

THE MODEL HEALTH SHOW

EPISODE 705

How Your Thoughts Create Your Brain & The Key To Helping Kids Improve Their Mental Health

With Guest Dr. Caroline Leaf

You are now listening to **The Model Health Show with Shawn Stevenson**. For more, visit themodelhealthshow.com.

SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning into me today. On this episode, you're going to learn how your thoughts are creating your body and your brain. We have one of the leading neuroscientists in the world to share the latest data on psycho-neurobiology. Plus, we're diving into the latest science on childhood mental health and clinically proven strategies to address the growing epidemics of mental health issues for both children and adults. This episode is a game changer. Before we get to our special guest, there's a neuroprotective beverage that's been used for thousands upon thousands of years that actually improves our cognitive function. Green tea contains a unique compound, a unique amino acid called L-theanine. This is one of the rare nutrients that's able to cross the blood-brain barrier and influence the activity of a neurotransmitter called GABA.

Now, every time I hear or speak the word GABA, I'm just going to tell you it triggers a memory in my mind. I think about Yabba, I think about Fred Flintstone, Yabba-Dabba-Doo! All right. And so, I giggle a little bit inside, so if you hear me smiling whenever I say GABA, that's why. Now, Fred might have been onto something, he shouted, Yabba-Dabba-Doo! When he was hype, when he was feeling good, when he was in his bag, when he was in flow. And GABA actually helps to reduce anxiety and make you feel more centered and in control. Now, another way that L-theanine works to improve our focus was cited in a peer-reviewed journal, Brain Topography. The researchers observed that L-theanine intake increases the frequency of our alpha brainwaves indicating reduced stress, enhanced focus, and even increased creativity. Not only that, the benefits of green tea carry over to another overlooked part of our nervous system, our skin.

Our skin is actually an extension of our nervous system. And logically, we could understand this based on the fact that our skin is picking up data from the environment. Now, a randomized double-blind placebo-controlled clinical trial published in the journal, Complementary Therapies in Medicine, utilized green tea for four weeks for study participants. At the conclusion of the study, participants showed significant reductions in acne precursors in skin irritation versus the placebo group.

Another meta-analysis published in 2012 that included 20 studies indicated that green tea has been shown to potentially be effective when applied to the skin and/or taken as a tea supplement for acne, for alopecia, for dermatitis, for keloids, rosacea, and several other skin conditions. I don't know if you've noticed a lot of products are putting green tea extract into topical things for the skin. Now, the reality is that our skin is made from the inside out.

So yes, we want to utilize high quality topical treatments, but most importantly, we want to make sure that we're providing these nutrients internally. And there is one form of green tea that stands head and shoulders above the rest. It's actually shaded 35% longer for extra L-theanine. And this tea is crafted by a Japanese tea master. There are less than 15 Japanese tea masters in the world, and also, it's the first quadruple toxin-screened Matcha green tea in the world, nothing artificial added, no preservatives, no sugar, no artificial sweeteners, none of that. Just the highest quality Matcha green tea in the world. And I'm talking about Sun Goddess Matcha green tea from Pique Life. Go to piquelife.com/shawn. That's P-I-Q-U-E L-I-F-E/S-H-A-W-N. And you're going to get hooked up with up to 15% off plus free shipping with Pique's exclusive new tea bundles.

And you can even receive some of their new bundles that have a free frother, right? I love my hand frother. I use it every single day. Plus, in combination with that, especially for skin health, the bundles include something called BT Fountain Formula from Pique Life. Now, this has clinically proven ceramides and hyaluronic acid to reduce fine lines, to boost skin elasticity and provide deep hydration for visible results within 15 days. And here's the cool thing about Pique Life. If you don't absolutely love their teas, which you will, they have a 100% happiness guarantee. So even within 90 days, if you're not absolutely delighted with their teas, you can get a full refund. So again, head over to piquelife.com/shawn. That's P-I-Q-U-E-L-I-F-E.com/S-H-A-W-N and get hooked up with their incredible tea bundles. And on that note, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled, “Best Show Ever” by Sarah Miche. “I've been listening to the Model Health Show since the very beginning, and absolutely love the insights and inspiration that Shawn brings us. I look forward to each episode, and I'm always amazed at how I learned something new with each show. I also follow many of the experts Shawn has interviewed and I have purchased many amazing books based on Shawn's interviews and recommendations that I would've never known about had Shawn not made the connection. Thank you, Shawn. I've loved listening to you over the years, and I'm excited for more shows to come. Cheers.”

SHAWN STEVENSON: Amazing. Thank you so very much. We are family. We are family at this point. Thank you so much for extending your heart and sharing this message over on Apple Podcast. Thank you for making me a part of your life, and I promise you, we've got so many incredible things in store. And on that note, let's get to our special guest and topic of the day.

Dr. Caroline Leaf is a neuroscientist with a master's and PhD in communication pathology, specializing in cognitive and metacognitive neuropsychology. Since the early 1980s, she's researched the mind/brain connection, the nature of mental health, and the formation of memory. She's one of the first in her field to study how the brain can actually change

neuroplasticity with directed mind input. Dr. Leaf has multiple bestselling books and has published a number of articles in some of the most prestigious peer-reviewed journals, and she's back here on the Model Health Show to share some incredible insights about psychoneurobiology and the mental health of our kids. Let's dive in this conversation with the amazing Dr. Caroline Leaf. Dr. Caroline Leaf. Welcome back. You're one of my favorite people.

DR. CAROLINE LEAF: Thank you. Thank you, Shawn. You're one of my favorite people and I love our discussions. I was really looking forward to this.

SHAWN STEVENSON: Awesome. Well, I've got some great questions for you.

DR. CAROLINE LEAF: Good.

SHAWN STEVENSON: I want to start off by asking you about this. You say that we are psychoneurobiological creatures.

DR. CAROLINE LEAF: I knew you grabbed that term. I knew it. I just know 'cause you love the science. Yes.

SHAWN STEVENSON: What does that mean? Can you share that?

DR. CAROLINE LEAF: Psycho meaning mind, neuro meaning brain, biology meaning body. So, I'm a psycho-neurobiologist because I have researched the mind, brain, body connection. So, it's helping people to understand that everything that we do is coming from our mind. Our mind is driving everything as our aliveness. And what we do is our mind then uses the brain as a substrate and our body and the combination together is how we then show up. So, mind on its own, can't really do much. Brain on its own, does nothing and body on its own does nothing. They'll just disintegrate. So, mind is giving the brain and body life and our unique way that we use our brain and our body with our mind then affects how we function and show up.

SHAWN STEVENSON: It's so crazy because the popular paradigm with science right now doesn't really take the mind into account. We've talked about this in the past.

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: But their entire fields of psychoneuroendocrinology, psychoneuroimmunology and really looking at how our mind is deeply influencing. It's really the, as you share, it's the root of our existence in a way.

DR. CAROLINE LEAF: It is. I always use the example that if I had a dead brain in my head, and I think I've used this with you before, but it's worth saying it again, that we could stare at this brain. If I took someone's brain out the head, we could stare at that brain all day and it wouldn't do anything. It wouldn't produce thought, it wouldn't produce a beautiful painting, it wouldn't produce the conversation we are having now. It can't make anything because it's just physical substance. Something needs to switch it on and make it work. And that's where the mind comes in. 'Cause at the moment you and I are alive, and our brain is making... Well, our brain or mind is using the brain to actually respond to us.

And we are making 800,000 to a million cells every second. And those are distributed across our entire body, including the brain. But if you're dead, you're not doing that. And it's kind of almost hard to get your head around what I'm saying, but the mind is pretty much our life force. It's driving if your lungs, your heart, your brain function, everything. And so how we manage our mind has to be a priority. And you talk about that. You talk about your own physical injury that you just recently had and how your mind basically, facilitated the healing process. And you see that all the time.

SHAWN STEVENSON: Right. Or can hinder as well.

DR. CAROLINE LEAF: Or can hinder.

SHAWN STEVENSON: And this is where your new book just... And by the way, this book is one of my absolute favorites of the year. And I think this should be mandatory reading for every parent regardless of where you are on the spectrum. Because you're also structured in a way that you can communicate with your younger children or even moving into our teens as well. But there's no better time to start than now and How to Help Your Child Clean Up Their Mental Mess is the new book. And if you could, let's start off by talking a little bit about the landscape right now with mental health and our children.

DR. CAROLINE LEAF: Well, absolutely. Well, thank you Shawn for that. This book's been years in the making considering I have four adult children. So, I've gone through the process of parenting and still am parenting, you never stop. But having... Looking at bringing up a child from very young and a lot of my... When I practice, which I did for 25 years, a large portion of my patients were young children and helping in family therapy and that kind of thing. And then you look at the landscape and we have a constant cry that, from the Surgeon general to just every media article daily coming out. Literally not every bit. So many media articles coming out saying things like, we have a crisis of mental health. It's the cry on everyone's lips, kids suicide rate's up, every... It's in every age group, but it's really a concern when it's so young.

But I look at that and I look at this and I've watched this for 38 years of being in this field. And I watched with my patients and observed and did the research parallel and the concern that I have and the way I think good way to sort of explain this is, yes, we do have a mental health crisis. There's absolutely no doubt about that. We do have children battling more than they've ever battled in adolescence and so on. But we have to look at why and when. And it's from around about the mid '90s. Going back sort of between 40 and 56 years, that we shifted how we look at mental health. And from the mid '90s that shift was already being observed and big studies were being done.

And people don't talk about these studies, but there's been a large amount of scientific research questioning the shift. So, what was the shift? We shifted from being very focused on the mind. Back in the '80s we still spoke about the mind and the brain. Interestingly, in the '80s the brain was seen as something that couldn't change. And that was one of the challenges that I took up and did some of the first neuroplasticity research because if your mind's changing, obviously your brain's changing. So, they got that right. They got the part right of mind and brain working together, but they got that brain can't change wrong. Then we advance and we see with advanced technology, brain can change. So suddenly mind gets just dropped and everything becomes about the brain because suddenly the advances from the mid '90s to the current day have been so incredibly overwhelming and exciting and dominated that we become a society of being a kind of like a neuroreductionistic society.

So, if you just look at the brain, as I already said, we can look at a dead brain, it'll do nothing. We have to just kind of see what's happened here. If we focus so much on the brain, so much on the physical, to the point where the only way that we can actually then deal with things is through looking at symptomology if something goes wrong. So, if someone's got diabetes, they're going to have certain symptoms, and if someone's got cardiovascular issues, there's certain symptoms. So, the medical model is beautiful for that. Take a symptom, do the testing, do the diagnosis, which implies there's a biological cause, and hopefully have some sort of specific way of treating that. We keep advancing, works beautifully. But with our neuroreductionistic shift in the last 50, 40, 50, 60 years, we also started classifying a person's experience in the same bucket and that's where the problem came in. So, my personal belief and my research experience and clinical experience, and not just myself, but there's thousands of scientists that will corroborate what I'm about to say.

We believe that the mental health crisis in children is not because there's some weird illness that's now increasing because it's talked about as a mental illness and that we have to be astounded and thrown by why is mental illness increasing. Like it's this mystifying thing, that's not for the question, we are asking the wrong questions. What we need to do is say, "What have we been doing for the last 50, 60 years that has resulted in this problem?" And what we've done is we shifted our philosophy to looking at the brain instead of the person and their life

and context and story and narrative and focused solely on the symptoms that the brain was supposedly producing and shifted it to mental illness.

Now it's interesting that the two should parallel, that the increase in mental illness in children and... Let's rephrase that. The increase in mental health challenges in children, which is more accurate scientifically, has increased over the last 40, 50 years as we shifted our philosophy. So therefore, the issue is that we have to look at how we've managed mental health. We've done a terrible job and that's why I've spent the last 40 years observing this and trying to offer an alternative that is science-based, that is actually thousands of years old. What I'm teaching is not new. I've just taken it into modern science and made it into an accessible format. So, it's a long answer, but it's important to kind of lay that foundation.

SHAWN STEVENSON: Absolutely. Yeah. And here's the thing, we're both very big on results.

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: Just look at the results of what we've been doing, has it been working? And not only is it not working, things are getting significantly worse and... But there's this groundswell, there's a shift that's happening thanks to work like yours and having access to platforms like this and really helping to spread the message and get folks educated in an entirely new way. You just shared something that is so important, which is we've been really becoming more and more mechanistic in our view of things. Going from taking the mind out of the equation, which everything is springing from that, to trying to isolate and drill down and find the parts, like, I found a little thing that's making us sick. And then we get into this with this mechanistic view and there's still kind of mechanistic operation around "chemical imbalances." We found these certain chemicals, you have a chemical imbalance, that's what the problem is. And you also shared last time we talked a little bit about this that even the serotonin theory of... Serotonin deficiency of depression was disproved a long time ago.

DR. CAROLINE LEAF: Yeah. Many years.

SHAWN STEVENSON: And yet we're still seeing the wake of that and all of the commercials, all the billions upon billions of dollars made with SSRIs. And again, trying to target a chemical imbalance largely based off of a conversation.

DR. CAROLINE LEAF: Exactly. And a hypothesis that's been disproved and consistently disproved and... But yet that's the conversation and what's been told to people because it's a nice story. Shawn, I just read a study this morning about how they're showing that children that have been put on Adderall and Ritalin from young and would pretty much any age, the symptoms, the side effects that that produces in a child are then being... Are basically fulfill

the criteria that the DSM uses to diagnose pediatric bipolar. I mean, let's talk about tautologies. We are going in complete circles here of going back and some of the top neuroscientists in the world have done meta-analysis and have gone back in depth and looked at the research over the years in the field and have published papers very recently just showing that what we've done for 45, 50, 60 years is not working.

The treatments are inefficient, they are making people worse, and this is with the crisis we are seeing. We are not seeing a crisis of some weird new illness. We are seeing a crisis of management. So that's why I've decided this book has to come out now because we've got to get our kids, our parents understanding themselves to be able to understand their children. And my youngest patient was two and three years of age. My children have grown up with this stuff from young as they've been immersed in this since they were babies. You can teach a child of two how to manage their mind. And that sounds very weird, but we'll dive into it I'm sre...

SHAWN STEVENSON: Of course.

DR. CAROLINE LEAF: In this interview, so.

SHAWN STEVENSON: The initial part is just realizing that this exists. And we somehow, again, we're strangely separated from a thing we can't be separated from. We don't even know that this is the tip of the spear really and where everything is coming from. And actually, in your new book, you detail how we all wire our life experiences into the neural networks of our brain and throughout our entire body with our mind. And you talked a little bit about it. Can you explain that a little bit more?

DR. CAROLINE LEAF: Absolutely. So, let's take, for the people listening now, the most obvious thing, we are having a conversation and they're either watching or listening, and that is an experience that they're having. How are you able to actually do this? Because you're alive. So, you're listening either sitting in your office or wherever in the car, either listening, but as the listeners are experiencing this experience, which is this conversation about mental health.

So, because they're alive, they can hear the auditory sound waves, they can hear... They are receiving them, the mind is receiving the auditory sound waves and the eyes are receiving the electromagnetic light waves, it's creating gravitational fields. And all that fancy physics stuff is being absorbed into our bio-field, which is basically an energy that is this thing that you pick up on an EKG or an EEG or an ECG or any sona ultrasound dopplers. What we are... When we read, that technology to read the body, what we are reading basically is the energy moving through different organs and the effectiveness of how it moves through organs. So essentially, when someone is listening, we are... The experience is converted to energy.

It's picked up by the bio-field of our mind as energy. Our psychological part of our functioning as humans then is basically how we experience what we are hearing. So, there's the physics level, and then there's the psychological level. And all that combines and gets put into the brain. The mind literally filters, takes it, puts it into the brain, and the brain responds. And the brain responds, and that's really important to get that because the brain does what the mind tells it to do. The brain is reliant on the mind's guidance and direction, and it feeds the brain. That's the nutrition for the brain or whatever you want to call it. So, the... And the brain then responds electromagnetically, electrochemically, and on an energetic level. So, we call that quantum physics. And also, genetically. It's like waves. If you think of the waves of the sea, they go from these big swells to the beach where they build up, have the white crest and crash on the beach and little waves, and then suck it in. And the whole thing repeats itself constantly.

That's the... What it kind of looks like in the brain. So, our experiences, this conversation is going to create that kind of wave effect in the brain. And as the wave crashes on the beach, that then causes a chemical, electrochemical, neurochemical response and a genetic response. Now, when we talk about a genetic response, it means that we... That our genes are being switched on, like you switch on a light. Genes can't switch themselves on, they also have to be switched on. And it's the mind energy that does that. They switch on, and when they switch on, they make stuff, they make amino acids. And amino acids make proteins and proteins go into whatever's needed. In the case of an experience, those proteins basically grab the information as the little pockets of vibrate, the little energy vibrations or kind of collapse into little... Into these little amino acids that form protein, strings of proteins.

And you grow branches, you grow trees like we see over here. So, what was an energy experience? What's a bunch of different energy eventually becomes a little vibration inside of protein, which grows into branches. So, the more we say, the more we are growing. So, if I'm, grab this over here, the source, what we are saying, what I'm saying, what you are asking me is going to be the roots of the thought that we are building. So, the experience becomes a thought in your brain, and the source of the experience is the roots. And then how you interpret, how you uniquely interpret what you are hearing becomes the branches. So, the thought is a real physical thing, and that is what the experience becomes. So, experience, our conversation, all this energy stuff, brain stuff, genetic stuff, protein stuff. Boom. We have a thought physically wired into the brain, which is neuroplasticity happening in action.

And the source is the roots. As I said, the root memories and the branches are the interpretation memories. So, an experience becomes a thought made of memories in your brain. As it's forming in the brain, it also creates gravitational fields inside the mind that are related to... So, it's linked three places that we are building this thought, memory, method thought made of memories. So, it's a gravitational field in the mind. It is a psychological

memory that we are aware of. It is a physical structural protein structure in the brain that looks like a tree. And then in the cell, it actually builds into what we call the microtubules, which form the skeleton of the cell. And they actually hold the vibrations and they... And so, they're memories in the body as well. That's why we experience it in our body. So that's... So, in very simple terms, we take what we experience, what we see, what we hear, what we watch, what we... The discussion, the learning to play a sport. Everything from the moment you open your eyes till the moment you go to sleep, all of that's becoming energy that goes through this process. So, we are building our life into thoughts in our brain, gravitational fields in our mind, and changes in ourselves all day long.

And then at night-time, we sort out those thoughts and the combination that we build is good and bad, hopefully more good than bad, but sometime. And then the bad or the toxic obviously has degrees of badness if that makes sense. So, like one, two, three being just the day-to-day stuff. Eight, nine, 10 being the bad stuff that really builds.

SHAWN STEVENSON: Holy moly.

DR. CAROLINE LEAF: Holy moly.

SHAWN STEVENSON: And this is happening all the time...

DR. CAROLINE LEAF: All day long.

SHAWN STEVENSON: Every microsecond whether we realize it or not.

DR. CAROLINE LEAF: It's happening on a 95%. Well, 95%-99% that we... On our non-conscious NON, not unconscious. Unconscious is when we are sleeping or we've been put under an anesthesia, sorry, anesthetic or something. But that's not mind, that's a brain state. Mind is the non-conscious, NON, and that's where all this stuff is happening. And we are only aware really about 1%-5%. We are maybe 10%. We are only consciously aware of stuff. So, we are only conscious when we are awake and when we consciously awake, we choose to focus. Like now we choose to focus on this conversation. This is only around about somewhere between 1% and 10% of what's really going on. 95% we are absorbing on an unconscious level what's going on around us.

And that's why we cannot be directly concentrating on something, but all around us, there's these conversations with Zykast or politics or things we are looking at or drive past. Your mind, brain, body psycho-neurobiology is absorbing that. And when we wire in things that we constantly hear a same message that is very disturbing, but you don't consciously focus on it. It's still being absorbed. This happens to all of us children and adults that wires in maybe as a

toxic issue as opposed to something healthy. So, it's not all bad, but they are bad things. And that can impact everything about how you function in different ways. So therefore, our non-conscious is our best friend.

And it's on our side and it looks for these things. So, at night, when we are sleeping, it evaluates what we've built during the day. And basically, that's why we dream and have nightmares, obviously dreams, nightmares, and it finds the most disruptive, what the most disruptive experiences that we've wired in. And then makes us aware of those. And it makes us aware of those when we are awake, dreams and nightmares while we are sleeping, 'cause it's kind of clean doing housework. And when you wake... Housekeeping. When you wake up, it comes through into our conscious mind via the subconscious, which is a bridge as signals. And that's another part of the conversation, but that's essentially the process that's happening. So those signals, last thing in this, and then I know you've got a lot of questions around what I've said, and you're great at unpacking my long answers. The signals are attached to a thought.

So, you experience into the brain, to all that stuff, lands up being these thoughts, night-time when you sleep, it finds those, when you wake up, it sends those through the subconscious as signals and those, as it sends them through, those signals are coming from that. So, the subconscious is, "Okay, that's a problem in your head."

It's messing your life, your mind, it's messing with you. This is the most disruptive thing. There's probably 10 things or whatever. And so, when it sends the signals, what's key here is they're coming from that thought. So, here's the clue. If you pay attention to the signals, it'll pull up the associated thought. And that's what we need to do. We need to become conscious and work through, "Why am I thinking like this?" And you may think, "Oh, it's this discomfort I'm feeling, oh, it's actually because maybe I've been focusing too much on politics or whatever without even realizing I'm getting sucked into this on social media or whatever the case may be." So that's the basic principle happening.

SHAWN STEVENSON: Yeah. But here's the thing, today more than ever, we are so distracted, and we don't do that internal investigation and that's one of the big catches to this situation right now. And obviously there's so many rich things to unpack there. And one of them just mentioning even our dream state, like it has value. We don't place any value in that... In our culture. It's just very, it's so weird. Like, "Why am I dreaming about being on a pirate ship with Shaquille O'Neal." And there's like dolphins that are really, I don't know, Dr. Caroline Leaf. Like, "What is this trying to tell me?" But, and our ancestors had more of a kinship with these things, but today we know that there is the mechanistic view, we know that there's so much processing of metabolic waste. There's a lot of cleaning that takes place.

DR. CAROLINE LEAF: It's housekeeping.

SHAWN STEVENSON: And so even your title of the book, *Cleaning Up the Mental Mess*. We see the physical aspect, but it's the psycho neurobiological whole thing is kind of cleaning house if we allow it. Now we also have a very sleep deprived culture ironically as well, so. But one of the most important things that you shared that I want everybody to really understand is that your thoughts are physical. They're real thing. And we just, again, we don't value our thoughts, we don't think about our thinking. And a lot of this stuff is just on automatic kind of a regurgitation stuff that's just going on again and again.

And these can be signals and we can change our thoughts, but if we believe that our brain is what it is, it's just going to keep doing this thing and we don't realize that we have agency, our mind is creating our brain, that's where the real work happens. And I want to share this quick example from your book. You shared, if our child is experiencing anxiety, for example, you share that the "thing" that's making them anxious is an actual physical thought made of a stimulus response inside memories in their brain. And the mind comprises the action of them worrying or being anxious about this thought. And it just starts to make sense because again, we just, if we are experiencing anxiety, if our child is experiencing anxiety, we get so caught up on the manifestation of the thing and we don't do that investigation.

That's so good. You hit the nail on the head. We've become a symptomatic society. So, let's look at the external, let's fix it with something external. And we've forgotten all about the importance of working on the internal and teaching a child from young how to work on the internal aspects. How many of my patients when I was practicing would say, "I wish someone had told me this when I was young." And I remember when I was a young practicing therapist thinking, "I'm going to tell my kids this when I have kids. If I ever have kids I didn't know at that stage, 'cause it was before I had children." And that desire to, I wish someone had told me, I didn't want... If I'm alive and leave a legacy, I don't want someone to say, "Hey, I didn't know because that's, I believe, key to know that you have agency, that you have empowerment because suicide will increase when you feel hopelessness, when you feel like you just have no agency over your life."

And you can go through stuff that can have the best supportive network and still feel that it's a self-relationship that needs to be developed. So, we've really got to work on that with ourselves and with our children. So, it's critical. And the fact that a thought is real is such an empowering concept because it's like this studio occupies physical real estate. The thought that's being built about this conversation occupies mental real estate. It's really a physical thing. And probably the easiest way to understand is to think of the COVID virus 'cause it's in everyone's mind for too long now, we're kind of all tired of it, but the concept of it being a physical virus, we understand it's something that got into our body. It had the structure, it looked like something. We get that and we get that the immune system recognized it as a

pathogen and sent out the immune factors to create the inflammation so the body could read the enemy and create a response. We get that, but do we get that? We get the same response happening in our brain with a psychological threat. So, in other words, your brain's immune system which is connected to your body's immune system fairly new discovery to understand that we actually have brain immune system too.

It recognizes and reads that toxic experience in exactly the same way as it would read the COVID virus. So, in other words, there's no separation between a physical substance that's a pathogen versus a physical experience which is an experience. So, it's reading them the same. So, it'll send out the same immune factors to the site of the toxicity and you'll have a whole downstream effect of physiological reactions, and the immune system essentially creates that tent of protection. So, there's an initial inflammation, which is a good thing. And so, you'll see an increase in things like homocysteine. And I know you've, with your work, you're familiar with that, that's why I thought I'd mention that. And the... But the key is once the body's read the enemy created immune response, it's pre-effective at wiping out the source of threat and then creating... Then the inflammation goes away and the immune response, the soldiers go and wait for the next time that something similar comes.

That's the principle of a vaccine and any kind of response your body learns to recognize the enemy. The problem is a thought is so much more complex than a pathogen because a thought is something that is connected to a source and is driven by the mind. It's a result of, so it's not this isolated pathogen that you can actually just use the immune system. And by the way, if your mind's not working, your immune system can't work very well either. It affects the efficiency of the immune system, but that pathogen, that thought is not quite the same, it's more complex because it's coming from a very live source. So, the root system is a very, very live source connected to the source. So, it's kind of like a computer that's plugged in and just keeps supplying energy. And until we unplug and isolate, that immune system's going to be very confused 'cause it's going to send out the immune factor. It's about a three-week period that we kind of work in more or less biologically for these cycles of healing, more or less around that region.

And if we don't do something or have an effective response. So, all the... It's reading the system and so on trying to... If we don't do that, then the immune system says, "Oh, okay, I need to send out more immune factors more and more." And then the whole immune system becomes confused. So, you get a hyperimmune response, which also happened with COVID virus when we didn't have the right, your body couldn't fight it, so you needed some support. So yes, you do get a hyperimmune response for difficult pathogens. So, our thoughts become into that category... Fall into that category. What I'm saying in simple language is that we will have a very strong physiological reaction that will increase inflammation instead of decreasing inflammation because inflammation is only healthy for certain short periods, not long-term

periods, 'cause then there's a downstream effect on all your physiology, increasing vulnerability to disease by 35% to 98% over time.

So, if we don't unplug, we are going to create that in our body and then that will feed back into our mind and increase the mental health issues too. So, what I've tried to do is based on this concept of how thoughts form and the impact of if we don't deal with our stuff, if we suppress or don't get our relationships with our self-right and so on, is how can we get to that source and unplug. You can't change your story, you can't change what's happened to you, but you can change what it looks like inside of you, when you unplug, that thing gets weak, it's going to lose energy. So, then energies never lost in the brain or the body for principle of conservation of energy, it'll be converted.

So, it'll become something else. So, if you managing your mind, you can unplug and then change this toxic looking tree into a healthy tree. So eventually this thing shrinks and becomes one little, tiny branch on there, which is, "Oh, I remember how or what happened the bullying, the whatever, the traumatic experience, the supporting a loved one who's battling with something." It becomes smaller, but you're healing, and your new response has been wired in of how you're going to manage that, to change that experience then that influences how you plowed into the future. Now Shawn, that's what we are not doing. What we are currently doing in our current system is, and I shouldn't say totally not, there are a lot of therapists out there that get this, that are working to the root, that are doing this embrace process. We conceptualize, there's some amazing therapists and even psychiatrists that are very enlightened and I work with some of those as well.

But in the majority, if you look at what's happening in the majority, the situation is, "Okay, that signal coming from there, which is a cry for help and a cry for awakening to what's going on, is being read as a symptom of a disease." And it's based on an assumption that that symptom is coming from a neurobiological or chemical cause like a chemical imbalance or a genetic flaw or brain... Your brain's broken and... But that's not proved, it's never been proved. This is what I find... It's honestly, it's called medical battery. That's what some of the scientists are terming it where we are telling people that you have something that you don't have. So that then is what's happening.

SHAWN STEVENSON: That speaks to the power of the mind too, believing that.

DR. CAROLINE LEAF: It speaks... Believing that 'cause that's what we fear, that 95%, if you hear the same thing all day long, all week long, all month long for 95% of the day, that's the messaging that you are hearing. That's what's going to be how you think that's truth because that's what you've heard so much of. So, it's wired in your brain. So that's where you're coming from. So, when someone tells you something different, which is what I am saying, you've really

got to like, "Well, what does that mean? That's not what I've heard. But what did you hear? What is the source? We need the knowledge." That's why I put references and encourage people to go look at the science. Why do the science, why I publish journal articles and scientific articles so people can go and examine what is the science behind this? But if we just say, "Okay, keep... It's plugged in. Don't worry about the roots, don't worry about, just it's okay. Keep it plugged in. That's whatever." What we are interested in is the fact that we are looking at, forget that we are just looking at the impact on the brain, we are seeing... 'Cause that will create a change in the blood flow, a change in the way that the magnetic... When you use things like MRI and that kind of thing, the magnetic response in the brain, the blood flow in the brain, the electromagnetic in the brain, that kind of SPECT scan, it'll change the way that the blood flows.

So, it looks like little holes in your brain or on a qEEG, it'll look like different types of energy. And if you don't know what you're reading, you are actually looking... What you're looking at is an impact, not a cause. So yes, someone who's depressed will have these changes in the brain, but that is not the cause. That's the impact. And we have to address that impact. But you don't address it by medicating it, because when you medicate it, you're not fixing that, you're making that worse. What you're doing is you're going to another part of the brain, and you are reducing and numbing the brain. And so that you feel better, and you feel like you can cope more.

SHAWN STEVENSON: Maybe.

DR. CAROLINE LEAF: Maybe, not everyone, no, most 95%, 85% is placebo. So, the mere fact that you've been given a pill, sugar pill does the same thing.

SHAWN STEVENSON: Speaks again to the power of mind.

DR. CAROLINE LEAF: So, there's the... Mind, totally, but it's not dealing with the source. So therefore, those people feel better, maybe temporally, then the placebo is off. The side effects come. They're told the disease is getting worse, they get a different dose polypharmacy, and the whole story begins. Hopefully some therapy in between, which gives them some strength. But the fact is, it's still plugged in. You haven't dealt with the issue. Now you bring children into this environment which is what we've done. The child's being bullied consistently at school. Paint the picture. Here's this little five-year-old going to school and there's a child at the school who's being beaten up by their father or being abused by a parent.

So that child takes that bullying out on the weakest link that he sees, or she sees in her school. And that weakest link happens to be this child who persistently day after day is being bullied. Now that child is then coming home and there's a sibling or there's an animal and they are taking off that bullying that they've experienced 'cause they don't know how to process on

someone in the house or it comes out in other behaviors, withdrawing, depressing, or getting depressed, bed wetting, whatever. There's a whole lot of ways this could come out. Point being is that if we see, oh, there's a consistent persistent pattern of behavioral change in my child, and we say... The teacher says, "Hey listen, your child's not working properly, or this," your school calls you in. Suddenly there's this panic, "Hey, you've... What they're going to do, send you to a psychiatrist. They're going to ask you a few questions if you're lucky, 15-minute questionnaire, if you're lucky. And your child will get labeled with a, oh no, your child's got bipolar, pediatric bipolar, your child's got ADD. Or your child's got...

SHAWN STEVENSON: Anxiety.

DR. CAROLINE LEAF: A mood disorder, or anxiety disorder. So, you're going to get told your child has a disease, your child does not have a disease, your child has a bullying issue. An experience that's building into the brain. And that is affecting how the child is trying... Is showing up, the child's bullying of the sibling at home or hurting the dog or ripping up plants. I don't know, I'm just, whatever. Or not sleeping, crying, or withdrawing. Those are signals that the child doesn't know how to talk about. So, the parents, we as parents, need to be trained to learn how to read those signals and sit down with our child and have ways that we can connect and communicate so that they can process those signals to find the story, to find the thought, and then help that child process.

Because Shawn, along with this is we've got to be very careful that this current model has created a sense of fragility in children. And there's some great books out there about offer a child society where you protect them from anything bad and then it goes to helicopter parenting and that kind of thing. And the problem there is that you have to build up psychological resilience as much as you have to build up resilience, immune resilience and health in your body. And when you're building, when you're working out, you've got to build up resistance in your muscles. We have to build up that same resilience. And the challenges of life are how you do build up that resilience. And how you do is by acknowledging and validating a child's signals, how they're showing up, and then helping them process those and moving towards a solution. And that's how what we've removed, we've removed that process in the majority of cases.

I'm not saying every parent doesn't do that, parents instinctively do this to a certain level. But our messaging from our society is that if your child presents with certain packages of behavior, there's a problem. Quickly get them labeled. What's the messaging? There aren't enough child therapists. Article came out New York Times, I think, last week. There aren't enough child therapists. Every parent can open up anywhere and find more messages of, does your child have these symptoms? Quickly get them to a psychiatrist, get them treated, catch it now. Because if it stays... If you don't treat this now and that treatment is inevitably a level of

medication or a technique like CBT, which is excellent, but if you used it in the wrong way, all it does is keep the thought plugged in and just basically puts a band aid on the wound. If you used CBT techniques in the right way, they are fantastic. They will achieve a goal, but parents aren't told this. That's why I wrote the book.

SHAWN STEVENSON: It's still complimentary to, again, getting to the root.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And so, first things first, your analogy, connecting this process to our immune system function is fantastic because we can... Most people can wrap their minds around that.

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: And when you said before about our immune system being very good at identifying issues and getting rid of it a better word, possibly here, especially in the way that you broke this down, would be an adaptation to that exposure, right? Our body adapts, it doesn't really disappear in the same way that our thoughts, or our negative thoughts never disappear.

DR. CAROLINE LEAF: No. They just adapt.

SHAWN STEVENSON: We adapt...

DR. CAROLINE LEAF: They shrink. Beautiful.

SHAWN STEVENSON: And we... Because that's one of the things too, we're trying to erase it. We're trying to get rid of it from our mind.

DR. CAROLINE LEAF: You can't do that. You can't even eliminate it.

SHAWN STEVENSON: It's shifting the perspective in how we're viewing the thing. And it also, that process, learning how to do that makes us more resilient.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And I want to actually circle back and talk about resilience in a moment. But by the way, for folks that are listening to the audio version, when Dr. Leaf is in, you have to watch the video version because she's brought... Brings the props along. We've got a look at

basically what's happening in the brain with a positive thought and a negative thought. And we got some other stuff. We'll get to in a minute too. But I want to put a study up for everybody because when you mentioned even that analogy with COVID and our adaptation in a sense to that and by the way, one of the most overlooked things because of the destructive aspect of it, is the fact that somewhere in the ballpark of 95% to 99% of folks had mild to moderate symptoms, if any at all.

Our bodies adapted pretty well to this thing that's very virulent and did impact a lot of people. And part of that process was the hyper inflammatory response. But that was also based on our immune system's perception of the thing.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And so, this brings me, and we'll put this paper up for people watching the YouTube version, I was really digging in during this time in one of these papers, this is looking at the psychosomatic aspect of COVID-19. And the researchers detailed pretty cleanly that folks who were experiencing anxiety prior to contracting an infection had worse health outcomes and being stressed about the thing isn't going to help us at all.

DR. CAROLINE LEAF: No.

SHAWN STEVENSON: In mounting an appropriate response. Whether it's to a virus or whether it's to a life experience. Right? And so, this brings me back to and I'd love if you could talk more about this. Right now, we do live in a society where many of us especially as parents, if we grew up in like you know '70s and '80s, we went through stuff, right?

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: And we also had this whole phenomenon of "outside" being outside. Right?

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: Now today the world... Being outside stuff's going to happen more likely to happen in the kind of physical world versus a lot of psychological mental emotional stuff that can happen online and...

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: You know through technology. But we learned to be resilient. We learned to be responsible. And we had a certain template that had existed with humanity for quite some time.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And interacting with people in the real world. Right?

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: And so today by us going through stuff, by us experiencing bullying, by us experiencing tragedies whatever the case might be. We naturally want to protect our children, right? And here's the rub. We can responsibly protect our children obviously from basic stuff. But today, we also have to be intentional about giving our children the opportunity to go through things.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: To build up resilience and develop their own inner skills to process and overcome the challenges they face. And that's what this book is really all about. And so, if you could, can you talk a little bit more about the tools that you're using? You actually brought one of the tools along with you here.

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: To help us to educate and to support our children which starts with us acknowledging and actually paying attention to our children.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: Which is another thing. If we're distracted, we're not going to be doing that.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: But you brought along a friend here that's an inroad in communication with our kids, but also obviously there's a lot of tools for older kids in the book as well.

DR. CAROLINE LEAF: Absolutely. Well, Shawn I love the way you set that question up. That was excellent. The very quickly to allude to how we've protect... Overprotect our children. I talk

about helicopter parenting versus what I call safety net parenting and the way to build resilience. And before we dive into sort of more about the techniques and tools, helicopter parenting I think everyone understands, it's just doing everything for your child and trying to protect them and creating that sense of fragility kind of sending the message to the child unintentionally. But the message goes through, "Hey, I don't think you can cope with this. I don't think you're strong enough. If you've got any kind of emotion, well, that's a brain disease." We've taken that feeling of you know who am I? Do I have any worth? Do I have any ability and power to do anything?

We've removed that from a child. Now, they're not consciously saying those words, but children are very, very intelligent, and we know from a recent research as well that children understand a lot more than what they've... That they verbalize. So, we've got to stop assuming that they don't understand. You can teach kids very young a lot of stuff and they're picking up, already a two-month-old baby understands empathy so that that's valid.

Safety net parenting is allowing your child to, think of it acrobat. They have... There's a big safety net underneath, they'll climb up that ladder, they'll swing and do their thing and if they fall, they fall, but they get caught by the safety net. Whereas a helicopter parent is just like always hovering. So, what we need to do is let our kids climb up to the... Climb up those ladders, do that swinging around all over the place and trying, but you're there as a safety net.

They're going to fall but you'll catch them. But they have to climb, and they have to swing, and they have to fall. And we're removing that from them. If you teach a child the management of their mind in the process of climbing swinging and falling, you're going to have a child who's going to build resilience. We do that by modeling. So, one of the very first tools is to take this concept of helicopter versus safety net parenting into the practical zone. And that is, it starts with you as a parent and you as a human. You can't help someone effectively if you're not actually helping yourself. Now, you've never helped yourself totally. So, it doesn't mean that you can only help others when you've helped yourself, totally wrong. In the process of helping others. You help yourself improve your own ability to heal by a factor of 68% and plus, but it's a balance.

If you go into fix mode, you go into then ignore your own stuff and you're going to fix other people. And this is a very common problem in humanity. It's like easier to fix someone else than fix my own issues. So, if that's can happen in parenting a lot where we see our children we want to protect, it's all driven by a lot of love and care and all the right all the right intentions. But then you are... You can't fix your child. You can't think for them. You can only facilitate and guide. And that's where the safety net stuff comes in. So then if your child sees you, managing your life and seeing you do lose your temper, freak out, chuck, get upset, sad, cry, have an argument with your spouse. Get mad at a friend, get upset, get jealous, get envious.

These are all part of being messy. What you're telling the child is, "Hey it's okay to be a mess." Now, listen carefully, it's okay to be a mess. That's the message we need to send to ourselves and our children. But we also need to add to that. But we need to learn how to manage that mess. So, it's okay to be a mess. It's part of being a human. I'm a mess. I'm your mother, but I can manage this. There's a way I can deal with this because that's not who I am. The mess is not who I am. The mess is who I have become because of what's going on in life and experiences and so on. So therefore, I give you permission. I validate how you feel. I see the signals; I see it in myself whatever. But we validate. So, tool number one, I'm giving myself permission to be a mess and I'm giving myself permission to manage my mess and I'm giving myself permission to let my children see me a mess and manage my mess.

So therefore when you walk in the door and you had a bad day and the toys all over the floor and you open the door, door and you fall over the toys and the dog comes barking and the kids have made a mess and they're all screaming and your husband's just watching TV and/or I mean, I'm painting some dumb scenario, but anyway you may yell at everyone, get totally frustrated, your shoulders tense up and you say something that you don't mean to everyone in the family. And suddenly there's this whole explosion happening. And that can happen in various forms. Obviously. You can either pretend it didn't happen or just withdraw or just like tell your kids not to or just ignore their responses or do whatever. I don't know whatever. But that's not going to help. What we need to do is say, "Oh gosh I'm a mess. I'm sorry, I yelled, I said things to you I should never have said to you. I own it. I acknowledge it and I apologize for it."

I feel like this, this, and this, obviously age appropriate, language appropriate boundary appropriate, that kind of stuff. You're not going to tell intimate details to your children. It's not fair to load things on them that they don't need. But you're going to acknowledge what your feelings, how you... I feel mad. I'm frustrated. My body is so sore. My heart's palpitating and I think that my job sucks and I'm whatever. And whatever I left out. So, emotions, my feelings, my behaviors, and I'm shouting at you. So, what I've just described are four signals, I've just done a quick first step over the system, I've developed called the Neurocycle on myself, and I'm modeling it for my child, which is this whole part of step one.

Step one is all this, it's okay to be a mess. This is what I'm managing and I'm giving the example of this day after work. Okay? So, the first thing I'm going to do after I've yelled and whatever, is I'm going to gather awareness of my signals and say to the kids, "Oh gosh, I'm sorry, I yelled, I'm totally frustrated." So yelled, behavior, I'm totally frustrated, emotions. My body is like my heart's beating out of my chest, bodily sensation, and I actually hate my job today. So, what I've done is made four statements where I've described to the child why I turned up like I did or showed up. So, the child doesn't think it's them. Because if you don't tell a child, even an

adult child, if you have got behaviors that are different, that are disturbing, that are... They can see something's wrong, and you don't explain why, their most natural instinct is, what did I do wrong?

So, they internalize and think it's them. You also, if you don't deal with it, you're telling a child, oh, that's bad. We can't... You shouldn't have that. This is... And there's a stuck, hidden thing. So, by doing this, I'm acknowledging the mess and I'm actually giving them steps to model and I'm modeling. So, then I would go and say, okay, why? Okay, well, this is my, I had a bad day at work. This has been... There's been, have things happening and I'm really thinking maybe I should do something, but all these, maybe. And you tell to what extent maybe someone, work colleagues done whatever, whatever. So, you tell them a few little lies, as I said, language appropriate, et cetera. Then the third, that's reflect. Reflect is like shining a light through a prism, a white light.

When you shine the light through, it's white. When it comes out the other side, it's multiple colors. So, what you're doing is you're providing the fact that once I have gathered awareness of those four signals, how I'm showing up and acknowledge them, I'm now going to reflect those two steps have pulled, have taken the signal. And imagine those signals are attached like balloons, four balloons coming out of this thought, I'm pointing to this toxic thought. For those that are listening, I'm pointing to a toxic looking tree and there's four balloons coming out of it. You know, those birthday balloons, but these are not happy balloons. And each of those say the emotion, the behaviors, the body sensation, and the perspective. So, as I do step one and step two, the most incredible things happen on a neurophysiological level. This thought that those are attached to start moving up.

So, they... Imagine that they're starting to float, that those balloons on a string are pulling that thought from the non-conscious to the conscious mind. Now we know from neuroscience that the minute that you're aware of a thought, the neural network that is housing the thought starts breaking down and becoming weaker. Now that is indication of, oh, I can change. If it's stuck in the non-conscious where it's suppressed, then we can't change it. But that's why we have to go through the work of bringing it up. It stays plugged in and going. When I bring it up, I'm starting to pull the plug out. I'm starting to weaken so I can change. Then you would move through to the third step, which is basically some kind of writing.

I've developed different systems of writing. It's not journaling. It's this step is pouring your mind and brain on paper. So, it's kind of gathering that right, it's writing down what you gathered and reflected on. It's bringing order out of chaos. It's dumping stuff all over a page. The key thing here is not lines dump it all over the page with colors and drawings. And the more messy, the better because that actually makes two sides of the brain work together and pulls information up from the non-conscious, gives you more insight, shows you associated

things, and starts taking you down the tree from the branches down to the roots. So, it starts giving you more depth, self-talk. What am I saying? How am I... So, it gives you more information. So, in this simple example, you could maybe, if you've got a... Maybe got a blackboard up in your kitchen, some families do that, and you write things, which is a great tool to have with kids.

I recommend painting, making one of your walls in your house into a blackboard. You put that paint on because it's a great place where people can immediately go and express and write and so on. And so, you could even have a little comfortable chair there. A little bench, few, some plants, make a pretty area in your house. That's the safe space where you can do your mental health work, where you can do life work or Neurocycle, which is the name of this five-step process. You could call that area in your house, anything you want. So, as you the mom doing this, go over to that area, do this, gather awareness, reflect, and then in that area, 'cause that's the safe space where we can be a mess and no one's judging. And that's where we go sort our problems out.

And even if you can't get there physically every time 'cause you're in another, you're in another environment or you're in another house or you're at school, that mentally can come back into your mind. You train yourself to recognize that this is a space I move into. Okay? So, you can turn around, then you can just write all over the wall and maybe draw a picture of someone shouting or a desk at work, whatever comes into your mind to express very quickly in that moment. Maybe it's a few words, whatever, just all over the place. Then you look at what you've written, you say, oh gosh, yeah, it's this guy at work who just keeps on running me down and it makes me feel so bad about myself and I have to stand up to him and I don't know how to stand up to him. So now we... That's the recheck, what I've just done. So, I'm looking at what I've written and I'm doing, looking at the pattern and the trigger and the, this is what's happened.

And that leads to, well, what can I do about this? And you know, kids are unreal. Your kids will start saying, well, tell him mom or shame mom, maybe get another job. Whatever they say may or may not be helpful, but you've involved them in the process and maybe your husband or wife, partner jumps in and says, okay, whatever. And then you start working at some level of an antidote. You're not going to solve the whole thing there and then, but you've demonstrated a process. You've helped yourself. You've started weakening this. And then you say, okay, for today, I'm going to not to think about this anymore. Let's make dinner together. I need a little action to close this off. And tomorrow I'm going to pick this up again and work on this again to get a solution. So today I'm so... Feel so much better now just talking to you. And my little action is, hey, let's make dinner together and let's cook one of Shawn's recipes together and do our whole thing. And that would be my active reach.

Now, I've elaborated the process, but you've just modelled, you've done that step number one where you have said it's okay to be a mess, you've taken yourself as a model, and I show this concept throughout the book in various ways that you can do this because we need this all the time, your children may be in the car having a tantrum and you need to get yourself under control before you deal with that, or they're having sibling rivalry, get yourself under control before you react and say the wrong thing. So that's something we have to do. That model then teaches the child. So then when the child, you've now given the child permission, when they are bullied at school, they come home, they go to that area in your house, and also in that area in your house is a box, and in that box are these toys. You can have toys, whatever. I've created a little brainy toy, which is the character that you'll see in the book called Brainy, and here we've got it over here, Shawn, here we go.

So, it's a little character called Brainy that we've fallen in love with, and this is... Brainy helps us activate our superpower, and our superpower is this Neurocycle, and this Neurocycle is this ability that we have to seek step by step, go through these five steps of gather awareness, reflect, write, active reach and recheck.

Now, little children, you don't have to use those big words. You just basically get them into the rhythm of the cycle, and I explain how to do that. But essentially, those five steps are a scientific sequence that will bring the network into the conscious mind, unplug it, start shrinking the toxic into a tiny branch and building the healthy new way of coping, and therefore, unmasking resilience and helping you cope with that mental health issue. Otherwise, I have a bunch of suppressed stuff. So, another thing, just very quickly with the young kids, is if they don't have, which they don't always have the language, the younger they are, the less they have the linguistic skills, but they learn the language as they're getting older, and also when you model this process. It's amazing what kids will actually learn and how much comes out. It'll amaze you when you get into this. By having an area in your house and having something like Brainy and a few other toys, and I give lots of ideas, but having four boxes filled with pictures, one box labeled emotions, another labeled behaviors, another labeled physical sensations or bodily sensations or how my body feels, and another one labeled how I see the world, perspective, that could just have a pair of broken sunglasses and thick sunglasses because perspective is quite hard to tell a child, but if you put a pair of sunglasses on and you put the broken ones on and you're being bullied, that would be what they would choose.

Life doesn't look very nice. It looks horrible, but if you're happy, you put on the nice sunglasses. And you can get as simple as that with young children and more complex with older children, but having those pictures there, if a child doesn't have the words, they can pick up Brainy and they can pretend that Brainy is... Let's find a picture for Brainy to show how Brainy feels. So that makes a child feel safe. If they can transfer over to a toy and enact it through the... So, it becomes an opportunity for them to demonstrate through toy picture and maybe no words

and maybe a few squiggles on that blackboard wall that you've got or whiteboard or whatever you decide to do as a point of communication where you can sit down together and move through the process.

So, you're teaching a life skill, and this can be something that... Think of it like this, people might say, well, how can I do this with the busyness of life? In 63 days, if you don't manage it and don't try something like this, within 63 days, you have reinforced that bullying. Now this has got even bigger. So, you've got 63 days worse of a problem.

Your brain is changing every day, the situation is still carrying on and maybe that situation does resolve without you interfering and your child sort of now is not being teased anymore, but there's another situation and there's another one and there's another one. Because we never dealt with the first one, that means they're more susceptible to the next bullying incident, more sensitive to the next bullying incident, or maybe we'll start reading things that aren't there. So, the sensitivity becomes distorted. So, we want to try and provide every opportunity to try and build this in. You work out, all of us work out. We know that we've got to dedicate a time and find a space. You don't work out... You have either equipment, or you find a little space, in other words, you find a space, whether it's a gym or whether you just stand on the spot and run up and down, you find a space we do the effort, we make the effort, not do the effort, we make the effort to do the exercise. You make the effort to buy the food and make the food that works to bring healing to your body, et cetera. Why don't we do that with our mind? We eat every day, we clean our teeth every day, and our mind's making us clean our teeth and without that mind, we can't clean our teeth.

SHAWN STEVENSON: Or work out.

DR. CAROLINE LEAF: Or work out. So why don't we advocate the same kind of list of priorities? As much as I need to clean my teeth and breathe, I need to have a mind management space in my life, that's kind of in a nutshell.

SHAWN STEVENSON: Yeah, and it's, like I said before, it's the most important thing because everything springs from that.

Got a quick break coming up, we'll be right back. Neuroplasticity, the ability of the human brain to grow and adapt and evolve and really to unlock our superhuman capacity is driven by our experiences, our practices, our activities, but also our nutrition. Fascinating new research published in the journal, Neuron, found that magnesium, this key electrolyte is able to restore critical brain plasticity and improve overall cognitive function. Again, neuroplasticity is the ability of our brain to change and adapt. Now this is one key electrolyte, but it works in tandem with other electrolytes like sodium. Sodium is critical for maintaining proper hydration of the

human brain, if you didn't know this, the human brain is primarily made of water, we're talking somewhere in the ballpark of 75%, that was of 80% water.

It's so important because just a small decrease in our body's optimal hydration level, what's noted in the data, just a 2% decrease in our baseline hydration level can lead to dramatic cognitive decline. Helping to sustain and maintain proper hydration levels in the brain, sodium is critical in that. And also, researchers at McGill University found that sodium functions as a "off-on switch" for specific neurotransmitters that support our cognitive function and protect our brains from numerous degenerative diseases. Right now, the number one electrolyte company in the world is delivering a gift for new and returning customers, with each purchase of LMNT, that's L-M-N-T, the number one electrolyte in the market, no binders, no fillers, no artificial ingredients. No crazy sugar and sweeteners.

My friend's son was just over at our house and my son, my oldest son Jordan, was training them, taking his teammates through some workouts, and we opened the freezer and there's a bottle of Gatorade, there's a bottle of Gatorade in our freezer and my wife's like, who's is this? 'Cause we know we don't roll like that; we don't mess with the gators alright? We don't mess with the Gatorades. And we knew who it was as one of his friends. And he came in, he was like, well, at least this is the no sugar kind, and then I go through some of the ingredients with him and I find those curve balls of like, here's where they're sneaking in these artificial ingredients and things that the human body has no association with. But he's taken a step in the right direction by being in our environment.

So, you know what I did? I put the element in his hand, alright. Make sure that he's got the good stuff, the very best stuff, and also this is backed by peer-reviewed data and a huge body of evidence, we're talking about the folks at LMNT, that's L-M-N-T. Go to drinklmnt.com/model and you're going to get a special gift pack with every purchase, whether you're a new or previous customer for LMNT. So again, this is a brand-new opportunity free gift pack with every purchase over at LMNT. Go to drinklmnt.com/model and now back to the show. In the book, you outline these four warning signals or warning signal branches.

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: And by the way, I want to reiterate this point again, we have to pay attention to our children if we're just helicopter parenting and just trying to take care of everything and trying, one of the tools I think that we tend to go to is just downplaying negating. Oh, they won't play with you, I'll play with you right? Instead of, again...

DR. CAROLINE LEAF: Excellent example.

SHAWN STEVENSON: Helping our children to have... But first again, we have to pay attention to the warning signals, which you share this emotional warning signals, behavioral warning signals. So, these are things that they're going to be displaying. Bodily sensation, warning signals, inquiring how they're feeling and perspective warning signals so and you shared this in the book, as you help your child to unpack these signals, you will teach them how to find the origin story in the roots of a particular thought tree, this is so important to find the root of this. Getting to the roots allows them to begin the process of reconceptualizing the experience in a way that works for them rather than against them, that's a direct quote from the book, it's so profound and it makes so much sense.

DR. CAROLINE LEAF: Thank you.

SHAWN STEVENSON: But we are not doing this, we're not taught to do this.

DR. CAROLINE LEAF: No, no, we're not. We are just seeing this signal as a symptom and that's key. We are seeing a signal as a symptom and then immediately go into the medical model, and so we're not helping our child. And that's why I quoted that early study that I read today about how, child on labeled with ADHD put on Adderall is very likely to get some diagnosis, a multiple diagnosis and multiple polypharmacy 'cause the symptoms reflect, the withdrawal. So, the side effects of Adderall use and Ritalin use can reflect those of something like the symptomology that's described in the DSM on bipolar disease. So, in other words, there's a distortion going on there. So, if we read the signals as signals, as messengers, as something that's good information, if we see depression and anxiety, not as these scary things, but as actually incredibly useful emotions because they're filled with information, and they have a sweet spot you never want to get rid of.

And now this may sound crazy, you never want to get rid of depression and anxiety or stress or any of these things because when they are operating in the right way, when they're being managed, they actually help you be a human that grows resilience and helps you appreciate the beauty of life, to be a bit depressed when you see what's going on in the world around you is a very good human reaction, it develops your empathy to have a bit of anxiety when you're about to go and start something, you... These... This is good stuff, the problem is when it tips into the unmanaged zone, then it becomes bad for you in the brain when we do research, the qEEG, I use qEEG for research because it looks at the reflection of energy in the brain.

So, it looks at how the how those, the waves of energy moves through the brain and how the brain is responding to the impact of life. And we talk about a sweet spot, the Goldilocks principle, the whole Goldilocks story, that porridge was too hot, that one's too salty this one's just right. Depression, anxiety, all these things have a Goldilocks principle applied to them. Where we... For your level of depression is not the same as mine it's good for me.

SHAWN STEVENSON: No two depressions are the same.

DR. CAROLINE LEAF: No, they're not the same, but also what's good depression for you is a little different to the good depression for me, but I need that good depression and so do you, so does your child because it makes them human, it makes them build their character, makes them understand.

SHAWN STEVENSON: Provide feedback.

DR. CAROLINE LEAF: It provides feedback, they are messengers, they're not illnesses. We should embrace them, to process them, to reconceptualize them instead of trying to eliminate or suppress them.

SHAWN STEVENSON: We've medicalized our emotions.

DR. CAROLINE LEAF: Pathologized childhood.

SHAWN STEVENSON: Yeah. So deeply and so deeply ingrained in our culture today. And again, is it working, we really have to be honest about this?

DR. CAROLINE LEAF: Is it working?

SHAWN STEVENSON: I had a great conversation with Dr. Chris Palmer, a Harvard psychiatrist.

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: And he shared a study that was looking at, what are the long-term benefits or what are the long-term results of standard of care, traditional medications, psychotherapy.

DR. CAROLINE LEAF: Yeah, SOC.

SHAWN STEVENSON: And over the course of this multi-year study tracking people, and it's about 500 people in the study, they found that only 1 out of 10 of these people put into standard of care with modern psychiatry actually had a resolution of their symptoms, only one out of 9 out of 10 people.

DR. CAROLINE LEAF: What was...

SHAWN STEVENSON: Were still depressed. Some of them had a management of symptoms or had a reduction of symptoms, it was like 30% of them for a time but it did not... It was not sustainable.

DR. CAROLINE LEAF: That's the thing long term.

SHAWN STEVENSON: It was not lasting again.

DR. CAROLINE LEAF: There we go.

SHAWN STEVENSON: So, if we have a system right now where 9 out of 10 people do not get better, we have to question the system.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And stop essentially just pointing the finger at ourselves like we're broken.

DR. CAROLINE LEAF: Exactly, exactly and also those, the SOC Standard of Care is extremely expensive and also requires a lot of manpower, and there isn't... There aren't enough therapists, there aren't... There isn't enough manpower or money to cut to run the current system, that's besides the fact that it's ineffective. And there's another study that supports the one you just quoted that came out very recently that is done, that's almost like a meta-analysis and they've pretty much tracked a large... It's over a period of time meta... You know what meta-analysis are and it's pretty much the same thing.

That our current mode of care is... Or standard of care is not working. So, we need to then look at the fact that if you teach yourself and your child to manage your mind, that doesn't cost anything, it's a minimal investment, it's a book and maybe, and I have an app as well called the Neurocycle app, that is giving you this basic skills for under a \$100. I mean the books, I don't know what the book costs, something, whatever, but I'm just saying it's not something that's expensive to invest in, but it's something that you need to do because you live with yourself, I think we need to think about the fact that your child's waking up with anxiety.

You don't have a therapist on tap. You as a parent can't wake up every hour every night and answer every single phone call and still survive, that's also not helping. You've got to learn to help your child to know, okay, when I wake up in the morning, or when I wake up at night or when this happens, this is what I can do now. And then I can get the support that I need when I see my mom when I get home from school or something like that, we need to help our kids know how to manage the moment, we need to help ourselves manage the moment. When you

wake up at maybe three in the morning with an anxiety attack, you don't have your therapist on tap, you have you, what are you going to do? What is your child going to do?

Now there's a case I talk about in the book, and I don't know if Shawn if you were going to bring it up about the child in... When I discuss trauma, 'cause I go into all the different aspects and things and the story of the young boy who was very physically abused and sexually abused from as a young as two and three old months of age. And eventually got to the... To proper... Removed from the biological mother and went to the biological father who was excellent, incredible person and stepmother, and they didn't know what all these behavioral symptoms were. And this child wasn't sleeping, and you can imagine every kind of behavioral issue was evident as that child was from three years of age and investing lots of time, energy, money into every sleep aid, every treatment you could imagine, things just were not improving.

And it was the stepmom happened to come upon my book and my app and sort of doing the apps for her own just to help her. She was like, felt like she was going crazy, this is really hard to deal with something like that. And she's a stepmom, and she... And anyway, long story short, she started changing and the way she was coping, the child was eight at that stage, noticed the mother and said, what are you doing? I want to do that with you, and sort of deemed the neuro cycle with the mom and it wasn't even the children's book, re-version, it was the mom just adapted it down and helped them and he started doing it with her within four days this child slept through the night, this child had never ever slept through the night since birth.

These people couldn't go out for dinner, they'd have to start the night, they couldn't do anything beyond five o'clock because they had to get this child ready for bed and night-time was this nightmare for this whole family. And this child slept through this child sleeps through the night. I mean, this I can tell you a thousand stories, this is why I wrote this book, that story is quite a heavy story and I put a few stories in there, but it's so radical. And so, I didn't go to that person. I didn't give that child therapy; I didn't give that mom therapy that's what I'm trying to say my goal is to empower people with the management system that I know you can learn and empower you to be able to help yourself and your family. And then recognize within that, okay, we do need a bit of extra support, a bit of therapies, great, go for it, but get yourself into a place of mind management first.

SHAWN STEVENSON: It's the most important thing, you live with yourself, like you just said and, you just shared it, we can have great supporters and coaches. We also need to become aware more than ever about effectiveness, and not mistaking treatment for effectiveness and also, again, the labeling process that happens, and then the medicalizing of our emotions and our children's emotions and the framing, once they get that label that they're broken, they don't work right. And they need this thing in order...

DR. CAROLINE LEAF: That's what they wire in.

SHAWN STEVENSON: For them to survive or to thrive in this culture, and you mentioned this really interesting phenomenon of polypharmacy, we got to put another study up. By the way, this was published in BMC Medicine and the title of the study, listen to this, Relation of Severe COVID-19 to Polypharmacy and Prescribing of Psychotropic Drugs, they found significantly higher rates of severe outcomes from COVID-19, when people were on multiple medications, number one.

DR. CAROLINE LEAF: I'm so familiar with that research.

SHAWN STEVENSON: And in particular, psychoactive drugs.

DR. CAROLINE LEAF: Yeah, which are basically antidepressants, antipsychotics, antidepressants. And they're not even anti-anything. They're just pretty much anti... But having said that, we've got to just put a caveat in here. If people are on drugs, any of these antidepressants, please do not just stop them after listening to this conversation. If your children have been put on them. It's absolutely essential that we recognize that the role of a psychotropic drug is pretty much like an ibuprofen. If you have a headache, you take an ibuprofen, it basically numbs the pain. It doesn't fix the source of the pain, but it gives you relief temporarily. But you don't go on that ibuprofen chronically. In other words, you don't now live on it. You now try, if you have repeated headaches, you start trying to find the source.

SHAWN STEVENSON: 'Cause it's going to destroy your body.

DR. CAROLINE LEAF: It's going to destroy your body. So, a psychotropic can be seen in that same way. First of all, you can't just stop them because you're going to terrible withdrawal and because your brain has adapted. You spoke about adaptation earlier, adaptation earlier on. Anything you put in your brain, whether it's a experience or whether it is food or a medication, it changes your brain. Psychotropic drugs change your brain quite dramatically, that's why they feel very effective because they numb the pain so they can really help people. But not long term. Long term, they create changes that are very difficult to deal with and they can heal. So it's extremely important and I just wanted to say that, 'cause we've mentioned it, we are not saying go stop your drugs immediately, we are also not telling you, you know to... Only you can make the decision an informed decision about find out what these drugs do. They're not medications, medications go to the source of the problem. And actually, hopefully like an insulin for diabetes, we know that there's a lack of... The pancreas is not producing enough insulin, we give insulin specifically for that, so it's specifically targets...

SHAWN STEVENSON: Type one.

DR. CAROLINE LEAF: Yeah, type one, type one not type two, type two we got to address...

SHAWN STEVENSON: Too much.

DR. CAROLINE LEAF: Your diet and exercise, there we go. Too much insulin we have to address through diet and exercise. But it's still quite specific, so thank you. Type one, but when it comes to a psychotropic, they're not doing that. They're not addressing, they are simply psychoactive in that they're numbing. Like alcohol changes the state of your brain, that's what psychoactive means, these drugs do that. So that's why maybe if someone's in a really bad state and had a really, something really traumatic and they need temporary relief for maybe 24 to 48 hours, that's how you would use them safely. Kind of like how you would use an anesthetic. If you're going for surgery, you certainly don't want to stay awake, for the egg and get cut up. So, but you wouldn't stay on anesthesia long term, it's the same. We need to operate in the same principles, then that's safe use.

But if the whole thing is not to allow on them as a crutch because of all the side effects and that kind of thing. If people choose to withdraw, I have a lot of resources on my blog and website from top experts in the world on how to withdraw, get informed and withdraw correctly under medical supervision and very, very, very, very slowly. So, I just wanted to put that in there, that people don't, so I'm going to stop my drugs and then, you can get suicidal and all kinds of things.

SHAWN STEVENSON: Yeah, which is again, it's unfortunate that the chemistry has changed in such a way that we become addicted, right?

DR. CAROLINE LEAF: Very quickly, very addictive.

SHAWN STEVENSON: And again, oftentimes without resolution of the thing and sometimes, I mean, many times worse outcomes happen over time.

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: Because, like you just mentioned, and I don't think we think about this, it's literally changing your brain everything in our reality is changing our brain, that's a very significant impact.

DR. CAROLINE LEAF: Very.

SHAWN STEVENSON: 'Cause you're putting it into your system and not just that, you share this at the beginning, it's not just affecting our brain, it's affecting every cell in our body.

DR. CAROLINE LEAF: Of your body.

SHAWN STEVENSON: Because it's all connected.

DR. CAROLINE LEAF: Everything's connected.

SHAWN STEVENSON: And it's all controlled primarily...

DR. CAROLINE LEAF: Nothing's isolated, everything's connected.

SHAWN STEVENSON: Everything's controlled primarily by mind.

DR. CAROLINE LEAF: Yeah, exactly.

SHAWN STEVENSON: At the end of the day.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And if you're not aware that this exists, and it's just like even your mind is... The ability to notice and to realize that you have a mind is your mind in a sense.

DR. CAROLINE LEAF: That is, you've got a choice is it...

SHAWN STEVENSON: It's like an awakening happens.

DR. CAROLINE LEAF: Exactly, that is exactly, thank you. You got that. You said that so beautifully and you're talking about that awakening, you mentioned those studies earlier on. And just, I wanted to also mention that a lot of the so-called effectiveness of psychiatric drugs and standard of care, they run in very short periods of time, either over three weeks. And if you're lucky, it might be six or nine weeks, they follow ups. They don't do many follow ups when they do, if you do follow up, you generally find that there hasn't been good remission. They have gone back and been felt worse than before. But people that average public... The average person who doesn't read science doesn't know that, we are not told the average person in the street doesn't know that those studies that are so-called telling you that the drug's safe or that TMS is safe or ECT is safe, they're not done over long enough periods of time and they're not very rigorous research and there's a lot of flaws in that research, but that's not what the

average person's been told which is really sad, so you've got to question everything about science, even what we say. You've got to question everything.

SHAWN STEVENSON: Everything, yeah, make that a practice. That's one of one of the things I've been really, especially the last couple of years, to question our own biases. Because even a lot of things in life, they'll serve you for a season at a certain time, at a certain place that you're at. But we evolve, we change, and right now having this system where again, we're medicalizing everything and we've got to look at the other end of the monetizing happening from human capital, essentially.

DR. CAROLINE LEAF: Exactly, exactly.

SHAWN STEVENSON: We have an economy now.

DR. CAROLINE LEAF: It's an industry.

SHAWN STEVENSON: US healthcare industry is a 4-point trillion dollar annual as of last year industry that's yielding the... We have the worst results...

DR. CAROLINE LEAF: The worst results in the world.

SHAWN STEVENSON: In any developed nation.

DR. CAROLINE LEAF: In the world.

SHAWN STEVENSON: It's crazy. And so much is going into it, but our outcomes are not very good.

DR. CAROLINE LEAF: No, that's so true. And the money's going into a system that's already broken. And especially the...

SHAWN STEVENSON: Right, we need more care, we need... Even you saying earlier like, we need more therapists. Yes, we have a place for that, but is that going to solve the issue? Are we addressing...

DR. CAROLINE LEAF: No, it's going to solve anything, exactly.

SHAWN STEVENSON: The real root problem.

DR. CAROLINE LEAF: Because there aren't enough therapists even if you did have more, there's still not enough, 'cause everyone needs a therapist.

SHAWN STEVENSON: You have more access to healthcare. What if the healthcare sucks?

DR. CAROLINE LEAF: Exactly. And what do they mean by more access to and more screening? There's research coming out, and I'm sure you've read it. The screening that they're doing for adolescents is increasing risk of suicide, because these kids are getting labeled. And now they're doing increased screening very young, which is increasing risk of suicide. Now, we as parents we have to be informed, as teachers, leaders, uncles and aunts, whatever, is we need to be informed. We need to inform our children. We need to have these conversations.

SHAWN STEVENSON: Let's talk about labels. Because what if we're taking on... What if our child is taking on this label, I have bipolar disorder or I have something even more prevalent today. I was saying this, you've been in this field for a long time. And you've seen the, I would say, evolution, but devolution of...

DR. CAROLINE LEAF: Devolution, regression.

SHAWN STEVENSON: Mental health. And some people might think again, we have better screening now, that's why the numbers are so high. But we're seeing there's a precipitous growth, really a precipitous explosion in ADHD. And...

DR. CAROLINE LEAF: And it's expanding, it's bleeding into other categories. It's an expanding, seeing now the latest is too are diag... And you've got undiagnosed, if you're in your mid 30s and late 30s, that's the next sort of age group that they're now, "Oh, you're undiagnosed." Every second person in that age group's now going to get diagnosed with it. Undiagnosed ADHD.

SHAWN STEVENSON: Right. And so, realizing again, there can be a manifestation of certain symptoms that fit into those categories, hyperactivity, struggling to pay attention. From my experience, any of us can have this happen depending on the context, by the way. And potentially if we're under exam, we can be diagnosed with something depending on, even if we went worked out right now and we go get some blood work done, it might look a little...

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: It's going to, our cortisol might be too high if we get a hormone panel done. Inflammatory biomarkers might be up.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: We can probably walk out of there with medication.

DR. CAROLINE LEAF: Oh yeah. Easy.

SHAWN STEVENSON: And again, it's just based on this temporary snapshot of a thing. But it might change your entire life.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And so, what happens when our child gets that label and they find out, "Okay, this is why I'm not doing well in school. There's something wrong with me. I have this condition." What happens internally or what happens when we start to reaffirm this label that we might get?

DR. CAROLINE LEAF: We break this psychological immunity, we lower their self-worth because they think, "Well, I'm broken." And we don't protect, we remove hope. If there's a sense of hopelessness that I've got to rely on something external, there's, "I'm not good enough, I'm broken." So, there's multiple layers when we label. And it's incredibly unfortunate because literally the label locks them in. And that label in itself is an experience. And I went to that very long, convoluted process of explaining how an experience gets into the brain and lands up being like this. Or someone who's in a white coat, who's in a position of authority, who's labeling you, has basically spoken you as a child, spoken into your life. You've wired in a toxic tree literally that says, "Well, I am that."

But that's not who you are, that label isn't... I'll tell you true and I could actually cry, because that's label that they're giving their child has no scientific basis. You can't say that is a brain that's broken, and you should do an MRI. There's no biological underlying reasoning behind it. It's a disproved concept that was always a hypothesis and very bad research that has been pulled apart and shown that isn't the case. So, what we've done is we've made a huge, massive assumption and we've put that assumption onto the child, and now the child is wiring that in because it's come from a position of authority. And I can see the anxiety in my parents, and I can see the problem with the people around me, but they don't understand what's going on totally. All that they know at this stage is that because there's a level of understanding, as I said earlier, that there's something wrong with them.

But there's conflict because deep down inside they also recognize, but this can't be true, but they don't know how to verbalize that. So, we lock them in and they wire their toxic thought, they shift their perception. You mentioned that earlier on of themselves. And they basically

set themselves up to be a failure without even realizing that that's happening. So, a label is only useful, a name like PTSD, ADHD. ADHD is just another whole can of worms where they say that this study is saying that that's an ADHD brain and people with ADHD have a smaller brain. That science has just been so disproved.

What we have is not ADHD. And I was at university when this term came out, the DSM-IV came out. And I remember one of our professors saying, "This is going to create such a problem in the next 30 years." And how right he was, that we are going to have people that are be going to be labeled something that doesn't actually exist. It's not it like diabetes or cancer, it is a description of behaviors. So, if you want to use the word ADHD, classified under the behavior warning signal, and it's a great word to use if you use it as a description, A attention. You're battling with attention, battling... So, describe it, tell the story, put it in full sentences, link it to the context. Don't just lump a label on it that's got no context at all. That means, we know if you say something, tell someone something about something and you don't provide the context, you're going to lead to a misperception.

That's what we are doing to our kids. We are giving them a label. We're giving adults a label that leads to misperceptions of oneself. And that doesn't... And there's a lot of research saying that this has reduced stigma because we are saying, "Hey, we've got to pay." We don't look down on someone who has type one diabetes, but we do look down on someone who's got a learning problem. And so, let's talk about it. That's been a good philosophy to talk about it more. But the way it's been spoken about has actually made the stigma worse because now instead of saying, okay, those are a bunch of behaviors that are because, oh, you dig around and that child is not getting three meals a day. That child's coming from a broken home, that child's mother's working 20 jobs to try and they're a... Let the kid, and they are... Try... Whatever you go, you'll find a story.

SHAWN STEVENSON: Yeah.

DR. CAROLINE LEAF: And when I was trained, we would spend hours with a team working with a child and we would never, ever label. We would just look diagnostically over a period of at least seven sessions, that's at least seven hours and have team discussions to try and work with a child to find the story to... But that's expensive and that takes time, but it worked. We had kids that weren't medicated. We had kids that were actually learning how to learn, and we found the stories and we could try to then find the social support in whatever they needed. But that takes a lot of time.

But if we work as a community, if we shift our perception and work as a community, we can bring in the grandmothers and whatever. There's a community that we can then recognize and say, okay, well little Johnny's really battling at school, battling to pay attention because they

made one mistake and were teased by whatever. Because the teacher got frustrated and yelled at Johnny. And so, Johnny now closed down and he's not listening, so he's terrified of math, and I can't do math and... But that child's been labeled with ADHD 'cause they're not functioning and they're teasing, getting teased whatever. So, the whole thing blows out of proportion. But if we take the time to say, "No, Johnny doesn't have ADHD. Johnny has some behaviors, let's talk about them." Yes, there's a bit of attention. Yes, there's a bit of hyperactivity.

But when is the attention a problem? What's the pattern? What's the trigger? What's the context? The who, what, when, where, why, how. Hyperactivity, who, what, when, where, let's map the story. Okay, we've got the story literally a Neurocycle, now we can action. Let's maybe get the granny's in the old age homes, and the grandpas who are bored, bring them into the school system. Let them sit with the kids who are battling, let them help them with their reading. You create this beautiful community that we originally had in our... Where that you see in Japan and Okinawa and Africa and cases that aren't in the standard of care model. Where the community brings up the child. Where you... Just think of our home environments now where it's a mom, dad doing everything, working, and trying to be everything. And there's no... The parents... Its hard work being a parent. I know and so do you, where's your relief.

Do you have the granny coming to take your kids for maybe a weekend so you can have a weekend on your own just to decompress. So that you don't maybe... 'Cause sometimes you can yell at your kids, or you can see things, create situations because you just totally exhausted as a parent. You don't have sufficient community support. So, there's a very inexpensive way of involving community, changing our social structures from the ground up, not from the top down because the top down will take forever. It can happen. Policy and all that stuff must happen. But we need to create models from the ground up.

SHAWN STEVENSON: Yeah.

DR. CAROLINE LEAF: Of community support, bringing in the grannies, bench therapy, all this kind of stuff to help the parents. So that's what I'm trying to do with our work as well, is if I can equip you as a parent to help yourself and help you help your child. You're going to tell your friend, your friend's going to tell your teacher at school's going to sound interested, before you know it, you have a community, the old day term down the street. Okay, let's bring them in and let's help them help the child who's... Can you see the difference? So now we remove the label, we create a normal situation.

And maybe Johnny needs someone sitting with him for longer because maybe Johnny does battle to them. But eventually Johnny will find Johnny's skill. And I had this patient once who was battling terribly at school for years and all the story and the whole typical situation that we see in labels and medication, whatever. And when they came for the very first session and

I did my normal look... The whole sorting the evaluation process. One of the first things the parents said was that 'cause... They said Johnny is an incredible... It wasn't Johnny, I'm just using Johnny random name. Is an incredible musician. And I thought, oh, this is great. What's coming next? But there was a big but, we have stopped Johnny playing the piano because until Johnny's grades improve, Johnny is not going to... 'Cause all Johnny wants to do is play the piano.

SHAWN STEVENSON: Yeah.

DR. CAROLINE LEAF: And I said, okay, that's where we start the process. Johnny starts playing the piano again. Because that's where Johnny's creativity, by the way, music is so related to math. Math is one of his weakest subjects. I can guarantee if you let Johnny play the piano before he does his math homework, you're going to have more success. So, we shifted, that was one of the first things that we implemented. And the shift was very quick. So, this is what I'm saying. We need people to be able to guide parents like that. 'Cause they were doing their best. They weren't being horrible to Johnny.

SHAWN STEVENSON: Yeah.

DR. CAROLINE LEAF: They were saying... The school had said, Johnny's a problem, his math is bad, remove all rewards, make him do more homework. And that's how they manage that situation. Can you see what I'm saying?

SHAWN STEVENSON: Of course, we want our children...

DR. CAROLINE LEAF: The danger, the cycle?

SHAWN STEVENSON: To be well and to do well in society. Of course, as soon as you talked about context, I thought about a child who might struggle paying attention during math and science, but they pay exceptional attention during music.

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: And creating music or writing, or doing art, or playing a video game, whatever the case might be. It's not that they're lacking on the potential to do the thing. It's the context has changed even in our society.

DR. CAROLINE LEAF: Exactly.

SHAWN STEVENSON: And lacking community, lacking the ability to pay attention to our child's gifts. We have this newly invented form of education today. This kind of factory line.

DR. CAROLINE LEAF: Exactly, oh gosh.

SHAWN STEVENSON: Working, this is all new stuff. It's still experimenting, but we have this idea that this is the definitive thing. It's the best way. But again, look at the outcome of our health as society.

DR. CAROLINE LEAF: Teachers hate it, and the kids hate it and it's not working.

SHAWN STEVENSON: Well, the great news is first and foremost is that we have access to this now, thanks to you. And like I said, I feel that this should be in the package when we have a newborn at the hospital and they're giving you, here's some bonus free pampers or whatever the case might be. And also, here's this incredible book that we all should have access to, especially today with all of the different things that we're dealing with. And I love this because this is inroads to dealing with our own mental mess and modeling healthy behaviors around those things. And so, I think it's inspiring for a lot of parents to make changes because of their kids. So, it's just another layer of empowerment and inspiration. And in the book, you walk people through applying the Neurocycle with their child and applying the Neurocycle to specific life experiences like trauma, like social interactions and more. It is such a great resource. And depending on when people are listening to this, if you can pre-order the book, do it ASAP, because you're going to get a wonderful bonus. Can you share just a little bit about the bonus?

DR. CAROLINE LEAF: Absolutely, thank you, Shawn. There's... You can get access to, we have a coloring book and Brainy and that's, there's a big discount on that. So, there's actually a coloring book with Brainy that you can color and then the little toy. And then the other people order bonuses. We're starting a private club that parents can actually call in at the Zoom... It'll be a Zoom virtual club where people can actually then present their problems and I talk them through it and help them process. Take all these issues and help them work through those. So, they'll get a month free on the virtual club.

SHAWN STEVENSON: Awesome. So, more access to you?

DR. CAROLINE LEAF: Yes.

SHAWN STEVENSON: And so, go to drleaf.com and pre-order the book. And of course, anywhere that you get your books, Amazon, Barnes and Noble, all that good stuff. And if you're listening after the book has been released, of course you can get it from your local bookstores as well. But this is something we want to make this a huge bestseller and change the culture,

make sure that we're getting access to this information for our children to change, because it's going to be what they're passing on to their children.

DR. CAROLINE LEAF: Yeah.

SHAWN STEVENSON: We've got to interrupt this pattern right now. And I just appreciate you so much. It's a joy reading your books. I was actually doing a hyperbaric chamber yesterday and I just ran through like...

DR. CAROLINE LEAF: Oh my gosh.

SHAWN STEVENSON: 60 pages of the book.

DR. CAROLINE LEAF: That's amazing.

SHAWN STEVENSON: In one go. And it's just a wealth of knowledge and insights I was highlighting so much. And if there's anything else you want to share where people could follow you online would be good.

DR. CAROLINE LEAF: Thank you, drleaf.com is our website and my social media handles Dr. Caroline Leaf and the podcast is called Cleaning Up the Mental Mess. I'll find you there, my interviews with you then, Shawn. Thank you really, I appreciate that you as a parent, you understand the need. And so, thank you for giving me this opportunity to talk about something that's very close to my heart and I appreciate what you said. Thank you.

SHAWN STEVENSON: Of course, it's my honor. Dr. Caroline Leaf everybody. Nelson Mandela said that there can be no keener revelation of a society's soul than the way in which it treats its children. This is of the utmost importance. This information that we cover today is something for us to share, for us to engage with, for us to utilize, to truly create conditions where we can raise healthier children. What's more important than that truly? And also, for us to better relate to ourselves internally, to better relate to our friends and family, our community, and helping our children to have these tools as well.

Please share this out with your friends and family. Share this information with the people that you care about. And of course, pre-order Dr. Leaf's new book, depending on when you're listening to this, take advantage of those incredible bonuses that she has. Again, the book is titled How to Help Your Child Clean Up Their Mental Mess. Get your copy today. Let's help to make this book a huge bestseller and really shift the momentum of true mental wellness in our culture. We've got some incredible masterclasses and world-class guests coming your way

very, very soon. So, make sure to stay tuned. Take care, have an amazing day and I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes. You can find transcriptions, videos for each episode and if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much. And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.