

# Brain Body Parenting

March 15, 2022

**Robyn Gobbel:** Dr. Delahooke, welcome. Thank you. I'm super excited you're here. Super excited to just share you with my audience and share them with you. So thanks so much for being here.

**Dr. Delahooke:** Aww, I am so excited to be here. Thanks, Robin.

**Robyn:** Yeah, well, I want to make the assumption that the vast majority of our my listeners are either at least somewhat familiar with your work, or familiar with, like, what drives your work. But even still, I'd love for you to just introduce yourself to everybody listening. Kind of who you are, what you do. Yeah, tell us tell us what's going on with you.

**Dr. Delahooke:** Ah, well, um, that's pretty cool if anyone's heard of my work before.

**Robyn:** I share that, you know, I heard of your work back when so many people did, right, which is when you know, your blog about ODD about, Oppositional Defiant Disorder, kind of hits. So that's probably five or six years ago, and sort of, that's, you know, it's like, oh, my gosh, here's somebody talking about these things. And now I can print these articles and send them to my clients. So I'm positive so many people listening have, you know, run across your work before but just again, for the people who haven't tell us about you?

**Dr. Delahooke:** That's so cool. Yeah, that did that was a viral blog post. It had to have been almost nine years ago, now?

**Robyn:** It will, yeah. Wow.

**Dr. Delahooke:** Yeah, I think so. But that, just okay. So that idea that there's more going on than straight oppositional defiance was part of a long series of realizations that I made starting from the 1990s. When I was in practice, also involved in really just the cutting edge movement. Here in LA bunch of people who were studying interpersonal neurobiology. There were a bunch of folks around here, there's Allan Schore. Then there's Cuddy Lewis, and I was in those original study groups I'm looking at, like, okay, here is information about the nervous system. And here is where our culture is, here's where our education system is, here's where a lot of psychology is, looking at behaviors as the target and not a signal, a valuable valuable signal as to what's going on underneath, you know, underneath the hood, so to speak, like, right, like what's going on in a child's body? And so long story short, is I had a colleague who had twins we were we had kids around the same time, she had twins, and one of them had difficulties with his autonomic nervous system he has on autonomies were off. And so she contacted the expert on infant autonomies, way back when before he had written any books, Dr. Steven Porges. And he

wasn't a neuroscientist that was looking at the autonomic nervous system, and finding out really interesting things about how it impacted emotions and behaviors. So I was able to follow his work. While I developed my private practice with a new lens, because I became an infant and toddler mental health specialist. And in LA back then there weren't- there wasn't one. And so I think I kind of became it. And it was, it was like the beginning of this most amazing ride, where I really kind of had to retrain myself from cognitive behavioral techniques, which is what I was trained in, and what most people in my field are trained in. And looking at the whole child, the whole person. And that ODD post happened after I realized that I was witnessing a lot of children, in fact, being misunderstood and having a lot of stress and anxiety from the very systems that are meant to help them. And that really started my writing. And that's- and now I'm on my third book.

**Robyn:** Yes, so your third book coming out today, the day that this podcast episode is airing and it's Brain-Body Parenting. So tell us about Brain-Body Parenting.

**Dr. Delahooke:** Yeah, so, Brain-Body Parenting, the subtitle is, How to Stop Managing b Behaviors and How to Start Raising Joyful, Resilient Kids. So I'm really putting it out there that behaviors are so valuable. We don't have to fear them. We don't have to worry about our child getting a label. The first thing we need to understand about parenting is that our children's nervous systems are so- are so instructive. And it really, the parenting tool or technique that you use is less important than where it lands in your child where it lands in their nervous system. And so I've integrated several theories now into my understanding, including the polyvagal theory, but others as well to help parents reframe and, you know, parents, I like I am so in a community with you right now, I just read a couple new studies that came through my desk today on how much anxiety and depression parents and caregivers are experiencing, because we've gone through a global toxic stress and, and or trauma. So I'm hoping this book will also bring a glimmer of hope to help us understand that we can reconstitute our brains constantly updating its models and its predictions. And I just want to help parent, I just kind of wanted to set the record straight on, I think with the latest neurosciences because this stuff's happening every day. And we just want to sort sort through it and not get caught up on the details. But but look at the big picture. How do we develop resilience? How do we get through hard times with so much suffering, and help our children thrive? How do we help them become more flexible, and more vibrant, essentially, after all we've gone through? So that's kind of in a nutshell, Brain-Body Parenting, I wrote it during the pandemic, and I'm really excited to put it out there now.

**Robyn:** Today, yes, today, I can't wait to get my hands on it. You know, even as you're talking, I'm noticing myself just like, take like a bigger breath. Right? That's like, you know, if we behaviors are giving us really important information, it's certainly never asking people to ignore behavior. But if we can just like, like, look at it, like this little clue, for me, it's just like, this is relieving, like, oh, I we can go. We don't have to get hung up on that. And really, yeah, I was just noticing, like, even as you're talking, like, even myself, just getting this breath of like shifting into something that feels a little bit more easeful. It's not easier. I don't mean to say that just, easeful of myself, I'm a parent too.

**Dr. Delahooke:** Same! Oh, I'm glad you felt that because that's what is gonna help us is take a breath. And as a parent, I'm sure you know, I experienced it all the time, is that when my child especially did behaviors that were scary to me, or confusing, or super agitated, I'd be like, Oh my gosh, I need to nip this in the bud or I need to do something, I need to increase my discipline and and my children are older. So this was before, you know, this is before I was using a more holistic model, but I have such empathy for parents. It's such a frickin hard job. And we we really we're told that we have to be authority, you know, authoritative yet loving and warm. Well, okay, that's a that's a little vague. I think. I was that but but I, you know, if we can take a breath first of all, and understand that we are the most important tool in the toolbox.

**Robyn:** Yes.

**Dr. Delahooke:** Our nervous system, our bodies, our brains are the tool or we can't build a relationship if we are chronically running on empty. And I don't mean to say that to stress us out, like, Oh, I'm running on empty. What am I doing wrong? No, it's more like you matter.

**Robyn:** Yeah.

**Dr. Delahooke:** You matter, Mama, you matter, Dad. You matter your well being matters. And let's, let's see if we can now take a big deep breath. Hopefully. Now we'll have a little bit less of a worldwide fear of death that we've been with for a couple years and start to exhale more and more.

**Robyn:** No kidding. Yeah, I mean, you get even as you're still talking. I'm just like, it's been a busy day for me to so having this moment of like, Okay, coming into connection with me coming into connection with you. And it's not even until you have those moments, right those like kind of funky moments you're like, Oh, I haven't done this yet today. Yeah.

**Dr. Delahooke:** I think that it's kind of our default to run on empty. I mean, with with parenting, it's just so complex. And then you add running a household, which still, I think the research continues to show that moms do more of the work. It's hard to believe, but decades later, it's still showing that, especially mamas like, we were carrying so much, and then think about the amount of people who have worked from home for so long. I mean, come on! Yeah, so breathing and realizing, I think that's I did devote a whole chapter to self care is the wrong word.

**Robyn:** Yeah, I agree.

**Dr. Delahooke:** I think life support right, life support system. You know, we we need to put ourselves on that nurturing system of supporting our lives. Because this whole idea of co-regulation, you know, when we share our calmness with another human. Unfortunately, it's kind of hard to fake that for a long time. You can fake it for a while. And heroes, parents are, because I tried to fake it when I couldn't make it. And, but but for after a while, your kid's going

to notice you're going to notice you're gonna just go into that zone where you're so so depleted, or you're so hyper, you can't stop here like a whirling dervish.

**Robyn:** Yes.

**Dr. Delahooke:** And I think we can all we can all relate because we've all been in those states this these past few years. And now we're- maybe coming into some regulation, some calmness, and some clarity as to what really matters.

**Robyn:** I want to ask you, if you, because I have a feeling this might be what some of the listeners are thinking, like, I'm gonna ask the question, I'll qualify for you. If you've ever run across a behavior where you feel like no, this model of the autonomic nervous system and really understanding behavior through that lens, just really, it doesn't apply. And the reason I'm asking so qualified is that the families and then in the helpers, who are helping these families to tend to tune into this podcast, are tips, you know, tend to be parenting kids who have had really terrible things happen to them, usually in relationship. So they've experienced abuse or neglect. And we've either been able to help that family stay together, or we've unfortunately had to have those children live in different, safer, theoretically safer families.

**Dr. Delahooke:** Yeah.

**Robyn:** And you know, how that contributes to, you know, the words that I use often because these are the words that parents are telling me the words like: baffling, bizarre, confusing, like, this doesn't even make sense. Like, those are the- that's the language that I hear parents saying to me so often. And so I'm just guessing that there's some people listening, they're like, yeah, yeah, yeah, this autonomic nervous system thing makes total sense. But what about, you know, XYZ behavior? So what do you think? Do you think there's behaviors that would fall outside of this lens? This paradigm?

**Dr. Delahooke:** That's a good question. And let's unpack it a little bit, because I think there's different layers. I love thinking about this, because I think sometimes when we try to put everything in the box of like, this is the autonomic nervous system. It's kind of like, then you start to see everything from a certain viewpoint, and you're not opening up the aperture wide enough, because humans are so complex. So let me just say that. The I, I hold three things in mind when I'm looking at very confusing behaviors in a child or teenager. Those three things are, of course, the pathway of the physiology, the child's physiology. And I, I use three colors red, blue, green, and variations thereof. that are that are that Dr. Porges just okayed as a nice model for the autonomic nervous system. So So I look at of course, look at our physiology, ours and our child's but then there's two big other areas that we need to look at. The the two areas are the person's social and emotional development, where are they in that house of social and emotional development? And then the third one is those child's unique needs, their individual differences. So when you hold all three of those together, then I'd have to say that I could make sense of most behaviors. And let's think of an example. Because when we you know, when you have a behavior that is, so that looks so purposeful, and looks so like I am, I am going to, I am

going to make your life really hard right now. That's how it feels to the parent, right? When the child is doing something that is so egregious, and they know is against the rules, for example, which happens to a lot of our foster kids, it happens to a lot of our kids who with trauma histories.

**Robyn:** and it doesn't look overtly dysregulated, right, like I find- even though that super dysregulated behaviors are very, very, very challenging. It almost is easier to say like, Well, clearly that child was so dysregulated no thinking brain was online. But yeah, like some parents, of course, are dealing with these behaviors. It's just like you said, they look super deliberate, they look very well thought out. And I'm not even saying they're not well thought out. Absolutely. Some are, you know, very thoughtful intentionality, behind some behaviors like lying, you know, manipulation, those types of things for sure.

**Dr. Delahooke:** breaking the rules. Yeah, yeah. Yep. Yep. So here's where we need to understand that. Not all behaviors that are, what we would consider troubling are under the red pathway, not all of them are in the fight or flight response. But how do we understand them two, two things helps me understand them. Number one, is, when you- when you consider neuroception. And the subconscious detection of threat or safety. The invisible causes of behaviors can be so subtle, it can be an odor, it could be a certain pitch, or frequency of a sound, that triggers a subconscious detect- detection of threat. That could be from this- from this individual's infancy or childhood that's log lodged inside of a body memory. That is that would create a behavior that looks pretty interesting and non contextual. In other words, doesn't fit the context. And it doesn't fit the way you've raised the child or your family values, or how much love you've given that amazing child. So that's one idea. The second idea comes from the people that I've interviewed, who have had those traumatic histories, and who have been really acting out a lot in high school, or in middle school, and maybe have been labeled with those psychiatric disorders are sent away to those camp, you know, behavior camps and things like that? We're talking like, even short term psychiatric hospitalizations, like big deal things where they look, and appear to be so defiant and manipulative, even. Here's what they've told me: when your default system is to not trust other humans, and generally those early- those early insults happen in those first few years of life, let's just say a child is taken away from their family of origin because of abuse or neglect, let's just say, there is a foreign adoption, whereby we don't know what that human brain and body went through. The brain begin- the- our brains wired themselves to the environment. This is not the person's choice, this is a default. So you may have a child that you get at age five or six, but their brain has wired itself to that environment. And in order to survive, certain coping strategies were- were maintained by the child. And those can, and those were protective. What happens after a while when the child is told over and over again, that they're a bad person, and that they're choosing to be bad when they're, you know, 5, 6, 7, 8, or given a label, like, conduct disorder, is that because they're early in their social emotional development, they begin to believe that about themselves and they will begin to tell a story that they are and they're going to show the world that they are that way. And so they begin to live out a narrative that has some of its origins in subconscious trauma. And this is why trauma work is so hard. And we- this is why so many of our foster children get returned to different placements, or, or they're well meaning incredible parents can't keep them

because they continue to break the rules. So I hope that this this- this kind of idea that there, it's complicated, and that individuals do begin to do things volitionally or on purpose and may even be manipulative. But the origins can still be found in developmental trauma. And this is in line with the thinking of some of the great trauma folks out there, you know, like Bessel, Vander Kolk. And, and Bruce Perry, it's complicated and, and I just encourage families. Again, if you can look beyond the behaviors of these, these protective adaptive behaviors that our culture uses as, as misbehaviors, and even sometimes really, wrong things to do have to do with helping a person predict that they are safe. And that takes years, it doesn't take days, it takes years of those messages of safety that can sink into the cells of our vulnerable humans. And just blessings to everybody who's working with these folks. Because they are, they are vulnerable humans, they're vulnerable brains, and they sometimes are not easy to connect with.

**Robyn:** Yeah, yeah, it's, you know, I think it's been so helpful. I know, to me as a professional, like, I was a young professional, and I was like, um, I have no idea what I'm doing. And I'm actually getting hurt at work, this can't be good. I've got to go- like something's not right here. And so I went searching, searching, searching, searching, and of course, is what their parents are doing, right? Like, something's not right here. And so, you know, starting to stumble upon some of this information. And my first introduction was like Dr. Dan Siegel's work. And then from there found Dr. Porges', his work and all these Dr. Perry's work and all these other pieces that fit together, like okay, okay, I get it. And it's starting to make sense, I understand where these behaviors are coming from. But if we're not careful, it feels like they're gonna almost be this like, well, just is what it is sort of feeling. Which is, of course, not where you or I- mean, I wouldn't be able to do this work. If that if that was the conclusion, I would have had to find a new job a long time ago, because it's just, it would just be too hard. And so let's go there next. So we can see their, you know, we can reconceptualize their behaviors, be really thinking about neuroception and safety, and then in to understand their behaviors. And then, what do we do?

**Dr. Delahooke:** Yeah, yeah. So this is where I think I think I've moved the needle forward, a little bit beyond behaviors, and probably why it's become fairly popular outside of any marketing efforts is that I added the aspect of social and emotional development. So Interpersonal Neurobiology talks a lot about the brain. But the DIR model of swing agree- Serena wieder and Stanley Greenspan, who were Serena was my mentor. In development, we have to understand how humans develop the ability to feel, feel remorse for their- for their actions, and build bridges between their ideas, and other people. Our traumatized children, and our children who have had toxic stress or haven't had the ability to work through these social emotional processes won't have the architecture. And so that's the set. That's the "What then" is we go back to building the house of social and emotional development. And we go to the earliest challenge we can find. So we look at all the steps number one, the- the regulatory attentional abilities of the child, look at the physiology look at their, their colors, or the how, what, how much time are they in the green, red and blue? If they're 80% of the day in the red or blue, then we work on getting them more green, we work on that ventral vagal state.

Okay, so the second one is engagement and pleasure in relationships. Is that present? Can this person have joy with another human and trust them? So we asked about that, if not, we start there. You know, and oftentimes, we're going to be doing the first two at the same time because

our physiological regulation is built through trust. And for individuals who didn't have that trusting, attunement from somebody responding to our needs appropriately, that's going to be all over the map for a while until there's a map, requisite amount of time for that individual. There's no amount of years or days I can say, this is how long it takes, it's up to each brain to start to predict safety rather than threat. And that's where we then we have social problem solving come in, then we have symbolic thinking come in, where one can, can do you know, this, this ability to kind of formulate words that can they can pin on to emotional states, physiological states in their body, naming emotions is such a sophisticated thing to do, many of our individuals can even do that. So we really start in a very developmental way, that's the roadmap is looking at our physiology, looking at our social emotional development, and then keeping and respecting the child's individual differences. I know that might sound a little complicated, but once you get into the routine of it, it kind of it becomes second nature. And it's a pretty good formula that we found in my, in my clinics.

**Robyn:** Yeah, I, I really noticed two things that she said. And one is like, there's a roadmap. And there really is one. And I know that when we're in the thick of it, and you know, living with a really dysregulated nervous system that has had a lot of attachment trauma, and then their history is chaotic. It's a hard place to be- it's, it impacts our own thinking brains, we can't think straight, we can't see straight. And I do think that for the, well for the families I've known for my whole career, just to know like, even if I don't know what the roadmap is, somebody else out there says there's a roadmap. There's like a little again, just like, okay, somebody says there is one, I believe them. And when my thinking brain is a little more online, I might be able to like pull that map out myself.

**Dr. Delahooke:** I love that.

**Robyn:** I think just that is so like, okay, there is a roadmap, somebody said there's one I'm gonna go with it.

**Dr. Delahooke:** [inaudible] That's a mantra, you know, is the roadmap, something I can do right now? I feel hopeless, chaotic, fried. Am I going to make it to the next minute? You know? Maybe that's a mantras like, okay. There is a roadmap. And and I do believe that I know that I've been in practice for almost 30 years, I can say, without a shadow of a doubt. There's a roadmap for every individual.

**Robyn:** I agree

**Dr. Delahooke:** And I have helped 80 plus year olds shift their roadmaps. Yeah. So if you're thinking that oh, no, my child's 12 or, you know, 15 or 18. Have we missed a window? You may have had, you may have gone through important times that you may not have had access to that child in a certain way. But the window never closes, never closes for rewiring hope for- for helping a brain predict safety rather than threat. And that's what I love that you have a podcast that's focused on trauma, because that's really, the bottom line is helping that brain start to

predict safety rather than threat. And subconsciously to not just in our- our minds, right. We know how important the body gets triggered. So easy. And yeah,

**Robyn:** Yeah. The other thing I love that you said is that that part of his roadmap is some of it can go together for sure. But so many of the families that I work with are given a lot of information on how to connect, connect, connect, connect with their kids, which is important. Fantastic. Absolutely. And for some of our kids who are living life, like you said, like in this red pathway, or in this blue pathway, and then my audience typically has hears me talk about like this watchdog brain and the possum brain and we're talking about like on the edges of those parts of and my guess is that there's sort of an overlap here. Yeah, like when we have kids who have had these really intense histories that are leaving them really kind of stuck almost in these other pathways, the red or the blue. Sometimes, connection is- continues to up the ante on the threat. Right we are- we're offering so well intentioned and well meaning and authentic connection because we're human. And because we want to connect with our kids. And sometimes before our kids can receive connection, as an experience that's safe, we have to first do some work, works not even the right word, but just for the sake of language in these other in these regulatory pathways, and that's so confusing, because connections are part of that. But for example, I'm a play therapist, I don't know if you know much about theraplay. But theraplay, is a very, like very face to face, very connection, very sensory, heavy, dyadic therapeutic experience. And sometimes when I work with families, we almost have to take a step back, like before, theraplay almost of these sensory rich, rhythmic, repetitive relational experiences that they are relational, but they're almost like, parallel relational, as opposed to this, like really intense face to face dyadic relational. And that just feels really important because, for my audience to hear, because I think they can hear so often connect, connect, connect, connect. But in their real lives, they're like, um, well, that's not working. And actually, it's seeming to make things worse. So they spin this narrative. Unfortunately, of like, I must be doing something wrong. Or there's something so wrong with me, my kid doesn't even want to connect with me, even though all the experts are saying connect, connect, connect. Yeah. And so to hear you say that actually, even before that part of the roadmap, is these physiological states that again, we can't disentangle from connection and understand it's complicated. Yeah, I just think that's so important

**Dr. Delahooke:** I think it's so important. And I'm resonating with what you're saying, on a personal level, because I was one of those moms, I was a, I did my dissertation on attachment theory, I knew everything about attachment, how to how to be positive, how to show up. And I was, err, I was cocky to the point of arrogance, I think when I have my first child, because I was like, and my mom was like, oh, you know, you're getting the best bond, because you know, everything about attachment. Then I became a mother. And my child had regulatory issues. And nobody told me, so I didn't know it's in psychology training to look at autonomies. This was, well, this is quite a while ago, she was born in the late 80s. So this was before Dan Siegel was around right writing about it. And this was before even Dr. Porges' work was out there. So I think he came up with the idea of neuroception in 1994. So contextually, I'm really resonating Robert with what you said, because here I was an expert in relationships. And a nice person like your listeners, all right, dude, I'm kind, I'm sweet. I'm, you know, I say to her, I loved her I did



everything I could, but we couldn't really connect because her physiology was unstable. And sure enough, she- this isn't just a baby, but we can extend it to older people. Some of my interactions, were actually sending her into distress. Yes, not my love. I loved her beyond belief. I still do. But it was the sensory contours of my voice. It was that her little body budget was shot. And I would be continuing to rock her or sing to her or, you know, try to reach her and help her calm her body down. And then she started to hiccup. And I didn't know that that was a sign of little mild sign of distress. And then after that, maybe she would throw up and I'm like, Oh, my goodness, what's happening? I didn't know. My well intentioned loving efforts were sending her into distress. So here's my here's my, my like, soothing comfort for parents who are nice, kind parents like we are right that we try so hard, please know, it's not something you're doing wrong. Your kindness, your love. It is so important. It means so much to that child. But when we figure out that we can also understand that really where interactions are landing in our child's nervous system aren't all our fault that those sensory contours may be coming from, as I say, underneath the tip of the iceberg that have nothing to do with us. And once we tease all that out, like you said, Robin, we can, it's, it's related to the relationship, but it's kind of a precursor. If you're not stable in your physiology, if you're getting thrown around. And you even if you look like your ventral vagal, you look like you're green on the outside, you could very well be having this tumult inside. And that neuroception is telling you you're not safe for whatever reason, this is complicated, but have patience, have hope and seek out, seek out help. Like I have had, I all my teams have amazing people, whether they're OTs or other professions, who specialize in sensory processing, and helping me figure out like, for this particular individual, what are those sensory supports that will calm their nervous system? And what are those sensory supports that are triggering it? That is a very simple act, if you've got a child who has a team, for example, an IEP can be really useful.

**Robyn:** Absolutely. And I also want to just even, like, anchor that in for the, especially the therapist, and the professionals who are listening, because your kids that have behavior problems, so often, somebody sends them to the therapist, right, some of the pediatrician or the teacher or somebody says, this kid needs therapy, and they go to see a mental health clinician. And so it was so valuable for me, as a clinician, I'm not practicing clinically anymore. But when I was to be able to have just a general idea of some of these things that are outside my scope of practice, right, like I don't treat sensory processing disorder, you know, there's a lot of things that will help the regulatory circuits at, there's a lot of things I can do in the office chairs I'm gonna have there. But there's also a lot of things that were just way outside, you know, what I did, and being able to notice that, you know, I think, as a professional, and say, to a family that, you know, I actually I think before maybe you would benefit from working with me as a mental health clinician, let's look at some of these other physiological things that are happening with your kid. And I think for mental health professionals to just get enough knowledge about some of these things that they can make good referrals, is really, really important.

**Dr. Delahooke:** Yeah, no, I think that's super important. And, and that if you want to take it a step further, which is, which is what I did is that it takes it takes quite a few years. But when you become a transdisciplinary therapist, you're not acting as if you are an OT but you have some practical knowledge to do to go a certain way so that I could keep it in house with myself. And

then when we really needed help, man, that's where I really recommend looking at things like the DIR for time, perspective, foundation, and ICDL.com, who do trans disciplinary language so that mental health clinicians, OT speech therapists, trauma therapists, physical therapists, and pediatricians and teachers all are using the same language on social and emotional development, which gets us back to trying to give parents a cohesive amount of advice rather than all this scattershot advice. Yeah. Which is, I think the the main thing I wanted to do in, in Brain-Body Parenting is to gather all the information in one place so that parents can say, oh, that's why somebody recommended one thing, and then other recommended something else. Now I know what the real goal is, the real goal is to customize it to my kids nervous system, and to my own, and we can anchor in customizing our therapy or our parenting in the nervous system of that specific child, teenager, baby toddler, whoever it is.

**Robyn:** Yes. Oh, what I love about this the most as I talk about this a lot that I want to re-empower parents, right? So instead of constantly, I get when things are really hard, and I'm feeling overwhelmed and I don't know what to do. Like I start seeking information. I'm, I'm a collector of information. I understand that as a coping mechanism, and collector of information, I'll just own that. And and that's helpful. It's how it helps To regulate me, it helps if you feel like okay, there's a place I can turn. And you're working with parents and I can say, you know, my stack of books, I'd be like, none of those authors have ever met me or my kid, or I'll tell parents like, like, our kids don't know, the theory, like, they haven't been clued in to what the theory is yet. So we have to take what, you know, we can take what we learn, and then apply it to the real life human that's in front of us, our kids, each other, you know, me working with parents, and I think that's one of my favorite pieces about this, this work and the work that you do as well, like really understanding just like, it's, you know, going beyond behaviors, like, what's underneath this? What's the physiology? What's happening? Because I think it can help parents move back into such a place of empowerment, past, here's this, you know, toolbox full of tools that I'm going to give you good luck, use them and see what happens. But here's a toolbox full of tools. And also, I'm going to tell you about why they work. So that as you're with your kid, you can know them and know their physiology and have some ideas and then just play in that dance of serve and return and rupture and repair and, and find each other again, yeah. Ah, well, goodness, thank you so much. This has just been delightful. It's been a fantastic afternoon for me, I'm so grateful for it, not just for your time today, but, but for your life's work. Like you are changing the lives for kids and families. And it matters and it's really important. So thank you so much for that.

**Dr. Delahooke:** Thank you. Thanks so much for having me on. I love talking about it!

**Robyn:** I do too. I did you obviously. Okay, so I will make sure everybody knows how they can find your book. And I assume people can find you, like MonaDelahooke.com. Does that? Yeah.

**Dr. Delahooke:** That would be my website. Dr. Mona Delahooke, at Instagram, Twitter, Facebook on the download page. And yeah, the book is available. Pretty much a lot of places. It's available to Amazon, of course, but Barnes and Noble, HarperCollins, independent bookstores, I've heard it's also at Target and maybe a few other places. I know I'm excited. I

can't I beyond, I'm beyond excited now that it's out there in the world. And I really, I really hope parents will let me know what you think. And maybe take ahead so thanks again.

**Robyn:** And is it going to be audiobook?

**Dr. Delahooke:** Yes! Audiobook, Kindle. I loved the the narrator that they chose; they did not just choose me because they found something better. So yeah, audio in in all the formats.

**Robyn:** Okay, perfect. I know my listeners love audio. Obviously those things are [inaudible]. Oh, yeah, that's fantastic.

**Dr. Delahooke:** Oh yeah, yeah! Check it out on Amazon. Thank you so much, Robyn!

**Robyn:** Okay, Thank you!