

Burnout and Boundaries with Tammie Chang

Tammie Chang: [00:00:00] What are our non-negotiables? What are the core of who we are? When they're not being honored, do we just feel like something is not right? Like we're just angry. Right. And we don't know how to explain it. We're feeling something's not being honored about the core to who we are, because that ultimately is the underpinning behind setting boundaries externally to ourselves.

Debbie Sorensen: That was Dr. Tammy Chang on. Psychologists off the clock We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work, and health.

I'm Dr. Debbie Sorensen, practicing in mile high, Denver, Colorado, and coauthor of ACT Daily Journal.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston based clinical psychologist, assistant professor at Brown University, and author of the upcoming book Work, Parent, Thrive.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of be mighty and the big book of act metaphors.[00:01:00]

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

Jill Stoddard: you for listening to Psychologists Off the Clock.

Yael Schonbrun: Psychologists off the clock is proud to be partnered with Praxis Continuing Education Praxis is the premier provider of evidence-based training for mental health professionals.

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, and every course I have ever taken from Praxis has really been of such value to me.

Debbie Sorensen: I get questions a lot from clinicians who are looking for act training or other types of trainings, and Praxis my go-to place that I send people no matter what level they are, because they have really good beginner trainings for [00:02:00] people who have no experience.

And they also have terrific advanced trainings on different topics and just people who want to keep building their skills.

Yael Schonbrun: You can go to our website and get a coupon for the live trainings, by going to our offers page at off the clock, psych.com/sponsors. And we'll hope to see you. We at psychologist off the clock are so excited to share that we're going to be launching our book club on May 5th, 12:00 PM, Eastern standard time us. And the first book that we're going to be discussing is man's search for meaning by Viktor Frankl.

Katy Rothfelder: We hope all of our listeners that love reading books, just as much as we do well, join me Yael and I once a month to really take a deep dive into a whole bunch of different kinds of books and really be able to apply them to their.

Yael Schonbrun: So if you want to join us , all you have to do is send an email. With the subject heading RSVP to [00:03:00] off the clock psych@gmail.com. And we'll send you the zoom link for this first meeting, as well as information for upcoming meetings of the book club.

Debbie Sorensen: Hello everyone. This is Debbie and I'm here with Yael today to introduce an episode I did with a physician Dr. Tammie Chang. I loved talking about. Tammie, with Dr. Chang, because she is just this wonderful human being. She's a physician who does a lot of work with women physicians.

She has a book on boundaries for women physicians, and another book on how to thrive as a woman physician. And I think her work is really. So wonderful, not just for physicians, but beyond really anyone who gets burned out in their work, who has trouble, maybe setting boundaries.

And I know that's me and that's a lot of my clients and a lot of people in the world and she was just so delightful to speak with. I was so excited to make this connection with her. Yael what [00:04:00] did you, what thoughts do you have?

Yael Schonbrun: Well, the episode spoke to me too. I definitely have struggled with burnout , and write about it a bit in my book. And Debbie, I know that this is a topic that's near and dear to your heart so much so that you're writing an entire book devoted to work burnout and to using act principles, to help manage work burnout.

So in the. I was just really touched by how openly Dr. Chang shared her personal story, and it's a painful story. Um, but it got me to thinking, you know, that many of us have personal stories that we don't talk much about. And I wondered if you could share yours. How you got interested in work burnout and why it's such a passion project for you, I know that it is.

So I wonder if you can share with us your.

Debbie Sorensen: yeah.

sure. I mean, I, I think like a lot of therapists, we sometimes not always, but sometimes we'd become interested in areas that we have a deep, personal connection to, and. Right MI search. They say [00:05:00] I, so I used to work in a healthcare system for, gosh, I think it was like over 12 years, maybe. I don't know, 13 or 14 years, something like that.

I worked in a hospital, you know, hospital setting and I was a psychologist on a medical team or rehab medicine team and worked with complex.

Patients and, you know, like most people, I had some periods of burnout that would sort of come and go, but nothing major, but then I hit a pretty major per now, period. I think I had had a lot of transition at work and was kind of struggling to stay on top of things. I was also just busy and other roles.

Like my kids were very young and I was spread too thin. I just had too much going on at once. And I was just really bogged down trying to keep all the balls in the air. It's, you know, one of the components of burnout is chronic stress. So stressed out. And I think what happened is that I just really got to a point where it was, it was just such a slog.

Right. I was exhausted. [00:06:00] I normally am. You know, me I'm in normally, so like passionate about my work and I love my work, but I was just

Disengaged from it just didn't care the way I normally do. And the thing is it didn't just come and go that time. I was really struggling for a long time and I think it just took me a while to piece together.

It's so interesting. Cause I knew about burnout, right. But it took me a while to have this like light bulb moment of like I'm experiencing burnout. I need to make some changes here. I, I just. I didn't know what was going on for a long time. I just was really struggling to keep up in a way that I am not normally struggling, um, beyond the normal.

And what happened was that, you know, by taking a look at this, I started really talking to a lot of other people about burning. You know, other people on my team were experiencing it. And around that time I was moving into private practice. So I was still working in a medical setting part-time and I was [00:07:00] also starting a private practice.

And I was really drawn to working with clients with burnout, like a lot of healthcare professionals, which is an area I specialize in now, but also, you know, people in law, education, mental health, all kinds of. Different areas of work burnout, and also parental burnout, caregiver burnout. And I, it just became something I'm really passionate about.

And so then, you know, I started writing about it and talking about it and giving talks and it just kind of snowballed into something that I feel it's really meaningful to me because I feel like it's connected to my personal experience I've been there so I can understand it and relate to it at a personal level, but also I'm able to help people who do really important, meaningful work. And it's hard. It's not like a simple thing. So it's like, it's interesting work to do. And sometimes, you know, people need to make a change. Sometimes they need to just really work on it from a more emotional level. Um, and so that's my story, which is kind of a long one, [00:08:00] but that, and that's why I think I intersected so well with Dr.

Chang's work because we've both had that experience and both have gravitated toward this work in our careers.

Yael Schonbrun: Totally. And one thing that I'll just point out is that you were very familiar with this idea that, that of work burnout of parental burnout, and yet it took you some time to figure. Oh, this is happening to me. And I think that just really speaks to the idea that, you know, we get so caught up in life and work in PR in all of the demanding roles that we have.

And we're just kind of doing what needs to be done. And even if you know a lot about the signs and the symptoms and the danger point. You can still find yourself in that position of, you know, not bouncing back in the way that you used to, and it can take some time to even realize it. And then some effort and some really practical strategies to dig yourself out of burnout, to recover from burnout.

And I will say.

Again, you know, I have a real personal affinity for this conversation because I too have struggled [00:09:00] with work burnout and it's something that's kind of an ongoing challenge for me because some of the habits and sort of life philosophies that I have had, you know, the sort of like being a woman in society and being raised in certain ways to say yes, and, and that, that is sort of the quote unquote right way to be as a professional, as a service provider, um, can really make it hard to sustain.

Practices in your work and parenting life and, and elsewhere.

Debbie Sorensen: Yeah. And I think that that Dr. Chang, she acknowledges all of the cultural aspects of burnout and also gives you these really practical. You know, how do you set boundaries? How do you say no to things? And toward the end of the interview, she really moves more into some of those kinds of practical ways of, of managing burnout.

And so it's, it's, I think it's a nice mix and I've definitely referred to her work and to this conversation with multiple clients.

Debbie Sorensen: My guest today, Dr. [00:10:00] Tammie Chang is a board certified physician in pediatric hematology and oncology practicing in Tacoma, Washington at Mary bridge children's hospital.

She's the medical director of the MultiCare provider wellness program and founder and director of her hospitals. Pediatric cancer survivorship program. She's also an empowerment and leadership coach for women physicians and the co-founder of pink coat MD, which is a platform to support and empower the personal and professional success of women physicians all over the world.

And she has two books out. One is called boundaries for women. Physicians love your life and career in medicine, and also how to thrive as a woman

physician, which is coauthored with Luisa Duran, Tammie. Welcome. I'm so glad to have you here on the podcast.

Tammie Chang: oh, well, thanks so much for having me, Debbie. It's just a joy to here.

Debbie Sorensen: Yeah. And we were just talking offline about how there's a lot of overlap in our work. I think we have a lot in common and also a lot to learn from each [00:11:00] other. And I think, you specifically work a lot with physicians and with women's physicians, especially, and yet I really found a lot of value in reading through your work and looking at what you're up to because I think. We likely will have some women physicians who listened to this episode. Um, but I want listeners to know that a lot of what we're going to talk about today, I think will be more broadly applicable because we're going to be talking about stress and burnout and boundaries and all kinds of things that certainly, you know, many people in medicine experience.

Um, but not limited to medicine in today's.

Tammie Chang: no, absolutely. I mean, I think the reality is the common link is we're all human beings, right? And every single human being has common struggles too, regardless of the industry.

Debbie Sorensen: Yeah. Well, I think that, um, a lot of people both in and out of medicine will be able to relate to your personal story about. Of what you've been through and what [00:12:00] got you to this particular area of interest in your life. So I was wondering if you could just tell our listeners about your burnout story and how you ended up doing this coaching and wellbeing work that you write about in your book.

Tammie Chang: oh, of course. Thanks for letting me share that. I, cause I really use the why, but the capital w behind. Everything. That's where this all started. And I think a lot of us who are in this burnout physician burnout space as physicians have had our own story. Right. That's why we're so passionate about it, but it's not just about us.

It's like everyone who isn't experiencing some level of burnout at this point in the pandemic. Right. So, so my story is essentially, gosh, Three and a half years now since, uh, the low point of my career. So I was about six years out of five, six years out of training. So I'm eight, nine years out of training now and really hit rock bottom, super burnout.

I was suicidal, needed a lot of help and needed actually time off from work and really needed to rebuild my life [00:13:00] and reconsider what I'd spent probably the last over 20 years training to become a physician, right. Yeah. I burned out from my dream job of being a pediatric oncologist. And so there clearly had to be a different way.

And that's what I discovered coaching that's. I actually went deep dive into therapy during that time. And I came back to work about three months later, just on fire to do anything I could to make things better for others.

Debbie Sorensen: Thank you for your openness and talking about your own struggle, because that sounds like it was a really hard period for you. And I'm curious if having gone through that and now you're doing the work that you're doing has transformed. I know we'll talk about some of the.

Specifics about things like boundaries and how you've created better balance for yourself. But, um, I mean more generally, just in terms of, you know, the direction your career headed, if that transformed things for.

Tammie Chang: No, absolutely. It totally changed everything, you know, and I actually am now the director [00:14:00] medical director of provider wellness for my whole health care system. So that's about 4,000 physicians and APPs who I get to create and support and help change the culture of medicine for, and I mean, that never would have happened, right.

Had all that, not half, I never could imagine. I had imagined at that period of my life, that I would be doing that now and getting to write, I would never have written a book or started a platform. I mean, none of this stuff I'm doing today, I would never have done. I don't think I could have done would have done it.

Right. Like, I don't know, but if it did totally transform the teams, look the trajectory of my life.

Debbie Sorensen: it did. It's like a, an example of how sometimes going through a hard thing can spark a change. That is actually very meaningful. Yeah, So one of the things in your book, as were leading up to that period of burnout, um, you write about how you were in a pattern of give, give, give, right? Like giving to everyone all the time, really demanding career.

And I think you know, you work a lot with women and I think as a woman, that's [00:15:00] often, you know, there's often an expectations of giving all the time. What are your thoughts about that? And you know, what do you. What

have you found in your work about, you know, unique issues for women related to.

Tammie Chang: Yeah, I think that's the one common universal struggle of women today, regardless of our, our career, our industry, or whether it's. We're at home or working from home or caring for the family or working in a high powered job or, or any, any number of industries, right? It's cause we were, we were editing, I think you mentioned before where we're raised and socialized to be givers and helpers and nurturers.

And that's what social acceptable for us, honestly, across many different cultures, not just the western world. In fact it's even more severe and other parts of the world. So we have that. I mean, that's how, and I'm so curious to know your experience and your perspective as a psychologist, just where we've got like decades of conditioning right.

In our, in our lives. And so then we're [00:16:00] not at a point in our thirties, forties, and fifties, and we're trying to at least observe or be aware of it and then try to change that and how hard that can be right at this stage.

Debbie Sorensen: Absolutely. Yeah. I mean, I think it's so insidious. Sometimes we don't even realize that's the pressure, but we've, it's just becomes internalized a little bit that we, we do give and give and give and often feel like that's just normal and that's how it has to be. And then eventually it sort of catches up to us and it's like, I can't do it anymore.

I'm tired.

Tammie Chang: Right. I, I mean, I'm sure, I'm sure with the people that you work with to make, probably hear similar stories and for women, it's like the plate just gets more and more full. It's not like we ever take, we rarely take things off or we feel it's so hard for us to take things off or to even decline nicely or politely or say no.

Right. Because we're worried that will make us less likeable.

Debbie Sorensen: Yeah. Right. We'll get some pushback or people will be upset with. [00:17:00] Absolutely.

Tammie Chang: Yeah,

Debbie Sorensen: Yeah,

Well, and you also write in your book that you felt additional expectations as a first-generation firstborn Asian woman. And I was wondering if you could talk a little bit about first of all, culture based expectations and how that might play a role for some, and then also, you know, the additional chronic stressors of people who are in marginalized or oppressed groups and how that takes a toll as well.

Tammie Chang: Oh yeah, without question, I think, well, I can speak from my personal experience and then just what I've observed in others and what they have to go through. I think it's, I think I'm still quite lucky compared to even more marginalized groups. Right. And so certainly in the Eastern Asian culture, and I think in many Asian cultures and honestly, a lot of cultures around the world, I think I actually have called this the triple whammy.

Even greater desire to please the disease to please. And that's because that's what a good girl is. And you don't talk back in [00:18:00] Asian culture. It's, you're very obedient. You don't make a fuss. It's always about not making a fuss. Don't make a fuss, just work hard. And so, and that's honestly out of love. I mean, that's, that's how women have survived for centuries and, and they're still, uh, I think it's better now clearly, but it's.

Equality and equity is not, there even are so many cultures. And so being a firstborn to, um, daughter of immigrants, I think maybe a lot of immigrant children can relate where our parents, uh, or even our grandparents have really sacrificed so much to get to where we are. And so the last thing they want to do is mess that up.

Right. At least as immigrants or they don't complain. You don't have to say a thing, just keep your head down and keep working harder because we don't want to be even further marginalized. And then when I look at others who are in more marginalized groups or, or very minority underrepresented groups, it's even that much harder to say no, right?

Because the expectations are potentially even higher. The judgments were even higher on [00:19:00] those groups were judged more critically. Um, it evaluated more critically. And so to say no can result in even more difficulty sometimes. So they do see that. That's a great question.

Debbie Sorensen: Yeah, it makes me think of some of the episodes we've had in the past with racial trauma and just the emotional impact of racial trauma. We've had a few guests and we can link to some of those episodes on our show notes for today who have talked about the stress of that, or the minority stress

model, whether it's a gender and sexual minority or someone with a disability or something like that.

But just having to manage all that on top of just day to day life stress, how that can also take a toll and contribute to stress and burnout.

Tammie Chang: oh, without question. Cause then none of these, no, one's able to be their authentic self. Right. And it's, it's like you're under a cloud all the time having to fit into expectations.

Debbie Sorensen: right. Yeah.

well, we've [00:20:00] alluded to this already, um, that, you know, healthcare is certainly an area where stress is high. And I think that was true. Pre COVID. And your, your experience that you talk about all happened pre COVID when you kind of hit a burnout patch. Um, and certainly COVID has absolutely. You know, skyrocketed things.

What can you just talk a little bit about what you've seen in your work as a, director of wellness for physicians, what are you seeing right now in terms of stress and burnout at this moment in time?

Tammie Chang: oh, it's the highest we've ever seen in healthcare. And of course, I, I keep very, uh, on the pulse of what's going on nationally and that the data and the headlines of course too. And then we know that, uh, one in three physicians is considering either downshifting their job or quitting completely within two years.

Right. So that shows the level of burnout we're seeing. It's, uh, it's really, I think over 75% of [00:21:00] physicians at least are, are experiencing moderate to severe burnout and that's much higher than 40 to 50% pre COVID.

Debbie Sorensen: oh, wow. Yeah, And that's, so that, th that really impacts everyone. I mean, I think that's so sad to see just for those individuals themselves, but also for how it trickles down to the healthcare system.

Tammie Chang: Yeah, it's not only physicians too. I think nursing burnout is at an all high, I it's all different fields and, and roles across, across health care. It's it's really, I think this has just been, uh, I think skyrocketed as a great term, but it's really pushed it to the forefront.

Debbie Sorensen: So when you think about some of the, the really big cultural And systemic issues here, and I know this is a huge question, actually, to have a full conversation about this, we'd have to have a second episode, but are there particular issues that you've noticed in your work that you think might play a role here?

If we were going to look at the big picture of what needs to change.[00:22:00]

Tammie Chang: And of course, this is my bias, right? My personal opinion, just doesn't that server and then a participant within it in the system too. But it's, we have a culture in medicine of self-sacrifice and over-giving, and that's why I think this topic of boundaries is still pertinent, not just for physicians, not just for women, but really for everyone there, because we have to protect her.

We've essentially been trained and raised two. Give give give, right. And not to always do things for the patient, but then we're getting, we have, we have among the highest rates of suicide and mental health crisis in healthcare now than we've ever had. People are quitting and burning out. Right. And, uh, that is definitely a factor.

So if I had to put my finger on one thing, um, well, one of many.

Debbie Sorensen: so a cultural change just in terms of the culture of medicine and some of those narratives about self-sacrificing and giving. And I actually think a lot of times there's almost this expectation that you're going to be super [00:23:00] human, right? Like you. Take it all on and then some, and it's not going to bother you at all.

Do you think, I mean, I feel like people are talking about this more. Do you see any change afoot here? Is there hope for this? Do you think

Tammie Chang: Well, I think there is because people are actually talking about it now. Right? I mean, we know that and I can talk to the data for physicians. I don't know the data about nursing around the roles as much as well, but for physicians, one in five physicians is considered suicide. And yet the culture of cultural, that cultural narrative around physicians and how physicians are trained, at least in this country is you suppress your feelings.

You don't show it to others. People are coming to you for advice. You need to be the strong one and yet clearly not. Okay. So I feel like that's it, that has to change. And I know that might take generations, but it's still, and so great. I think that's one of the silver linings of the last two years is that it's forced.

These really difficult issues to the forefront so that we have to address them now [00:24:00] as a systemic whole, not just as within organizations, but nationally. So there's really great things happening on a big scale right now, moving us toward that direction. Okay.

Debbie Sorensen: You know, I haven't seen that. I was telling you before we started recording, I work with a lot of physicians in my practice and that's partly because I spent years working in a medical center. And so I, you know, I had firsthand experience with some of this as a psychologist on a medical team. And now I work a lot with burnout and. Physicians nurses, other people in the healthcare field. And I find a lot of times that people are afraid to speak up about it because there's almost this impression that, oh, nobody else seems to struggle in this way. You know, it seems like everybody else's is okay. And I think more and more I'm seeing people are recognizing that they're not alone and this narrative.

Has partly, I think progressed because of the pandemic. People are finally [00:25:00] able to acknowledge it more open.

Tammie Chang: yeah, it's a culture of silence, right? That's been handed down for a couple centuries now and. It's fine. There's so much stigma around healthcare workers and in positions also struggling. But the reality is we're all human beings first before any of us. Uh, physician or a psychologist or a nurse, right.

We're all human beings. And we have to take care of ourselves as human beings first. And that's actually, that's actually really the summary of why I do all this work is because, and why I'm so open about my own struggles, because I so much want to model that vulnerability for others in that courage, because then it helps them.

Others recognize that they're not alone.

Debbie Sorensen: absolutely. Yeah. The voices like yours and others who are speaking out about this, I think it just normalizes it and makes people realize you can't just be there seeing patient day in, day out in this huge stress load without it impacting you. And just how we are.

Tammie Chang: and it's not just us. It's the others in our lives. [00:26:00] Right. Our family members or loved ones, it impacts their lives when we're not okay.

Debbie Sorensen: Yeah. So there's some of these big picture things that are maybe a little bit harder for individuals themselves to control or change, but then there's also, there are things that individual. Can do and that they can change in their own, you know, little microcosm of their own world.

What are some of your thoughts about that in terms of what needs to be accepted here and what, and, and actually, I think this speaks beyond medicine as well. When you think about people working in various kinds of high stress jobs or roles, um, what are your thoughts about what we can and can't change?

Tammie Chang: well, I want to ask you the same question too, cause I love this question and I want to, I'm so curious about your perspective then too, as a psychologist, because I think it comes down to that internal locus of control. [00:27:00] Right? We have, we can't control anybody. I mean we could try, but reality is we really can't troll any really can't control other people around us, but what we can control is ourselves and our own internal monologue and dialogue and how we process things, right.

And then how we choose to respond rather than react to what's around us. And that's where, that's where the freedom lies. And that's what really, what I want for others.

Debbie Sorensen: Yeah. I mean, I would agree with that. I think that there are things that we can do in our own lives. And, and even if we do care about some of the bigger systemic and cultural factors, we can still think about whether we want to do something in that direction. Um, and we can also make changes in our own.

And, and there are things that are a bit of a lost cost to try to control or change as well. And I think actually, you know, that old saying they use it in AA, the serenity prayer about the wisdom, to know [00:28:00] the difference between the things you have to accept and the things you can change. I think sometimes the wisdom to know the difference part absolutely the challenge, because I think sometimes it contributed.

A little bit to chronic stress and burnout when people are just spending all their time, fixating on the things that are outside of their control. And that definitely happens sometimes.

Tammie Chang: Oh, without question. And another way to think another perspective that I found really helpful too. It's one that Lisa and I really carries very well. All of our peak coat work, because we completely know that we're

not going to change healthcare. I mean, our dream and our mission and our vision is to be part of the cultural change of medicine, but we may not be around in our lifetime to see the fruits of our labor.

But however we feel we're okay with that because we're part of this phrase called the transition team. Have you ever heard of the sprays before Tara, Tara Moore? Who's a wonderful writer and a coach.

Debbie Sorensen: she's been on the podcast Yes.

Tammie Chang: her phrase. [00:29:00] Oh, her. She's why I coach. Um, anyhow, it's this concept of we're all part of that transition team or making things better for the future and for the generations to come.

Where we can control a whole lot out there, but we can be, we can still try, like we can still nudge, right? Like in the ways that we have control over and be part of that change over time. And it might take a couple hundred years, but that's okay.

we

Debbie Sorensen: We're

Tammie Chang: we

do what we can do in our lifetime.

And we, as women, we couldn't vote a hundred years, a hundred, two years ago. Right. And we have come a long ways. It doesn't feel like it's sometimes what we really have. And so I have so much tremendous hope for the future because of that.

Debbie Sorensen: can we take a little segue into tell, to telling listeners a little bit more about the kinds of things that you do for your pink coat? MD project, because I think that that's a great examples of values in action that you're trying to do something that.

in community that I think is really aligned with this mission that [00:30:00] you have.

So what are some of the things that you offer on pink code MD?

Tammie Chang: Oh, yeah, I can talk about that all day. So you make sure to cut me off,

Debbie Sorensen: Okay, well

Tammie Chang: please do the main thing. How long has your podcast? Yeah. Um, I mean, the summary is I think the most important part is that sense of community and the safe space. Like it's the whole idea that no one is alone. None of us are alone.

We're not struggling alone because there really are our struggle. Almost almost always universal. And so that very first piece is that peer support and community. And then we also offer, we are very intentional about how we structured and built out the programs and the experts we brought in were from the physician community.

And we're serving women, physicians, you know, created by women physicians or women physicians. We have an audience that's very data-driven and evidence-based. And so. We of course are very data-driven and evidence-based too. And so everything we've pulled in there are actually the pillars of what we know works to help physicians drive [00:31:00] today from, from an evidence standpoint too, as well.

So we have professional and leadership coaching. We have mindful self-compassion work. We have instructors who come and do that, that offer weekly sessions and everything. We also positive parenting. We're actually starting at a charting concrete you're charting session every month now as well. Cause that's, uh, one of the biggest pain points for physicians today.

Probably not just physicians like everyone in healthcare, maybe. Uh, and then the connection hour that we do every month. So those are, those are the things we do weekly on a weekly. For a pink coat and we do whole bunch of other things, but it's really the whole purpose was to bring everything to women, physicians that they need to thrive because our goal and our dream is to help women continue to work in their careers as physicians and to thrive and to help be part of ultimately changing that culture narrative of medicine.

Debbie Sorensen: well, and it speaks to the, the importance of. Connection and community and that common humanity, you know, you mentioned compassion and just [00:32:00] knowing you're not alone. And I'm part of some psychologist groups that are just groups of colleagues that care about each other. And we can talk to each other about some of the nuts and bolts, like the

latest. You know, paperwork laws, we need to try to figure out to consulting on a clinical issue, but more importantly, just to know that we're not alone and that there's other people out there doing this kind of hard work. And so almost you're specifically working with physicians, but I think almost any, any field that you're in, you can find a way to build some community.

And it's incredible what can happen.

Tammie Chang: They're human beings. We need connection. Right? Look what happens when we don't have it. I think the pandemic really highlighted that for us. How, how much, how much we struggle

Debbie Sorensen: Yeah.

Tammie Chang: or can struggle.

Debbie Sorensen: Well, I think that one of the most crucial parts of your work and what I was really honed in on when I was reading your work is around boundary settings. I mean your, [00:33:00] your book that's out that specifically on boundaries. I think I will be. Really borrowing from that in my work with my clients because I think boundaries are super important when it comes to managing chronic stress and burnout.

Um, can you talk a little bit about, I mean, let's start high level here and then we'll dive into some of the details, but why are boundaries important when it comes to wellbeing and preventing.

Tammie Chang: yeah, it's that invisible line between what is ours and what's not right. And so much of what drives our stress and burnout. No matter what our field is or what our background is, our agenda is what do I take on? And what do I not do? Great. It's what's and it's usually involving another person. And the reality is most of us don't live in a well, some people do live on an island, but most of us in the metaphorical sense of an island, there's usually other people in our lives that we interact with and have to work with and get along with, on this world with the planet.

So it's all those things. And [00:34:00] whether in a work we're in a workplace or.

Debbie Sorensen: When you think about why boundary setting, isn't always easy for people. What comes to mind in terms of, you know, especially for women, but maybe not just for women in general, what is it? What is, why is it

hard to set boundaries? I think it's sometimes it's harder than it. Then it seems like it should be.

Tammie Chang: Yeah. Well, I'm curious your perspective too, from this account psychology person NEC background perspective, because I know this concept didn't really, really exist until not that long ago, 1980s, as a, as a real modified concept. And then it became quite popular with the Townsend and Cloud book. Boundaries and the nineties and that's the first I ever heard of it.

I didn't hear about that till like 23 years later, but my therapist gave that to me. She was like, you need to read this book. And I was like, oh, I've never heard of this word boundaries. What are you talking about? I was like in my thirties by then. Right. So I wonder if it's something we didn't grow up with it.

It certainly, if we're talking about Western world or we're just talking about, I dunno, how, where all of your listeners are in the world, so might [00:35:00] very culturally, but, uh, we didn't grow up with it. It wasn't modeled for us. Our parents definitely. Brought up with that expectation or that, even that concept.

And so I wonder if it'll be easier someday for our future generations, if we begin to model it, or at least are aware of it and talking about it from an early age, then it becomes ingrained and integrated. Right. I'm curious what you think.

Debbie Sorensen: Well, I hope so. I mean, yeah, I agree. I think that a lot of it is. We have to learn how to set boundaries because I think sometimes we get really reinforced for not saying setting boundaries for saying yes to everything and everyone all the time.

And so sometimes setting boundaries. It's difficult. You know, people might not, especially if you haven't been doing it, it can feel like an act of courage. It can be scary. It can be uncomfortable. People might have a reaction to it, so it can be hard. And I think that if we can start doing it and role modeling it, [00:36:00] for instance, I have two daughters they're elementary school.

And I like to think.

that if I can show them some what it's like to set some boundaries that. There'll be able to observe that and maybe learn how to do it. I hope

Tammie Chang: Oh, I mean, I think that's the key because kids are, and this is why I love working with kids so much as a pediatric oncologist, because there's such inherent wisdom in children. There's so much they pick up on things.

Right. And you don't have to say anything out loud and they still remember things. Right.

So I think there's tremendous power in us as adults and parents and teachers and mentors and possessions. Like they're looking up to us. Yeah. So, not that I want to put any pressure on anyone, but I, I view it as sometimes it's easier, especially as women, it's easier to do something for someone else than it is, do something for ourselves.

And so I've reframed this for other women physicians in particular who struggle. And I, me too, it's not like I've struggled to, I, I, it's easier for me to do it when I, I think it's gonna help someone else. And so when I helped [00:37:00] to reframe it that way, it seems to click through like, oh, I can't say no for me, but if I'm doing it for my daughter, Then I'll do it for my daughter.

Right. And somehow it just like, or my best friend or my good friend or my niece. Right. Or my granddaughter.

Debbie Sorensen: or a colleague, I can think of some colleagues that I've worked with over the years who. Pretty good at setting certain boundaries and how I learned from that, I, I was able Hey, you know, this person has said no to this thing. I could do that too. Imagine that, right? Yes.

Tammie Chang: gives you permission. Let me say, oh, someone else may respect or admire, or we like a lot is doing something and doing it in a way that's quite respectful and is honoring their boundaries and their core values.

Debbie Sorensen: Yes. I think for me it, um, boundaries came to a bit of a head during the pandemic actually, because, I mean, it's not like I had no boundaries before. I definitely said no to things and I had some boundaries, but I think things just got so [00:38:00] stressful for me. During that period of time, you know, my kids were home a lot and I was working super hard as a mental health professional during a pandemic that I had to kind of put that people pleasing part of myself to the side and just say, I can't do that.

I cannot do that anymore. And so, you know, it kind of became forced a little bit, and I hope that for a lot of people that doesn't quite get to that point,

Tammie Chang: Or that they get to that point, at least recognize that they need to do that. I think you, you definitely have the awareness self-awareness to know that I just can't do that right now. Right. But others may not like, I

certainly didn't not that long ago. So it's where you become resentful, incredibly resentful.

Right. And who wants to live that way?

Debbie Sorensen: Right. Resentful. Absolutely. That's not really. Yeah. Most of us would not choose that. Um, well, in your work, you write about several different types of boundaries and [00:39:00] domains where boundaries are important and necessary. And I think one thing that was really interesting to me is that you start actually with a section on internal boundaries.

And that was a little bit of an aha moment for me, because I think. I naturally think about things like saying no to people and turning down, um, extra work or something like that. But the internal boundaries are actually quite important and it wasn't really something I had thought of in that particular way?

So I was wondering if you could just tell our listeners, what do you mean by those internal boundaries and maybe give a couple of examples of how we could work towards that.

Tammie Chang: oh, for sure. Like maybe this is all pretty much everything I've done and write and work on is all everything I wish I had right. Five years. Not even that long ago. So when I was first starting out this job, so I hope that some of these concepts resonate for someone listening, but it's really just a self-awareness of our internal lives and experience.

And [00:40:00] so some boundaries that I, for example, in the book share, uh, one of them is just being aware of when we're really critical of ourselves when we're being especially perfectionistic and judgment. Of ourselves, because the reality is whatever's going on in the inside. It's going to come out on the outside, whether we are aware of it or not other people can sense it.

And so we gone start from the inside and it's so hard to set. Then I start with that mainly because if we're not aware of what's going on the inside, it's so hard to set boundaries with others externally to us. If we don't have a clear, strong sense of that core. So it's like that self-awareness. When are we tough on ourselves?

What are, what are non-negotiables? That's why I always bring the values. And even though I have a lot of people say, why don't you put like leadership development into a self-help book? And I'm like, because it's part of self-help. We all need It's an internal compass. It's just, it doesn't have to be complicated.

It's very simple. But like, what are our non-negotiables, what are the core of who we are? when [00:41:00] they're not being honored, do we just feel like something is not right? Like we're just angry. Right. And we don't know how to explain it. We're feeling something's not being honored about the core to who we are, because that ultimately is the underpinning behind setting boundaries externally to ourselves.

So knowing those core values, awareness of how we speak to ourselves or be kind, or are we mean to ourselves? And then also another one, which I think is not one that we think of what boundaries is, what, what are we, what are we scared of on the inside that we actually really want to say yes to, but we're holding ourselves back.

And so that's another sort of the opposite of, uh, what we think of as boundaries really. But it's just that awareness though. What are we saying no to that? We actually want to say yes to.

Debbie Sorensen: you know, as you say that I'm having a thought that they're actually linked, right. They seem like they're opposites. Part of being able to say yes to something is that you have to say some, you have to say no to.

something else.

Tammie Chang: So, what are you saying no to so that you can say yes. Hmm. I love that.

Debbie Sorensen: Oh,

Tammie Chang: [00:42:00] Oh, I'm thinking about this for awhile. Well, because I'm all about when we say yes to something we're saying no to something else. Like when we commit to something we are saying no. So the flip side is so true when we say no to something, what are we making room for so that we can say yes.

Debbie Sorensen: And I think that I just want to highlight something you said there a minute ago around just being aware of your own needs and preferences in that way is a big first step toward being able to set the boundaries that are going to be the best for you and contacting where to say no, maybe where to expend your energy.

It's like, it's hard to do that. If you don't even know. What you want, if you're not aware of your needs. And I see a lot of people, I would say over the years in

my practice who difficulty with that, because again, that cycle of giving, or of always engaging in demands, like the pressures of all the stressors of the world, we can get very disconnected from our own [00:43:00] needs.

Like, what's good me. What do I want, what do I need? Like, sometimes we might just totally lose.

Tammie Chang: Or not even know from the beginning.

Debbie Sorensen: Yeah, right.

Tammie Chang: that's it. So there's so much more energy and angst involved when we have to be thinking through all these things. Whereas when we have a nice, like, it's like an internal, it's a north star, right? It's like a little internal GPS system or a little map. And we have that little internal GPS and we know where we're trying to go.

Then it's a lot less stressful than just driving on some random roads all over the place and not knowing where we're going. Right. kind of like.

Debbie Sorensen: Oh, I love that. That's a great metaphor for it because sometimes it feels like that haphazard. Right. We're just kind of going wherever. The next crisis has happening and it's like.

Tammie Chang: We're just reacting to what's around us rather than intentionally choosing. Cause we can choose. We actually can choose.

Debbie Sorensen: Well, let's talk a little bit about work boundaries. I think that, you know, whether you're, maybe some of our listeners are in [00:44:00] medicine, some are in mental health or some other field of work or life, you know? Um, but you have a chapter in your boundaries book on setting boundaries with patients.

Specifically, but I can actually translate that. For instance, if you're in law firm, clients, if you're in mental health, you know, it's like your, your therapy clients maybe, or something like that. Often, I think we've, we've learned that we have to bend over backwards, trying to respond immediately and keep up with everything.

What are some pieces of advice you might offer to people like myself and others who are listening, who struggle with keeping their work-life contained.

Tammie Chang: You know, I just had this one thought, which is actually not even directly in the book, but I'm a huge fan of Judith Orloff work. Are you familiar with her?

Debbie Sorensen: no,

Tammie Chang: I wonder, I we'll get this might resonate for your listeners because you have many psychologists and non-physicians in your listeners. She has a, she actually has a psychiatrist.

She's an MD at [00:45:00] UCLA. She's famous for her work with impasse and helping impasse. So people who are highly, highly sensitive.

Debbie Sorensen: Yeah, think I heard.

Tammie Chang: Many books. You have several New York times bestselling author. She's like really famous in the like mindful self-compassion empath world. And I didn't know about her until recently either.

And she's like become a hero of mine. Uh, but she has this one phrase, which I it's a, it's a really beautiful phrase and it helps reframe everything that we must give others the dignity of their own path, which often means that we're actually giving others the dignity and the grace of choosing. For being resilient in their own way, without us having to do everything for them.

And another core tenant of the coaching school. I, I got one of my certifications from this that all human beings are naturally creative, resourceful, and whole. And so we don't have to fix others. It's not our in fact, they're often more resilient than [00:46:00] they realize, or even maybe we realize, okay, We don't have to bend over backwards to do it for them because honestly we can themselves and it's even much more, but that's the epitome of empowerment is when you step back to allow someone else to grow in an area.

And so I know these are kind of big concepts, but I just want to share them because it's another way of approaching all of our work life. Uh, that has been incredibly freeing for me.

Debbie Sorensen: Okay. So I think that's really profound and wise. And I want to, like, hone it in to bring it to some real life examples, maybe because I think so what you're saying is maybe even a shift in terms of our roles, right? So I'm just going to use a therapist example because myself, I'm a therapist and I know many, many therapists sometimes. Sometimes I think actually that therapists

feel overworked and burned out when they feel like they have to be available for everything no matter what. And they [00:47:00] almost feel, it almost starts to feel like the client relies on them so much. And the therapist might have a really hard time shifting that point of view.

There's something about it that feels it's this responsibility on the therapist, but there's also the flip side of that is that it starts to feel like. Maybe the client is really dependent on you like that.

Tammie Chang: Yeah,

Debbie Sorensen: I getting that right? Is that kinda how you're thinking of

Tammie Chang: that's, that's how it is for us as physicians. And, is that ultimately in the greatest service of our patients or clients, like, is that going to help them with the. The best possible lives. Maybe, maybe not. In fact, I started to shift that perspective a little bit and realize that actually patients are still just as happy with the care they're getting and I'm not mothering them anymore as much.

And I actually think they appreciate it. Like, I don't feel like it's changed the relationship in any way that [00:48:00] is less meaningful. And I certainly gotten feedback from patients and families that this. Love me as their physician. Right. But I'm not going to kill myself over taking care of them because I know that's not ultimately the greatest service of my patients because I'm not going to be around for that long.

I'm going to burn out if I do that. And also sometimes we do need to give them the grace of figuring it out for themselves. Right. Not knowing that there's a backup, always here as a backup, right? Like I'm always here to support. Like it's like, it's like the epitome to me of leadership, which is why my other passion, which is in the way.

And we can define leadership in many different, there's like a hundred different definitions of leadership. But the one that resonates most for me is essentially a leader is someone who develops others. And you, you can't do that by hovering play. They're never going to develop if we hover.

Debbie Sorensen: Yeah. Okay. So I'm just having a whole bunch of thoughts right now. It's first you're in pediatric, right? [00:49:00] Oh, I love but pediatric oncology and you're able to do that. I think as a therapist, therapist can do that a

little bit. Right. Empower their clients and help clients feel like, okay, you got this, I trust, you've got this.

You don't need me. First of all, I was thinking we had an episode years ago with Dr. William Stixrud who's a parenting expert who, who, . He co-authored the book the self-driven child about how parents can almost be more like a coach to their kids when it comes to things like homework, like a consultant I'm here.

If you want me to help you with something, but you're kind of, you got this on your own. And Julie Lythcott-Haynes talked about the same thing on the podcast, like sort of empowering kids, um, empowering other adults and empowering. Maybe a client or something like that. Like, you don't need me to respond immediately to everything like you can, you know.

you can wait, you can do this on your [00:50:00] own.

It's it really is a perspective shift.

Tammie Chang: Yeah. And then I honestly, maybe I can blame my coaching, all my coaching training, because this is essentially much more coach like and how I approach everything now. It's been really cool to see how that's impacted, even my relationships with my families and patients, because they do seem way more, less reliant on me and much more able to handle it themselves.

They're totally capable. They're okay. And they know that I'm here at backup. Like I'll always help them if they need anything, but when they're not out there on the road in any way, like I'm absolutely their answer guide to walk alongside them through this journey in any possible that they are, they're finding they're more resilient than their own.

Debbie Sorensen: yeah, yeah. Yeah. That's an interesting perspective shift now. And now what about, um, what do you do in your own personal life, Tammie to make. to keep work from just taking up every hour of the day? You know what I mean? Like you have multiple roles here.

You have a [00:51:00] big job and I've started following you on social media. You

a life. How do you do about, what, what advice do you have for boundaries in terms of like balancing work and life?

Tammie Chang: Yeah, I think that's the, for me, it's been the reframe of trying not to balance it because that implies competition between one or the other. It's like, if you're doing one thing and you're missing out on the other, and if you're doing one thing you're missing out on the other one, I love using integration instead of I'm trying to integrate my life, I guess, but I do have really hard boundaries for instance, patient care.

The electronic medical record, which is, I think the Dean that's a lot of healthcare for healthcare workers existence in modern healthcare today is just reality of how it

Debbie Sorensen: because therapist's also able keep up.

Tammie Chang: why I mentioned it because I it's like a common struggle

Debbie Sorensen: Yes. Yes. I think a lot of people can relate. Yeah.

Tammie Chang: People are working 24, 7 from home, right. All this time. So I just, it doesn't go on. I don't turn it on at all. I [00:52:00] don't log on. It's like when I'm at am I, cause I not very, I have a very different schedule where I'm in clinic Tuesday, Fridays, and we worked some weekends.

So Tuesday, Friday, that stuff goes on and I am very efficient when I'm there at work. I have hard limits looking at community and I leave at five and I have to get it done in that time. And if I don't get it done, then it can't have been all that important because we would have cranked it up. And then, and then I don't touch it again.

Right. Unless there's something urgent, it's, people can always message me and I can take care of it in the interim, but it's a separate, hard boundaries around that. What I do struggle with, and I'm very honest about it is that I struggled to turn off all my wellness work. Which is like every other part of my life also mixed in with my family and my love of the outdoors and my, my, for babies and my husband and all the things I love with piano and all these other things.

So it's all mixed in there because to me, um, for better or worse, honestly, the wellness work doesn't feel like work. It's just fun.

Debbie Sorensen: oh, I can [00:53:00] relate to that with I, you know, I, for instance, I don't see therapy clients on weekends. Never. I just don't that's not a thing I do, but then I'll be working on the podcast, on a writing project, all these other things that I love them really it's like my passion. And so sometimes. You

know, I know I take that break, but I also it's like, oh, I could just work on this for an hour or two it's it is hard, I think, to set those boundaries around the it's seeping in, right?

Tammie Chang: right, but they're also bringing you joy and energy. So it's like a thing aware of that too. That it's okay. That we're in flow and it's okay to have fun making the podcast or writing or

Debbie Sorensen: right.

Tammie Chang: it's okay.

Debbie Sorensen: Yeah. It's okay. It's okay. As long as I also, you know, have a life outside of.

Tammie Chang: Absolutely. And your family and your kids and.

Debbie Sorensen: Right.

Tammie Chang: So personal health, health, and all those things, but all of this, I think also helps the health. Like I, I, uh, people ask me this all the time and I'm very honest that it just, it doesn't feel like [00:54:00] work it's it brings me out. It gives me energy and it's fun. And if it's not fun, I'm not.

Debbie Sorensen: That's a greatest segue to something I loved in your book, which is about. How we use energy. And you had this idea that I thought was I've, I've just been thinking about it a lot because I'm, I'm becoming more and more aware that we have to really tune into pacing ourselves in terms of, you know, not overextending energy, to the point where we're so depleted, you have this idea of energy zappers, energy givers, and energy "mehs", right? Those things kind of "meh" in the middle. So could you kind of walk us through that and how do you look at. The kind of the managing energy piece of all this

Tammie Chang: Oh, you bet. I think it all starts with self-awareness again. Right? And it's like, how much energy do we have in our energy bank? It's like, you could think of it as a bank or a battery. Things either give it to us, give us energy. So like, it's felt like you and I were talking. It's fun. It [00:55:00] gives us energy.

We're passionate about it. Time flies. That's a giver, right? Clearly those are the things we wish we could be doing all the time. Right. The zappers are the ones we, you don't have to think about it. Our gut, our gut reactions and blah. It's like

there's. Disliked his taste. I mean, this is honestly how I feel about legislate used to feel this way about charting, but now it's no longer, it's kind of a meh now it's like, I just get it done.

But it used to be a big drag. Right? So stuff like that, things that really drain our energy or honestly, um, being on-call and not getting sleep at night for me really, really, really affects me. So I'm very aware of it. Right. So that's a definite zapper. So stuff that's zaps your energy. We feel dread. We procrastinate, put it off because it's just, we don't want to deal with it.

Right. But it's still there. Uh, and then the meh's or just the stuff in between. So most things fall into most of those categories or at least some gray areas between those categories. And I bring that up in the book because it's really about building awareness of our own energy banks and fully recognizing that that's individual to every single [00:56:00] person.

So I can't tell you what brings you energy or drags, drags you down. Or vice versa. Right? Like we can't really, honestly only, you know, or only I know about me and they only know about you. So it's about helping others to build that. Self-awareness

Debbie Sorensen: Yeah. I think when we are more aware of it, we can pace ourselves more and we can have, we can almost plan for it. So instead of feeling like we have to power through, we can say, okay, you know, there's a few energy drainers on my schedule today, so I'm gonna. You know, just make sure I don't schedule anything later or something like that or well, I might choose to say no to that because I know if I go do this social event or if I see this extra patient or something like that, I'm going to be really drained. And so it can give us some information about where to set boundaries.

Oh, this particular person. I know that if we, you know, if I end up having a phone call with them, it's going to, you know, Be a hard day. So I'm going to, I'm going to [00:57:00] wait until next week or something like that. Um, so I love that. It's kind of a, a little bit of self-awareness and it can help us make some good choices.

Tammie Chang: Yeah, totally. And I, of course working on this every single day, I'm trying

Debbie Sorensen: Yeah, yeah,

Tammie Chang: to packing my schedule is something that totally drains me and get, of course I struggled to not do that. Right. I'm working on it. I'm working on it. Every I, my, my, one of my coaches and mentors, she said, well, we can be two different types of things.

We can either be. The, um, it's like the leader from the stage or the guide from the side. And I'm like, I'm totally a guide from the side I'm learning right along along side. I mean, we, we teach what we're most emotionally, most mutual learn often

Debbie Sorensen: that's right. Often. That's what we're drawn to. Right.

Tammie Chang: because I'm like, I need help too. This is why I'm doing all this.

Debbie Sorensen: why I'm drawn to it. Yes, of course. Okay. So I just have? a couple more questions. I want to ask you the first is, could you just give [00:58:00] me like an example or two of how to say no? Like what would be maybe an example of a time that you had to say no to something? What are the actual words you can use to say no to someone? so You know, they won't be mad at you or anything like that, or maybe they will a little, but you're not going to like go around making everyone think you're mean.

Like how might you say no to a

project that comes your way that you don't want to do?

Tammie Chang: Oh, yeah. Well, I have one example because of. But my first initial reaction recently was to say yes, and then I realized, oh, I don't need to say yes right now. And it's a tiny example. So I'll give this example because it just happened in my life. But, and I don't know if this will resonate for others, but it's essentially like a task came my way that didn't need to be my task is the summary.

But what we, I was the doc of the day, which is as covering for other docs when are not in clinic. Right. And I helped out get an emergency ophthalmology appointment for. Because I'm good friends with the ophthalmologist. So I have a connection I'm able to do it. They said yes, [00:59:00] happened long story short that that appointment had to be rescheduled.

And so then we reading to reschedule an emergency ophthalmology appointment. And then so certain staff members came and asked me, will you

please reach out to that person again? Because it was so effective when you did it last. And my initial reaction was, oh yeah, of course they can totally do it. I mean, it's not a big deal, but then I realized my colleague who's, this is her patient was just sitting down the hallway.

And I said, you know, you're not. So, you know, I couldn't do it, but honestly I think Becky can totally handle this. She's just down the hall and if she has any trouble, she could totally come in. So I kind of said, I didn't even use the word. No, because, uh, but I said, essentially, actually I think this, this task is most appropriate for Becky to do because she has she's here today.

She has the most information about the patient. And if there really is a problem, getting an appointment with my buddy, who's the ophthalmologist. They can always still I'm like, I'm still willing to help if it doesn't work out. But I didn't like offer that right up front and it ended up working out fine.

I didn't hear anything else about it.[01:00:00]

Debbie Sorensen: okay. That's a great example.

Tammie Chang: Tiny example, but three years ago I would have told me just done it and said, yes, but not you bought that. That's a tiny example.

Debbie Sorensen: Yeah. And I like what you're saying about how sometimes it's not like a hard, no, like never, ever, ever. It's more like, Well, this might make more sense. Why don't you do that? I'm still here. I I've heard of that. Kind of like a sandwich. No, a little bit. It's like followed up with a positive or something like that can work

Tammie Chang: Well, definitely don't offer something. If you're not actually willing to give it later, I was actually willing to help later if there was a problem, but it could be, could have been a situation for us. I always say, if you want to say no, but you really aren't willing to do it later. Just you have to say,

Debbie Sorensen: You just have to stick with your guns,

Tammie Chang: Yeah. And say that you could say I'm just not able to do that right now.

And, um, I'm just not able to do that before.

Debbie Sorensen: Okay, that's good. That's good. [01:01:00] And what would you say if you got a little bit of push back, right. If it was like, woo, come on, come on, come on. But it was a hard, no. How would you handle that?

Tammie Chang: well, then you kind of have to feel out what the other person's energy is and just explain. I'm really not able to right now

Debbie Sorensen: Yeah, just

Tammie Chang: leave it honest. And you don't have to give a whole lot of explanation unless it's relevant. That's going to help the other person understood.

Debbie Sorensen: Yeah.

Tammie Chang: and the asked to think of it too, is when people are giving us a hard time about saying, no, it helps you.

It's a, it's a, another perspective. And another thing that might be going on is that person probably struggles to set boundaries. So I view it as an opportunity to help them to model healthy boundaries too. And so sometimes I'll even explain it out loud to people who I think might be struggling themselves and like what I'm not able to right now.

And the reason why is because I had X, Y, and Z on my plate. And I just, if I do that one more thing, I'm really trying to do X, Y, and Z. And I want to model that for others. I want to model that for you. [01:02:00] And I've actually people really thank me for that actually.

Debbie Sorensen: Yeah. It's just honest and direct. Did I that's great. Simple,

Tammie Chang: Not harsh, not harsh. I'm not pushy about it. I'm just like, this is where we're at right now. I wish I could do that, but I

Debbie Sorensen: can't. Yeah.

Well, Tammie, I really appreciate you sharing your experience and your wisdom on our podcast. I'm so grateful to have met you. I would love to stay in touch with you and for our listeners who are interested in learning more. We'll absolutely link to your books and other resources on our show notes.

Where can people find you online on social media and find out what.

Tammie Chang: oh, sure. I thank you so much. It's been just a thank you. I've loved talking with you. So it's my, my website is www.tammiechangmd.com. And it's Tammie T a M M I E Chang, C H a N G M d.com. And I'm the same Tammie Chang MD on, [01:03:00] uh, all the social media handles. So Instagram, Twitter, et cetera.

Debbie Sorensen: Okay, great. Well, we will, like I said, we will link to you and all these resources on the show notes for today's episode. And thank you again for the work that you're doing and for coming on to talk to us today.

Tammie Chang: oh, thank you for what you're doing. I've loved this. I've learned so much that I think.

Debbie Sorensen: Thank you. Thank you for listening to psychologists off the clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

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Jill Stoddard: We'd like to thank our strategic consultant, Michael Harold, our dissemination coordinator, Katy Rothfelder, and our editorial coordinator, Melissa Miller.

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