, right beside the EAP, so that they can anonymously and privately start to help themselves and get help without it being any notification back to the EAP and trackable. So there's a lot of interest. We just are getting a lot of interest around that, which is really interesting. So I connect with the HR managers, like, really, really, really, well, which is, which is kind of fun to have it converging all kind of, kind of, all together there.

Steve 13:46

Meanwhile, Bryan, while you're, you're making this significant professional change, learning a new industry, learning new processes, workflows, technologies, the actors at play, right in a very complex industry. Meanwhile you're all of a sudden, became, I shouldn't say all of a sudden, but you've become, now a three time author and gone on your own personal kind of journey itself, right, and transformation and self discovery and all that. And seems like a lot to do at the same time, or within even that same chunk of 10, 12, 15, years, but let's talk a little bit about that side of it. Like, mean, while you're doing all this professionally, you're kind of healing, rediscovering, maybe I'll let you explain it better about what's going on with you personally.

Bryan Wempen 14:34

Yeah, it's, you know, there's a, you know, it's and, thank you. It's a great question, because it has been and, you know, there's definitely some chapters and phases so, so, when I met, I first met both of you, I was still actively, you know, using substances and so, so, and there's, there's not a whole ton of people that I can actually say that that are on both sides of the equation, oddly enough. And so, you know, and that was 20, you know, 2009, kind of progressing into 2010 and so that's really where it all started, right? So I actually got, got, so, you know, got last drink, you know, is, is in the book, it's and Trish, I know, I know you were there, but I'm not and Steve, I can't remember if you were is in Chicago at one of the, one of the unconference things and so, but, you know, was May, was May 2010, like I it, I have a very specific, you know, timeline and framework around that, and so, and that's where it started, because at that point, then I started, once I got, you know, because kind of, the thing is, you, you know, you remove, like, from a from an addiction recovery standpoint, you remove the the behavior, the negative behavior, or you remove the substance, which is your coping mechanism, or part of a coping mechanism. And then once you remove that, then you really get into the good stuff and start unpacking all the reasons that you're using that coping skill, and you gotta find new coping skills. And so, you know, it was interesting to do it in parallel. And you know, just kind of, you know, it started down that path. And so once I got kind of into a couple, a few years of doing the work. And the thing about the always hearing recovery is, you know, you just learn how to live life with more tools, because life doesn't continue, and good things and bad things are going to happen in life for everybody, that's the human experience and so and they they don't happen typically on your timeline the way you want them. And then maybe the things you don't you want are not the things you need, and so and so, I just kind of went down that path in about 2013, you know, I've always wanted to write a book. I thought that would be awesome. It was, you know, one of our, you know, one of our long, you know, all of our long term friend and William Tincup used to give me a really hard time, because I was always talking about wanting to write a book and or write books and do these things. And he he had, he had written, he had written one, or been part of writing one. And so he kind of doesn't let me forget that, because I always was like, We gotta write a book. He's like, I don't, you know, I don't want to write an effing book. Like I've done, you do it, knock it out. And so I started writing the first one, you know, which was the, you know, 99 life lessons. And so I really wanted to start touching I wasn't completely comfortable in telling my story from in the professional setting completely. So I eased into it, and I had to one. Had to learn how to write a book. First of all, like different ways to explore that. Because I'm not a natural writer, I have to work extra hard on that. My lack of skills in that area, I must, I think I skipped those classes years ago, and so I've had to kind of really work hard to figure that out, and kind of just just, you know, learn, right? And so I started, and so that first one, you know, was started writing that into 2013 and just kind of outline and stuff. And it progressed, wrote it through, you know, kind of played with it. And then 2014 got a little more serious about it, and in the summer, and then it got released in 2015 right? And it was kind of my first effort, and, and so that one, you know, that one, it felt good, and I felt and kind of understood that. And then it was interesting. So it was almost four years to the month, almost the day, that I wrote the second one, which, so it kind of went first one was like a general, like, just little bits and pieces. The second one was, like my first 18 years, really is what it talked about. And then just being in recovery was the second half of, kind of the thesis of that. And then this the last one, the last one that just came out in January, you know, I suppose I can say it so, you know, f"Fuck My Demons," you know, it really was. It really was talking about, like, there's, you know, we're in a period of our our world, that there I heard that. I heard this saying, there's a, you know, there's a you. Pandemic of certainty, where everybody knows they're right and somebody else is wrong. So we have such a divisive, you know, polite discourse is a very unusual thing. Unfortunately, at the moment, it's really there's just a lot of divisiveness. And so I just wanted to kind of talk about from my perspective, and I really wasn't going to write another book, because I'm like, I've said enough, and then I finally post pandemic, and then just just things going on. I decided, like, I've just got a little bit more to say, that I just want to get out and get done and kind of talk about from 18 years to date to current day, is what the next book is about. And so, and, you know, in navigating professional and personal and you know, in that time frame, you know, I've had, you know, I've had divorce, had marriage, had loss, had change of careers, had, you know, there's a lot going on in there. And so a lot that everybody deals with, right? Those are not, I'm not unique in saying that I have those things to deal with and so, but yeah, so this one was, and it's interesting, I've tried writing them different ways, right? There's like writing books is I really enjoy it, like I've I'm working on two, two additional ones right now. One, my first fiction, which is very, very different, like it uses such a different side of the brain and how you do it, so I'm kind of, I'm learning that I don't really understand it yet, but I'm playing with that. And then another non fiction, one that will come out next year, that doesn't have to, doesn't have to do with me talking about myself in recovery. I can't do that. This is the last one that'll write for a while on that. And so but, but it was a really enjoyable process because I took a lot longer to write it, and I just took my time and didn't put a, it's I really did put a it's got to be done, man. And I listened to, luckily, my smarter half and my my wife, was like, you know, there's who's putting the pressure on who here about your book. And I'm like, nobody, like, I'm putting the pressure on me. And she's like, Well, don't do that. See if you can stop doing that, and you might enjoy the process a little more. And she's right. I did, and I just I let it take more time and let it be a bit more organic, and that cadence of doing that and so, but I did. I wrote it a little bit differently. This one was different than the last two. I did use different techniques of like taking audio notes when I'm driving and then transcribing. And I did it every way you can think about it, writing every day, like I've tried all these different types of techniques and trying to figure out what works and so, yeah, so it was a fun process.

Trish 22:56

You know, I'm really excited that it's, it's sort of the third and maybe final chapter of this particular series for now anyway. But what I what I like about it, Bryan, is, you know, you mentioned we have known you for a very long time, and as you were even just describing your journey, I'm thinking back to the fact that I get and I guess maybe this will sort of lead my question. When I met you, I had a very positive interaction with you. I found you very warm and great conversationalist, and just there was something really sincere about you, and that would have like looking back now, I know that would have been at the height of where you were maybe struggling and in this, you know, addiction that you were really battling, but yet I, I, like, I formed such a wonderful opinion of you and then and knowing you, then that next year, right as you were still kind of like, getting to the point where you were going to have that, that last drink in Chicago. Fast forward to your mentioning even you called it your failure, right with your company, but yeah, I was a customer, and I can really say that the solution you gave my company at the time was absolutely so positive and monumentally change the way that we were hiring for the good. So I guess my question in all of this is, you know, for people that might be struggling with things, right, we all have struggles, but whether it's addiction or, you know, I definitely think you don't have to have this specific type of addiction, right? Could be a gambling addiction, it could be a shopping addiction, it could be all sorts of food addiction. Right? In reading your story, do you ever reflect back on the fact that it was still possible to make some really positive things happening, but maybe you just weren't able to see yourself in that light? I don't know. Does that ever come up as you're sort of writing through these thoughts and feelings, because, like to me, knowing now you had these challenges, it's horrible, right? But you were still a very positive light. And I just have to think other people are probably struggling similarly, right?

Bryan Wempen 25:22

Yeah, no. And it's, and I definitely appreciate the, you know, the kind words I've always, you know, always had a, always had a, we've been able to been in proximity, and been able to, you know, spend different chapters together specifically. And so, you know, it's interesting. So, just addiction, and I'm glad you pointed out. So addiction is a very broad term, right? It doesn't have to be substances. It could be, it could be gambling. It could be gaming. It could be, you know, your mobile device screen time. It could be shopping. There's, there's a variety, there's an arc of, of what addiction, you know, falls under and so I think what like for me, I was very lucky to have a foundational, you know, upbringing that was around being a good person, right, like my my mother was always about doing the next right thing, and it was super, you know, nice and polite and and, you know, and my dad kind of, you know, battled his own stuff, but at the end of the day, he was about helping people. And he was always, and I reflected on this, you know, since he passed away, and especially in the last year or two, when I was finishing up the book, he was never, ever, ever disrespectful to my mother at her expense, right? They used to, they used to argue because he was because of undiagnosed PTSD, which I, after he passed, I actually kind of figured out that was always the problem from Vietnam, like they would. He was volatile in that sense, and had a really, you know, zero to 100 temper and things like that. But he was at, he never at her expense, ever, you know made a joke or was disrespectful, so I had a really good foundation around what that looked like, and I think that's helped me my entire life, right to not be that person. The complexity of, and this is, this is kind of to get to your question is, what happens? Is addiction, you know, forces you into having all these different masks, right? So, you know, you can, like, there's people that navigate. They go from, you know, they go from doctor, CEO lawyer to literally homeless. Nobody talks to them, because they rode that the whole way, you know, down. And just it hasn't clicked to what help, where help fits into that yet. And then you have other people who are holding it together, on the facade, and are doing the other parts, and are just, you know, just cringe worthy, miserable and hopeless. And you know, thinking about, you know, thinking about all the, you know, just just swimming in that shame and guilt cycle of what the facade is causing, right, like there's this, there's no one size fits all. And I, you know, and it's amazing because I, you know, it's, it's, it ends up being a mix. And toward the end, I think what was lucky for me is something clicked right? Something clicked on the last, the, you know, the very last day in the very last drink, the very last bar, and all those things, something clicked, where I something's got to change, or I don't think I'm going to survive, and I don't want to hurt anybody, and I want to try and give this a shot. And so my willingness, my willingness, outpaced my, my misery and my hopelessness enough that I asked for help, right? I called somebody that I knew was in recovery, that I had, had been, you know, we own, owned a company together in the past. You know, I called him, and I'm like, Man, I need, I really do need some help, like I'm I'm kind of at the end of the line here, and I know it's going to get much, much worse, because it was really escalating quickly, where I didn't care, right? I didn't care about the facade anymore. That's the fulcrum. When you cross over the not caring about the facade anymore. You. Are now like sitting on the launch pad of the space shuttle toward the end, like, in some respect, and I, luckily, again, you know, higher power, whatever it was just said, you know, call and try and figure this out. Give it a shot. And so, and I, you know that that's really kind of how that started, but I was really good at the facade. Most people, most people with some form of addiction, you know that they're battling or mental health, are really good at the facade, right? Which makes it even worse, right? Because you're you put on the you suit up with the armor of this is what it's going to be. And we all know people that you're like, oh my god, I would have had no idea. And that's part of the viciousness of the both mental health and, you know, addiction is you get really good at that, because that's your that's part of your coping mechanism is putting on the front, and then the front comes down and it is, you know, you're an emotional, you know, dumpster fire, and you don't, you know, you don't know how to communicate that. Or you know you're just, you're so embarrassed, and you're, you're in this cycle where you just, you want it to get better, but you have, you know, you don't have a pathway to do that. So it just, it gets it just gets worse and worse and worse and worse until you know something happens.

Trish 31:26

So I'm glad you circled back to that, because I think that's the point, right? It's that we all know people that are struggling that we are not aware of or to, or that to the degree, right? And I think that's what really connects on this book, is that, wow, someone can really be going through it, and you don't even know, you don't even know to offer an extended hand of help or or a resource, Right? Steve, I know you wanted to ask some things specific.

Steve 31:53

Bryan, that was so fascinating. I was really, just really sort of taken by your, your your story and your, your observations there. And one thing would really resonated to me is the idea of the facade, right? And once you stop caring, that sort of begins, that could begin, right, a spiral into some really, really poor, even worse outcomes. And I think the other thing I would, I'd add at least, and everyone's different, right? And everybody's experience in their life is different, including folks who have addiction issues, is, I think many are really good at that facade, right? And and then after a while, they stop being so good at it, but they don't realize it yet themselves, but the people around them are are now realizing it, right? And that's when you certainly, and I'd say, this is something I is definitely did something I've experienced too, where you are like, Oh no, that's not me, or I'm fine, right? You're playing that game a little bit. And once people around you start to sense, not even sense, or they're finally able or tired of your antics, and have to be honest with you, right, that tension starts to happen. Because I think often the addict thinks they're still doing that functional part, okay, right? They're showing up there. They did go to work, they did go to school. They did, you know, take the take their kid to soccer practice, whatever it is you're doing, right, to be functional. And you think you're fooling people much. I guess I'll say it this way, the addict often thinks they're fooling people for much longer than they're actually fooling people, right? And that can be a really challenging thing to navigate. I don't know if, Bryan, you felt like that happened to you at all in your, in your journey, or not, but I think that does happen a lot.

Bryan Wempen 33:51

You know, I hear that I just, I just finished a book called an Unaddiction, which it's, it's MD that actually wrote it, and her depiction, because she really added more of the clinical framework, right from, from literally, she was able to translate it. And she's such a good speaker. I've met her in person, and she's one of the co founders of Eleanor Health. And anyway, she gives a really good, like, clinical parallel to putting it into, you know, just everyday terms, right? Like, here's kind of the deal. And, you know, she was talking about specifically kids, right? She's like, kids will see the addictive nature and the problem way before, and way before anybody admits that what's going on, like, they're very perceptive, and because they don't have all the, they don't have all the, you know, the societal like, constructs that limit our perception, right? We rational. Like adults. As adults, you learn to rationalize a whole bunch to get through your day in a way that's more like straight line from A to B, right, B to C. Like, that's part of just the way, kind of way we're wired and but she says, like, don't absolutely don't hesitate to talk to your children about it because they already know with it in a healthy way, right? But they already know like they they see things way more perceptively, because they don't have all the other stuff, right? So their lens is very clear, their filters very direct and specific. And so I thought that was, you know, to Steve, to your, your kind of, your comment, that's, that's 100% the case is when things it works until it doesn't work, right? Because at some point, like, I can remember, like I was a daily drinker at by the time I was 16. And nobody, like, no teachers like my my peers knew it, but my teachers, my parents, I was very good at hiding that as my coping mechanism and then just dealing with the, you know, the outlying issues that they came up, like I got caught, or whatever. It was just dismissed. And I was really good at, like, it's a one time thing, and, you know, I was whatever, whatever the excuse was. And so, you know, you get really good at, you know, rationalizing and positioning the truth, you know, aka, lying about things and but you get really good at that because you're protecting yourself, and it becomes part of your personality. And so when you get in recovery, there's a couple things I just want to point out, like, when you get in recovery, you're out of like my automatic default, and I've been in recovery, not quite 14 years is I still have the gene where I don't want to completely tell, like, directly, just address what's going on and tell, just tell the truth, like I have to put it like I go through. I don't need to share all that, or I don't, you know, it's easier not to say that, and I just my tools now kind of stop that. Then I'm like, that doesn't really do me any good. So I just like, here it is, and we just figure it out. And so so it becomes part of your personality, right? It's one of your skill sets that is not positive. And so you take that into like, you have to just rewire that muscle memory. And you don't really rewire it. You just have tools to manage your muscle memory a little bit better in those situations. Like, you don't, not tell the truth, you you very quickly, you know, you make amends for something, if you like, don't have a good day and you like, you know, lose it a little bit. And you go fix that right away, because you don't want to carry around that baggage anymore. So you write the ship very quickly. And this is just the everyday living stuff, right? And you you put things on the table and talk about it, because that way you're not carrying it yourself. And it gets bigger than it deserves, right? There's a lot of things in life that are they get way more space and energy than they deserve, because you're not, it's not being talked about, it's not being dealt with. And so I'm, I'm really, really big on that. The last thing I'll share is, again, it's, you know, mental health is a very complex scenario and topic in general. And I was three, almost three years into being sober and and, you know, doing, you know, doing all the work and unpacking all the bags, as they say, and stuff. And I actually, the very first time that I had suicidal ideation was in sobriety. It was after the fact, and it scared the shit out. Like I really, truly, like, I surprised myself, and I had to go, where did that come from? Like? It truly is one of those transcendent experiences that I had to be like, I don't really know where that came from. That really surprised me, that this thought popped into my head that was so such a poignant and salient. Thought it just was so weird. I remember it. And so, you know, I kind of freaked out a little bit. And I'm like, Okay, why I gotta? I gotta figure out what's going on, because I don't know what what's happening. And I'm like, you know, did I get enough sleep? What's going you know, I literally started unpacking all the stuff to check. List of, like, environmental stuff. And I'm like, I don't know what's going on. So I went and talked to, you know, my sponsor. I'm, I'm in AA 12 step, you know, it's kind of my path. And I went and talked to him, and he was, he's very chill and very analytical, and he's like, look, and he's been sober for like, 35 years, and he's like, you know, he goes, first of all, you're going to be fine. He goes, you're talking about it. You're telling somebody right away. You're acknowledging so your awareness level is already dissipating whatever is going on. He goes, but, you know, bottom line is, you know, if, if you're not talking to, you know, a therapist, then that's a good subject to, you know, kind of connect with and talk on, he goes. But bottom line is, you know, we're talking about it, so it's not, you're not, you're not in this yourself, right? The aloneness is the part that everybody struggles with, because as your as your addiction rages and gets more complex. Your you get more and more alone. And whether it's true, you create that aloneness where your isolation becomes the killer, right? And I have known, you know, in the last 14 years I have, I can probably count on both hands the number of people that I know that didn't survive the disease, and we're good, and then not good, and then good, and then not good and and ultimately, you know, they just, they couldn't, they couldn't put it to they couldn't put the solution together, unfortunately and very tragically and so, but it's interesting the complexities, because it's, you know, it's a mental health issue that you then start treating with whatever addictive behavior or substance you're using, right? So it's once you unpack that you got a lot more work to do, because you gotta figure out what the mental health, you know, the behavioral health elements of what you're dealing with, whether it's depression, anxiety, untreated, you know, trauma, like, I mean, that's really the pathology for all of this, right? It's, it's trauma, anxiety, depression, and then everything else, kind of stress and substances, and you get good behaviors, all of that is just a coping mechanism for everything else that's untreated, undiagnosed.

Trish 42:27

I'm thrilled that you mentioned that Bryan, because you're right, and I'm glad it kind of came to that it's the addiction, isn't the problem, right? That's what you're doing in response to a problem. But you're right, it's unpacking all of that. And one thing you said early on, I have a quick question about, is you use two words, right? You talked about the stigma of having addiction or mental health issues, right? And then also, you talked, just a moment ago, about normalizing being able to open up about that. What would you recommend, whether you're an HR, you know, leader listening to this, or practitioner listen this, or whether you're someone who's struggling with an addiction of your own right, who's thinking about, I'm going to read this book, like, how have you seen sort of hope enter the picture as someone who's now been sober for 14 years. How has has this normalized? Or is the stigma less in our society, or is that still really a huge problem for people?

Bryan Wempen 43:32

Luckily, and it's a, it's a really, really big, good question, is I The good thing is, we have. We've made a little bit of headway, not a ton, because there's a lot of very there's a lot of cultural issues, of class issues, there's a lot of economic issues, there's a lot of things that, systemically, people have to figure like their their misery pushes them through the stigma if it doesn't kill them, right? Like, that's, that's the reality of it is, there's, you know, we can talk about this all day long, but the reality is, there's, there's different professions that people will go to great lengths to not let anybody know they're struggling because they know for a fact it will impact their career like their career path. And I don't care if you're an athlete, like, you know, say you're, you know, you're an athlete at a college and you're really struggling, then you're like, I don't want to tell anybody, because they're not going to, you know, they're not going to start me, because they're going to think they can't rely on me. And I got problems, right? And so it cuts across so many different areas that it's still a gigantic issue. We have to. So, you know, we just have to continue to normalize that this is, you know, you don't want to deal with it because it's like, not you, of course, but you as a society, don't want to deal with it because it's difficult. It's not, you know, you I can't put a band aid on it, and I can't control how to fix it, right? So that ugliness of that, you know, the variability, people don't want to deal with it, because it doesn't matter what community, it doesn't matter what level of income, it doesn't matter what you know, what race or ethnicity or gender you are, it is everywhere, like we haven't. It's really we've moved into an endemic mental health crisis in this country. And unfortunately it is. It is getting exponentially worse. Like the two highest areas of acuity are our youth and seniors. They're basically it was, it usually stayed in the middle of the bell curve, right? Is really where the majority of it was. Now it's on both ends, right? So we just have this huge tsunami of just like across anxiety, depression, suicide, and, you know, addiction in many, many, you know, various forms that everybody's trying to sort this out. And it just, unfortunately, again, I don't see, I don't see a time that it's, it's getting better anytime soon, right? We're doing some incremental things, and some states are doing better than others and some communities. But unfortunately, it is. You know, we have much bigger problems and so, but, yeah, so that's, again, people just don't want to deal with it, because it's, it's, it's scary, and you can't, you can't, it's not a quick fix, right? And people don't, I mean, they just don't want to deal with, like, do the actual work. I mean, we can unpack from a like, a performance review, workforce management, we can unpack that, and it's very and it's just a different form of they don't actually want to deal with, really, what fixes the problem? Right? Like it's everybody's working off of a Industrial Revolution framework. And unfortunately, the healthcare world is kind of in that, like in the US, is working off of a is working off of a hospital system framework, right where it's it's encounter based, not to go, not to get too deep into this, but encounter base means you come in, there's diagnosis, there's a fix. You get the you get the fix, and then you go home, and it works out, and you move on with the rest of your life, right? Put a cast on it, put a band aid on, take this pill in two weeks, it'll all be better mental health and addiction, that is, that doesn't work. And so you have that you have, you just can't reconcile, like, doctors don't know what to do with it, right? The provider world doesn't know what to do with mental health and addiction. And so, you know, you just, you have these huge gray areas that people just don't want to they don't know how to fix and so when you don't know how to do something, then you just you tend not to do anything, and that's the worst thing that we could do.

Steve 48:29

So yeah, Bryan, it's such a important and complex topic as you allude to here. And I think you know to get back to Trish's point, the stigma around mental health, I think, is getting a little better, certainly in the workplace, I know just from our vantage point of the industry in the space over the last several years, the number of conversations we've had and providers that we've talked to, and just initiatives around helping folks in The workplace specifically manage their mental health better is improved, I think less so around some of these issues. Bryan, be quite frank with you around addiction and the fallout of addiction, and what it means at work, what it means at home, what it means in our in our communities, and I hope that it's something, Trish, that we can maybe take on this year as we sort of head down into 2024 is look at that a little bit more, maybe here on the show and some other things that we're doing too. Because right now, I do feel like it's individuals, brave people, quite frankly, like Bryan and others like him who are out there talking about these issues and being very forthcoming about his own experience and writing about them right in publishing about them, that's kind of driving the conversation, right? I We're not seeing CEO of big company XYZ, talking about this, right? I'm not. Maybe it's happening and I haven't seen it, but I don't think we're seeing it.

Trish 49:52

Well, I think too though, Steve, I mean, you've got the right point. I think it's a little bit the push from the younger generation. They're more willing to openly talk about just their mental health needs from a very positive perspective, too. So I'll tell you like, I recently, I was someone who thought like, you don't go to a therapist unless you get really troubled or something like, and I don't know why I had that stigma of like, it would be bad to go, but I recently, just a few months ago, started seeking therapy, and it was after a mutual friend of ours, Lori Rudeman, actually encouraged me to do that. And I thought about it, and I thought, You know what I did? I started going for I was having horrible migraines, so pain management specifically was the thing. And what I've learned is it's really it just helps all aspects of my life. And so again, whether you're not dealing with whether it's things in your childhood or traumatic events you mentioned PTSD, could be a thing. Whatever the thing is, we all have some thing we struggle with. Whether or not we admit it is one thing if you do admit it, and I'm hoping that's what this show if you if you've not reached out to read a book like this to begin your journey on your own, or if you've not reached out and sought therapy, gosh, Steve, I hope we can just take away some of that stigma, because you will Experience help beyond belief and relief, and I've learned that, you know, my therapist says everyone is depressed and anxious, it's just to different degrees. And so we are all using different mechanisms to hide from that, to mask that. We all want to show up and be our best selves at work, right? But you can't expect, Bryan, you mentioned performance reviews, you can't expect to throw training at someone if their work performance is poor because they're struggling with something like this. Okay, work training isn't going to cut it, right, so there has to be and maybe we come back on another show right and have like, more of a talk around the legislation, because I know that's part of it too, but, but there has to be other steps in place. You can't just throw sort of HR Solutions at something when it's something we might not even be able to talk about in the workplace to help our employees.

Bryan Wempen 52:17

And you know, I just one quick point because I don't think I actually answered your question when you start talking about, like, what are pathways to, to hope and relief, to figure out, like, when you're when you're kind of wandering and figuring out, I know I feel bad and I don't know how to even begin trying to find a solution to help myself, right or, or you see somebody else that you you kind of Maybe think is doing that, you know, bottom line is, start looking for people who are talking about it right, and then you're going to just take that, that that little step of faith to communicate. And I get messages I love, especially within like when you know, when you know, Rudiments' podcast came out, I got several messages from the HR world saying that we don't know each other, but I heard your show like I heard your, you know, your interview with, you know, with Lori. And I just wanted to ask you a couple questions and share some things. And it really like, that's the way that it should work, right? Like you look for lived experience, if you if you don't have the means, or you just can't get yourself enough, you know, kind of not confidence, but the willingness to go to talk to a therapist and get that schedule, because sometimes there's a process that goes along with it. Your example is great and so, but if that's find people with lived experience that, from all intents and purposes, see, you know, look like they might be somebody to talk to, right? And the next thing I'm going to say probably sounds a little, you know, weird to some, but bottom line is, you know, if it's not always true, but just, I'm going to say it, if you're a female, reach out to a female, right? And if you're a male, reach out to a male, because it just takes out a variable that, you know, I have learned over the years can be, you know, you can't, you can't predict, like, this weirdness, right? You can't predict what you don't see and know from somebody, and this is really from the guy's perspective. Like, if a female reaches out, let's be honest, like if a female reaches out to a guy, that that vulnerability has an element of, it's very intimate that you're sharing something that's so key to where you're at that vulnerability has, you know, has an element to it that you've gotta protect yourself, right? And so I'm always super thankful because I'm, you know, I'm, I think I'm about as safe as it gets for people to reach out. So it doesn't matter. That's awesome. They don't have any worries there. But that's not always the case. And I hear those stories, and it breaks my heart that somebody trusts like that, and then somebody violates that trust, right? That just that breaks my heart and puts me in a little bit extra level of kind of just anger that somebody would take advantage of that. So it's just another thought, right? Just to protect yourself, just keep that in mind that, especially if you have you might have trauma from your background, that that's even more important not to exacerbate that trauma, you know. Just Just think about that as you do things, and just be very aware of that. That's all I would say.

Trish 55:58

No, I agree. All good points. I think you're right too. I think you know whether it's a podcast like this or just yeah, there people who have a platform of some sort, if they can share their own journeys it, you'll help so many other people. You do help normalize it. So Bryan, thank you for sharing your story. For the last, I know it's come out and more and more over the last you know more than a decade, but it really does. You've probably helped so many people you've never even known. You've helped honestly. So I appreciate it. I do hope there are more books coming, because I think that you're very perceptive and you're very just very sincere. It comes from a place of love and and I appreciate it. I've learned so much from from you and your writings and your sharing.

Bryan Wempen 56:46

I definitely appreciate, I definitely appreciate the opportunity I say you all, we've been in each other's lives for a lot of years now. I was surprised when I started thinking about far back that goes.

Steve 57:01

Awesome, Bryan. This is Bryan Wempen The book is F my Demons. You know, the word F My Demons is out now. We'll put some links in the show notes, where you can find it as well as the other books as well. This has been so interesting, Bryan, for me, and hopeful too, which I think is great, and it's a great story. And thank you so much for being so honest and open and brave and sharing, not only in your books, but sharing here with us too. We it's great to see you and really appreciate it.

Bryan Wempen 57:32

Yeah, good, good to see both of you. That's like, I was probably as most excited about that as anything. I always love talking about it, because last thing is, I agree, the more people are talking about it, the more that people don't feel so alone and weird and strange and like there there's something broken that can't be fixed. And we just have to continue to let people know that that's, you know, that's absolutely not the case, and just find that, find that one pathway to try and get some help, and life can get, life can get maybe not less complex, but it sure can get better. Yeah, there's no doubt. So and you, and you all this is a huge component of it, right? Your voice is really important. These conversations are really important for folks, because they every single one. There's something that comes through that is, you know, Uber authentic, and something that people are like, Oh my gosh, I didn't know that about that person, right? And we're all just people. We might levels of success are all over the board and titles, but you're, you're what you do is really, really important, and so I really appreciate that always. I'm a 15 year fan!

Steve 58:47

Thank you so much. Bryan, Trish, great, great stuff. Thank you. You were the impetus for wanting to get this show on the books. I'm glad you did it. So thank you. Last takeaway for me was you don't have to carry it all yourself, Bryan, you said that earlier in the conversation. I wrote that down, and I'm taking that one with me too. So Bryan Wempen, and thank you so much. Trish, thank you remember all the show archives, hrhappyhour.net. We will see you next time, and bye for now.

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