

## **STAY Tuned- Paving the Way for Patient Centered Therapy with Scott Bryant-Comstock (Part 1)**

**Emily:** [00:00:00] back to Stay Tuned, supporting transition age youth. This podcast is brought to you by the Transitions to Adulthood Center for Research at UMass Chan Medical School Department of Psychiatry and in partnership with our research sponsor the National Institute for Disability Independent Living and Rehabilitation Research.

I'm your co host Emily and I'm your co host Mei. Today we're joined by a very special guest, Scott Bryant Comstock. Scott, do you want to introduce yourself?

**Scott:** Yes, I am the guest, Scott Bryant Comstock. It's, I'm really excited to be with you guys. I have followed your podcast from afar and I'm just, just thrilled that you're doing this.

I'm also thrilled with the work you're doing at the center as well. I am the former, because it's closed, to the head of the Children's Mental Health Network, and I know we're going to be talking a lot about that today. Currently, I spend my time as a death doula working with, individuals who are transitioning in hospice.

And so I've taken a, a very different path. [00:01:00] We can talk about that as well, if you wish.

**Emily:** Wow, that's really interesting. I didn't know that you were doing that now, but that's cool. And I'm glad that you listened. I didn't realize that you were listening to our podcast.

**Scott:** Gotta stay current, Emily.

**Emily:** Yeah, thank you.

So, Yeah, because your name is like very well known in the mental health field but some of our young adults listening might not be familiar with your work. So for everyone who's listening who hasn't heard of you, what would you like them to know about you?

**Scott:** Oh, Lord. Well, my name is well known only because I'm as old as dirt. That's that's that's the main reason it's probably well known. But yeah, it this is such an interesting question. And I think what I would. Want people who listen

to your podcast to, to know about me is my life in this work in, in the mental health field.

I've been involved in the mental health field for what, 45 years which is kind of a long time [00:02:00] and is that I've always approached anything I've done with the, the ethos that I'm gonna embrace my mistakes. And I've made a ton of them. Trust my gut, follow my passion. You know, I kind of have this internal compass that always tends to point east when everybody else is going west.

And, and that is a, you know, that's a wonderful thing and it can also be a difficult thing. So, I mean, I'm, I'm happy to talk about that journey if you wish. You want me to touch on that? Sort of what got us to here today?

**Mei:** Sure, that'd be great.

**Scott:** Alright, here we go. So I, I started in this field really as a young and 19 years old, I was living in San Jose, California from California.

And you know, the world was so different than, than it is now. And that's part of what I'm excited about with what you guys are doing, but the world was very different than we didn't have cell phones. We didn't have the internet, you know, none of that [00:03:00] stuff. And as, as a young adult who was trying to figure out.

A pretty messed up childhood I sort of threw myself into working first at a halfway house. We had these halfway houses in San Jose. And it's, I, I look back and I just laugh because I was so young, you know, 19, 20 years old. And as I think about it now, But California had gone through this period where when Ronald Reagan was governor Long before he was president had basically emptied the hospitals, the state mental health hospitals.

And so San Jose the, the town of San Jose, And especially around the campus of San Jose state, it became this Mecca for people who had serious mental health challenges, but nowhere to go. And so you had this weird dynamic. Of this influx of people into the community. What it meant for me as a young [00:04:00] student was all these jobs started popping up.

There was a program called CETA and I can't remember what the acronym stands for is California employment, something, something. And that's how I started to get involved with these efforts with the halfway house. It was a CETA. funding that funded me. So I worked at a halfway house. I ran a

transition group in a psychiatric hospital for people who were coming out of the hospital into the community because there was such a press to do that.

And then I, I did one on one work with a young man with severe schizophrenia, and he was just medicated up the wazoo and I did that as a private venture, if you will, his mom paid me, and I hung out with him, and I won't say his name, but he taught me so much about what it is to be human, and, and he taught me That sometimes the answers to the real pressing problems are not within the system.

Sometimes you have to go outside of [00:05:00] the system and you have to create something new and different. And that's kind of, that was really imprinted on me because it, it was, by the way, it wasn't a success story. I wasn't able to quote unquote fix him. I think that's what his mom wanted. But I was able to, at least in the time I was with him, which was about a year and a half introduce him to some, what, I don't, I don't, who knows what the word normal means, but introduce him to the normalities of life.

We used to go to listen to music at a, at a kind of a coffee shop slash bar place. And he was a big guy. And as with a lot of young people who developed schizophrenia right around that age of 1920, he was a brilliant student before, he was a brilliant athlete, he was a black belt in karate, and then of course all that went away.

So you have this shell of a person that the outside world looks at and is shunned by. And, [00:06:00] Really repulsed by, cause he used to smoke cig, all his fingers were burnt and, and he had this chopping motion that he would do constantly. He wouldn't bathe his toenails, his fingernails were ridiculously long.

So he, he presented this. image of grotesqueness to the outside world. But I said, hell with it. Just get in the car, we're going. And we would go and do these things. And it was, you know, guys, it's like, you know, you think of a little candle burning on the inside that's covered by just mess and stuff, and we'd be sitting there in the at the prune yard and and listening to music and he loved music and he loved me.

And you'd see this little glimmer. And yet, it was being just shut off with all this incredible amount of medication that the doctors were giving him. He was just drugged like a zombie. [00:07:00] And I was never able to break through that, and nor was I ever going to be able to break through that. But I learned a lot from him.

About how to navigate systems because he was involved in a lot of systems. I learned a lot from my time running the transition group at the psychiatric hospital. And by the way, I had no business running that group. I was a student, but there was such a need in San Jose and it's interesting. I think back about it now.

It was such a blessing for me as to, to be in that environment, but there were so many issues and so much need. That's where the. The, the term, the Thorazine Shuffle became very popular because you'd see these people walking along the streets of San Jose just completely zonked out. So great idea, let's empty the state hospitals, but oops, where are people going to go, right?

And so then that's where you see the proliferation. [00:08:00] Homelessness and just all the other things that you guys know about very well. But those were all good training steps for me. And then I got a job as an in home family therapist in a residential group home. And I was working with families and Oh God, you laugh at this.

We, we, we use this. And y'all just stop me because, you know, if, if, if you got a time limit, you just cut what you need to cut. But, but I'll get rolling. But we use this, this thing, program called the STEP Parenting Program. Now, have you guys heard of the STEP Parenting Program? I want you to imagine this.

Systematic Training for Effective Parenting. It was very popular in the day. It was developed by a a psychologist, university person. I apologize. I don't remember the name. I think in Oregon or Washington. I'm not sure what. But for a young budding therapist, it was gold because I had a plan. Right?

I had a book, six [00:09:00] chapters, and I would go meet with these parents and I would say, okay, we're going to read chapter one. And there, and I want you to imagine you're that parent, your child's in this residential program. You're freaked out. You're exhausted. And some wahoo young kid who's wet behind his ears comes in and says, we're going to reach it.

Let's read chapter one. Oh my God. But I was full of vim and vigor. I was, I was full of passion and I encourage everybody to be that way. I was, I just didn't know what I, I didn't know what I didn't know. And there's one example of my education by families. So I was of that old mindset that you learn your knowledge, you learn what works from your esteemed professors or, you know, from university systems.

And then you go out and you, you, you what, welcome the masses. And you show them the great secret to, to, to how to have a good [00:10:00] life or whatever. And in this case it was through the step manual. Which, by the way, it's a very good program, but it's more geared towards white, middle class, you know, parents.

Not the parents I was working with, and I had this one young boy who I just, I just had such a soft spot. So I would go into the family's homes, and I would sometimes bring the kids with me. They'd get, like, time to go back home, and I would do that. And they lived in the Tenderloin in San Francisco, very difficult, challenging neighborhood.

And I got my step manual and I'm so excited and he was living with grand, well, grandma was the, the one who is, who was the main contact. He's in residential care, dealing with lots of stuff, but he's excited. We're going to go visit grandma and I'm going to do chapter one with her in the step cause I got this step kit.

And she was this beautiful woman. Beautiful older African [00:11:00] American lady. And, and we knock on the door, she opens it up. She of course embraces her grandson. And then she gives me a big embrace and I've got my step kid. It came in a little kit. It's like a little carrying thing that you carry with you.

And I was like, oh, I'm so glad to meet you. And the smells inside the house. We're just incredible. So she was, she was cooking ribs and she's had this barbecue sauce that she was very proud of. But I got things to do. I got, we got, we got to do the step again. She said, Oh, bless your heart. I guess she was from the South.

I don't know if she was from, but bless your heart. Yes, absolutely. That sounds so wonderful, but let's sit down and let's have some lunch first. And then of course, as you can imagine how the whole thing, the whole time we were there, we just ate and we never opened the step kit. And I remember leaving and going back and being in supervision and my supervisor was like, what did you do?

And I, and I was like, [00:12:00] and I wasn't aware enough to really know what I know now. But I said, I don't know. I just tried to. understand his world, living in, you know, so great lessons from in my early days. This is long before I got involved with programs like Year With, but that's back in California. So that all was that, that's, I really do believe that's the formation of me and In that process, I made so many mistakes, but I think people tolerated me because I was very enthusiastic, didn't know what I didn't know.

And for the grace of whatever was able to have some really good experiences and follow that up with we moved to North Carolina and interviewed for a job with the Department of Mental Health. And I, and I remember the, um, if she listens to [00:13:00] this, she's going to roll her eyes. But the person who would be my boss asked me, well, what do you think of the mental health system in North Carolina?

And see, this is the part of me that you don't want to emulate. I said, God, it sucks. And. She's like, what? I said, it really sucks. I said, there's no services for da, da, da, da. And, and the, my colleague who I ended up working with later tells a funny story about after I left the interview, she's the boss said, well, I think it's obvious who we're going to hire in the.

Other interview team who were all wanting me to get it. They said, yeah, absolutely. And they simultaneously said my name while she said another person's name, but she was persuaded and, and hired me. But I guess I want to say before that I had worked at the University of North Carolina Department of Psychiatry they had a project and you guys, you'll chuckle at this, but it was revolutionary at the [00:14:00] time.

It was a project called Alternative Care and what we were looking at was comparing the effectiveness of a therapist who works in an outpatient mental health center, one on one in the office, traditional therapy. So half of my caseload was that. And then the other half was this wild thing called alternative care.

Now, can you guess what alternative care was? No. Well, I'll tell you. Yeah, it was an alternative. It was doing things like helping somebody get their GED. Or God forbid meeting somewhere other than the mental health center. So peer work? What? Blasphemy. Oh no. What? Yes, that's exactly what it was. But think of the time it was, well, I don't know, 1980.

1981? 1982? I don't remember. And this was like, you know, exciting new stuff. And so I started doing my counseling [00:15:00] sessions in prisons, in McDonald's you know, on the campus of the community college, anywhere but in the office. And it was like this light went off for me. It was like, oh my God, this is, for me feels like what I was doing working with a young man with schizophrenia, you know, that, you know, going out sort of flipping the switch a little bit.

And the other impactful thing about that job was the the person who was running it beautiful man named Bill Hollister. He's, he's not with us anymore,

but he's very involved in in, in the Kennedy years of, of establishing the community mental health act and, and getting, cause you know, there used to not be outpatient clinics like, like there became.

So he was very involved nationally. But I remember the first time I went with him that we were, I was working in a rural community. I lived in Chapel Hill, but was working in a rural [00:16:00] community. And he had this big old map. This is before Google. In the maps in, in like a booklet, but his was unincorporated roads.

So instead of like you guys are in Massachusetts, I don't know it well enough, but instead of say, go, I'll make something up going from Boston to somewhere else in Massachusetts, it shows you how much I know about Massachusetts on the interstate. our on a major road, we would go only on unincorporated roads.

We would only get on the, now you think that's nuts because it would take us much longer. But he said, but that's how you get the feel for the community of the people that you're working with. Again, it's an interesting theme. Of you may be the smartest tool in the shed when it comes to some kind of therapeutic process or approach.

But if you don't understand who you're working with, where they come from, what life is like, that you're nothing. And so I started, [00:17:00] and so I started doing the same. And, and one of my favorite places to stop, it was about 20 minutes before the mental health center was this house. And it was Miss Lottie's Antique Shop, and it's on the way to Southern Pines.

Now, Miss Lottie was probably about, I don't know, 80. Five 90, she was really, really old and she had this kind of rundown house, but she had her antique shop, right? Which was just stuff. And the first time I stopped there, I obviously never would have gotten a sense of it. If I didn't start doing the unincorporated roads, the first time I stopped there, it's not like it's on a major thoroughfare.

And I stopped and I was in, I enjoyed looking at old stuff, antiques, and I went in and she asked me if I wanted to be sure I wanted some tea. And I said, sure. I didn't say no, didn't say I gotta be at work. I said, sure. And so we sat on the porch in [00:18:00] rockers and had tea. Straight out of a movie. Straight out of a movie.

And just talked about anything and everything. So Miss Lottie became a regular stop for me. Because Miss Lottie had a view of that slice of North Carolina that

I couldn't get anywhere else. And it wasn't about, ooh, I'm going to be able to use this. It wasn't, I wasn't thinking in that kind of direct, strategic way.

I was thinking more of, just drink it in. you know, absorb what it is you're dealing with. So all of that, I'm going to skip forward because there's lots of others. The Charitable Mental Health Board and a Human Relations Council got involved a little bit in some of the local political dynamics of the community we were living in.

Not, not, not a tremendous amount, but As a state official, then I became a state official in North Carolina in the Department of Mental Health and started [00:19:00] going to different national meetings. This is the beginning of meeting the people you work for at the university. And I was part of a group, it was called Families as Allies.

And it was this novel idea, Barbara Friesen, I believe is the person who wrote the grant to do this. It sounds so quaint now, but they were going to get 16 people, eight professionals, I just love this. I was a professional. Thank you very much. And eight parents. And I've got to pair them up, write this curriculum, and then go around the country training on parent professional collaboration.

And it was, forget youth voice guys, youth voice wasn't even, wasn't even part of the conversation at that time. Not at all. That comes later. But parent professional collaboration. And I remember. [00:20:00] Flying into Portland, getting on the hotel bus and there's a, there's a woman also on the bus. And we figure out very quickly that we're going to the same thing and she's one of the parents.

And so I proceed to tell her on the ride over without any pause for breathing or air. I sucked all the air out of the room is how important I was because, you know, I was the This hotshot from North Carolina, one of eight, you know, and I'm exaggerating a little bit, but I, I'm like giving her all my credentials.

And she very patiently sitting there. And she, when I finally stopped, she looked at me and she said, darling, she's from Vermont, but she said, darling, darling, I got shoes older than you. And that's all she said.

Again. Oh, what a lesson. What a beautiful lesson about guys, regardless of what else happens, listen, you [00:21:00] know, listen, your experience is your experience, but it's just your experience, right?



If we're trying to bring people together, we got to listen. We got to understand anyway. So that led to getting involved with this, this thing called parent professional collaboration, called a families as allies. And it was, it sounds funny to say this now, but it was such a novel concept. So we would go to conferences.

We went to the ortho conference, orthopsychiatric conference. And there were, it was, there were, I think there were four or five of us as a panel to talk about parent professional collaboration, I think it was in Miami. And we're in this ballroom holds about 200 people. We weren't the main thing. We were one of the main breakouts.

Three people came. When this big was it three or two, two or three, I don't remember. But it was like, because at the time it was [00:22:00] like, what do you, what, what, why would we involve families in that way? We're already involving families. There are patients and let's don't even talk about youth. Okay. Let's just, let's don't go there.

You know, let's just stick here. So. So there were, there was a lot of rejection, but there was also a lot of embracing and wonderful support. We had wonderful support by the leadership of the center for mental health services. SAMHSA wasn't even in existence then. Great, great support. So there was a, and from universities, there was great support.

So it was a new concept. And, but once again, here I am. involved in this kind of new and different thing. And then there was a, a meeting in Washington, D C to develop a five year plan for mental health folks at Georgetown were putting it on. And, and I got asked to be one of the facilitators. There was several facilitators, but it's not about the facilitation of the meeting that, [00:23:00] that really impacted me.

It was at the end of the meeting. So the meeting goes and strategic plans developed, and then there was an opportunity for comment. And this group of parents. I will never forget this. I Barbara Huff can correct me. I think there might, I want to say there were six of them lined up and they one by one went to the microphone and basically said, all this plan that you guys have come up with, it doesn't speak to us.

It doesn't speak to us in this case, parents with young children who have emotional challenges. So you have the two primary advocacy groups, Mental Health America, NAMI, phenomenal organizations in their own right. But at

that time, NAMI, more focused on the population that I had worked with in San Jose these young adults who developed serious mental illness.

And Mental Health Association, who at that time [00:24:00] were focused on group homes, more of a focus on group homes. And so, but they're the drivers. They're the power structures in the advocacy world. Great people. But this group of parents, small group of parents just said, yeah, but you know what, everything you're talking about doesn't really fit for us.

And I, I just remember, and I wasn't part of that discussion. I wasn't representing a parent voice. You know, I was a facilitator, but I'm standing behind them and going, Oh my God, this is it, this, this. For our generation, you know, for that time, I thought this is what I need to be doing. So quit the consultant.

Well, I've quit state government, quit the consulting job that I was in with a, with a partnership with two other wonderful individuals and decided I wanted to focus my efforts on this thing. This parent professional collaboration thing got on the board of the Federation of Families for Children's Mental [00:25:00] Health.

This is way back, guys. This is in the very early, early days where we used to put on conferences on a shoestring. We, we would, we would, Developed the agendas in my hotel room the night before I had to bring a printer and we'd print it out. So it was, you know, it was very kind of a grassroots kind of thing.

And I just, I just absolutely fell in love with it. And I know we're going to talk about the Children's Mental Health Network later. So I'll save that. But suffice to say that Started this journey in working with federal government in doing community assessments around the country and having the great privilege to be in homes and community centers and churches.

I think I've been in I don't know, 47 out of the 50 states and both territories and, and, and God is such a blessed life, you know, to be able to really listen to people in all these different situations to hear their voice as opposed to a prescribed [00:26:00] voice coming down from on high. So that, you know, I said, boy, that's really long winded, but you know, you asked who I am or what I would want people to know.

I think that's important that, you know. And then in 2019, I have a Kundalini awakening and have a spiritual awakening. And then I change all that and

devote my life to work with people who are transitioning from this life to what's next. So how's that for a mess? All right. Hush, Scott.

**Mei:** No, I honestly, I was listening to every word you said.

I think you have such a way of telling your story. But I also really appreciate just your ability to listen to patients, to those who really need to have their story listened to and to have their lives understood and it brings to mind, we say this phrase a lot here, but meeting people where they're at as [00:27:00] opposed to, you know, sort of creating this, you know, Almost power dynamic with patient and provider which is why I'm a big fan of peer work and peer support.

So it sort of sounds like you're intertwining those two by coming to their level, seeing what their environment looks like and trying to go from there and really give them care that would resonate with them.

**Scott:** Yeah, absolutely. And it's funny because my training was the opposite, you know, as, as, as most of the training is.

I can't speak to today. I don't know what you guys are being taught in school, but it was that power, the power relationship in my early training was very clear. I was here. You were here. Right. And it was those people that I've told you about and those experience kind of bopping me on the head. And saying, dude, dude, wake up, you know, that, that I am, I'm so grateful that I was able to have all of those experiences because it really did shape me, you know, and, and how that worked.

**Mei:** Yeah. [00:28:00] Emily, I'm curious, cause you're on your way to becoming a therapist. And you're about to finish your master's like. Is there anything that Scott was saying that you, you are actually learning in school or like, what are your thoughts on, on everything?

**Emily:** Yeah, I, yeah, it is really interesting to hear you talk about like your own training because I know that that is definitely how it used to be and probably still is in like certain programs where it's kind of that more like, You know, counselor client, like, hierarchy type of, you know, power dynamic. But yeah, 1 of the things that I really appreciate about the program that I'm in and like.

The internship that I'm doing right now, like, and things that like kind of drew me to these are kind of that more like person centered, like, meeting people where they're at, all of that type of stuff, is something that's always felt really

important to me. And so I am glad that that's stuff that I've been like learning and been focused on.

[00:29:00] But I know that that's definitely not always the case and definitely wasn't in the past. So it's really interesting to hear you talk about it too, where you kind of had to learn. Through doing it and like through your own experiences. But yeah, I know it's the, the field itself has evolved so much.

And I know that we're going to talk about it a little bit later, but

**Scott:** yeah. And you're, you're, you're a university. I mean, I, it's, it's no secret. I am such a fan of, of, of you guys. It's really exciting for me to hear you comment as a student, you know, what your experience has been, because you're right. You don't find that everywhere.

But. Your leadership team who I, some, I know well, very well you know, they were, they're walking the walk. So I'm, that's exciting to hear that. I'll tell you one other thing about the, who I am in the, is that I, I had a professor in graduate school. So again, the graduate program I was on in, you know, the whole setup is interesting, you know, only six people accepted into it, so you're already.[00:30:00]

Thinking, Oh, I am, I'm pretty sweet, you know, and I had this professor who was new to the university and she came, she came in the, I was like the first day of class, she's just introducing herself and, and her, her, I'll say her name her name is Jill Steinberg. I don't know where Jill is now, but this is at San Jose State U of L.

Never forget her saying. If I don't know, I will tell you I don't know. And the, we were just kind of like, looking like, what? And so then on we go, so then after the class, you know, there was kind of a ritual of going to a coffee shop that was close by. And the conversation for many of the people in, in that, in who were in that class was like, Oh my God, where do we get this loser?

Seriously? Seriously. If you don't know, why are you a university professor? You know, that kind of [00:31:00] thing. For me, It was like gospel, you know, I thought, Oh my God, that, do you know how freeing that is to be able to say, you don't know, I'll be happy to figure it out, or I'll find out, or I'll research it, but I don't know.

And that's such a hard thing for us to do, collectively, but for me, it just freed me up and that has been something that I've tried. To live by, because those

times when I try to fake it, Oh man, those are uncomfortable. You know, it's, I don't know. So anyway. I

**Mei:** feel like it definitely takes a level of humility to admit that you don't know something and also vulnerability as well.

It's scary, but I totally agree with you. But it's definitely a learned behavior to open.

And then, you know, it's also contagious. I think,

**Scott:** [00:32:00] yes, it's beautifully contagious. You know, I was just thinking about that example I gave you about the grandma and the tenderloin in San Francisco who threw her food and just sort of embracing me and avoiding the step thing. Say, Oh honey, you really don't know, do you?

You really don't know and that's all right, we're gonna, we're gonna help you, but you're right, it is, it is contagious and it's, it's, it's ah, it's, it's such a, an important skill set for people to have.

**Mei:** Yeah. Yeah. I think, you know, I'm definitely still working on it too. Learning to make mistakes and let people know when I've made mistakes or when, you know, I don't have the answers. Yeah, it can be hard and scary, but I really do think honesty is the best policy. ,

**Scott:** well, here, here's some good news for you, or some tough news.

I'm 67. I'm still trying to figure it out. . So . But you just keep pushing. You know, you just, and, and then you catch yourself and you go, no, [00:33:00] no, no, no, no. Got to go this way.

**Mei:** That

**Scott:** is not the advice you're going to get from everybody. I will be real clear about that because that, that comes with its own set of rewards and, and, but also some things that, that are drawbacks, but none that were ever.

To me countered the rewards, you know, being able to be clear is, is, is the way to go.

**Emily:** I think that's really important. And yeah. And I really liked what you said may about, you know, like you're still learning and it's still like scary, but it is contagious to how you're saying where if you can be vulnerable and you can be open about, you know, your mistakes and things that you don't know, then other people are going to have that sort of sigh of relief, you know, Scott, that you were talking about, like with Your professor worth like, Oh, well, they don't even know either.

So it's okay if I know, I don't know what's going on. Yeah. And as

**Scott:** you, and as you get later on into your careers in. In policy arenas and, you know, [00:34:00] decision making tables. There's a real power in being the one who, who can be authentic in that way. People don't think there's a power. People think there's a deficit.

Oh, geez. You know, especially when you're in a room full of hotshots, you know? I don't know. Figure it out.

**Mei:** And the reality is I'm not good at not being honest either. like I, people get good. I'm glad to hear that. People like my mother, I call her, she's like, did you make the dentist appointment? I told you to.

I'm like, yes. She's like, may I know you didn't like she can immediately don't. And whether that's her like having her mom's superpower or just the fact that I am a bad liar, like I. I truly believe being honest with myself and others is the best way to go. You're only cheating yourself.

**Scott:** Yeah, it's so true.

If you would like to contact us, you can email us at staytuned at umassmed. edu [00:35:00] and check out the TransitionsACR website at umassmed. edu slash TransitionsACR. Thanks for being here and be sure to stay tuned for next time.