

BRAIN SUMMIT

OPTIMAL LIVING

INTERVIEW TRANSCRIPTION ASK THE CHILD EXPERT



ASK THE CHILD EXPERT



ERIN MATLOCK

Hi Everyone, it's Erin Matlock! Welcome to our final live panel for Brain Summit. This is the "Ask the Child Expert" panel, and tonight I want to introduce you to our panelists.

First, we have Pat Mattas. Pat is a Registered Nurse and educational therapist in private practice. In June, 2010, after sixteen years of home schooling her three children, from K – 12, Pat followed her passion for teaching, and made a career shift from the medical field to the educational field. And she launched her new career as a special needs educator in the Wesleyan University Upward Bound program. And during this time, Pat had the privilege of teaching students from Africa, Bangladesh, Jamaica, China, and Russia.

In 2010, she founded a home-based tutoring service for children in grades K – 12; it quickly grew to include children and adults with special needs. And she discovered the pillars of her practice, brain integration therapy; The Listening Program; In Time, by Advanced Brain Technologies; right-brain methods of instruction, nutritional supplements, and therapeutic-grade essential oils. Pat's website is www.patmattas.com. Welcome, Pat! Thanks for being with us here tonight.

PAT MATTAS

Thank you, Erin, I'm glad to be here.

ERIN MATLOCK

Our next panelist is Mariam Herrmann. Mariam provides support to children, teens, and adults who want to overcome learning challenges and open doors of opportunity. Mariam has a long history of helping people overcome dyslexia and other language-based learning disabilities, like math inattention. As a board-certified educational therapist, she sees private clients online near her home in Utah.

ERIN MATLOCK

A former school administrator, she is passionate about effective system design and school reform. “Conversations with Mariam” is a twice-annual mini-summit for principals and educational leaders that highlights progress in the field of neuroscience and learning as it applies to educational settings. And Mariam consults with schools to provide training toward therapy-based interventions, professional mentoring, and data-driven outcomes. Mariam is also now offering online small group coaching class for school leaders as they work together to improve the learning culture in their own buildings. You’ll find her website at www.mariamherrmann.com. Welcome, Mariam!

MARIAM HERRMANN

Hi! Thank you.

ERIN MATLOCK

And our final panelist is Sheila Allen. Sheila is a licensed occupational therapist with a multi-dimensional calling. A practicing clinician, clinic cofounder and co-director, her website is www.pediatrictherapeutics.org. She’s a product developer for advancedbrain.com. She’s a teacher and consultant, and she specializes in sensory processing, particularly the relationship between sound and movement and behavior. And her long-standing appreciation of the value of sound and music in fostering change and supporting function is integral to her work. She lives in Chatham, New Jersey, and Vermont with her husband and golden retriever, thankful every day for her two wonderful daughters. Welcome, Sheila!

SHEILA ALLEN

Hi! Thank you, Erin.

ERIN MATLOCK

So we have a lot of questions for these experts; we’re going to go straight to the first one. My question is this: As a teacher, I’m often challenged by students who lack ability or willingness to focus. Are there techniques that can be practiced for developing focus and staying-power on tasks that require sustaining attention on one thing? (And then there’s a second part to that question.) Let’s start with Sheila.

SHEILA ALLEN

Wow. That’s a question that could take me all night to answer. Let’s start out just with the environment. I’m big on creating an environment that is really conducive to attention, and that really means minimizing distractions in the environment. And also, even minimizing diversions within the environment. So I like the idea of keeping things simple, visually; I like the idea of playing around with music to create a sound environment conducive for learning and attention, and lots of times that’s music that’s roughly within a 60 to 80 beat-per-minute range.

SHEILA ALLEN

Right off, I think about the Sound Health series that was created by Advanced Brain Technologies, and I would so very strongly recommend experimenting with the Concentration album in the classroom. I really use that so much, and recommend it, and get such good feedback about it.

And just a couple of other things related to the individual, I really like getting a sense of just how long somebody truly can pay attention. And if it's five minutes, then making that five good minutes, and having a break afterwards for a little bit of movement, something that is motivating and otherwise engaging for a child. If it's unrealistic to keep track like that, then I also just think that it's important for kids themselves to start developing an awareness of just whether they're paying attention or not. And so often, they're hearing from somebody else that they're not paying attention, but what does it feel like to pay attention, and what does it feel like to not be engaged?

So I really like the idea of promoting self-awareness, working on self-awareness. And making sure that the materials that are provided are focused, and organized, and easy to follow. And that the instructions are very simple and clear and straightforward for whoever it is who needs to be paying attention.

ERIN MATLOCK

Thank you for that, Sheila. And also, something you had said about the music, we're just finding out, we're having all these articles going out all over the web about music with words, that's not good to be playing in the background. The music that you recommended is by advancedbrain.com, and it is just instrumental, and it's specifically designed for that purpose, for focus.

SHEILA ALLEN

Yes. In fact, that particular one, called "Concentration," was expressly developed for that purpose. And if you check out that series, there are many albums for other applications, as well.

The other thing that I just wanted to add to that is just how difficult it is for many of us to practice sustaining anything, whether it's attention, or some other sort of goal-directed activity. And I'm currently just really big on sustaining a steady beat, using percussion instruments to do that. And it's really surprising how challenging it is for many of us to even be able

SHEILA ALLEN

to sustain a steady beat for, perhaps, even a minute. So you can imagine when we're thinking about sustaining our attention when there's our steady beat and a lot of other things going on around us, just how challenging it can be. So just as an aside, as an activity, I really love that idea of incorporating rhythmic activities into the classroom whenever possible.

ERIN MATLOCK

I like that, too. This is a really popular topic, especially with parents, and also teachers. So I want to go ahead for most of the questions, to get through them we'll talk to one of you all, but for this one, I'd like to hear from all three of you because I think focus is such an issue with children.

PAT MATTAS

I'd like to add to what Sheila said, and yes, I do agree with everything that Sheila said. In a moment, I'd like to share what I do in my practice with every student regardless of the age, and I even begin each session with adults this particular way.

But before I say that, in terms of managing the de-focus in the classroom, I think it should be said that lack of focus is symptomatic of something deeper going on. And while these measures might work for the moment, I really think a child who's really demonstrating that type of de-focus really needs to be addressed at a deeper level. Something outside the classroom, something the parents could perhaps be made aware of. And there's many ways to handle it in a private way.

PAT MATTAS

But just to help the teacher to get through the class, and maybe to give a little more strength to this particular student, what I do is I just start every session with exercise, and not just any exercise. I have found this particular program, *Smart Moves: Body Puzzles for the Mind*, very effective. They are only three-minute exercises. They're body puzzles for the brain, and FableVision was putting it out. And you're actually watching an individual on-screen perform certain exercises, and the child and myself follow along. And you synchronize with them.

And it brings about a lot of focus because, number one, you have to replicate what the individual is doing on the screen and the music is gentle behind it and it's very rhythmic and it just causes a calming and a focusing, so it's very good to prepare a child to learn. So the teacher may find this effective, if she can find the product online. I've found exercise, very specific exercise prior to any teaching, is really effective to prepare the ground.

MARIAM HERRMANN Well, I would approach this question slightly differently. When we recognize that there's so much vocabulary around attention, and it means so many different things to different people, I think we have to recognize executive function covers a broad view, and one of those areas is attention. But a lot of times executive function is mis-named "attention."

But it also includes how a child regulates their emotions: if they can inhibit, if they can initiate, how they organize and plan, self-monitoring, are they aware of what they're doing and how they're doing? And then the working memory piece. So I think that all of those areas are specific of things that I would address, and I kind of ask some questions to see exactly which part of the attention it is that they're seeing, and how to address those individually. And in my practice I look at those, specifically.

MARIAM HERRMANN Another thing is I work with teachers. I kind of recognize that there's a lot about the classroom environment, as Sheila also mentioned, too, that makes a huge difference in whether a child feels a part of the classroom or engaged. Maybe they come to the classroom not prepared, and they don't have the skill set required to address what's going on in the classroom. If things are going over our heads, then, of course, we're not going to be able to attend for very long because it takes too much of our focus time, of our cognitive reserve, to rely on our focus. And so that burns up pretty fast in a classroom.

So I would really want to look at the child's skill set and whether they are prepared for what we're talking about. Is the challenge equal to what it is they can do? As well as, like Pat mentioned, those body things like sleep, or nutrition, or what they have is a really important part, too.

MARIAM HERRMANN But also, I think, in education we need to look at are the kids involved? Do they feel like they understand the purpose? Why am I sitting here? Some kids feel like they're just jumping through hoops, and there's no meaning to what they're doing. And it's the smart ones who can attend and have good memory that are going to wear out first in that kind of situation.

So I think "attention" is very broad, and we have to look at it more specifically per individual in order to know how to really target it, and address that.

- MARIAM HERRMANN** As far as strategies in the classroom, I often help people just with little things like calling attention to the child, giving them multiple opportunities to try things on their own, and can they summarize back what it is that we said? Clear expectations. All of those things kind of really help to make that experience something that they're wired into. That they're more a part of.
- PAT MATTAS** Erin, if I could just add one thing. I would also encourage a teacher, at least once a day, if not more, if she can genuinely just tell that child how wonderful he or she is and how special they are. And I think speaking those positive things to them, you need to build them up and build up those positive thoughts that are going to their brain. So I just remind them that they're really special.
- ERIN MATLOCK** Yeah, I like that.
- SHEILA ALLEN** And along those same lines, recognizing effort, I think, is another big one.
- ERIN MATLOCK** Absolutely. Thank you ladies. This question is from John Mekrut, who was one of our panelists last night: What does the panel think of mindfulness meditation for children?
- MARIAM HERRMANN** I'm in favor of it! *[Laughing]* From my experience working with kids, having an opportunity to really help them recognize what it is they're doing, and why they're doing it makes a huge difference.
- ERIN MATLOCK** OK, there's a couple of follow-ups to that. Nancy says, Mindful meditation is fantastic for all, but I have seen a huge resistance to the topic, and enraged parents at those schools that have begun to implement it. So how do you suggest educators educate the parents about mindfulness meditation?
- SHEILA ALLEN** I'd love to jump in on that.
- ERIN MATLOCK** Great!
- SHEILA ALLEN** Because it kind of relates to what I was talking about before in that, at a variety of different levels, developing self-awareness is really key to all academic functions, I think, and, as we all know, our functioning in daily life. And I think that mindfulness meditation is obviously a really great way to be developing self-awareness. So for that very reason, I encourage it.

SHEILA ALLEN

I've had several kids who've been involved in different programs, and it's really worked well in tandem with what it is that I'm working on. I like that many of them are much more aware of the thoughts going through their minds, and I tend to work with a lot of kids who seem to have thoughts streaming through their minds all the time, all sorts of different kinds of things. It's very hard for them to filter out their thoughts and tune in to some of what is being presented to them. And I've seen some changes for those kids with the practices that are involved with mindfulness meditation.

I also think that, just in terms of sending the message, it's really important to get yourself to a place where you're relaxed, and comfortable, and able to apply yourself, and recognizing what that feels like. Both Pat and Mariam were mentioning that kind of prerequisite as well, that for all of us to move into that place of a just-right challenge, it's optimal for us to be at a place to be ready to accept that challenge. And I think mindfulness meditation really helps with finding that place.

MARIAM HERRMANN

And I think that everything you say, I agree with, and I've seen the children. But I think some of the parents that they deal with at school are struggling with the concept that they think it's more of a religion, or from the other side of the world, or whatever, that the schools are pushing. But as I've explored that on a personal level and tried to weigh that out and recognize what it is and what it isn't, I think it's not a religion at all, for one, as much as it is a practice of trying to get in tune with your body and clear your mind and focus it. So we have seen, like Sheila says, research saying that test scores go up and people can focus better if they have a few minutes to take time and reflect and think. And I would address that with parents.

ERIN MATLOCK

Yeah. I think that's excellent. Because that's how I work with my adult clients; we've got different religions, different religious beliefs, sometimes no belief, in a higher power. So I stress that mindfulness meditation, in particular, is not affiliated with any religion or spiritual belief. And it was created, here it was westernized, so that we could put it into academic institutions, so that we could study it scientifically, so that we could have all of this research. And I pepper my clients with research so that we can look straight at the scientific benefit.

ERIN MATLOCK

I think if we rationalize with parents—because I understand where parents are coming from; they don't want to send their kids to school and have them taught something that isn't necessarily their belief—and mindfulness, even though we all are used to it and it's been around for us for quite a long time, so many parents it's brand new, so many adults it's brand new. I had a client— and if she's watching she knows who she is— a Baptist Sunday school teacher, adult Sunday school teacher. and I remember one time when she was talking to me, she said, "You know, Erin, the thing I love about this is you can make this your own." And I said, "Yes you can."

ERIN MATLOCK

That's the beauty of mindfulness meditation. It's not aligned with anybody else's beliefs, so you can add, if you want to, your beliefs. Now, our teachers in our school systems are not going to add a belief system to mindfulness; they're going to keep it a scientific training process for the children. And I think that's the way that you reach out to parents; they just don't understand that yet.

OK, another one on that one came in: my eight and a half-year-old son has ADHD and autism, and I feel like his brain will be an obstacle for him. Do you believe there is a way to rewire or heal his brain? She says she teaches mindfulness at a community center for adults in recovery, and it's very hard to get him to understand the concepts. So we're talking about eight and a half years old, ADHD, and autism. Let's just quickly go through, if she came to you, Sheila, at your clinic, and said, What would you suggest for my son?

SHEILA ALLEN

Gee, there's so many questions I would be asking there. One that comes to my mind immediately is just how verbal he is and, if we're going to be getting back to this whole mindfulness idea, just what he would understand in terms of mindfulness. You know, if he is at a level where he would understand it, then of course I can see that it would be something that would be useful, but that's not what would come to my mind immediately.

Quite honestly, what comes to my mind immediately is getting a sense of where he's at with regard to taking in sensory information. And how that's affecting how he's using his body in relation to the demands of his environment. Because what

SHEILA ALLEN

I really believe so very strongly is that experience is one big way that we can rewire the brain. And providing the kinds of experience that are going to help somebody change really necessitates our having an understanding of just what kind of input is being processed in a reliable and sufficient way by that particular kid and his nervous system.

So I really like the idea of getting a sense of what's going on sensorially at the beginning. And, making some inferences here, if we're going to do something that's all about trying to achieve some of those areas that mindfulness addresses, I'd probably be more tuned in to just breathing. I think working on breathing would be very important for him and a good way for him to develop some awareness of himself.

SHEILA ALLEN

I think that another part to that, too, is just him getting a little bit more in touch with some of his other rhythms, and right off the top of my head I think about his tuning into his own heart rate and getting a sense of just what his own steady beat is as he's in different situations and called upon to do things.

So, again, it's addressing skills. Some of those reasons of mindfulness would be applied, but a little bit more at a body level. I don't know if that would be helpful or not, but obviously, if he can understand a lot in terms of spoken language, and pay attention to it, then that opens up other doors as well. But I love this experience idea with the body.

ERIN MATLOCK

Thank you for that, Sheila. Let me move to a question from Jane: Being still for some children can feel painful and stressful, so it's also dealing with the shift of this state and that can be a big transition. Let's go to Mariam, and then let's go to Pat; do you have some ideas maybe some suggestions that you've seen in your experience for children that do feel pain and stress at the thought of being still?

MARIAM HERRMANN

Yeah. I really like to address this with kids because it goes back to, like Sheila was mentioning earlier, that self-awareness. So if they're overloaded by, and they feel the stress of, everybody telling them to hold still hold still, hold still, can't you hold still? we would sometimes forget that kids need to be taught how to hold still, or what it feels like to hold still, or what are all those components to be holding still. So that's one area that I would

MARIAM HERRMANN

work on; you know, How do you be still with your feet? How do you be still with your hands? What do you do with your eyes, to show the teacher that you're paying attention or that you're still? So that's one place that I would really like to explore.

Another area that I would explore would be that some kids are just wired to have to be moving. But that doesn't mean they're not paying attention, or that doesn't mean that they're not taking information in and understanding what people are saying. So sometimes it just needs to be an opportunity where we allow them to be Them.

You know, I don't think it's a bad thing to teach a kid how to quietly stand up in the back of the classroom in order to help them self-regulate. There's a lot of tools that we can use to help them recognize where they are at and adjust, and give them tools that they can use within the classroom, or wherever. But I think the hazard comes in when we're always telling them to be still and not giving regard to who they are as individuals and helping them learn how to regulate that need.

ERIN MATLOCK

Absolutely.

PAT MATTAS

I can say that, in my practice, I function out of my home, so when children are invited here, it's a home setting. And I don't expect them to stay still. Especially in the early months, when I'm working with them, if they want to stand up, they can stand up. I've had kids on my mini-trampoline, reciting multiplication tables. So I don't restrict their movement. But as we continue to work, they understand that my expectation changes as I see them begin to respond and change.

But in a classroom setting, I think one of the unfortunate things that has happened in public education, and this is a personal philosophy that I have, is that we are expecting children at too young of an age, beginning in preschool, to sit orderly at tables and chairs for long periods of time. This is not a child. This is not a child's world and I think it's introduced far too soon. And it's layered on top of little people that need to be moving and exploring, and we put them in these institutional settings and expect them to behave as adults. So then we're left with these problems, How do we get them to sit still and stay still? I think we've kind of created this dilemma for ourselves.

PAT MATTAS

But because it is what it is, and you have to deal with it, I recommend certain supplements to help this physical calming. So I really promote that parents put their children on a good probiotic. I also think they should be on some type of Omega 3—I recommend krill oil—and a multivitamin with minerals. Again, to nourish the body, nourish the nervous system, so it can remain calm to the best of that child's ability.

ERIN MATLOCK

That was another question that came up, supplements. And I think, also, Dr. Hyla Cass and Trudy Scott both go really into detail in their sessions about this. Even though it's geared towards adults, they're talking about Probiotics and gut health, the microbiome, and how important it is for our mood, for our energy, for our focus, and for our brain function. You already know that, Pat, in the work that you do; it's important to keep that gut healthy.

John Mekrut brought up earlier, too—and you just mentioned this, Pat—that a teacher in his daughter's school put a small trampoline in the room that the kids could use to burn off some energy while the lesson was being taught. I'm going to guess thoughts are, yes, good idea. Movement is key.

SHEILA ALLEN

Yes, movement really is key. Can I just add a little something to that? I completely agree with what Pat and Mariam were talking about, and am a huge proponent of alternatives to sitting in classrooms. There are other positions that we can be still in, besides sitting. And sometimes it's nice to have options.

You know, lots of classrooms are very successfully using standing tables, and there, you're in place, but you're, perhaps, not necessarily still. Or perhaps you have a chair that is moving a little bit, or you have a cushion on your chair that allows you to move, even though you're still. So I really advocate some sort of movement opportunities as the student is sitting, if that can be feasibly applied in a classroom.

SHEILA ALLEN

But I really love the idea of movement breaks. Some of those movement breaks have gone so far as to be called brain breaks. I bet you that that's something that we could Google, and you could find some specific protocols for that kind of thing. Because there are classrooms that have really adopted a very deliberate schedule that involves taking breaks for structured movement that the teachers organize.

SHEILA ALLEN

And then of course, the other big thing is the value of recess. Especially for the kids who, many of them, get their recess taken away because they don't get their work done. So I'm a big fan of recess, and I wish that it was available for kids of all grades.

PAT MATTAS

I would also suggest that in the time when the child is not in school, in the free time, that the right things are being done to be able to help them in the classroom. So I'm thinking of sleep. A lot of children are not getting the proper sleep that they need and they're coming to school tired, which makes it hard to focus, sit still, be on task for anything. And I also think that when they're home and have this free time, they need to be not in front of a TV, and not with a technology device playing different games. But they need to be outside, running. Make that their refreshing time so that when they do go to school, if it is required for them to be still, they have had their refreshment, and they're rebuilding in the other off hours.

ERIN MATLOCK

OK, thank you. Here's a question: I work therapeutically with children and one of the modes used as play therapy. I'm curious to know what it means when a child likes leaving their artwork in a special place in the room, as well as when they prefer not to share their work with their primary caregiver.

MARIAM HERRMANN

There's a lot of things that that could mean. You know, I'm really interested in interaction dynamics, and how families really connect. And I think that some of the question that could be built in here is, you know, is there an attachment problem, is there an abuse problem, is it something that this child should be diagnosed with, is it inattention, is it autism? All those kinds of questions start to run through people's heads when they see things like that. And so I think I'd want to know more information and start watching those kinds of things to see where to go next, before I could really answer that specific question.

You know, the quality of the conversation between the parents is going to make a huge difference. Because if the parent has a style where they're not always available to the child, then they may give their artwork to the parent or the caregiver and it doesn't go up on the fridge, it doesn't get noticed, it just gets

MARIAM HERRMANN put away. Then the child soon decides just not to share it. And that's kind of a parenting style. If the parent is more on their telephone than with them, then that interaction is learned, and the kids get a sense of what they can expect from that caregiver. And so I think it could mean a lot of things, and I would watch more before I got directly alarmed. And ask more questions.

SHEILA ALLEN I'd be curious as to what that child does choose to share. So if art work isn't shared, but other kinds of things are, then I would probably just watch it carefully and see what was happening. But if this is a child who is choosing to not share a variety of different kinds of things with his or her parents, then some of the things that Mariam brings up would come to my mind, as well.

ERIN MATLOCK And Pat, your thoughts on this?

PAT MATTAS I was just thinking that art in itself is so personal, and it makes us so vulnerable. You know, we're really giving from the depths of our hearts. So I think it actually is a pretty good barometer. Something to watch, particularly this questioner. I agree with Mariam; more questions need to be asked. While they may share their homework and other things as Sheila said, I think the art strikes a different chord. I think it touches deeper in the heart, more revealing.

ERIN MATLOCK OK, thank you for that. That was an interesting question.

SHEILA ALLEN Very.

ERIN MATLOCK OK, so here's another question: What causes head banging in children?

SHEILA ALLEN I would love to go first on that one. As somebody who works with a lot of head bangers, I'm very interested in that. And you know, one of the things that first comes to my mind about that is that head-banging can really take all different kinds of shapes and forms. You have kids, and not just kids, adults too, who bang their head just once, and give it a good hard bang, and that's it. There's others that like to bang repeatedly. There's some that like to bang their head with their hand. There's some that like to bang their head on hard things. So head banging itself can really vary widely.

SHEILA ALLEN

But I think that most often it's an indication that there is something going on. I mean, Duh, right? Because it's a very strange behavior. So if you're showing that kind of an extreme behavior, there's probably something going on. Whether it's emotional, whether it's physical, whether it's sensory-based, we really don't know right off. Just because somebody's banging their head, we can't draw a conclusion that it's one thing or another.

But some things to consider, I think, that come up fairly often is sometimes when somebody's doing that, they're doing it to regulate themselves in some way or another. And that kind of banging might very well provide them with the kind of stimulation that helps them deal with whatever it is that they're feeling. And they've probably chosen that head-banging because of some sort of sensory need. Not to negate that there's also some sort of emotion involved.

SHEILA ALLEN

And then it gets, of course, pretty tricky because sometimes things start out with a sensory basis and very soon become even more behavioral. Especially when attention is drawn to the behavior, like oftentimes happens with head banging. So the idea of sensory processing is something that again, I mean, I keep saying this, but I would definitely look at that.

The other thing that I'm very aware of in my practice is that sometimes, due to various kinds of physical experiences, ranging from the birth process, to falls, or sometimes genetic predisposition towards certain positions, there is something going on in terms of the alignment of cranial bones and the rhythmic flow of cerebrospinal fluid through the central nervous system. And in that particular case, sometimes banging helps relieve some pressure, relieves some sort of feeling that doesn't feel quite right. And we can make changes with that, oftentimes with very gentle hands-on techniques that either a cranial osteopath or somebody like a therapist who is trained in craniosacral therapy would be able to do.

SHEILA ALLEN

The other thing that I also think about, and this kind of jumps back to the sensory piece to this, is that when somebody's banging their head they're getting all sorts of different input. They might be getting deep pressure, they might be

SHEILA ALLEN

getting some sort of movement stimulation because of the head-banging, the rapid jolt. What they also might be really generating is a lot of vibration within their heads. And sometimes when we're able to meet those needs in different ways, then the behavior either diminishes or sometimes will subside.

So it's a multifaceted issue that I believe can't be just handled from a behavioral perspective of, OK you're going to stop the head-banging. Oftentimes we need to replace that head banging with something else that's going to provide the same kind of input.

ERIN MATLOCK

Thank you. They followed up on that question with, What type of therapist would a parent seek for treatment for their anxiety and lowered executive functioning?

MARIAM HERRMANN

So I think Sheila started to answer that by pointing out that the sensory demands are definitely going to be handled best by an occupational therapist. But like she said, some of the kids who were head bangers that I've worked with tended to develop that because of a sensory need, but then they would use it as a tool to get out of work. If that's the case, then definitely, I'd work with a behaviorist, too. But there are thematical differences, too, so it's asking more questions and getting down to the bottom of why.

PAT MATTAS

I have some thoughts on this as well; if the question was being asked about the head-banging in conjunction with the anxiety, it makes me think of the vestibular system and the individual map, or knowing where he is in space. And I think that the head-banging could be that child's way of grounding: Where am I? He needs that much of a connection to earth, to know where he's at. Which, of course, if you're not grounded and you're just floating up above, I can see how that's going to create anxiety.

And I would just like to offer The Listening Program, which I know targets both of those. In particular, the bone conduction, does target the vestibular system. And I have seen wonderful things with The Listening Program in terms of addressing anxiety, and the responses come quickly. Head banging, I'm not familiar with; I haven't had a client like that, but certainly it would make sense, in fact, that the bone conduction so targets the vestibular system that it might be something. If a parent wanted to seek something more home-based, The Listening Program.

ERIN MATLOCK

So I have a question that you all brought up. For people who don't know, Sheila you're an occupational therapist, can you tell everyone what that is? Who comes to you? When would a parent need someone like you? And how can they get a good referral to someone in their area?

SHEILA ALLEN

Sure. Occupational therapists are licensed therapists who work with adults and with kids. And it seems a little funny, right, to think of occupational therapists working with kids. But really, what we're doing with OT is really taking a very broad-based look at what occupation is and really focusing on the value of goal-directed behavior and the ability to engage and participate in activities that are expected of somebody, depending upon what roles they are fulfilling or things that are demanded upon them in their lives.

So we look at how kids typically occupy themselves, or how kids typically use their time. Lots of kids spend a lot of time playing, so play is an occupation. Kids go to school, so being a student and learning is an occupation. Kids participate on teams, so team sports is an occupation.

SHEILA ALLEN

So we've got all these different areas of daily living that are areas that somebody can potentially be able to function very well within, or perhaps they're having some challenges participating in.

So what an OT would do in an assessment is break down levels of performance and find out what some of the underlying problems are, as well as what the relative assets are, that either are getting in the way of optimal performance, or perhaps even helping somebody do the best they can.

SHEILA ALLEN

Then what we do in treatment is really emphasize the use of goal-directed activities so that we're not just necessarily doing exercises of putting somebody through a program of some sort, but we're really incorporating what we want to work on under the umbrella of something that is meaningful and purposeful and goal-directed for that particular individual.

And then, of course, the environment comes into play, as well, because occupation is involving not just an individual but that surrounding that that individual is functioning within. So the

SHEILA ALLEN

occupation really comes in in terms of considering well-directed activity and participation in the kinds of activities that occupy your time as a person within different levels of development in a lifespan, and different strengths and weaknesses.

MARIAM HERRMANN

And can I also add to that, the occupational therapists have a really good foundation for those underlying supports. But if the OT evaluation comes back that everything's OK—and this mom, I think she also mentioned executive function difficulties—once you get all of those OT things out of the way, then you're looking at, is it behavioral, is it perceptual, is it emotional, and kind of work those a little bit. Then if we still can't figure out what's at the core of this, I would probably send them out for a neuropsychic evaluation.

SHEILA ALLEN

I think, you know, of course I'm going to say this because I'm an OT, but I do think that OT is a good starting point for somebody who is a head banger. And I also think it's a really good starting point for somebody who is presenting with anxiety, particularly when they're younger. And we talked a lot about OT and the sensory processing aspect of things, but most OTs have a pretty strong psych background, as well as a very strong background in terms of all sorts of different kinds of physical things, as well, and are really developmentalists because we have training in just what is going on in different stages throughout a lifespan. So for something like head banging, that could be rooted in so many different things, I love starting out with OT. It doesn't necessarily always mean that OT is going to be the treatment of choice, but I think an occupational therapist is going to be well-qualified to be able to help identify what needs to be done to address the underlying issues that are contributing to that kind of behavior or any other extreme behaviors that are indicating that there's something going on that needs to be addressed.

ERIN MATLOCK

Yes. We're going to move more towards more of a rapid-fire now, so that we can get through all the questions that have been piling in. But I do want to mention this question from Tammy: do you have any experience/thoughts on standing classroom desks for active learners, those with ADHD?

We addressed this a little bit earlier, and I think all of the ladies are in agreement that there needs to be movement in the classroom, and standing desks are certainly one piece of

ERIN MATLOCK

that. And they did go into that, so the topic of movement and activity is big with our panel. And John Mekrut, again just chiming in that neurofeedback as a training program for basic brain self-regulation and cognitive enhancement is something for children, too. And it's safe for children, so you can provide a provider in your area.

OK, I want to go into a list of questions that we have: If a child misses a critical period of attachment, can this be restored later in life?

MARIAM HERRMANN

I have some things on that one. In my experience, a lot of attachment research has been done on mammals, primates, or something like that. But what we know about human attachment is that those schemas can be overridden by cognitive-type things, so those critical timelines are very important. Because once one is interrupted, then it creates a wave effect with the rest. But I'm never one to really give up hope, because I've seen so many kids overcome it with the right kind of interactions with loving caring people.

ERIN MATLOCK

Anyone want to add something to that attachment piece?

SHEILA ALLEN

I agree with that.

PAT MATTAS

Agreed.

SHEILA ALLEN

I'm optimistic about it, but there's a lot of work to be done for that to happen.

ERIN MATLOCK

And for all of our readers, these three women have decades of experience; they've seen everything, done everything, experienced everything when it comes to children and students and learning and behavior. So they have seen miracles, and they have seen children overcome challenges that other people didn't think that they ever would. So if these women are in agreement, then there's hope.

OK, the next one: what are the signs of depression in young children?

MARIAM HERRMANN

Well, there's lots of them; they can be irritable or angry, sometimes they can be sad, sometimes they'll withdraw socially, sometimes they won't. It's really hard to detect depression in children. Sometimes you just notice a change in their sleeping habits, sometimes they'll just cry for no reason, or they'll shout,

MARIAM HERRMANN

or seem angry. A lot of times it comes out as minor aggression. So it's kind of tricky in kids. Sometimes they'll just be low energy.

We kind of have to look at a lot of different components and rule some factors out. For example, make sure they're getting enough sleep. I had a kiddo one time, I think he was a second grader. He kind of like had us going, Is it depression? And I was talking with him, and he's like, Oh, well I play video games all night.

We talked to his mom and she's like, No, he gets to bed early, he gets up late, he's getting enough sleep and nutrition. All of those kinds of things. But come to find out, he would go to bed and cover his head with a blanket so nobody could see the light from his device, and he'd be playing. And so I think there's a lot of things that look like it, but we have to rule out all those other things in order to really know what we're dealing with. Because depression in kids is tricky.

ERIN MATLOCK

Let me just interject real quickly, who do you talk to? Because, like you said, Mariam, a lot of things could be just a bad mood, a high sugar diet, or some video games. Where does a parent go if they're really concerned that they're seeing these changes in the child? Do they start with the school?

MARIAM HERRMANN

I've seen the parents go to a lot of places. I think the pediatricians are getting pretty savvy about noticing those kinds of things, and questioning you. But they don't take the time to see the kid in an environment. You know, if you just see him for a minute in the office, sometimes it's really hard for them to know. So they kind of go trial-and-error with the medication or something. And that's a little bit, I'm not always really comfortable about that, depending on the age of the child.

But sometimes your schools can kind of get a look at what that is, but it's going to depend on the skills within the school. They can't diagnose it at all; they can't tell you that your child's depressed; they would have liability issues. So it's really out of their ballpark to give you a clear understanding. And so the psychologists are really helpful for that, but educational therapists are also really good at that. Not that we're going to diagnosis, but we can help you through the process of ruling out.

SHEILA ALLEN

I think, when I am working with somebody and they're presenting as possibly depressed, and it's something that's beyond what I feel comfortable with addressing within the scope of my practice, a clinical psychologist is my go-to person.

ERIN MATLOCK

OK. And is that a clinical psychologist who specializes in children?

MARIAM HERRMANN

In children, yeah.

ERIN MATLOCK

OK. And Pat, you had something to add?

PAT MATTAS

I was just going to say, I would probably go the pediatrician route first, because before I might consider that it's something emotional or psychological, I would want to rule out every physical component first.

SHEILA ALLEN

Mmhmm. Definitely.

PAT MATTAS

And after that's exhausted, because so many physical things can create a depressive state, once those are ruled out, then I would go the other routes that the ladies mentioned.

ERIN MATLOCK

OK. Thank you, ladies. Let's move on: Is it better for a child adopted at two or three years old to go to day care instead of being taken care of by a nanny? My concern is that the nanny could potentially quit at any time, and if that happens, would it be especially traumatic for an adopted child, as it may trigger feelings of being abandoned by the birth parents?

PAT MATTAS

I actually have a lot of adopted children in my practice. They come from countries around the world, brought here to America to very loving families, and my recommendation to this individual would be to keep your child home. These children have suffered enough loss and transition, and I think they need a home environment. The nanny may go, hypothetically that could happen, but there is also a high turnover rate in day care centers. The ratio is also not a one-on-one. But if a child is coming from a place of loss to begin with, it needs some stability. And I think a home environment, whether the parents are out working and the child's with a nanny, they can settle into a familiar surrounding, their familiar bed when it's nap time they're familiar spoon and cup and fork when it's time to eat. Time to sleep, they've got their own little personal world.

PAT MATTAS

That's the stability. Mom's slippers are under the bed and Dad's coat is hanging in the closet, and there's still vestiges of their parents, their home. And, to me, I see that as security. Even in the best of daycare centers and the best intentions of them, the environment is chaotic. And it operates on a herd mentality. We all eat at the same time, we all sleep at the same time, we get our diapers changed at the same time. There's not that individual attention.

And there are studies that show that the cortisol levels in children in daycare far exceed the typical population. So for this particular mom, I'd say keep your baby at home with a nanny, and if she goes, she goes. But there's that undergirding stability of the home environment.

SHEILA ALLEN

I totally agree with Pat on that. The other thing I just want to add real quickly with that is, because I too have a lot of experience with adopted children, and oftentimes they're coming into their new homes with lots of extenuating circumstances. Again, sensory-based, because of where they've been living and the experiences that they've had. And I think that oftentimes a day care center is not the best kind of environment for that kind of child.

So in addition to all that Pat so eloquently expressed, there is that concern too: what is going on, where's that kid coming from, and how can we best address it now? The stability piece is absolutely huge there.

SHEILA ALLEN

And let's remember too that what needs to be established is that bond with the parents. And, yeah, maybe a nanny will have to leave, but if what is being supported, and the intention is there, good and strong, to really develop that bond with the parents, that's what's so very, very key.

I also think that a big part of this is just what the parents are also comfortable with, and how to structure those boundaries with the nanny: that the parents are the parents. The nanny's taking charge as a valued and loving caregiver when the parents aren't there, but she's no substitute for two loving parents who are there creating a stable home environment.

ERIN MATLOCK

All right. That's an excellent point; thank you for that. You know, something that I just remembered, too, when we were talking about attachment. We don't have a neurofeedback clinician on the panel tonight, but I do know in speaking with many neurofeedback clinicians and providers that they have had wonderful success with something called Reactive Attachment Disorder, RAD - I always want to call it radical, but Reactive.

And we were talking to Kurt Othmer, and there's just a lot of success. And I have talked to so many providers who have seen this with those children who have missed that attachment period. So, I just wanted to mention that, Reactive Attachment Disorder.

Going back to when we were talking about kids who might be depressed, Jane commented, I guess children do not have a language around this that they can express. And they probably can't express that until maybe they get to a certain age that they even know what that word mean.

MARIAM HERRMANN

Yeah, I've worked with a lot of kids to help them recognize their emotions and express how they're feeling. Language is really an important tool in to help with that mediating it.

ERIN MATLOCK

And then Nancy put in, Is the parent looking within? And I think that's something, too, we always have to look at, what's going on within.

PAT MATTAS

I think something that Mariam shared that was probably very helpful for the readers is that the depression can manifest, and she said, as anger, agitation, and typically a parent might not think that symptom is symptomatic of depression. I think that's helpful for them to know that it doesn't always have to look like a depressive state.

ERIN MATLOCK

Mhmm. And that's the tricky part isn't it? Here's a question that came in: How do I get my two-and-a-half-year-old to stop nursing and sleep through the night? Ladies?

MARIAM HERRMANN

That's probably Pat's. *[All laughing]*

PAT MATTAS

I'll tell you how I did it with my children. How do you get them to stop nursing? If that's your decision, if that's your time, and you decide I can no longer do this, for whatever reasons, you stop. And you may have some rough times. I can think of my

PAT MATTAS

son who I had to stop with the pacifier at two and a half years old, and you go through some rough days, but you wean them off of it. And I don't know that I would substitute a bottle at that point. I don't feel that I have the expertise on that; if it's over it's over, and you just stop them. I don't see how that continuing to offer it for every so often is going to work. I think you need to cut it clean.

SHEILA ALLEN

And it's about changing the routine. You know, so much of it there is shifting things around a little bit so that, yeah, there's no nursing done, but will there still be nursing right before bedtime? And then will the nursing continue in the morning? So it's not like we're necessarily giving up nursing totally in the nighttime, but perhaps there can be some adjustment in the routine, and it's going to make it so that that nursing at whatever time is a problem isn't going to happen.

And I do agree with Pat that sometimes you just have to make the change and work through it. And perhaps one thing that might work is when the child wakes up and is hungry and is anticipating nursing, maybe there could be a time where something is substituted for that. maybe there's not actually the nursing at that point in time, but there's still that rocking, there's still something rhythmic and repetitive to get through it.

A parent might find that perhaps it's not the mother who is going to be doing that, but it's going to be the dad. You know, every family and every relationship is different, so you wouldn't necessarily know. But I think we're dealing with a couple of things there. We're dealing with somebody who is still, for some reason, hungry at that point in time and waking up for that reason. And then part of just the rhythm of that particular individual is calling for that. So we need to make some adjustments so that we can shift things a little bit.

ERIN MATLOCK

Thank you. There's been a few questions about technology, and that it's taking the focus quickly from one thing to another, challenging attention, and then offering short-term rewards. We've had several questions based on what your thoughts are on the kind of "overtaking" of technology because this is the world that we're in. And then what do we do with our children who are experiencing challenges because of this?

PAT MATTAS

I have a place in my practice for technology, but my overall feeling is that it is overused. I don't think you can replace the human interchange, whether it's in a teaching situation. I don't like to see children put in front of computers as the first line for any type of education – a reading program, a spelling program. I think there's a richness that's lost when you look to your needs being met through technology. I'm not saying throw it out, but I'm saying I think there's better ways.

And I do think it lessens one's attention span, and I think it creates a superficial type of thinking in a child. I don't think that you develop the depth of thought that you get when you have an exchange with another person. I think there's too many people, children and adults, with iPhones, spending all that amount of time on iPhones and not socializing, and children on their iPads playing different games, and somewhere we've lost the interchange in families, siblings. And yes, I do think it's harming our culture.

SHEILA ALLEN

I think this is another one of these questions that we could be discussing all night long. Cell phones definitely seem to be at the core of the perceived evil with all of this. You know, I oftentimes think there is one place where those kids are learning that cell phones are a cool thing to have and a cool thing to use, and that's because they see it so much. So I really admire those parents who have made a real stand in terms of just how much their own cell phones are a part of their home life and are visible to the kids. Obviously, we can't hide them from our children for good, but I do think that conscious use of cellphones on the part of parents is really key.

And I certainly applaud schools for limiting cell phones in the schools, but that's not to negate, necessarily, the influence of hundreds of text messages that kids are sending to one another on a daily basis, and how that compromises things. And I certainly agree with absolutely everything that Pat just said; but on the other hand, what I'm really interested in and feel really in strong support of is the initiative that many of the teachers of younger students, kindergarten and first grade students, have in terms of developing the role of technology in learning, and how to facilitate that cohesion between home and school

SHEILA ALLEN

through technology, and developing the kind of etiquette that is called for in terms of really positive use of technology as a learning tool.

And one person I'd like to mention in that regard is a woman by the name of Sharon Davison, and I don't know her email address off the top of my head, but I'm sure she's Googleable. And I know she and many other colleagues of hers that work with the National Education Association can certainly be resources in that regard. So, strong mixed feelings both ways on that topic, for sure.

MARIAM HERRMANN

That's something that I've studied a lot, too, and I really think, as far as technology goes, the jury is still out, and the research, so we don't have a lot of basis to go on. We see, yes, a decline in social interactions and a decline in language, but we also see increase in sustained attention and ability to do multiple things. Simultaneous attention, those kinds of things. So I think there's good and bad. And I know a lot of really great, intuitive educators who are implementing technology in the classroom that's very effective.

And so I think, just like anything else, it's a balance that, at first, everybody's really into it a lot, but the more it gets used in appropriate ways, and people learn to use it appropriately and effectively, then we as a society kind of use it as a tool for what it's worth, and then we back off. So the novelty is kind of gone a little bit, and it tends to level out, and I think that's kind of where we're starting to get with kids, too.

ERIN MATLOCK

Yeah, I agree. OK we're going to go to the last few questions. First, from Brigitte, my eight-year-old son has sensory challenges, defiance, and an unwillingness to accept limits and follow directions. We're doing OT and play therapy, but I'm curious about dietary and supplement supports. What would your recommendations be or what do you recommend?

SHEILA ALLEN

I'm guessing that you looked at whether or not your child has any allergies. That would certainly be a top consideration. And if you've already done all that you've done, you probably have a network of professionals that could link you up with someone who could help you explore some of the nutritional areas that you're interested in. A name that comes to my mind is

SHEILA ALLEN

somebody who is particularly helpful for kids like your 8-year-old, Kelly Dorfman. And you can check her work out. She's really done a lot in terms of nutrition and sensory processing, and she and her colleagues, I think, would probably be very helpful to you.

PAT MATTAS

I also might chime in with, again, the importance of probiotic. Because a lot of times these symptoms are evidence of a yeast overgrowth, and so many of these children have had ear infections as infants and toddlers, and have gone on the antibiotics. And if Mom isn't aware to supplement with probiotics while the child is on the antibiotics, you get this buildup of yeast. And surprisingly, yeast can create mood disorders, and manifest with skin rashes, and behavior, compromised cognition, so many things.

So, again, I would start with a good probiotic, And just the common-sense type of things. You know, we all in our gut know what is a good diet. Refined sugar should really be - I don't want to say removed from the diet - but find something else to replace it like a honey or something that's got more benefit to it. Fruits, vegetables, a variety of colors of those things. Your protein sources, your carbohydrates, a balanced diet, but minus the additives and the colored cereals and things like that. It does make a difference, it really does. And like Sheila said, there's so many allergies to these added products.

MARIAM HERRMANN

You know, I think supplements are really helpful too, but so is good solid eating. And most symptoms will start to go away if you can just downshift to an easy-to-digest diet. Cooked foods are easier to digest than raw foods. And things like red meat, too many sweets, dairy is very difficult to digest sometimes. And just taking them off of wheat for a while can help reset that digestive system. So try eliminating red meats, wheat, dairy, and sweets for a couple of weeks and see if you get that reset.

ERIN MATLOCK

Yeah, absolutely. I also recommend Trudy Scott and Hyla Cass and Dr. Drew Ramsey, who is a psychiatrist and organic farmer. Even though they were speaking to adults, they all talk about what happens when we put this typical American processed diet in us, and some of the issues that can arise.

ERIN MATLOCK

And Sheila, I just want to go back and make sure we clarify; when you talk about allergy, you're talking about food allergy testing?

SHEILA ALLEN

I'm talking about food allergies. I'm also talking about environmental allergies, as well. You know, it's been my experience that oftentimes when somebody has allergies, or even just sensitivities, that oftentimes when that particular allergen or source of sensitivity is causing a problem, it just is another one of those things that just tips you over toward a more extreme behavior and takes you away from that place of homeostasis. So, yeah, I think that it's really important to check out all those kinds of things.

And this is maybe a little beyond the scope of this question, but thorough biomedical investigation, just in general, in terms of what's going on in regard to possible heavy metals in somebody's system, different things like that, levels of hormones, levels of amino acids. I mean, it's just such a complicated, complicated topic. And it really contributes a lot to how we behave in response to the stimulation that we're receiving. But she's really wise to even be thinking along those lines with regard to her child.

ERIN MATLOCK

I agree. We have about 10 minutes left, so we're going to kind of push really quickly. Suzanne came in with, Do you have suggestions for how to help a 12-year-old, oppositional, adopted male child to be able to identify their feelings and to really believe that emotions matter?

PAT MATTAS

What I have found in my practice with dealing with children who have been adopted, I see it more as a brain level. And the painful wiring that has taken place in that child's life really needs to be addressed, and it needs to be dismantled and rewired and addressed anew. So I always look to something like neurofeedback or The Listening Program because rather than treat the symptoms I like to go to the core, and I think the core is in the painful memories and responses that have been wired into the brain.

So, especially if he's 12; I don't know what his background is, most often for any adoptee, it is tough, and kids have told me so. And they told me it doesn't go away, the feelings that go with it. Even if you're in a loving home, which most of my clients are,

PAT MATTAS

it's still there. So I think it needs to be addressed at a brain level, and I just offer those two suggestions, neurofeedback and The Listening Program. I have seen people be able to address those old feelings as their brain has calmed and rewired and good information can now be put in.

MARIAM HERRMANN

There's some other things to watch, too. I agree with Pat, and her recommendations are solid, but even within your own home, there's some things that you can do. And watch the therapist that you work with. Because it used to be that we'd do a lot of talk therapy, you know, get it out, process it, that kind of stuff. But every time something is recalled in a child's brain, it can change. And if we're talking about it all the time every day and all these bad things that happened with you, that becomes their norm.

But what we need to do instead is offer a positive outlook on things and not to downgrade that they had bad experiences but say, Yeah, bad experiences happen, and I'm sorry that happened to you. But by the same token, the interactions that we have now with that child are going to teach them positive things. And the interactions that we have with each other actually change the brain chemistry. So if you're exhibiting trust, instead of saying, Oh, your hair is nice today, say things like, I really appreciate how you take time to make your bed. It looks great.

MARIAM HERRMANN

And don't focus on what they can do, but focus on the growth that they have. Growth mindsets have a lot to do with the chemistry of our brain. It can help in this kind of situation too. You know, instead of What score did you get on the test? you're going to say things like How do you feel about the test? Did you do your very best? Were you prepared? What did you learn from it? Those kinds of things are going to be more constructive and support growth than anything else because those interactions that happen in the home are going to be very powerful for helping him overcome. And the oppositional part of his behavior probably comes from not really being able to trust.

SHEILA ALLEN

I know we're doing this rapid fire thing, Erin, but I have to add something to this, too. Again, I agree totally with what both these ladies have said, and the thing that I think about is just

SHEILA ALLEN

the tremendous support that's available in most communities for families with adopted children. And I'm wondering if the questioner has had any experiences with any of those groups. And oftentimes those parents have wonderful resources for local professionals as well as books to read. And it's just nice to be able to get some support and understanding and a listening ear from somebody who is going through it too.

And I really like that idea of combining trying to work on the underlying problems and dealing with what's going on in the Here and Now. And one of the many books that I've found that gives a lot of practical and easy to follow suggestions, and is readable, is a book called *Bloom* by Lynne Kenney and Wendy Young. And I have recommended it to so many families, and I get tremendous feedback about it as far as it being really accessible and really useful. And of course helpful.

ERIN MATLOCK

Thank you for that. I'm glad you came in on that. I think it's really important; we have a lot of questions from adoptive parents, and they need help. And I like that we have different perspectives from the three of you.

What are the best ways for a parent to help a child with anxiety issues? That's a big one, too, with children these days.

SHEILA ALLEN

It sure is. I'm kind of sounding like a broken record here, but this is another example of a diagnosis for a condition where we're trying to look for the underlying reason for the anxiety. You know, there are all sorts of different ways to treat anxious behavior. But as far as getting to the root of what is causing the anxiety, it can be a whole other challenge. And oftentimes it takes a lot of deep digging for that. Because in order to respond to the child, we want to do something right then and there. And sometimes you're so busy doing that that you can lose track of the fact that, Hey, we don't even know what's causing this in the first place. We better start looking a little bit more.

And in my own experience, in my practice, that's often sensory-based. Right off the top of my head I can think of one little guy who is now 4. He had been treated for his anxiety for a year, more of the counseling/play therapy kind of role. And after some limited successes, finding out that he's super sensitive to sound, and that he also couldn't figure out what to do with his

SHEILA ALLEN

body. Those two factors really contributed a lot to his anxious behavior, and in working with that, changes are coming a lot quicker because we know what we need to work to change to make him feel more comfortable, both within himself and within the environment.

MARIAM HERRMANN

I've used a lot of strategies, too, for anxiety kids, and I really value those listening things that you were mentioning; they've helped a lot. I also like to work at it from an end of helping them recognize, like we talked before, some of these children have

MARIAM HERRMANN

a tendency to not be aware. And so they have to learn how to identify what that feels like and identify why they're feeling this way. For those kinds of processes, you can teach kids procedures like a process of little steps to run through to do a self-check: OK where am I? Am I overthinking this?

There's also an opportunity for us to really teach them. If things don't come naturally, if they're not inferring them naturally, then sometimes we just need to help them become a little bit more aware and understand a lot of anxiety happens because of social settings. So if we can coach them to understand why their friends are responding the way they are, and what they do that causes a reaction in others, those kinds of things are really helpful to children who are anxious.

Another thing is just allowing them to be anxious. Sometimes they get more anxious because we're worried about why they're anxious. So we have to be careful of that and let him know that, I see that you're a little bit anxious today and that happens a lot, but it's OK. That's just part of you. And so then they can start to feel comfortable in their own skin and be able to learn and work through it.

SHEILA ALLEN

And work to change it too. Strategies like shifting thinking, again, that's where some of the mindfulness stuff that we talked about earlier comes into play. I know many different kinds of things, depending again upon age and cognitive abilities and language skills that can be used for people with anxiety.

PAT MATTAS

And Sheila, I might say I don't mind sounding like a broken record and I think I probably will, but I think that you can end up chasing that anxiety rabbit all day long. It's just too pervasive, and you can't put your finger on it. People need relief

PAT MATTAS

from it, whether they're children or adults. And I can say this with a hundred percent confidence: you do something at the brain level, like The Listening Program, like In Time, which Sheila developed, like neurofeedback, and you see results quickly. Then you have all the time in the world to talk about where this might have stemmed from.

But a person who is anxious needs relief, and needs it now. So I think you target it at the brain level, and then do all the sorting afterwards, the awareness of where it may have come from. But, you know, get rid of it, relieve it as soon as you can. And I've seen it over and over and over again: how much other people, other students, and clients get grounded; the anxiety diminishes tremendously.

SHEILA ALLEN

Yep.

ERIN MATLOCK

This is also something I would love to see, mindfulness just be in schools, period, from when they're so young that they're learning how to calm their system, they're operating in that place, the proper breathing, and an ability to be aware of feelings without having to internalize them. But also, sometimes, just giving children tools. I was an anxious child; I was a very depressed child. and I didn't have any way to do anything. I didn't even know what to do. I was in Catholic school, and that itself lends to anxiety. *[All laughing]*

So, I think sometimes, like Mariam said, we could equip our children with these tools in the classroom. One of our speakers was Amy Morin, who talked about mental strength and becoming mentally strong. And her next book, which isn't out yet, is going to be for teenagers, I think. And I was talking to her and I said we need this in our curriculum in the schools so that our children know how to handle and recognize this. I don't think it's always fair that we want the parents to be able to understand and diagnose and treat, when they're dealing with all of their own issues. So we're lucky to have people like you to refer back to.

SHEILA ALLEN

There's a curriculum called Zones of Regulation that is very school-friendly and family-friendly and is being used more and more and really helping address what zone you are in. Are you in the green zone, being that good-to-go zone. Or if you're

SHEILA ALLEN

in yellow zone, where it's caution, OK, what do you need to do to get back up to the red. You know, you're, Whoa, there's something going on here that's creating a problem, and we've got to stop, or rest, which is the blue. That's an approach, that I think works really nicely, that a lot of schools, at least in New Jersey, have adopted. And a lot of teachers and therapists and parents really like it.

MARIAM HERRMANN

I've used that a lot. I like it, too. There's another one that I use called gozen.com.

SHEILA ALLEN

Oh, yeah!

MARIAM HERRMANN

She has some little animated stories, and she also holds online workshops for parents.

ERIN MATLOCK

That's great! [Gozen.com](https://gozen.com).

I have two more questions that came in and then we're going to wrap it up. We've got a Listening Program user, Colleen, with a 15-year-old son with Auditory Processing Disorder. He has an IEP, and he's done brain training and Listening Program. Do you have any other suggestions to kind of add to that to get to where she would like him to be?

MARIAM HERRMANN

She didn't really say anything other than the diagnosis. What kinds of things is she still dealing with, did she say? What kind of signs and symptoms?

SHEILA ALLEN

Can we just give a generic answer to that?

ERIN MATLOCK

Yeah, let's do that.

SHEILA ALLEN

I'm saying this, totally agreeing with Mariam that we need more information to give her a better answer, but considering that her 15-year-old has already done The Listening Program, he's got auditory processing problems, she's looking for a next step, I just have to blurt right out that they really should try In Time. That's a sound frequency and rhythm-based music listening program that Advanced Brain Technologies released a couple of years ago, and I'm one of the people who was one of the creators and co-producers of it. And the whole idea of combining an emphasis on rhythm and sound frequency, I think, is really very powerful. But I think it's especially powerful for somebody in this guy's age group as a teenager,

SHEILA ALLEN

I'm assuming a fairly rapidly growing boy, who is going through lots of different changes. And yes, he's got APD, but probably lots of other kinds of things are going on where the structure of rhythmic stimulation and optional activities to go along with it might be a really good thing for him.

MARIAM HERRMANN

You know, I use In Time in my practice a lot, too. So I'm very grateful to Sheila for what she's done in that. The other thing is that I usually see clients like this who need a lot of language support, either written or verbal. And a lot of it has to do with organizing their thoughts and input of information.

MARIAM HERRMANN

Sometimes it's just discriminating between words, sometimes it's categorizing words. So I work with them on that component, as far as moving forward the language piece.

APD makes it really difficult for them to distinguish differences between similar words, like qualitative and quantitative might be a 15-year-old's words, and if you can't hear the difference you can't learn the vocabulary difference. And if you don't know the vocabulary difference then you can't use it in a sentence, or know the syntax, or be able to write about it, or be able to tell about it. And all of those things are just at the root and the very core of everything that happens in the school setting and everything that happens even in a work setting. So I'd really want to target language and writing.

ERIN MATLOCK

Let me jump in because Colleen came back, and of course Alex Doman, from Advanced Brain Technologies says he agrees with you Sheila, and, of course, Mariam.

Colleen says his teachers say that he is inattentive, disorganized, and has a difficult time working with groups. He does pretty well in school, but he still struggles.

SHEILA ALLEN

Yep, I would not change my recommendation one bit, given those things. I'm really a firm believer in the influences of a steady beat and rhythms and addressing some of those areas. And interestingly enough, related to what Mariam was mentioning as far as the implications of auditory processing, some of those problems with processing sound reliably can in fact be affected by using rhythm and beat stimulation. So yeah, I would totally recommend moving on to In Time for her and her son.

PAT MATTAS

And something that also might benefit, whether he uses In Time or he goes back on and does more cycles of The Listening Program is while he's on those programs to use particular exercises to stimulate the brain specifically. Like give him multisyllabic words after his listening is done, and let him sound out those words. There's also some ABC cards where the letters are embedded in the picture. And it may seem very elementary to him, but a lot of times these children can't attach the sound to the letter, so these cards with the pictures embedded are

PAT MATTAS

very helpful. So there are all different types of different little drills and activities you can do while they're on The Listening Program or In Time. And the brain's very receptive to taking in new ways of interpreting and understanding sound.

ERIN MATLOCK

OK, thank you.

MARIAM HERRMANN

I would address the inattentive pieces by helping him recognize how to be attentive. So by watching somebody's mouth while they're talking helps to develop that thinking about using visualization skills in order to make sense of what I'm hearing. They have to be really active, so in my practice I train to the difficulties at the same time that they're doing In Time program at home. So those two in combination are pretty effective.

But I would definitely teach them how to listen, I'd show them what listening looks like, I'd help them visualize what they hear so that they're active listeners. And then, I think he looks "inattentive" because he doesn't have strong input features. So that's going to affect his memory, that's going to affect the way he attends to things. So that word is probably just a factor that their input systems are delayed or slow.

MARIAM HERRMANN

The disorganization piece I would clearly address, too, by teaching them skills for organization, remembering skills. Why not put a list of the things that I need to do on my desk or in my notebook? So they can run through that kind of a list. So I'd get very specific in helping them develop tools.

And the difficulties in groups are also related to the APD in effect that they're not interpreting. If you're bombarded with information and you're auditorially fatigued, then sometimes you're not interpreting all of the nonverbal things that are going on around you too. So it's not always what you hear.

ERIN MATLOCK

And then Nancy came in and said, Do you ever discuss the benefits of pets for kids?

SHEILA ALLEN

All the time. Yes. You know, besides listening, taking music lessons, moving, doing fun things, having a pet is a huge part of helping build relationships, and I was thinking about that with that adopted kid before, helping provide all sorts of different kinds of sensory input. It also encourages activity, creativity - I mean you name it, I can find probably find a reason why somebody should have a pet in their lives. And I'm saying that for children of all ages and all sorts of abilities.

SHEILA ALLEN

And if I was to mention one organization that I've worked a lot with in terms of the kids that I work with having companion animals, it's Canine Companions for Independence. Their training program is just phenomenal. They only do dogs, and the dogs are tremendous. So I would suggest that.

And certainly, it doesn't always have to be a dog; it can be a cat. I mean, cats are incredible. The value of a cat's purr, in terms of its being a tremendously therapeutic stimulus, has actually been researched, and those of you who are interested in it should google cat's purr sometime and find out about it. It's totally intriguing. And I'm all for all sorts of other things, whether they're lizards, goldfish, whatever. But a pet is just really essential.

ERIN MATLOCK

OK, let me refresh here with a question from Suzanne, and then we'll end here. She had that question, Do you have suggestion for a 12-year-old, oppositional, adopted male child to be able to identify their feelings and to really believe that emotions matter?

She came back with a follow-up comment: Does the high possibility that his birth mother took Thalidomide matter? He is a bi-lateral amputee.

SHEILA ALLEN

I have not ever done any reading about the effects of Thalidomide. I've got some very vivid images in my mind of what people with the influence of Thalidomide look like, and just based on that, I would say that it must have something to do with it. Because just thinking about the fact that the Thalidomide created those kinds of deformities makes you know that something was going on in development at that point in time. So something was probably affecting his nervous system as well; it may not be as obvious. But I think you really

SHEILA ALLEN

may be on to something, and I think it's worth finding out. And I bet there has to be somebody who's looked into that. And I think it's worth looking into.

I don't know that it would necessarily change what it is that you would be doing right now in terms of remediating the problem. Because I think that we're still looking at somebody who we need to figure out ways of shifting his experiences around with what he's got, right now, to see if those varied experiences, over time, and with a certain intensity, are going to be able to help make him change. But I think it's really worth investigating the whole Thalidomide piece to it.

ERIN MATLOCK

Thank you, ladies, for spending almost 2 hours with us answering these questions. Thank you for stopping by, Alex Doman, Ginger Kinney, John Mekrut, some of our speakers who are with us. Let's end by sharing your web addresses with our readers. Sheila, we'll start with you.

SHEILA ALLEN

Sure. Again, I'm Sheila Allen, and my web address is www.pediatrictherapeutics.org.

ERIN MATLOCK

And Pat?

PAT MATTAS

Pat Mattas, www.patmattas.com.

ERIN MATLOCK

And Mariam?

MARIAM HERRMANN

And mine is my name, too. Mariam Herrman at www.mariamherrmann.com, and I offer educational therapy services and support for teachers and schools.

ERIN MATLOCK

Thanks to everyone who joined us on this Cinco de Mayo. You gave up your margaritas to spend the evening with us. [Laughing] Who needs chips and salsa? All the questions were excellent. And ladies, thank you, I appreciate it so much. Mariam Herrmann, Pat Mattas, and Sheila Allen. It's been an honor to spend this evening with you.

I am Erin Matlock, this is Brain Summit, and we are going to say good night.

ALL

Good night, Thank you, Bye.

ERIN MATLOCK

Goodnight everyone.

