

Therapy Chat Episode 273



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[00:00:00] **Laura Reagan:** Therapy Chat podcast, episode 273.

[00:00:04] **Announcer :** This is the Therapy Chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now, here's your host, Laura Reagan, LCSW-C.

[00:00:22] **Laura Reagan:** Welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm so excited to be talking with Dr. Mona Delahooke. Mona, thank you so much for being my guest on Therapy Chat today.

[00:00:34] **Mona Delahooke:** Thanks for having me, Laura. I'm so excited to be here.

[00:00:37] **Laura Reagan:** I am really excited too. So you are a pediatric psychologist and the author of *Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges*.

[00:00:51] So I'm really interested in talking with you about your book and all the ways that you help parents [00:01:00] understand children's behavior, but before we even dive into it, let's just start off by you telling our audience a little bit more about who you are and what you do.

[00:01:09] **Mona Delahooke:** Sure. Well, I didn't start out as a pediatric or child psychologist.

[00:01:15] I started out as a regular psychologist. Who's you know, and I've been in the field for wow, it's like, um, almost 30 years now. So way back when, and also actually now that our field starts kind of starts at age three to five and it describing our training and how humans develop and all. So I was, I was a psychologist for about a decade and I had an office right next to Caltech in Pasadena. Have you ever heard of that college? So it causes a lot of bright students and I was seeing a lot of the students there. And over the decade, I realized that I was hearing so many [00:02:00] traumatic stories of these adults now in their early twenties of what they went through when they were toddlers and what they went through when they were young children.

[00:02:09] And at that point I was, uh, becoming a mother myself. I had had a couple of children by then and I thought, Oh my goodness, I wish I could have talked to your parents 20 years ago. I wish I could have explained to some things to your parents because you're suffering so much. So long story short, I decided after about a decade in the field that I was going to take a sabbatical and study infant and toddler development.

[00:02:38] So I took three years off, and I got two certificates in a very little known subspecialty called infant mental health. And once I started studying infancy, I fell in love with pediatrics and I also saw the application to how we

can prevent [00:03:00] trauma, toxic stress, and psychological problems by understanding the developmental basis of mental health and resilience.

[00:03:11] So, I am so grateful that I, that I got this refocus because honestly it took me away from the field of psychology, even though I'm still a member of the American Psychological Association, it took me into Occupational Therapy, into physical therapy, into pediatrics. I was on a multidisciplinary hospital team for a year where we had a whole team, but included a teacher, a mental health professional, a psychiatrist, a pediatrician, an occupational therapist, because since are the way we understand the world is through our senses.

[00:03:46] And coming out of that specialty, I opened a new practice with the focus on early development, but also with the focus on subspecialty of neurodivergent conditions, such as autism. And this is [00:04:00] when children were being diagnosed with autism at younger and younger ages. So through the, through the last, uh, 20 years, of applying the model I came to realize it became a kind of a, a specialist, or I was asked to come in as a expert in school teams IEPs, and schools, agencies, et cetera, for children with very challenging behaviors. And I kind of became the expert on, uh, on that topic. And so as I was in the schools and observing our treatment models for behavioral and disruptive challenges, especially the most disruptive behaviors that are often given labels, like oppositional defiance, which I don't believe is a disorder, but actually a label of misunderstanding.

[00:04:50] Okay. Yay. Kindred spirit. Yeah. So we can talk about the, how the DSM is being transformed. But, what I observed was that [00:05:00] the children who are being treated years ago and currently for the most part with behavioral approaches, which is what is the skin, the fiber of our educational system it's called functional behavioral analysis is where behaviors are analyzed is, was, and is an outdated model of helping children with disruptive behaviors. And so I, through the years I found so much success with it and gathered hundreds and hundreds of case studies. And it came to be the book beyond behaviors, which I wrote a couple of years ago.

[00:05:35] **Laura Reagan:** Well, it's, it's a fabulous book, and as I mentioned to you before we started recording, I haven't read the whole book, but just looking at it as it's in front of me, I know that I am going to be sharing it with so many people, because it has a lot of visuals and those are helpful for obviously the therapist who's reading and learning, but also for the families that we work with, when we're [00:06:00] trying to explain these concepts, just seeing it visually helps, you know, it's just more, oh, okay. Yeah, that makes sense. And one of the things that I see in your book right away that really spoke to me and is what

I'm so interested in talking with you about is you have an image that you call the developmental iceberg and the, it shows an iceberg above the water or whatever. And the icy part at the top, it says what's going on behavioral challenges, so that's what you see. And then under the surface, it says. Why is it happening? And it notes, internal bodily processes, sensations processed in the brain / body emotions, developmental capacities, and processes, ability to plan and execute actions, memories, thoughts, ideas. So I love that you incorporate, you know, for one, the sensory aspect that you mentioned, because that's, that's such a piece that even in mental health, we do not [00:07:00] learn about that and drives me crazy that occupational therapists are like the ones who learn about it and mental health people don't, but it's such an important aspect of our you know, the whole person who's in front of you, it's really a major drawback that we don't learn about that. It's kind of like crazy, honestly,

[00:07:20] **Mona Delahooke:** Honestly, it is unbelievable because our sensory systems, you know, there are eight of them, but we can think of the typical ones, right? How we, how we take in the world: through our eyes, through our ears, through our touch, through our smells. That's the only way we are in the world. That's how we interpret our world. It's how best, you know, again, when you study babies, you can clearly see they are a little sensate beings. They don't have reasoning yet. They can't talk to you. They are taking in the world through their senses. Well, we're also sense beings and somehow the field of mental health has [00:08:00] completely un- integrated sensory integration and they need to integrate it, which is what I, again, what I, one of my goals would be on behaviors. There's a whole chapter and I refer to it throughout the book because the key to understanding ourselves in our children, is understanding how we take in the world and how our nervous system takes in the world.

[00:08:23] **Laura Reagan:** Exactly the nervous system, because, you know, there's the behavioral approach to me, it says that the person is making a choice and you hear it all the time. Now parents have this language that all the parents use and you made a choice, a bad choice or good choice, or, you know, you chose to do this. And I'm thinking a lot of it is not a choice because it's a reaction and they're just their body responds to their internal experience, whether it's an attachment process, a trauma process, a sensory process, and, or the others that are mentioned on your iceberg.

[00:08:59] **Mona Delahooke:** [00:09:00] Absolutely.

[00:09:00] **Laura Reagan:** So they don't have control over it.

[00:09:02] **Mona Delahooke:** What you just said is huge because I don't know if parents and therapists really understand that there are two different main categories of behaviors: volitional, meaning intentional on-purpose behaviors and instinctual, adaptive, subconscious behaviors.

[00:09:24] What you just said was huge because when something is a reaction, it's not pre-planned. It is what we call neuro- developmentally adaptive because it is protective of the child's nervous system. So maybe I can explain really quick, a little bit about the difference between top-down and bottom-up behaviors, because this is something I want all therapists to know and parents to

[00:09:48] **Laura Reagan:** Please.

[00:09:49] **Mona Delahooke:** Great. So we have two different kinds of large categories of behaviors top-down and bottom-up. Top-down behaviors are those ones that the person, adult or [00:10:00] child, is thoughtfully thinking about the behavior and doing it intentionally. So an example would be, let's say a five-year-old who sneaks into the kitchen and eats half of the dinner before dinner time, while mommy's distracted on the phone and, uh, crawls away to their bedroom and you know, well, you weren't supposed to eat dinner yet. Okay. That was a top-down behavior. The child saw the food and intended to eat it. The hunger, uh, may have been the bottom up source of it, but it was still the child was in charge and they knew what they were doing.

[00:10:33] Now, this second category of behaviors, are bottom- up or body- up behaviors, body- up behaviors are when the nervous system subconsciously detects threat or being unsafe. And then there is a action associated with this microsecond evaluation of the environment. Again, take a five-year-old all of a sudden they're in the kitchen and this [00:11:00] child happens to have acute sensitivity to certain thunderous sounds, and a large truck rumbles down the road, the child's eating dinner, the next thing you know, they throw their dinner off the table. They've had a sudden nervous system, what we call neuroception of threat. And the protective reaction is you move your body very fast without thought and that child's throwing the dish. If you ask the child why they did it, they would have no idea. And the parent is usually why did you do that?

[00:11:33] That's like, why did you make that choice? Well, it wasn't a choice. It was a reaction. So the main thing, uh, one of the main things we need to understand, we need to determine is if a child's behavior is top-down or bottom-up, so that we know how to instruct the parent or how the parents should react in the moment.

[00:11:51] **Laura Reagan:** Okay. So, you know, it just makes me think right now, I feel like there can be a lot of misinterpretation, or misunderstanding [00:12:00] by parents, teachers, therapists about the what's happening. Cause I'm thinking about like when you said the example of the child who sneaks into the kitchen and eats half the dinner, you know, I thought about children, I've worked with who hoard food in their rooms, you know, or they, they steal like, you know, there's a candy dish and they put a bunch of the candy in their pocket. And, but it's, it's like, it's intentional that they're doing it, that they're putting it in their pocket, but it's based in, for the children, I'm thinking of a past experience of deprivation where they don't know when that's going to happen again. So how, how can we discern?

[00:12:39] **Mona Delahooke:** Yeah. That is a great example of the underlying causality, right? So you have an in the moment behavior, which can be instinctive or purposeful. And then you have these body- up causes of behaviors that are gathered throughout the lifetime from the moment we're born, actually [00:13:00] from in utero, right?

[00:13:01] Because you're gathering experience, sensory experiences from the moment you are, you know, in gestation. And then from the moment you're born, you're gathering experiences. So a child who, for example, has had environmental deprivation early on, uh, say you can say for food. For example, who has been hungry a lot, who had lot of food insecurity in their early years, and maybe they are adopted, or put in a foster home or, or something like that, um, or not. And the protective, adaptive nature of human beings is that we make predictions on how we can keep ourselves alive and safe, based on subconscious- past experiences and conscious-past experiences.

[00:13:52] So many of the children that I've worked with with trauma histories or histories of toxic stress will have those kinds of behaviors. [00:14:00] They may hoard toys, they may hoard food. They may do behaviors that look can look to the teacher or to the, to a parent as quote unquote odd, but I'm really, uh, wanting parents to know that there isn't such a thing as an odd behavior because they make sense to the child's nervous system and to the child's history of distress.

[00:14:21] Does that help answer that?

[00:14:23] **Laura Reagan:** And as you say that it's like, that's where the compassion piece comes in is to me, it's like, I think it's very triggering for me somehow, and I don't even know why, but when I hear children's behavior being attributed to defiance, or like, you know, they're just being manipulative or they

looked me right in the eye and then they did exactly what they weren't supposed to.

[00:14:46] And I know like when, you know, when you really look at that, child's trauma and attachment history. If you have enough information to know, because you know, for me, a lot of times when you don't know, it's like, well, what could be [00:15:00] there that hasn't been identified that could be causing this child to behave this way?

[00:15:05] You know, I can feel compassion for the child. When I think about there, what could be driving their behavior based on a need to get a survival need met or an attachment need met, you know, or to feel safe. But, you know, it's so common for, I'll take teachers out of it because they're not, they're not in the same kind of relationship with the child as a parent is, but with, for a parent that's often like, well, they've never had any trauma or they've never, you know, there's no attachment problems.

[00:15:33] We have a happy household here, you know, but, but then, you know, I always go back to like this child didn't come out of the womb, just wanting to be difficult, you know, they just were born.

[00:15:45] **Mona Delahooke:** Yes. Yes. But first of all, so much compassion for parents, and teachers because as a parent, I know, and I raised my first 10 children without the benefit of this knowledge and I absolutely believed that the, [00:16:00] all the behaviors were, you know, coming from some sort of limit testing or getting negative attention, which I now know is a non-concept, but I believed it and I was a psychologist. Right. I mean, I. Well, I had read the literature about how important it was to be, have a firm limits and yet be loving, you know, I did all that. And so it's very hard to be a parent it's super hard to be a parent.

[00:16:23] **Laura Reagan:** Yeah. And I'm a parent too. And I, I didn't, I wasn't even, I didn't even know anything about attachment when I started. So it was all fun instinct, which I'm sure I made many mistakes.

[00:16:33] **Mona Delahooke:** I know likewise. Yeah, it is such a hard job. But going back to this idea of, of, of, uh, behavior serve and compassion for that behavior, if you shift the lens from thinking that everything is limit setting or negative attention or something I need to teach the child a lesson because that's what I often thought is like, if I don't teach you right now, [00:17:00] you're, you're not gonna learn. I'm not gonna raise you up right. You're not going to learn what I need you to learn, but then

[00:17:06] **Laura Reagan:** And then you're going to go out there in the world and become a criminal and go to jail.

[00:17:10] **Mona Delahooke:** And the neighbors will, uh, you know, look at you as you walk down the street, and you're in, I get kicked out of high school. I was going to your mind just goes to all sorts of equities, but when we look at behaviors from a new lens from this lens of compassion, we can see that. Here's what I want parents to know, and a therapist to know who are working with parents. who've had, who've done the best job they can. There's no outright, what one would consider a traditional view of trauma in their house, right? That children have had enough to eat. The parents have read all the books and everyone's doing great. And yet they come to our offices with children who are having very challenging, disruptive behaviors.

[00:17:54] So, here's why this idea of something called neuroception, which I [00:18:00] describe in the book. It's it's Dr. Stephen Porges' word for the subconscious detection of safety and threat, which he coined in 2004. He tells us that everybody's everybody's perception, every human being's perception of what their nervous system codes is safe or threatening is subjective. So you can have a perfectly amazing parent. And I've worked with hundreds and hundreds of probably thousands of parents who are so amazing and have children with behavioral challenges because the child's perception of threat hasn't been taken into consideration because it's invisible, the threats invisible.

[00:18:41] We go back to the iceberg. There are millions of causes for disruptive behaviors that are caused by the neuroception of threat under the tip of the iceberg. One big category is sensory. There are many children, especially if your child is under 10, and you notice the disruptive behaviors [00:19:00] starting at around 12 to 15 months or around age two, if they started young there's a chance that the child may have under or overreactivity or sensory craving to one of the senses. This is a, one of the, about 16 to 17% of children have some sort of funkiness in their sensory processing. That is something that pediatricians generally don't know about. Parents certainly don't know about it. And, um, so that would be an example of a perfectly amazing parent and a child who's whose does these weird things like attack their siblings, say bad words, have all these tantrums, right. And start to yell and scream, and the parent's like, wait, I'm just trying to wash your hair. So that sensory piece is one. Another one is you know that constitutional genetic component, some children have more sensitivity inside of their gut, it's called interoception. So inside of [00:20:00] your body, some children are more sensitive. And so, so early on you'll usually see these kinds of kids who have, who are less easy to regulate to co-regulate

and who have trouble settling their little bodies down and the parents are amazing.

[00:20:17] So this is another reason I will be on behaviors is to give therapists checklists, to ask parents so that we can be detectives so we can find out all those causes underneath the tip of underneath the waterline, essentially that caused the behaviors.

[00:20:32] **Laura Reagan:** That's so wonderful again, and, you know, I, I wish I had found this book sooner because, um, you know, I've of wanted to help people once I found out about the sensory aspect and I have training in sensory motor psychotherapy, which does include interoception and neuroception, and, but it's still not, you know, super in-depth on that aspect, but at least through level two, but it is, but it's, [00:21:00] it's still more focused on the five sense perception.

[00:21:03] **Mona Delahooke:** Yes. Yes. And just so you know, the research by, the, the neuroscience research on interoception and self-regulation has exploded in the last five years. And it's so interesting to me that they are linking the certain part of the brain related to interoception it's in the middle medial, okay it's the middle of the brain. It's not the prefrontal. It's the medial. I can't remember what structure it involves, but yes, what you're saying is this in-depth understanding is just unfolding and I would be happy if mental health professionals got even got a basic sensory processing interoception course. You know, my daughter is a, is a marriage and family therapist.

[00:21:51] And so she went through her program around seven years ago, five years ago or so, and I looked at all her curriculum and it shocked me, [00:22:00] and she has a really good program. It shocked me the book she read were alot of the ones that I read in my training 30 years ago, like the ball they did read *The Body Keeps The Score* by Bessel Van Der Kolk, which is like one of the Bibles of, of trauma. I think people need to read, but our field is sadly entrenched in cognition. We worship at the ground of the thinking mind, when we need to look at somewhere else, we need to look at the nervous system. It's bi-directional people.

[00:22:34] **Laura Reagan:** The mind is not separate from the body.

[00:22:37] **Mona Delahooke:** We're not a disembodied head, and yet were trained at nauseum,um, how to talk to people, Yammer, Yammer, Yammer. Let me talk about this. And here's where I, again, I want therapists to know that I believe where the field of child psychology is going is not individual therapy for

children, except for, in some cases, [00:23:00] where the parents or caregivers may have a toxic relationship with the child.

[00:23:04] But for the most part, we are really looking at a coach at a parent coaching model and not sticking kids in a room with a stranger to talk about their problems. Bessel Van Der Kolk, I was in a con a trauma conference. I keynoted yesterday and Bessel was in it on Monday. And he said making kids talk or adults, trauma victims talk about their problems is not the way to go.

[00:23:26] That oftentimes just makes it worse. So I know it's the Holy grail psychotherapy, but we honestly, we have to, we have to start looking at some of this stuff and add more body activities, in to, because that's where the nervous system comes in. It's that feedback from the body to the brain and the brain to the body that you're okay, you're safe.

[00:23:46] And we need to rewire people's, and children's perceptions of safety as soon as possible, because right now children are getting messages, even if they're, if their parents are cool and understanding that behaviors have meaning at [00:24:00] school right now, they're getting labeled, they're getting sent to the office, they're getting put on 504's which is those specialized plans for emotional problems for kids. The education system is really out, out even more outdated than mental health with all due respect to teachers listening to this, this is a co I want us to be, yeah, they're not laughing. This is so much compassion and self-compassion, we need to heap on ourselves, but also understand that.

[00:24:27] That the basics of the nervous system, particularly the autonomic nervous system has, is not very well integrated into our treatment modules, our treatment techniques.

[00:24:40] **Laura Reagan:** Yes. And you know, and, and this is about, it's not about parents are bad. It's not about teachers are bad. Also teachers and parents were all once children and that's part of it is that we didn't get this, so we don't have it to use to help us understand what's [00:25:00] going on with our kids.

[00:25:01] That's right! Exactly.

[00:25:03] **Mona Delahooke:** We were probably told, I mean, I know I was told by very well-meaning parents. Don't worry about it, oh, there's nothing to worry about. If I was scared, it's like, just think about happy thought, you know,

[00:25:15] **Laura Reagan:** or don't cry. even in a kind way Not in a harsh way.

[00:25:24] **Mona Delahooke:** Yes. Yes. Our, our, you know, many generations we've, I think we are now with the positive parenting movement, there's a lot more acceptance. There's a lot more ability for parents to sit with a child who's struggling, you know, so it's, we have come a certain amount of ways, but we also are, are still involved in kind of un- knowingly and again, I did it myself, but unknowingly shaming children for aggressive behaviors, when what we should be doing is acknowledging, acknowledging the pain they're in, instead of like, you know, [00:26:00] how could you do that to your brother? You know, how could you, how could you break my plate? And of course we're, we're angry.

[00:26:06] And I have a whole section in the book about how we calm ourselves down. Right? But just to understand, but children, as my colleague, Ross Green says children do well if they can. And if they can't, there's a reason. It's not that they want to harm us. It's not that they want to cause all this chaos in our lives, even though it certainly can feel that way sometimes.

[00:26:28] **Laura Reagan:** Yes. And I think that in the time we have left, it would be great to talk a little bit more about co-regulation because, you know, when you were talking about Bessel Van Der Kolk saying talking, isn't the way, I was thinking about how sometimes we try to regulate children through talking, but it's really, my understanding is it's really like their felt sense from our body of safety. And if so, please, if you can go into more detail.

[00:26:56] **Mona Delahooke:** Yeah.

[00:26:57] **Laura Reagan:** Like how parents can help [00:27:00] children become more regulated.

[00:27:02] **Mona Delahooke:** Yeah. Great. This is the juicy stuff. This is the, this is where the, this is where the rubber meets the road. So the, what we know from, from doctors, Stephen Porges, who developed the Polyvagal Theory and this whole concept of neuroception.

[00:27:17] Is that what hits another person first by hits, I mean, process what's the child processes first for another human we're talking to, isn't our words, it's our emotional tone. So microseconds before. we start to talk to children. And by the way, if a child is in the fight or flight system of the sympathetic nervous system, there's three main systems, but the fight or flight is when they're kicking, hitting, screaming, throwing, yelling.

[00:27:44] They're not attenuated to, to listen. Anyway, the system is not in a listening phase, so it's pretty useless to try to talk then, but even when a child is calm, the first thing that comes to a child, isn't what we say. It's how we are. So we [00:28:00] moved from teaching to being first. We want to just be present and the look on her face, the tone of our voice, our body posture in mammals, those three things convey our autonomic state to children.

[00:28:14] So as Deb Dana says, she's, uh, Polyvagal Therapist. She, she says we need to befriend our nervous system so that the child will befriend their nervous system. So point number one, it start with how you are, take real good care of yourself. Take a few deep breaths. But before you start saying something to, to the child, make sure that you're in a calm state.

[00:28:37] The second piece is that in a neurodevelopmental framework, and I know that's a big word, but here's a kind of, I talk about it as building the phases of building a house in beyond behaviors. Here's how we build a child's ability to self-regulate. It starts with making sure their, their body is physiologically regulated, which then allows them [00:29:00] to, uh, engage with us and to be open to us so that the body feeling calm, opens up, what's called the social engagement system. And then the social engagement system is what leads to back and forth communication. This is the Stanley Greenspan is doing a weeder work, the DIR model. So co-regulation is sharing our calm, healthy, nervous system with a child or with a parent, if you're a therapist, we share our nervous system with our clients, with our parents. Right? We share it through our physiological state.

[00:29:38] **Laura Reagan:** Good one good one.

[00:29:41] **Mona Delahooke:** This is the, this is the new paradigm. This is the amazing work, where we are sharing our physiology. We're sharing our calm state. This is what humans do for each other.

[00:29:52] And sometimes I think. Uh, I know I do it myself is I overtalk. I talk a lot. When I'm talking too much, it's telling me I'm feeling a little [00:30:00] anxious in the room and I'm really feeling probably over identify with the parent and sensing how desperate they're feeling. So then I take a breath and I realize, okay, I need to slow down, sense where I'm at and then check in with the parent and see where they're at and make sure that I'm co-regulating and we can do that with our children too.

[00:30:22] So co-regulation is basically coming alongside another person. We do it very naturally with babies, right? Because we have to, they can't survive

without co-regulation, but once they become toddlers, we think that they should be able to be more self-regulatory. And there is something called the expectation gap that the zero to three foundation did a great study and it showed that most parents don't realize that children need far more co-regulation than we're giving them. We think that they should be able to regulate their own physiology, their own [00:31:00] state, but they really can't. And so even, though they can talk and walk, and they look like little adults. They're not, they're very, very vulnerable little, little ones that need our, our love, our attention, and our giving them the benefit of the doubt.

[00:31:15] **Laura Reagan:** Again, that's the compassion piece, right? Assuming that their intent is not negative towards us or towards the situation.

[00:31:25] **Mona Delahooke:** Absolutely. It's really, it takes practice because it feels that way. Look parenting is so how can we not take it personally? It's such an intimate piece, right? We are, are, we are our children kind of our projection of ourselves and vice versa. So it's a very difficult job. Let's just say that. And it is easy to take and we get triggered, nothing can be more triggering than your child because there's so much at stake. So that's why I devote a whole chapter in a lot of the book [00:32:00] about self-compassion, and compassion, because if we aren't compassionate with ourselves, we are going to be very harsh self-critics, and then we will tend to be maybe even a little more harsh on our kids.

[00:32:14] So, uh, the work by Kristin Neff in, uh, mindful self-compassion. Wow. She's done. Her work has spawned, I think over 2,000 studies around the world in the benefits of self-compassion for parenting, for physical health, for mental health. So I encourage you to look up her work too for therapists. So it's, it's really wonderful. It's so synergistic, compassion, self-compassion, self-regulation and it, as it turns out all those things also help our physical bodies and help our inflammatory markers, our blood pressure, our cholesterol levels all go down when we're more calm and grounded in our bodies.

[00:32:56] **Laura Reagan:** Hmm there, you know, here comes the adverse childhood [00:33:00] experiences study outcomes where, you know, it showed that these adverse experiences in childhood lead to poor mental and physical health outcomes over the life-span.

[00:33:10] And the more we can intervene for our children early, the better their health will be over their lives. But, you know, it's never too late to intervene for ourselves and, you know, help lower the inflammation for ourselves, because I think that one of the things that makes it so hard to be a calm, centered parent is,

you know, our own experiences where we weren't met with that when we needed it as young children.

[00:33:35] So, Oh my gosh. I could talk to you for another, like five hours, but I know we can't right now, but, um, this was such a nice conversation. Thank you so much for being my guests on Therapy Chat today. And before we finish, please tell our audience where they can find your work. I think you have a course coming out.

[00:33:56] **Mona Delahooke:** Yes. We just launched a course. Well, thank you so much for [00:34:00] having me Laura. And we could talk for hours. I can tell we're kindred spirits. Um, it's wonderful to meet another therapist who is getting the word out there and, um, helping our field move forward in, in an, in a greater sense of compassion and less medicalized labeling of disorders and move it towards, um, this, this integrated, uh, neuroscience plus compassion is a great combo. So thank you for having me. Thank you so much for having me. I am available, uh, by through my website, I'm on a monadelahooke.com, and I've just enjoyed social media too. In the last few years, Facebook Mona Delahooke PhD and @monadelahooke on Instagram and Twitter. And, uh, we have launched a course based on the, um, the success of the book Beyond Behaviors, which is available on Amazon.

[00:34:51] And so we just launched a course. And it's a CE course for therapists, teachers, all disciplines, really occupational therapists, uh, all [00:35:00] mental health therapists. It just, uh, it's a CE course. It's a seven hour course of self-paced. Uh, you can it's prerecorded. And we're also, uh, this month when we launch it where it's going to, we're going to have two live group, uh, zoom sessions for questions and answers.

[00:35:15] So if anyone's interested, they can go ahead and look up my website, find a link there.

[00:35:20] **Laura Reagan:** Thank you so much. So I'll be heading right over there to check out that course. But is it like a time-limited registration or it's going to be ongoing?

[00:35:31] **Mona Delahooke:** Yes. Yes. It's going to be ongoing and any live things we do, I'm planning on doing a live Zoom sessions.

[00:35:39] It'll in the course portal, it says bonuses. They will appear there. And anything that you can't meet that's live is pre - recorded. So there's going to be no, uh, wherever you, whenever you tune in, I'm going to be holding the course

at a, at a really affordable rate for teachers and therapists, and parents is as long as the company that produced it lets me so, [00:36:00] so happy to share that with you and just thank you so much for having me on.

[00:36:04] **Laura Reagan:** Thank you again.

[00:36:06] **Announcer :** Thank you for listening to therapy, chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.