

# Dr. Raafia Muhammad: Online diagnosis & treatment

Sat, 3/5 2:09PM 1:03:46

## SUMMARY KEYWORDS

adhd, work, people, patients, pandemic, diagnosis, assessment, diagnosed, kids, feel, anxiety, women, online, parents, life, thought, feeling, medication, treatment, realizing

## SPEAKERS

Dr. Raafia Muhammad, Katy Weber

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Katy Weber 00:00

I didn't even ask you have you been diagnosed with ADHD, as I was a kid, I



Dr. Raafia Muhammad 00:03

always, you know, just had really, everything was fast in my mind. And my mom always told me she's like, because I'm the eldest of three. And my mom always said that, you know, you just your brain just works really fast. I had a little bit of a stutter when I was when I was when I was growing up. And my mom's like, your brain works faster than your than your mouth. So that's I always thought that sort of wise, as I got older, going into medicine, and I was like, something, something, I guess people I know, people. Not I knew not everyone was like this, you know, but then I never, I haven't ever been formally diagnosed. But I do know that I meet a lot of the criterias present very differently. And a lot of times, it's like, you know, if you're, if you're multitasking, you're doing a lot, it's a good thing, you know, you're supposed to do a lot. And I think women, when we become when different phases of our lives require a different us a different attention. And if you have, you know, if you if you are a mom, or if you take care of you know, if you have to, or you're taking care of your family, or parents or whatever, like that multitasking, I think is a good thing. But sometimes it could just get out of control. So I think I feel like I've met different criteria different times in my life, but haven't ever formally been diagnosed.



Katy Weber 01:17

Yeah, I know, that's what's been so fascinating to me, interviewing so many different women who were diagnosed at different times of their lives, and some semi women who were diagnosed as children, but then kind of like, forgot, or, you know, yeah, because there are parts

of you know, there are points in your life where your executive function kind of tanks, and then there are times in your life where you kind of you're on a roll and things are going fine. Yeah. And I think

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Dr. Raafia Muhammad 01:41

it's just phases of your life, which require a different, you wear it, wear it, sometimes, you know, you need a little bit more help. And sometimes you build some mechanisms at that time to kind of cope with it. And sometimes you don't, and I think that's how ADHD should be presented. And that's why I always tell my patients and like, it's not a disability. It's not like a lifelong problem. It's just that you're here. Because some people are like, I can't believe I want all this time with this or they feel bad about it. I'm like, it's not really, let's not to be negative. It's not the negative. It's not. It's not nothing is something you feel bad about. It's not. There's there's we can you found us, let's find ways to make it better from here forward.



Katy Weber 02:21

Yeah, I think I think so much of that grief, at least for me in the beginning, and it comes back i like i like to call it like a game of snakes and ladders, like, you feel like you're getting somewhere and then all of a sudden, it's like, oh, yeah, yeah, yeah, you know, but there's a lot of that grief, especially looking back at my experience with school and just, you know, how you can help I feel like how would my life have been different if somebody had seen the signs, right? Because so like, by the time I was diagnosed with 45, like, by the time you get to this part point, to suddenly be connecting these dots and realizing like, you know, there's just so much of that feeling of like, what could have been, and then also realizing a lot of the time, like, how much you have been kind of gaslit? And how you know, exactly right, like how much you actually did struggle without even realizing it. Because sometimes I feel like we are so busy struggling, that we don't think about the struggle itself. And then when you sort of stop and you're like, wow, yeah, I really, it was really hard. And then they're like, What do I do with that feeling? You know, because yeah, I think we are really good at picking ourselves up by the bootstraps, and like, moving forward, and I was talking about that in the podcast, like, I think one of our strengths is grit. And, and that feeling of like, it happened, resilience, or maybe it's, you know, maybe it's just the sort of the positive side of forgetfulness and poor working memory that you're like, Yeah, I'm gonna move on from that. Yeah, I don't like to dwell as much. Unless it's a text that we like to dwell on. Reread. we ruminate on that text. We said, like, Why did I said that? Oh, God. Anyway, okay. So normally, for you know, I like to ask about kind of how they came to how women came to their diagnosis. But okay, you I would sort of more be interested in kind of, like, how did you, you know, get involved with ADHD treatment? I know you've been with ADHD online for I guess, since August of 2020. Right. So it's been a while kind of Yeah, how did you really start to specialize in ADHD and kind of make this a highlight of your practice?

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Dr. Raafia Muhammad 04:34

Yeah. So I am board certified in preventive medicine, public health, I did my training at the at the Texas Department of Health Services. After finishing that I I wanted to do more contracting work because I want to, I had my first kid in in, in residency and one thing I realized when

you're in residency or medical training, your time is not your time. So once I finished I was like, I want to take some time and just do some, do some contracting work, spend some time with my family. And then I had my second so during during that time, and then when I finally was like, you know, I want to get back into working like actually maybe, maybe work to find that hospital clinic to practice and that's where the pandemic came in. And because everything was kind of transitioning into more tele practices, telemedicine, and that's when I started getting into more of tele practices. I was working for a workers to a telemedicine workers comp, at that time, and then I was like, Well, you know, I need to find something else to keep myself busy. Because we're telepractice his things were just starting up. So the volume was a little bit slow at times. That's when I came across ADHD online, I was sending out my CV and I was like, God, this looks cool. Let me let me reach out here. And that's how I initially found out I was I was the first physician with them. So it was just literally a handful of us. And we just started we just jumped right in and started seeing patients we started in Texas and Texas in Pennsylvania, where the World War Two states at first. And that's just how things started, you know, seeing a lot of patients and seeing the, the, it became apparent very fast that there is a big need for this, especially with the the pandemic one thing in my training that we that is from public health standpoint, you know, whether it's a medical emergency public health, anything, it affects the vulnerable populations and most so there we have kids, we have adults who you know, need mental health need who need help for it, whether it's your anxiety or just need someone to talk to they can't get in to see their providers in person. So when they found us online or you know, just Instagram Tik Tok, whatever it was, they were just like, oh, this is this is this is interesting, this is great and, and they felt like they were getting the care they needed in the comfort of their own home they felt safe they so that's how the new kind of grew and now we're in multiple every time we're adding states like in our in 20 Plus states we have over 80 for over 60 ad providers maybe like we're just growing really fast. And so it's been so that's how I kind of found them and kind of started my work with them.



Katy Weber 07:16

Yeah, it is amazing how it's like it feels like it is really meeting such an intense need right now with the with the pandemic in lockdown, but also just like we are going through this mental health revolution right now. Yeah. And as a result, I think of the pandemic and lockdown and it's so you know, act like I talked to guests in the UK who say there's a three year waiting list with the NHS to get an assessment so they're going to private companies a lot and you know, it's like with even though things are opening up like it's still it's hard enough to get a dentist appointment right now. Like it's crazy how back to how you know, that relatively short shutdown has the ripple effects that it has had throughout the medical community. Yeah. And just the over like the stress. And the overworking and like not only you know, taking on you're having to deal with your own issues with the pandemic, but then taking on all of the issues with the clients. Like it's just so dizzying to think about. And I feel like online telehealth has really just like slid in there and filled this gaps. Yeah, wonderfully



Dr. Raafia Muhammad 08:31

disparity of healthcare that becomes so apparent and I think that's where telepractice has like ours, kind of our we're just able to reach more people. And it just and it feels good to be able to be there for that, you know, just even if we can't even if it's not for some people, you know, I see I'm like, you know, medications may not be a good time right now, but at least they know

that at least they know like, hey, maybe this is not the right What else can I do? So I think it's just it's just as you were saying of just while these are wild times and it's really it's Yeah, it is



Katy Weber 09:06

and I think even for through the lens of ADHD or even just like to focus in on ADHD in the last couple years. I mean, that article that came out on the independent about the increase in online diagnoses among women did you see that? Like it was incredible, like in 2019 it was like 7000 women took online assessments and in 2021 it was 250,000 and and I'm sure what is still it feels like it's still increasing anytime I post anything about ADHD the comments are like I think I might have that like Yeah, it's amazing to me how many are still sort of coming to this realization because I at this point, I assume everybody everybody must know cuz I know.



Dr. Raafia Muhammad 09:53

It always feels like that. It's always like you know, if you it's like if you learn one thing if you know one thing the everybody has it too But I think with women, it just presents so differently. I mean, it's just, I have, because of the penalty because the pandemic, but because we've opened up around the pandemic, you know, there is this, I see a lot of women, I see a lot of adult women coming in, and they they often present with this mix of anxiety, and just hyperactivity and the hyperactivity is more this mental hyperactivity, I always describe it as tabs open in your brain, you can't focus on one tab long enough in the jump period, just jumping between things all day long, the second day, wake up till they go to bed. And then when they go to bed, they're physically tired, because they've done so much like running just physical running around it, but their brain doesn't sleep, their brain wakes up and it's like, Oh, we didn't do this. And we forgot the kids, you know, homework or laundry or so it's like, it's like this constant sort of, you know, a cycle. And it's just you never get this mental piece. So the hyperactivity that we typically see with ADHD, which is more physical kids bouncing off the walls, it's more of its mental hyperactivity and women. And when I explained it to that, they're like, Oh, my God, that is so true. Like, before the pandemic, you know, they're like, I know, I had some of it, but I was, wasn't that bad, like, I was functional, you know, but then now, it's like, everything is everybody's home, everybody needs me at the same time. And I think that that shift is what a lot of women are saying, because sometimes, you know, people could have ADHD, or have some levels of depression, some lows, anxiety, and not everything is ADHD. But if the root causes is it, common denominator is ADHD, then maybe proper treatment proper, you know, management will help everything else. So that's how the, I think that's when a lot of women come in, that's what they experienced, or they've been on anxiety medication or, or depressant medication in the past. And they're like, I just, I don't know, it's not helping me. But I feel like I'm on it, but nothing's really happening.



Katy Weber 11:55

Right? Yeah, I got trapped by that feeling that if it's, if it's this bad on the medication, imagine how bad I'll be off the medication. And so I was terrified to go off of it. And I was on SSRIs, and a sort of cocktail of various medications for depression and anxiety for since university, and, you know, never really felt like I related to drugs, you know, especially like with postpartum

depression and postpartum anxiety. I never, I was being treated for that, because I was having a lot of emotional regulation issues. But I never felt like I fit the profile of Yeah, of PPD, but at the same time was sort of like, well, you know, SSRIs do do work, you know, they helped me sort of get through the day. Yeah. But yeah, always sort of feeling like, yeah, it's not, it's just off, you know, yeah,

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Dr. Raafia Muhammad 12:46

there, but not there. Yeah, I think that's a that's a thing you think, you know, again, that our medical, you know, knowledge or medical, the, I guess the, what's the word DSM criteria is we have criteria for, if there's a name for a lot of things, you know, but at the end of it, no one can tell you like, what you're presenting is 10% anxiety or 40%, HD or 20%, you know, postpartum it's, it's, we want to treat the root cause of it all. So if you know if at that time, if postpartum was was going on, and this is a treatment, then everything should just slowly get better. But if it doesn't, or if you're like, hey, it's not something else is going on, like, I'm still not feeling better than maybe, you know, go back and reassess and find something else. And I think for patients, like, that's also really important to understand, I think we're always thinking of like, Oh, if I have hypertension, I will have hypertension, you know, but their mental health is a it's a very abstract beast. There's different things that make it up.



Katy Weber 13:44

Yeah. I always tell myself that. Like, if you, you know, if you feel really deeply seen and understood by a lot of the ADHD stuff you're seeing online, then it's worth looking into. Yeah. You know, because there's that fear that oh, well, maybe it's not ADHD, maybe it's something else. And I think, yeah, a lot of that fear comes from a life long, you know, experience of self doubt. And also like, feeling like, you're just looking for excuses for your laziness or your disorganization. You know, like, I think we tend to get to adulthood feeling like, you know, like, I the best way I've ever heard it described was was piece of shits and just just like, you know, feeling like there's a feeling like you're inadequate and you're always looking for excuses. And maybe an ADHD diagnosis is just one more excuse that you're grasping on to right. Yeah. So it amazes me how much not only how much self doubt there is around getting the diagnosis, but even after I was diagnosed, yeah, I still like constantly. I mean, I frickin have a podcast about it. And yet, I still have like imposter syndrome around the diagnosis like it. Yeah. And so I just tell myself that that level of self doubt is a pretty good indicator that I have ADHD.

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Dr. Raafia Muhammad 15:05

And I think it's also the stigma of mental health, you know, like, it's just it, people just perceive it very differently I have patients who are so the ADHD online, there's two parts to our, to our treatment arm. One is the assessment. So that's open, that's open in all states. And that's done by a licensed psychologist and that so in order, so some people just need the assessment with that assessment, they can go to their private care or wherever they want to, but they, they need that assessment. And that's one aspect, if you will, that we can also come your treatment through us. And that's the end. That's the Med, that's the medical management side. And I have patients who've been assessed as a first time coming in, and but they start off with, like, telling me that they have it or that, you know, just kind of explaining themselves and I'm like,

Look, I you're diagnosed with it. I I understand that. I mean, I, I know you have it, I'm just trying understand a little bit about your day to day or something, you know, but then they start with this whole like, well, I like It's like they're fighting for their diagnosis you're fighting for it's because, and a couple of times I've I've, I've, I've, I've kind of explained to them, look, look, I know you haven't I'm not doubting your diagnosis, I just want to know, what's the best, you know, medical option, should we do this one or that one, like that kind of thing. And so then, so they actually get taken aback, and they're like, I'm so like, I'm sorry, I don't know why I'm doing this. But I've always had to, like fight for it before is the first time it's kind of like, Oh, it's so easy. Like, I don't know how to act, you know, I don't like, and that's the thing. I think the mental health stigma is there. But sometimes, depending on, you know, what point of your life you get seen, like, if you're in school not doing well, or maybe getting in trouble all the time. Maybe it's easy to say, Okay, you're just you know, you have discipline issues, and it's not ADHD or if you're older in life, and it's like, well, you're just, you know, and you're, you know, maybe not doing things you need to do. It's like, Well, it's because of it. So it's like, I think people just like to people who don't want the way the diagnosis is perceived. It's kind of like, oh, because you're doing this, it's maybe due to disciplinary issues. It's not it's always seen as like a if nothing else fit then it could be ADHD, you know, but I don't think it should be seen that way.



Katy Weber 17:22

Well, and I think there's also the belief that, you know, you really could get your act together if we tried hard. Yeah, exactly. Exactly. Like at the end of the day, you're just not trying hard enough. And we internalize that belief because we're told that Yeah, from time to time. YEAH. So now with this kind of like in Increase in diagnoses, especially among adults and adult women, like how do you think this is going to be changing the face of ADHD and that stigma, because that's what I get excited about, right? I mean, that's what his advocacy is for, and spreading the word and showing like, I, you know, I feel like that we have this opportunity to really expand how ADHD is looked at, like in the education system, and yeah, and it, you know, for our self identity, what do you what do you feel like this, you know, even though there's this backlash right now that it's just trendy, and, and everybody's a little ADHD? And, yeah, like, how do you feel like we you? How do you feel like the face of ADHD is changing?



Dr. Raafia Muhammad 25:48

I think that with it now that more people have access to it, they're they're being like, they have a name for what they're feeling or what they're experiencing. I think with that there is this, there's this, it's brings a more positive light to it. And I think that if the fact that, you know, women are multitasking, we're doing a whole lot during this time period. And I think, without it, it's, it's, it's a more add to the positivity of it. It's not like you have to be a kid to have it or this or, you know, or, you know, in your college years, or whatever, I think it's I think it's being seen as like, oh my gosh, like, if you were, I think it's highlighting the fact that we're reduced, like women are doing so much also your full time work, eating gave your family and jumping between a lot of the roles, the roles that we have to handle. And I think with that, it just, it just, it brings that aspect of positivity and I think if women's if once you start feeling better, when you're doing things, you're more you feel like you're you're you're making that difference in yourself. It's that overall, you realize, like, you know, you're similar, I'm trying to say your, your, your own sort of day to day gets better. It's more positive reinforcement. Also, you know, so I

think, I think it's not I don't know how it's going to in the the backlash that ADHD gets, especially in this whole social media world. It's, it's just because everyone's like everyone's talking about everybody has it, that kind of thing that I don't I don't know how that part will change. And I hope it changes but I think with with the whole social media and trendiness that comes with any with any diagnosis, anything, that's just, you know, that's, that's always that's kind of a different sort of aspect. But I feel more women get diagnosed, the more they will talk about it amongst themselves. And I think that's what's important. So just everyone putting their voice out there. And social media is a great way to do that. It's so short, but I have a lot of people who found us on Tik Tok. I didn't even know we were on Tik Tok. So that's been really, it's been really exciting to see that kind of married together. But I know that a lot of you know, because of the pandemic, there's a lot of people who do you post things on social media with it. And I know that some medical providers get a lot of back backlash, or they're just like, well, you're just going up there and saying things on this or, you know, so I think that's that's a that's over, you're



Katy Weber 28:14

just looking for meds, which I just blows my mind that any medical professional is still thinking of stimulants, as you know, in this in that way, you know that somebody is coming to you struggling and yeah, like, well, you're just trying to get, you know, contraband. Yeah. But so, oh, shoot, I lost my train of thought. So I was curious, I wanted to find out a lot more about the testing. The online testing, like as you mentioned, I kind of assumed that it was just like a multiple choice test. What what is the are you actually speaking with a psychologist or psychiatrist? So walk me through the testing process with



Dr. Raafia Muhammad 29:00

Yes, ADHD. So we have a so say, you're looking to get diagnosed, you're like, hey, I think I have ADHD I just saw a tick tock, maybe I'm criteria. So you come onto our website. And then you'll have your register and then there's a bunch of questions in there. The questions will ask you things but just you know, just medical background like medical history, surgical history, that kind of thing, family history, social history, anything, the questions on anxieties question on depression, like just under a free text kind of questions. And then at the end of it, this is an asynchronous sort of sort of visit so once you've finished that questionnaire, then it gets sent to a licensed one of our licensed psychologist and they're the ones hold look over it and assess it and say okay, based on this unique criteria for ADHD inattentive type or combined type or whatever the cases that seems like you know, you also enter positive to some of the questions and anxiety or some some of the questions and in, in, in, in In depression, and then they have a plan sort of highlighted in there. Sometimes some patients will mention, you know, they may have thoughts of hurting themselves or, or, or thoughts of hurting others and then at that time the the psychologist may, may reach out to them Be like, Hey, you talked about this, I just want to find a little bit more here some, you know, numbers to reach out to that kind of thing or so it's so the assessment is just based on the way those questions were answered. Somebody you know, you can meet diagnostic criteria for ADHD but it also we also want to highlight depression, anxiety and other mental conditions because not everybody can be it's not always a clear cut ADHD diagnosis, you can have a little bit of other things also. So the assessment kind of looks, looks at all that. So we have a, our department our Division Chief for for, for the psychologist is Dr. Savoie, Dr. Gil said, well,



Katy Weber 30:56

because I think, you know, the number one question I get asked in my Instagram DMS all the time, which is, you know, how do I get diagnosed? And I love just being able to, like, send people to you guys. Yeah, because so yeah, I think you know, so many of us, I had such a great experience with my doctor, but my doctor is also a psych NP. So she was really relatively painless experience. I had a relationship with her already. I brought all of my self tests and all of my paperwork with me. And she was like, Yeah, don't worry, you don't, you know, it was the same experience where I was like, so terrified. She was gonna say, No, it's not ADHD. And then I would be like, well, now what, you know. Yeah. And so it was, it was, it's been a relatively wonderful experience for me, but like, I have just hear so many terrible stories about women who go to their doctor, really feeling like this, you know, could be the answer to so many random struggles throughout their lives. And the doctors just are like, oh, you know, go get a good night's sleep. You're, you know, you're a mom, this is typical, or



Dr. Raafia Muhammad 31:58

I've ever heard them right, or said that to me.



Katy Weber 32:01

And or my favorite is you've made it this far. What's the point in getting a diagnosis?



Dr. Raafia Muhammad 32:06

Yeah, yeah. I've had patients say that to me. And I'm just like, I'm so sorry. Someone said that to you. I'm so sorry. Someone told you like, kids are the answer to your, you know, to your life? Or I just, it really baffles I don't, I don't know why someone would say that, you know, like, I would never see that. I would never say that as a response. Anybody to any of my patients. So it can be confusing. But for women here that are quite more often than men do. So



Katy Weber 32:36

yeah, or another one that I love is you weren't you didn't struggle in school, you didn't struggle as a girl. And so therefore, you can't possibly have it as an adult. And it's like nobody knew anything. She girls. Yeah. So of course, I wasn't diagnosed as a child, how are you using that as evidence that I don't have it now. But I think, you know, really, the idea is that the fact that there's just like, I think we're at this, we're at this crossroads where people are getting a lot of their information online, from social media, they're seeing these lived experiences of social media influencers, for good or for bad. This is how the information is spreading. And then they're going to their doctors who just have no clue what is happening and don't know really much beyond the DSM and and so then we get to this big question, which is like, Okay, well, what is the is this ADHD? Is it not? I don't know. And, and it's dangerous to self diagnose. And, you know, we hate we have so many of these questions around this right now. And so it's just, it's so nice to know that there is like a place where you have people who know what they're



doing, they're experts in this specific topic. And, you know, can Yeah, can look at these comorbidities and look at some of these other red flags and help us parse it out. Because I think that's what is, is the big confusion right now. Like, right, you know, and like you said, right at the beginning, which was, even if it's not ADHD, like, there's some executive functioning issues that everybody is experiencing right now, for a lot of reasons. So let's deal with those as well.

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Dr. Raafia Muhammad 34:04

Yeah, yeah. I think I have some patients who just want to they're like, I don't know that, like, I know, you know, I did your assessment because I have ADHD, but I just want to talk to somebody about it. And so we'll talk about it and then at the end of it, they're like, you know, what, I now that I know and things you say makes sense. I, I guess I'll they want to do therapy, or they want to now that they know they want to see if they can do things on their own, and then come back if they feel like so I think it just it's nice to be able to open that door for them. It just say hey, we're here for you if you want to come back more than wanted to come back any time. You know, so I think that's important to also refer for for for people to know that. Okay, I have someone to go to. Yeah,



Katy Weber 34:43

well, I mean, it's crazy. It's expensive. It's overwhelming. It's one I mean, it's one thing to get a diagnosis, but then it's another thing to get hit with, you know, \$50 a month medical prescription bills, and then also like, Okay, well now I have to make room in my budget for therapy. And, you know, like there's a lot of expenses that can thrown at you in terms of treatment, and that, you know, we're not always the best with budgeting so. Right. Yeah. So yeah, it is overwhelming. And I see, you know, and I think we're also just like, have a tendency to not bring in help in our lives. And we have a tendency to be like, you know, I think somebody with ADHD and undiagnosed ADHD has spent their whole life being like, I could just figure this out by myself, right? I just need to try harder, I just need to do a little more research. I'm just gonna do this. Let me just Google a little bit more. And there's always this sense of like, the answer is just around the corner, I just need to figure out how to get there.

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Dr. Raafia Muhammad 35:36

Right. That's how it's been. That's how it's you've been told or your length. And that's what you think, you know, like, I just spent 10 more minutes on this, this, it's right there, you know, and that 10 minutes, cuz even more painful 10 minutes ever, because, you know, it's just, it just adds more and more to that. And then yeah, and that, in turn, can add to those levels of you know, if you don't get the answer, or even need more time, that could act and more those levels of negative self thought and just more to the anxiety feeling. So just in the sense of this vicious cycle, not ending



Katy Weber 36:07

I know, right? So I love like, you know, I kind of joke with other people about the idea of like, the diagnosis process for ADHD is basically the test for ADHD. Because it feels like such a maze

diagnosis process for ADHD is basically the test for ADHD. Because it feels like such a maze. And there's so many hurdles to even just get there and then to get the treatment and it's so exhausting and chances are you're already chronically overwhelmed to begin with, and yeah, deep sigh So now what would you say to the skeptics when it comes to online assessment? So, you know, I feel like there is this because there's, because the telehealth and the online assessment have come in and they're relatively new, they're filling a gap. But they're also there, you know, there could be the fear that they are capitalizing on on these sort of need for urgency or, you know, this idea of like, I just want to get this diagnosis quickly. I don't want to have to do the work, you know, that there's a sense that there's, you know, it is it's a business. So, there, I think there is some mistrust that comes with online assessments, as opposed to going to your doctor, even if your doctor is like, you know, an eight year old guy who has no idea what you're talking about, and tells you you're not bragging boy, but like, yeah, you know, what, what, how do you address the skeptics in the room?

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Dr. Raafia Muhammad 40:57

I think it's the healthcare is changing, I think everyone is so used to going to seeing a provider in person, that brick and mortar sort of feeling like now we're changing it to just be like, hey, here it is. The efficiency, the fact that it's faster, I think that's what people feel like, what is this even real, like, it's so fast to do it, I'm usually used to waiting three years to wait three months to see my doctor, and then 20 minutes in the waiting room, you know, so it's not, that's what people are used to, because that's what you told is the right way to do it, in a sense, but this way, it's the same assessment, it's or similar assessments that we're doing at our follow ups and at our visits and everything, but it's just faster. So it's that I think that's the the essence and we're in any medical practice, whether whether it's online or in person, we are practicing the there's there is a standard of care we want to meet, you want to make sure that the patient's any medication we prescribe, anything we try, anything we do it is you know, it's safe, patients have a way to reach back out to us if they have questions or concerns or if they're have, you know, they're not liking the medication, or whatever the case is. And there is it's, it's the same practice by just online because everything is just you're not going into a building, you're not going into brick and mortar. But I think this skeptics come in when it comes to like, Oh, I'm used to doing something else. This is so much faster. So is it real? That's the type of that's the kind of like, response I've seen. And I tried to tell them, like, it's the same thing. I mean, and you know, at the end, I think just building that trust with patients that that kind of helps to, they're just like, Oh, so you're a real doctor, you're, you know, this is real practice. This is real medication, I sent in a prescription to the pharmacy, they were able to pick it up. And you know, so I think all that is like, oh my god, this is you're not just like a bot sitting somewhere talking to me. And all our visits are done through like a like a, like a zoom like this. So they're able to see me in my in my homes and has my kid friends around. They're like, Oh, you're a real person. And then all of us are like this. I think that that sort of builds it up a little bit. But initially PP, people who, you know, come to us are just like, I didn't know about you guys. I just did this online, too, in the morning, because I couldn't sleep and nine years. So you know, so I think. Yes, a chance here your question about your roundabout way. I think it's just that I think the skeptics are just, they're used to doing something in a different way. In a very in a brick and mortar fashion, things take longer than what we're used to. Now we're changing it and it's like, is this real? I mean, that's where it comes from. So the efficiency



Katy Weber 43:36

Yeah. I know. I like that answer. It says a lot about the American medical system. If something

Yeah, I know. I like that answer. It says a lot about the American medical system. If something isn't painful and arduous that it must not be real.

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Dr. Raafia Muhammad 43:46

That's that's literally what exactly what it is. They're just it's, it's crazy. It's crazy how much you have to you know, you advocate for your help in so many ways here. And here, we're just trying to be like, Oh, are we are waiting period for some states is a bit longer, but we are growing very fast. So that's cutting down also. But at the same time, it's just you know, when you hear that, you know, when to go to a brick and mortar, it's like three months in some places, some places, depending on if they're and I'm in Texas and rural Texas, there. Sometimes there's more cattle than people in some counties, you know, so to just for them to get treatment is you have to wait even longer drive hours to actually go to a specialist.



Katy Weber 44:34

Yeah, absolutely. I know. I grew up in Canada and moved to the States when I was 27. So I always laugh because I'm like, there is a better way people you know, we're talking about start talking about how we're the cream of the crop and I'm like, Oh, where do we even start? That's another podcast. But anyway, the Do you now I know with with The prescriptive visits and the therapy that's I know that sort of on a state by state basis. But do you assess internationally? I guess my question is, can you assess anybody for who you know, do you have to be in the US to get your assessment through ADHD online? So

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Dr. Raafia Muhammad 45:18

yes, the medications. So we're the way the medication parts of every state has different state laws, when it comes to most of the ADHD medication, the stimulants are control substances. So if you are, if you get prescribed a stimulant states have certain laws on that every state is different. But those are all within the US we're not assessing, we're not open to patients internationally, I think we can get we'll have to ask the 80. And like, just the just a team if we can do assessments for internationally, but I think I think this because the assessment is like anybody can get assessed now that you can take that assessment to your medical provider in person if you want to, you know, so I think that part could maybe available, but the medical management part that is for us only.



Katy Weber 46:08

Right. Okay, that's what I was curious about. Yeah. Cuz, you know, it also feels like with this social media revolution, like it's amazing to me, how, how ADHD just is becoming more and more of a concept. You know, I guess it's, you know, there's there's definitely certain countries that embrace mental health, and there are some countries that there's no, there's no such thing as mental health, right? Yeah. And so it's always like, I didn't really think about it much until I started going on clubhouse at the beginning of last year. And there was a lot of like, interesting ADHD clubhouse rooms and the conversation and but it was so fascinating to me, you know, from various, you know, for certain continents where people were just like, this was the first time they were even exploring, ADHD and it was like, I can't tell my family about it. I

can't talk about Yeah, this is just, this is not something that I could ever actually explore. So I think in that realm, in terms of like, the, the stigma, I think the US is probably a lot more laid back. Yeah, a lot of other continents. Yeah,

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Dr. Raafia Muhammad 47:16

we still have stigma rather, but mental health stigma and the eastern part of the world. It's deep. I mean, they don't in some countries, if you go in with a stimulant, it's banned in those countries, like you can't bring even if so, you know, even if our patients are traveling, we've asked him to like, Hey, if you need to travel a female letter, please check with your country. This is because if you take your medication with you, and we can start early again, for some countries, stimuli medication is banned to tender, but unless you have the appropriate paperwork and stuff, so it's not even seen as a possible diagnosis. But we are in like, especially in like the eastern part of the world. It's, it's very, it's just not around and no one talks about it. No one thinks that, you know, again, you're lazy. Stop doing this focus more on stop playing with your friends focus on your studying. Like, that's kind of the thought process there.



Katy Weber 48:12

Right. It's like self indulgent to even think about.

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Dr. Raafia Muhammad 48:16

Yeah, you're just thinking, if you're thinking about it, I have way too much time around studying. So go pick up your book. Yeah, yeah. I grew up in I grew. I grew up in Saudi Arabia. And it's a very like it. I went to elementary school out there, I was there, up until junior high, and it's never occurred to me that this was even a diagnosis and my bubble was going to school comback slash classes a lot. And then that time I went to that the the, I was in a US base school, their US STEM curriculum school. So we had classes only at the moment, ninth grade at that time, as I as if you want for high school, you'd either most of us would would would would go to boarding schools, whether it was in London or it was us or whatever. So I went to an all boys boarding school in Maryland and it was just like, my world was always just got to study this past the psyche and do the next day, you know, it's like, so the it's never thought of mental health or any depression, anxiety, ADHD never crossed my mind. And then but I now that I'm in this ADHD online world, it's a sea high school kids I see I see parents bringing their kids and I'm like, This is amazing. It's amazing that you're so like, your as parents, you're open to the diagnosis because I mean, different kids for minors. You need to come with parents, you know, if your parents are the fact that you guys had this discussion this is it's just amazing to see that you know, like it's just the the stigma is slowly breaking down. Yeah,




Katy Weber 49:53

I think you know, I so many women I interview have come to their diagnosis through their children, you know, yeah. where they were like, oh, wait a minute, these traits are I experienced all of these? Right? Yeah. Yeah. Whereas I, I did not come to it through my children. But now I have a almost 15 year old and a 10 year old. And so you know, I'm going

through there everything they do we evaluate it, we talk about it, do I have any shade? Do I not? I don't know, there, I have a girl and a boy. So they're both so different in terms of how it presents. And it's always fascinating to me to think about how much my own parenting has changed since my own diagnosis just in terms of like, realizing, you know, the importance of accommodations and realizing the importance of like environment and how you know, you are not the problem, the problem is the environment, right? Yeah. And just

 Dr. Raafia Muhammad 50:43


external stressors, external stressors, sort of stimuli,

 Katy Weber 50:47

right, exactly. And so it's like, you just approach issue, I just, you know, we approach problems very, very differently, as opposed to being like, what's wrong with me that I can't do this thing. It's like, it's, you know, right away, I'm teaching my kids that, like, they are not the problem. And so they can, they can say, Okay, if this isn't working, now, I can look outside of myself and be like, what is not working for me? And what do I need to succeed? As opposed to like, I feel like in my life, I just was like, I'm not succeeding everybody else is what's wrong with me, I'm gonna just give up and lie here in the fetal position. Yeah. Or just like, try really, really hard and push it and eventually get through and make it and then fall to it, you know, fall to the floor exhausted. That's the other thing, right? Just like that we are having to do twice the work for the same amount of for the same result as so many other people.

 Dr. Raafia Muhammad 51:36

Yeah. So by the time we get to your goal, you're mentally and physically exhausted, because you've worked double, you've done double the work in a sense. But yeah, no, I haven't seen myself with with, with my kids, I'm always looking at like, me, tick tock and Instagram are just great resources for if you find the right thing. I mean, there's good and bad everywhere, you know, but I know it's fine things on like, how to parent toddlers things. But tip like that, I'm always looking at things like that. I'm like, this is interesting to to include in my parenting, you know, but for my parents, it was it was different. It was a different generation, they thought very differently. And they were not as, I mean, they're great parents, they but at the same time, it's like I guess now parenting is you just, you're more, there's the resources are different. So you approach things a bit differently. And our kids and our, they're living through a pandemic, everyone's showing it very differently. I mean, I have a six year old and, and, and I have a three year old and they're there. They show it very differently. Versus I see kids who are in their, you know, they're 10 year olds, they're preteens, they show up very differently. And it's just, it's like best parents, you want to be open to that and be in tune to that and not just say, Oh, it's go to your room and do it again, you know, like, just you. I see parents is kind of having very, they have this very friendly relationship, I guess, with their kids, your older generation,

 Katy Weber 53:05

I hope. I hope this generation of parents kind of realizes that corporal punishment and the like

I hope, I hope this generation of parents kind of realizes that corporal punishment and the like, sit in your room and sit in the corner and think about it, like all of the ways in which we were punished growing up, like I think we've all learned that they're terrible, terrible ways to discipline children. And that there is a more like, cooperative approach that Yeah, could work.

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Dr. Raafia Muhammad 53:26

I saw this thing where it's like, I don't like you don't do timeouts anymore. We do like timeout. It's like, okay, let's, let's, you know, let's take a deep breath and come back. And we said before, it's always a good room and timeout and all that stuff, you know, but now it's like, Wait, let's, let's take a deep breath. And let's, you know, reassess, and try to approach is little more, a little more carefully, you know, so I think, and that's something new. I never, I never, I never realized that before. And I'm like, Oh, my gosh, this is timeout is so archaic, though, you know, you want to be able to engage your kid, your kid is telling you something, and let's be open to it.



Katy Weber 54:03

Right. I know. And I think I read in a book recently, I think it was Dr. Sharon sailings book where she was talking about, like, the best reward for any kid his time with you. Right? Like, all they want is more time with you. And that can be hard as a parent. Yeah, do need your space. But it was just a reminder of like, how time apart like the way you know, separating and making them sit by themselves and doing anything alone is really like, akin to torture for certain age groups. Yeah. And then and then I thought about like, body doubling, right? And how, like, with my children, like one of the hardest things that my husband and I deal with because he's neurotypical and I'm always trying to explain to them that like, you can't just tell your child to go clean their room. Because yeah, that you're just you're leaving them alone, you know, to they're just, they're flailing and it's a really, really difficult task and like we you know, we need to find the patients to body double. And, and right because it's hard because Like, yeah, as a parent, you need to, you need time away. And so you know, it's but that's those were those ways in which my own view of parenting has really shifted where I'm like, it's just not fair to expect things from a child, if you haven't, like really shown them explicitly how to do things and showing them and, and spending that time with them. And so,

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Dr. Raafia Muhammad 55:21

yeah, and I think a lot of us, you know, never like when kids go to school, drop him off, let me bust pick them up at seven or eight or drop off for school, they come back around two or three, like, this is a first time parents are actually see their kids study. They're like, with Homeschool with a hybrid model. They're like, I had no idea my child could not sit down in one place. But I have and sometimes as parents, I'm like, what brings you visit today? Like, why? Why seek treatment now. And so the parents are like, I had no idea my child was so disruptive, like, they're just walking around, they can't sit down at one place. I had no idea at first. They're like, good teachers would mention it. I was always thought that this teachers not good, you know, like, something like that. But now that like, I'm actually seeing it, or I can't believe I have to tell my kid like, 100 times to do something we saw don't do it, you know. So it's like, I think if, again, if you're not either showing your kids you're not seeing that. How do you? You know, how do you? How do you know what to do? Yeah. Yeah, so that's, it's interesting. I mean, this,

this, this, this, the pandemic has, I guess, in one way, brought us away from each other, but also close us families, because then you're realizing so many things about, about ourselves about each other is the first time my kids actually know what I'm doing. They don't think they they're the little they don't really know much besides Mickey Mouse or, you know, Elsa, whatever. But now they're like, they're like, Oh, they're really mommy's a doctor, and Mommy sees patients on telemedicine like, like, my son tells people what he wants his patients on, tell them that she's a telemedicine doctor. And, and it's like, then they then they know, like, Okay, you're here, you're with your patients. And then anytime I'm done, my, my, my daughter's, like, how many patients do you have two more, three more, because they know that this is something she does, this is how it, this is how he puts you works. But then, if I have to go back on a coalition like that, they all they're always like, you're always working, you're always working, because sometimes I see patients, different different time zones. So it's like evening work at times. And they're always like, you're always working, I just want to play with you. And I'm almost I'm almost done, you know, and it's like, it's like that that time. Like we all need time away. But I think that the time that they have we that we give to our kids, it's also it should you know, it's they see it differently, you know, because I don't know, I guess you see me working out more. So they're just like, where she I don't know. Well, it's



**Katy Weber 57:47**

funny, because yeah, with some distance from from remote learning now that my kids are back in school, I can have some I have enough distance that I can, yes, have some gratitude for that experience of like having a home and really getting some insight into how they learn. And especially my son was in fourth grade. And I remember he, his teacher was always harping on his handwriting. She was like he needs you know, his handwriting is really messy. We need to work on that. But I could then I saw how, when he started to focus on his handwriting, he would lose his train of thought he couldn't, you know, he would get all this anxiety about how he was, you know, he slowed down so much that I ended up becoming like his secretary. And I was like, Look, you just say things out loud. And I will take because then he could kind of catch up with it. Yeah. And I read and I was like, when would I have ever had that opportunity? Yeah. But on the flip side, you know, when your boundaries are basically thrown out the window, because you're all in the same house. Like that was basically how I got my diagnosis, because I was like, frickin work. Like, I could not do anything for myself. I felt like I was waiting, right? Yeah. Which was like, I had no idea when my kids were going to come bursting out of their rooms in tears because of Wi Fi or something, or just the anxiety or zoot, like there was, I had to be a full time like Butler for my kids. And I didn't have a cleaning lady anymore. And like, you know, so it was like, all of those domestic boundaries were just erased. And so that's what I had a meltdown. Yeah. Look into ADHD. Yeah,



**Dr. Raafia Muhammad 59:18**

a lot of people are presenting that way that's everyone's day to day now. I mean, I've had patients where their kids are just there's like Ellison background or spider man or one side monitoring started with Spider Man, you know, webs and stuff and she's like, this is my life. This is my life. And then it's like also if you're working from home, you know, you don't have the division between your workspace and your home space and all of a sudden it's like it's not the dishwasher is that the What is that noise and some person people like they're working you know, your your company, and everybody went remote and it was on different time zones so

people's phones are buzzing at different times at night and that could be a source of anxiety. It's comical. What is sad is that the work messages I did I miss something? Did I forget That's something so you're constantly like you're running in quicksand. It's just not going anywhere. And I think a lot of I think a lot of people are was just in we, what you described as what I, what I see. And I, like cling to people like this, you know, your ADHD could be playing a part into this, like, I never saw it that way. I always told like, hey, just do this or do that, or, you know, maybe I'm maybe it's always like, well, maybe I'm working more, so I'll work less. But I enjoy working. Why do I have to give up that part? This is always you have to find a balance. But I'm like, No, you should be able to do whatever you want to do. No one can tell you that your 12 hours are not as important as someone else's 12 hours, that's not or will your 24 hours are not as important or whatever the case is, or you have to work 10 hours or eight hours or whatever. But if you are not comfortable with how things are going for you, let's see what we can do. You know, and I think, but yeah, but what you describe is what I hear often with a woman.



Katy Weber 1:00:58

Well, I was gonna I was just gonna say, I think it was its most starkly presented in terms of a gender issue from the pandemic and how the pandemic and lockdown has affected women so much more than men, and especially wives and mothers. And in terms of the domestic duties, and yeah, I mean, I feel like that's woven into our conversations all the time about Yeah, how I'm always like, is this ADHD? Or am I just an angry feminist? It was added,



Dr. Raafia Muhammad 1:01:29

I know, the balance is hard. Sometimes you're just like, No, it's yeah, no, it is it is. It does affect women differently. Because women, you know, especially this this time, as you said, it becomes more apparent that the glue of the family like if you're but at the same time, if you're not doing well, if you don't have those outlets anymore, then everybody suffers anything that adds more to that anxiety more to because that mom guilt is real. Like if you feel like you forgot somebody for your kid or you're there for something or you know, like that, that really slowly break you down, you don't add more and adds more to burnout, eventually can lead to lead to professional burnout or just personal like retire with everything, you know. And so, yeah, I mean, there's a lot that there's been if it is ADHD, like, let's get that treated, let's get that assessed. So we so the quality of life is better. Yeah, I know right quality of life that we're that we're trying to help here.



Katy Weber 1:02:25

Well, I so appreciate the the I just think ADHD online is such a fantastic service. And I think it's yeah, the right time, right place at the right time. And I think it's fantastic. And now I was surprised to learn that it was actually originally founded for kind of parents and kids and getting kids diagnosed. But I imagine Do you know offhand what the ratio is of adult women to adults to children?



Dr. Raafia Muhammad 1:02:52

I do not know. I will I will get the information for you though



I do not know. I will I will get the information for you though.



Katy Weber 1:02:55

Yeah. I'm just curious, because I feel like I imagined way more adults come for a diagnosis then for themselves then for children. And also, I think, you know, not only is it a great place to go for an assessment, but it's a fantastic resource too, just in terms of poking around the site and the blogs. And there's also the webinars and yeah, and I think if the two year the last two years have shown us anything, this really is the future of how we communicate and how we find help. Yeah, yeah, yeah. Yeah. From from the loneliness of our living rooms and our screens.



Dr. Raafia Muhammad 1:03:32

Yeah. Times have changed. I



Katy Weber 1:03:35

really appreciate you sitting down with me. This was a really enlightening conversation. I had a feeling it would be