



Episode #154:

**Dr. Mona Delahooke on Looking Beyond Children's
Challenging Behaviors**

April 23, 2019

Debbie: Hello Mona, welcome to the podcast.

Mona: Hi Debbie. I'm so happy to be here with you.

Debbie: Me Too. I, you know, we just met in person I guess a month ago or something. And so I wish we had had a chance to talk more about your work, uh, when, when we were in the same room, but I'm so excited to dive in today. And just as a way to get us started, can you just tell us a little bit about yourself and your background and what you do in the world?

Mona: Oh, sure. Well, I'm a child psychologist, clinical psychologist, here in California. And I've been doing this work for, uh, going on my third decade. So it's, it's been quite a while and my areas of specialty are really numerous, but I'm an infant mental health specialist, so I work with infants and toddlers all the way up to adults. And I got started in my specialty, actually I was, I was trained as a general clinical psychologist, but I got very interested in going deeper and having kind of a subspecialty of, of understanding more after I had my first child. And her needs as, as I learned them through graduate school, I wasn't able to find the answers to all the questions I had when I was raising her.

And so I went, after my doctorate, I went into two different training programs that were subspecialties in helping neurodivergent children and looking at challenging behaviors. And that kind of set me off into a whole new area of hope and excitement that brought me kind of further away from general clinical mental health and more into the areas of strength, resilience and appreciating neurodiversity.

Debbie: Awesome. And so we met at the Profectum conference and that, you are a senior faculty member of the Profectum Foundation. For listeners who aren't familiar with Profectum and Floortime, could you just kind of give us a quick snapshot of what that is?

Mona: Sure. The Profectum Foundation is a nonprofit organization that is dedicated to helping parents and professionals better understand children with individual differences and unique needs. And a lot of the faculty at the Profectum Foundation are part of the DIR community and DIR stands for Developmental, Individual Differences and Relationship-Based. So DIR is a, um, a treatment approach or an approach to helping families and children and parenting I think as well that is dedicated to focusing on respecting individual differences in the context of warmly engaged relationships. So it's a cool organization and it stands in contrast to a lot of other organizations that are more focused on surface behaviors and less on emotional health.

Debbie: Yes, lovely people. Like the weekend I had a chance to spend at the Profectum conference was so just eye opening to me. I learned so much and just what a generous community and the philosophy, it just felt so good, you know, and, and very much in alignment with what we believe at Tilt, and what my community

really believes in terms of respecting the individual and really meeting them where they're at and helping them become the best version of themselves.

Mona: I'm so glad, I'm so glad you felt that way and we were thrilled and we're so grateful that you made the trek over to speak to us. What you, what you told us was such a gift. And yeah, parents drive the, the message and the needs and the parents are, are the experts in, in our minds. So it was wonderful to meet you and so happy to continue our conversation here.

Debbie: Thank you so much. Thank you. Well, what I want to do is introduce listeners to your work specifically, and you have a huge body of work, so we can't even really probably cover even the littlest slice of it. But you do have a new book out that I want to talk about. It's called *Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges*. So can you just kind of give us an overview about what your book is about and the core message or the key themes of your book?

Mona: Well, thank you. It's, I wrote the book really out of the need I felt to explain the paradigm shifts that are necessary, in my mind, that are necessary in understanding behaviors. And the viewpoint that I came from was after sitting in hundreds and hundreds of IEPs where I felt that a child's behaviors were not properly appreciated. And in fact sometimes even punished or consequence and, and those behaviors, they got worse. And so I wrote the book to introduce, in a hopefully user friendly way, the paradigm shift of where we're going with understanding and supporting children with behavioral challenges. And there's kind of three areas that I, that I want to let listeners know about and that I talk about in the book. And one is that I want us to examine the status quo and really understand, I want parents to understand, that there are different ways of viewing behaviors.

So in the education system, for example, oftentimes behaviors are viewed through the lens of compliance or noncompliance, right? Like a simplistic compliance is how we interpret behavior in school. A child is either behaving or they're not behaving. And when we put the lens of what we know about how the brain develops and also how human beings develop resiliency, we see that the new idea isn't viewed through compliance, but it's viewed through how the brain and body detect safety and threat. So that's one uh, the shift in how we interpret behaviors leads to the need to have new responses to behaviors where we're not aligning behaviors as good or bad and assigning consequences. You know, we'll give rewards and punishments for example. And the, and our status quo is categorizing behaviors as good or bad. And the very important idea, especially for behaviors in children that are given, uh, labels such as DSM diagnoses and things like that, is the difference between a purposefulness behavior and what we might call a stress response or a stress behavior.

And the way we shift that is that we, we really adjust our expectations and we realize that the behavioral expectations that we have for our children are based on older models and they're not very friendly to compassion or brain research, so they're not what we would call neuro-developmental. And systems take a long time to change. So oftentimes, even for parents, I mean, I was in the same boat.

When my child would have a behavior that I didn't understand or that I felt was aggressive or possibly disrespectful, I felt that as, as a parent, I needed to discipline my child. But what I was missing was the whole purpose behind the behavior and that would lead me down a much different road than discipline. So I'm sorry, I gave you a long explanation of why I wrote the book.

Debbie: No, it's great. I have so many questions now. My challenge is to ask them in a logical way so the listener can follow my train of thought here. But let's even just look at the concept of behavior because for many of us that is, you know, as you said, it's the first thing, right, that we hear, we get feedback from our kids' preschool teachers or their kindergarten teachers that, you know, some aspect of their behavior isn't fitting in. And it, it does seem to be that we're, you know, the push is for a quick fix or we have to address this specific behavior. So is there even a definition of behavior or is it that stress response versus purposeful, does that explain it?

Mona: Well, that's a really good, that's a really good question. And that's one of the problems is that we need to start to define what is it, you know, what is a behavior? So in the most general sense a behavior is an external response to either an internal feeling or a sensation or a thought or an emotion. A behavior is, is simply an outward movement essentially as to what a person is experiencing and what's motivating them to move or say something or do something. Now we have become very judgmental of behaviors and I think as a culture we have a definition of disruptive or challenging behaviors for example. And a disruptive or challenging behavior is often seen as a choice a child is making. And one of the biggest points I make is that there's that expectation gap between what we think a child can do in terms of controlling their emotions and their behaviors and what a child or teenager or young adult can actually do in terms of controlling their emotions and behaviors.

We have something called an expectation gap. And we get into a lot of trouble when we assume a child is doing something to test limits or uh, you know, to manipulate or even make our life miserable. I mean, we get all sorts of ideas because that's how we're trained and many of us were raised that way. But we need to blow that up and replace it with the idea that behaviors are adaptive and behaviors have very important meanings for children.

So an example, an easy example is a, say a preschooler for example, maybe a four, a four year old, um, who all of a sudden starts hitting or biting peers at school. And the teacher will call the parents, everybody's very upset, they'll issue consequences to the child at school and reward them heavily when they don't hit or bite. But the child is, has, is going through something. The child is having, uh, experiences, uh, related to something going on at home for example. A new sibling might've just been born and the child doesn't have words yet to be able to describe the distress or even knows that they're just stressed, but it's in their body. And so the thresholds for behavioral control go down. And what you see are the challenging behaviors. But if you ask the child why they're, why they did something, why they hit their, their peer, they will have no idea because it's subconscious. So when that is the case, the approach shifts by necessity from disciplining the child to helping the child be able to locate what's going on,

eventually talk about it. But sometimes that can take a while because it, it's a developmental process as well.

Debbie: So does this expectation gap exist for all children? And you know, as you're, as you're describing this, I think about the kids in my community, you know, differently wired kids, many of whom have invisible differences and are, and are in mainstream schools and settings. But they're standing out because of behavior. Is it that all kids have this but, but some kids are better able to, to comply or to mask what's going on with them?

Mona: Absolutely. And the, I think the, the, the two key words that pop up in my book and in DIR, it's this, it's a staple, are individual differences. But every single individual child or adult, all of us, will have triggers and causes to our behaviors that float, uh, during, during the day. But there are certain categories of kids who will be less able to organically control their emotions or behaviors by no fault of their own. And some of these kids are our differently wired kids. When your brain is wired differently and you perceive the world differently, literally differently through your senses, because that's how all human beings experience life is through all of our sensory systems and through movement. Sometimes the ability for intention, what we call intentional control of our, of our behaviors and emotions is challenged. And in that case, we, we all need to have, in my mind, we need to understand that in that moment the child isn't choosing to misbehave, the child may be under stress or even suffering.

So the answer to your question is yes, the expectation, we have an expectation that just because a child can talk or symbolize what they're feeling through typing or art or, um, just because they can control their behavior some of the time, that we think they should be able to do that and tell us what's on their mind all of the time. And that is a critical expectation gap. It's not only for preschoolers, it's up through high school and beyond, the ability to locate a sensation or a feeling or a thought and give it words and then get help or seek help from either a strategy or from others. Many, many adults don't have that ability. So we, uh, it takes a long time to develop.

Debbie: Yes, absolutely. Many adults in, that I have known in my life do not have this ability. But so I think this idea of that a lot of us still even even knowing this or you know this makes sense in a very, a logical level, that idea of choice still feels like it's something that comes up. You know, I, I hear this a lot from parents, especially if a child has made a good choice or has behaved differently in the same situation, then a week later is unable to, to respond in, in, in that same appropriate way. I'm using air quotes when I say appropriate. So maybe even, let's talk about that a little bit more. Cause you, you'd said there are two types of behavior. There's purposeful and there's stress response. And I think when you have a child who is, who is behaving in a bigger way, we've been intervening, we've been supporting, and then we're still seeing the behavior, it's often easy to just feel like this is a choice or they, you know, why is this continuing to happen? So can you talk more about that?

Mona: Of course. And, and I think we need to give ourselves as, as parents and caregivers, a lot of compassion for feeling bad because it's logical, right? I felt the

same way. Uh, it was, it was like, look, you, you showed me you could do this yesterday and now today things are falling apart. So what's up with that? Um, but again, the way humans have control over their emotions and behaviors is more complex than simple choice. And the way I've understood it the best is through looking at the autonomic nervous system. And in the book I, I simplify, greatly simplify the work of Dr Stephen Porges, who in my mind is one of the world's top neuroscientists. He's an amazing man and so gracious with sharing the knowledge of the, of the autonomic nervous system with the world so that we can begin to help our children become more friendly with their own systems. So this is why a child can do something, can have control one day and loses it the next, it's because our pathways in our brain that control our behaviors shift, they're like, they float. And do you know how sometimes, like if you've maybe had a bad night of sleep before and had three cups of coffee on an empty stomach and anything can trigger you?

Debbie: Oh no, I'm not familiar with that at all.

Mona: Okay, either have I! We'll have experienced difficulty in just having control over how polite we are with our loved ones. And so, um, in the book I describe the three pathways really of the autonomic nervous system as colors. So I call the green pathway is the one that's related to social engagement. And when you're calm and alert and you are, your body's relaxed, you are um, having smiles or you have neutral, uh, expressions on your face, but you're, you, you have your, you can laugh, you can be calm, you can listen, you can remember things. This is where we all like to have our students and, and it's, it's most fun when you're in the green because it's a green light to go ahead and do your work and have joy and be in the world. Okay, so that's the green pathway. We're all familiar with that one.

Now the red pathway is what is known as the fight or flight system. And this is the response that happens when green's not working and an individual senses threat either from another person or from the environment or something inside themselves. It's invisible like you, you, I think you used the word invisible, that something happens. And again, these triggers can be, they can be a memory, they can be a sensory experience. They are not really at the level of one's awareness. So it could be a smell. It could be a thought, it could be a tummy ache or, you know, fluctuating blood sugar levels as in the case of juvenile diabetes. There are literally millions of causes. And in this red pathway in when a child is, or adult, is experiencing a sense of threat, all of a sudden you will notice the expression on the face literally changes.

There could be anger, disgust, there could be a frown, a clenched jaw, a forced smile. Um, and then all of a sudden the child might want to move. They maybe have impulsive movements. They may be shoving or pushing or hitting or saying things that are really mean or threatening. And, uh, in the eyes and the body and the voice, we see these specific behaviors and it's, there are too many for me to name off right now. But as parents, we can begin to categorize what pathway our child is in. If they're heading towards red or if they're in red, then we know that asking them to control their behaviors, punishing them, or even trying to verbally, um, logic this thing out is not going to work very well. And we have to

go to our strategies instead of going towards judgment, we go towards compassion and thinking, oh, this child is suffering right now. This child may be having a stress response right now. And that's why they just threw the iPad on the ground.

So, uh, and then there's, there's also shutting down, um, there's the blue pathway and that's where we lose, we lose contact. The child will just move away. They will disconnect, they won't want to talk. Their face will be very flat, eyes will look down, they will appear to be sad and their movements will start to slow down. Those are children who are in a very, that's actually a more serious position than, than actively disruptive behaviors, which are a signal. It should be a signal to the adults around the child that the child needs help rather than that the child needs more punishment or discipline.

Debbie: So what is the blue, can you say just a little bit more about the blue pathway then if, if parents are hearing that and they're like, oh, that's what I'm seeing in my child. What does that mean?

Mona: Right. So if you're, if you are seeing signs of a child who is disconnecting, we might see a child seeming drowsy or tired. They are looking through people more than at them. Um, and then the, the, they may have a blank face and their voice may be quiet and not full of inflection. And these kids are starting to not explore and starting to disconnect as a way of coping with the perception of threat in the environment or in relationships. Again, it's not a conscious perception. So this is a body brain response. And so if your child is pulling back very far and you feel like they are going away from green and towards shutting down and going into themselves, this is another really important sign that we need to slowly and respectfully according to the child's individual preferences, their sensory preferences and what they, what they, what their go tos are to feel better in the world that they need massive amounts of support and we need to woo them back into engagement with us.

And again we, we have to base our plan on each child's nervous system and that's what I tried to do in this book is to describe the roadmap, how we create a roadmap for each of our children. Because there's no one size fits all for any child.

Debbie: Okay. Thank you.

Mona: So red, blue, red, blue, green. Green is, green is socially engaged, joyful, happy, learning or if not happy, calm and feeling okay. Red is distressed, moving away, argumentative, you know, not a happy camper. And blue is where we are kind of not trying very hard and we're losing social connection. So we can just think of red, blue, green and categorize ourselves as caregivers, where we are in the moment and our child and where they are in the moment. And that'll help us start to have a roadmap as to how to connect with them.

Debbie: That's great. Thank you for sharing that. So I want to talk a little bit more about anger and tantrums and meltdowns. Just kind of poking around on your website. You have a great blog post there called how anger, tantrums and meltdowns

protect your child. You also said in a talk, you have a number of videos on there, that stress response is not a challenging behavior. So let's talk about the, that really hard behavior cause I think it is something that can create a lot of fear and anxiety in parents if we are getting those notes from teachers or you know, things are happening that feel dangerous or you know, those kinds of things that draw a lot of unwanted attention to our family. So how can we reframe that? You know, I know there's two pieces right, there's supporting our child to have better perhaps coping strategies in those moments, but how also can we reframe what's really going on here?

Mona: And herein is the challenge. Because it, the fields, including my own, including mental health and psychology and education and social work have not made the paradigm shift yet. And so this is dicey. As a parent, you are going to get a lot of people believing that your child has, your child is doing this behavior because a) they have a label and I say label because I, the whole DSM labeling system is a) on its way out and b) ineffective in my opinion. But many people will say, well your child did x. And so they will believe either that it's because the child has a disorder, b) maybe the child doesn't have consistent enough parenting or maybe the, maybe it's the parents, you know. I to be honest, parents are blamed all too often, for difficulties that the child has at school.

And so as a parent it's hard. It's hard. And you, you kind of dread that phone call from school. And of course the school has, and we all have, a responsibility to make sure everyone stays safe. So you know, compassionately we do go for safety first to make sure that everyone stays safe. But I think we need to blow the lid off of the fact that these egregious behaviors, these most challenging behaviors where a child is actually striking out are an indication that the child is having some sort of a disruptive, purposeful misbehavior. And we must go to looking at the fact that the child is experiencing threat in the environment and it's up to the adults around the child to determine why and to fix that such that the child is not in these stress responses. And so putting our heads around the difference between an intentional misbehavior and a stress behavior, I think is, is one of the first things that we need to help our educators do.

As a parent. It might not be, it might not be easy, but I think I give some verbiage and I give some hefty science in the book so that parents can share this with teachers and with their, with their teams to to know that this isn't just a feel-good notion, this is hard science. And it's based on the understanding of the autonomic nervous system but also, thank goodness, in the last 20 years we've had this machine called a functional MRI come up so that we can see which areas of the brain are lighting up and when a child doesn't have this purposeful control of their behaviors, it's so important that we don't punish the child. So if a child is in a stress response and you punish the child, it does two things. One, it increases the depth of the stress response, the child will feel more unmoored and more red. And b, it gives the child the impression that they are bad or they are wrong or they aren't trying hard enough. And that's a destructive message for a child who does not yet have intentional control over their stress responses.

Debbie: Wow.

- Mona: It's kind of heavy. I know.
- Debbie: It is. It is.
- Mona: Yeah, it's, it's, it's really why I wrote the book. I want education, I got a wonderful email this morning from a school that ordered 50 copies of the book for their summer reading for their teachers. And I'm just so grateful because I fully believe that teachers and educators want the best for their students and everybody wants the best. But we have to come to grips with the fact that teachers are educated in a behavioral paradigm, which doesn't distinguish internal invisible triggers from let's just shape the behaviors. And usually in our culture the go-to is to get a behavioral analysis of what, what's happening to the child and then figure out how to either consequence and reward the child such that the, their behaviors improve. And that is an outdated model. That's what we need to move away from.
- Debbie: I yes, I, I'm just, uh, I'm so happy that this school bought copies of your books as well. And I think, I listen to all of this and it feels honestly just overwhelming. Like, there's so much education that has to happen. And I feel this way on a daily basis, you know, just doing the work that I do. I feel both optimistic and overwhelmed at the same time. But you know, just that idea that the child who, who gets upset by crying, you know who, or who becomes really shy, they're treated with sympathy and the child, you know, so it's the same, they're just responding in a different way. Same stress reaction, but it's externally manifested in a different way. When we are able as a society to show compassion for it and when we, we're taught not to. And that is a big mind shift that has to happen. And you know, your, your book is going to be part of this.
- Mona: Debbie, what you said, that is so, this is so important. You're right. And what you just said about kids who have a stress response and they cry or they do, or they're able to do something that, that garners support, Ross Greene calls those the lucky ones, right? But what about the unlucky ones? What about the ones whose default through no fault of their own is through these aggressive behaviors. They need that loving support and acceptance and social engagement just as much as the ones who cry, but they don't get it. So that's a really important point what you just said there. We have to extend that same grace to our kids with these more egregious behaviors. And until we do, we're going to, I really believe that it's contributing to the school to prison pipeline to be honest with you because it's, it's in our culture. So.
- Debbie: Yeah, I mean, and Dr. Ross Greene's *The Kids We Lose* and you know, his work in that space is very much feeling like this is a, this is where it starts and it does start in preschool. I mean, it starts at a really young age. And just hearing you describe how that reaction, especially in the middle of a stress response that kids are punished and how that can even deepen their experience in a negative way. I hadn't ever thought of it that way. And that is really, it's scary to think about.
- Mona: Well, I hope that, I mean, in the book I try to strike a balance of compassion for everyone involved. And the way I've, I think that the way I've been able to ride

the waves of witnessing so much suffering over the, over my tenure as a psychologist is by having compassion for everybody involved. So if there's a teacher listening to this recording who may have interpreted child's behaviors or parents and myself included, who, who punish their children for stress responses, please know that this is almost a natural tendency. We want to raise our children well, we have a great responsibility, and our education hasn't caught up with the brain science really yet. And it's, it's gonna take a while. But I hope that even though you, like you're on the front lines of hearing these stories every day, I hope you remain hopeful because otherwise it can feel kind of overwhelming. And that's why I love your community. From what I've heard, what I see on Tilt Parenting, there's nobody as motivated as parents to change systems. And so I want to energize you all to speak up, let your voices be heard, and don't let professionals tell you they know better because they don't, they just don't.

Debbie: That's great. Well, I want to kind of wind down this conversation, but I do have one question I, I've been wanting to ask you because I think this will be of interest to my audience. You've said that you don't believe that, um, oppositional defiance disorder should be a disorder. And you know, after talking with you, I kind of get why, but that is a label that many of our kids in this community have had. ODD or disruptive behavioral disorder or some, something along those lines. So can you just tell us your thoughts on those sorts of labels?

Mona: Right. Okay. So just a little tiny bit of background on how these labels get established. The label of oppositional defiant disorder is found in something called the DSM, the Diagnostic and Statistical Manual, and that is kind of the bible of how we categorize behaviors and disorders. Well in 2013, the national institutes of mental health started to move research funding away from the DSM. So the DSM has not proved to be the magic bullet, gold standard that it was sold when I was taught many decades ago. And so that is, that got me to thinking, okay, so the DSM is outdated. Why is it outdated? It's outdated because all it is is describing a cluster of behaviors. So children who get a diagnosis of a conduct disorder or oppositional defiant disorder, it's just describing a cluster of behaviors. Oppositional defiance are those behaviors that are, that children are, are pushing back on.

And those are the red pathway kids. Those are the kids who are almost knee jerk or very easily swept away by their emotions. They're in the red, they're in the fight or flight pathway super easily. And so what do they do? They try to manage that. Again, not on purpose, but the brain and body is an amazing thing. It adapts to the sense of threat. And so this concept that maybe we can talk about next time, it's called neuroception. It's the subconscious perception of safety and threat in the environment. I have found that working with so many hundreds of kids with this label over the years, that they have a tendency to sense threat in the environment more than safety. And it can come from a number of things, it can come from so many different things, not just traumas. So kids with oftentimes people say, well it's kids who have had toxic stress or exposed to trauma, um, can have these red pathway ODD like reactions, and they certainly

can, but it can come from other things such as, such as brain wiring differences and sensory processing differences and physical pain.

So you know, they have, you can come from so many different angles, but I believe that what ODD, Oppositional Defiant Disorder, really is, is a trigger happy autonomic nervous system that senses threat and goes into these involuntary responses and sometimes memorized transactions as well. Two responses so that the child starts to have a pattern of behaviors due to this difficulty in what we call emotional regulation. And that's why behavioral programs or level drop programs, when you have a bad behavior and you get a level dropped or you get a, you know, a constant negative consequence do not help ODD children for the most part. So I'm not saying take it away because of course the DSM is there, it allows insurance coverage, it allows children to get qualified for programs and 504s and all of this. I'm just saying that we need to look beyond, literally beyond a label, to see that these behaviors are a stress response and not due to a bad kid, poor parenting, not enough discipline, not enough consistency, but a child who has stress in their body-brain connection.

And the magical thing is once we figure out how to reduce that child's stress load through examining their patterns and examining their individual differences, and that's what I walk people through in the book, the behaviors start to decrease and that's a wonderful thing. And the child starts to feel valued. And once a child is able to value their own stress response and get help when they need it, instead of having the default oppositional defiant behavior, that's where the magic comes in because then we have self compassion on board and self compassion helps us throughout the lifespan.

Debbie: Right. Okay. That's so helpful. Thank you. I mean, just the label opposite, you know, there's nothing good about oppositional or defiant behavior.

Mona: There's nothing good!

Debbie: I mean, you hear that and it just makes me clench up. You know, it's bad, it's negative, it's a problem, you know, and then to think about, to reframe this in the way you did, this is, this is a stress response. That's something we can feel compassion for and we can get on our kind of problem solving shoes. How can we figure out what's going on and support this person? So I love that.

Mona: Oh, I'm so glad. And yeah, there's, there's neuroscience behind it. And uh, when I wrote the piece a few years ago now, I sent it to Dr Porges. You know because I'm not a neuroscientist, but he is, again, one of the neuroscientists that I respect the most in the world and he vetted, yes, he agrees. In other words that my clinical interpretation is matching the neuroscience and I, that's probably why the article's been shared over 100,000 times is that it shows how we, we can shift our thinking about oppositional defiance from something that we criticize and are afraid of to something we should have great compassion for and have our first line of defense engagement, love, warmth and connection for these kids who cannot tell us with anything other than their behaviors that they're suffering.

Debbie: Well listeners, I will leave a link, this is a blog post that Mona was mentioning had been shared more than a hundred thousand times. It's called Deconstructing Oppositional Defiant Disorder. And I'll have a link to that and, and Mona's website and her book and everything else we have discussed on the show notes page for this episode. But Mona, before we go, could you let listeners know the best place to connect with you and then if you have, if there's one thing you want listeners to take away from this conversation, what would it be?

Mona: I would say to give yourself, give yourself self compassion and understand that love and warmth and engagement can guide you through this and follow your instincts and know that nobody has the same love for your child than you do as a parent.

Debbie: That's beautiful, thank you.

Mona: Of course. And, but actually the title of the, um, the article was Oppositional Defiant Disorder or Faulty Neuroception. That was the one that was, that was shared 100,000 times. But the one on deconstructing is the second one that came out. But that's also, that'll give a little bit more on exactly what we can do. But um, yeah, readers have questions, feel free to email me and I'm, I have my website there and love feedback on the book. Uh, if anyone reads it, I'd love to hear about what they think and I'm just so grateful for you, Debbie, to have such a supportive community for parents because we need it. And it's awesome.

Debbie: Thank you. Thank you so much and thank you for this conversation. We covered a lot. I, there's a lot more we could do, so yeah, when, when you slow down a little bit, we'll have to bring you back on to go deeper into some of these topics. But this has been really eye opening and, and a, really a perspective that I don't think I've brought to this podcast yet. So just grateful for everything that you shared with us today.

Mona: Oh, great. I'm glad you thought so. And we, we have a lot so we can start unpacking it. There's a lot there, but I'm just so happy to be able to share with you today.

RESOURCES MENTIONED:

- [Dr. Mona Delahooke's website](#)
- [*Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges*](#) by Dr. Mona Delahooke
- [*Social and Emotional Development in Early Intervention: A Skills Guide for Working with Children*](#) by Dr. Mona Delahooke
- [Profectum Foundation](#)
- [How Anger, Tantrums, and Meltdowns Protect Your Child](#) (blog post)
- [Deconstructing Oppositional Defiance Disorder](#) (blog post)
- [Oppositional Defiance of Faulty Neuroception](#) (blog post)
- [Dr. Stephen Porges](#)