Introduction and Guest Welcome

What would be a question that you'd be curious about in your practice or in something you'd want to ask about your health or question to us that invites your curious mind?

I want to know when AI psychosis is going to be in the DSM. Wow. That's a great question. Why do you think AI psychosis needs to be in the DSM five criteria?

Oh, cause it's happening. But technologies have developing so fast, it's creating these problems or these niche areas for like sort of delusional thinking or psychosis.

And we're just labeling it maybe, you know, much later. Welcome to the To Curious MD podcast. I'm Dr. Ali Ahmed. And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience, and beyond.

learning more about the art and science of healing or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Our guest today is Ryan Thom.

He is a licensed marriage and family therapist who has spent years working in the emergency room, doing emergency room assessments and often meeting people at their most vulnerable moments of their life.

But long before I guess the time before last, right, before Ryan's journey in his work as a therapist, he was a patient. At just 23 years old, after his own mental health breakdown, Ryan entered therapy, an experience that just didn't stabilize him, but transformed him in the way that he understood himself, his healing and purpose.

His therapeutic relationship planted the seed for the work he does today. And he is also a co-host for a podcast called the Mental Chillness Podcast. I love the name because that's really, that's right.

It just goes so well, so nicely. And unintentionally an unacademic exploration of psychology, mental health, and self-help. And it's co-created with his fellow LMFT, Stephanie Wigley?

Wigley? Wigley. Wigley? Wigley. Bringing honesty, humor, and depth to conversations we often avoid, especially in mental health, and I know we do that a lot.

In this episode, I want to explore mental health, your mental health professional work, and your experience as a patient and as a clinician in ADHD and depression.

And sometimes how those diagnoses, these labels, as I say, really shape us in a way we often don't know that it is doing that. And also how your healing work is less about fixing and more about creating a new vision of what's been broken.

So welcome to our podcast. Love to hear more about your story. Thank you. Um, I didn't get it like a lot of people. I didn't get an ADHD diagnosis till pretty late.

You know, I have the primarily inattentive type, which is that's pretty common to my understanding. If you aren't running around or if you're not very frenetic, people don't readily assume that that's happening on the inside.

mentally, right?

Late ADHD Diagnosis and Childhood Struggles

So can kind of, and you maybe get the message early on, Hey, I get in a lot of trouble if I don't carefully watch people and sort of like mold myself to the social situation.

So I learned how to be very vigilant and watch people. Cause you know, I had a long stint where I was upsetting teachers. I was like the kid who was always getting sent to the principal's office or having to sit outside of classrooms.

And 23, you know, I had been fired from a bunch of Pretty low level jobs. I struggled to just get to work on time. You know, my experience in school was not great.

You know, something I've told clients of my own in therapy, you know, when they're, they explain an imposter syndrome to me, I say, Hey, like, I didn't know what a comma was for until I was 27. Like, what's happening?

It's bad, but it's also hilarious, but it's true. I remember freaking out about grad school, wanting to apply, but just having this deep sense. I don't know what a comma's for.

I never understood it. I ended up going to Barnes and Noble for like, I would say a whole summer and reading a couple books on grammar. One was called Shoots, Slatters, and Leaves.

And it wasn't until it was explained to me that it was like musical notation. that I was like, oh my God, that's what a comma's for. Like I couldn't, I just didn't get it.

You know? That's incredible. Yeah. I just, just that, I think all that stuff led up to this breakdown, just this deep sense of, you know, having that label of like being a screw up or inconveniencing people.

Yeah. It's everything came crashing down at 23. And in retrospect, I'm glad it did, you know, cause I got help. I talked to a therapist for six months.

I cried a lot. And at the end of it. This therapist said, hey, I think you have ADHD. I want to connect you to a psychiatrist of mine, a friend of mine, and my life changed.

It changed so profoundly that I had to get into the work. I wanted to provide that same experience to somebody else. It sounds like there was this buildup, but over such a long period of time and it kind of just showed up or maybe just had that opening or rupture or kind of the breaking point that often I hear in patients' story.

I'm a pediatrician and it surprises me how much of this happens to adult patients in their childhood that often is missed, missed so often. Trauma is missed often, depression is missed often.

developmental milestones, you know, the things, the little things and parents are not to be blamed, but there's so much that is uncovered later on for whatever reason that is.

And it's so complex and yet it's apparent. It becomes more and more apparent when you look back and you say, yeah, you know, I wasn't this ideal student, I wasn't this perfect, you know, son or brother and the relationships and this identity that shows up and this identity that becomes then the person, this behavior becomes the person.

And that is what it's so, I think, In our society, more and more now, the labels become the person. And this is why I find that breaking open the label, taking off the label from a condition, because to me, it's just symptoms.

It's symptoms. ADHD is still just a symptom of something else that was happening within you that showed up as this condition. Yeah, that life was the label, you know, like the diagnosis.

And it wasn't, you know, sometimes labels can be pathological and pathologizing of people and stripping of their actual identity. But in my case, it was like, you mean that my character isn't bad.

You mean that I'm actually a solidly good person who's contending with this internal war and I'm fighting a date and I'm just carrying this weight. It was an incredible relief.

That saved my life. Yeah, that was really good. Yeah. What was that moment like for you? Do you recall when you felt that you were validated or when you were seen, heard and understood by your therapist?

What was that like for you? That sounds like Besser van der Kolk, what you just said. I want them. Yeah. Body keeps the score. Yeah, I think he said work is a gift, you know, it's a chance to feel heard, understood and validated in or something like that.

Yeah. Yeah. I mean, like metaphorically, it felt like, you know, a thousand pounds came off my shoulder. You know, I remember just kind of just being like, mystified, like, what is this?

Like, what is this magical? Like wizardry art where. You know, a person from their clinical knowledge can look at you and your behavior, your phenotypical representation and say, Hey, I kind of know what's going on with you neurologically or, you know, mental health wise.

I'm going to give it a name and it's going to give you a kind of comprehensive rubric for how to make your life better. And that alone blew my mind. I started reading about the diagnosis and I just remember just sitting there with this little pamphlet on a couch, just like nodding my head and be like, oh my God, that's me.

Oh my God, that's me. Oh my gosh. Like I felt so seen. Yeah. Yeah. I had a 69 year old patient who came in with a book of his notes that he has taken, who also had been misdiagnosed for so many years with depression, anxiety and substance use.

And throughout his life, all of the things that were happening to him was either substance use was to either treat the ADHD or to treat the condition that was creating him these symptoms, depression and anxiety.

So I'm going to switch now to asking you about your professional work that you do, being a therapist and taking care of patients as well. What is that role like for you, both being a professional who treats ADHD and also having that lived experience of it?

Therapy, Validation, and Becoming a Clinician

Yeah, you know, I don't know, somewhere when I first started doing therapy, I started to say this to myself and it was kind of like a mantra against imposter syndrome.

And later on, it just sort of seemed true, but I kind of thought to myself, you know, it's the people who have gone through something or, you know, who are, you know, for, for lack of a better term, a little crazy themselves who know the way back and.

I kind of feel like, I said this recently to a client who was opening up about a lot of adverse experiences. Is this a moment of levity? But I said, you know what?

I think I'm really glad God gave me some really hard experiences so that I could be a decent therapist to somebody like you right now. You know, kind of just trying to tick off some boxes like you're not alone.

I've been through it. And also. I'm kind of glad because I can relate to you. So I kind of feel like I'm really good at spotting ADHD. Like I've spotted it in colleagues, friends.

Like, I don't know. I don't know if anyone's ever told you this, but like, I'm pretty sure you have ADHD. I want you to look into it because it could change your life.

It's changed my life. You know, it might change your life as well. And recently I had a dear friend of mine go through testing and get a bi-vance medication.

and just text me the next day, oh my gosh, I feel like I've been living life with one hand tied behind my back. So it's kind of helpful, actually. I spot ADHD in clients within the first one or two sessions, usually the first session, like the most of the time it's the first session, to be honest.

And notice I communicate better with people with ADHD. And from a little bit of research I've looked at, it seems like, you know, with the theory of mind research, like if you have a neurodivergence, It's like you have a more implicit understanding of other people's work the same mental health kind of cognitive style.

Yeah. I also believe that neurodivergence is very, very prevalent only because where work has changed, life has changed, our way of thinking and learning has changed and continues to change.

But also we're learning more and more about the brain. We're learning more about the uniqueness of each person's development and their growth and their brain function, and also in how trauma or depression, even generational, I mean, it has its impact, whether it's in utero, as you mentioned with your colleague who had adverse childhood experiences even before they're born or even later.

And they can show up and create this developmental effect on the brain and that either be a neurodivergence that shows up or inherently there from before, whether it's genetic.

And it's so complex and yet it's not in all sides. No one is the same. And looking at people, like I said, without the label and really just understanding how their brain works, what about them in their context of who they are in their story, their identity, the environment that they've created for themselves, their lived experience.

And through that, their relationship, there's so much that needs to be seen. and understood as a clinician, as a doctor, that's not done. No one takes the time to really sit face to face and say, okay, tell me more about what it feels like for you right now, whether that be the child or the adult.

So it's so honoring to hear that a therapist guided you to who you are now. I texted this therapist when I got licensed and I had my office. Yeah. And I was just like gushing.

I was like, thank you so much. You saved my life 20 years ago. Like, I just appreciate it. I just want you to know what happened to me. And like, you know, she still had her professional line and she like texted me back.

She's like, I'm crying. Unreal. I just said, well, thanks for planting that seed because I want to do what you did for me. That was amazing. I'm forever grateful.

Yeah. And it really allows clinicians even to talk about their own mental health and allows for us to people to heal, the healer heals as well. So when people ask you, what is it like to have ADHD?

What do you wish they understood beyond the stereotypes? What would you want to share with them about what it feels like to have ADHD or what you see in other people right away when you diagnose them?

Yeah. What is it like to have ADHD? It's a complex question and I ask really hard questions sometimes. What is it like to have ADHD? Well, I used to say, I feel like I have this program within myself that's really autonomous and it's trying to get me to shoot myself in the foot all day long.

I used to say something like that and kind of mean it, but now I would say it's like, I think about it more like, You know, I said cognitive style. Well, you know, studying personality, I think really kind of opened my eyes to that, you know, like Myers-Briggs and Big Five personality.

It kind of explains that we have like sort of habitual ways that we process and, you know, sift through information that leave us almost with like a unique perspective or a tendency to take certain perspectives.

It's a style of thinking, right? I think that more about ADHD now. It's like, well, my style of thinking is something like, it really craves an awful experience.

It's really allergic to boredom. There are certain situations where there's a, oh gosh. There's a poem by Charles Baudelaire and it's like about like albatross, I think.

And he's talking about this bird that's like clumsy and it's like falling all over the place, you know, but then when it takes flight, you know, he compares it to the sky, right?

So I kind of think that about like neurodivergence. It's like, there are situations where I am the worst person for the job. It's like, I'm, I'm the absolute worst.

I'm the worst waiter on the planet. I cannot do that job. It's just beyond me. But then there are other situations where I'm amazed at how well I do it.

Others have expressed amazement. You're really born for this. You're really good at this. So I think it's a style, it's a skewed style, I would suppose.

It's a very distinct style of thinking. And I think the more that I understand it and accept myself, the more I can orient myself towards success and successful outcomes.

That's how I would see it today. Yeah. Some of the symptoms can be difficult though. Some of the experiences can be difficult and have an impact. What for you were some of those things that were difficult for you to experience with this diagnosis that you carried?

What ADHD Feels Like and Daily Challenges

Yeah. Well. I think I have some tendency towards some brain fog. And I think when that does come on, that is like, that's a scary experience. Cause I have to be pretty aware of it and I have to take steps to sort of like make myself more alert.

Now I know really great ways to do it. You know, if it's a really drastic situation, I can take a cold shower or do something like that. Just spike adrenaline in my system, but it really feels like.

It's almost like it feels like an inebriated or impaired state. It's a little bit uncomfortable. It's kind of like, well, it, you know, cause being drunk is fine if you plan for it, but if you didn't plan for it, it's kind of scary, you know?

So I've had to learn how to really sort of scan my own mood, my own like cognitive processing, you know, like I don't think most people ask themselves, like how fast am I processing right?

Right. And I do that. I check for stuff like that throughout the day because I don't want to be in a situation where I need to perform at a level that I'm absolutely incapable of in the moment.

So knowing your environment, knowing the conditions that are ideal for you and also being able to recognize them and see them and, and in the moment not responding to them when that, I guess that sense of being out of control comes in.

Is that same writing? Yeah. Yeah. I think I experienced less anxiety than most people. I have like, it's like probably an under arousal symptom, you know, and so Like when my brother talks about anxiety, I'm like, what is that?

That sounds awful. You know, so it's not, it's not all bad, but that actually can be a problem too, because there are times when I'm in a situation where, you know, I've been like, I did some auditions for plays and stuff like that in Los Angeles when I lived there.

And I would kind of look around me and I would see everyone was like looking at lines and very feverish and very like engrossed in the process. And I'm like, I'm way too chill.

This isn't going to go well. I don't, I don't care enough or something like that. Yeah. So sometimes that can be

difficult or problematic. Yeah. You mentioned brain function and as a patient who did transplant, you don't make that stimulation.

If you're okay for me to talk about that. Absolutely. Tell us a little bit about that experience and what you were able to learn from that and learn about your function, your brain function and what did you experience in terms of that process of treatment?

Yeah, I actually want to talk about almost everything at Shaw Minds, because I did the epigenetic testing too, and that was really fascinating. But I did find that the TMS, the transcranial magnetic stimulation was very helpful.

And I actually would like to do it again in the future. I think it's just a time thing, but I did 36 sessions, if I remember correctly. It's about half an hour.

Maybe it came down from maybe 45 minutes, but it seemed like It was adjusting on a weekly basis. The computer was sort of adjusting. It was interesting to get the QEEG.

What does that stand for? QEEG, Quantified Electroencephalogram. Okay. Yeah. So for our audience, I'll explain kind of what the EEG actually does. EEG picks up electrical activity on the surface of the skull.

And if we think about rhythm and picking up rhythm, just like we do, we place electrical leads on the heart. We pick up the heart rhythm, the actual electrical activity.

The brain also has electrical activity that we can use sensors to measure, and those sensors are placed in all aspects of the specific cortical areas that we know the function of, such as the orbital, which is vision processing, parietal, sensory processing, environmental processing.

Say cortical leads are motor planning, processing, and then we have our frontal brain. So there's a frontal leads that are placed. And so we measure those waveform or electrical activity that, and are able to compare that, those readings in a quantified way with thousands and thousands of EEGs and understand what are the features of anxiety in terms of waveform.

It shows us what does ADHD look like when we have different waveforms in different parts of the brain. And that comparison and that, as well as that evaluation gives us a diagnostic tool, say, which is, I call it like a vital sign for the brain.

It's one way of measuring activity in the brain at that moment in time, but in the ideal way. So that, and then doing this with transcranial magnetic stimulation gives us something that we can use even as an assessment of response.

So I hope I explained it to our audience. It is kind of a brain map and gives us lots of good information, at least one way to measure brain activity.

Yeah. Yeah. So it, it feels like that it's like a spider. It looks like kind of like a spider. It does look like a, we call it a spider. Yeah. It's like right on top.

It's a dry cap EEG and it pretty, pretty, I mean, there's different EEGs is wet cap and dry cap as well. So the technology is approved since my medical school training.

Yeah, now many ways to measure, we have functional MRIs, we have spec scans, we have PET scans, which also measure activity. And yeah, so there's many ways to measure activity in the brain, this being one of them.

I'm interested in the spec scan at some point. Yeah, but don't you have to swallow like a dye or something for that? No, I would need to look more into how they actually do that.

It looks at activity in terms of imaging based on uptake of glucose activity. So it has to have some tracer. I would

have to look more into how they actually do that.

Um, well, if I remember correctly, my Q E G like when we looked at the different areas of my brain, it had an absolute abundance of like, it was like dream waves.

Like what was it? Delta wave. Yeah. And that was kind of, uh, like a lower alpha peak, which was. Kind of like, I don't know, does that speak to ADHD?

Yeah. ADHD, we see a lot of theta and beta activity in typical EEGs. There's a certain amount of theta activity that should be present, but not always, not in an awake state or a cognitive state.

Beta being a very anxious rhythm and theta being a very kind of dissociative rhythm. Like, oh, I just need to think about something else while I'm feeling a little.

anxious about something. So it takes you away from that focused flow state, which is the alpha rhythm. And so you can see how when somebody has to be focused or thinking, there's a lot of distraction they're hearing.

They're hearing the, I don't need to be here. And they're also feeling like, I need to get out of here. So there's that noise around the signal, essentially.

And yeah, and it was, it was pretty much global for my entire brain, but treatment was great. You know, I got to see like, I think about four different times, like how my brainwaves were changing and I got to experience it too.

Like, I think like within the first like week I was saying, I'm feeling really calm. Like. this sort of irritability and agitation that can come on sometimes was not showing up.

And I'm really not a morning person. I think I was coming in really early. Yeah. Work to do these treatments.

Brain Mapping, TMS, and Treatment Response

And, and I was just surprised, you know, and I was like sitting in traffic, you know, and like going to like midtown and just like, you know, people were cutting me off and I'm like, I'm like surprisingly relaxed.

So that was cool. And I think that's persistent. That's been long lasting after treatment. Yeah, it's another form to improve neuroplasticity, but also to harmonize rhythm as well.

So as you can imagine, somebody who's anxious may feel again, the very, the past rhythm tends to take over and they feel it in their body as well. So.

By harmonizing the rhythm, which is what transcranial magnetic stimulation does, it just kind of harmonizes that fast rhythm to the actual rhythm which you need to be at, which is the alpha rhythm in that state.

So it can be very calming. It can be very relaxing as well. And of course, we're talking about personalized TMS. We're not talking about standard RTMS, which is a little different.

What else did you notice in your experience of treatment and with your diagnosis? I don't think my cognition Like my pace of cognition sped up. I don't think that that happened, but I did feel more organized and I have felt a little bit more organized.

Like, I think like I've noticed I've looked at my planner less. I kind of just know what's happening on a weekly basis. So it's improved, you know, quite a bit.

Do you know who Tim Ferriss is? Tim Ferriss, yes. Yeah. Isn't he amazing? He's so cool. Yes. I've been a fan of his since the four hour work week and the four hour body, you know, cause he wrote those books.

He's amazing person. He opened up about a lot of like trauma that he experienced. He has some really amazing interviews that he's done online about that.

But he recently said that his experience with TMS was the most helpful mental health intervention period. that he's engaged in. And I saw that and I had to tell you that, that he said that.

I didn't know he had done TMS. Yeah, I know he had done cannabine treatments and he has a three hour, I think, podcast with… Huberman. No, he's had a, only with Huberman as well.

But yeah, he does openly talk a lot about, about his own experiences in mental health and some of the resources and some of the things that have changed.

I will probably look into that podcast and TMS. If I come across it, I'll send it. Yeah. When you're working with patients and some of the things that we talk about is integrative practices, the things that it's not really sometimes the medicine or even the treatment, it's what happens after.

And the things that you do to really align that pathway, the pathway that you want to be on versus the pathway of trauma, which is a very, again, dysregulated pathway of thinking.

but what you do to maintain that regulated state. What are the practices of integration that you have looked into or experienced that help kind of maintain that benefit of treatment that you saw?

Hmm. I would say, yeah, I mean, sleep, I take magnesium glycanate. Like at night, I try to limit blue light exposure. I got into the true dark glasses.

I have my weird, like, I look like a burner from Burning Man. I look like it. And I'm wearing them. So sleep is off. Absolutely essential. I do keto, you know, cause I, I think I told you, I was, I was told to, um, What's that guy?

Chris Miller. And he was saying that he helped a former patient of his or a patient of his with schizophrenia symptoms, you know. And I think the epigenetic test that I took, it's sort of the MTHFR gene came up and this is an implicated in autistic spectrum, ADHD, schizophrenia, and bipolar.

And I had already started doing keto before then, and I noticed that that also was helping to improve my cognition, my mood. It seems like the inflammation piece is real and also the, that might be a foliate thing too.

Cause that was all that I enriched fully that I can't process. That test was revealing. Yeah, definitely. I think the functional component of your health isn't just, it's not all in your head and it's not all experience of trauma, it's actual functional effect.

Sleep, a big factor in benefit. And sometimes a barrier of sleep isn't fully addressed and the reasons for not being able to get that restorative sleep.

How do you personally define your healing versus being healed? Do you feel like you're healed or you're continuing to heal? I think I'm continuing to heal.

Yeah. I think this year I just said, you know what, I'm just going to really deep dive more into health and mental health and see if there's more that I can do.

I want to maximize my potential, you know, and I want to be able to do as much as I can. You know, I want to make in this field, I want to make as big of an impact as I can in a meaningful way.

And so, yeah, I just started a tackling diet and exercise too. So, yeah, I try to incorporate as many different disciplines. I think the next thing I want to do is sauna.

I'm hearing such great stuff about that. So I might get that sauna pod thing and do the 180. Yeah, the cold

changing. Yeah. I look forward to it. Yeah.

How do you treat your patients, your clients? What is your assessment like when you're evaluating their course of their care? Yeah. I guess, I guess I try to identify what it is that they think they want to work on.

Yeah. And there's like the identified problem, right? But then there's what's the truth, you know, what's like the actual issue. And so it's kind of trying to find both of those, you know, how are we going to address everybody's concerns, right?

And make the client aware of concerns that they might not even be aware of yet. Yeah. Kind of just do like a pretty big assessment in the beginning and see what's going on.

But I try to look at different aspects of their life. Where are the trouble areas? What's coming up? You know, it seems like people usually come in with like a definitive kind of like, well, this is definitely the problem.

It's communication or it's, you know, it's my work or something like that. And then they want to talk about that. But this happened so much in therapy where it's like initially you're working on this problem and then you sort of like resolve it and then it's like therapy morphs into a whole other different thing that's revealed in time.

Yeah, my practice has changed completely. Patients often come to you with a symptom and they'll say, I have a headache and it's come this way and that way.

And then you're supposed to kind of really focus on the symptom and just dig in and figure out the etiology because it could be a list of things. And then you order labs and then medications.

But more so now is really just listening to what the patient already knows. And you're just there to listen through their conversation. You learn more without interrupting them, of course, what their true conscious face is really seeking.

Sometimes it's just a face to be, I just need a place to talk about my headache. Because there's no one else that can, you know, would listen to me about it.

And the source of that headache may be I can't sleep at night because my baby is hurting or I've been through this experience and having this stress at work.

And sometimes that can be just so healing in itself that it doesn't require a diagnosis. It doesn't require a medication. It doesn't even require any labs.

It just requires you to just be able to allow somebody to just unfold to what they almost know themselves internally. Like you said in the beginning, recognizing what they need, giving them a place to just explore that without judgment.

Sometimes I wonder like, you know, like, I kind of think like, like, do we really want life to be easy?

Integrative Habits for Healing and Recovery

Do you really want to play a game like an overpowered character in a game where you literally just cruise through every level and there's no skill that needs to be developed?

Is that what you really want people? Some people act like that, but I don't think that that's true. I think they really actually just want to know that they have the capacity and the skill and the strength of character to overcome whatever is in their life.

So I try to explore that with them. And I think what you just said, compassion is for listening. You know, it's not that people are falling apart because they can't handle life.

It's like, well, it just feels so lonely sometimes when you feel alone and you feel like somebody hasn't authentically seen you in your struggle. You know, and so that's a real gift.

And I think that that's part of that empowerment piece that lets people know, Hey, like you're very strong. You're doing great. I'm witnessing it and I'm in awe.

You're going to be okay. And I believe in you. I think a therapist and, you know, an MD like yourself can absolutely impart that. Yeah, to be seen and to be experienced, somebody else witnessing that for you.

I found some of the most challenging situations, most complex situations were really just being able to hold space with somebody who's going through a very difficult process or decision and just being giving them.

the opportunity to just share to that struggle. What do you feel are the pitfalls right now in medicine or in mental health care? What do you feel is happening that's making our jobs harder and harder every day?

More and more patients and more and more challenges. What do you feel is happening? Well, I want to think about that deeply, but I started laughing because like a lot of like clinicians that I've met have like You know, they said, oh my God, I can't handle TikTok anymore.

It's like everyone is coming in with an absolute definitive diagnosis and you know, they're convinced and they want all one testing and it's just driving me, you know, up the wall.

And I just thought it was like kind of hilarious how culture sort of dictating like the conversation to a degree. there's a lot of YouTube diagnosing and stuff like that.

That could be a problem, but that could also be a solution too, you know, because there's a lot of great psychoeducation out there. Yeah. A lot of professionals who I deeply respect have said, hey, don't ever talk about your own mental health to anyone.

And, you know, I even thought about that. I like where things are going. I think that things are changing and I think we're getting to a place where You know, you can be a professional who's respected and capable, who also just so happens to grapple with their own noonday demon, their own mental health battle, and it's okay.

Yeah. I was going to ask you that question about sharing your diagnosis with patients and clients. Do you do that often? And if that's a useful way to connect with their experience?

The answer seems like it's a yes. I do. I do. And I've gotten some good feedback. A former client of mine had said like, I didn't know about therapy. I didn't.

even know if I could trust anybody he's like but like early on in our session you open up about your own mental health and he said that changed things for me he said like I really realized like I could trust you and hearing that was kind of a guiding light and a reassurance you know I think also maybe seeing that interview with Tim Ferriss opening up about his own historic trauma you know and his own struggles with mental health I think it's like No, let's just be real.

Let's make sure that people get as much help as they can. Let's eliminate the stigma. Yeah. Which brings us to this podcast. We call this Two Curious MDs.

We usually are two people, me and Simi. Two mean T-W-O, but also two being Two Curious T-O-O. Because when we were growing up, both of us had the same story being told, you're just too curious.

Stop it. Stop asking questions. Stop me. There's always one. It doesn't make sense. Why do we have to do it this way? Why not this way? Breaking the rules and sometimes not understanding why the rules are there constricts our thinking.

So you're a mental health professional. You work in the trenches in the emergency room. You probably have seen it all, both in your outpatient practice and your private practice.

What is your way of, again, TikTok and the way things are changing? What's your way of connecting with patients? How do you build that alliance and that trust in these situations that you've worked in?

At a former institution I worked outpatient for, you know, like in like a intensive outpatient program, I would routinely have clients say, you're the funniest therapist I've met.

And I don't think I'm like stand up comedy level funny, but I'm like quirky funny, you know, and I would say that that's how I typically get people to disarm and you know, know that I come in peace, you know, I just joke with them, you know, and I just, I guess I'm vulnerable with people.

And in turn, they are vulnerable with me. And then I respect their vulnerability. That's kind of my process. You also have a podcast yourself. That's how that started.

So me and Stephanie, we're really great friends. We've worked together in the past for, I would say like five or six years. In that time, this person became like a little sister to me, their family.

I just thought, you know, if I was going to start a podcast, it would be with her. We had recorded some awful podcasts. We're also like 10 podcasts in, right?

How many podcasts have you two done? We're up to 50 now. 50? Yeah. That's amazing. Yeah, it's a lot of work, I'll say. It's not as easy as you think it would be sitting in front of a microphone and talking and coming up with questions and seeking out speakers and interviews.

But it's enjoyable. This is another way I socialize and get to know other things that are happening out in the world and the universe and get to talk to patients in a very different way as well as they change and evolve.

It's just beautiful to do this. That's kind of what brought me to podcasting, but I'm curious about what brought you to podcasting. And I've listened to your podcast, the mental chillness podcast.

It is funny. It's quirky. Okay. Yay. It's also very informative. Cool. Yay. Thank you. That means a lot coming from you. I've enjoyed your podcast as well.

I was like, this is good. Am I in the mental space right now? Very cerebral and academic. You know, I've come back to episodes and I've been like, okay, okay.

This is really good. We recorded like 10 podcasts so far, but we did like probably about six that will never see the light of day because it was so terrible.

We were so self-conscious, you know, and so that was interesting because it's like, you know, we were right on that line where we were about to just say like, we need to set these on fire and then bury you.

and pray that no one ever talks about this because this is so embarrassing, you know, that we thought we could do this. And then I was maybe like two weeks into TMS treatment and I had like a shift and it was just, I don't know if it was, you know, just that psychology of being in a state of flux and change and open to change, but it somehow helped me to take that risk and to just say, look, we need to stop.

Therapy Style, Trust, and the Power of Vulnerability

seeking perfection here and just publish something. And once we publish, it's going to be okay. Let's just stick to what we know. We'll both talk about crisis assessment in the ER, something we know very well.

And we'll go from there. That'll be our first episode. And then we'll have weekly meetings and we'll sort of figure out

what topics we want to talk about.

And we both kind of realized this, I guess this might be an agreeable trade, you know, like where you're motivated by other people. So like the idea that I'm supposed to create some kind of content that's meaningful and helpful.

has made me do a lot more research than I'm apt to do on my own. And so it's actually turning me into a better professional. So it's an amazing vehicle for that, I realize.

Yes, truly it is because you get to have those conversations, get to ask those questions. You do have to do your research. We actually did a podcast with Phil Wilson recently.

Do you know Phil Wilson's work with Ketamine? Yeah, he came, me and Simi, we run an adolescent and young adult Ketamine assisted provider group. It's a platform.

of providers we meet pretty regularly and talk about different cases. It's for clinicians, therapists included, who have done ketamine or working with ketamine or are facilitators for ketamine treatments.

Because this platform, again, gives us a network of communication. This kind of novel work, it's very nuanced and there's ethical questions that come up all the time.

But also by doing this podcast and meeting some of the leaders and the gurus in this work. We get to ask them hard questions, get to ask Phil Wilson questions about his work and what really brought him to do this work.

Some things, something you don't get in the books, some things you just, you get from that conversation as well. And I agree kind of doing the academic work gives you a good sense of knowing, but really when you get to poke at the bear and really question it even more.

I think it really adds to the dimension to the knowledge and even case studies and how this affects people. So it's really, really, really amazing to connect in this way.

And I think podcasts are a great way for people to learn, don't you? Yeah, yeah. It's still Wilson, a big deal. He's a big deal. And we've had some other artists speak.

We've had an artist who is in New York and he does work with psychedelics and music. And when he did his podcast, Dr. AZA, listen to that one, he's a musician.

He does work in music and psychedelics and that intersection and studies it and does research at Yale and also does concerts and talks about music as a live music being a healing modality for the general and that's a better way to heal versus prescriptions and how the music actually makes change in the brain and how changes are more than holistic, changes our environment.

and our community. So these are the talks that really engage in different aspects of what you think you're doing. If you're not sitting in one area, you're actually learning about, you know, how TMS works or how music or how art interplays with You know, it's the modern intellectual salon, you know, have like, it's not a normal like, you know, you don't go to like the local club or lodge or something and meet with the, you know, a group of, you know, intellectually pursuing individuals like That's not a thing right now.

Not well, I mean, I'm sure it's in some places, but you know, for a lot of people, that's what it seems to be. The long form podcast seems to be, you know, hey, and well, the reason why I asked if Phil Wilson was a big deal was because this is also something that I realized, like, because you're a big deal in my mind.

Right. And like, And I remember like, sort of like tentatively being like, Hey, I started a podcast. Would you like to maybe collaborate? And then you were like, sure.

And I was like, I can't tell she's like sincere or messing with me. Here's what's happening right now. I'm getting real

life proof that the world is a better place than I thought it was.

that if you just ask, people will say yes, and they'll work with you, and you can open doors that you thought were closed, right? So that's what I was getting at, you know, when I was asking about Will Wilson, it's like, well, you might have thought something similarly, and you might be pleasantly surprised that You know what?

Conversations are amazing. It's what we're missing. In fact, like, the quirkier the conversation, the better sometimes. I think there's a lot of interesting conversations out there.

And these conversations that somebody else can listen to can also see it in their mind and their perception and learn from that in their own unique way.

Wow. What an opportunity. It's more than the classroom. It's a salon, you're right, but it's so expansive. It has so much potential. Even overseas and internationally, people are having these conversations and saying, oh, back in another part of the world, they're having these issues.

Huh, how are we different? How are things different here? What else can we do? Ayurvedic medicine, Eastern arts, you know, indigenous healing practices.

Wow, we do this and they do that and compare that. And even if it's this very subtle, it comes to mind. The universe is pretty, pretty connected. Yeah, absolutely.

Well, I'd actually met your team going to the NAMI walk. Yeah, I knew about that. Yeah, it was cool. I met Don and I liked him so much. I was like, I just want to talk to this guy and I wanted to ask him if TMS was helpful for ADHD and he pulled out a graph and he said like, okay, well, TMS is actually like, it's a treatment for medication resistant depression, but people who are taking TMS are reporting and he brought out this chart and he was saying like, this percentage of people with ADHD are reporting better cognitive functioning and help with their symptoms as well.

So you have to, well, I failed like, or six, you know, antidepressants did not work for me. In fact, I got terribly sick on like all these medications.

And so I was a good candidate for TMS. The team was really great. So I got to meet them. And then I just thought, need to go there. And then I did. And then I learned so much.

Like, that's actually a really cool thing. Just like, Being immersed in the culture of the center and, you know, having little conversations here and there, psychoeducation about like, you know, what the treatment is like.

I would say like, it's been a pretty quantum leap, you know, in terms of like information and education. I got to look into like the epigenetic stuff and the TMS stuff, ketamine, right?

Podcasting, Curiosity, and AI Psychosis

All these things. Yeah, well, I think the belief that I've always carried or always wanted in healthcare has been this, a very idea that people should come to a place, first of all, they should feel like it's not a clinic, it's a healing space, it's a healthy space to be in.

It's not a place you want to avoid. It's a place you want to go to. That's what a healing or clinic should feel like. All clinics, and I'm going to make this pretty public someday, that all clinics should be that way.

People should want to go there and they should want to sit there and have a conversation and be heard and not being called by their name, not by a number.

not a diagnosis, a human being and they're just like you and there's nothing different and also they're different. And also you need to have a network.

You need to have resources and having that place that engages with that. And that's another reason why the podcast helps is because it connects us to all the different modalities.

It doesn't have to be this one way or one formula. Yeah, I would say, I would say Shawn Mainz does a really great job of making people feel like people first because, and I have like a couple of moments where, that stand out, you know, where I'm just like, Oh, it was early, I didn't get breakfast.

And then Dawn gives me like, like little baby belt cheeses and stuff. You know, and little conversation, you know, I felt like sometimes I would be like, Oh, should I ask this question?

But I really want to know, I'm curious. Yeah. ask and you were always like, you know, and maybe, maybe you understand that, right? The two curious. You were never like, I don't have the time or I don't want to answer.

It's like, you would have like a really great conversation, you know, I know you're busy, but like you would take time and that. Really made me feel like, like, just like a person first.

I just so happen to be immersed in this whole process and working with your team. That's how I felt. Thank you for that trust. And I think communicating your story, seeing you as, you know, coming in, dedicated to you, you know, showing up.

eight o'clock in the morning without having on the way an hour away. I mean, my gosh, it takes a lot of commitment. It takes a lot of struggle. I see the challenges in healthcare too, as you probably see all the time in emergency rooms.

Access to care is so limited and people are seeking at TikTok. Why do you think that is? Why do you think people need to resource TikTok for their healthcare?

What do you think is happening there? You know what? I heard this, like, you know, I can't remember what book or research it comes from, but it's something like the human brain can only, or the human brain is oriented to like a town of like 200 people or something, like no more than 2000 people and maybe like 200 close relationships.

What would be a question that you'd be curious about in your practice or in something you'd want to ask about your health or question to us that invites your curious mind?

I want to know when AI psychosis is going to be in the DSM. Wow. That's a great question. Why do you think AI psychosis needs to be in the DSM five criteria?

Oh, cause it's happening. But technologies have developing so fast, it's creating these problems or these niche areas for like sort of delusional thinking or psychosis.

And we're just labeling it maybe, you know, much later. Yeah. That's a problem. That is a problem. It is a tool, but it's also creating its own variations and iterations on conditions that we probably haven't thought about or probably making up.

It's making up something else and it's getting more and more complicated as we deal with this. So thank you for that curious question and thank you for being on the podcast.

Again, great to have you Ryan and I hope to see you soon. All right. Take care. Bye. Thanks for joining us on the Two Curious MD podcast. We hope today's episode inspired you to ask new questions and explore fresh perspectives.

We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health, and wellness. If you enjoyed the podcast, don't forget to subscribe, share it with somebody just as curious, and leave us a review.

It helps us keep the curiosity alive. post or comment with a question or curious inquiry that you have and seek to explore or learn with us. Stay curious and we'll see you next time.