Episode 688: Cleaning Up Your Mental Mess and Raising Resilient Kids With Dr. Caroline Leaf
Child: Welcome to my Mommy’s podcast.

This episode is sponsored by one of my favorite companies - Just Thrive Health. They have several products that are a part of my regular rotation and absolute staples in my house. I know I’ve talked about it before, but I’m a huge fan of their probiotic, which has patented strains of spore-based probiotics that survive longer in your gut. So you actually get the benefit of them. It’s a good rule of thumb that if a probiotic can’t handle room temperature and needs to be refrigerated, it’s probably not going to handle the temperature of your body very well. And many probiotics, while they might have a lot of concentration in the capsule form, aren’t surviving well in the gut. And this is what makes spore-based probiotics different and why I use them regularly. These are great to get all the way into your gut and provide the benefits. And it’s the first probiotic I’ve really actually felt a difference from.

They also have a new strain with a patented formula called Just Calm that is a gut support for healthy neurotransmitter function. And I noticed feelings of calm and better sleep from taking this one regularly as well. I also want to highlight a new product they have, which is a probiotic gummy for kids. I love that their regular probiotics are heat stable, so I can easily add these to even baked goods that are baked in the oven or to smoothies for the kids. But my kids are a huge fan of the new gummy formula, and I highly recommend it for kids as well. You can check out these and all of their products, including their K2-7, their prebiotics, their immune support, and much more, by going to justthrivehealth.com/wellnessmama. And if you use the code wellnessmama15, you will save 15% site-wide.

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Katie: Hello and welcome to the Wellness Mama podcast. I’m Katie from WellnessMama.com. And this episode is all about cleaning up your mental mess and helping your kids have a framework for doing the same, raising resilient kids and finding mental peace. And I’m here with Dr. Caroline Leaf, who has been working in this world for a very long time. She’s a communication pathologist and audiologist and a clinical and cognitive neuroscientist specializing in psychoneurobiology and metacognitive neuropsychology. Her passion is to help people see the power of their mind to change their brain, to control chaotic thinking and to find mental peace. And she has written several books. We get to go deep on a couple of them today.
And she really walks us through several frameworks we can use with our kids to really help them learn resilience and have a better lens for interpreting when tough things happen to them and having a framework to not get stuck in those emotions.

We talk about the problems with how we take care of depression and anxiety and mental health, how the mind can influence the brain, why the brain isn't the cause, it's a responder, and why this reductionist approach has been a disservice to those who struggle with mental health. We talk about the problem with labeling conditions just based on looking at the brain. We talk about what she calls mind management and also the neuro cycle, which is a tool that we can use for ourselves or our children to help understand and work through these emotions, how suppression creates imbalances in the brain and the body, the most important thing we can do for our children's mental health that starts with us, how to model mental health skills to our children, why children can interpret body language so well and how to manage our own minds in a way that helps them, how to model the neuropsych for our kids and make it part of our family culture. Why you can't make your children happy and you can't fix them.

We talk about the difference between safety net parenting and helicopter parenting. How most kids are only getting seven to ten minutes a day of free play but need three to four hours in an optimal scenario. Why it's good to let our kids be upset and cry when they're experiencing big emotions. And how giving our kids space to struggle will actually help them work through their feelings safely and to shape their own identity. and so much more. Very informative episode with Dr. Caroline Leaf. So let's jump in. Dr. Caroline, welcome. It's such an honor to have you here. Thanks for being here.

Caroline: Thank you, Katie. It's great to be with you. We've been trying to do this for a while, so I'm excited to be talking to you. You do a great job with what you do.

Katie: Oh, thank you. Yes, I'm so grateful the stars have finally aligned. I think your work is so incredible and so relevant to many of the parents and moms listening today. And I know that there is much we can learn from you. So to start broad, I feel like as a foundational piece, can you maybe walk us through some of the things that aren't optimized and how we currently look at things like depression and anxiety and mental health? And then from there we'll delve into the parent side of that, the kid side of that, how we can foster resilient kids and so much more.

Caroline: Wonderful, that's fantastic. Great place to start. So around about 50 years ago, 40-50 years ago, there was a shift in how we look at people's mental health and that goes for all age groups, from children to
adults. And the shift was focused around learning more about the brain. So there was a good, there was good and bad. There's always good and bad in things.

And the good side was that mental health became sort of developing into an area that we started speaking more about publicly and that kind of thing to try and remove stigma and that sort of thing. Those are all great. But what was very negative and has actually created a massive problem is the fact that people became so, the research became so focused on learning new things about the brain, which is great as I mentioned, but it shifted our focus on humans and human behavior into a very, what we call neuro-reductionistic approach. In other words, it became about the brain.

So as we got more and more excited about the brain, so that became the focus point. And that may sound like it's not a problem, but it is a problem if you reduce a person's experiences down to what's happening in the brain. Because the brain isn't actually the cause, the brain is the responder. It's not the causative thing, it's the actual thing that's responding. It's a physical structure, very complex, but it's driven by something. Kind of like we switch a light on, a light can't switch itself on, it has to be operated. You've got to switch your computer on, you've got to use your computer. That's the difference between the mind and the brain on a very basic level. So your mind is your aliveness, that's the thing that's switching the computer on, switching the light on, switching the brain on, and the brain is responding.

So if we remove that very big mind element out of the equation, and we reduce a person's responses to a set of symptoms that are then supposedly diagnosed to be caused by some kind of biological irregularity in the brain, some sort of neurobiological, something like a chemical imbalance or some genetic flaw or some kind of brain damage or some kind of, well, let's not say brain damage, it's sort of damage of a brain that is not functioning like it should, there's something that's different about the brain.

When we do that, it's a very medicalizing of misery approach, and it's called the biomedical model. So in essence, or in summary, the medical model is a way of looking at symptoms from the symptoms, making a diagnosis, which then leads us to the underlying biological cause and then targeting a treatment or a medication at that underlying biological cause. So diabetes presents type ones, presents with certain symptoms, and they can test that, and we know that it's an incident problem in the pancreas and therefore you targeted that. Beautiful for medicine, works for the physical brain, the physical body, but that model has been adopted into mental health, and that's the problem, because you can't medicalize what someone is experiencing in their life. Whether you bullied at school and it's a persistent problem and you are very anxious to go to school and maybe getting quite depressed and maybe not able to concentrate at school, that doesn't mean that child has a mental illness. It means that the child is experiencing something processed through the brain, the brain and the body are being affected, but the causes in the environment are not the brain.

And that's really, it's a long answer to your question, but essentially that shift has created what we're sitting with now as one of the main contributors. There's obviously a multitude of contributors, but it's one of the main contributors to the fact that we're sitting with such a pandemic problem or a crisis in mental health currently and in our children.
And that's very interesting because a few years ago, there's a huge survey, there's various different, very good surveys that are done, and this is a very high level survey that's done on, globally on different countries and age groups looking at mental health. And children always came out and adolescents always came out, but especially children always came out as being on the higher end of the positive side and adults, you know, battling more, it's swapped. And so that's very significant that we see that, and we see that we are sitting in the worst time ever when it comes to children's mental health.

Now that is, as I said, you can track it back 40 years ago, 50 years ago, this model was introduced as biomedical model, seeing people as sort of symptoms of their behaviors, symptoms and then diagnosing. And as we track the research parallel to that, we see that actually things have got worse, not better. And that's, you know, we're sitting with the worst situation. So if the biomedical model worked, that was introduced those only years ago, we should see an improvement, but we've not seen an improvement. Things have actually got worse for all age groups and it's really got bad for kids.

Katie: Wow, I didn't realize some of that and how startling those numbers were and that they've shifted in kids. That's really to me like very telling of that we need to ask better questions and look deeper into this model. And it makes sense when you explain it that unlike something that's strictly in the physical body, there wouldn't be just a simple singular cause and effect symptom and medication route for this.

And because of that, the interaction between the mind and the brain that you've explained, I think as a very simplistic example back to I had, I did some of the neurofeedback and brain mapping a while back. And as they were doing the whole process, they asked me, you know, has your ADHD ever gotten in your way? And I was like, well, that's the first I've heard of it. So no. But it was interesting that they had just by looking at my brain assumed that and assumed problems that I wasn't actually experiencing. And so that kind of made me look at it and go, wow, I wonder if this is happening to kids as well.

And we know also from, at least from other mental health experts I've had on here and from psychiatrists, that obviously the things that affect us in childhood can very much carry on into adulthood. I know I've done a lot of work as an adult to sort of un-pattern some of the things that I internalized in childhood. And so I would assume that if we're taking this reductionist approach, especially with kids, this could lead to some longer lasting issues that are going to carry over into adulthood as well. Are you seeing that as well?

Caroline: Absolutely. So there's, you know, we know from the ACE studies, early childhood studies, and it's undoubtedly linked. So what we experience in childhood, unless we teach a child how to manage that. It's going to move over into, it's sharp in adulthood in various different ways, physical challenges, mental challenges and so on. So we do have to address that and deal with it. Our life affects us. It's just as humans,
what you go through, it's not about you, it's about your environment and whatever you're going to go through is going to affect you.

You said something very, very interesting though in when they said your ADHD brain. This is now so typical, just that statement is so typical of a biomedical model where your complexity of who you are as a person, they just lumped and put into one category because they looked at a pattern in your brain as though it was a biological marker of a disease. So they would have been telling you, they were telling you in essence in that sentence that you have a disease of your brain called ADHD and therefore that's why you are who you are. And that's the wrong way around.

First of all, ADHD is not even a scientific category. It is basically a hypothesis. And I'm not saying that people don't have concentration and learning problems, it's a huge part of the work I've done. But the concept of ADHD also began about 40 years ago and we were warned by our professors at that time and scientists at that time saying that 40 years, in 30, 40 years time, we're going to have a problem with people being diagnosed with something that they don't have.

So rather than saying I have ADHD or my child has ADHD, rather say that ADHD is a description of behaviors. So it's a word that describes the pattern of behaviors. It's not a diagnosis of a disease. Huge difference in how you look at yourself or look at your child and how a child looks at themself. And that's really critical. So that distinction, ADHD is a cluster of behaviors that describe a cluster of behaviors and there's a whole lot of them versus ADHD is a disease that your child has or you have.

And even the QEEG, the neurofeedback, I'm very familiar with all of that. I use QEEG in my research with my team of Neuroscientists. We still do a lot. I've been in research for forty years. We still do research. We've got many clinical trials running. And the QEEG, there's a tendency, this biomedical model takes something as incredible as a QEEG, which is looking at the brain, electrical activity in the brain in response to how we think or what we, just being alive, and says, looks for biomarkers. So it's reducing it down. Oh, that pattern means ADHD.

Or what we've shown and many other researchers in the field have shown is that that so-called ADHD pattern in a QEEG could be the same exact same pattern a moment later in someone who's just had the most incredible insight, who's just played the most beautiful concerto on a piano or something like that. So you can't just say it's one fixed thing. Our brain waves, our electrical activity in our brain is responding in the moment. And you can have the same pattern for someone who's in a state of extreme stress or anxiety, and someone who's in a state of extreme euphoria because they've just created some masterpiece or something. So we've got to be so cautious about this tendency. That symptom equals that. It's not quite so simple.
Katie: Yeah. And I think to your point, even the language around that I feel like might be harmful to children, especially if they're given what feels like a very black and white diagnosis and told like, you have ADHD or you have this problem. I think of that as a corollary in my own life when I found out I had Hashimoto's and I eventually learned to stop saying I have Hashimoto's and start saying even I am healing from Hashimoto's because to me a diagnosis feels very concrete and then we often make that part of our identity.

From what you're explaining, this is something that the brain is always probably moving and changing and there's variation. And just because an electrical pattern shows up for a particular person, that doesn't mean that it's going to exhibit in the same way in every person. So I just wonder, are we creating kind of a stagnant concrete version of how these children see themselves by labeling that as such?

Caroline: Absolutely. I have a whole chapter in this book that we, the latest book that I've brought that I've just brought that's coming out, How to Help Your Child Clean Up Their Mental Sorry, it's reversed on the camera. But basically it's a whole chapter on labels with all the scientific research. I write very simplistic, so it's very scientifically based, but it's written that anyone can understand it. But there's a whole chapter on the danger of how labels lock us in and how they remove hope and how there's extensive research showing that when you tell someone you are or you have, you've got to be so careful how you explain that because it's way better to say to a child or an adult, which is what I would do in my practice when I practiced for 25 years, I don't practice anymore, but I had teams of therapists that worked for me and we would never say you are or you have. It's more these are the things, these are the kinds of behaviors that are showing up and let's look at how they potentially are disruptive and constructive and let's see how we can reorganize and change these things.

I mean, there's no doubt that certain people do experience birth trauma or trauma in the womb or are exposed to chemicals or have a traumatic brain injury. There's the neurological stuff that does happen, but that is we need to see the neurological stuff. We need to make that distinction between the neurological stuff and then our life experiences and how they impact us. And that line was very clear 40, 50 years ago, but it's become very blurred.

So yes, the labeling of a child removes hope, it locks them in and it makes a parent very frightened. It's scary to be told that your child's got ADHD and then they show you, tell you that the brain, your brain looks different because there was a very, very popular study that you probably have spoken about or heard about a couple of years back that was saying that ADHD brains are smaller. And when that study was reanalyzed, they had to publish a retraction because it was incorrectly analyzed and incorrect. The results were incorrectly presented. They were biased and that isn't actually the case, but that is one of the most quoted studies that parents often hear, scientifically we see that ADHD brain looks different to the so-called neuronormative brain. And that's very scary to hear about yourself or your child.
Katie: Yeah. And it seems like the comparison I would make is like certain areas of medicine where it is that just cause symptom treatment approach. Whereas it sounds like what you're talking about is almost more of like a functional medicine approach to the brain. It's not like either or it's a yes/and, let's use this data, but also let's take into account this whole person. Let's look at the other potential root causes that are happening. Let's look at their life experience and what's going on that actually might be the reason for some of this and let's give them a more empowering ability to address some of those things versus thinking this is a stagnant condition.

And I know you've written and talked extensively about this, but what is, can you walk us through your approach and what you see as the answer and the better approach to handling this sort of mental health crisis that we seem to be entering?

Caroline: Absolutely. So basically, I'm a psycho neurobiologist, which means psych mind neuro brain body about the psychoneurobiology, the body. So I'm looking at that relationship. Now it's very established in the scientific literature that chronic, unmanaged toxic stress will lead to physical and mental challenges. And so we see, so what we have to look at when we look at helping a person very holistically and I like your comparison that you've, you know, the sort of the comparison you've made it more functional looking at the holistic person.

We have to realize two things here. When we look at psychoneurobiology, we recognize that the mind works through the brain and the body. So the mind is always using the brain. So the brain and body are involved in everything that you experience as a human. So this is why the brain is constantly changing.

Back in the late 80s, I did the first, some of the first work in my field on neuroplasticity, which is the, the ability that we have and notice how I'm using my language that we have as humans to change our brain. Our brain can't change itself. Okay. If you did, your brain's doing nothing, but because you're alive, you're experiencing life. You are responding to this conversation, to being a parent, to waking up in the morning and going to school. You are in life, you're active, you're alive, you're thinking, feeling and choosing in response to that. And that's mind. Mind is aliveness. It has a psychological component, think, feel, choose. It has a biological component, which is all of the quantum physics and electromagnetic and all that fancy stuff. But the fact is that the mind is the thing that's driving the brain.

So based on that principle, if the mind is driving the brain and the brain is responding to the mind, not only is the mind driving the brain, but the mind is also embodied. So as you are listening to me now, your mind is processing what I'm saying and building what I am saying into the gravitational fields of the mind, into the brain itself, the physical structure of the brain as a tree like structure. And I always use, use like one of these little plants to show the idea. I've got to get out of the blur. Can you see this thing over here? I'm holding up a little plant.
So this conversation is going three places in the mind as a field, in the brain, like a tree, and into every cell of the body, like a change at the genetic level, as well as in the structural level of the cell. So that's quite powerful. That means that our psych is changing our biology. And so do we have power over that? So my approach is looking at how does that happen? How does stuff get into the brain? What is a thought? What are memories? A thought is the tree. The memories are what the tree is made of all the little roots and branches. What are emotions? What are behaviors? How do they all interrelate? Emotions, behaviors, our body feels and our perspectives of life are all signals that are coming out of the thought that we've built. So we have an experience, we build it into a mind, brain and body. And that combination of mind, brain, body interacting generates how we show up.

In other words, as we are in this conversation, we have emotions, we have a bodily response, we have a perspective towards this, and we have certain behaviors, we're interacting, talking. So everything is operating like that. So the approach that is more holistic is to look at the human in the environment, child, adult in the environment, and the stories of their life. And look at how the stories are building into the brain and looking at the brain and the body, mind, brain, body, and how they're showing up with signals. So it's actually not as complicated.

So think of experience into the brain as a tree, into the body as a change, into the fields of the mind. And then that combines in how we show up.

How do we show up? So let me give you a nice example. You pick up your child from school, they get into the car, and they are crying, sobbing. They won't talk to you, so their emotions are obviously very upset. So there's the emotional signal that you've seen. Then their behaviors, they won't talk to you, but they're kicking the back of your chair. I'm just making something up. And more you say, please don't kick my chair. I see you crying. They kick your chair more, they cry more, and maybe they throw a little tantrum. So these emotions and behaviors, two warning signals. Then maybe they start saying, oh, I've got a sore tummy, I've got a sore tummy. So there's a response in the body. Then their perspective is, as you're trying to talk to them, they just say, I hate school. I hate school. So you've got all four signals. So you've got four, and that can happen in the first few seconds that your child gets in the car. So those are four signals.

Now let's say that this happens every day for two weeks. And then you start thinking, Hey, there's something going on. Then the teacher calls you in and says, well, Johnny is not concentrating and it seems to be very upset all the time and is really constantly wiggling in their seat and is not asking and answering questions and I'll get whatever. So you get a bunch of emotions, behaviors. Um, he's always complaining of going over his old tummy and going wanting to go to the bathroom and his perspective, he seems to be hating school. So now we've got this thing. Oh my gosh. And the teacher says, Hey, you better go see a school psychologist or go to the psychiatrist. You go to the psychiatrist. They'll ask you a 15-minute survey if you're lucky. And it's basically tick check. This and very often it's done by the PA, not even the psychiatrist. And they just look at the little report and before you know, Oh, that's ADHD, clinical depression, or one of the other combination of the two. Let's put them on medication.
The messaging to the parent is that if you don't do this, if you don't get to the psychologist, psychologist or psychiatrist, you're a bad parent. You know, this is, this is something you have to prevent. This is like diabetes. If you don't give the person type one diabetes insulin, they can die. You know, you have to, and because of the mix up of the medical model with the human story, which is incorrect, as I've said. poor parent is receiving all this confusing mixed messages. I'm a bad parent. I've got to get this done. This is going to help my child. And you know, my heart goes out to this because I've worked so long in this field and I saw this happening as my career was moving forward and how many parents write into me and comment about this and that sort of thing. So, and I'm sure you've heard the same thing.

So what can we do? What can we do differently instead of going off to the psychiatrist? And I'm not saying don't go to therapy, but I'm saying do this first. Your mind is always active. When you're asleep, it's even active. It's your aliveness. Your child's mind is also always active and you're alive. So your child's experiencing something. Their experience is not something you can fully understand because no one understands, even your own child, you may know them, but you still don't have, you don't have an inside of you into the experience because you only know your own experience. You can only go on what they say and the signals they provide, but their experience is their own unique thing. So that's the first thing.

Look at your child's experience as being absolutely unique to them and in need of validation. Let them, we only give them the tools to talk about their story, talk about the experience. Secondly, their ability to experience is this mind thing. You can go to the therapist and the coach and the psychiatrist and the psychologist, but you're not with them 24-7. You'll see them now and then, maybe once a week, maybe once a month, who knows. But you're living with yourself and so is your child 24-7. So what do we essentially need to teach our children? Mind management. We need to teach them how to manage their mind in between being able to talk to you if they're at school, in between while they're playing with a friend, in between maybe if you are seeing a therapist because there's something else going on that needs a bit more attention or if somebody sees a trauma or something like that that's happening.

So in a nutshell, we want to teach our kids and you can teach a child as young as two. And this latest book that I'm releasing is basically helping parents help a child between ages two and ten. And then my other book is for older kids and adults. So this book is called How to Help Your Child Clean Up Their Mental Mess. It's for ages two through ten, even a 12-year-old, even adults love this concept. It's so simple to understand, but the one for adults is how to clean up your mental mess. So the two together work very well and I have an app. So there's a lot of ways to learn what I'm about to explain to you and my app literally walks you through giving you therapy.

The new book walks you through giving you therapy. It literally takes the science that's complex and the concept that I'm going to explain as quickly as I can and simply as I can now and breaks it down into this is what you as a parent need to understand. This is how you say to a two and three-year-old, how you say to a six-year-old and so on. And then there's also images. I've created a character called Brainy and Brainy, actually years ago, I had a Disney artist create Brainy. We've just had it updated and it's throughout the book. So Brainy is, we created a little toy as well. So Brainy is this character that walks your superhero and whose
superpower is the neurocycle, which is how we manage our mind. It's a toolbox literally of how we manage our mind and how we walk this mental health journey.

So a two-year-old and a three-year-old doesn't have the language to tell you that at daycare there's this one little kid who constantly is pinching them or something. Or a teacher maybe who's not being as nice as they could or something that could happen. Your child is not linguistically strong enough to be able to give you that exact languaging, but they come home with all these signals, behaviors changing, etc, emotions, etc. This little, what I've tried to create is a contact point.

So if a child picks up the toy, it's the, when you teach them that this is how to talk about if things are problematic or whatever, that's a way that they can pick up the toy and they point to the pictures in the book. That's a way that you can then form this connection and you know your child trying to tell you something. So what I'm trying to say is that through the tools that I'm giving you, even have a coloring book with all this stuff, you can then do what I'm about to do. You can have that contact point and I'm going to give you some tips on how you can also make this very simple in your life.

Okay, so let's come back to the car example and let's come back to Brainy here. I'd link that with the Brainy, the superheroes, superpower, which is the neuro cycle. And with a child, this kind of languaging works really well. That you've, hey, you've got the superpower and the superpower is going to help you with whatever you're going through kind of thing. And so obviously this is, you've got to teach this to the child. You've got to make this a lifestyle and then you can use it at any point.

The neuro cycle is a system I developed over years ago that I still research, constantly update. And it's a five step process that is very scientifically researched. That each step is driving the mind through the brain in a way that's actually rewiring those networks of the brain and helping to heal the changes in the body, right down to the level of the brain waves, obviously responding in a more balanced way. And your body, for example, like cortisol and homocysteine and telomeres and all these things in our body that if they're not working correctly, will set you up for disease.

And as we know, chronic stress tends to break those processes down and over time they cumulatively will end up being a potential disease process. So the neuro cycle has been extensively researched as a tool that you can use all the time to be proactive and preemptive and also to deal with things that have already happened. So it's both ends of the spectrum because things happen and things will happen. And to drive your mind in a way that brings health into the brain and the body as well you managing the mental health.

So you first, before you do the five steps, you need to prepare the brain because if a child's had a bad day at school, you know that they like need to be calmed down first before you can do anything, before you can even talk. So you may need to do something like, you know, what we were breathing and there's many different what I call brain prep exercises. I'll give you a whole bunch in the book and in my app. And I think like breathing, one of the ones that works extremely well with kids is breathing in, and adults too, is breathing in
for three counts and out for seven. And it's a great way of saying, well, you even when you're driving, you can say, okay, let's breathe in for three, put your hand on your tummy and it's, you obviously going to drive the car, but your child can do that. And then you breathe out for seven and it's make that whooshing sound. If you do that second little three, second exercise, six to nine times, you have calmed down the neurophysiology in the brain to such an extent that you can now connect with that child and tune into that child.

So think of brain preparation being a way of tuning in. And as I said, there's a multitude of different ways that you can do this. And then you would move into the neuro cycle and the neuro cycles, five steps, gather awareness, reflect, write, recheck, active reach. Each of those names has a brainy character associated with it. So they, you can literally teach your young kids, the actual, you know, from the pictures, we're doing this, then we're doing this, then we're doing this. Each step is sequentially driving your messy mind, which is what we all pretty much operate in. And you're training your wise mind to manage your messy mind. And obviously that's not the wording you're going to use. You just say you're using superhero, brainy is using super power. And the superpowers that's breathing, it's get our brain. Kids love the brain. Young kids will respond very well. We’re making our brain healthy. We're going to breathe to, to make us feel that we can, that we feel calm or peaceful. And then you're going to do these little, let's do our little super power activity.

And so there's many ways that I'll give you ideas and ways of doing it. So essentially together awareness, the first step is how you look at those, those signals that are telling you something. So let's go back to the incident in the car. The child's very upset. They, so that's the emotional. So you could even say to the child as they're getting in the car, you may just say, let's do some breathing and let's prepare our brain or just let's breathe so that you feel better or whatever you want to do. And you could do this in the car going home, or you could do this once you're at home. Obviously once you've explained this to the child. So gather awareness is let's, I see you very upset. Why see brain is very upset. Maybe you have brain in the car. Maybe they remember brain or there's another toy or whatever. I, so you can phrase it for them if they don't want to speak, which is very often the case. If they're in that state of mind, I see you very sad. You're very upset. I see you crying. I acknowledge you crying. You, you really upset you crying a lot. And you're holding your tummy. Your tummy may be sore. You're holding your head is your head. So you, or you, I can see you, you've got little fists. So you acknowledging the fourth signal.

And then you say, did you have a bad day at school or did something happen? Or is something making you very look at it is how you, um, you know, sometimes sort of a question, the way I phrase it in the book is once I understand perspective, which is the fourth signal, it's how you're looking at life in the moment. So you could say something like, let's say this is a three or four year old, you could say something like, are you, is it, are you seeing that it's like horrible at school? You know, are you, and what you can do, what I've given, the example I've given is you can have, um, when you teach this, is to have two pairs of sunglasses, one that's broke, it's get cheap sunglasses and then a beautiful little one of the hearts or something. And the broken one, and you could even have three, so you could have it graded. So one is scratched, one is broken. The glass is broken. You can hardly see a three and one's is, really pretty one.

And you, when you teach this concept of, of the perspective, you can say to them, which one do you want to put on? Which pair of sunglasses do you feel like this? You know, you feel really bad. Do you feel not so bad or
do you feel happy? You know, that's kind of, there's lots of those kinds of examples. And if you've talked in
that, in the car, you could even say, know, what sunglasses are you putting on? Are you putting on the breath?
I think you're putting on the ones that are really broken at the moment. So what you've done there is
something that's incredibly powerful. You've labeled for the child, the four signals that they're giving you, not
in a judgmental way, not in a, you've created a safe space. You've simply labeled for them and made conscious
for them in an organized systematic four sentences way that is, and think of those four signals, like little
balloons and balloons have a string. Those balloons are attached to something. You don't just show up with
that for no reason. You're not saying this to the children. I'm explaining this now to you as a parent.

When, however we show up in life, us or our kids is never just there. It's because of something. So we want to
go from the signals as signals, as giving us information. And we want to go from the signal and we want to find
what is it attached to. So imagine those four balloons are then attached to a thought. And remember I said,
thoughts can look like trees. So you've got a healthy thought, which would be, you know, kids, I've got all
these images in the book and you can use plants and you can point out trees. Kids love this. They respond very
well. So to adults, there's the unhealthy one. So obviously they're upset and crying. You could say to them, I
think there's something not so nice. There's an unhappy tree in your brain at the moment. That something
happened at school to build an unhappy tree. So the signals are attached when you label those four signals.
Imagine as you say, the sentence is, this is moved from the non-conscious, it's moving into the conscious mind.

Now we know from neuroscience that when we become aware of thoughts of what the signals, which are
information are telling us, then you bring the thought into the conscious mind. Now you won't see everything
straight away, but what the mere act of gathering awareness in that very specific way is bringing the thought
into the conscious mind. Neuroscience shows us that the minute we do that, we weaken the bonds. This is
made of proteins and chemicals and the information is stored as vibrations inside the proteins which make
these branches. And I know that's kind of technical, but this is how real this stuff is.

So what we want to do is loosen the protein branches so we can change the vibrations. In other words, that's
what mind management is. We find the experience and then we look at deconstructing that experience and
reconstructing that experience into a way that brings you a level of peace.

Because what has happened at school to that child is never going away. It's happened. It hopefully won't
happen anymore. It may, but the fact is it did happen. So our stories don't ever go away. What we want to do
is change what they look like inside of us. So if we don't teach the child to manage that toxic thought through
this process of the of the neuropsycho, which is a system into which you can fit all kinds of CBT techniques and
affirmations and all the cute things that you already do as a parent, I'm just giving you the vehicle that then
makes the brain and mind and body do what it's supposed to do.

Essentially, if we don't, that toxic issue gets bigger and it's un dealt with. So on an unconscious level, the
child's actually thinking about it and on a conscious level, they are actively engaging with it and that makes it
bigger. And over time that creates an immune response in the brain and that immune response becomes
hyperimmune because initially the immune response is to protect. But then if you don't deal with the issue,
like once you, you know, the immune response is to bring in the fighter soldiers and to fight the bad thing and to get rid of it. But if you don't, if you don't find the source, it doesn't go away. So therefore you get a hyperimmune response, which then upsets your hormone system and your cardiovascular system.

And so we get that percentage that says if we don't manage our mind, this increases our vulnerability to disease by to which is horrific. So over time, that very first question you've asked over time, un dealt with stuff in childhood or any stage of life will increase your vulnerability to, to disease and obviously mental health challenges because it tips the scale.

So if you think of a scale with two sides and the balance thing in the middle, the balance thing is all about depression actually works for you. Anxiety works for you. Those brain waves, there's no one pattern that's bad. There's a balance. So everything's about balancing. And when we balance it, I said a statement, depression is actually good for you. When it's balanced, it is because depression, anxiety, these are emotions that help us to become humans that experience life.

And so what happens though is if I don't manage my stuff, then the scale steps, tips and now depression and anxiety and stress, instead of working for me, work against me, instead of enriching me as a human, actually now start playing a destructive role. So this neuropsycho helps to keep that balance and helps us to stop the suppression because suppression creates this imbalance and the tipping in the wrong direction.

So when you teach this kind of thing to a young child, they get better and better the older they get. So the younger we start, but that's never too late because I mean, my eldest patient was an 84 year old. So I just think if we can equip our kids, especially our current day and age, the earlier we do it, the better. Okay.

So gather awareness. Then once you've gathered awareness, you then start reflecting. Reflecting is focused reflection. It's not just a general notice. I say gather awareness, very specific, not just be aware, being aware would fall under brain preparation. Okay. Just general awareness or mindfulness. That's brain preparation. But gathering awareness is okay. What am I specifically gathering awareness of? Reflection, focused reflection. Let me focus on those four signals. Why do I have those? So now you're starting to dig.

Third step is you would then write all of that down. If your child's not yet literate, you can dramatize. You can make, oh, I see brainy is feeling very upset and brainy is crying a lot and brainy has got a sore tummy and brainy is putting on the broken sunglasses. I wonder why brainy feels like this today. And then you get the child automatically, we all know two and a three and a four and a five, even a six, seven, eight year old will respond very well and we'll jump in and enact.

Now that third phase of either dramatizing or visualizing where you paint a little picture for them to imagine like a little movie in their mind, or you draw pictures somewhere that is creating a genetic change in the brain. So we bring this thing up by the first two steps. And the first step brings it up.
Second step starts looking at the branches, the branches of a tree, which is the interpretation, how that child sees themselves, more details about the behaviors and emotions that sit and they're frustrated. This has been going on for quite a while. It's affecting their relationship with their siblings and it's affecting the schoolwork and all that stuff. So where did this come from? We got to go down to the root. We've got to find the source, the origin story.

So the writing is now taking us deeper and creating deeper insight. When you write, it's really great and then act is really great to just let free flow happen because the more free flow, the more you just write all over the page, throw ideas down, words down, even if you stimulating you writing and they drawing and a combination, that third phase is getting to the starting to show you what's down and what the experience is in the details, the memories of the experience.

And the fourth step is to look at what you've written, this kind of big messy or all the enactment or the dramatization, all the pictures, and then to talk about that. This has happened. What can we do about it? What are the patterns? What are the triggers? How often is this happening? What could we do? How can we manage the situation in the moment? We're not going to solve the world's crisis in one year cycle. This is something you can do this once you understand it within a few minutes, but if there's a persistent pattern in a child's life, you're not going to just one your cycle won't fix it. If there's a pattern, you're going to have to do a multitude of neuro cycles because it's going to take time to get there and time to unpack all the details of experience and re-conceptualize them.

And that's a large part of the work that I've done. And I've done, there's a whole chapter in the book helping you with the timing. If it's a little thing, you can do it one or two new cycles. If it's the bigger the pattern, it's more established, more complex that issue, then you're going to be doing cycles of 63 days. And I'll tell you exactly how to do it. And you don't spend long each day. It's very quick. Okay. So that's the big picture in this simple language as I can put it in the tech detail in all the resources.

Katie: I'll certainly link to all your books in the show notes as well as to your online work so people can find it and go deep on whatever is specific to them or their children.

This episode is sponsored by one of my favorite companies - Just Thrive Health. They have several products that are a part of my regular rotation and absolute staples in my house. I know I've talked about it before, but I'm a huge fan of their probiotic, which has patented strains of spore-based probiotics that survive longer in your gut. So you actually get the benefit of them. It's a good rule of thumb that if a probiotic can't handle room temperature and needs to be refrigerated, it's probably not going to handle the temperature of your body very well. And many probiotics, while they might have a lot of concentration in the capsule form, aren't surviving well in the gut. And this is what makes spore-based probiotics different and why I use them regularly.
These are great to get all the way into your gut and provide the benefits. And it's the first probiotic I've really actually felt a difference from.

They also have a new strain with a patented formula called Just Calm that is a gut support for healthy neurotransmitter function. And I noticed feelings of calm and better sleep from taking this one regularly as well. I also want to highlight a new product they have, which is a probiotic gummy for kids. I love that their regular probiotics are heat stable, so I can easily add these to even baked goods that are baked in the oven or to smoothies for the kids. But my kids are a huge fan of the new gummy formula, and I highly recommend it for kids as well. You can check out these and all of their products, including their K2-7, their prebiotics, their immune support, and much more, by going to justthrivehealth.com/wellnessmama. And if you use the code wellnessmama15, you will save 15% site-wide.

This podcast is brought to you by Wellnesse, the company I co-founded to create truly safe and natural personal care products that are safe for the whole family. Our products use EWG verified safe ingredients and go beyond just avoiding harmful ingredients, including herbs and botanicals that benefit your oral health, skin and hair from the outside in. We believe that it isn’t enough just to avoid the harmful ingredients... that natural products should work as well as their conventional counterparts and that since the skin is the largest organ, adding beneficial ingredients is an extra way to benefit the body naturally. I’ve been fascinated by oral health since reading Weston A Price’s Nutrition and Physical Degeneration years ago, and we now have a whole line of oral care products focused on supporting and nourishing the oral microbiome while naturally whitening and strengthening teeth. With three options of toothpaste (mint, charcoal and kids strawberry), natural floss, biodegradable flossers, and new probiotic mints designed to support the oral microbiome, our products help you have whiter, healthier teeth naturally. Check out all our Wellnesse products at Wellnesse.com

I would say this resonates deeply with my experience. I've talked before about how I had trauma in high school that I had largely suppressed. And because I had suppressed it, I thought it wasn't affecting me at all. And then when I finally did something similar to this process in therapy and just sort of intuitively of trying to figure it out myself, my body changed, how I interacted with the world changed. I was amazed actually how profoundly so many areas of my life changed from addressing something that I didn't even think was a problem at the beginning.

But I think this is also really encouraging because you mentioned the ACE study, the adverse childhood experiences. And what stood out to me in that and so much of the other research is it's not just what happens to us, but actually more so our interpretation of what happens to us that actually seems to cause those long-term problems. And the exciting part there is we can't always control often what happens to us, but we do have much more control over our own inner process and how we interpret it and how we move beyond it or we don't.
And so I love that you are making this very concrete and applicable and giving it as a foundational skill even to children. Because I think this process you talk about of managing our mind isn't something that maybe people have ever even thought to do or thought of as a foundational skill that we can really establish with our kids early on.

And I'd love to build on that and talk about the parenting side a little bit as well, because I feel like many parents share the goal of wanting to create resilient kids, independent kids, but that there are many methods that parents will use to try to move toward that goal. And so I would love to kind of go deep on parenting strategies, obviously the neuropsycho being a huge one, especially if there's a specific issue we can identify. But from a foundational approach, how can we help our kids build this ability to interpret well and not suppress emotions as a foundational skill and by doing so help them to have more resilience in their life?

Caroline: Excellent question and also your observations, you know, the insight there of the fact that if you have suppression, it explodes. And this is so often the case, and I've done some, you know, research as well around some of my clinical trials. We've had people that they didn't know, terrible childhood trauma, the only way they could cope was to suppress. But because these things are alive and living, you can only suppress for so long and then it explodes. And then, you know, that's when we need to. People need to know how to deconstruct, embrace process and reconceptualize, deconstruct and reconstruct as opposed to just, oh, that's a symptom, let's eliminate the symptom or let's disrupt the symptom. Like Cognitive Behavior Therapy, for example, we'll talk about disrupting the symptom and then trying to then build a replacement.

You can't just disrupt. Disrupt means to become aware of, like I've been describing, like when you became aware of some trauma in adolescence that you didn't in high school that you didn't recognize. Once you were aware, it was kind of like a disruption. And then from there, you couldn't just eliminate, you had to reconstruct. So with that philosophy in mind, I was asked the question quite recently and again yesterday actually in an interview, exactly the same question you've asked. What is, if I had to say the most important thing that we need to do for our children's mental health, I would answer by saying it starts with helping the parent because the parent is the model, the child's level of stress and anxiety and how they deal with life. As much as we don't want to hear this, it really does, is modeled on how the parents, you know, how the parent is functioning. So they, you know, they will pick up if you get this diagnosis from a doctor and you really worried and you try and hide that from the child, they will pick up your concern. They are much better than adults at reading body language and nonverbal communication which is 50% I believe it's higher, much higher than 50% with kids, it's probably about 70% of communication and they're very, very good at it. But the interpretation of it is they'll read it but they don't always correctly interpret.

So most of the time what they'll do because you're the caregiver, your concern will be read and interpreted by them as, oh, I'm bad, I've done something wrong and internalize it in that way. So as a parent, the biggest thing we can do is put the oxygen mask on, sort ourselves out while we help our kids. So you're never going to
be sorted out because it's okay to be a mess and you're going to be messy and that's the messaging when we help our children that we need to say.

So in other words, the answer to the question of what's the most important thing we can do for parents is for your children is for you to help yourself. It's the oxygen mask. Let me get myself working on myself. And then number two, let me model as way appropriate out loud for the children, how I'm dealing with my stuff. Because as we know, children do what you do not what you say necessarily.

And then the third thing is actively and constructively working on making mind a deliberate and intentional practice, mind management and deliberate and intentional practice in your home. So as much as we go to, as much as we teach our kids, we go to brush our teeth twice a day and we do that in the bathroom. We don't do it in the garden and we've got to eat three times a day or whatever. We don't eat. We don't eat, we go and cook on the stove, we don't cook in the bathroom, you know, whatever. We have designated times and areas, more or less, in our homes and our lives. You go to the gym, you go to, when you play ball, you play outside. When you go to the gym, you generally go to a gym or an area in your house that's got that equipment.

So this concept of when I've got to do something specific, I go to a certain area, this is the part three. A designated time and space in your home is a great way of instilling a constant lifestyle of mind management. So I would recommend that you, to answer those three, I'm going to answer three first and then work backwards.

First, the first one being the oxygen principle mask, oxygen mask principle being, you know, as a parent, it's important to work through your stuff.

Secondly, that you work model certain appropriate things in front of your kids and that you then have a designated area. Let's start with a designated area. If at all possible, find an area in your house, like you have a kitchen that cooks food, that you can dedicate to kids love the word, neuro cycle or brain that's fixed. We're going to work on our brain or brainies area, or you find a name that works for your family. I give suggestions.

And if you can maybe take a part of a wall in the kitchen, my sister in law did this and painted that blackboard chalk and have a little thing of chalk, have some paper, pencil, crayons, Sharpies, a toy box with some toys, stuffed dolls, maybe a brain if you get it, the coloring book, because it's got scenarios in and blank pages so that you can choose a scenario and you can also write on the corresponding page, a bunch of those kinds of things. And in a little basket, if you don't have a big enough area that you can dedicate a whole area, maybe you can have a basket that can just fit neatly into your sitting room or something like that.

So in other words, it's just that deliberation of if you're feeling bad, go get that stuff. It just trains us to be dedicated. Like we understand if your child's learning a musical instrument, there's a dedicated time to
practically. That's the principle that I'm bringing into place here. So then let's say that now, I'm gonna go to number two, the modeling one.

So the third one was a designated area and I'm gonna go to modeling for your child. Let's say that you are busy in a meeting, you're on a Zoom, like now you've got, you said you've got six children, Katie. Wow, I've got four. So I'm very impressed with your six. So let's say now you've got a dedicated space in your house where you're doing your podcasting and the kids are busy doing whatever they're doing and it's summer so they're obviously playing and doing whatever. And now let's say you've had like maybe technical issues or you've had one podcast after another and you're tired. Which is realistic, these podcasts, I know I'm a podcaster myself, it's hard work. And so now then you have other things that are happening in between and you know that these things for you, you know, the whole things of life, all the maybe one of the kids are sick, maybe there's a parent who's sick. This is putting a lot of pressure on you.

And as you're working, maybe your kids have a huge fight and you can hear them through the door and you have to stop the podcast and go out and sort this out and do whatever. And then come back in and this is all kind of stressful and you maybe yell at them and say things you don't want to say or you know, whatever, maybe threaten, you don't mean to threaten, but because of the situation. Whatever. finished, you come back inside, you finish the podcast, you can then go out and do a neuro cycle with your child and children and say hey listen. I was working very, very hard and the noise and this was a very difficult day for me and the noise and the screaming and the shouting and whatever really upset me and made me very frustrated. So these, you know, you've described the situation, but you've now decided I was very upset and very frustrated emotions. It made me yell. I yelled at you and that wasn't nice. And I said things that weren't nice. I said things that I actually didn't mean and I'm really sorry. I'm sorry, we're going to talk about that. And I, my shoulders, look how tight my shoulders. My whole body came up because you said that I got my scary mommy face on. I don't know if your kids ever said that, but we have a, I used to, they called it the Queen Victoria look that I would give my kids. They would say, well, you've got that Queen Victoria look on. Maybe there was something like that bodily sensation. I had my Queen Victoria look on and I was just so frustrated with your kids' perspective.

So you've labeled the four sentences you've done together when I said, and then you say, I did that. And then you can repeat the little scenario or you could start with the four sentences and say, I did that. I was podcasting this and this and this, whatever, whatever language, you don't have to say much. A couple of sentences, that's a reflect. And then you could maybe walk over to the chalkboard area and, you know, just draw a picture of maybe a cross face or write the words frustrated. And I've got a lot to do and just, you know, put your thoughts on the board and, you know, and then you'll see, okay, I've got so many things to do. I've got to get your kids here. I've got to get you there. I don't have enough time for that. This is, I'm just kind of under pressure at the moment. I have to sort out these things. So you put it all on the board, whatever comes up that your children, that's obviously age appropriate, some things you would keep to yourself, but you know, it's the process that you want them to see.

Then you reach and say, oh, can you help me with this? Kids love it. They'll come in and kids are so full of wisdom. Even that three year old is full of wisdom. And they'll say, well, look at that, mommy. And they may draw a picture for you of, like things on the wall, because they can't, oh, you've got things to do today. And
look at those things, but when are you gonna eat, mom? When are you gonna play with us? When are you gonna have a little sleep, mom? When are you gonna, and you can say, oh, okay, can you help me? Maybe I've got too much, and you see you've got deep bonding, deep connection, you're rechecking and you're modeling.

And then you say, oh, this is amazing. What can we do for now? Finish my work for now, let's all go for a walk with the dog. I need to clear my head. And that's your active reach, your footstep, which is the little, it closes the, you don't solve the world's problem, you can't solve it in one year cycle, but you resolve that issue, and you're doing something, an action that ends the activity for the day, and is moving you in the right direction. And what you've done there is you have acknowledged, apologized, all these great things created safe space, told your kids all the things we're supposed to do, which is, it's okay to say sorry, it's okay to be messy. Even mommy who's an adult gets messy.

All those things which allow a child to say, okay, being a human is hard, and life happens, and things make us mad, and we can say sorry, and we can even do bad things and say sorry, but those bad things don't mean I'm a bad person. You're giving all that kind of stuff that I know you talk about on your podcast, but you've modeled a very sequential step, and you've done it in that designated space.

So you've now modeled that for the child. So when they now are in a situation where they need to deal with stuff, they can then, they've got a model, they may come home from school, go sit in that little area, pick up the toy, then you know that, okay, I need to talk. This is, you go sit down, and you initiate, and go through age appropriately, and as I said, I'll walk you through that.

Now, within, then, that's the first one. You maybe got your own stuff that you do privately with yourself, which we all should do. We should, I spend 15 minutes, between five minutes and 15 minutes every day when I'm getting ready, working on something. I'm always in a neuro cycle. There's always, we've all got stuff that I've been trying to change. And you work in these cycles of 63 days, which I've done the science of habit formation and a lot of research in that area. It doesn't, we don't fix things that are long standing in a day or in 21 days. It takes multiple cycles, and the general average is about it's about nine weeks.

But it means, it doesn't mean you work long. It's just the five steps that you do in around about five to 45 minutes for the first 21 days. There, often, it's about five minutes a day, and then once you've kind of fixed up that, then you work on the next one. So you need to be working on yourself.

The other thing that's very good to work on yourself is, let's say that your children are, there's a persistent behavior happening that you just, you've got six kids, you've got four kids, you've got whatever, you've got one kid. But life is happening and you maybe miss, we do, and there's nothing wrong with it. It's okay to be messy. It's okay. Messy parenting is very normal and very good and we should allow it because it allows us to grow, but you may miss something in, in one of your kids and see, okay, there is some sort of pattern merging and we mustn't beat ourselves out about that, but you may find that there's a pattern merging and the only way you actually notice that there's something going on is one of your children is maybe doing something
that's kind of irritating and you finding yourself reacting, thinking, Oh, not again. Okay. We've all done it. It's okay. You can do it. It's you don't have to feel bad. This is part of being a parent. What we need to do is manage that.

So you may need to do a, a, a neuro cycle on your own very quickly. When you see that, that behavior starting to manifest, you may need to, you've got all the kids around you in the kitchen and you see this and you can feel yourself getting reactive. That's when you can, you know, just move away for a second, do something in the kitchen, maybe pack some groceries or unpack some groceries just to create space. And you quickly run through the neuro cycle. Okay. I'm getting reactive. Why am I doing this? Get yourself under control. What's my active reach? I'm going to breathe in and then I'm going to handle this, even if you do that in 30 seconds. So there's an example of kind of how you would do those three.

One thing I want to really stress is that there's so many beautiful techniques out there in books. You talk about them on your podcast. There's things, CBT techniques. I'm not saying throw those out the door. I'm saying use everything. Just put them in the right sequence. Because if you do, for example, CBT is Cognitive Behavior Therapy. There's a lot of techniques of visualization and all these little cute things. They're very technique focused.

The philosophy of CBT, for example, is to disrupt and eliminate. that throughout the door. You can't ever eliminate something, but you can reconstruct it. But the techniques are very good to use as active reachers. So active reachers are for the step. So I'm not saying don't use those because a lot of therapists will use CBT type techniques. ACT is another type of therapy and ACT theory that has great techniques. It's just where you use them.

So generally those come in quite nicely around step four and step five. But if you jump straight to a positive affirmation or straight to a technique, it's a bandaid on the wound. You're not necessarily going to treat the, you've got to get to the cause. If you put your hand on the stove and you burn your hand, you don't take a painkiller and keep your hand on the stove and then keep, my hand still sore, take more painkillers and take more. You actually have to find the cause. It's the stove is on. Take your hand off the stove. Such a stupid example, but it is, we are so often living in a world of putting the bandaid, all these beautiful fancy looking band-aids, but you haven't got to the cause. You've got to get your hand off the stove and turn the stove off. And that's kind of what I'm trying to teach with this concept.

Katie: And I love that you brought it back to modeling because certainly I've talked about that a lot and my children have been great teachers for me in the importance of that in so many areas of life. And I like that you also brought that distinction of having transparency, communicating your own emotions and by doing so, giving them permission to be able to do that, but in a way that's age appropriate where we're not emotionally depending on our children, but we're modeling the fact that adults have emotions too that aren't always positive and that's okay.
And I think too, as examples, a study came out recently that said a mother's fitness level has a direct impact on the health of her children because of I would say this same principle of modeling and the same it seems is very true with mental health. And in small ways, I've noticed this even with my kids where it's much more effective if there's tension or things are coming to a head with one of my kids, for me to say, it feels like we're both having some frustration right now.

And instead of saying, go to your room, which I've never liked that, like go isolate because you're having big emotions, I'll say, I'm gonna go to the bathroom or go to my room and just breathe for a few minutes. And then I would love to come back and talk to you about this because you're really important to me. And then often just that little mental break, I hope I'm modeling for them, it's okay sometimes to breathe, it's okay sometimes to go work through this and then let's have a loving conversation after.

And I love that you even give it more with the steps of the neuropsycho, a really tangible way to work through that both for us and also to model that for our kids.

Another term I know from your writing that you talked about is what you call safety net parenting and kind of contrasting this with helicopter parenting. And I would love for you to break down that distinction for us, because I know parents, we all come from a perspective of wanting to keep our kids safe and to help them grow into the best versions of themselves. And that often that approach can veer more toward helicopter parenting. And I like your safety net approach so much more. So can you walk us through that?

Caroline: Absolutely, and there's a whole section in the book on that as well. So basically, if you think of a helicopter, it's hovering. And there's so much pressure on parenting today. Not that there hasn't been before, but it's definitely in an era with social media and perfect parenting. And you think, oh my gosh, look what she's doing. I don't think I can ever do that with my kids. And I'm a bad parent because I can't do that. So parents, there's also almost this philosophy and pressure through, and social media has been hugely helpful, but it's also got that negative side.

And I know you talk about that, but this pressure of I've got to do it that way. And if I don't do it that way, I've got to make my kids happy. I've got to fix my kids. You can't make your children happy, and you cannot fix them. And the more you try and do that through these wonderful so-called parenting techniques, the worse you're going to get. It's going to lead to helicopter parenting. So helicopter parenting can come from multiple sources.

And generally, the first source is, in our current day and age, I believe is coming from what we are expected to make our kids be as a parent. And if they aren't, if your child's a behavioral problem, it's your fault as a parent. If your child's got trauma, it's your fault as a parent. Everything becomes a parent's fault. So parents are under
the most horrific pressure. And that's why I say, number one, give yourself grace. Give yourself a chance to neuropsycho. Give yourself a chance.

Number two, tell the kids, listen, this is normal. This is who I am. And then number three, work with the kids and in that designated space. So that's extremely important to stop a helicopter parenting. Helicopter parenting is this hovering, trying to bubble wrap your child, trying to make sure that you are doing everything that's perfect for them, that they're going to not have any. anything wrong with them, which is impossible to do. So the pressure is terrible. It's kind of like not letting them have sufficient free play, which is the average child is getting seven to ten minutes I think it is of. unstructured, unsupervised free play, and they need around three to four hours a day for decent cognitive and brain development and independent development and that kind of thing.

And hovering, hovering helicopter parenting tends to be very everything structured, everything's organized, every moment is organized, every trying to not let the child, the child's upset, trying to not let the child be upset, let your child be upset. If your child is crying, as long as they're not hurting a sibling, hurting themselves, let them cry, let them go to that. That's why I say have the designated space. If you need to cry, let's go sit there, let me give you a hug. Here's Brainy, what do you need? Go and cry, not stop crying. It's that kind of thing. It's let them cry, let them feel safe because if you let them cry, they're going to stop crying pretty quickly when they know it's safe, that kind of thing.

So safety net parenting is looking at the all the scary things of life in a very different way. The only way your child get through the scary things of life is if they have the skills developed. Helicopter parenting doesn't allow the skills to be developed because you're doing too much for the child and they're not getting enough of the time to wire the networks in their brain. That's what helicopter parenting is stopping that. So they don't have fully developed networks of resilience being unmasked and developed in the brain. The safety net, if you think of going to like an acrobatics show, you're going to have the tent tent, you're going to have those poles that go really high and you're going to have those little platforms and you're going to have a net underneath and the acrobat climbs all the way up and there's maybe different levels and then they stand on the edge and then maybe they've got a rope around them. Maybe some do, some don't, and then they do these different things and they swing and they catch and do all that stuff. There's a net so they fall the net catches them. That is safety net parenting.

You want to let your child climb up it. So think of different levels. If they're young, they're gonna climb to that level and they're gonna walk along the tightrope or the whatever it is, swing, whatever, they're gonna do the stuff, but you're there to catch them when they fall. So it's allow them to do it, to make the mistakes, to cry, to fall, to be upset, to have problems with friends. You're there when they come to you. You're not there to take it away. You're there to help them reconceptualize it. You're there to help them deconstruct. This is what's happened.
This is gonna happen again in a different way. How can we reconstruct as opposed to that's bad, go jump in, fix the thing for the problem, move, go to the teacher, remove the source of the problem. You can't do that. So that's what safety net parenting is.

And as scary as it is, you watch them climbing up the ladder and going to the different levels, you have to let them do it because you’re always at the bottom and you can catch them when they fall. And that goes into, I’ve got adult children and still that's even applicable. Once a parent, always a parent. It's still applicable. They have to make those mistakes. you there to help pick up the pieces. So if you've created an environment in a safe space where a child feels comfortable coming to talk to you, you're creating safety net parenting.

Katie: Yeah, I think that's such a beautiful explanation. And I know you talk about that this is actually such an important concept of giving them the space to have that struggle, to have failures, to feel impatient, to have to learn these skills. We can't just gift them resilience and gift them patience and gift them kindness. These are actually all things, the skills, actual skills they have to develop through times when they feel impatient and then they get to learn patience through it, through times when they feel overwhelmed or frustrated or angry and they get to learn resilience through their own journey of working through that, not through us taking away the journey. So I love your approach to that.

And I know that there's so much more in your work than we can go into in a one hour podcast episode, though perhaps we can do a follow up one day with questions in more detail. But I'll make sure we link to all your resources in the show notes so parents can continue to learn. A couple of questions I love to ask at the end of interviews though. The first being if other than your own, if there's a book or a number of books that have profoundly impacted you personally and if so what they are and why.

Caroline: A number of books, but the Lord of the Rings series is something that has been very big in my life and the life of my entire family. So our kids, we've read them together, we've watched the movies, there’s just so many lessons there that I love that series.

Katie: And lastly, any parting advice for the listeners that could be related to everything we've talked about or entirely unrelated life advice that you find helpful.

Caroline: I think that's what's really important is to realize you can't change what's happened to you. You can't change a story, but you can change what it looks like inside of you. And taking that one step further, you can’t
change your children's stories. You can only help them to learn how to manage and change the stories within, what they look like inside of themselves.

Katie: Beautiful. Well, Dr. Caroline, thank you so much for the time today. I know I've learned a lot. I think this is such an important topic and I love that you've dedicated so much of your life to helping individuals and parents in this whole process and giving tangible tools for people to improve in their own lives. Thank you so much for being here today. Thank you.

Caroline: My pleasure. Thank you so much for having me. It's been a great conversation. I've loved it.

Katie: Me too. And thanks as always to all of you for listening and sharing your most valuable resources, your time, your energy, and your attention with us today. We're both so grateful that you did, and I hope that you will join me again on the next episode of the Wellness Mama Podcast.

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.