Davia Roberts 0:03
Welcome to More Than A Therapist, a podcast for ambitious and creative clinicians who want to build careers beyond the couch. I'm your host, Davia Roberts, and I hope you're ready for today's session.

Today, you're going to hear from someone who seems to have mastered the art of a career pivot and has the wisdom to be proactive about building skills to complement his expertise and purpose in the mental health field. I've had the opportunity to connect with him through a nonprofit organization called Therapists in Tech. It's a community of clinicians who are in the tech space and for clinicians seeking to enter the tech world as well. And today, Dr. David Cooper is going to let you know exactly how he entered this space and steps you can take as well.

In the past, he's created digital health apps for US service members and veterans. And currently, He's the senior clinical strategy director of Global mental health, in my opinion, that's a pretty big deal. And so I want to say thank you for taking time out of your schedule and joining us today. So welcome to the show.

Dr. David Cooper 0:58
Oh, thank you so much. I love doing this stuff. You know, again, as someone who has been doing this for a couple of years now, the thing I love is helping people understand how to get, you know, Hey, there's this whole new field that we can go into, that's not research, that's not clinical work. Right. It's a new avenue and so I love talking with folks and helping demystify it a little bit.

Davia Roberts 1:24
No, that's what I'm excited about. Because your career isn't directly in in tech, like you don't have the computer science or engineering background. And yet, you were still out here building apps, doing website redesigns, you know, doing free coding camps, all of these things that so many of us are intimidated by. And when I think about career pivots, and what I've heard from other clinicians, is that there's an automatic assumption that in order to do this type of work, or do any career pivot, you have to go back to school. And baby I got enough debt, I'm not trying to go back to school.

Dr. David Cooper 2:00
No, absolutely not. No. Again, I am 100%, self taught from the school of YouTube University. You know, I all this stuff. That's the wonderful thing about tech is, you know, it's not like mental health, where it's like, you can only go to graduate schools, you can only find out this stuff in graduate schools and like, certain texts and certain experiences, it's like, no, you can go on YouTube and watch a Facebook person talk about how they build products at Facebook, you can go on and watch, you know, learn about when what's an API, how does that work? There's ways that you can sort of teach yourself all this stuff. And graduate programs like certainly those certification programs serve a purpose, right? Because, you know, maybe jump ahead a little bit, you know, the biggest thing as

someone coming into tech, biggest thing everybody in tech wants to know is can you do it? Right? Right? It's not 100% meritocratic, right? Like nothing is, but it's pretty close. Right? It's more about like, what have you done? Show me what you do. Show me what you know. And then okay, because you've done X, Y, and Z, I can see that you're probably going to do A, B, and C, which is what I need. But yeah, you can 100% get that self taught free. No need to take on any more debt, for sure.

Davia Roberts 3:21
And I mean, I'm a proud graduate of YouTube University for many fields, you know, so I appreciate that. It's very affirming for me but it definitely sounds like there are a lot of entry points, there isn't one exclusive entry into tech. So if you don't mind, could you actually walk us through your career and your pivot and how your entry into tech looked?

Dr. David Cooper 3:44
Yeah, absolutely. So you know, again, I didn't really start in healthcare at all unless you count being pre med in undergrad, like most folks, biochemistry was the one that killed it for me. But you know, I graduated distant and like politics, doing kind of tech adjacent stuff like websites and helping people understand this new thing called YouTube, you know, back in the day, and then but you know, you do that for a while. And, like so many folks, you have that quarter life crisis where you're like, what I went to undergrad for is not what I like doing.

So yeah, I actually went and saw career counselor and like, helped me understand what people do all day, like a lot of stuff sounds interesting, but what does that involve? Like, you know, listening to people tell you their problems for money sounds great, but what's the day to day like?But decided to end up going back, getting my doctorate. My focus was neuropsych and brain based behavior. And, you know, right as I was finishing up my internships, smartphones are coming out and looking at my patients and looking at these phones. I'm trying, oh, hey, it could help them do x y&z and, you know, help, you know, compensate for some of those brain areas that have been injured. Man, I wish there were people in our field smarter about this sort of stuff because there's a lot of good we could do. I just got lucky through one of my mentors, knew a group out west, working for Department of Defense, building apps for servicemembers right? In the military, a lot of stigma around mental health, whether that's, you know, personal or, you know, it might impact my career. So we just, we thought, how do we get the clinic to them, right? I used to tell soldiers, hey, on your phone, nobody knows if you checking Facebook or learning about PTSD, really, you know, how do we get that information out to them and help them in a way?

 So I was lucky to work there. And that's really where, you know, I started learning and teaching myself, you know how to, you know, hey, you're now in charge of building these apps. Oh, crap, I better figure out how you build an app. And you know, again, not like I knew everything going into it. It's sort of like when you're teaching, and you stay two chapters ahead of the students in the textbook, right? I'm just watching videos. You know

what I'm not working on, like watching videos. Okay, how does this work? I have a problem that works that day, I go home, and I'm like, Okay, let me find out a video on what is this and learn how to do this for tomorrow. So it was really great, right? We're building apps, we're teaching people how to use apps, because again, not something I was ever covered in my graduate program. And so, you know, I kind of got to a point where like, great, I know how to build these things. I feel comfortable making an app going from an idea to an app and putting that out on the market. What's the business model? How does this work? Right? I've got an app for suicide, that's good on the government, it's free. What does that look like in the private sector? Like you can put ads in it? Like, that's kind of creepy? How does that work?

So I left the DOD and when joined a startup where... great. I talked to hundreds of digital health companies like not just mental health, we're talking remote patient monitoring and diabetes. And I got a really good understanding of how the business of, you know, some of these digital startups work. And then, you know, I got to a point where I said, Okay, great. I know the business. But you know, I miss mental health, I want to go back to just focusing on mental health. A friend of mine had a position where she's like, Hey, you know, we're going international with this program. I said, Great. I love working with you. That sounds like an interesting challenge. Right. Now, how do I, I don't know what I know about the US. I don't know anything necessarily about how international mental health works. Let's go learn about that. Right? It kind of It's nice, right? Tech is a little bit for those of you who really like to, you know, learning and like the learning aspect of school, maybe not so much the debt, but like the always learning something new or right. Like, I like being a professional student. This is kind of great for that. Like, there's always something new like, now I got to learn about AI and Chat GPT What the heck are those things? Right? There's always something new to learn.

Davia Roberts 7:52
But it sounds like it. It kind of feeds the curiosity. Like if you have one of those naturally curious spirits, you always want to figure out how things work, like this is an industry where you're going to thrive.

Dr. David Cooper 8:04
Absolutely, because there's so many little rabbit holes for you to go down. You know, when I talk about people coming in to tech from other areas, there's usually a couple different ways, right? You can come in as a therapist and doing like teletherapy. You can come in sort of one level above that. And maybe like clinical operations, like helping recruit therapists, you can come in on the content side and writing evidence based content. If you're more of like, more of a writer and less of a therapist, I want to take a break from therapy... Great. Or you can come in on like the product or even like the data, research side where you're bringing something like, Oh, you're more of a research person, great. We need someone to analyze all this data and tell us what the heck to do with it. Right. There's avenues for all of that for you to kind of make your entry into tech.

Davia Roberts 8:49
But I'm really curious because, of course, it's 2023... Tech and digital mental health....
Tech. The union is very solid right now. Like we see it. It's here. It's not going anywhere,
anytime soon. But if we look back 10 years ago, I remember being in grad school and us
having conversations about teletherapy. And us having like arguments, debating, like we
have no no, no, it should always be in-person. Right? And so there were so many debates
around ethics. I'm wondering for you during that time, did you have any reservations or
fears around just the newness of tech and mental health but also just I'm about to go into
this this new arena?

Dr. David Cooper 9:33
Yeah. No kidding. You know, I think there were some reservations, right. A lot of when I
work in the DOD and we would bring out these apps. A lot of people would want to
engage us like -- should we be doing this? Are we removing you know, the person... blah
blah blah? You know, I just saw it and I looked at it I said, here's the need. There is money
to be made off of this need... Someone is going to do this? Right? Like, it was so natural
because you talk to the older clinicians, and they would be the ones who wanted to
debate you in these ethical things. And then a lot of the younger clinicians coming out of
grad school were like, oh, yeah, no, duh, I want an app for that. Like, I'd love an app. Yeah,
why wouldn't I want an app? So it was just like, Okay, this is going to be a thing. Again,
eventually, I was just like, I'm not having that conversation anymore. It's going to happen.
The question is whether or not we, psychologists, or clinicians, or anybody are going to
have a seat at the table, when this stuff is going on. Or we're going to let some Silicon
Valley Tech bro, run wild with it, and, you know, potentially have a harm on patients. So it
really was about, okay, as much trepidation as I have, I need to get in the game. Because if
I'm not in the game, someone else's in the game, and I don't necessarily trust someone
else

Davia Roberts 10:52
I mean... you bring up... That's a really good point. Because things are going to move
ahead regardless, like it's going to happen, people aren't going to see the need for it.
Everything else is on an app, why wouldn't we make mental health? But you are speaking
to this point... Can we create something so that it is useful? But also does not cause
harm.

Dr. David Cooper 11:12
Absolutely and yeah, you know, and having always had like an interest in tech, you know,
it's a lot more of excitement. Like, gadget head and I, you know, like gadgets and
gewgaws, but again, not like, I'm gonna program something from scratch. No, no, thank
you websites, I'm at as far as I can go. And, you know, even though every new job still
comes with that, you know, impostor syndrome feeling and you know, at least for like, the
first six months, right. My last job at the startup, I just had a document called, 'stuff to
look up after the meeting,' where somebody would say something in a meeting, I would
smile and nod, like, I knew what they were talking about, I would write it down. And then I

would go look it up afterwards be like, Oh, that's what that is. And then have to go ask other people. So I don't know, like, how does this work? What's this? Wait, is this how this works? Taking people to lunch and just being like, tell me everything you know, about x? I want to learn. So that, you know, Yeah, cuz always it's like, oh, they're gonna find me out. I'm not doing a good enough job. I'm not as good as such, and such a person who's coming in from Google, or whatever. But you know, that does pass, right? You do get your feet under you.

And and again, every new job has something to learn about, right? If you're coming into a digital health companies like, how does the tech stack work? What is the tech stack? Like, what is how do I spell API... I can spell API but that's about it. Right? How does this work? And there's always this huge learning curve. But again, I think you can mitigate a little bit of that, because that's a superpower we have because of our degrees, right? You come in the beginning of the semester, you know how to spell CBT. But that's about it. But by the end of the semester, you're going to be using it with patients. So you learn how to learn quickly. And so it's frightening as that can seem of like, I don't know anything. I don't know anything about this, everybody is so much smarter than me. It's just like grad school gang. Like the resources are out there, you will learn it and in three months, you'll have a pretty good idea of what's going on.

Davia Roberts 13:12
And you know what it makes me think about just the reality that we're just speaking different languages. There's not an issue of Am I smart enough? Somebody's speaking Spanish, somebody's speaking French? Like CBT, EMDR, DBT, they're not going to know what the heck that means.

Dr. David Cooper 13:27
No, I had to explain to somebody what like triangulation was and like couples therapy the other day, and it was kind of like, they're like, that's how that works. And I was like, yeah, right isn't that weird. Yeah, all of that stuff all the time.

Davia Roberts 13:40
Exactly. Because because we're coming with our own languages from our fields, and we have our own expertise. And I think that so often magnifies that sense of imposter syndrome that you're talking about. Because it's not the fact that we're, we're dumb, it's like, no, they're speaking the language we simply have not learned. I'm like OKRs, KPIs. Like, once you explain it to me, it's like, oh, that's what you call that. Okay. Right. We just call it an objective in my background, right?

Dr. David Cooper 14:09
It's called a smart goal.

Davia Roberts 14:12

Like, it doesn't have to be so complicated. Like don't overthink it. When did you get from that place of that intense imposter syndrome and start to feel more settled in your work?

Dr. David Cooper 14:25
I'll let you know when I do. Because I still have it every now and again, quite frankly, you know, and again, I don't want to like sugarcoat it, right? Like, there's always that question of like, will I be taken seriously because I don't come from a STEM background. And, hey, when I started getting taken seriously, I'll let you know. Right? I still get under I'm still waiting on it. Ya know, I mean, the DoD job quite I mean, my career history sounds good, because it's got come up with a good story about it. But you know, it took me like years to get out of the DoD job into a startup because it was hard to convince people that I knew what I was talking about. Still don't always get taken seriously about product stuff. But, you know, again, I think I think that can be good, right? What do they say? When you're always underestimated it means they never see you coming. Right, you can really deliver and show like...Yeah, cool, you took a chance on me awesome. Let me show you how good I can be. And so many times, people are like, wow, that's a lot more than I thought was gonna happen. Right. So, you know, again, I, I give us another 10 years, we start getting taken seriously. But yeah, I mean, it happens, but that's okay. You know, you can just roll with it.

Davia Roberts 15:37
And I think it's slowly happening, because like you mentioned, they're going to be the Silicon Valley bros, who have had multiple companies, multiple apps, and they're going to be taken more seriously. And they want to start the mental health company. Absolutely. And it's like, maybe you have no experience in mental health. How about you work with a clinician, who knows what they're talking about?

Dr. David Cooper 15:58
No kidding. Oh, no kidding. I can't tell you how many companies I like talk to you, bro. They're like, Oh, I have this problem and blah, blah, blah, and you're rolling, you're like, Well, I think I figured out your problem. It's you got no clinical folks out there. It's a big problem. Not hard to figure out. You need somebody to do supervision, you need somebody to do recruiting of therapists, you need somebody to say, this is how we're going to do therapy. Like, that's just how it works. You wouldn't, you wouldn't go into this with like, no DevOps folks or anything like that, but they just think it's like, Oh, I've been in therapy. I know what it's like, it was super hard for me, I want to tell everybody, you know, my therapy is gonna work super great for black transgender women, and it's gonna be like, no, no buddy.

Davia Roberts 15:59
No it's not! Like great intentions, because yeah, you want it to be accessible. But beloved, your experience is not the experience. And I will say, as a clinician, I do believe that lived

experience is very important. I'm like, I don't want to minimize that. However, one of the things that I think is so great about us as clinicians, good clinicians also know that just because you have a diagnosis does not mean that diagnosis, the symptoms are going to be the same, the experience is going to be the same, or the treatment is going to be the same. And I do believe there are folks out there who think, Oh, this is what worked for me this is it for everyone. And it's like, no.

Dr. David Cooper 17:24
Oh, well you see that a lot, right? Like the TikTokification of stuff, right, like, right. And it's like, oh, if I just have the diagnosis, I'll be good. Where, you know, we know, like, I love telling people, I'm like, listen, 5% of therapy is figuring out the diagnosis. That's the 'easy' part. It's 95% is getting them to do something about. Like, that's the hard part. And again, that's what we can bring to, you know, some of these tech things, whether again, whether it's content, whether it's what do we make sense of this data? How are we going to build things that people are actually going to use? How do we take the thing that we do as therapists, right where I am here, I have a theory, I have a theory about how people work. But I need to figure out how to help you understand that, and you're just doing it on a bigger scale, right? It is taking this idea and helping it work for a wide variety of people. And that's again, that's one of the things I love about tech is working at the DOD, you can see things like I had an app had been downloaded 4 million times. I could never teach diaphragmatic breathing to 4 million people in my entire career. But with an app, you...with a well designed app, you can help people like really understand that stuff. So it really magnifies the effect. If you still like it, you know, again, like me, you get into therapy, or you get into this field, because you do want to help people, you want to make people feel better. And so it is... can be a way to really scale that impact that you have.

Davia Roberts 18:53
I love that. What would you say are some of the similarities of your previous clinical work? Doing the one on ones, the individual, group, all of that stuff. So what's similar and what's brand new for you?

Dr. David Cooper 19:06
Yeah, I mean, again, you're still using psychology to help people just at a bigger scale, you're still trying to help translate a lot of these complicated ideas, like, you know, object relations, like how are you going to make that into an app like Good grief, Lord, you know, but I'm sure there's a way right. It's still evidence based, right? You're still doing data driven stuff. One of the things I love about tech combined with therapy is it really helps you, you can really get in there and tweak the dials, right? You can say, what are...what's the PHQ-9 scores as a whole? Okay, but what about this group? What about people who signed up from this company during this timeframe with this diagnosis? Wait, we are having a huge impact or we're not having any kind of impact. Why? And let me dig into that and let me really to figure out what can I do to help things work better there, and you have the data to know that, as opposed to just, you know, Hey, did you do your homework this week? No. Okay. That kind of stuff.

Davia Roberts 20:14
But I love that because it's, it's any clinician who's getting sensitive, it's like, we're not knocking individual work by any means... but you do get to reach more.

Dr. David Cooper 20:24
You do and again, it's the same stuff just bigger. And again, I, I certainly don't want to make it, you know, one of the, I guess the bad things about tech is it gets way more press than it should. Right? Dear listener, digital health and tech is like one of the fields where what you see in the press, versus what goes on behind the scenes, is so far apart from reality. The number of name brand companies I know of that are held together with spit and glue on the back end, it would shock you, turn your hair white. But me, that's the way startups work. And it just people get this idea of like, Oh, it's so amazing and so incredible. And all these software engineers at Google are earning half a million dollars a year. That that's not going to be you. That's not how things really work. So, you know, just taking all that with a grain of salt of you know, how you come in and do this because it is, it is at different career path is one of things that attracted me to psychology was like, Oh, I could teach, I could go do research, I could go do individual practice. This is just Oh, I could work at a tech company. It's just another career path, not that any one is better. It's just what what attracts you, what is interesting to you, about how you apply psychology?

Davia Roberts 21:45
Yeah, it's just a different way to do the work.

Dr. David Cooper 21:48
Absolutely. Absolutely.

Davia Roberts 21:50
I love that. For for someone who has been in the field for some time, and like you said, there are so many different ways to come into tech. What should therapists know about just the career prospects and the industry? You know, because like you mentioned, tech looks very sexy, all these press releases that are out and you're like, don't trust all of this.

Dr. David Cooper 22:13
Well, I mean, again, let me tell you right off the bat, like you're gonna make more money in private practice, and you're gonna make probably at a startup. Let's be honest, like, there has never been a better time to like, you can start a private practice, you can buy a telehealth platform like you can get it and then hey, you're seeing everybody in the state like, or if you call it coaching, it can be you know, whatever right.

Davia Roberts 22:38
Without having to do... and have an office, the overhead...

Dr. David Cooper 22:41

100%. So like, again, if it is I need more money, that this, like a CEO at an early stage startup, is going to barely make $200,000 a year often way less than that. So you're not making, this is not for big bucks, a, you know, I tell people, the the only reason to get into a startup is for two reasons. One, I want to learn something, right? Like this is this is a new area, I want to get into a startup, I want to learn something new, or I want to level jump, right, like I can't be clinical director of I don't know, like, one of the big... like Ginger, or, you know, some big mental health company, might be clinical director of a small startup, as we kind of do this and showcase my skills, right? Again, showing what you can do, showing, hey, yeah, I went for this startup. And I, here's all of our policies and procedures, I took it from zero therapists to 100 therapists. I did you know, all this kind of stuff. You do this because it's something different. Because you you like it, and you're interested in it again, just like research, or teaching or any of the other adjacent career fields that we do. It's like, I like this. And I like this, you know, it's, I want to combine these things.

Davia Roberts 23:55
But you're also playing the long game in that sense, where, how can I build these skills so that later in my career, I can pursue something that is impactful, makes a difference, and I also get paid. Because that's nice.

Dr. David Cooper 24:08
Oh, listen, I'm all about getting paid. And again, I understand like, I it is tough out there. You know, we need better funding and reimbursement for Medicare and Medicaid, especially if we're going to be you know, seeing some of these the the people most in need, and again, I but I also like that it's hard to do that as a therapist, right. It's hard to do that as an individual trying to make those ends meet. But when you combine it all with tech and you figure out ways to tweak things, you can still help folks in need and not have to eat ramen noodles, or you know, a some of there's some great startups coming out now that are treating serious mental illness and working with people you know, that traditionally we haven't. It looks like anxiety and depression for sad white people, we kind of got right, like, we kind of got that. But now the next wave of startups that's so exciting is like, oh, let's address people of color. Let's address the LGBTQIA experience. Let's address serious mental illness. Let's do something about opioid addiction. And so it, you know, kind of filling up one tier allows for kind of things to spill over into the next tier. And for some of that energy to go there. And I think that's what's going to be really exciting about the next wave of digital mental health. It's like, okay, first wave was, can we do it? Can we do the easy stuff like anxiety and depression? Can we, okay, great. We've, yeah, we got it, we can do it, we can make money doing it. Let's tackle the hard stuff. Let's tackle the next step. the nuance... yeah.

Davia Roberts 24:12
Like the shift is, like, it's going to continue to get better. I mean, of course, we have seen the lumps and bumps, right?

Dr. David Cooper 25:57

Still. We have taken lumps and bumps, like we are still not compensating therapists like what we should be, like, whether it's in private practice, or tech, like we can all do better, we can all be better paid. We're still trying to figure out how should we do these things? Right? Like, you know, you see a lot in the news about some of these companies who are turning things into pill mills. And like, you know, you think about it, you're like, well, on the one hand, it is hard to get access to care and we do want to make care more accessible to people. On the other hand, not quite like that, right? And so what is that and as a field, digital mental health, all this stuff. But we're still figuring it out. Like it's 10 years in, we're still figuring out how we should do these things. What's the right way to do these things? What are the tools and theories that we need to come up with this stuff? So it still is a very, again, kind of goes back to what I said of like, you see these press releases, you think, Oh, they've got it all together? They know what they're doing? Like? No, we're still totally building the plane while we're flying it, we're still figuring it out.

Davia Roberts 27:06
And for the person, because you mentioned this earlier, the right person for the tech industry is the person who is curious, the person that likes the challenge. Because there's someone listening, it's like, baby you just said enough tech is not for me, I thought it was going to be the golden... the golden egg... and it's not, that's not. So for the person who is actually getting excited about the learning curve and the challenges and being part of that solution and how to make this care more nuanced and more inclusive and more impactful. Like, what are the steps that they can take to be a strong candidate, to be taken seriously, for these opportunities?

Dr. David Cooper 27:43
Again, I'm going to come back to the biggest thing you can do is show your work, right? The biggest I know that, you know, psychology, I know that, you know, research, if I'm hiring you, the biggest question is, can you help me? Can you take that and translate it for me? Can you take this CBT concept and show me okay? If you're going to do this into an app, you and you're going to need to do this, and you're gonna need to make a feature that looks like this. And this is how it's going to work. You know, when I would, when I would design apps in the DOD, I just get on a whiteboard, and I would go screen by screen. Right? And I'd be like, Okay, you open the app, then what? You do, then what? What does it look like, right? And just kind of draw it all out. I'd draw it on paper, right? Like, I'm not coding it again, I ain't coding anything. Come on now.

Davia Roberts 28:29
You got somebody else in developing.

Dr. David Cooper 28:30
I got a whiteboard and some post it notes. You know, I got that. And I could bring in a developer and go does this make sense because it makes sense to me. But how you can do that work. And again, that's where certifications can come in handy, right? A stamp of approval, like oh, somebody else's test, this person can do the same thing through like a

portfolio site... like put, put up your work. Take a mental health app and go... This is what I like about it. This is what I don't like about it. Write some blog articles if you want to do content. Show off a research project on GitHub if you want to do data, right? There's nobody's, there's no gatekeeping to any of this. It's just do I have something? Can I take like five minutes to show, "Hey, this is how I would do it. Right?" Because that's going to be again, the biggest question. It's also going to be easier... It's gonna sound weird, either smaller startups or really big companies if you're looking for things right? At a startup, I need someone who can do a lot and I'm going to take a chance on somebody. They're more willing to take a chance and like, can you come in and you know, I'm gonna need you to do... I might need you to actually see patients and recruit and help us figure out our operations and do like weekly lunch and learns for our product teams so they can understand stuff, right? You really become this manager of miscellaneous. That's what I used to like to tell people is like, my title says this my real job as manager of miscellaneous

Davia Roberts 30:00
All the in-between.

Dr. David Cooper 30:02
Yeah, it's a whole host of crap. So either a small startup where you can have that chance or a big company, right where I need someone who can do this specific thing. Cool. You got your foot in the door, we're gonna have you this specific thing. And then once you got your foot in the door, you're like, hey, I want to learn more about UX. Can I go sit on some UX meeting? Hey product, I want to learn more about what you do, can I take on more of a role there? And you can kind of have that little beachhead, where you can then kind of cautiously reach out and explore or kind of jump in with both feet and just hope you got floaties. Paddle your way around until you figure it out.

Davia Roberts 30:38
The two main takeaways, number one, don't be afraid to learn outside of the box. We you are strong, you know, cheerleader of YouTube university. But also, it's 2023. Let's brag like have receipts for the great things that you're already doing and have some fun, like absolutely keep a record of that, because it is important. But you also mentioned something about options for you can you know smaller startups in you know, the huge places like ginger health, headspace, and all of that? Yeah. Where should people look for job opportunities in tech?

Dr. David Cooper 31:11
So I will say there are specialized job boards. Wonderful person, Solome has the Going Digital: Behavioral Health community, they have a job board, if you're looking for things. Communities like Therapists in Tech, you know, again, I love that community because it didn't exist for me when I was learning this stuff. We post jobs, we have people like we have a whole, hey, ask questions. And oh, this is what I know about this. Networking is so much better in tech, right? And be like, you can sit there and you can apply to a bunch of different job boards and like for every 100 resumes, you'll hear back from like, 10, if you're

lucky, right? If you're putting in these things, right? It's so much better to use your network and feel so comfortable doing that, like anybody, any therapist, I know in tech, totally be willing to take a half an hour, hey, let me tell you what I can do. What are you looking for? Let me point you at different areas. Because again, this didn't exist for any of us. And so we're still human, we know what it's like trying to get into this and so we want to help pull people in. And, again, that's what communities like Therapists in Tech are for because networking is still that really that best way to get a job.

Davia Roberts 32:22
That's helpful to know. And I do agree with and that's one thing I've learned, I'm like... Network, network, network. That is the door opener, one of the last questions I have for you is... What is that one piece of advice that you would give to someone looking to make this pivot, the biggest, most helpful.

Dr. David Cooper 32:40
The biggest, most helpful... It's not, it is not going to solve all of your problems, it is not as sexy and exciting as it looks. It's interesting, I think it's a lot of cool stuff we can do. You know, we are not limited by technology anymore, right? I can think of hundreds of different tech ideas that we can do. But we're still figuring out how to make it all work as a business. So the whole field is still kind of this nascent area where we're all figuring it out as we go along. So if you're okay with chaos, if you're okay with learning, like if you kind of think tech is interesting, or want to see what you can do as far as scale, then it's probably for you. And there's lots of different stuff you can do. But yeah, it's it's certainly not as a cure all, as it may seem.

Davia Roberts 33:31
But that is so open and honest and that's what we need to hear. Because I know that there are so many people who are burnt out due to just problematic systems in the mental health field, and they're like, I need something else, like something else is going to be better and it's guaranteed to be perfect. And it's like wait, let's not be unrealistic here. These these systems, all of you all involve humans, okay, so there are going to be challenges. And so just being realistic about what tech has to offer so I appreciate that. But before I let you go, I want you to join me for the hot seat.

Dr. David Cooper 34:05
Let's do it. I'm ready for the hot seat.

Davia Roberts 34:07
All right, the hot seat is our final segment where rapid fire questions and you reply with the first thing that comes to mind. You said you ready? You ready?

Dr. David Cooper 34:15
Let's go.

More THAN A
Therapist

Davia Roberts 34:16
All right, first question dogs or cats?

Dr. David Cooper 34:18
Cats. I've got one next to me.

Davia Roberts 34:20
TikTok or Instagram?

Dr. David Cooper 34:21
TikTok all the way. The algorithm has got me!

Davia Roberts 34:25
What would be your dream career if you weren't in mental health?

Dr. David Cooper 34:29
A woodworker.

Davia Roberts 34:33
Wow.

Dr. David Cooper 34:34
Well, it is you know, there's something about it. Like especially again, we're talking about getting into tech. There's something about at the end of the day where you're like I have made a thing, right or even right, you're like, this is I put in this many hours a day. This is what has resulted as opposed to I answered 100 emails. I talked to three different folks, yelled at two about their homework. I don't know if I made a difference today.

Davia Roberts 34:57
Understood! You have the final result with wood.

Dr. David Cooper 34:59
Yeah, I have a thing!

Davia Roberts 35:01
Okay, let's see. What's the most challenging thing about your work?

Dr. David Cooper 35:06
Staying on top of everything again, it is always something new, always something learning. So unless you're dead curious, it can just feel like drinking from the firehose.

Davia Roberts 35:15
What's the most enjoyable?

Dr. David Cooper 35:18
Always learning, always learning something new, drinking from the firehose, right. It is both the challenging and delight.

Davia Roberts 35:25
Should listeners join Therapists in Tech?

Dr. David Cooper 35:28
Oh, 100%. Absolutely, it is free. It is full of nice human beings. We have over 2700 of us now from everybody from grad students to people who've been in the field for years. Please come and join.

Davia Roberts 35:42
Okay, let's see, what's one skill you think therapists should build if they want to pivot into today's tech market?

Dr. David Cooper 35:49
Learning how to explain something on paper for other people. And by that I mean, not just like we would to a patient, but how are you going to help explain this for a developer and the way that they might need to understand it to build software? How might you explain this into a designer of like, I need a button here that says this? And, you know, how do you how do you explain these ideas to other people?

Davia Roberts 36:16
How can they build that skill?

Dr. David Cooper 36:18
Again, there are tons of books on like software writing, if you're doing that. You can, you know, learn from there's different YouTube videos all about, you know, developing software products. So just go watch some videos and come back to me and I'll give you some more to go watch.

Davia Roberts 36:36
Awesome. Best tip for salary negotiation?

Dr. David Cooper 36:38
Ooh, best set for salary negotiation? Know, know your ranges, right? Know what's realistic and know what's not, you know, go to folks like Glassdoor. We're working on it at Therapists in Tech. We've got a survey going for folks. So just do your research. Right? So know know, what is realistic to ask for and know what's not right. You don't want to come in and be like, I'd like a million dollars, please. You know, cool.... we all would, but you know, but you ain't gonna get it.

Davia Roberts 37:09
Okay, the last question. Have you finished your notes this week?

Dr. David Cooper 37:14
I do. I tell you what I do a Monday morning "Here's what I need to accomplish this week" and a Friday reflection. So as soon as we get off, I'm going to do my Monday morning notes and plan out what I what are the three big rocks I need to hit this week? And then we'll see if I've achieved them on Friday. I don't know if I will. But I'll try.

Davia Roberts 37:33
I am wishing you good vibes. But before we say farewell, how can people connect with you online?

Dr. David Cooper 37:38
I'm on LinkedIn, stalk me on LinkedIn, I'm pretty easy to find. Come join Therapists in Tech and say hi. I'd love to see all you guys and help you understand how to make this transition into tech.

Davia Roberts 37:52
Well, I want to say thank you for sharing all the wisdom and just being so open and honest. And I love your personality. So I had to say that. But thank you for joining like I really appreciate it. And for those of you who are interested in learning more about Dr. David Cooper and the therapist and tech organization, be sure to check out today's episode notes at morethanatherapist.co. Thanks for joining us.

Dr. David Cooper 38:13
Thank you.