

# BRAIN SUMMIT

OPTIMAL LIVING

## **INTERVIEW TRANSCRIPTION** ASK THE PSYCHOLOGIST



# ASK THE PSYCHOLOGIST



**ERIN MATLOCK**

My guests for this session are my lovely friends who have joined me today. First is Dr. Julie Nelligan, who practices in Oregon, but is coming to us from Disney World in Florida, right, Julie?

**DR. NELLIGAN**

Yes, that's a long way across the country for a vacation.

**ERIN MATLOCK**

Julie's on vacation analyzing roller coasters. So Julie is a psychologist and coach, and for over a decade she has helped clients overcome fears, self-sabotage, lack of self-confidence. And her life and work experiences, which are quite interesting, once you get to know Dr. Nelligan, have informed her broad approach to helping create an amazing life. She is also a neurofeedback provider, and works with people across the globe. She received her doctorate in clinical psychology at Ohio State University. Her website is [julienelligan.com](http://julienelligan.com). Also joining us this evening is our lone gentleman, Dr. Stuart Silberman.

**DR. STUART SILBERMAN**

Hello.

**ERIN MATLOCK**

Hi, Stuart! He is a licensed clinical psychologist in the state of Oregon, having earned a doctorate degree in clinical psychology with an emphasis in forensic psychology. And Stuart has a very interesting background, too. In 2007, he was rear-ended in a motor vehicle accident and suffered a brain injury. And the lingering effects of the injury threatened his career, his cognition, and all of his daily routine functioning. So through neurofeedback, coupled with support from others, Stuart found his way back, recovered, and went into practice. And he has become an extremely successful psychologist in Oregon; you can find his website at [drstuartsilberman.com](http://drstuartsilberman.com). Welcome!

**DR. SILBERMAN**

Thank you. It's a pleasure to be here.

**ERIN MATLOCK**

And I'm happy you're here with us. I love that background story of yours. I think that's a lot to overcome. And it's inspiring, what you're doing with your life now.

Coming to us from France, so it's very late for her, is Dr. Drema Dial. Dr. Dial and I go way back. Dr. Dial is a life coach and psychologist. She earned her doctoral degree in counseling psychology from the University of Texas at Austin, my alma mater; so Hook 'em Horns! And after running a successful practice in Texas, she fulfilled a lifelong dream when she moved to France and opened an international boutique coaching firm. And Dr. Dial works with women all over the world who want to uncover their voice, discover their passions, and start taking action on the life they want. And her website is dremadial.com. And I'm going to be mentioning those websites again during our discussion.

I'm going to start with questions sent in by our audience and pose them to our psychologists. OK, so first one: What are ways to unlock unconscious memories in order to facilitate healing our unhealthy behaviors, moods, performance, resilience, and fulfillment that are the results of past traumatic or unhealthy experiences? Who's up to go first? Stuart, you look like you want to go first.

**DR. SILBERMAN**

The best way that I have noticed in order to unlock unconscious trauma is by way of neurofeedback. And what neurofeedback does is it makes the brain function more efficiently, takes it out of fight-or-flight mode, and calms your brain down to where you can more effectively process this material. And by doing so, in the end, it pulls the emotional piece away from the memories. Anyone want to add anything to that?

**DR. DIAL**

Well, I think I would add, Stuart, the whole idea of making the unconscious conscious comes from also the process of talking. And I think that's one of the valuable pieces of talk therapy, really having the opportunity to talk about those things that are in the background that we want to bring to the foreground so that then we can make conscious choices about what to do with them.

**DR. SILBERMAN**

I agree.

**ERIN MATLOCK**

**DR. NELLIGAN**

**ERIN MATLOCK**

Julie, do you have anything to add?

Yes, I think just be aware of your past story.

OK. Next question, What can a female parent do to help their adult child heal the child within from the negative effects of their parenting? And they're also asking if there's a female-specific answer, or perhaps a male-specific answer, or if it's the same answer for both?

**DR. DIAL**

I think I would say it's probably the same answer for both. And I think the main thing that anybody needs to hear from a parent who believes that they've done wrong is to acknowledge what went wrong, and to hear, "I'm sorry." I think that's the most powerful thing that a parent can say to a child because it doesn't actually happen that often for a lot of parent-child relationships. And so just that simple act of acknowledging – "I'm sorry. I did the best that I could, I didn't know." And just to really be there, in the moment, with that acknowledgement.

**ERIN MATLOCK**

Thank you for that. Stuart or Julie, do you have something to add?

**DR. SILBERMAN**

I couldn't agree more! I have seen just the simple acknowledgement of – "Hey, I'm not the most perfect parent" – it takes the sting out of a lot of trauma that has happened. And I find that in many different clients. So I would say, across the board, that is accurate.

**ERIN MATLOCK**

You know, I have something to add to that, too. I, just in my coaching that I do, and Drema, I know you do coaching, I find that a lot of adults, forty, fifty, sixty, seventy years old, are still carrying some of these wounds, where they never heard those words from their parents. And I have to imagine – what you've both said tonight is so profound – just hearing that and being able to release a lot of the anger, the resentment, the trauma, sadness, the hurt, that they carry with them throughout life.

**DR. DIAL**

Yeah, it's huge.

**ERIN MATLOCK**

It's excellent advice. OK, I'm going to keep moving rapid-fire with the next question: I have had depersonalization for over thirty-eight years, and some degree of trauma, and I've

**ERIN MATLOCK**

learned to live with this through yoga, positive thinking, and lifestyle, but would dearly love to feel normal again.

So this person has spent a great deal of money on EMDRs, CBT, acupuncture, and they've had to work very hard to keep positive and keep their brain from spiraling into illness. Certainly, I can understand that. So what do our experts, our doctors tonight, believe are the top capacities that we need to strengthen in order to become more resilient? Let's start with Julie.

**DR. NELLIGAN**

Oh, good. First of all, I wanted to say just a little bit about what depersonalization is because I think it's kind of an odd thing, and maybe everybody doesn't know what it is. Basically, it is feeling disconnected from our body and our thoughts. It can come about from trauma, anxiety, substance abuse, sometimes seizure disorders or other brain disorders can cause depersonalization. I want to congratulate the person who wrote the question for trying so hard and being so positive, because I think that's really key. And I also think that it's quite possible that neurofeedback could really help with that; neurofeedback can oftentimes help with these dissociative-type disorders where other modalities have not been as helpful. Does anybody else have anything to add?

**DR. DIAL**

I think what I would add is just a simple grounding exercise. Because depersonalization really means that we're not present with ourselves. And so a very easy grounding exercise can be to look around and to mentally list what you can see, what you can hear, what you can taste, if that's part of the equation. But just to say, OK, I'm in my living room, my couch is red, my rug is black and red, the walls are white...That's a way to bring yourself back into the present. And sometimes, that can minimize that sense of being outside of oneself. So if you haven't tried that, I think it's a wonderful exercise just to see how it works for you.

**ERIN MATLOCK**

And, Dr. Dial, that's a lot like the practice of mindfulness, correct?

**DR. NELLIGAN**

You know, sometimes when we've been struggling with something like this for so long, and this can also be true of chronic pain conditions, we get so caught up in fighting the

**DR. NELLIGAN**

condition, we forget to notice the times when we're feeling more normal. And so, in this case, in addition to the grounding exercise, I would also suggest really tuning in to the times when depersonalization is not present, and working to focus on, Hey, I've had a good day today, compared to most days. And kind of build those experiences, make them more present.

**ERIN MATLOCK**

OK, that's good advice. So do the work when you're having moments when, maybe, you're feeling a little bit better.

**DR. NELLIGAN**

Yes.

**ERIN MATLOCK**

And wasn't that question, I know Dr. Dial talked about this, she didn't find that there needed to be a different answer for men or women. Is that true for you, Dr. Nelligan?

**DR. NELLIGAN**

I think so. Yeah.

**ERIN MATLOCK**

OK, here's a good question, too. What activities or practices – Dr. Dial just talked a lot about grounding – but do you all recommend to build optimum resilience for people in the workplace? Stuart, do you want to start?

**DR. SILBERMAN**

In the workplace, I don't really have specific experience in doing so. I'm wondering if anyone else would have a better answer. *[Laughing]*

**DR. DIAL**

One of the exercises that I frequently recommend to people is for them to write down three things a day that are going right. Because, like you said earlier, Julie, you know, so much of the time we focus on what's not working, and it's to our detriment because our brain then starts getting skewed looking at what's not going right. And so writing three things down that are going right, or three things that are positive, three things that we're grateful for, is a great way to help our brains to skew toward the positive. And so this works in the workplace, it works at home, it works in your relationships, I mean it sort of really works across the board because we really want to help our brains get skewed towards looking for what's right, and not wrong. So there's my suggestion, but I'd love to hear yours.

**DR. NELLIGAN**

I really like that. I was thinking specifically about how the workplace can be really challenging for a couple of reasons. First of all, you're often working for somebody else's

**DR. NELLIGAN**

purpose. And the other thing that gets to be problematic in the workplace is dealing with your co-workers, or sometimes your boss; personalities conflict. So I think, specific to the workplace, I would really focus on knowing what your purpose is there, what you're doing, what your place on the team is. And then working – and this is easier said than done; I understand – but try to figure out the boundary between you and other people, and see what you can just let go, just breathe through. Because a lot of conflicts that show up in the workplace are maybe not fights that you need to fight. So that was the second thing; just knowing when to take on a battle and when to let it go.

**ERIN MATLOCK**

Excellent advice, but it's tough, right, when you're in the workplace in contact with coworkers?

**DR. NELLIGAN**

Yeah. And I find a lot of people struggle more with their bosses than with their coworkers. With bosses, sometimes, it's a different relationship, and it can create a lot of problems for people.

**ERIN MATLOCK**

OK. So here's an interesting question: this person was standing in front of the Twin Towers when the second plane hit, and even though they were there, and they saw the plane coming, they have no recollection of the crash in their mind. And they're asking, Should I let that go, or would it serve me emotionally in any way if I try to remember it?

**DR. SILBERMAN**

That's a very good question, and I can see not remembering such a horrible, traumatic event being an unconscious way of dealing with it. I don't feel that intentionally trying to remember would necessarily result in a benefit at this point in time. But somehow processing the trauma is something that should be done.

**DR. NELLIGAN**

I think you could process the trauma even if you can't remember that specific incident. It's not uncommon for people not to be able to remember very traumatic events like that.

**ERIN MATLOCK**

OK, so Julie, how do you process trauma when you don't remember it?

**DR. NELLIGAN**

Well, the person has some memory of what happened. It sounds like the actual impact was not remembered. And the

**DR. NELLIGAN**

brain will often, because of the cortisol that gets released in that kind of a situation, the brain literally doesn't lay down the memories that it would in a normal situation. The stress hormones interfere. So there may not be a memory to recover, but we place meaning on all of these events. And processing that meaning, and learning how to make sense of it, is how I would help the person work through that trauma.

**ERIN MATLOCK**

OK. And then, Drema Dial, do you have something to add to that?

**DR. DIAL**

I would just add that the person sounds like they're very concerned about the fact that they don't remember what seems to be a really big event. And I think that that may be a starting point to look at whether there is more to be uncovered, or do they just need to deal with the anxiety around, I don't remember something that I should remember? So, essentially, I'm saying that, yes, I agree with Stuart and with Julie, and I think that it's important for this person to sort of start with where they are right now and to not necessarily think that they have to go into a big, overwhelming event.

**ERIN MATLOCK**

OK. Thank you for that. So this next question is about a child: My three-year-old son is very attached to tags, particularly the ribbon on his favorite toy, or a tag blanky. But any tag will do, including bib or underwear tags. He rubs it on his top lip to self-comfort, and if upset, particularly during a tantrum, and I'm hugging or holding him, he pulls away and calls for his toy. He won't or can't calm until he has the ribbon of that toy on his top lip. It's great that he knows how to self-comfort, but is it extreme to choose this comfort over comfort offered by us, his teachers, or other family members?

**DR. SILBERMAN**

I would begin by answering that it's perfectly normal for children to self-soothe, and learn to self-soothe with a special blanky or some tactile sense object that makes them feel safe, makes them feel good. I wouldn't necessarily go to the place that it should be putting the parents down, or that there's anything wrong with the parent, because there's not. All kids do this; it's a phase of learning to self-soothe, which is something that, later in life, everyone needs to know how to do.



**ERIN MATLOCK**

Julie or Drema, do you have anything to add to what Stuart said?

**DR. NELLIGAN**

I don't, really, because I haven't worked with children that young. I do agree that it's important that we all learn to self-soothe, and I think that that must start early.

**DR. DIAL**

I would agree. I would just add that I think it's great that this child has an attachment to something because that proves that he has the ability to attach, and he's got the ability to self-soothe, and that's a great thing. It may not be, necessarily, what the parent always wants to see, but that's OK, because it's working.

**ERIN MATLOCK**

OK. So the consensus is that it's fine. It's OK, what's going on there. Next question: How does somatic work fit into promoting mental health, i.e. yoga, breath work, etc.?

**DR. NELLIGAN**

That's a great question! I've been thinking a lot about this recently, especially, although not solely, in terms of trauma. We often have body sensations that are extremely difficult to tolerate. And we all carry a little bit of shame around with us, so when you're feeling shameful about something that you did, or guilty, you can often have physical sensations that are really difficult to tolerate. And so things like yoga, and breath work, and mindfulness are good at helping us tolerate those sensations. It's kind of a way of self-soothing.

**ERIN MATLOCK**

Anyone else have anything to add?

**DR. DIAL**

Well, I think the other piece of that that I would build on is the whole idea about being present. So much of the time, our minds are racing to the future: What am I going to do about this? What am I going to do about that? What am I going to do after work? Or we're ruminating about something that's already happened, that we can't do anything about. And so the beauty of something like yoga and breath work is it brings you back into your body, back into the present, and keeps you right there. And I think that such an essential part of mental health is learning how to be exactly where you are, being present.

**DR. SILBERMAN**

I agree. And, adding a little bit more to that, when your body is calming down, you're able to be more present; you're able to process things better. When someone is really amped up, and anxious, and worried about things, they really can't process at a deep level. So working through things when someone is calm is more beneficial.

**ERIN MATLOCK**

Yeah, that seems to be a theme. That's a good takeaway from this: Do your work. Do the personal work. Do the work that we need to do to move forward in those periods when we're calm. And that way we build that muscle, correct? So that the times when things are off the charts, we have a better skill set that then can become automatic for us.

**DR. SILBERMAN**

Right.

**ERIN MATLOCK**

OK, next question, what are the brain consequences of long-term exposure to narcissistic, sociopathic abuse, and lack of social support and understanding from others regarding this type of trauma? Let's start there.

**DR. DIAL**

The first thing that comes to my mind is crippling self-doubt. I mean, after being exposed to somebody who is narcissistic and toxic, and without support from others, it might be really hard to hang on to a sense of self. And so that's going to be essential in recovering your mental health.

**DR. NELLIGAN**

I would have to agree with that, wholeheartedly. I think self-doubt. Because in that situation, you've got somebody who is running the show, and it's all about them. And so you don't get the chance to develop your own sense of confidence, and who you are, and how to make decisions, and what you want. So that's the journey that you're on, learning all that stuff.

**DR. SILBERMAN**

I can kind of see passivity coming into play here with that self-doubt; becoming passive and thinking, Well, maybe I'm not good enough, or whatever the situation may be. So you either become passive, or you end up dealing with it in an aggressive manner and going the other direction, instead of being passive. But I can see the majority of people ending up becoming self-doubting and passive and just sitting there and taking it, and not standing up for themselves. So I would take it in that direction.

**ERIN MATLOCK**

There's a follow-up to that question, too: Can the brain, and also perhaps the mind and the heart, heal, once the person is free of these types of relationships?

**DR. NELLIGAN**

Definitely. I've been working with a woman who had a parent who was personality-disordered. And she has done her work throughout her life, and she continues to do her work with mindfulness, and talking about her thoughts, and gratitude exercises. She looks toward Buddhism for some guidance there. But it definitely has helped her tremendously.

**ERIN MATLOCK**

Anyone else have suggestions? I'm sure, Stuart, neurofeedback, because that's what you use in your clinic.

**DR. SILBERMAN**

Correct. Neurofeedback can help calm down a lot of those feelings of self-doubt and kind of enhance a person's all around-mental function, in general.

**ERIN MATLOCK**

Dr. Dial?

**DR. DIAL**

You know, Erin, my favorite image is the idea of putting on a hazmat suit and protecting yourself from the toxicity that comes from narcissistic personalities. You know, people who have only their best interests at heart, and not yours, at all. And sometimes we have relationships, and we have to still deal with those people. And so I just advise people to envision a hazmat suit, where you're completely protected, there's no permeability, and so you can go into the situation, you can deal with it, but it doesn't come in. You get to stay protected. So that's one of the things that I work on with people a lot, that whole idea of visualizing. Putting on that hazmat suit, in whatever form that takes for you, but protect yourself. Don't let it come in. You can do that.

**ERIN MATLOCK**

Yeah, I like that. I always tell people I have this fear of positivity. In the work that I do I can take a lot of attacks, just from strangers on the internet, and people who will try to come close to you and tear you apart. And when I work with clients, I tell them, You have this sphere around you, this sphere, and not everyone is invited into the party. They're just not. And with people who try to abuse you, humiliate you, publicly humiliate you, use you, I like that, the hazmat suit. Because I disinvite them: You are free to go do whatever you want to do, but this is what I'm doing. And I'm a happy girl, and you're not going to affect that.

**DR. DIAL**

**ERIN MATLOCK**

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**ERIN MATLOCK**

**DR. DIAL**

**ERIN MATLOCK**

**DR. NELLIGAN**

Exactly.

There's a time in our lives when we do have to choose ourselves. Even if that person is still in our lives, there are boundaries that we can set.

Yeah, exactly.

It's not easy, but it works; it's amazing. OK, let's go to this one: I began work on the first two chapters of my doctoral dissertation this summer, and I have a lot of trouble concentrating, especially when it comes to sitting still and writing. I would love to hear suggestions regarding effective ways, from a psychological standpoint, to improve focus, concentration, and attention span.

Well, we've all been there and done that! *[All laughing]*  
Here's what I figured out for me. I had to know I was going to have a break. And so I wound up doing forty-five minutes working, and fifteen minutes off. That allowed me to get a pretty good chunk of work done. But that other part of my brain that was like, NO, NO! We don't want to do this, knew that I was going to get a break. I could play fifteen minutes of solitaire, or whatever it was that I wanted to do with that time, but I still got my work done. And that's pretty much a time-proven thing for a lot of us. Just giving ourselves a specific amount of time to work, forty-five minutes in my case, and then fifteen minutes as a break. I think having a break planned with your work is vital.

Yeah, I think that's excellent advice. And then, from our other two psychologists, since you all have been through it?

Oh yes, we have been through it! Oh my god, the first thing that came to my mind was how anxiety-provoking writing your dissertation is. The suggestion that Dr. Dial had was perfect. Because I did the same thing, and I found that suggestion could be extremely helpful. But also, really work at being present and grounding yourself and putting out of your mind the things that might come up to try to distract you. So, off on the side, I would make a list of the things that I needed to pay attention to after I was done writing so that I wouldn't forget them. Because my mind, it would

**DR. NELLIGAN**

be like monkey mind, it would jump from topic to topic and I would think I have to go chase those things or I would forget. So that would be something I would add to that, is to keep track of the things you don't want to forget so you can work on them after you're done writing.

**DR. SILBERMAN**

I agree. And with me, I used a similar technique to where, instead of timing myself, or using a set amount of time, which looking back, is probably what I should have done, I sat down and I said, OK, I'm going to write one or two pages right now, and be done with it. This is something that you just need to finish the project in order to get credit for it, and be done with it, and move on, and get your degree. If you want to do more research, you can, just jump through the hoops right now, do what you need to do to get done for your project, get it done, graduate, and be done with it.

**ERIN MATLOCK**

And by the way, congratulations on getting to this point, and where you're going to go, and the work that you're going to put out into this world. OK, next question: Do the panelists have any insight as to why anxiety disorders are so prevalent in the millennial generation?

**DR. DIAL**

I think we live in a world of over-stimulation, and there is so much going on that a lot of people have developed a fear of missing out. So if I'm not on Facebook, if I'm not on Twitter, if I'm not on Instagram, if I'm not on Snapchat, I could be missing something. The reality is, you're not missing out. Those things are going to occur with or without you. But I think with that amount of stimulation comes a fair amount of anxiety. And the idea that I have to be in so many places is overwhelming. And I think that that's why really working on developing our minds, and developing this sense of, How will I be present, and mindful, and choose my experiences, rather than having this idea that I could be missing out pulling me in all these different directions is pretty much essential for any millennial.

**DR. NELLIGAN**

I really like that answer. I want to add something that's been out a few years is looking at mindset, growth mindset versus fixed mindset. I think our culture over the last fifteen, twenty years has really emphasized a fixed mindset, where I'm either smart, or I'm pretty, or I'm strong, or I'm a

**DR. NELLIGAN**

nerd. But there's a lot of ways to not be that thing. So if you're smart, there's a lot of ways to not be smart. And we can be very anxious in feeling like we have to maintain being smart, or maintain being pretty, or maintain being the nerd that we are, in whatever our social group is. Instead, we should follow the path of a growth mindset, which is, How can I develop myself, and how can I continue to grow and be strong? So I think that's another thing that can create a lot of anxiety in people.

**DR. SILBERMAN**

I agree, and those are both very good answers. The millennial generation is, we're all getting out of high school, coming out into the world, going to college. And things have changed in the past twenty years since when I was doing it. And to have that mindset and to be able to just step out of it, kind of, and focus on what you are saying, is something that makes it happen. Short answer, I agree with what you said.

**ERIN MATLOCK**

OK, we still have lots of questions, so I'm going to try to move as quickly as possible so that everyone can get theirs answered. You guys are popular! Here's the next question: My husband deals with bipolar, has COPD and keeps on smoking cigarettes. What is there to help for his brain imbalance, and to support, so that then he might be able to quit smoking?

**DR. DIAL**

I was just thinking that's really a tough one, because he has the right to make his choices, but his choices do impact you. So I would just suggest that you let him know what the impact of his choices are on you and to not make a demand or a request that he change that, but just to say, "This is what happens to me when you light up." And that's a way that he can get the message indirectly, but also directly.

**DR. NELLIGAN**

I'm a health psychologist by training, and I have some experience in dealing with the issue of smoking in bipolar disorder. It's actually a way to help the person regulate themselves a little better, and it's pretty common for people with bipolar disorder to smoke. I really agree with what Dr. Dial said; even if his choice is having a negative impact, I don't believe it was meant that way, and he's doing the best that he can. I would recommend, if possible, to look into

**DR. NELLIGAN**

neurofeedback. I've had some really good success in helping people with bipolar disorder regulate their moods, and it's possible that if his moods were a little bit more stable, then he might be able to think about quitting. And cigarettes, by the way, are harder to quit than heroin. So that's a tall order.

**ERIN MATLOCK**

What?! I mean I know smoking is addictive...

**DR. NELLIGAN**

It's true. I mean, I've worked with people with heroin addiction who also smoked, and they said smoking is harder to quit than heroin.

**ERIN MATLOCK**

Do you think that's because it's more accepted, and we don't have to hide the smoking, so those who smoke keep...What are your thoughts?

**DR. NELLIGAN**

I don't really know. I'm not sure what the biology of that is.

**ERIN MATLOCK**

OK. So let's say that she's asking for her husband, and he asked her to ask. So your recommendation is neurofeedback? Do you know, with Dr. Hyla Cass, whose session is today, and will run into tomorrow, who is a natural psychiatrist, she suggests hypnotherapy. She says her clients, her patients, have had very good success through hypnotherapy.

**DR. NELLIGAN**

That's another avenue I would definitely suggest.

**DR. SILBERMAN**

As well as Dr. Nelligan, I've had great success with calming down, not only the mood dysregulation, but by using neurofeedback, sometimes the substance use just kind of magically falls away when you're not even trying to target that. The person comes in and says, Hey, I just don't feel that this does the same thing anymore, I don't need it, I've just been cutting down. When your brain feels better, and you're better able to function on a daily basis, you don't need to rely on these outside substances anymore. Your brain does what it's supposed to be doing.

**ERIN MATLOCK**

OK, good. Thank you. Now we have, How can I facilitate my recovery from benzodiazepine withdrawal, following long-term - about twenty years - prescription usage, in order to feel functional again? It's been four months since I finished my slow taper.

**DR. SILBERMAN**

Again, I would recommend neurofeedback. I have tapered several people off of benzos, and the anxiety and the sleep issues that go along with that. And that is my answer for a lot of questions because it does do so much. And I have had very good success with the anxiety reduction and getting people to live their lives again.

**ERIN MATLOCK**

Dr. Dial?

**DR. DIAL**

Well, first of all, congratulations! That's a huge accomplishment, and I really want to congratulate you on that. The other piece of that is, I would just suggest doing anything that gets you present in your body. Anything that helps you be more mindful. Because I think you'll find those things are relaxing, and they help you feel more capable of coping with whatever side effects you're dealing with at the time.

**ERIN MATLOCK**

Julie?

**DR. NELLIGAN**

Yeah, so I agree with both Dr. Silberman and Dr. Dial. I think I would add to that a sort of tuning in to what is happening in your body. Notice when you are feeling anxious, and recognize what that is, where that's coming from, that it's a body sensation, and that you're OK in the moment.

**ERIN MATLOCK**

I love that you said that. There are some great books, too, about mindfulness; I mean, there's a ton. And pain, right? So even though this isn't pain, this isn't chronic pain, it's the same thing. When I was dealing with some migraines, I was using and applying meditation to de-migraine, to come out of it naturally. And I was astounded. It takes some work, like you said, but it's about being noticed, noticing what it is, noticing that it's passing. And I think that can translate over to what this person is feeling, too. And beyond that, again, again, very specifically, Dr. Hyla Cass talks about that too. OK, let's go to the next question: Which probiotics are best for mood? I suffer from depression and don't wish to take meds. I'm going to pass this to you, but this may not be your area of expertise. I will tell you again, both Trudy Scott and Hyla Cass address this, and Drew Ramsey also addresses this in his session, too. But if any of the three of you have suggestions about probiotics and mood, I would love to hear them.



**DR. NELLIGAN**

I don't. I know there's a connection, and this is something I'm fascinated with, as are a lot of people. But I don't really have any experience, specifically, with probiotics.

**ERIN MATLOCK**

I would recommend our readers definitely check out Trudy Scott, Hyla Cass, and Drew Ramsey. Some overlapping, but they each do different things, so you're going to get a lot of good information from those three. What are your thoughts on the gut/ brain relationship in terms of its effect on mood and mental health disorders, and do you think getting gut ecology working properly can balance neurotransmitters?

**DR. SILBERMAN**

I know there is a connection, but again, it's not my expertise. I know with probiotics and mood, I've read the literature, there is a definite relationship there. However, I think some of the other experts in the field would be better able to answer that question.

**ERIN MATLOCK**

I'm going to respond to that, too. What we learned in our seminar is that 80% of our serotonin is made in our gut. That's just one little statistic. So we know that our gut health is extremely important, and those three all talk about it: Drew Ramsey, Trudy Scott, and Hyla Cass. They cover all of that with the gut/brain connection, and they go into specifics, all three of them. I was jotting notes as I'm reading their transcripts when we got them back from design. So, I think you'll like that. Now, what are your thoughts on creating anchors to a time or place when you felt really good to help you go back during times of stress and challenge?

**DR. DIAL**

I think that's a fabulous approach.

**DR. NELLIGAN**

Yeah, I agree.

**ERIN MATLOCK**

OK, so keep doing it, right?

**DR. NELLIGAN**

Yes, keep doing it.

**ERIN MATLOCK**

Let's take a moment to repeat your names and websites again, for all the people who are interested in contacting you. Dr. Stuart Silberman's website is [drstuartsilberman.com](http://drstuartsilberman.com); and Stuart practices in Eugene, Oregon. Dr. Drema Dial can be found at [dremadial.com](http://dremadial.com). Drema is based in France, her dream. She took off and left my hometown of

**ERIN MATLOCK**

Austin Texas, and went and fulfilled her dream of living in France. But she works with people all over the world. And you can find Dr. Julie Nelligan at [julienelligan.com](http://julienelligan.com); and Julie is a psychologist; she's also a neurofeedback provider, like Stuart. However, she works with people all over the world. She really works with entrepreneurs, that's her specialty, for performance and fulfillment, how not to have your business take over your life.

All right. Now let's go to the next question: I understand sympathetic overdrive, but I don't understand parasympathetic overdrive. Can you explain this?

**DR. DIAL**

You know, the best example that comes to mind for me is that, when people get anxious, and their heart starts racing, and their breath gets more shallow, I always work with people around controlling their breath. Because you can't control your heart rate, but you can control your breath. And so, by slowing down your breath, automatically you work with the parasympathetic nervous system, and your heart rate goes down, as well. And so I think that's the good distinction around working in tandem with, for example, the anxiety symptoms. So that's probably as much as you're going to get from me right now.

**ERIN MATLOCK**

What Drema said is what I've learned, too. Because one way to control all that is to work with our vagus nerve, right? And that breathing, as long as we have that slower exhale, which most of us, when we're walking around the world, don't. We have a shorter exhalation. So we're just breathing incorrectly. When we can slow and lengthen that exhale it tells our vagus nerve that we're OK, and that vagus nerve starts to regulate automatically that parasympathetic nervous system, autonomic nervous system. It's a beautiful thing to practice.

You can google pranayama or diaphragmatic breathing, either one of those. And there's all kinds of videos and exercise on the Internet. Some deal with stimulating certain facial nerves because those also play a part in talking to our vagus nerve. And a really good resource when you're talking about the sympathetic nervous system, the parasympathetic nervous system is to look up Dr. Stephen

**ERIN MATLOCK**

Porges; he talks a lot about polyvagal theory, and he goes deep into all of this. And then, of course, Alex Doman, in his session on Brain Summit, covered this beautifully. And we talked about exactly this thing.

Yeah, the overdrive; where it's that shutdown, and a lot of times, too, that can come from trauma. And it just becomes a way that we learn to deal with things. Another suggestion was Carol Dweck has done some great work on mindset. Yes, she has. That's another good resource.

Moving on, I had brain surgery in 2013, following a seizure and coma. Would that be considered a brain injury?

**DR. SILBERMAN**

I would say yes. Seizures alone indicate abnormal brain electrical impulses. And any type of invasive procedure into your head, the brain is such a precise organ that anything – I would say yes. Short answer yes, that I'm sure that there is some type of an injury present.

**ERIN MATLOCK**

The follow-up is, Does the brain fully heal, or is it always compromised?

**DR. SILBERMAN**

Using my own experience as an example, from my head injury, I would say, I am probably 90% or 95% of where I was before my auto accident. I am not where I was; there is some residual. So I would say, to some extent, I don't feel that most people are able to get back to where they were 100 percent; however, you can significantly improve your function.

**ERIN MATLOCK**

And could depression be related to the invasive nature of surgery?

**DR. SILBERMAN**

Yes.

**ERIN MATLOCK**

OK, next one. I have great difficulty developing habits, and habits are needed to change life patterns. What recommendations do you all have for healthy-habit forming?

**DR. SILBERMAN**

My recommendations would be, whatever it is that you're trying to do, start it very slowly and take it one step at a time. Say, if you're trying to eat healthier, do it for one day, and then do it for another day. And then another day. Don't

**DR. SILBERMAN**

look at the whole big picture of OK, I need to eat healthy for three months without falling back. Taking small baby steps adds up to the whole picture, and it's not so overwhelming looking at OK, one day here, one day there, instead of the whole three months.

**ERIN MATLOCK**

Thank you for that. Dr. Dial?

**DR. DIAL**

Well, I would agree with that, and I think that what I would add to that is to anticipate obstacles. Because we all have obstacles, so if you want to eat healthy, it's a great goal. And I agree with Stuart about breaking it down. But, here's what happens for a lot of people: I want to eat healthy, la la la la, and then I'm a little bit hungry in the afternoon, and I haven't anticipated it, and so I go back to the vending machine and get a Snickers bar. But if I anticipate the obstacle of the possibility that I might get hungry and I need to have healthy snacks on hand, then I can sort of build in my success. And I think what we all need to think about is where are my pitfalls, and where am I most likely to self-sabotage?

**DR. SILBERMAN**

And looking at the barriers to getting your goal, I fully agree. You need to get at what's going to stop you from obtaining your goal, and work on those things so you get that goal in the end.

**ERIN MATLOCK**

And Julie, I want to pose something more specific to you on this topic. This one says, I'm a high achiever, but I frequently fly by the seat of my pants. Yet, I'm great at making plans, and coaching, and helping others to plan. I just don't stick with anything myself. What advice would you have for this person?

**DR. NELLIGAN**

I think that person sounds a lot like me. I think it's a lot easier to work on other people than it is to work on yourself. And we also hold ourselves to a much higher standard, sometimes, than we hold other people. So my advice is really about being more mindful about what is your purpose, what is your intention for this moment? And then, personally, I get very distracted. So any little thing that comes along, and I'm off doing that. And I talk to myself, essentially. You know, "This is what you're

**DR. NELLIGAN**

working on right now!" And if I'm afraid I'm going to forget something, I'll write it down. But, yeah, it's pretty hard when you're an idea person and you just get ideas and you want to go with them. Write it down, and then stay on track.

**ERIN MATLOCK**

Dr. Nelligan, we mentioned that you work with entrepreneurs. As an entrepreneur myself, I have no boss, I have no manager, so I come in, and I have to work, or I don't pay my bills. But no one is watching me work. So what I do every day is I set the intention. I talked about this with Julia Roy, who's coming up later in this Summit. So at night - which she said don't do, but I do it anyway - I set my task list for the next day, because if I don't my brain keeps going all night, and I don't sleep. I have to let it go on the paper. So the next morning, I look at that task list, but I also look at my intention: what do I want out of life? What do I want out of my business? And what do I want to accomplish that day? And then my key trick to, I think, every bit of success in my business has been that I take the one thing, the first thing that I don't want to do, the thing that maybe I have fear about, or it just annoys me, or it seems too big, and I do that first, no matter what, even as painful as it might be.

**DR. NELLIGAN**

So you want to eat that frog first thing.

**ERIN MATLOCK**

Yeah, someone else said that! It was the first time I ever heard that, eat a frog. But yes! Get it done!

**DR. NELLIGAN**

That's great! I often make a really long, massive list that I categorize by home tasks or business tasks. What I do is ask the big question: What must I get done today? What are my musts for the day today? And that helps me focus on, of all of the things on my list, what has to happen today? Because if you've got a big, long list, you can often get pretty overwhelmed with it, and then get off on things that are not that important.

**ERIN MATLOCK**

Mmhmm. Yeah, that's excellent advice. It's about holding ourselves accountable. It's like you said, we're very good at holding other people accountable, but doing it ourselves is hard.

**DR. NELLIGAN**

You know, and get yourself a coach. Maybe you need a coach to hold you accountable. I mean, there's no harm in that.

**ERIN MATLOCK**

No, that's excellent advice. Next question: What strategies do you suggest for care-givers of loved ones to maintain their own strength and psychological health?

**DR. SILBERMAN**

Oftentimes I see clients who are caregivers who don't spend much time taking care of their own needs. And by neglecting their own needs, their own mental health, their own physical health, they go downhill emotionally and physically. So making their own needs important, as well, is a significant factor. And even us, in our field, we need to take care of ourselves so we can help others. And making the time to do so is imperative because, otherwise, we won't be around much to help other people.

**ERIN MATLOCK**

Stuart, let me interject and say, what about the fifty-year-old who has children at home who are not really independent on their own, has a spouse, or maybe they don't, and also has an ailing parent or ailing parents? So they're looking at this, and they're saying I don't have the time. If there's not a child needing something from me, there's a spouse. If there's not a spouse, then they're on double duty. And then on their "free" time, they're taking care of a sick parent, not to mention working for a living, all of that. How do they carve out any kind of time when they can actually come down and then nurture themselves?

**DR. SILBERMAN**

And that's a very good question, and I get that all the time, that there's no time for me to do anything else. And ultimately, I think it comes down to, number one, asking for help, and accepting that you can't do everything. Asking outside of your own arena because there comes a point in time when you realize that you're not Superman, and you can't take on absolutely everything. And I know, personally, there was a time for me when I realized I can't do everything, no matter how hard I try. And being mindful of the fact that, yes, I have all of these other people who also need my attention, and giving a little bit to everyone, but putting time aside, knowing that you are also important in the equation as well. And making choices to put time aside for you.

**ERIN MATLOCK**

**DR. NELLIGAN**

Julie, do you have anything to add, some tips?

I think it's extremely difficult, having been through this myself with my husband, who developed ALS a few years ago and passed away. I was working full time as the primary breadwinner, and I was caregiver for my husband. So I know first-hand how difficult that really is. You want to be there for your loved ones. And I think as a woman, we want to be there. We feel like that's our role, to be nurturers. However, you're not going to be able to bring your full, loving self to your loved ones if you are depleted. And so, my first suggestion is if you're getting to that point, get some help and find support for whatever from other people that are going through a similar situation as you're in. That, first and foremost, I think, is what people need. They need advice from other people who are dealing with this, whatever the situation is. If it's caring for a parent with Alzheimer's, or a spouse with a terminal illness, or a child with a terminal illness, you need to find some other people.

**ERIN MATLOCK**

That's an excellent starting point, too, because in so many cities there are free support groups where it's not a matter of, OK, if finances are tight when we're in this kind of bind, that we have to go out and buy something. But we can find that group, and, like you said, learn from our peers, who actually get exactly what we're dealing with.

**DR. NELLIGAN**

Yeah. And they can give you practical advice on what to do about, you know, simple things that you wouldn't have thought of. And it can make a big difference.

**ERIN MATLOCK**

Yeah. Absolutely. Ok, I'm going to keep moving so that we can get through these questions. We've kind of addressed this earlier, but what is the best way for an adult to heal from the effects of childhood emotional abuse?

**DR. SILBERMAN**

I would say find someone who you feel comfortable talking with, and process the abuse. And by working through it – it's hard, and it's painful – but it's one of the best ways to deal with it and be able to move on. And I would also add that neurofeedback can help process traumatic issues, developmental trauma, child abuse, in particular, things that have been swept under the rug and never processed.

**DR. DIAL**

I would agree, and I would also add that some other resources might be finding someone who does EMDR, Eye Movement Desensitization, or doing tapping. Tapping has been very effective for a lot of people. It can also be something as simple as working on writing letters to those who have wronged you, and not to send those letters, but just to externalize it and to get it out so that there's a way that you can let it go, and you're not holding it all of the time. So I think anything that allows you to process it and let it go is really essential here.

**ERIN MATLOCK**

Thank you. I would also add, knowing that I went through a listening program last fall, if you're dealing with specific trauma, it's important to work with a provider. If you're going through a listening program – and that's regarding Alex Doman's session – you work with a provider who has dealt with trauma and abuse. It's really important that you have a qualified professional to guide you through that because a lot can come up.

**DR. DIAL**

Right.

**ERIN MATLOCK**

OK. How resilient is the brain in order to recover from years of anxiety and stress?

**DR. DIAL**

Our brains are so resilient, it's amazing, it's just amazing! I've had people come in that have such horrific stories. And working through these things and healing, it's just amazing to see somebody who is anxiety-ridden, or who has suffered through depression for many, many years, who has been through horrific trauma, to see them come out on the other side and to start enjoying life. I think our brains are amazing.

**ERIN MATLOCK**

Thank you for that. I do, too. I'm going to leave it with just Dr. Dial there, because what I have learned over the years of getting access to people like the three of you and everyone who is speaking at this Summit, there is so much hope for how our brains, and our minds, and our hearts can recover and heal and overcome. And we now have science that is backing us up, right and left. And it's an exciting time.

Any suggestions on ways to cure social phobia?



**DR. SILBERMAN**

I've been using, to some extent, some exposure therapy. By exposing the person gradually to their feared event, giving homework assignments of being out around people, it shows the person, Yeah, I can do this. I survived. I'm OK. And each time, it's yet another hit, saying, Yes, OK, I survived again! I can do this! Maybe it's not so bad.

**DR. DIAL**

I agree with you. I suggest that people with social phobia start really small, and they start by not even making contact, but looking at the area between a person's eyebrows to give the illusion of eye contact. And then just starting to move it slowly down so that they're making eye contact with the cashier at the grocery store, or giving a slight smile to somebody as they pass on the street. Those things begin, like you're saying, Stuart, to really build on the idea that, I can do this! And it's OK, and I didn't die because I said hello to somebody I didn't know. Those are really important things.

**ERIN MATLOCK**

Absolutely. Moving on, our good friend John Mekrut, who is a speaker at this Summit, came in and left a comment: What are the criteria you use to decide what combination of modalities might be right for a particular client?

**DR. SILBERMAN**

It begins with where the client is when they walk in the door, and what he or she may be ready for, in order to process or not process. It's called Prochaska's Trans-Theoretical Model of Change. It's a mouthful, but it's five things in order of, does this person recognize that there's a problem? And that's called the Pre-contemplation stage. The next stage is Contemplation: OK, I know there's a problem; am I ready to do something about it? And then Preparation is the next phase, where you're putting together a plan of action. And it all depends on where that client is when they walk in the door. If they are ready to change, or not.

**ERIN MATLOCK**

OK. Thank you for that. OK, we've got just a couple of questions left, and we're going to finish up. Here's a good one: What are the best ways to tackle perfectionist tendencies when this becomes an obstacle in life?

**DR. SILBERMAN**

Try to lower your bar. That is a very good question, and when you find out, let me know. *[Laughing]*

**ERIN MATLOCK**

You might be dealing with that yourself. Julie, do you want to take that one?

**DR. NELLIGAN**

Sure. Addressing perfectionism; is that what the question was?

**ERIN MATLOCK**

Yes.

**DR. NELLIGAN**

I think that identifying that that's an issue is the first step, in my mind. And then, looking at what it is about feeling a need to be perfect that's driving that. And there's usually some anxiety and some lack of security, or kind of an insecurity that's behind that. And talking with somebody about what that is and what to do about it can be pretty helpful.

**ERIN MATLOCK**

Yeah, I agree. And that's where, too, a coach would come in very handy. Someone who can help you identify those tendencies, and where they come from, because they do come from different areas. And really specific methods to overcome them, because we all are different and different things work for us. I would highly recommend that approach.

**DR. NELLIGAN**

And a coach could really help you figure out when you're being overly perfectionistic, and when you have appropriately high standards. Because you're crossing a line at some point, so where is that line? And if you're not used to identifying that, a coach, another person to talk to, can be really helpful.

*[Dr. Dial has left the session at this point because of technical issues.]*

**ERIN MATLOCK**

Dr. Drema Dial, for those of you who are interested, she's at [dremadial.com](http://dremadial.com). She is in France, but she works with people all over the world. She does specialize in women. Dr. Stuart Silberman and Dr. Julie Nelligan, thank you for spending a couple of hours with us tonight, and dealing with all of the questions. I've known you guys for a while, and I love to pick your brains. So I'm really grateful that you're up for the challenge of live Q and A, straight from the email box.

**DR. NELLIGAN**

It was fun!

**DR. SILBERMAN**

Thank you for having me, I appreciate it.

**ERIN MATLOCK**

And then, why don't you guys go ahead and say your websites one more time so that anyone who wants to follow up with you can do so.

**DR. NELLIGAN**

Well, I'm at [julienelligan.com](http://julienelligan.com), and you can contact me on my website.

**DR. SILBERMAN**

And my website is [drstuartsilberman.com](http://drstuartsilberman.com), and I have a Contact Me link on my website, as well.

Thank you guys so much, and thank you everyone for joining us and for being a part of Brain Summit. Again, the current sessions that are playing right now are Dr. Hyla Cass, Rick Hanson, I can see his book, *Hardwiring Happiness*, who is just wonderful to watch. And then Kurt Othmer, who is talking all about the specifics of neurofeedback, and he goes really deep into detail. So if you're ever wondering about it, it's a great session. And then tomorrow, at 5:00 also, we will have a live hangout, The Future of Neurotechnology. If you're a clinician, and you want to add technology into your practice, we're going to be talking about that. /we're going to be talking about ethical considerations, and, of course, marketing. And then, on Thursday, is Ask the Child Expert, so we'll have three experts, just like we did tonight, but they specialize in childhood education. All right then, everyone, have a great night! Thank you so much for being with us. And once again, for Dr. Drema Dial, Stuart, Julie, thank you so much!

**ALL**

Thank you!

**ERIN MATLOCK**

Goodnight, everyone.

**ALL**

Goodnight.

