



IREM® From the Front Lines Podcast

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Serving as an Expert Witness

Erin:

Welcome to another edition of From the Front Lines, where we discuss both the day-to-day, and one-of-a-kind issues facing real estate managers.

Todd:

In this special bonus episode of From the Front Lines, IREM President Dawn Carpenter, CPM®, talks to nationally recognized physician and media personality, Dr. Drew Pinsky, who will be speaking at PropertyCon 2025 in April. His keynote is titled: "Building Resiliency in a Chaotic World". Over to you, Dawn.

Dawn:

Thanks so much, Todd, for the introduction. Welcome, Dr. Drew, so excited to have you here today. Looking forward to our time in Boston at PropertyCon and your address to our members. So I have a couple questions for you and I look forward to hearing your answers on them. So first, can you tell us a little bit about yourself?

Dr. Drew:

Oh, my goodness. Well, thanks, Dawn. Nice to meet you. It's going to be a privilege to be there. I went to college in New England. I love Boston. You could not have picked a better city for this. And I've had the great, I'll tell you about myself in a second, but I just want to mention that I've had the great good fortune of getting to meet some of the members of the organization. And I don't want to give away too much here in this conversation today because I want something left on the table for our event in Boston. But I will share with you that I feel a deep connection with your profession. As a result of having spoken to a number of the community members, I realized that working in the ER and working in your guys' capacities, not all that different. A lot of the same stuff shows up in the stairwells and in the front doorstep and often in the facilities themselves, in the rental spaces. We see them in the ER a little bit later, but you get them in the field and it's both comical and tragic and stressful and requires resiliency. So for me, I'm an internist. My career is crazy and long and I was trained as an internist. I ended up teaching internal medicine. I did chief residency in internal medicine, but along the way I started working in a psychiatric hospital. I was moonlighting there during residency, ended up taking over their medical services. Did that for many years and then ultimately in about 2000, 1999, you know, was it even then? The late 90s I ended up taking over their addiction services and became the program medical director of the chemical dependency programs and did a large addiction program in that free-standing psychiatric facility for about 20 years. And as such, while I was doing intensive care medicine and outpatient medicine and hospital-based medicine half my day, the other half my day was spent at the psychiatric hospital and in the addiction field in particular, where I actually started teaching

through the department of psychiatry also, in that field, you sit at the crossroads of everything. Speaking of resiliency, you have to be able to manage the medical, the psychiatric, the psychological, the family dynamics, the attachment issues, just everything, everything sits at the crossroads of addiction. And again, as such, I felt the great kinship with you and your profession. But resiliency is a, and the ability to flexibly respond and not be overtaken by these challenges is a critical component of that kind of service. And so, and then along the way there, I started doing a radio show at night in the 80s, actually, I was still a medical student when it started. It was one net a week. It was really HIV and AIDS that motivated that. I was deep in the treatment of AIDS patients at the time. And that turned into a television show and then a national radio show. And I just kind of kept exploring, doors would open and I just think, how can we, how could we, what's, how do you do a TV show? I don't know. And maybe, maybe we could do something good with it. Maybe we can figure out a way to make it useful. And I've been doing that ever since.

Dawn:

It's pretty amazing. I mean, the building blocks to where you are today, you had to have personal experiences along the way in the mental health field itself. Could you tell us a little bit about that?

Dr. Drew:

Well, I worked in the psychiatric hospital for 30 years and it was inundated with mental health and, you know, and neuroscience was kind of my thing in college. And I always thought I had an interest and I thought I understood psychiatry. I had trained in it the way any other medical student would. I supplemented psychiatric cases during my medical residency. But spending a few years in the psychiatric hospital again, moonlighting at first and then directing their Department of Medicine, I realized I didn't know anything about psychiatry. And I had to really bone up and spent the next 20 years doing so and got a pretty sophisticated sense of how that works. In terms of my own stuff, you know, I've been a patient. I have anxiety disorder. I have some obsessive compulsive disorder. I've had some childhood trauma issues that I had to, you know, get treatment for, had depression in college. So it's, it's not to me, it's no different than any other, you know, I also have hypertension. It's no different than that. It's just another component of the human experience.

Dawn:

Thank you for being, you know, self-aware and, and sharing your experiences with our members. I'm sure they'll be able to, as you've already stated, they can share the same amount of experiences with you as you can with them. I know in my personal experience, not to bring this into this Q&A, but this is a very difficult field. I've been in it for 35 years. I can tell you that I've seen it all and I'm sure you have too in yours.

Dr. Drew:

But, but I'm, I'm going to stop you again talking to members of your group, I've heard those words before. And here's the thing. I know exactly what you mean. You don't have to say anything more. I know exactly what you mean because I've seen it all too. But I know what you've seen because it ends up in my facilities later.

Dawn:

It's pretty amazing. So you, you have such a, you know, you're a board-certified physician, you're TV star and New York Times bestseller author, podcast host. Seems like you wear so many hats. How do you manage these different aspects of your life?

Dr. Drew:

I don't have a good answer for that except that what I used to say to this, I would say I blame my college because I went to Amherst College in Western Massachusetts and it's a, was a really rigorous science and liberal arts education. And I came out of that just constantly wanting to learn, constantly wanting to do things, constantly wanting to expand. And, and I would say the, the corollary answer is, I could never be satisfied sort of doing one thing or I always wanted to explore or something else and create something else. And, that's what's happened. And, and I'm so grateful, really grateful that I've had the opportunity to explore these things. I mean, I didn't know it was this, I would have this opportunity. I had no idea. I didn't know I'd be talking to you guys in Boston. That's a great opportunity as far as I'm concerned. I love this stuff. But yeah, it's sort of been this extraordinary experiment. There's no blueprint. There's just doors I pass through and see what I can do with it.

Dawn:

Well, that's amazing. So, moving on, just tell me what you think about the role of self-care and mental health in professionals like myself?

Dr. Drew:

Yeah.

Dawn:

What do I need to do to take care of me and, and the high stress level of my job?

Dr. Drew:

Yeah. So, so there's a high-level sort of, you know, a 30,000-foot view of this and, and it's full of platitudes, frankly, that I will reproduce for you right here. But they are important. They have to be, they have to be attended to. So in the addiction field, we talk about hungry, angry, lonely, tired. It that those are the important issues to attend to first. Make sure you get proper nutrition, make sure you're getting adequate sleep, make sure you exercise, make sure you have adequate time to refuel, spend, you know, time with other people. Hungry, angry, angry, you know, whatever, you know, exercise for me, that's what sort of discharges some of that stuff angry, angry, lonely, lonely, spend time with other people, tired, getting adequate sleep. But the lonely and angry part really speaks to a much more complicated landscape, which is that of human connectedness, right? And, it's both where you can discharge the anger and frustration and, you know, God knows all the resentments and other feelings that come with it. But to be able to do so in such a way that you build the capacity for flexible regulation, emotional regulation, that's a taller order, without re-traumatizing yourself, without overwhelming yourself. And so what I figure I will do in Boston is give you a little primer on how that's supposed to work. And I just made another, I got to remind myself, there's some dysfunctional stuff you can get into in a interpersonal space. I'll just hint at it here. There's something called the drama triangle that if you find yourself in, you need to find your way out. And I'll talk about what that is. And then I'll talk about what real connection is and how to, how to be empathic, how to hold boundaries. You know, it's, as I've discovered through talking to your peers, it's a lot of the same stuff we have to do as clinicians, as physicians. You don't get this same training that we get. But we don't really get this training either, by the way, unless you go into psychiatry, which I'm not. I'm not a psychiatrist. But it's the same kind of stuff, you know, how to hold boundaries, how to be empathic, how to not be overwhelmed by people, how to, you know, learn to say no, how to not rescue, how to not be resentful. And I'm going to save that for the event.

Dawn:

That sounds great. I often thought of myself as having a PhD after my name, after being 35 years in with my clinics and their woes and my tenants and their woes. So I understand that totality. I can't wait to hear about this drama triangle because it probably goes on daily in my office.

Dr. Drew:

It does. Yeah. I promise you it does. We all do it. But. But you have to kind of recognize it and get out of it and find other more sort of directly. I will just share your little aphorism about resentment because it's easy to build resentments when you're in this kind of situation. And just always remember that a resentment is like taking a poison and expecting it to kill somebody else, kill the other person. You're the only one hurt. You're the only one hurt by resentment. But we do carry lots of resentments.

Dawn:

Is there anything else that our attendees can look forward to listening to when you present at PropertyCon that you'd like to share?

Dr. Drew:

Well, I want to take, I always like taking questions, just like you and I are doing right now. I mean, this should be a little example of what we could do with the event. So, I forget if we left time for that, but I hope we do because, you know, trying to get down to the specifics of what you guys are dealing with is more vivid and having a, I've always, you know, we're in medical school, we learn by cases, right? Because experiential learning is much more powerful than me up at a dry erase board, you know, with lists that you'll forget as soon as you leave the event, but somebody's story and somebody's experience that you may take with you forever. And then I can follow on with that with hopefully some insight or some suggestions. We used to call this, this was a philosophy we used back when we were doing Loveline way back in the 80s and 90s. And you and I remember the dog food product called Gaines-Burger, but some of your younger participants will not even know what Gaines-burger is. So I'll just use turkey instead of Gaines-Burgers. And we had this philosophy, like we said, look, if you need to get a dog to take a pill, you better wrap it in something because it's not going to take the pill by itself. You got to wrap it in Gaines-Burger or turkey or something. And, and that's what experiential learning is like for me. Case learning.

Dawn:

Well, that's amazing. And this is going to be an amazing venue with you and time with you and our members look forward to it. And I want to thank you so much for joining us, Dr. Drew and I can't wait to meet you in person in Boston.

Dr. Drew:

Yeah, let me sort of shine a light on that, that looking forward to meeting. Because everybody I've talked to, they just seem like, just like you have done. They say, "I can't wait to meet!" they seem like you. You definitely have to be people people to be able to manage this. Or if you're not, you might want to think of something else. But by the way, there are tons of physicians that are not people people, we call those surgeons. And so they have a place they could go to escape. If they prefer the people to be asleep. But you guys can't escape. You have to be dealing with people all the time. So I trust most of the people I will meet and certainly most of the people I've met so far are that. And so I like that. I like people that are all about people. So thank you. I have nothing but gratitude for what you guys do. Now that I've heard the full spectrum, I always kind of suspected it, but now I've

seen it and I look forward to more experiences and more stories and to help in some small way, I will feel like I've contributed.

Dawn:

Well, you'll have many brains to open up and look inside of. Thank you so much. Appreciate you.

Dr. Drew:

You bet.

Erin:

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