

Dr. Kellie Stecher: Rejection sensitive dysphoria & professi...

Sat, 9/24 4:58PM 57:27

SUMMARY KEYWORDS

adhd, people, feel, physician, women, thought, podcast, patient, life, situation, diagnosed, called, talk, kids, rsd, therapy, mental health, moment, anxiety, adulthood

SPEAKERS

Katy Weber, Dr. Kellie Stecher



Dr. Kellie Stecher 00:00

You really just have to read yourself and know what you're capable of. Right? And I think that the little voice that says we should do this, we should do that. And that's really destructive because it's too loud. It negates everything that we actually are feeling and what we actually need. It's that people pleasing that RSD the trying to fit in. That's really the toxic thing that sits inside of us that we can't overcome sometimes.



Katy Weber 00:33

Hello, and welcome to the women and ADHD podcast. I'm your host, Katy Weber. I was diagnosed with ADHD at the age of 45. And it completely turned my world upside down. I've been looking back at so much of my life, school, jobs, my relationships, all of it with this new lens, and it has been nothing short of overwhelming. I quickly discovered I was not the only woman to have this experience. And now I interview other women who liked me discovered in adulthood, they have ADHD and are finally feeling like they understand who they are and how to best lean into their strengths, both professionally and personally. I'd like to share with you this review from a listener called Tiana Ricci, on the Apple podcast platform in Canada, my home and native land. It's entitled Love, love, love. Since my diagnosis four months ago, I've listened to a number of ADHD podcasts and all the others have nothing on Katie's podcast. Katie is so real and honest. And she selects guests who have very interesting career paths, and I'm glued during the whole hour every week listening to these women openly discuss their challenges and how they manage their ADHD has helped me feel validated and is allowing me to accept and appreciate my own journey. Thank you, Katie. Well, thank you, I get very insecure about the fact that I tend to ramble on about what a hot mess I am. So I appreciate knowing that there are some of you out there who actually enjoy it. And I appreciate you and your feedback and your support more than I could ever say. It really keeps me going week after week. And it makes such a big difference in getting this podcast noticed and found by other women who are starting to connect the dots in their own life and could really benefit from hearing these conversations and knowing that they're not alone and that they're not lazy,

stupid or broken. If you're a listener of this podcast, and you have been helped by these conversations, a wonderful way to say thank you is to take a moment to leave a review or even just hit those five stars. If you'd like you can pause right now and do it I promise I will wait for you. Okay, here we are at episode 104 in which I interviewed Dr. Kelly STECHER. Dr. STECHER is an OBGYN and co founder and president of patient care heroes, as well as the governor of the seventh district of the American Medical Women's Association and advisor to multiple other companies focusing on patient and staff safety and mental health. She has won the Minneapolis St. Paul Magazine's Top doctors Rising Star Award for the past three years. She was recently runner up for the sharp index, physician wellbeing Leader of the Year, and she also won a silver anthem Award. She is also the author of the book delivering a powerful personal memoir meant to empower women, mothers working women and women working in healthcare, Dr. Stecher and I talk about rejection sensitive dysphoria RSD and what it looks like starting in childhood and then following us into adulthood. We also talk about emotional bandwidth, developing boundaries and professional burnout, especially in healthcare. I put a trigger warning on this episode because we do talk about sexual abuse and suicide. So if those are difficult topics for you, you might want to skip this interview. All right, without further ado, here is my interview with Dr. Kelly STECHER. Hi, Kelly, thank you so much for joining me. Thanks so much for having me. I guess we'll just jump right in. I'm really curious to hear your diagnosis journey. Were you diagnosed with ADHD in adulthood? And if so, what was happening in your own life that led you to kind of think I should really look into this? Yeah, so it's interesting, because I think those of us who are about 35 and older our parents were a little bit in denial about things growing up, right? So anything mental health related, so depression, anxiety, stuff, anything, autism or ADHD or anything neurodivergent my parents were very much of the mindset that you can just figure it out. You don't need help. You don't need therapy, you don't need coaching. You don't need medicine, that was just kind of what it was. And so I remember early on being told that this might be something or maybe it's anxiety, right? Like I think that a lot of people with ADHD are misdiagnosed and that's a huge issue that we go through especially having a diagnosis of anxiety and things like that into adulthood and then realizing potentially you actually have ADHD. So I know we

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Dr. Kellie Stecher 05:00

all kind of have a different journey on that. But my parents, of course, were the typical boomers. Didn't think any of that happened and then just decided that maybe I ate too much sugar, right? That was like the, the typical thing that people are told, right. And, of course, I have a cousin with ADHD who was on medication. And I saw different ways of treating it around me, however, was one of those things that I just thought there was something that was kind of broken, right. So I, I was the type of kid who, and I see this in my daughter. So it's kind of an interesting thing. But I was very critical of myself, I was very hard on myself, I was very perfectionistic. I definitely have rejection sensitivity, dysphoria. And so for those who don't have that you are very sensitive to any number of things. But if I wasn't perfect, that I wasn't masking it well, that I wasn't, you know, living up to my expectation. And so I went through my whole life like that, of course, I went to med school and residency and because you are put in a box, so often with ADHD, and your achievements aren't sometimes typical, you try to find this validation elsewhere, right. So my academic achievements were my validation. And so as I was going through life, and realizing the things that I struggled with, I had started seeing a therapist, because I think, you know, hey, I think everyone should test or a coach or a trusted colleague or something, you know, and I think that when you're married, sometimes you don't always know how to communicate with your partner. And so I think that that was, you know, one of the initial goals of this endeavor. But the more I read about things, I was like, you know, I

really do think that I still have this ADHD diagnosis. And so I talked with my therapist, and she's like, Well, yeah, I mean, I've thought that for the last four years. So it all just kind of came together. And things started making sense, like things that we do to cope on our own that is very much because of ADHD that we just don't put together until we officially have like an actual diagnosis. And I think it's actually quite liberating to be able to say, this is the thing that I have versus feeling like something is broken, right. So I felt like, well, why can't I just do XYZ things? Right? Like, why is it so frustrating for my executive function? Like, why do I get overstimulated? Why is it harder for me to transition between things? Why do I have to have all these lists and cross things off and do all these things to keep myself organized? Because my sister doesn't have to do that? Right. And the more I thought about it, I realized my dad probably has it, it's just, you know, wasn't denial. And so that really helped me on my journey of being able to have the diagnosis and then realize this is this is better ways that I can cope with these things.



08:04

Yeah, I feel



Katy Weber 08:05

like there's also when you're talking about perfectionism, and that high expectation, I feel like, is it the messaging that we receive, as children from our teachers, especially, right, that idea of like, you know, I saw this a lot of my report cards, like Kati is bright, but and then there would be a list of all these deficiencies, that I would then internalize and really kind of try, you know, to think of my you know, I would think of myself as that version of me, as opposed to the version of me that was highly competent, right. And I feel like we have these extra, we end up having these high expectations of ourselves in all areas, right. And like, I remember talking to a resident who, when she was diagnosed with ADHD, she was also diagnosed with this kulia, the mathematics learning disability, and she was talking about, like, I'm in med school, what is wrong with me that I can't, you know, calculate a tip at a restaurant and you know, this idea that, that you set this bar for yourself, right? Where so like, I'm in med school, so I should be able to do everything, you know, I have this high expectation of ourselves in all areas from like, is that specific to a neurodivergent brain to have that like, high expectation in all areas? Or is that something that we internalize because of the teachers drilling into us that we need to be consistently good in all areas?



Dr. Kellie Stecher 09:24

Yeah, and I think it's, you know, the RSD stuff, too, right? So I got those things all the time on report cards, right? Or, you know, you talk too much or whatever, right? Because I would get done with my things quickly, because it was just kind of like my Go Go Go and done and hyper focus and get it done, right, because that actually served me quite well in medical school, but then as a child, then okay, well, why isn't my friend Brian done with his thing because I would like to hang out with him. And so I would help my you know, best friends with their homework because I wanted them to hurry up so we could like go do other things. And even in college, my best friend And since the day I walked onto my college campus, her name's Megan, she's still my best friend. I used to do her homework for her, even though I was not in those classes,

because I just needed to do something I needed to get her done. So we could go move on with something together. And so I ended up getting a psych minor, because I enjoyed the classes she was taking. And so then went and actually got the credit.



10:30

That's hilarious. Yeah,



Katy Weber 10:31

I know, it's really interesting to talk to women diagnosed in adulthood. And yes, I relate to all of that about, you know, having the parents who, who just didn't even really understand what neurodiversity is, right? Obviously, so but that idea that, like, so much of this, so much of ADHD is thought of as character flaws. And so it's all I realize how much like my struggles, would somehow reflect on their parenting. And so they would take it as like, you know, you really need to get your act together, you need to do this, like, I remember my parents being so frustrated, because I had two brothers who, who got straight A's and did really well, and I did when I didn't, they were like, This is not how our family operate. Like there was such a sense that it was a reflection of their parenting. Because, you know, so much of this is thought of as as like character flaws. And well, and



Dr. Kellie Stecher 11:25

I thought that this was like my personality, right? There's a lot of things that are ADHD that I just thought were quirky personality things, right. So like, I am the person who has piles, right. So I have piles that are organized in my mind, I can pick out a piece of paper, I know exactly where it's at. I know what color pen it was. I know what the scoop is, if my husband took the pile, and tried to do something with it. I mean, he probably put it where it was supposed to be. But I would literally lose my mind. Because I don't know where this one paper I need for this. One other thing in this research thing is because I knew where it was in the pile, right? I just thought that was me. I didn't realize that that is such a common thing with people with ADHD until I started doing research on it.



Katy Weber 12:13

I know, right? I think, you know, my husband and I have been together for 20 years. And I think that single that was one. When we moved in together. That was probably the one thing we argued the most about maybe temperature of the house was this other I can't the temperature of the house, my impulsive spending. But one of the big things that we argued about and really had to learn to kind of live together was that idea of my organized chaos and how important it was for me to have piles of things that I could remember, you know, and like trying to explain to him that when you take everything and you're being quote unquote, helpful, and putting everything in a closet or in a drawer or something, you're actually destroying my system and how important it is for me to like see things. And I never had a language for that until my diagnosis.

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Dr. Kellie Stecher 13:03

Yeah. And it's, it's so interesting seeing it in a child to that, right. So I'm a mom, I have two kids. And my daughter is like mini me and has all the same symptoms. And so we had gone out with her room is very much in the piles, right? It's organized chaos. And I got it. And her dad is very frustrated with both of us. But that's, you know, neither here nor there. But, you know, you see some of that perfectionistic rejection sensitivity stuff with all the things she does, right? Like if she's not going to be the best at something she almost doesn't even want to try, right. So she's taking piano lessons, and she's playing piano and she can't immediately get it. She's angry at herself. And so we have put her in therapy to work on coping skills, because she will, you know, hit herself in the head, because she's so frustrated. And I remember I used to pull on my hair when I was upset with myself when I was a kid. But that affects relationships with friends, right? And relationships with, like co workers and everyone else that you have in your life because you just can see it developing. And when we went out for my husband's birthday a couple of weeks ago, we went to a fancy restaurant, which we never do, especially with kids, right? Like it just never happens. And so we're sitting there and I could tell she was trying to be so perfect, right? She's sitting up straight. She's got her napkins, she's got her silverware, she's doing all the things and then she accidentally spilled water. Right. And I knew because of my experience that was going to be a trigger for her because she was so disappointed in herself that she was not perfect when she was trying to be perfect. And so she immediately started crying. And the waiter comes over like hey, no big deal. I dropped a whole you know, tray the other day, you know trying to be the cutest, most wonderful guy ever right knee cleans it up and it's all good. But she was so fixated on that moment, which was before we even ate that she could not enjoy any of the brass First of the dinner because she was so mad at herself that she had screwed up. And it was just interesting watching that unfold because as soon as the water spilled, I knew exactly where her brain was going to go because of the experiences that I had. And so in one way, I think it's great that I have that insight because my husband just does not get it. He's like, What is the problem? Like? Come on, like, not a big deal?



Katy Weber 15:26

It's not I was just gonna say the worst thing you can ever say to somebody with ADHD? It's not that big of a deal.

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Dr. Kellie Stecher 15:33

Yeah. It's like, get over it. Like, what is the issue? You know, and some people are, are better at learning and using that to gain understanding, I think, you know, her dad is just not quite that insightful, right? Because he has never been around people who have these lovely traits. So it just is an interesting experience. But I'm glad that I have what she has, because it definitely helps me be a better mom for her. You know, I think it's nice to have one parent that has the same diagnosis. Yeah.



Katy Weber 16:09

Yeah. You know, that reminds me of like, when my kids are really upset. What am I one of my pet peeves is when people when when a kid is upset, and an adult is like, it's okay. It's okay. It's

not a big deal. It's okay. And I've never understood why that bothered me so much. But for me, I was like, I want to validate that it is this sucks. This moment that you're in right now. Yes, you're right. This is terrible. This sucks like that. I feel like that's what a kid needs to hear at least that's what I need to hear. And like, it's amazing how as in adulthood, how many times we kind of negate a child's gut instinct, and gut reactions to things by, you know, telling them that they're wrong, or that their what they're feeling is not right, from anything from like stranger danger, right, sitting on Santa's lap, all of those things that we do to kids go hug that crazy old man. You know, just because he's a distant relative, like, all the ways in which we kind of cancel out a child's instincts. And then, you know, we wonder why we grow up to be such

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Dr. Kellie Stecher 17:09

anxiety? Yeah, well, and I really think that that's the root of, you know, You're too sensitive, you're too much or too, whatever, right? Because we're reinforcing that your feelings and your emotions in the situation are not valid. Right. So you're overreacting. And so that's what they grow up thinking. That's how I, you know, what I was raised. That's exactly what I thought that I was just too much of everything. And so then that translates into how you interact with potential partners in the future, too. And I never want her to think that she is less than or not good enough for whatever, for whatever, you know, guy or girl that she has in her life, because I don't want that kind of toxic dynamic to play out.



Katy Weber 17:54

Yeah, right. So that idea that there is even a wrong way to feel things for sure. Of her parenting such so, so fun. So how old are your kids?

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Dr. Kellie Stecher 18:06

They're seven and nine. My daughter is seven. Oh,



Katy Weber 18:09

those are my favorite ages. I really love it. I always like to say where I'm like they're old enough to be self reliant, but still young enough to not be self destructive.

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Dr. Kellie Stecher 18:18

Yeah, you know, that's what was really a wake up call for me is my daughter was bullied at school and everything else. And we got her official diagnosis, you know, of course, then. But when she crossed over to that internalized, almost self destructive kind of behavior. That's when we were like, I mean, I personally couldn't believe that it was already starting at seven, you know? So it's a different journey for everybody. That's for sure.



Katv Weher 18:47



Katy Weber 18:17

So wait, so So was she diagnosed before you were?



Dr. Kellie Stecher 18:50

So I was like, as a kid, and then it kind of like, disappeared, right? Because no one cared. I mean, you know how it is. You have grown with that. I saw my daughter and I was like, okay, for sure. Still have this. So it was kind of like in tandem with my daughter. So then I was talking to my therapist. She was like, Oh, yeah. Oh, yeah. God. And so we were like, I guess kind of officially official at about the same time this year.



Katy Weber 19:20

Hmm. Yeah, I know. My kids were both just diagnosed over the summer time. And we had a similar experience because both of my kids are really, really spend a lot of emotional energy, keeping it together all day long. And so my son would literally walk through the front door and just burst into tears and like, and you know, but his teacher and all of the teacher reports for the assessment was like, he's a great kid. He's wonderful. He's you know, with problems he's so well behaved. I'm like, we see a very different.



Dr. Kellie Stecher 19:49

Oh, yeah. And I think that when my daughter started getting bullied for some of this stuff, so I have more of the hyperactivity in my head, right. Like medication is not like an awesome thing for me. My daughter has like constant moving all of the time. She's my little gymnastics girl and can't sit still. Right? So her teachers were able to recognize that they got her a special chair. I mean, they've been fabulous, right? So the school has done a great job with it, however, then she became the target of some Mean Girls in class, and actually is interesting, a former work colleague of mine's daughter came up to her and just decided to call her ugly and, you know, so she was just bullied by these kids in class. And that really kind of sent her down this dark spiral of what's wrong with me and more of the sensitivity. And so, of course, you know, it takes forever to get into some of these neuropsych testing and everything else, right. So it took, I mean, over six months, I think, to get her in to be seen. And so then we were able to move forward from that pretty quickly after that, but it definitely is a journey to get the right pieces of the puzzle together.



Katy Weber 21:02

That's good. I want to segue then into empathy. Because I feel like like, as a parent, when your child is going through that experience, like, God, I feel like I hate can't, like, you know, you just want to go to school, and you want to beat up the kids who are bullying your kid, you know what I mean? Like, I feel like we have such intense empathy, right for in those experiences. And so I think neuro divergence tend to have an abundance of intense empathy. And I think it's also why so many people in care professions, see where I'm going with this, and up with intense empathy, you know, social work, health care, I feel like I interview so many women who, where it makes sense, right? Where it's like you are end up in these professions, because from a

genuine sense of wanting to help people, and then you end up completely burnt out, and not knowing what to do in that situation. So I know, it's something that you talk a lot about just burnout in general in health care, from a neurodivergent perspective, like, do you feel like you're ADHD? Has it helped you more in your field? Is it more of a help or a hindrance?

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Dr. Kellie Stecher 22:11

I think it makes me a really good physician. Okay, so we deal with emergencies. Amazingly, when I am in a situation, and in an emergency, I can see all the 150 things that are going on at the same time, there's clarity, you get hyper focused or in the zone. That's an amazing thing. Right? I think it's challenging because I was in a situation where I was being bullied quite badly. And the issue with me being me, and most of us, ADHD people and RSDs, and everything else, that is really going to cut into our soul, right? So the culture of healthcare, in general, is one of significant hierarchy, don't step out of line, do what I say not what I do all of this stuff. And so, for me, I was trying to fix different things right in this system to try to make sure that the patient safety was dealt with and staff safety was dealt with and everything else. And so for my standpoint, I was trying to do all the right things, right? That doesn't fit in a system because they just want you to shut up and sit down and not make waves and go with the flow and never step out of line. Right. And so when you start asking questions, you become a problem person, even if it's an innocent type of situation. And I think that most of us also have a very strong sense of justice, who the US neurodivergent people all do. And I think that is how I live my life. Like I want things equitable. I want justice for people who are hurt. And so again, I think that makes me a really good physician for my patients. However, it makes me not stand down when we have situations where, in my case, we had a system that didn't want me to report on alleged sexual self assault that a patient had made. And of course, I'm going to do what's the right moral, legal, ethical thing for that person. And so we get ourselves into these situations, because we really have a strong sense of duty and loyalty and justice. And I think there are amazing qualities. However, it can get us into these traps with existing structures, if that makes sense. Yeah, I mean, the hospital fired you right is, yeah, this was not that long ago. You're still going through this, right? Yeah. After I reported my boss for bullying, following this whole thing. He was allowed to fire me within that week, without any sort of change of behavior, discussion, nothing. And he said that it was his right to fire me. And it was because he could just fire me for no costs, despite the fact that I was seeing the most patients had the most awards, was the most successful OBGYN and doing the most community outreach of anyone in our group. So, when he fired me, I said, Well, why are you firing me? Was there a patient thing? No. Was there a staffing? No. Was there a safety thing? No. They said it's because of the breakdown a relationship between leadership. And you, meaning him and I. And I have literally just reported him for making my life a living hell and picking me apart. And I guess the system decided, you know, what, why fix it and got rid of me? Well, I guess he made that decision, ultimately, which I think is a little bit crazy, considering the district attorney came out and said that I did the right thing moving forward with reporting the allegation.



Katy Weber 25:42

Yeah, I mean, obviously, there's been like, a lot of news coverage around this case. So is he being held accountable? Or what's the latest, it's still still go. I don't know how much you could talk about this. So I wasn't sure if I can even bring



Dr. Kellie Stecher 25:55

it up. I was warned that it could take four years. So in my reign, for me to survive this, I have to go, Okay, here's my checklist of that. I'm going to compartmentalize it. And it's going to be in a box. And when I get things from attorneys or whatever, I will respond. But I have to like put it almost like outside of my body or I could fixate on these things, right. So sometimes I will, like we all do kind of go down the dark path and ruminate on it and be like, This is crazy that this happened. And where's the justice, right? Like you're trying to have it make sense in your mind. And it's not going to make sense, right? So my sister is like, you just have to decide, it's not going to make sense. And that's, that's all you can do. And so I'm trying to kind of leave it. Leave it over on this side of the road.



Katy Weber 26:52

I'd like to take a moment to thank better help for sponsoring this podcast. If you're a regular listener of this podcast, you know, I am a big proponent of therapy therapy provides me the best opportunity for verbal processing something that is so important for my kind of brain and my sense of self. What I love about BetterHelp is that it's not a crisis line. It's not self help. It is professional therapy that's done securely online, from the comfort of your home, they assess your needs and match you with your own licensed professional therapist, and it's available for clients worldwide. So you get access to a broad range of expertise that might not be available to you locally. It also tends to be more affordable than traditional offline therapy and financial aid is available. If you visit their website and read their testimonials. There are actually quite a few reviews that specifically reference help with ADHD as a special offer for listeners of the women and ADHD podcast, you'll get 10% off your first month, simply sign up at [betterhelp.com/women ADHD](https://betterhelp.com/women-ADHD), that's BetterHelp h e l p.com/women, ADHD. And there's a link in the show notes. This podcast is sponsored by BetterHelp.



27:55

It is interesting to think about like,



Katy Weber 27:59

emotional bandwidth, right? And I think a lot about my own bandwidth when it comes to so many things like boundaries, family, social media, but even just like my bandwidth around the political climate in this country, and this is a theme that I bring up ad nauseam on this podcast because I there, you know the question that I always come back to where I'm like, is this ADHD? Or am I just an angry feminist living in this country? Right? Because



28:27

it could be?



Katy Weber 28:28



Katy Weber 20:29

Because I just feel like it's too much, right? And I'm just like, I feel like, you know, is something else going on? Is this because so many of us are getting diagnosed, especially since the pandemic where I'm like, there is a lot of small trauma happening around what is going on in healthcare, what is going on for just women and the Supreme Court and like, you know, politics, like it's just never ending racial issues. Like, it's just a shitshow. It's a dumpster fire and it just never ends, then I'm sort of wondering like, are we mistaking this and thinking as he would with this is actually trauma response to being a woman? I don't know, I don't



29:11

know what the answer is.



Dr. Kellie Stecher 29:13

And here's the thing I, I don't, they could be both or at the same time, you know what I mean? Like, especially with depression, anxiety, you know, that COVID, if you've had COVID, you do have a higher rate of mental health too, right? And so when you think about it, it's all of these things intermix, and I've had trauma in my life. And for a while, I thought maybe it was like, PTSD, right, like already, because a lot of the symptoms do feel very similar and to talk about the political climate, you know, with the work I do in the advocacy, I do, the horrible thing about my ADHD and the great thing about my ADHD is, I say yes to everything. And I think everything's great. And I need to own everything, right. The problem is, then you're overcome. And then you have this overwhelmed moment of, oh my gosh, what am I going to do? It's amazing. Somehow I have pulled it out so far. But I went back to school, I went, I'm going to Northwestern law school for a Master's of Science of law, because I want to be able to work on some of these issues full time. And I think my ADHD has given me that gift and, you know, cross to bear, I guess, because you get so passionate about things that thrusts you into these situations.



Katy Weber 30:32

Oh, I know. Right. And I think that's what I was meant about bandwidth to where I was like, I feel like sometimes I have to go into that you called it compartmentalization, which makes more sense. I'm sort of was like, I feel like it's almost like a dissociation. Right? Like, you know, I was trying to explain to my family, we had this, we had planned this trip to go to Maine at the end of June, and we went to Bar Harbor, I've been I had planned the whole trip, because I always plan the trips. You know, I'm the one who's like, we can't sit still, you know, so I'm like, every day, I have to have a whole checklist of all the things we're going to do and where we're going to go and all the things like I had been looking forward to this trip for so long. And the night before we were leaving on the trip, the Supreme Court announced, you know, it came out that they were going to announce the overturning of Roe v Wade the next day. So the morning we left June 24 was the same day that they overturned it. And I just it like I just couldn't, I just couldn't enjoy anything. I had such a hard time. And I was trying to explain like, people were like how was made where we got back. And I was like, it was terrible. I could not get over how unhappy I was in order to enjoy and be in the moment. And like, I don't know, it just felt like one of those moments of like, I was trying to explain bandwidth to somebody and they just they

were like their eyes glazed over. They had no idea what I was talking about. But I you know, I feel like there is this almost like this mental health survival need to like, figure out how to compartmentalize in those moments where we get super overwhelmed by things that are out of our control in that way. Right. I don't I don't even know what I'm talking about. This

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Dr. Kellie Stecher 32:06

one relates back. Yeah, I mean, was coincidentally off that day, because I took a series of meetings to work on advocacy things for reproductive health. But I don't feel like I would have even been like really? in it. Right. I was very glad that I was not doing anything patient care related. Because I was maxed out. You know, like, I think that people who really care about these issues, probably all of us were maxed out. I remember. I mean, my sister, she's not neurodivergent. And she called me crying, you know, like, we're both like looking like a disaster on the phone. Right. So I think it just is more of an exponential issue for those of us who have that passion and that empathy.



Katy Weber 32:51

Yeah. And then I think also, like, My instinct is never to, like, get involved in the fray of social media. I don't know if that's an age thing. Like I'm, I'm about to turn 48. So I sort of feel like I'm like the Gen X or who just stands back and just stays quiet. It doesn't say anything, because I'm just like, I am not getting involved in this argument. But like, My instinct is never to, like, get angry and get on social media. Because that's another thing where I'm like, that adds to the deterioration of my mental health so quickly that like, My instinct is always to just like, shut it off, shut it all off and go away, and shut it down. But then I'm like, is that being irresponsible? You know, am I being escapist? I don't know what the word is. But like, I get then I get all wrapped up in like, what is the appropriate public response? Now with social Well, now that we have social media in the max, where I'm like, What is my role? What is my job as a human in terms of the public discourse, when it comes to these issues, because I'm just like, I can't like my mental health cannot handle being open and like talking about it. But there's just been so many moments over the last few years where it's been really important to, like, join the narrative. And I think I'm probably not alone in like, feeling really conflicted about like, what, what is my role in terms of being vocal? I mean, obviously, I have this podcast and I say, whatever the hell I want on it. So like, it's not like it's a secret what my politics are, but I just sort of feel like I don't know, there's those moments where I don't have the bandwidth to react in the way that a lot of people are able to do. And I appreciate them for that.

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Dr. Kellie Stecher 34:31

Well, and I think, you know, it's day by day, right? I mean, each of us are on our own journey, whatever that may be. And some of us have sick kids. Most of us have a marriage that's falling apart some of us have. And so I think you really just have to read yourself and know what you're capable of. Right? And I think that the little voice that says we should do this, we should do that. And that's really destructive because it is too loud. It negates everything that we actually are feeling and what we actually need. It's that people pleasing that RSD the trying to

fit in. That's really the toxic thing that sits inside of us that we can't overcome. Sometimes, I think it's really empowering when you can dissociate a little bit and know yourself well enough to know how this is gonna play out and figure out where you want to go from there.



Katy Weber 35:25

Yeah, it's, I find that the concept of boundaries is been fascinating to me since my diagnosis. And then, you know, masking and boundaries, how really, really difficult it's been to impose them yet at the same time, feeling so much happier and healthier as a result. Okay, so I want to talk about your book, because I could probably ramble for, for, you know, the rest of this interview. But I really want to ask you about your book delivering and what was the impetus to write such a raw memoir, a personal memoir, and kind of share some of your own stories? What what you wrote it, but I guess it's been almost two years. At this point. No, it came out last year.



Dr. Kellie Stecher 36:07

Yeah. With the whole book writing thing is a process, right? Yeah. So I wrote it shortly after COVID started. And I guess, you know, hearing the disconnection between everyone and hearing my patients stories and how they feel so along with different things, right. I mean, I hear about abuse. And I hear about assault. And I hear about miscarriages. And I hear about, like, all of the things right, because I take care of women through their whole life. And whenever I have someone that comes in to talk about a miscarriage, for example, everyone feels alone, right? I don't think that we're doing enough to share our stories so that people feel supported. And like they actually have a team behind them. Because especially during COVID, like I said, everyone was just kind of disconnected. People weren't seeing each other people weren't talking on the phone as much, we had a lot more depression. And especially my postpartum patients had a super high rate of anxiety and depression, especially my first time moms who are just kind of like in this, you know, shell trying to deal with this baby. And so I wrote this because I wanted to shed some light on some of these issues and talk about my experiences and be like, you know, if I can talk about my stuff, you can talk about your stuff. Like there's nothing to be ashamed of, or embarrassed about, because this is life, this happens. And the other thing that I wanted to stress is we carry a lot of the shame for things, right. So in my book I talk about when I was sexually assaulted, and it took me until adulthood to be able to discuss this, right, like I told my husband when we were early dating, kind of like a very abstract version, like, here's a disclaimer. But I mean, really, I didn't even tell my sister who's my best friend until years later, I had told my mom who didn't want me to report because she was running for political office at the time. However, it's interesting because we carry so much of that shame and guilt, and it is so freeing when we can actually realize that it's not our fault. And we're just humans living our lives. And we're not alone with the situation.



Katy Weber 38:17

I was also molested as a child from a by a family member. And I've, I've spoken openly about it. But I often found like a lot of the work that I've had to do in therapy has been the trauma around the reactions of people, not the actual molestation or the you know, the sexual assault, it's been the way in which I was treated by trusted family members, especially my parents, and

their reaction to the assault. And just like the idea of that it was that the implied guilt, you know, and the the victim blaming, and a lot of the idea of like, you know, we don't want to bring charges against this family member, because we don't want you to have to deal with the guilt that you will feel if we bring charges upon this family member and then as an adult be like, What the fuck

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Dr. Kellie Stecher 39:02

was the rule? I mean, I can't imagine as a mom now, saying things that my mother had said to me write the blame and the games and the how it reflects on her that was the only concern, and then it just didn't happen. So it's like, Okay, here's the recipe of how this is your fault. And it's going to reflect on me if you do anything, so we're gonna pretend like it never happened. And when I look at my kids, I mean, if they told me one iota of that scenario, I'd be calling the police. We'd be having a little chat. I'd be calling my attorney, I'd be figuring out what the next steps were, like, I would burn it down for them, you know, so I just, it's hard for me. But again, we are more passionate, empathetic people by nature in the ADHD world and so am I feeling that big? Because of that trauma and the reactions to it, or am I feeling that because of this neuro divergence? I don't know. Right? So it's an interesting thing to know that the traumas shape us or did these other things shape us?



Katy Weber 40:12

Right? And I feel like I have, I have yet to meet a woman who doesn't have some sort of sexual trauma in her past. And then it's like, okay, how do we even start to untangle what of this is what is this ADHD the result of trauma? Or is this there? Is this genetic? You know, but you know, or what am I you know, one of the pet peeves is when a woman goes to her doctor saying, I think I have ADHD in the doctor says, it's probably just childhood trauma. Masking is ADHD. And I'm like, What even is that? Like? What?

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Dr. Kellie Stecher 40:44

How is that helpful? Yeah, right. I mean, there's still OBGYN in my area. Who won't treat postpartum depression and anxiety, right? They just, it's the whole patriarchal. Oh, it'll go away whatever. I've had patients transferred to me, saying how a male physician just kind of minimize their symptoms and won't deal with it. Right. So we still have many physicians who are not willing to have the important conversations.



Katy Weber 41:13

Oh, my goodness. So



41:13

yeah.



Katy Weber 41:16

When I was diagnosed with ADHD, it completely turned my world upside down. I looked back at so much of my life, my grades in school, my multiple careers and hobbies, my friendships, my marriage, motherhood, my relationship with food and my body, like all of this with a new lens. And it was overwhelming to say the least, if you've been diagnosed with ADHD, and you're feeling blown away by this new insight into your brain and how it operates, I totally understand I can help you begin to sort through this chaos, explore who you are and how your brain operates. So you can finally start to lean into your strengths and begin to use them to your advantage moving forward. Together, we can work to identify what obstacles you've been facing, and create strategies to help you start living a more fulfilling, gratifying life, head over to [women in adhd.com/coaching](https://www.adhd.com/coaching), to book a 30 minute initial consult with me. So we can figure out if my brand of one on one coaching is right for you. Again, that's [women and adhd.com/coaching](https://www.adhd.com/coaching). And you can find that link in the episode show notes. Okay, tell me about patient care heroes too, because I feel like that's such a lovely organization. When did that start? And what is the sort of main mo of behind it?



Dr. Kellie Stecher 42:30

Yeah. So during COVID, I talked to a lot of people around the country to kind of see what the needs were, what their experiences were. And so the January after COVID started, right? So then like 10 months ish or so or nine months, I called one of my friends, Naveen Goyal. And I said, Do you want to do an organization? Because he's a CEO of a company, and he does this stuff, right? And I said, this is what I want to do. And so I wanted to be a support team for healthcare workers. And I use that broadly, right? So I started my career as a CNA, when I say healthcare workers, I mean, physicians, nurses, CNAs, medical assistants, whoever, right, like, I'm not going to, you know, pinpoint one particular group. But I wanted to be kind of a security blanket for people, I knew that the rates of physician and nursing suicide were gonna go up, and they have, I knew the rates of burnout were gonna go up. And they have, I was worried about people leaving and putting more pressure on the remaining health care workers, which of course, all came true. And so I wanted to provide mental health resources where people a safe place to kind of gravitate to to talk. And of course, because the needs were so much for that we didn't really expand much more than that at this moment. But the goal is to provide resources for a variety of other things down the line, right? So we just haven't got past the mental health component, because that's been such a immediate need for people.



Katy Weber 44:01

Well on that, you know, how do you even begin to advocate for yourself like, okay, so so say there's like an incredibly burnt up physician who's listening to this episode right now. And you're talking about that kind of top down stay in line culture, right? That's in healthcare, what advice do you even give to to healthcare workers who, they're just totally burnt out and running on fumes and overwhelmed?



Dr. Kellie Stecher 44:27

And I think most of it's not about leaving, right? And just because we're ultimately tired of being

treated in a certain way. I mean, first and foremost, if you're having negative thoughts, you're thinking about suicide, just quit your job. I mean, honestly, you will find another job. Your job will replace you. If you are in such a toxic environment that you're thinking about dying by suicide, you need to call your sister, your friend, whoever it may be, and you need to get out of that situation. Because honestly, in my last work situation, I was being bullied so much, you just get Have this dark place and you you feel like okay, well, I'm just gonna die in this job, like I'm gonna either stroke out or when something bad's gonna happen, because it's so overwhelming. And so I think that people don't see a way out. And the other thing that I think is so interesting in the medical culture is, we are judged if we leave a job and go to a different job, right? So you're almost seen as like damaged goods, if you will, like, well, what's wrong with you? You couldn't suck it up in the system? Like, what's the problem? Well, it was pretty terrible. But now everyone's thinking, Okay, well, what's wrong with her that she can just fall in line and do her thing? And so that is what a lot of us have playing in our mind. And really, who cares? Just get out of the situation. If you're struggling, we will help you. We just need you to be safe. That's the number one thing, right. However, I will tell you being in a different program, being in a different system being with different leadership sometimes is all you need. Because I really thought, Okay, do I want to be in clinical medicine anymore? Or do I want to leave clinical medicine? Do I hate my job? Or do I hate how I was treated? Right? It's hard to dismiss those things. It's hard to separate the two things. And so for me to really decide, okay, I still want to be in clinical medicine, I took a variety of different jobs around the state of Minnesota. And I started enjoying clinical medicine again. And I will tell you, it was so interesting being in like five different systems. And each one of them was better than where I was like, they had good leadership, they actually cared about people. They were there to support you, the partners were awesome. And I thought, Okay, that was just the thing. That is not all the people, it would help me put things in perspective. Because when you are in the dark hole, you think, Oh, my gosh, what if I leave, and it's worse. And that's what I hear all the time to? What if I leave this job, and it's actually like more abusive and worse schedule and everything else, and that's not going to be the case, if you're that miserable, it's not gonna be the case, you just need to leave. And I know a lot of my colleagues and friends have left, and they're infinitely happier. And the thing that I have learned about myself is, I'm probably just a private practice person, right? Because I can actually make the change in my group and everything else. And so because of everything I've gone through, I've made myself back to private practice. And I think that that's just a healthier environment for me, because I actually am not seen as a random cog in a wheel and have no say in what happens to my patients.



Katy Weber 47:36

Yeah, so I mean, with the great resignation, that's happening right now, do you feel like what do you think is going to be out there? Because there's yeah, there's all of those doomsday articles that are like you young people, you're gonna regret this. But as somebody who's self employed and has quit in anger for many jobs over the course of the last 20 years, I'm like, I'm like you. I'm like, Yeah, change, you know, get the hell out of there, get a change perspective, you'd never regret it. But I can also see that you know, this, I you know, why there's that fear of like, oh, maybe this isn't the greatest idea?



Dr. Kellie Stecher 48:06

Well, I think that they do that to make you afraid, right? They're trying to take away your power. And I, I really believe that. Not everything happens for a reason. I won't say that.

Because I can go on a whole tirade about medical things that have you not believe happened for a reason. But I think in our work careers, things tend to fall in place that need to fall in place. And so for me, this situation really was the push, I needed to leave a toxic situation that I was miserable in. And, you know, now I'm using that to get another degree and work on some of these issues and everything else. And I really think that when we're trapped in these situations, we can't see ourselves or the situation clearly. And getting other people's perspective on it is really critical. I have some really good friends here. Michelle Chester, which is another physician and Shireen McConnell, and they were like, Okay, you're miserable. It's probably good that you're leaving, regardless of how it happened, because this was literally killing you. But when you are the person, you can't see it. And so I have no regret about my situation. And I really don't think anyone who quits because of abuse or toxicity or maybe malignant partners, or whatever the case may be, I don't think you're going to regret it. Because it really is an opportunity for you to grow. Even if you go well. Maybe I overreacted or maybe that person wasn't as bad you're still growing. You're still learning about yourself and you're still figuring out what you want in your future.



Katy Weber 49:41

Hmm, yeah, very well said. I curious so I asked you about we talked about your childhood and even kind of what you love about your ADHD is at least in the medical field, you're Oh, that's what you're reminding me of like, when you were talking about starting patient care heroes. I was like eight with ADHD. We don't have hobbies. We start up But he's



Dr. Kellie Stecher 50:01

in a lot of things at one time, right? Like, I joined a bunch of boards, and I'm going Back to School and I'm joining a new practice, you know, but that's what I my happiest. Like, if I have slowed down to where I am unable to engage and do other things, then I'm like very depressed and non functional. You know what I mean? I think that you can easily go to that place where you're just done. And I think that in the political climate and the COVID world and all that kind of stuff, I definitely have had those days where I'm like, I can't do anything.



Katy Weber 50:38

Oh, yeah, totally. Yeah. And not only that, but like I can sort of absorb, you know, I'll take on new projects. And then once those projects become kind of almost like automated, or they become like, they sort of move into the background of my brain where I'm still doing those things I haven't taken on. It's not like it's less work. It's just like, easier work. So then I take on something new, that's part of the like, interest dopamine part of my brain, right. So I have like, the podcast parts. You know, there's a lot of the podcasts that in the beginning, there was like a really steep learning curve, because I was like learning how to edit and do all this stuff. And which microphone should I buy, right? And so now I'm like, okay, that steep learning curve is gone. It's become an easier effort. So now I'm like, I'm also I'm like, Okay, I think I should go back to school and get another degree. So that's what I'm doing now. I'm also going to grad school, because I'm like, you know, now I bored what, what, what is the new thing I'm gonna do?

 Dr. Kellie Stecher 51:35


Well, me ADHD, we'll get that though. Because my husband just thinks I'm crazy. Oh, that's a whole nother thing.

 Katy Weber 51:47

I know, right? Well, I've been making fun of my husband, because he, you know, I've had so many jobs over the last 20 years. And he's really worked at two companies, since I've known him and he just had his 10 year anniversary at the company he's currently at. And so he got the catalog, which I've never gotten, because I've never lasted that long anywhere. But he got the catalog that was like, congratulations, you've worked for us for 10 years, let's celebrate. And there was like, pick out your choice of the a juicer or free luggage and he chose a Fitbit. And I mean, great, you know, fit. That's great. But I was like, really? Like,

 Dr. Kellie Stecher 52:20


is this supposed to be a celebration, this moment where you get a Fitbit, in the mail for 10 years of service was kind of a downer to be honest. I

 Katy Weber 52:27

know. Right? I know. But I was like, I'm not jealous of the least. So I've been making fun of his anniversary Fitbit. Now I do want to ask you, if you could rename ADHD to something that's a little less confusing? Is there have you thought about what you might call it?

 Dr. Kellie Stecher 52:46


It's such a complex thing, until you really know the different parts of it, and the ways it affects you. It's very hard to almost classify it, you know, I think that there could be more types than there are. For me and my daughter, for example, the RSD and the feeling stuff. And that is a more heightened part of my life than a lot of ADHD people. So I do think we would be better served to have more segments underneath ADHD, just so that we can have more clarity around how it's affecting different people, because that might, in some ways, help bosses and work and help you explain things to coworkers, just so that you don't feel like such an outlier, if that makes sense.

 Katy Weber 53:34

Oh, yeah, absolutely. I mean, I think for that, I think the vast majority of us come to understand ADHD through the emotional elements, and the not only the RSD, but the emotional overwhelm, and how that relates to or the emotional dysregulation and how that relates to the sensory overload, right? And that, for me, was like a huge lightbulb moment. And if none of that is in the DSM,

 Dr. Kellie Stecher 53:59


even if we said something like executive functioning dysregulation and brain hyperactivity, I think that that would even be better. Because people just have this stereotype of a little kid who is basically like, like, my daughter sometimes is right. And so I don't think we do enough to communicate through the diagnosis what it is so that people can understand.

 Katy Weber 54:24

Yeah, yeah. And I think also, then it gets back to like the degree like, How much is it affecting you? Right? I think there's such an emphasis in the DSM about struggle and lifelong struggle and evidence of struggle. And it's like, how do we even begin to unpack evidence of struggle? When you have kids who are like holding it together, and then they come home and they burst into tears? So I'm like, where's the evidence of struggle there in terms of the classroom nowhere, but you know, we're all getting diagnosed with anxiety, because we're barely holding it together. So whether your physician says there's no evidence of struggle throughout your childhood, you're like, Yeah, because I was really good at masking,

 Dr. Kellie Stecher 55:02


and I want my room and I cried. I mean,

 Katy Weber 55:06

right? Yeah, exactly. Like I've just I've been in therapy my whole life, that's, you know? Well, I always appreciate having conversations about how complicated it's very validating to me when I talk to other like very clearly intelligent women about how complicated and confusing it is. I'm like, okay, at least I'm not alone in that you know where because I still feel like what am I miss? Am I missing something? Because I feel like the more I talk about it, the less I understand and so I do I find it very comforting when other women also don't really understand where it you know, what even is going on here? And what how do we even begin to kind of unpack as as Emily Donahoe was called it the the bowl of fish sharks, right? Trying to figure out what is going on here. So while I appreciate your candor, and and all of your, you know, amazing things that you're doing for the healthcare community, and I was just so pleased that when you reached out to have because I'm so thrilled to have a conversation with you get to hear your own story. So thank you so much, Kelly.

 Dr. Kellie Stecher 56:11

Well, thanks so much for having me.

 Katy Weber 56:17

And there you have it. Thank you for listening. And I really hope you enjoy this episode of the

women and ADHD podcast. Also, you know, we ADHD ears crave feedback, and I would really appreciate hearing from you the listener, if you're a fan of the podcast, please take a moment to leave me a review on Apple podcasts or audible. And if that feels like too much, and I get it, then just take a few seconds right now to give me a five star rating, or share this episode on your own social media to help reach more women who maybe have yet to discover and lean into this gift of neuro divergence see, and they may still be struggling and don't even know why. And if you'd like to find out more about me and my one on one coaching for women with ADHD, head over to [women and adhd.com/coaching](https://www.womenandadhd.com/coaching) and you can always find that link in the show notes. I'll see you next week when I interview another amazing woman who discovered that she is not lazy, or crazy or broken. But she has ADHD and she is now on the path to understanding her neurodiversity and finally using this gift to her advantage. Take care till then