

Healthcare Professional Wellbeing 2

Kerry Makin-Byrd: [00:00:01] I think in our culture, we're pretty stunted in that way, that same nurturing and soothing to ourselves. we just don't have a lot of practice with it, but there is good data that that is learnable. So then it's really saying to myself, what I would say to someone I dearly loved .

Debbie Sorensen: [00:00:21] That was Dr. Kerry Makin-Byrd on Psychologists Off the Clock.

Diana Hill: [00:00:34] We are four clinical psychologists, here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships work and health.

Debbie Sorensen: [00:00:41] I'm Dr. Debbie Sorensen, practicing in Mile High Denver, Colorado.

Diana Hill: [00:00:45] I'm Dr. Diana Hill practicing in seaside, Santa Barbara, California.

Yael Schonbrun: [00:00:49] From coast to coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: [00:00:55] And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book Of Act Metaphors.

Debbie Sorensen: [00:01:01] We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: [00:01:04] Thank you for listening to Psychologists Off the Clock.

Debbie Sorensen: [00:01:08] welcome back. We're here for Part 2 of talking about provider wellbeing. This part, we're going to focus on strategies. What do healthcare providers do when they're feeling maxed out stressed, exhausted. Um, and we talked earlier about how they're in this COVID situation. They were both sort of short and long term stressors involved. I'm going to start with Abbie Beecham. Abbie, tell us, what are your thoughts about what people need first? Like if you are one of these providers, that's just right in the thick of it right now, what's helpful.

Abbie Beacham: [00:01:44] Well, one of the things that we. Have to recognize is that, um, people's ability to do anything longterm? Nope, no. I say long term, I'm talking about 20 minutes that re that's we need brief. They want brief things that they can utilize throughout the day, um, to sort of center themselves and that the longer stuff I think many people are thinking, if I could just get past this curve, I can do longer stuff.

But right now, um, if we think about the hierarchy of needs, we're at the most basic level, I needed to be able to take a break, to go to the bathroom, to, um, have something to eat and to just have a moment. And, uh, we'll prioritize the tangible, the intangible is I need to have a moment. And so what we do in, in some of the work is capitalize on what we call micro moments, um, that are cumulative throughout the day and over time.

And by micro moments, I'm talking about, you know, Two minutes, three breaths, whatever that is it is. And that people may think, well that's what does that even do? But there's a science to support that there is a, an appreciable effect for just these very brief kinds of, um, intervention, self interventions.

To give you an example. Uh, what, what we do in, in our program is from the day one, we say work life balance is a setup. It's not attainable. There is no destination work life balance that you'll ever reach. And, uh, that it really comes in moments. And that essentially we rename it. We say, imagine that you're on a wobble board.

If you can think about being at the center of a wobble board. When it first you get on it, it's really hard to get your balance and you fall off, you fall off and you fall off and then eventually in your, in the center, because balance where, when you have a shift, you notice it and you're able to come back and then something else shifts and you notice it.

And so we reimagine work life balance or balance during the day as a dynamic equilibrium. It's the pause, the notice, the comeback, and it's constantly moving. So our expectation isn't we arrive at a calm, it happens throughout the day and we arrive at center and then recenter and then recenter. And I think what, when we do this programming, people tell us it's the wobble board and connecting with other people.

Through this process, they have same experiences that we really appreciate most so little bits and pieces and constant moving and shifting is what we try to, to focus on.

Debbie Sorensen: [00:04:46] I think what you were saying about. Just those basic needs on the hierarchy of needs. It reminds me of psychological first aid when people are right in a very, very stressful or traumatic event, we're talking like disaster response, the situation that they need, hot beverage.

They need someone to like sit there with them and get them warm and a blanket. And that, to me, it feels a bit like that. Like just pause, rest. Take care of your basic needs in those moments. And just small ways of doing that actually matter a lot, versus trying to just power through and not take care of yourself.

Abbie Beacham: [00:05:23] We, um, you know, in, in working with this basic stuff, the thing that we have tried to do is identify where those moments could be. And everybody has to wash their hands. Right? Theoretically, we're all washing for 20 seconds. And in that 20 seconds, that's a pause. That's a centering. And then I can one of the next thing.

And, um, in theory, It brings us back to now I'm doing the basic thing. I've paused, I've done this and now I'm doing the next. Yes. And so we factor it into the very most basic level of the hierarchy.

Debbie Sorensen: [00:06:06] We had a S uh, self care expert, someone she wrote, The Self Care Prescription. She said, sometimes we even just forget to like, stop and go to the bathroom until.

You know, we're pretty far down that road. And just, even something like that can be a self care move just like noticing earlier and taking the time to pause and take care of your basic functions.

Abbie Beacham: [00:06:27] Yes,

Debbie Sorensen: [00:06:28] that's right. Absolutely. Very small one, but it matters, right?

Abbie Beacham: [00:06:32] Well, it's, you know, it's a natural breaking point, right.

So,

Debbie Sorensen: [00:06:38] yeah, I just, I was in the room one time with someone who, um, you know, very high achieving colleague of mine who announced in this very small meeting of people who know each other well, that she had to go to the bathroom. And I was like, okay, Well go. And she was kind of like, well, no, not yet. I'll go in 10 minutes.

And I mean, it was like stressing me out and I thought, this is how it is. Right. We just feel like we can't.

Abbie Beacham: [00:06:59] Yeah. Yeah.

Debbie Sorensen: [00:07:01] Abbie, you've done a lot of resiliency interventions with providers in your program.

The Cultivating Personal Resilience Program. Can you tell us about some of the interventions that providers have found helpful and give us some examples?

Abbie Beacham: [00:07:16] Yeah. So this particular, uh, I'm going to call it a program. Um, among psychologists, we'll probably call it an intervention, but I'll call it a program, um, that focuses on cultivating resilience.

And I think. People want resilience and here's our dirty little secret. Our dirty little secret is that healthcare providers are resilient. They wouldn't have made it through to be healthcare providers. And so if you gave everybody a measure of resilience, they would all come out really high. And so what we do, the first thing is when we shift the focus from burnout and resilience to cultivating wellbeing and offering a way of thinking about that.

So that first we think about the art of balance, you know, what is balance? Well, how does that occur? And then we think about how wellbeing and burnout, um, are also naturally a flip fluctuating experiences that. Our graphic that we use the major highway with periodic rest areas, with a scenic overlook of the pause and then respond and the pause.

And so what we do is we, we do the art of balance. We do pragmatic mindfulness and, uh, the way that we people are tired of hearing about mindfulness. And so what I do is, is talk a lot about present moment awareness. And the, the example that we give actually is Steph Curry in slow motion shooting baskets, and how mindfulness.

Like everything else occurs in the process of coming back and coming back and coming back, even when you've got all these defenders flying at you and all of the stuff coming at you. And so we've redefined, it's not sitting maybe for 45 minutes, although that would be nice, but it is coming back. And so pragmatic mindfulness.

And we talk about the very natural occurrence of positive and negative emotion in daily life. And how these too fluctuate and then finally, um, values based decision making and then BA coming back to the things we, we hold most dear. And then we use the Values Choice Point exercise with reactions. You have a photo of an intersection somewhere that has a big fork sticking in the middle of the roads, a fork from the road.

Um, And, and coming, closing the loop on, you know, what is it that drives us? So why don't we get up in the morning? What do we hold most dear? And so that's essentially what we do. There's no practice or exercise in our program that lasts more than. Two to 10 minutes. Um, and we've done it both in person, which we did at university of Colorado for a long time, uh, for literally hundreds of people. And now I've been doing it online pre and post COVID. And one thing we have seen is that this notion of wobbling, wobbling, wobbling, and being centered needing center. People really gravitate toward, so, and you know, the fact that like we are here today, I'm hearing so much from both of you, they do with each other.

So that's kind of cool that we're getting positive effects in an online platform.

Debbie Sorensen: [00:10:35] Is that who's that available to, can people find that if they're interested in doing your program.

Abbie Beacham: [00:10:42] You know, right now it's only available through echo Colorado. Um, so if you live in Colorado, Utah, Wyoming, Montana, North and South Dakota, it is periodic likely made available.

Um, however, we're working to create access to the programming, uh, through, um, my work with. In this collaborative and then also, um, through evidence-based wellbeing, which is, um, our little brain child that we're working on right now

Debbie Sorensen: [00:11:17] to those on, on the show notes for today's episode, people want to find it.

I want to highlight something that you said that I think is so important. And it connects back to something that Carrie was saying in part one here, which is that most providers go into this field because they care and there's some values. This is meaning driven work. And often when we're burned out the hallmark, cause it we're just exhausted going through the motions detached.

And so I think this piece around just re-engaging reconnecting with the values piece. It's hard to do sometimes when you're tapped out, but that's really important. Just clarifying that and re connecting to what's meaningful about the work.

Abbie Beacham: [00:11:55] absolutely. Yep.

Debbie Sorensen: [00:11:56] Now, Kerry, you have done a lot of work in compassion.

And compassion is, super relevant here and also a hot topic. How might compassion be relevant here and how do you help providers and others practice compassion?

Kerry Makin-Byrd: [00:12:13] Yeah. Um, so let me give a brief definition of compassion. Um, very briefly compassion is when we are faced with suffering in ourselves or others.

Um, you can also think about it as psychological pain or distress. And there is a interest in helping in relieving the suffering either that we experience ourselves or that we see out in the world. So it is both the recognition of distress, and then an interest and willingness to step forward in some way. Um,

Debbie Sorensen: [00:12:51] can I just say, I'm really glad you defined that for people?

Cause I actually think sometimes people have a reaction to that word

compassion. And I've found this within the medical culture that we were talking about in Part 1, which is that sometimes there's this sort of stoicism or like I don't, I can't talk about something and touchy-feely like compassion.

So I think your definition really. Hits the nail on the head for what it actually is, which people might see that response is actually not.

It doesn't

reflect what it really is.

Kerry Makin-Byrd: [00:13:23] And along those lines, um, my personal kind of endorsement and engagement with compassion is not at all prescriptive.

I think there are many ways that we, if compassion is a value of ours, we can enact compassion in our lives. And that looks, that looks very different. Based on the resources you have the context you're and your personal safety, um, and what you have control over. Sometimes compassion is breathing quietly next to your patient who's dying. And that is, and that is your presence and your awareness of their pain and your willingness to stand there with them in their pain. And sometimes it is. You know, there's lots of, kind of active. I think we can all come up with active forms of compassion or, you know, donating money, donating time, et cetera, but briefly there's a wide variety of ways that we can engage in compassionate behavior.

We want to, um, let me,

Debbie, on one, I use,

I would want to just kind of highlight and bridge a piece of what you said. Um, Joan Halifax, who is a medical anthropologist, is the first person who introduced me to a concept that is also prominent within kind of, um, posttraumatic growth literature, as well as.

Much of the science, um, after natural disasters and pandemics, which highlights that those people who select mission-driven careers typically hold values such as selflessness, stoicism, and a commitment to excellence. And those values, by the point that, you know, you're here in this moment, um, usually, have led and really fertilized some of the professional superpowers that we see among the frontline placing.

Placing others above yourself and ability to endure in significant hardship and a commitment to excellence and high quality care. This for me as someone who shares these values and, um, got very crispy, um, and exhausted, not understanding how to build guardrails around those values. It was, eye opening for me to read Joan Halifax.

Talk about. People with these values are also vulnerable to a de-prioritizing their own wellbeing, not acknowledging their own needs or struggles and a kind of rumination or, um, like self torture. Um, on imperfections on not being Michael Jordan with 50 points for every single game, or sometimes kind of an avoidance of these, you know, human characteristics of non perfection.

So the compassion literature has really born out in the last just decade is that when we. Build some guardrails around, these vulnerabilities when we actually source ourselves. And we, you know, and I kind of describe it on the simplest to echo what many people, what you both have already said, said when we feed ourselves, when we water ourselves, when we sun ourselves, when we treat ourselves.

I mean, my kind of compassion, um, goal for myself, everybody else's we treat ourselves the way we would a dearly loved one. Um, but at the least we treat ourselves how we treat our dog, right. Is with regular walks and kind of a nice, like delicious bowl of food. there's cool data to suggest that when we do that, it actually empowers us.

And sustains us to do the work we love. So I sometimes describe that when I'm talking with people who are very interested in putting others above themselves, I say, I'm going to use sneaky compassion on you. I'm going to say to you, don't do it for yourself, do it because we have good data that this supports your ability to do what you really love, which is caring for others.

And there's theory, cool behavioral experiments. That when you do very brief self care and self compassion exercises in those,

in those research studies within the next five to 10 minutes, you are more likely to help someone pick up papers. You're more likely to engage in prosocial behavior and, um, Also, let me add practicing and strengthening these compassion skills can actually vaccinate us against the places that are exhausting empathic, distress, and burnout.

That Abbie I'm I'm, um, kind of lighting up with Abby's example of the wobble board that if we, as we feel this kind of tip, right.

the

more we. Build our ability to recognize even have any interests in our own experience, a recognition of what's happening and then a willingness to rebalance.

It protects us against falling off the board. And only, I don't know if that is an appropriate extension of the wobble board metaphor, but, um, Ivy is Evie is cheering me on. So I think it is, um, and what I say to

many people, because I

think. I mean, I've been so lucky to work with just the, you know, the most amazing, strong, resilient, gritty people, but in the, in the kind of scientific assessment of this, we would say they have very high distress endurance.

And as someone who has very high distress endurance, which is means I can white knuckle with the best of them. Um, the downside that many people don't talk about. Or, you know, it took us a little while to recognize is

we

can be. I can be white knuckling off the cliff. When, with someone who was a little more centered on their wobble board would say, Kerry, I think on a cliff, I think you should just step

back from the cliff.

We don't

need to white knuckle this and I would be there. You know, it, my edit, my kind of less. Reflective self would be kind of holding on for dear life. Like

I will not let the cliff

win over me.

So

what I will sometimes say to people, people is like, Abbie said, you're here.

You're already resilient and gritty.

We know that the goal is not for you to meditate out of reality or hydrate yourself out of reality. The goal is to enable you to do what you love more skillfully. And the way you do that is not get lost in kind of doubling down on, I will white knuckle against all odds.

Debbie Sorensen: [00:20:54] And I, I really think that the people that I see in healthcare professions, they have high standards for themselves. You know, they take everything on and then. They feel like they need to do more and more and more. And if they're not keeping up that they must need to do even more. And so I think that just taking this stance is, is really what's needed. Right. We're all human. There's only so much we can do. Let's have some compassion for ourselves. Yeah.

Kerry Makin-Byrd: [00:21:20] and Debbie, I don't, we probably will not have time for it, but I, um, it, Kristin Neff has done a great science on kind of the three steps of self compassion and, um, I have on my blog, a, a audio exercise, kind of walking people through a letter to themselves where they can kind of experience the three steps of self compassion.

If that's useful for, we can put in the show notes or something.

Debbie Sorensen: [00:21:50] Yeah. Why don't we link to that? Could you do like an overview and then we go to that and then we can link to the actual exercise.

Kerry Makin-Byrd: [00:21:56] Sure.

So step one is a recognition that this is hard. That something's happening.

This is, um, and as you, as we each get a little more practice with, how does it, sometimes some of us have a thought, but is the sign that, Oh, I'm in the midst of it. I'm in the midst of suffering for me, it is, um, I need to do this faster. This just needs to get done. That is kind of, that's my like, Oh, I'm getting caught.

I'm getting in caught in a place that's not useful. Um, sometimes it's sweating and I feel like real fidgety, I feel, um, graspy. So those are, those are, it kind of carries signs for herself, but Oh, sweet pea. Little pause. So step one is a little,

it's just like, okay, let's just pause. All right. This is hard.

This is hard right now, and this is pain, you know, you use your own words, but there's some recognition and then step two is, um, connecting with the humanity of it. Um, so I'll give an example of, I, um, I was in a meeting and, um, someone really, I, I felt very embarrassed. Someone kind of called me out and I felt, I felt a wide variety of emotions.

And so step one would be, this is hard. And then step two would be. First recognition of the humanness of the pain that I'm experiencing. Of course I want, of course I want to be seen as competent in front of these people I care about. Of course I have a commitment to excellence. It makes perfect sense.

I would have a reaction when I felt like those things weren't happening. This is such a human experience. And I am sometimes when we're in pain, um, we get a little bit kind of focused on, Oh, I'm all alone in this. And step two is really an antidote to, Oh no, you're in a wide sea of people. I mean, truly, probably in that moment,

I was one of

2000 other people on a zoom call, feeling embarrassed and weird and sweaty and

kind of like, Oh, I'm not sure what to do. I mean, so, you know, I was, it was, and all my friends all there together. So recognition of this, this is you are one of many that this is, is having this experience, will have it in the future.

Had it in the past answer, and survived. Right. Um, and then step three is really tending to yourself. So what if my best friend called me and gave me the exact same scenario? Okay. Oh my gosh. I was on this call and I was so embarrassed and I felt really called out. I would naturally there'd be this flowing of support and nurturing that would come out of me and for a wide variety of reasons that we do not have time to talk about.

Um, we, I think in our culture, We're pretty stunted in that way, the, that same nurturing and soothing to ourselves. we just don't have a lot of practice with it, but there is good data that that is learnable. So then it's really saying to myself, what I would say to someone I dearly loved, um, and providing some kind of comfort support.

Um, it's really important that this isn't, this isn't affirmations. It's not Kerry, you're

smarter than all of them. You know, you are good enough, smart enough.

And people like you it's, um, ah,

this is hard and you're doing your best and we're just going to keep at it.

Debbie Sorensen: [00:25:50] That's wonderful. Thank you, Kerry. Yeah, I

I just talked to Lisa Coyne about parental burnout and she had this idea of a small kindness.

Like what's a small kind thing you can do for yourself in those moments. You know, your small kindness might be different from mine, but is there something I can do to meet my own needs? And it could be just a little self care or a little, you know, moment of humanity for yourself, whatever, a breath, a pause.

Kerry Makin-Byrd: [00:26:15] Yeah.

Debbie Sorensen: [00:26:17] Yeah, I think these are really helpful strategies from both of you. So thank you.

I just, a couple of things that haven't been said that I just wanted to tack on just a reminder of the importance of belonging and support and just the importance of reaching out, whether that's to a friend or family member, a supportive coworker, it could be to a professional, a mental health.

Professional like us where, you know, somebody that you can just be there for you in this belonging and support matter a whole lot.

a lot of mental health providers are offering right now because of COVID are offering telehealth sessions and other online programming, webinars, et cetera.

So if you feel like you could use some support, there are things that fit really flexibly into.

Your busy schedule and , not have to travel across town. You can just zoom in at a time that works well for you. So the convenience has never been higher to get support from a mental health professional.

Um, I also, again, just, we all know this and it's practicing what you preach, but just allowing yourself. Exercise, sleep taking breaks, taking days off where you can. I know it's hard and that we all get into the cycle of work and lose self care. Very easily. Believe me, I do it too, but just those basic things really do make a big difference and can be really helpful.

Abbie Beacham: [00:27:44] Yeah. And, and Debbie, I just want to thank you for doing what you're doing and, and the conversations you and I have had. I think it. Can't be emphasized enough that we, as, as mental health providers, psychologists in this area want to be here to help.

And, and we, um, this is a lot of conversation that we all are having. How can we do our best work to support those who are trying to do their best work? And so it shouldn't be left unsaid that, um, mental health providers are on their own wobble boards. Um, and we have to, accept that we are also riding this continuous dynamic equilibrium.

and, um, that's, that's important. We, we have to do the same that we're all trying to figure out. Where is that center?

Debbie Sorensen: [00:28:40] Yeah, I think mental health providers, we also need this self care we're, we're prone to Compassion Fatigue, and

Abbie Beacham: [00:28:47] yeah.

Debbie Sorensen: [00:28:47] You know, I think we just, it says an example, the three of us trying to schedule this interview, we had, you know, Abbie's doing this really important work around racial justice right now.

And we had to postpone because we were all tapped out and it was hard to do that because I think we all felt like, Oh, we need to do this thing. We have planned. And yeah. Um, yeah, I mean, I think that absolutely mental health clinicians who are listening, you have to also take these words of wisdom for yourself.

Abbie Beacham: [00:29:16] Yes.

And, uh, to your point, um, about, you know, here we are, as providers in the midst of what I refer to as parallel pandemics. Um, that we, we're trying to rise to the occasion of meeting the needs of other providers and COVID-19 and everyone around us and trying to figure out where, where, where do we fit? What can we do?

And then we have had a, I'm going to call it a resurgence of, um, a racism pandemic, and, um, you know, some of us are, or who are working. I think all of us should be noticing that we need to pay attention. Um, you know, our, um, black, uh, indigenous and, and, and other people of color working around us. Um, as, as a white professional, I'm.

I'm called to recognize not only, you know, how do I be aware, but how can I be an antiracist? How can I, um, I don't know how else to put it, but up my game of awareness and, and wipe my lens so that I'm behaving in a way, not just for the here and now, but over the long haul. And so these dual things that are happening are.

Definitely, , taking us to a level that's unprecedented and, um, yeah, to that end,

you know, I just did a two session thing for a state psychological association on, um, caregiver. Well, psychologists wellbeing. Um, is it an aspirational goal or an ethical responsibility? And, uh, connected it back to the ethics code. Um, and we did the wobble board with psychologists. You know, I'm always afraid to present a psychologist because I. We're kind of our own harshest critics. And so I entered into the whole thing, scared to death, um, and introduced the wobble board. Uh, and they did some exercises with this and it was on zoom, where I can't interact with people except through a chat feature. And I asked the question, um, how many of you believe at one point or another in your career that you've been burned out? And, um, the chat started, you know, filling and filling and filling where virtually everyone said yes, and I'm so happy to admit it. Um, and this whole notion of wobbling became a language. Uh, and then we practiced some micro moments and basically we said, how often do we practice what we know? How often do we open a meeting with a centering exercise or close a meeting on centering exercise? How often do we go to the bathroom and do a centering exercise while we wash our hands? Because we're trying to do the next thing and do it even better than we have before. So there's so much multilayered stuff happening that might be more than you wanted. No, I,

Debbie Sorensen: [00:32:23] well, there's a reason I see. I am interested in this. Right. Which is that I've experienced it myself. And I just, I actually just recently wrote a blog post about this on my webpage, because I had this moment where I was in a colleague's office that I had worked with for many years.

This was my old job. Right. And I, we were talking about something related to work and I just said, I don't even care anymore. And I mean, we both just got at this moment, that is not me, but I realized I was just so burnt out. I just like, literally was just detached. And I think I, at that moment is when I recognized I was experiencing pretty severe burnout at the time.

And I, I think that, that, yeah, I mean, we're not immune from it. Absolutely.

Abbie Beacham: [00:33:07] And it's not unusual. And I appreciate you sharing that because you know, there are two things to notice. We all have it. We get crabby. We get crabby toward our patients or clients. We get crabby toward each other. We feel like we're not helping in the way that we want.

Talk about the, the commitment to excellence. And we're so tired. We're so tired. And, um, that's the first thing. The other thing is you didn't stay in that place. It was truly a rest area with a scenic overlook. And, uh, that's that's I think really important for us. To key in on, um, as we move these conversations forward.

Debbie Sorensen: [00:33:54] That's right.

That was sort of my low point, but I did move out of it and actually just having some awareness and support actually sort of acknowledging it and getting support around, it helped a lot. It helped me to sort of move along to the next rest stop, right? Yeah. Well, this whole conversation points to how we're all in this stress together.

Right. And then people are having. Double whammies, triple whammies, where

we have a stressful job on top of our own personal stressors. You know, in the world right now, there are so many things going on. And I think, you know, for instance, your example of, um, you know, providers of color, it's like, then on top of that, they're just exhausted with everything that's been going on with racism. So all of us we're in it together in the sense that we all have our own experience, but we're all, you know, we're all struggling right now and we just need to get, take care of ourselves and reach out for support.

Abbie Beacham: [00:34:47] I've heard a nice, um, I'll call it a metaphor that we're all in the same line of storms, but we're not in the same boats.

And that we each have very different boats to face or go through our respective storms. And you know, some of us might be on yachts. Others of us are on a kayak holding on for dear life. And, and recognizing that, you know, our, our common experiences. This is undeniable here it is. How are we writing the storm out?

And, um, you know, we don't have the answers. We don't have the answers for one or the other let alone both at the same time. Yes,

Debbie Sorensen: [00:35:34] absolutely

um, I want to just say thank you so much, Abbie and Kerry for joining me today, I really appreciate your thoughtfulness about this topic and all the strategies that you're offering.

Abbie Beacham: [00:35:45] Thank you so much for having me. I'm just, I feel so blessed for getting to work with you and, and being able to be part of that. So that's, that's wonderful.

Kerry Makin-Byrd: [00:35:56] Debbie, thank you so much for the opportunity and to everyone out there listening, we're cheering for you. You are not alone in this, and if there is any way we or any of the resources, um, that are provided can be helpful, beautiful.

Diana Hill: [00:36:12] Thank you for listening to Psychologist Off the Clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

Yael Schonbrun: [00:36:20] You can find us wherever you get your podcasts and you can connect with us on Facebook, Twitter, and Instagram.

Jill Stoddard: [00:36:24] We'd like to thank our interns, Dr. Katherine Foley-Saldea and Dr Kati Lear

Debbie Sorensen: [00:36:29] This podcast is for informational and entertainment purposes only and is not meant to be a substitute for mental health treatment. If you're having a mental health emergency dial 911; if you're looking for mental health treatment, please visit the resources of our web page offtheclockpsych.com