Intro and Guest Background

But what's really cool is that for people who don't want to be on medication, they get a lot of side effects from medication. What we found is that alpha stem treatments not only is it helpful for pain and that it kind of rewires the brain's relationship with pain.

And we've also noticed that it's helpful for sleep, for anxiety, for depression, for migraines. with little to no side effects at all. In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the ByteCast. Hello and welcome back to My MD Unscripted.

I'm your host, Dr. Clint Carter. Thanks for joining us. Today we are going to have a fun conversation. It's going to go all over the mental health spectrum.

We have a very dynamic guest today, Dr. Philip Sarpong. He is a. psychologist and health and wellness coach, specializing in addiction, trauma, anxiety, performance.

It's an overall integration of neuroscience, movement, mindfulness, right? Like it's a little bit of everything. It's going to be fun. So you guys hang in there.

Philip, thanks for joining us. I'm going to have you introduce yourself properly and give a little bit more background because there's more to tell. But I'm going to lead with this question.

So one of the places you specialize is addiction, right? And so when someone comes to you with addiction, whether it's gambling, pornography, gaming, how do you determine if the addiction is the problem?

Or if it's really more the brain solution to something deeper like trauma, stress, you know, a dysregulated, you know, mental circuitry, all the things that are out there.

So with that, man, thanks for joining us and tell us a little bit about yourself. Yeah. Well, first of all, thank you so much, Dr. Carter, for having me on.

This is just a great opportunity. So I'm excited to be here. Yeah, a little bit about me. I started actually my path into dentistry. And so I'm a very nonlinear.

I know you don't really hear that from a lot of mental health clinicians or psychologists. But yeah, growing up, I wanted to be a dentist. And I really felt drawn to the sciences and Got into dental school, was in dental school for about a year and absolutely hated it.

I like, I loved the sciences. I loved interacting with people, but you know, it's hard having a conversation with someone when you're all in their mouth and they can't really talk back to you.

And, you know, it just, it was tough. And so, so I left dentistry. I ended up becoming a personal trainer for a period of time. And got connected to a sports psychologist who told me about the world of clinical psychology and mental health.

And I just felt like, oh my gosh, this is so cool. So I applied for clinical psychology program and my, my specialties

are really in the realm of like health or behavioral medicine psychology.

So. Basically, what that means is that I'm looking holistically at a patient. I'm looking at what they're eating, their nutrition, their exercise plan, their sleep schedule.

And then I'm also looking into maybe what's going on under the hood in terms of anxiety, depression, stress, PTSD, which then leads into maybe some of the addiction behaviors that you mentioned.

Oftentimes, what I've seen from patients is that the behavior is just behavior but there's usually like a root there's something underneath the behavior and when i see my patients i'm really wanting to get to know them and who they are and their upbringing usually when we think about addiction behaviors addiction sounds like a very intense word but it's really just a maladaptive habit that you are using to cope because there's some underlying thing that is not really fulfilled.

And so whether that person's going into that behavior because they're bored or they're anxious or depressed or stressed, or just they don't have a lot of meaning in their life, So it's so much deeper in terms of just the behavior.

It's really just about who they are and who they aspire to be. And so I love to partner with my patients in that way. Well, and you've got such a cool background, right?

I mean, so much of, well, exercise and fitness and some of that stuff as well with the sciences, you know, you can. That can be both a treatment and an addiction, you know, in its own, in their own way.

Now, if you're going to be addicted to something, maybe exercise is better than some others, but to some extent, too much of anything is a bad thing. So I love that you've got this sort of diverse background.

You came about this sort of surprised almost through the back door. And because of that, so when a patient comes to you, how do you actually evaluate them?

What is the process you go through to kind of decide, okay, how did this brain get hijacked in the first place, right? Yeah, great question. So there's a model that I use, it's called the biopsychosocial model, but I add on the spiritual component too.

And so biopsychosocial, spiritual. And really, I'm just asking them a lot of questions about their medical health history, if they exercise, what their sleep schedule is like, their nutrition.

And then also getting to the factor of their upbringing, their origin story. Where did they grow up? Did they grow up in a two-parent household? Did they grow up with caregivers from their grandparents?

Do they have siblings? What's their occupation, their career?

Assessing Addiction and Root Causes

And then kind of digging into where did they start seeing some of these symptoms come up as it relates to the stress, the anxiety, the depression. So a lot of it is just asking those questions.

There are some measures or questionnaires that we do to kind of assess people from more of a self-report perspective. But I think for me, I really try and get to know the person because I think even in the first two or three sessions that I'm spending with someone, that could be like three hours of time that I'm just getting to know them.

And so by the time we even start talking about like clinical stuff or intervention stuff, I have spent such a significant amount of time with this person where hopefully by that time they trust me.

There's a good therapeutic alliance. There's a good rapport that we've been able to build. And I've, I've seen this in that the more that someone can trust me.

and can feel safe with me, the more that they're going to give more information and talk and be more connected from a therapeutic perspective. And so building that trust with them is really incredibly important.

And then understanding all of the different biopsychosocial components too are also important. Well, yeah, what the patient doesn't know and where you're trying to get them is, is that whatever they're coming to see you for.

So, you know, there was even a mention in there of, you know, I just wanted to, I want to perform at my best and I'm sort of, I've got a block or I've got, I keep making the same mistake over and over again here and, or perhaps they're like, my life is falling apart, man.

And maybe I drink too much, but what the hell's going on and what you're ultimately going to work with them to get to is the problem under the problem, right?

What's going on neurochemically, what happened in the past that left them this empty hole they're trying to fill with something else, something like that.

So I guess a lot of it depends on, you know, how, what the root problem is and what the presenting problem is, but you know, I think you get willpower is not enough type of mindset, right?

Like you're not white-knuckling it and just trying harder is probably not the solution to your problem. Because look where, you know, I think the AA, one of the AA mantras is my best thinking got me here.

So that's where they move into like, I'm going to need some help. I'm going to need a group and I'm going to need the help of a higher power and some accountability because I did this.

This is what my life fell apart because my best thinking, but it's the underlying problem that's the problem. So in your evaluation, you sit with them for a long time.

Are you doing any formalized testing at some point? What's next in the process? Yeah. And also to touch on what you mentioned too, there's this idea therapeutically where we call it the radical acceptance, right?

Where the person's coming in and it already takes so much courage to find a therapist. There's a lot of mental stigma even within therapy still to this day.

But so when people come and see me, I acknowledge Great job. Like it's not, it's not easy to just look for someone, first of all, trying to find a therapist, trying to find who you can pair with.

And for you to be here is a moment of courage and bravery. And when you can have that radical acceptance of like, this is where I'm at. I need help. I can't do this on my own.

I've tried. And I think that moment of vulnerability and that moment of really self acceptance of like, this is where I'm at, but I don't have to stay here.

And so there's like this both and situation of like, I'm accepting where this is where I'm at, but I can do something about it. I can pair with a clinician or an expert to help me guide through what's going on.

And I really do think of it kind of like a map. I try and meet my patients where they're at. And so if they start telling me about things like trauma, where maybe there was physical, sexual, spiritual abuse that happened in their past.

Yeah. And then, you know, my sensors are going off and I'm like, okay, well, maybe we should do some more trauma assessment where I try and get a little bit more of a story or blueprint of what happened to you from a trauma perspective.

And so then we might do some trauma assessment where I might give some self-reports there. Overall, as the more they kind of give to me, and this is the interesting thing about therapy is that You start somewhere like, you

know, on the map and then you end up in a completely different place and it's never linear.

Right. I also think of it as like an onion in that sometimes we unravel a layer of the onion and we're just focusing on the trauma. So we're not even thinking about their behavior, addiction, all we're just focusing on the trauma, like processing the trauma.

And then you, you unravel another layer and it's anxiety, stress, maybe social anxiety. and then you unravel another layer and it's maybe the depressive symptoms that are there and so it's literally just layer after layer meeting the patient where they're at and getting to the deeper core of perhaps what's going on.

Yeah in the map analogy you're trying to get from point A to point B but point A is not really where you're at. Yeah. Point A is how you cover it up where you're really at.

You're just confusing the map program, right? Like you've hacked it and you made it think, so you've got to uncover where they're really starting from.

And then you can start making baby steps, right? So that's a beautiful analogy as well. Cause I'm very into the, we're here, we're trying to get there, let's take steps to get in that direction.

But sometimes we're not really, this isn't. really the start. We've got to go backwards before we can go forwards. And to add to that, sometimes you get patients where they think they want to be somewhere where they're not.

And sometimes there's not that patience involved. Like therapy is a long process. I always tell people, Don't expect to get done in four weeks and be like, oh, I'm good now.

I work with clients six to eight months on a weekly basis. And if you're willing to put in the time and have that patience, things will happen and just kind of trusting the process.

You also said something earlier too about, you know, just even AA and the 12 step programs and things like that. This is, there's the individual work, but I also find there's the group work too.

And when it comes to behavior change, My mentor always told me, if you can find a group of people that are doing what you want to do or where you want to get to, even better, right?

So working with a therapist and being a part of a 12-step is always a great combination. Yeah. It dawns on me that, you know, you were talking about this sort of radical acceptance and just the guts to walk in.

There's usually a financial investment. But there's definitely time, energy, emotional bandwidth. Like you're investing a lot. In yourself and in your future, which could be for your spouse and your kids as well and you know, whatever, you know, you first, but then, you know, the better, the better you are, the better you can touch those around you.

It's such a dedication to being well that it touches, you know, my practice, my practice is so much about that. physical, mental, emotional, spiritual wellness, you know, from the bottom up, get to the root of the problem and start making movement in the right direction.

But I'm not unraveling the onion as deep as you are, man. And to be able to get that patient who really admits they need you and is willing to put in the work, that's special.

It's both a privilege and a responsibility for you to not, you know, I don't want to say waste that opportunity, but like, You know, they always say, God forbid you ask a question and they have the guts to answer and then you don't address it in my world, right?

You know, if someone has the guts to say, you know, hey, I'm having a lot of sexual dysfunction. Well, people don't like to say that. And then like, well, okay, yeah, well, okay, that's cool.

How about that blood pressure, right? Like that is a sin, unforgivable sin. You've got to honor that person's guts to put that on paper or in person. So I love what you're doing and the, I guess the realistic, honor and privilege that it is that for you to be able to walk through it with them.

Therapy, Trust, and the Biopsychosocial Model

And I want to say real quick too, like, like you mentioned in that moment, that person is like trusting you with such a vulnerable piece of information.

Oh my goodness. And I always say, I think primary care is usually like typically the first point of contact for a lot of people in their mental health journeys.

I get a lot of referrals from medical doctors because they have patients who have never been in therapy. And they speak with their provider and their provider is like, you know what, maybe this would help you.

Right. And it took that bravery of the provider to say it and the connection. And then also the trust that the patient has in the provider to say, you know what, I think you're right.

I'm going to look for a mental health specialist or something like that. Yep. And we have, you know, you're, if you have a, so our audience is aware of sort of like the.

This, we talk about direct primary care a lot and we're a membership based practice. And so those providers that go into that have been in the system, in your town, in your area, they know your resources.

So of course, when my patients are having these conversations, I'm like, Hey, I've got like my top three or four counseling groups, you know, based on sort of your personality and your bent.

Like I can kind of help line up with, hey, I think this person would be great. I think this person would be great, but I'll always lead with, hey, I'm a terrible counselor, but I'm here for you.

But I do think that if you can take that step and make that investment. You're going to do great and there's a psychologist colleague of ours down the street that's got a lot of outside the box treatment options as well for mental health and things that are going to augment what's going on during a talk therapy, you know, evaluation and treatment like what you're doing that want to make sure that patients understand what their multiple choice options are.

And so yeah, people like Brown Integrative here in Tyler, Texas are, they're super helpful in this, but I understand that you like to dabble in the tech.

Sort of, you know, it's a great time to be alive, right? Like, so it's a really hard time to be alive, but there's really cool, we're getting technologies really coming along ways.

Where are you embracing technology in your practice and how that, what does that look like in real life? Yeah, yeah. So it's been, it's been super cool.

Like you said, it's a really exciting time to be a clinician. Right now, being a personal trainer, I already had sort of this understanding of like just holistic health in general.

Yeah. And I think one of the things that my clients were able to get from me was I would talk about exercise, I would talk about sleep, I would talk about nutrition, and I would talk about chronic pain too, even specifically.

And throughout my clinical rotations, I got a chance to kind of get exposed to some of the technology that's involved specifically with chronic pain, something called AlphaStem treatments.

which I can compare to a number of different types of technologies. There's the TENS unit, I think maybe that

sometimes people are familiar with. They go to their physical therapist or occupational therapist.

You know, they can put those pads on their back and it can send that low wave electrical stimulation to certain places in their back that might be feeling some pain.

AlphaSTEM is something specific in that we can attach it to people's earlobes and it's kind of like it'll send that low wave electrical stimulation to the brain.

What's really cool and what we've been able to see is that for people, it's not invasive, so it's not painful at all. But what's really cool is that for people who don't want to be on medication, they get a lot of side effects from medication.

What we found is that alpha stem treatments, not only is it helpful for pain and that it kind of rewires the brain's relationship with pain. And we've also noticed that it's helpful for sleep, for anxiety, for depression, for migraines, with little to no side effects at all.

Sometimes people might get a little dizzy, but then all we have to do is just turn down the level of intensity. But most people fall asleep when they start experiencing it.

Most people don't feel it at all. But it's doing something. And what it's doing, I think, is that it's helping people to just realize that their body is not conditioned to just be in pain forever.

That there are active things that they can do, whether it's the exercise, whether it's the nutrition, or whether it's something that is a little bit outside the lines of traditional intervention that we know is useful and there's evidence-based science around it, but it's often not talked about as much.

And so my goal is to educate patients on what it is and if they're willing to try it, let's do it. Let's jump into it. What's fun is. It sounds, I don't know, it sounds too good to be true.

You know, that's kind of how we have with our transcranial magnetic stimulation device, ExoMind. We're like, yeah, it does this and this and this and this.

And I'm like, well, yeah, who wouldn't want that? Is this a shortcut to, you know, going through the work with Phil? Can I, you know, sure, hook me up and send me on my way.

And so. Create, and you know, we have devices that build muscle and also are therapeutic and make pain, help with pain and all that. And it's like, yeah, this is not a replacement for working out and doing physical therapy.

This is not a replacement for going through the work with Phil. This is an augmentation of the work you're putting in, right? Because it just doesn't, the reason it's not everywhere is because it sounds You know, it's hard to, you know, there's papers on it that prove that it works.

Yeah, I guess, but, you know, I just talk to people and we get through it, you know, and it's like, okay, but wouldn't it be nice if you could offer something that would help, right?

Yes. And that's so true. And I think one of the things that we, yeah, we try and educate our patients on too is. Listen, if you're coming with your pain level of 10 or nine, this isn't going to bring it down to a zero.

There's still going to be physical therapy, chiropractic care, things that you're going to have to do in your own lifestyle. But this gives you another additional tool in your tool belt that you can use.

And what's really cool about it is that I've been able to combine even like psychotherapy and therapy as people are using it. The device usually they use it for about 20 to 30 minutes.

And so during that time, I'm asking them about their sleep. I'm asking them about their stress. We're trying to figure

out different ways to deal with different life stresses that are coming up.

And so, you know, for anyone who's like, loves the efficiency of this care, right? You talk about psychotherapy and using alpha stem at the same time in a 30 minute session, you might get a lot more than let's say an hour of session with somebody else or an hour somewhere else.

And so I respect people's time and I want them to get well as quickly and as efficiently as possible too. And it's just fun to have things that help Mental health is so underserved in general.

It's just, like you said, there's still stigma, you know, mental health equals mental weakness, right? And so much of this pull yourself up by the bootstrap American, you know, bull crap.

So having tools. That work. It's so cool because it opens the door. You're like, yeah, man. Oh yeah. I've been really stressed and anxious and it's just been, it's a really hard time right now.

Like, okay, cool. You know, we've known each other for a while. We've had something fairly frequently.

Alpha-Stem and Other Treatment Technologies

Like, you know, what if we get in, let's start talking therapy. Let's start talking. This, this ExoMine thing might just do you. In your case, you'd be like, dude, you've got to try this alpha.

It's going to be, it's going to be potentially. Just take it down a notch, decrease your sympathetic tone. Let's really sort of help you take care of yourself on the mental health side as well.

Because chances are, as soon as this stressor is gone, another one's coming. You know, we're all one phone call away from hell, quite frankly. Yeah. You mentioned something about like, yeah, just like, it feels like when people feel like they need mental health, it's like a sign of mental weakness and it should be opposite.

It's a sign of mental strength. And, you know, one of the things that I think people are starting to realize is that, you know, taking care of yourself is so much more expansive than just maybe even just seeing a therapist, right?

I'm advocating for people to see their medical providers. I'm advocating for them to try different things. And one of the things that's been really cool is because of my personal training background, I'll do walk and talk therapy with patients.

And what's awesome about that is that, you know, for people who I get it. Psychotherapy can be this like weird, like I go in, I see a therapist, I'm sitting across from them and they're just staring at me and psychoanalyzing me.

I don't know what they're thinking and now I got to share all of my stuff and baggage. It can seem really intimidating. Totally get that. And so what I found with a lot of my patients is that I'm like, let's just talk about exercise and let's, let's actually walk right now.

Let's, let's go outside. Let's get some fresh air and you just walk and talk and just, just tell me how things are going. And I always find that people's guards just come all the way down.

The nervous system just becomes so much more regulated as they're walking. It's a form of exercise. So it's nice and, and easy. We're just talking back and forth.

And then that starts to open the door to talking about nutrition, talking about sleep. Now we start talking about stress. Now we start peeling back those layers.

And what's great is that it's like, okay, now we're not just hitting the mental health side. Now we're hitting the lifestyle medicine side of things. And the way that they can get just more of a holistic care out of that, I think has been really cool.

So I'm not afraid to just try new things and just go at it from a place of curiosity for my patients. I love a walk and talk. So like, I'll tell my patients, listen, start, you know, let's talk movement.

Let's start moving. You're not, you have a very sedentary lifestyle because of work and life and whatnot. I get it. Give me 30 minute, you know, 45 minute walks three times a week, but you know, what's better than that is you and your wife go together, right?

Because you know, there's things to talk about in a marriage and in life that are hard. And like you said, if you're facing each other, It's like head to head.

It's my side, your side. It's give and take. And it's, you're, you're almost opposed to each other. Whereas if you turn and you face the same direction and you're walking and now what's in front of you is the problem.

Yes. And together we're on the same team addressing that problem. Same as windshield time, going on a long drive and you're both staring at the same windshield, right?

Yes. It's, you know, you and your, you know, teenager or you and your spouse or, you know, working through a big problem at work, right? Like getting people side by side, shoulder to shoulder, both physically and metaphorically is weirdly powerful.

You know? It's so true. I don't even know. I'd have to look at the like the research of like why that is, but it's so true. Like I've had the deepest conversations when I've either had a long drive with somebody on a road trip and we're just talking freely or, you know, long walks with my wife or friends.

And, and even it's interesting to like looking at teenagers where, you know, you have a group of boys where. They go side to side and they're playing video games and they're interacting.

Like it's not like, you know, they're facing each other. They're interacting, they're having a good time, but they're just side by side or, you know, playing a sport side by side.

And there is something to that where I feel like as clinicians, we can kind of take a little aspect of that and incorporate it from an intervention perspective.

I think the research probably shows or would probably show that it's how we're wired in a way to be self preserving. And if you have someone like right up in your grill, like that person is potentially a threat to you.

Whereas that person next to you is likely with you. It's just funny, man. And then. Interesting. Better than windshield time in a car is going on a walk because you're also moving and you're releasing those endorphins and you're getting like that whole brain movement connection just opens up, you know.

So often when we get into a conversation, we start getting less open-minded. We get more locked into our perspective. Whereas when you're going on a walk, it's more, you're getting all these positive chemicals going, well, maybe this person does have a point or maybe I am open to a suggestion that, you know, it's just wild.

I think it's so cool that you do that in practice. I think it opens up people's perspective when they start to see nature, they start to see the trees, the squirrels, the blue sky.

Yes, it's grounding. And like you mentioned, their perspective, I think just becomes so much more wider and their ability for curiosity and their ability to creatively think about solutions to their problems becomes that much more possible.

So yeah. Well, one other toy that I saw somewhere along the line that you play with is like some virtual reality stuff or like, I'm wildly curious about that.

What do you use that for? How does that potentially come into play? Absolutely. Yeah. So I got, throughout my

graduate training, you know, I'm kind of like, I guess a COVID grad student, technically, because I went into graduate school right when COVID hit in 2020. And so part of my schooling was like virtual and in person, super hard to do assessments, virtually on zoom and things like, I mean, just, Not ideal situation, but what I think kind of came out of it was that there was some really cool forms of technology that started to come out specifically in the VR world where, let's say, for example, when I do exposure therapy with somebody.

Let's say they're afraid of snakes or spiders and there's something called prolonged exposure therapy where we have our patients practice imaginal exercises of what it's like to imagine a snake, imagine touching the spider.

But then eventually the goal is for them to like, if we can, you know, take them to like a real life situation. where they're in the room with a snake or a spider and then over time you get closer and closer before you know it.

There's studies, there's videos of this where like people who were deftly scared of snakes are now playing with the snake and it's like not a thing to them.

So you just, you do it on a step-by-step basis and what we've been able to see in the research is that even let's say they never see a snake in years from that point on, their resiliency is still pretty high.

Walk-and-Talk Therapy and VR Tools

And so what's cool is that now there's been some studies about VR training where maybe we don't have the exposure to the real life snake that they can hold, but we can definitely use VR.

And if you've used VR before, it's wild how real it feels. And so now from a therapeutic perspective, we can do VR based exposure therapy with patients, even in virtual therapy sessions.

Now, maybe they have a VR headset and they don't have to come in into the office or they don't have to come in person. So there's ways that we can do that.

The other way is assessing for things like ADHD. So one of the things that we've seen is that when it comes to just ADHD assessments and things like that, typically they're pencil and written tests.

We're in person. We give the child different ways to use their executive function, their memory, their attention skills. But now with VR, and I like to use it in conjunction.

So I still do the pencil paper test, traditional test. But now with VR, you can basically do this sort of reality world where they are pictured in the classroom.

And so there's a teacher in front of them and the teacher is asking them different questions. And you just play out that kind of like real world scenario where they have to use their cognition, their memory, their attention skills.

And so now we're just able to see it in a different way and that we can play it out in a real, more of a real world setting way. That adds a lot of layers to the assessment and the report writing.

And then we can even like a VR classmate dropping a pencil on the ground and seeing if they can. If you can, can you not look or do you have to look? Exactly.

That's exactly it. And what's cool is that now we can give like maybe specific recommendations to the teacher and say, Hey, you know, this person probably should sit in the front of the class to minimize some of the distraction.

Maybe this person does need more time when it comes to test taking because. of the way that their brain is wired and that's how we can see from the results and the assessment that we've done.

So again, it just gives people another tool and the tool belt to be able to use and give proof and evidence of why someone is maybe functioning the way that they are.

That's so cool. It makes so much sense, right? It's logical and it's technologically feasible. And it's just like, I could just imagine as fast as technology grows, what it'll look like 10 years from now, what it'll look like, you know, for my grandkids, is it going to be like nuts?

But I also want more. alpha stem and neurofeedback and theta chambers and pockets and all these other things that can help limit the addiction, the ADD, the anxiety, the depression, along with, so that maybe there's less ADD to test along the way.

Let's start turning down the sympathetic tone. It's. It's really cool time to be doing what you're doing. Young guy like yourself kind of on the cutting edge.

I love it. It's been so much fun. And I, and I just keep thinking like, yeah, like. There's so much room for improvement and there's so much time for this to kind of evolve.

And the best thing is that, you know, for me as a provider, I get to be a part of it. But then also for the patient, it's the benefit of the patient. And I can't tell you how many people have come up to me and they're like, medication's not working.

My medical provider won't spend that much time with me. And even, even in the therapy world, a lot of people have negative experiences with therapists too.

And that's, and that's real. And so, you know, for me as a provider, I just honestly, I care so much. about this work I care so deeply for people that I, I just want to do the best that I can with using the tools that I know how to use and take the journey along with, with the patient.

It's fun. Obviously this is personal and missional for you because you were going to be a dentist and then God was like, you got great teeth, but we got other plans.

And so, you know, for me, one of the things that's personal for me is like, physician, clinical, clinician burnout, right? That is a real thing in the mental health world for sure, because do the best you can to not take their burdens home with you.

You're just swimming in that pool all the time. So both in a medical world where the insurance system sort of limits the ability for the provider to provide, right?

And like, God, I could do so much more, but I guess our time is up. I guess I'll just refer you out or, you know. whatever, prescribe these medicines and hope.

So, and then, you know, mental health and then, you know, even like, you know, pastors and people that are carrying those spiritual burdens, you know, the burnout, the physical health, like, you know, physicians and pastors and mental health workers, they have more heart attacks at an early age.

They're up there with like, billion dollar CEOs as far as like carrying those burdens and what that turns into physically. So to me, I love that what we're talking about is meaningful for the physicians and nurse practitioners and, you know, psychologists and the people out there that are listening.

It's like. Yeah. How do we preserve longevity in doing what we're doing? Cause if we're here to help people and helping people empties us out so, so completely that eventually like I quit.

Right. Um, and that's how do we avoid that? I love, you know, you, what would, what would some of your advice be on that side for providers, nurses and beyond that are, that are finding themselves feeling empty?

prematurely. Yeah, there's a lot that you touched on. So I went to a religious institution for my graduate school to become a psychologist. And part of the research dissertation work that I did was actually partnering with churches and lay pastors.

And you're a hundred percent right. The amount of chronic illness, specifically in that population where You can have someone who's a pastor and they're young, they're in their thirties and then all of a sudden they just have chronic pain throughout their whole body or their body just shuts down.

And they come to us, you know, therapists and they're like, or the medical doctors, they're like, well, I don't know what's going on. And from my vantage point, I'm like, you're stressed.

Like you are constantly taking on people's sufferings all the time. People are going through intense spiritual warfare and you are just working. You know, it's not like a nine to five job.

Like people are calling you. in the middle of the night telling you about someone that passed away or their child that's going through it right now. And so you bear so much and, and there's a lot even for clinicians too.

I, it was interesting, like going through graduate school, we, I would joke with my classmates and we'd see our professors who were just burnt out, like just working so much.

And, and, you know, as a student, you're like, you're thinking to yourself, is that, is that my future? Right? Is that what I'm expected to do once I graduate school?

Because you just see so few examples of clinicians who can balance out that work and life balance. And, and even now for me, as a early career psychologist, I see that too.

And I'm like, I don't want this for myself. You know, and I think that's why I've worked so hard to try and form some type of private practice where I know that insurance isn't going to bill for walk and talk therapy or alpha stem or things like that.

And so what can I do for people who I know could benefit from it? But, you know, eventually I want to scale it in a way that people from a financial perspective can do it too.

Right. That's one of the. The difficult parts is that you leave a system of burnout, but in order to still maintain a living for yourself, you have to price things a certain way.

And it may not be the price point for a lot of people who actually really need it. And so I think one of the things that I've learned just in the realm of burnout so far is this essence for continual self care.

How am I taking care of myself? How am I giving back to myself physically, mentally, spiritually? With some of the people who are burnt out in the church settings, we were like, you need to partner with mental health nonprofits so that whenever someone in your congregation comes to you, you have a way to refer them out.

Burnout, Boundaries, and Provider Self-Care

for a lot of these mental health things, like you need to share the burden. We had a lot of pastors who were doing it all by themselves and it's like, no, you need to know how to learn how to delegate, learn how to share the burden, learn how to create systems where you can be a little bit more efficient and then you can give time to yourself.

And I think that's the same with clinical psychologists and mental health providers. There's too many of us that get burnt out five years into clinical work.

And it's like, no, we, we, we need to preserve longevity, but we also, I want to preserve quality too. I want to make sure that 20, 30 years from now, I'm still as energetic, hopefully in my therapeutic sessions as I am right now.

And so like you, like you said, I think a lot of that. deals with the self care for yourself, but also creating systems that preserve that lifestyle too.

And the systems don't exist on accident. It is something that has to be, you have to first, you know, like we talked

about, you have to be brutally honest with yourself and say, not only can I not bear this all by myself, say I'm a pastor, not only can I not bear all these burdens of this whole congregation by myself, but quite frankly, I'm not as good at it as that licensed therapist that I trust that's also a follower of Jesus that I know would give reasonable advice.

And then the more burnout I get, the less good I'm going to be at it. So there's a quality. And a longevity piece to this. And the best outcome, because it's a calling, right?

Well, it's a calling. This is what God called me to do. He won't ask me to do more than, you know, he will sustain me. And it's like, and you know a therapist that you can refer to.

And he's called you to do this potentially for 30 more years. And he's called you to do it well. And the reality is if you always pour out and you never fill up, That's a bad plan.

So just having that, that base sort of, you know, brutally honest moment where you're like, I'm not going to be able to do this. I need help. And then doctors, nurse practitioners, you know, folks that are stuck in a system that's eating them alive.

Well, first of all, don't let it eat you alive. Right. Fill your cup. Yeah. You know, exercise, travel, find subpopulations of medicine that really excite you and, and, and like, like this practice fills me up as I practice to some extent.

It's not sufficient. I have to fill my cup other ways, but this is so much better than when I was an ER doctor just. Just moving the meat, just not the same, right?

Having some boundaries for some of your patients and boundaries can be a tricky word in direct primary care because we're available. But you know what?

I don't give patients my cell phone anymore. They have an app that they can get ahold of us 24 hours a day, but sometimes that phone rings and it's not me on the other end because I've got.

partners. So there are some boundaries where I can just kind of like, when I'm on, I'm not always getting called all the time, but I'm on. And when I'm off, it's like a different level of, Yes.

You know, it's just different. And so, you know, respecting your limits as a human being in a calling is important. And I think what I've learned so much is that I'm like, I don't have to do this by myself.

I, you know, I grew up in a culture where it was easy to over-spiritualize mental health things, like even for me with anxiety, stress, and Pray it away.

Just keep praying. Just keep praying. Keep grinding. Right. And then, you know, you come to a point where you're like, I can do both. I can pray, but I can also get some help clinically.

You know, and I think I see this space very much of a collaboration. There are people who are way smarter than me who are specialized in their field. If I want to create the best benefit to my patients, I need to partner with I need to partner with a dietician.

I need to partner with a health coach. I need to get all of these specialties together so that we can just do our best work. And who gets to benefit the most?

It's going to be the patient. Yeah. You know, I love it, man. This has been great. Thanks for what you do and for the way that you are setting this thing up to be able to help people ongoing and just the cool ways that this specialty is moving.

I'm pretty, I'm super excited. Mental health is. wildly underserved in our country and probably the world over, but especially in America, partially because insurance only knows how to pay for broken things.

But if I were, you know, let's give you a one last question on the way out. Go back to the addiction for a second. So what is one message that you would give someone listening to this podcast right now that has some level of addiction, they know they should drink less or they're sort of trapped in a bit of a circle of pornography or whatever, right?

They have this habit they keep doing that's ultimately harmful, but they keep going back to it. What's a quick word of wisdom that you would have them hear before we get off?

Yeah. I would say, first of all, you are not your addiction. This is a maladaptive way that your brain has latched onto something that is difficult to stop.

Addiction Recovery Advice and Closing

As difficult as it is to stop, it is possible to stop in that there's brain circuitry, there's neuroplasticity, and I think there's this aspect of 12-step that's one day at a time.

Can you not drink for one day? Can you abstain from something for one day? And when you, I think, can have that connection to your higher power, you can be connected to a group of people who are doing similar things.

And you can find the underlying, there's an underlying sort of thing that needs to be filled. Oftentimes when people are abstinent, they need to do something else.

That's why sometimes people will go from addiction to addiction. They'll stop smoking cigarettes, but then they'll start drinking and then they'll start like with cannabis.

And it's just kind of it. And, and I think when you can find, when I've found patients where they find they're calling their true mission, they're through their true life goal and purpose.

That is the thing that kind of fills that void. And then in the aspect of community, now you have a number of people who love you, who care for you and can like kind of lift you up to your true purpose too.

So one step at a time, one day at a time and finding someone like a clinician or a group of people who care. is going to be vital. I love that man. You are not your addiction and you are not alone.

Yes. And if you are, if you think you're alone, you're probably not going to win. You're making it harder than it should be. But man, Phil, thank you so much, brother.

That's, this has been great. Really appreciate you coming on. So much wisdom. Thank you for what you do. How can people reach out to you if they want to connect with you, if they have more questions or how can we get your information?

Absolutely. People can follow me on YouTube and Instagram and TikTok on Phil's Guide to PsyD. I, as a psychologist, I care about the next generation. So I help, I try and help future therapists to kind of find their mission, get into graduate school.

you know, get through it, thrive, but also the early career of their, of their psychology life. And so, yeah, reach out to me though, in terms of those, those channels.

And we talk a lot about mental health and the technology and some of those other aspects of where the mental health is going to. So I'd love for you all to kind of check me out.

So. All right. Thanks, Phil. Thank you so much for coming on and you have a blessed day, man. We appreciate it. Thank you so much, Dr. Carter, for having me.

This was such a fun conversation. I really appreciate it. Yeah, man. The pleasure was mine. Thanks for joining me

today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep on going.

Until next time, stay well, stay curious, and never stop pushing for better.