



TEFOS 2019

The Executive Function Online Summit

Hosted by SethPerler.com

BioHacking for Improved Executive Function

- Seth Perler: Hey, what's up everybody? This is Seth Perler and welcome again to the executive function summit. I'm really excited today we have Maria Rickard Hong from MariaRickertHong.com here today. And she is a holistic health coach that helps families, um, figure out how to help their child. And we'll get into more about that later. She has at least two books that I know of that she's written or been a part of. One is called almost autism and the other one is called brain under attack, which has to do with, um, autoimmune issues and how it affects learning and children. And I found out about her because I was on one of our webinars. She does a monthly webinars. She has an amazing website with it. It is full of excellent resources if you're trying to help your child with executive function or any other number of things. Um, she has interviewed a lot of, uh, professionals and experts, um, on her monthly webinar series. So you can check that out on the link right here or here, wherever that is. And um, Maria, hi, how are you doing today? What are we going to learn today?
- Maria Rickard: Well, we're going to learn about, uh, therapies that can help kids that have executive function issues. And also we're going to dig a little bit into why these kids may have these issues.
- Seth Perler: Okay. Awesome. And in order to sort of set the foundation and set the stage for today, I'm going to go into a few rapid fire questions. Um, tell us, tell us a little bit about who you are, not professionally, but personally, what, who are you, what's, what's important to you? What are your hobbies or
- Maria Rickard: hobbies? I'm into genealogy right now and I've been into it for about five years now. My sister and I have about 32,000 people in our tree. It all started because my dad died when I was 11 and he was a World War II veteran and I really didn't know him very well and I just wanted to know more about him. So, uh, it's sort of grown into this huge thing.
- Seth Perler: And do you mean 32,000 people that you're related to somehow somewhere in the world?
- Maria Rickard: Yes. Either. Either by marriage or genetically. And the cool thing is that we do it through ancestry, but you can also take your information and put it into other sites like my heritage or family tree DNA and uploaded there to see if you match anybody there. Um, but with ancestry they can actually show you how you're related. If there are enough family trees that have both you and that person's DNA in there. It's really cool.

Seth Perler: That's a big number of people to be connected to as you know, cause we talked recently, I was adopted so I don't know, um, about my family tree history yet, but that's wow, that's fascinating. Um, and then what is a holistic health counselor? And tell us about your professional background.

Maria Rickard: [inaudible] um, well, let's see. How did I, how do I get into this I guess is probably the question. So I used to be a sell side equity research analyst on Wall Street and I used to cover oil service stocks because I used to work for Halliburton. And then, um, I changed into a gaming, lodging and leisure stock and learned the high yield side of things too. And so I became a really good financial analyst and could, uh, supposedly I had some of the best, uh, spreadsheets on Wall Street for forecasting earnings. So I can tell you whether you would buy or sell a stock, right. But also knowing that the debt piece as well. And I quit my job when my first son was born. I was living in New York City and I'm glad that I did because he had a whole lot of health problems. Um, he was, we have projectile vomiting. He developed sudden Hypotonia when he was three months old. Um, he had developmental delays, he had sensory processing issues, he had asthma allergies, he had constipation, he was failure to thrive. And I'm trying to remember it, but there were probably a few other things in there too.

Seth Perler: So New York was a good place because there was a plethora of, uh, exposure to different approaches to really complicated issues like that.

Maria Rickard: Actually, no. Yeah. So I would, you know, would take him to like some of the top allergist at Mount Sinai hospital in New York City and they're, you know, they're like, oh, it's fine. He doesn't have any problems with food and come to find out, and this is sort of why I dove into what I'm doing, uh, is that when they test, they're only only looking for Anna Filactic allergies, which are known as ige allergies, but they don't look at things called Igg allergies or sensitivities, which are different from the skin prick tests that you get the rest tests. And so it can have a different sort of immune response. And it very, those kinds of things, the things very much affect the way that the brain and the immune system works because most of the immune system actually is in the gut. And so it's kind of hard to talk specifically about one thing without diving into all these.

Seth Perler: Well, keep, keep telling us how this got you into it though.

Maria Rickard: Yeah. Yeah. Well, and so it was because my son, um, developed really bad as had a really bad asthma episode. We had gone to La, um, and there were some really bad forest fires came back and you know, from all the smoke inhalation, he almost had to go to the hospital. It was so bad. He was on the nebulizers on soap, the next, he was on treadmill zone, he was on, you know, inhalers, all these kinds of things. And I had started to see a nature path for myself and I had started to see good results for myself. And I thought, well let me just take my son in here, let me see what he can do. And the nature path said cut out theory, like what? You know, we've been to a gastroenterologist, we've been to an allergist, allergist and nobody ever said anything about that.

Maria Rickard: They just said, oh, here's the Prevacid for his acid reflux, here's all the for his asthma and oh here, by the way, here's the Miralax for his chronic constipation caused by the Prevacid. And I said, okay, you know, I had seen good results and so I cut out the dairy and within a couple of days he stopped throwing up after every meal his asthma got better, his sensory issues started to get better. And I'm like, okay, what else is there? They're not telling me. And that was part of my big, big deep dive down into the rabbit hole. And finding out what we call is a biomedical approach, which is really looking at those root causes.

Seth Perler: Okay. Awesome. Thank you. And I don't want to get too far off topic, but I think it's really relevant now for people who are listening who have grown up in sort of this western medicine world and her used to sort of the a pill for every ill approach and stuff like that. And they hear somebody talking about dairy or for example, my, my dad went into ketosis a week and a half ago and he said his swelling is already down so much because he's not eating inflammatory foods, right? Yes. He went into diet, dietary ketosis purposely. Um, and so anyhow, that there are these approaches that people are really skeptical about. Can you, um, tell us a, a just a little bit about some of, just a little bit of background about how holistic approaches or just a quick snippet about that.

Maria Rickard: Yeah. Well, I will say in, and this is what I had to do for myself. Okay.

Seth Perler: It's call too by the way. You,

Maria Rickard: oh, it's completely mainstream, right? Like, my son was on 10 different medications. Uh, he was drinking PD usher every day. The pediatrician told me to take him to McDonald's because he'd actually lost weight when he was 18 months old. Right. So I'm like, okay, you know, this is what the doctor said. But with the functional medicine approach is, uh, it's sort of taking a cue from the nature paths that are out there, but it's studying it. And so there was a famous, I want to say was a phd, Jeffrey Bland, um, looked into what's called Ortho molecular nutrition, which is probably one of the founding principles of functional medicine. And there are thousands and thousands of peer reviewed medical research studies that are listed both in those books, almost autism book. And then also in the brain under attack book too. Um, that your doctor isn't reading because you know, pdf,

Seth Perler: they're trained in, in western medicine.

Maria Rickard: Yeah. Then you know, they, they go through their training in medical school and then by the time they get out, they just don't have time. They're busy. They're dictated typically by insurance practices and you know, they can see your kid for maybe 15 minutes at a time. And the best outcome usually is, you know, either wait, see, or here take this medication. So they don't really have the time to dive deeply into these things. And what I've learned is that it takes about 17 years for what's showing up in these peer reviewed studies. Like, you know, all these different kinds of studies that I read, um, to show up in medical practice.

Seth Perler: Cool. Thank you for saying that. I just really want parents to come at this today with an open mind and just know that there are so many great solutions out

there. There is value in western medicine, there's value in eastern medicine, there's, there's value all over the place. But we need to get the blinders off of thinking that there's only one way and really find what works. And I know that in my work with kids who struggle with executive function, I'm really looking at all kinds of things. It's not, it's not just tutoring and how do we get this kid to do their homework? Like there's so many things that affect the whole big picture and we really need to look at it from that perspective and look at it from a quality of life perspective. So how do you help family specifically, if family comes to you and they say, hey, we need help, why do they come to you specifically?

Maria Rickard: Um, because I've gone through this myself. So the first book I wrote almost autism is mostly about my older son who had really, really severe sensory processing disorder and it was so severe that whenever I looked up symptoms for it, um, that it would, I would come up with autism and I'm like, I don't think he has autism because he was very, very verbal. Um, but he was delayed socially and he was delayed physically as well as having the sensory issues. So some of the symptoms overlapped with autism but not all. And it was really kind of confusing to me. Um, the problem is, is that it is not a diagnosis in the DSM five, which is the diagnostic and statistical manual that, uh, psychiatrist insight income trusts will use to, you know, basically for coding for insurance purposes, right? So it's not a standalone diagnosis.

Maria Rickard: And so because of that, it doesn't really, it's not really given much weight yet. It's sort of lumped into autism. Uh, but in any case, I have recovered him to the point. Uh, he's just finishing up eighth grade going into ninth grade, doesn't have an IEP, doesn't have a five oh four, um, does have a mild diet and a diagnosis of mild add. But it's if, if we're, if we take care of some of the things than he can do. Okay. And, um, with the love of the therapies and the interventions that I've done for him, he's able to do pretty well.

Seth Perler: So what's your superpower as far as helping people who struggle with executive function?

Maria Rickard: Well, the first thing is to, uh, undue stress. Um, and so I really teach people, you know, it's not just yoga and meditation for their and breathing, although those things help tremendously, but understand how the body reacts. And a lot of that actually gets into the way that the body in the brain are wired together. And to have parents understand that, um, a lot of these kids, um, if they have autism or ADHD or sensory processing disorder or learning disabilities, we lump them together and what are called neurodevelopmental disorders. Um, so just because I'm talking about my kid with sensory processing disorder, don't think it doesn't apply to your child, right? Because all of these kids have exec executive function issues. Right? Um, what we found out is that kids who are typically developmentally delayed to like my son was, he crawled backwards when he was eight months.

Maria Rickard: He, when he finally crawled forwards, he crawled on his Tunney, that army crawling, uh, and then he crawled on his hands in his knees when he was 19 months old and then he walked when he was 20 months old. Those are like some pretty severe developmental delays. And because of that, it means that his

body and his brain were not wired together correctly. Especially, you need to make sure that baby is crawling on all fours, um, because it wires the rest of the body with the vision, with the stipular system, with auditory processing, and also typically in a lot of these kids to have what's called a retained Moro reflex, which is the startle reflex, right? So if the baby gets startled, he'll automatically sort of reach out for the mom. Um, but a lot of these kids have not had that inhibited. And so it's, it's still there.

Maria Rickard: Right. And that's one of the overarching, uh, re primitive reflexes in kids today that in the fear paralysis reflex. And so these kids are in a constant state of fight or flight. And when that happens, the brain shuts down. I mean, you got to think about it when you're in a state of, Oh my God, I don't know. Like when I was in New York and nine 11 happens, it's like, you know, you don't think you just do, right? Uh, yeah. So you're really good at sort of seeing how the, the body and brain are developing and these sort of inconsistencies. You're going to figuring out what those are and how and alternative ways of addressing this so that so that the child can develop, um, more effectively. Yeah. So they can, so their body is healed and to understand, help parents understand, I'm really just a, you know, a coach and a teacher and I educate, right.

Maria Rickard: Just like you do. Um, to help them know that the body and the brain are connected. That just because their child has an executive function issue or focus or you know, learning disability or whatever, uh, you got to understand that that's very much connected to the rest of the body and especially the gastrointestinal tract because the body and the brain are connected and the gut host about 70% of the body's immune system and researchers have found out within the past few years that there are immune cells within the brain, which is really, really kind of interesting. And so we're looking at all of these neurodevelopmental disorders as more of a psycho, neuro immunological issue. And I, when you look at the body and the brain connected together like that, you can get a whole lot better performance out of everything, which is great.

Seth Perler: Yeah. There's so much coming out right now about the gut biome and how important it is and, and, um, and all of the microorganisms that are, that are a part of us or maybe that we are a host for as some would suggest. Um, which is really fascinating stuff because one of the things that I've seen consistently in 20 years of working with kids is a lot of kids who struggle with executive function have stomach issues in some way, shape, or form.

Maria Rickard: Yeah.

Seth Perler: Um, and it's such a consistent strand. It really makes so much sense. How, how related these things are. Um, so, uh, I have two more questions for you and then we'll really get into the meat of this today. How do you define executive function in one sentence?

Maria Rickard: Oh boy. One sentence. Well, uh, I don't know if I can do it a one sentence death. Jeez. Uh, it's the ability of the prefrontal cortex of the brain to, it's, it's more for abstract kind of things, for time management, for strategizing, for prioritization, for focus, attention, those kinds of things.

Seth Perler: So tell us more if, if I was the parent and I was like, what is this executive function thing? What's your frame on how, if I was like, I don't get it, how would you explain it?

Maria Rickard: It's called the mommy brain. It's called the mommy brain. Right? And so that part of the brain does not develop, uh, until the child was about 25 years old, which is why insurance rates start to go down. And I think I've read that, um, the brain, that part of the brain does not develop until about 30 years old these days. So basically it's mommy brain. So this is why you're always having to remind your kid, Hey, do your homework. Hey, do this. Hey, pay attention to hey, whatever. Because your child's front part of the brain is still developing. And so I help with things that will help that develop better.

Seth Perler: It's funny that you say that because I have a lot of moms say something to the effect that they are their kids executive function. Yes. Cool. So let's unpack, um, your expertise some more. Um, so a client comes to you and I want to again set the stage for people who are listening. So we'll, we'll just sort of surfacey and then in, in some depth, but somebody comes to you and they're at point a and they said, Maria, we're point with our kid. This is what's going on and we want to get to point B. How do you in your work to find the point a to point B so that people who are watching can kind of relate to, um, how, how uh, how this approach can help.

Maria Rickard: Yeah. Well, I mean it's, it's a process, right? And so it's not going to be something that you do overnight. Just understand that. Right,

Seth Perler: right. Because that's the recurring theme with all the speakers. Yeah. Educational process or their point a and maybe it takes six months, a year, we years, whatever. But what is that point a look like?

Maria Rickard: Uh, [inaudible] for them is usually that their child is not doing so well in school. Right. Um, but that they also have all these other kinds of issues and that's why I take a pretty full health history for that child to help the parent understand the background and how, uh, that child's health is actually affecting their ability in school.

Seth Perler: And then point B, they've been working with you for a while. They really see some results and really things have changed for them. What's that look like?

Maria Rickard: Um, let's see. You know, the child is sleeping better for one that's huge. Uh, maybe not so many GI, gastrointestinal kinds of issues. Uh, better focus, um, better ability to pay attention, um, less stress, less anxiety. And when you get those kinds of things, uh, in line, then everything else just sort of falls into place, which is nice.

Seth Perler: You can definitely execute better with all of those things getting better. Yeah. Um,

Maria Rickard: [inaudible]

Seth Perler: well, I'm going to mention some labels in a moment, but before I even get into them, what's the problem with labels

Maria Rickard: that they don't look at the root causes. And so I'm also the media director of nonprofit, it's called epidemic answers, a n s w e r s. Dot org. Uh, and we let parents know that recovery is possible from these neurodevelopmental disorders as well as things like asthma, allergies, autoimmune disorders, mood disorders. The problem with us is that people tend to get attached to the label. And so, you know, I mean, as a parent when I was trying to find out what was going on with my son, I'm looking up sensory processing this and sensory processing that, um, it's not looking at those root causes, but when you look at the root causes, all of those neuro neurodevelopmental disorders as well as autoimmune disorders in the mood disorders, they're all sort of the same underneath. It just depends on exposures and how it gets expressed. Does that make sense?

Seth Perler: Absolutely. Yeah. I talk a lot about iceberg theory where we see the tip of the iceberg, um, and, but we don't see what's underneath the surface a lot of times. And that I think would be sort of your root causes. Um, uh, you know, I might look at it differently than you in turn, but we're both looking at what's beneath the surface. Um, because I, I'll see, you know, on the tip of the iceberg, you know, uh, homework battles and, um, missings and incompletes and late work and zeroes and not studying and not knowing how to study and not using a planner and disorganization or what have you. But why is that going on? And, uh, so much of my work has to do with let's look at the why. Because what we tend to do is say, hey, just try harder. Hey, stop being lazy.

Seth Perler: Okay. Get more motivated. And those things don't give the kids the tools that they need to have a transformative experience. So we'll just beat up on themselves if they start to internalize it. So we have these labels and there are problems with the labels, cause it often doesn't look at that. But there's also a value in the labels. And I want to ask you, I have several here, um, from your work that I, I just want to get a quick, um, idea of what it, what, how you would define the thing. You Ready? What is you are, what is autism?

Maria Rickard: Oh boy. Ah, it is a whole body disorder. A that it means that a child usually has a problem with social skills. They may be nonverbal, usually language skills as well. Uh, it could be nonverbal or low verbal. Um, but then you also have sensory processing issue in there. Most kids right

Seth Perler: to that in a second cause I'm going to ask about that and what, what is almost autism?

Maria Rickard: Yeah. So that would be like my son, right? Who has, who had the sensory processing disorder, like all the sensory issues like sights and sounds and touches and feelings and distibular motions and things can upset the child. Um, that could be either sensory seekers or sensory avoiders or both. And uh, all kids with sensory processing disorder do not necessarily have autism. But most kids with autism do have sensory processing just where and, and kids with learning

disabilities and add ADHD also typically have sensory issues that are undiagnosed.

Seth Perler: And I feel like sensory issues is one of the most unnoticed things that I tend to see. Um, that people, it's such an internal thing for a person. The, the experience of their senses that you can't look at somebody and say, oh they're, they're being distracted visually by all, all the lights and movement around them or what have you. Or, or the, the Guinea pig in the classroom, that deep grass for a pet every time it moves or makes a noise. Like th they're not filtering out that sound enabled, you know? So can you, I w I do want to unpack this a little bit more cause I do think it, it really affects executive function center stuff does because it prevents you from being able to execute and focus. So can you talk a little bit, I think it's missed so much. I think it's worth that you telling us a little bit more. How do you know if your kid is struggling with some sensory things?

Maria Rickard: Well, take a look back at that child's development when they were little. So for my son, it really hit really hard. Uh, when he was a couple of years old, that's when I really started to realize something was going on. He would cry about everything and I'm like, that's what sent my health into a tailspin and why I started to go see a nature path. Um, but it was crying about, you know, the sounds being too loud. I couldn't take him to the grocery store with, you know, halfway in he would just have a meltdown because the sounds were too loud. The, it's just weird for him. And so, you know, if I was lucky I had my husband with me, he could take him out to the car, but you know, I couldn't, he couldn't swing on swings or slide on slides or do the merry-go-round, you know, when he was just a little baby and you know, you try to write it off and oh Ho, you know, isn't he kind of [inaudible] just not a good day.

Maria Rickard: But after a while it sort of built, stuck into a pattern and you start to see that there's something going on with this child that's a little bit different. Um, another thing that will show up is, uh, for my son because he had such bad stipular issues, is that he would do parallel play when he was two, three years old instead of playing with other kids. And that's because it's where they're looking at another child. And maybe they're both playing with Legos, but they're not playing with each other. So they're not playing softball or something like that. Um, and that's because if you, if your vision is off and your vestibular system is off, you have a very poor awareness of where your body is in space. And so it is much safer for you to just stay there and let the other kids around like little ping pong balls. Cause that's what most kids do. Unless you have sensory avoiders like my kids were, right.

Seth Perler: [inaudible]

Maria Rickard: so that's what it might look like for a little kid. For an older kid, it's going to be a little bit harder to tease apart. So you're really gonna have to look back.

Seth Perler: So what's a sensory avoider?

Maria Rickard: Yeah, so the lights are too bright. The sounds are too loud. The feelings are, you know, too rough and scratchy. You know, you got tear all the tags out of your shirts and I still do that.

Seth Perler: Yeah. I, you know, I sometimes, um, I have sensory sensory issues, for lack of a better word, but sometimes I can't take the noise of something and I feel so, um, different from the people around me. And I used to be like, why can't, why do I want to leave here? And I'm an extrovert too, but why do I want to leave right now? And all these people are perfectly happy with all this noise, but it's like I'm hearing everything, you know, I'm fine with it and it can be soothing. But um, so these kids with sensory issues, it's like, um, it's so I feel like they're very intense or are they experience sensory input very intensely.

Maria Rickard: I have worked with a child who is so sensitive to sound that he could hear a butterfly flying by and it was annoying to the child.

Seth Perler: Right. So, and how sad when like we don't see that and we're just like, no, we're going in the store. Why are you giving me a hard time blaming calc two and two? Yeah. Yeah. And there's some, again, like you said, there's something going on beneath the surface, um, that we need to take a look at it. Cool. All right, so a autism, most autism, SPD, sensory processing disorder. What's ADHD?

Maria Rickard: A attention deficit. Hyperactivity disorder.

Seth Perler: I mean half that. Tell us what, sorry. Going back to the labels. Sorry. If I was,

Maria Rickard: the would be just the attention deficit without the hyperactivity. Right. And so it's just an inability to focus. And so if you're the ADHD kind, you're probably bouncing around a little bit more and not able to sit in your seat. Uh, a kid who has just add, we'll probably look a little daydreamy and unfocused and not paying attention. Right. And that's the problem when you get into later, uh, as you talk about what the two eat kids or the twice exceptional kids, right, is that a lot of times those kinds of focus issues can mask their giftedness and their giftedness can mask their disability. So it's a real conundrum.

Seth Perler: Yeah. And tell us about pans and pandas.

Maria Rickard: Yeah. So, uh, that was the most recent book that I've worked on brain under attack. This one right here. So pans is the overarching umbrella. It's a pediatric acute, um, neuropsychiatric syndrome and it can include things like Lyme disease, OCD, odd, um, most mood disorders as well as pandas, which is, uh, where you get this sudden onset of symptoms caused by a strep infection that has crossed over into the brain. Uh,

Seth Perler: and I feel like this is something that goes undetected a lot as well. Is that right? So if a parent has never heard of this and they're watching right now, what would you tell them? Yeah. Here, check it out. There's this thing called pans. This is how you, you know, to look deeper to see if it exists.

Maria Rickard: Yeah. If your kid typically has a sudden onset, although for my kids, it wasn't, has, uh, didn't seem to be as sudden onset at the time. But agents rages like anger or tics, like motor tics or physical kicks or [inaudible] declaring tics, um, academic regression, developmental regression, sudden onset of bedwetting, uh, OCD, hand-washing, those kinds of things, um, defiant kinds of things. And a lot of the, here's where it's get tricky. It gets tricky. It's like if your child is in puberty or about to go into puberty, a lot of parents will just write it off and say, oh, well it's just hormones. And yes, the hormones do play a huge part of it, but don't let you know, the two are not mutually exclusive, right? So you could have hormonal decision disorders or just growth as well as pain. And,

Seth Perler: and Lyme is actually, uh, under that umbrella as well, Huh?

Maria Rickard: Yes. Yeah. And, uh, Lyme is another, uh, infection that can cross into the blood brain barrier. And so you can have things like viruses or bacteria, uh, that can cross into the brain. And it used to be that we thought that the, there was this Berlin Wall of the blood brain barrier and that it would keep everything out. And that is not the case. Um, there is a lot of peer reviewed medical research that's out there that are put into the book that shows that, um, things like antibiotics, electromagnetic frequencies, concussions, um, things that are, uh, toxins like polysorbate 80 can open the blood brain barrier and let these pathogens in. Once they're in, then it kind of May, your kid may look like they're crazy. So there actually is a documentary called my kid is not crazy that I recommend that you watch because you know, some of it's actually really sad where a child has this real severe, seemingly mental breakdown and it's really just an infection that has crossed into the brain that is not being diagnosed or understood. And that's the problem is that it's a clinical diagnosis and not a lot of clinicians or pediatricians know about it. So we try to educate people and then it goes, I'm treated and, yeah. Yeah.

Seth Perler: Um, so when you have students that you see, um, with autism or almost autism or SPD, ADHD pans, what are some of the common executive function challenges that you, um, see in your practice?

Maria Rickard: No, lack of focus. Uh, you know, lack of attention. Uh, for my older son, it really hit when he was about fifth grade and he would have some homework. It wasn't a whole lot, but he would just put it off and put it off and put it off and it turned into this yelling match. And I'm like, I don't like this. I don't like the way this is going. Um, so a lot of kids look like that. I actually, just to let you know, what I did was I took him to a brain balance program, which actually addresses some of those primitive reflex integrations that we're talking about. Uh, and it's, uh, not cheap, I will say. Um, but within a three month time [inaudible] period of time, then he started to do his homework. He was able to plan better. I don't have to tell him anything anymore. He just does it. I'm like, this is awesome. You know, and it's really from addressing those PR primitive retained reflexes.

Seth Perler: So the brain balance essentially gave, um, physical exercises that force the brain to process in a certain way that helped connect some dots. Is that,

Maria Rickard: yeah. Good way to describe it. Yeah, that's a nice way to put it. There was a guy who developed the program, um, maybe you could get him on, I don't know if it'd be this time, but maybe next year or something. Daubert, Dr Robert Melillo and he wrote a book called disconnecting kids and he talks about how a lot of these kids have very imbalanced brains. They tend to be, I think for the most part, very left brain, which is very, uh, more seeing the trees for the forest. Right. So they're not so good at the abstract stuff. Maybe there's better. Yeah. Yeah.

Seth Perler: So when, when families start working with you, what are some of the common blind spots that they have? They're trying to help their kid. They're trying to help their kid with executive function, but they're just missing the mark and they've just got some blind spots.

Maria Rickard: Well, it's just understanding how the health of the body affects the health of brain. Right? And so I educate them on food. Uh, what food is. It's, it doesn't, you know, typically doesn't come in a box or a package, right? You gotta Cook it yourself and grow it from the farm, that kind of thing. Um, how food can help or hinder a child's brain and development. Um, those are probably some of the biggest blind spots. And then also, uh, trying to help them understand that this is a chronic disorder and that for chronic conditions, those pharmaceutical medications are typically, yeah, those medications are really good for something acute. Like if you, you're in a car wreck or you're having a, an asthma episode and you can't breathe anymore, then certainly you would need the pharmaceutical medications. But if it's going on and on and on, then you want to start to address some of those root causes that we talked about earlier.

Seth Perler: So a lot of the medications are addressing the symptoms, but not there. They're not doing anything necessarily to address the cause. So then the problem continues to be chronic. So, yeah. So that's really good then let's look at that. What, what is food? You know, I, I, I'm, I don't think I understood this until, I don't know, 10 or 15 years ago, but I would go to a certain fast food restaurant and I was [inaudible] at the time and I would go through the drive through and think, okay, this is chicken, this is potatoes, it's got a tomato on it and a piece of lettuce. This is healthy. And this one, it's all one. And I don't eat that anymore because it's not for me what I consider, uh, food or, you know, and I'm very aware, but I, it took me so long to understand that. How, how do you define food? This seems like such a silly conversation to have. Right.

Maria Rickard: All right. I bet it will. So what is Food Maria? There's a really good book by Michael Pollan and he's the food columnists for the New York Times. It's called food rules. And his, I think his mantra is, uh, eat food, not too much. Mostly plants and anything that's made in a plant is not food. If it comes from, you know, if it is a plant, it's food. If it comes from plant, it's not food, right? So anything that's processed is not food. Um, but food is information, right? And, uh, the problem here in America that we have is that I used to think that the USDA and the FDA and EPA and everybody are, I've got our backs, but what I came to understand is that just because it is sold does not mean that it is safe. There is very little safety testing that goes on.

Maria Rickard: Most of the safety testing that does happen is actually by the companies themselves, like Monsanto and their glyphosate who are now being found out that, you know, you know, three cases so far have shown that glyphosate, which is a carcinogenic pesticide and also antibiotic pesticide has caused lymphoma a type of cancer, right? And that's sprayed on all of the wheat unless it's organic. Um, all of your genetically modified crops like corn and soy and, um, those pesticides actually affect the way the brain develops. And there have been a lot of studies that have shown how Organo, Corrine pesticides, um, can affect the brain and its development. Um, there is the children's health center out of mindsight, Mount Sinai Hospital in New York, and, um, Philip Landrigan is the guy who's headed it up and he's actually done some really, really good research that looks at how, um, different kinds of toxins that are in the environment and especially on our food affect our children's health and also neurodevelopment. So in a nutshell,

Seth Perler: yeah, I think it's such a complicated issue because it's really out of sight, out of mind. Like we go into a grocery store, we don't see them spraying side's poison on food at the grocery store. We don't see that part of it, right? We don't see what's happened in the fields. We don't see what's happened to the soil for years or decades. Um, and Oh, we don't see what happens when they're producing. Um, for example, fertilizers or, uh, and I, I'm no expert in this stuff at all, but I definitely know that my life feels better. I do generally eat organic a lot of plants. Um, and my easy rule

Maria Rickard: is I try to do two thirds of my plate plants. Yeah. That's what I hardly eat. I'm not a vegetarian, but I hardly eat meat anymore at all. Um, but I feel differently. I look different and I, um, have better energy and so on and so forth. But yeah, there's so much stuff in our food, um, that would have looked see, right. Uh, that's part of the basic, you know, education about what food is. Right. And then you gotta go on from there and say, well, then there are specific diets that may help your child say like a moon free dairy free diet or

Seth Perler: find gold or

Maria Rickard: Ricky Dah, Dah, like Diet, like your dad's flavors and preservatives, which if you lived in Europe, that wouldn't be an issue for the most part because I don't know if you've ever looked at labels on European packaged food, but it'll have like some pretty severe warnings and, or they just don't allow a lot of the substances in their foods that we do here. Like Kraft macaroni and cheese probably changed by now. But here we have like FD and c yellow, I forget what the numbers are, um, that are not allowed in European foods because they're known to cause things like hyper activity, allergy, you know, allergies and potentially lead to cancer, things like that. So yeah, just because it's sold doesn't mean it's safe. So you have to educate. Okay,

Seth Perler: great. Great. Um, what are some common mistakes that people who start working with you that they're doing? Um, what do you see all the time that you're just like, yeah, you're trying to help it. It's, this is not helping. This is, might be aggravating.

Maria Rickard: It's trying to be too perfect I think. Right. Um, that can be, that can be what's called a Orthorexia. Like I have to do it perfectly or not at all. And that's part, and I went through that too. And maybe you did too. I don't know when you first started going through this thing with food and that's like, I could never eat anything that's not organic anymore or you know, cause it's very, very overwhelming to have your world turned upside down and to realize that all these agencies that we thought were protecting us far not doing their jobs, uh, and so a parent can really get caught up in that. And so that's one of the things. And I will also say that it is a really good thing for if you're implementing a special diet for your child, have the whole family do it too. It's just easier. You don't want to single out that child, um, and make them feel awful or different. It's hard enough when they're in social situations at school, but to have that happen at home, you don't want that. So

Seth Perler: I think that's a really good point also about the sort of perfectionism with this and what you, I talk a lot with parents about. Um, the, I, I see a lot of parental guilt. Parents feeling like they, they're just not doing it right. And I'm feel really bad about it. And it's like, we just are where we are and we move forward with the baby step from there. So what's, what's the step, let's say with, with the Diet that's pretty easy for a family to implement if there is one?

Maria Rickard: Yeah. Well, honestly taking out the dairy was, it sounds hard because, I mean, my kid, they told me to feed him everything loaded with dairy, cheese and yogurt, ice cream and macaroni and cheese and cheese, pizza and whatever cause it's full of fat, full of calories. Uh, and they didn't realize that it was very much contributing to his issues. But actually cutting out the dairy was not as hard as what I thought it would be because there are dairy free alternatives left and right these days. And so I would say, um, I have your parents try that for a few days, maybe a week or so, and just see, you know, it's gonna be, um, a little bit harder if the child isn't in school.

Seth Perler: [inaudible] so that's sort of like the elimination diet approach, like eliminating dairy, see what happens. Yeah. And then if you want, you can reintroduce it. But really give that one a chance. That's one of the big ones you would suggest.

Maria Rickard: And you would, you would keep a food journal at the same time. And because a dairy sensitivity is not the same thing as a dairy allergy, it's going to take a few hours or a couple of days for the symptoms to appear. And it might be something like all of a sudden your child is just sort of spacing out a whole lot more. Or they have chronic constipation or their stomach hurts or all of a sudden their nose starts dripping or they get the dark circles under their eyes or their, their tummy starts swelling up, you know, something like that where they have a headache. And so just keep an eye out. And once you really start to make the connection between diet and behavior, because behavior is not your kid being bad behavior is really just a way for that symptom to express itself because your child doesn't know any different. They think that that's how everybody else feels and that's not the case, right? So they, they don't know any better. And so, um, and actually having the parent do that at the same time may really make it sealed in too, because, uh, the apple usually doesn't fall far from the tree section.

Seth Perler: Yeah. I think we as adults too are, especially in our culture, are very unaware of how food affects us. So I, it's just really take me a long time to change the way I've been to really start to see now if I haven't eaten something for a while and I, and I have it, I can be like, Whoa, that I can see how dramatic the effect is because it's, it's not there. Um, whereas before it was just like, oh, this is how, yeah, I just always feel bloated after or I always, whatever. And um, and it's like, that's not normal. And I now know that. Um, but I didn't. Um, well let's, let's dive into some therapies that help with executive function.

Maria Rickard: Right? Right. So I talked a little bit about it earlier when I talked about brain balance. Right? And so that's one of the therapies that I was talking about can help with primitive reflex integration.

Seth Perler: Can you tell us that one again? So what is primitive flex integration?

Maria Rickard: Okay. So a baby is sort of programmed, I guess, I don't know, through their DNA or something. Um, that certain neurological movements will appear and then sort of meld into the body as the body and the brain develop. Right. And some of those actually come into play when the baby is in Utero, you know, so that the baby can make it out of the birth canal properly.

Seth Perler: So there are these normal reflexes that babies have, right. That they're old, they're primitive, but they're very normal. Developmentally they're supposed to happen.

Maria Rickard: Yes. And they're supposed to appear and then they're supposed to, yes.

Seth Perler: Meaning that they, you could say grow out of it, but,

Maria Rickard: or grow up, grow into it. Like it just sort of absorbs into the body, I guess. Right. But for a lot of kids, and I'll want to say probably all or most kids with neurodevelopmental disorders have, uh, primitive reflexes that are retained, whereas their body didn't integrate them and so integrated did not. So,

Seth Perler: so there's certain therapies that help with executive function that help them to integrate it since it hasn't been integrated in it developmentally delayed.

Maria Rickard: Yeah, yeah, yeah. And so it helps to rewire the body in the brain together. And so it is doing certain physical exercises to help they say the, if it fires together wires together. Right. You've probably heard that before. Right. And so doing certain bilateral movements or you know, there are all these different kinds of movements, all lots of different kinds of reflexes that could be retained. Um, there are some really great books about it. The best one that I have is actually this one, I don't even know if it's available anymore, but it's by Sally Goddard blind, it's reflexes learning and behavior. And she's actually got some tests in here that you could do at home, um, to test for let's say this final Golan reflex or something like that and how you do it and how you test for it. You know, the child is sitting up or lying down or something and you know, you can test for it. Right. And so then if those reflexes are retained and not integrated, then it causes problems later on with core muscle strength, with focus, with attention,

with learning, you know, all those higher level functions because it wasn't taken care of when the child was an infant.

Seth Perler: It makes so much sense. But it's something that I'm not, this is not my all and I'm not even aware of this stuff and I'm just like, this is a whole new world for me diving into. But so much of, again, you and I both, we're still dealing with what's underneath the tip of the iceberg. This is just under the tip that I don't even know. So this is cool. So what, what about now I do know a little bit about vision therapy because I know a local vision therapists that I've been in contact with for a few years, but I'm tell what's vision therapy. Okay, so does that help with executive bumps?

Maria Rickard: So the question is what is vision? Right? So a lot of people think the vision is, you know what you see, can you see 20/20 that's not vision, that's called acuity. Vision is how your brain processes what's coming into it. And for a lot of these kids, I want to say a very large chunk of them, their vision isn't working properly and it is this sense that takes up about 80% of the bandwidth of the brain's power. And so if the vision is off, the rest of the brain isn't going to work very well. So a lot of these kids have problems with tracking and teaming of their eyes. And the think of it, if you've ever gotten a concussion or if you've ever been hit in the head, what was the first thing they do? They shine that light in your eyes. Yeah. And they, they want to look at the pupils.

Maria Rickard: Are the pupils dilating and contracting properly? Are Your eyes able to follow the pen, the motion of the pen? Um, and there is a very sophisticated test that those developmental optometrists or they're also called behavioral optometrist can do. It's separate from the acuity test, um, where they can check to see if your child's eyes are teaming and tracking together. And so a very obvious thing would be if the child has what's called a Strabismus, where there's a turn of the eye, right. Um, I actually have a slight one myself where it may turn out that way a little bit. Um, some, you know, some kids may look like they're cross-eyed or something, but sometimes it's really not obvious and it's only when you take your time. But I'm going through the vision therapy. We did it for about six months and it's some really wacky kind of, uh, exercises. It's kind of fun. You do it at home for 10, 15 minutes, three or four days a week, and then you go in once a day, once a week to the vision therapist. And Lot of times it's covered by insurance, which is great.

Seth Perler: And then a lot of it has to do with the musculature behind the eyes and, and getting the eyes to work in sync.

Maria Rickard: Yes. So the funny thing is that if your child has a Strabismus, right? Your eye doctor, I would like an ophthalmologist would say, oh, let's do a corrective surgery. It's not the muscle that's the problem. It's the brain telling the muscle what to do. That's the problem. And so by doing different kinds of eye exercises, you may be able to avoid that kind of surgery. Okay. Awesome.

Seth Perler: Yeah. And then, uh, it as we go down this, that just so you know, I'm getting overwhelmed. I love it, but I, I'm getting overwhelmed like thinking about parents watching this going, oh, what the look out or, um, but we really do need

to look out for this stuff because if we can sometimes find one, if a parent can find like one game changing thing, I mean there may be several things that are still about a development mentally out of sync or what have you, but when we can find some of these game changers and really work on that and see differences, it's just, it makes, makes a difference. So, but it's overwhelming to sort of know where to start. But let's get with what is

Maria Rickard: auditory therapy? Well then you were referring to that earlier, right when you said how you'd walk into a room and there would be the sound that would be really annoying to you, but not to everybody else. And my sister and I used to be like that too when we were little. We walked into a department store and we could hear the security system.

Seth Perler: Yeah. For the fluorescent lights or the air conditioner or things that people kind of tune out. Yeah.

Maria Rickard: Therefore, a kid with auditory processing disorder, it all sort of also goes back as well as vision therapy does too. Those primitive reflexes, right? And so if they weren't integrated properly, then the body and the brain weren't connected properly and all this sentence won't be working properly. So, um, auditory processing issues come from when it's not necessarily that all frequencies may be too loud, it may be just different ranges of frequency. And so you have to get somebody that can test, um, for those different ranges of frequencies. And it's not always an ear, nose and throat doctor or an audiologist. Um, I will say that if you come on to the epidemic answers website, we actually have information about all these different kinds of issues that we're talking about. This sensory issues, the vision, the auditory, the food, the toxicity, all of these

Seth Perler: so that people can start to go down that rabbit hole in a Bain way.

Maria Rickard: We also have practitioners on there too, right? Um, but if your child has auditory processing issue, uh, like my son did, then he may look like he's just sort of not paying attention, but maybe he just doesn't hear that frequency of the, uh, the teacher's voice very well. Right? And so she may be talking really loud, but he just, it doesn't seem that way to him or something that is really what would be kind of mild to us, could be loud to that child. And so there are different kinds of auditory therapies that can be done like, um, ait, which is what we did. It's the Berard method that's auditory integration therapy, or there's integrated listening or there's the Stephen Porges safe and sound protocol, those kinds of things, um, that look at different, um, auditory ranges and help just by listening. It's, I don't know how they design it, but there is a series of, uh, music, sound songs, whatever, that has been shown to help with certain ranges of frequencies to help counteract that.

Seth Perler: Okay. So let's look at, tell us a little bit about what neurofeedback is and then let's look at some biomedical approaches. So, uh, finally, neurofeedback, how do, how can that help with executive function? What is it?

Maria Rickard: Well, first of all, it's, um, you know what biofeedback is, right? It's where you're able to,

Seth Perler: I do, but the people watching probably. Yeah.

Maria Rickard: Okay. It's where you can control your, let's say blood pressure or your heart rate just by breathing and breathing in a certain way. Like taking deep breaths, like in, through your nose, out through mouth. Right? That's an easy one to do. You can get apps that can sort of track you and you can, that's a feedback. It's a feedback loop that you can see the results. So neurofeedback a is similar, but it has sensors that are put onto the cat scalp. Um, and it's an EEG, so it's called a quantum EEG and it looks at the different, uh, ranges of brainwaves that are produced. And some of them may be Alpha, Beta, Delta Theta. Uh, I think there may be gamma, I'm not really sure. Um, but if the child is higher or low in some of those frequencies than it could attend, affect their attention in their learning and their executive function. Right. Um, and so what neurofeedback does, it's actually really simple. Your child and you go into the neurofeedback practitioner with a set program, what they're trying to help. Correct. And it'll, they get to pick usually whatever kind of movie or TV show or whatever they want to watch and they have to control how the, so if their brain isn't producing the correct wavelengths that, that are wanted, then it'll sort of go dim and dark and everything. And then

Seth Perler: essentially it's, it's giving the person feedback and they have to use the way that they're thinking essentially to, uh, the sensors will pick up on, on if they're regulating.

Maria Rickard: Whoa.

Seth Perler: You don't have to. And the Nice thing is you don't have to three audience if I'm not very well, I've done, I've done neurofeedback before, but yeah, you don't have to think about it when you're doing it though. You just do it. Oh yeah. We're just kind of need to consciously think about it. But it's giving you feedback that your brain is able to sort of

Maria Rickard: tap into itself to, to regulate, right? Yeah. Yeah. And so at the very base level three would be anxiety. And so anxiety cuts off that pre frontal cortex right here that has a lot of the executive function, right. Just shuts it off. Right. And so a lot of these kids have anxiety, right? Am I right? So it's going to help with that. It's not the only thing that can help with anxiety, but it is one of the things it can also help with add, ADHD. It is recognized by the American Academy of Pediatrics as a tier one or level one intervention for add, ADHD, meaning it is just as good as medication and there's no harmful side effects like there is from a pharmaceutical medication. Right. Which is nice and a lot of insurance companies will actually pay for it. You just have to ask. Right. So, yeah, yeah, yeah.

Maria Rickard: And a lot of people don't even know what it is. Um, so asking, yeah, okay. Practitioners on the epidemic answers website too, but vision therapy, auditory therapy, neurofeedback, whatever. And if you're trying to help with executive functioning, you want to take a biomedical approach, drizzle, what's a biomedical approach? It's looking at those six different root causes. Uh, looking at toxicity, get dysbiosis, like you were talking about immune dysregulation,

inflammation, nutritional deficiencies and hormonal imbalances and all of those can be measured and quantified. Right? Um, what's toxicity? Well, God, briefly like if a parent's like the toxicity, what? Yeah. Well, there was, there was a report put up in the environmental working group in 2005 and it's called body burden, the pollution in newborns. And it showed that newborn babies, cause they measured the cord blood from a newborn, meaning that it could only have come from the mother and they found an average of 200 different toxic chemicals in the cord blood up to a 287 different kinds.

Maria Rickard: We're talking heavy metals, we're talking carcinogens, um, different kinds of endocrine disruptors and pesticides that are in there. It's like you're exposed to so much now. Yeah. Yeah. And it gets passed from generation to generation. This is why you're told when you know, moms are told when they're pregnant, don't eat fatty fish, big fatty fish because the toxins will bio accumulate from fish to fish to fish and it gets stored in the fat. And the same thing happens to us too. If we're not detoxing, and I don't mean detox and just drinking a lot of green juice, I mean detoxing. Are you working with a functional medicine doctor and or a nature path? I personally recommend the nature path, um, to help you eliminate a lot of those toxins, then yes, you are passing that onto your child. So that's kind of horrible to say. And I don't mean to blame moms. I know. Again, we don't

Seth Perler: now out of sight, out of mind, like these things you, you don't see, for example, offgassing you know from your mercury fillings. Yeah. Um, so what now gut dysbiosis seems more straightforward. Gut problems. Let's just keep it simple with that immune dysregulation. I assume that that means problems with the immune system.

Maria Rickard: Yeah. And that really stems from a lot from the gut like we were talking about. Right? And then it also goes into the brain because they would've gotten, the brain are connected and the brain also has an immune system. So chances are most of your kids out there have allergies or Eczema or asthma, constipation, you know, that's a sign of both as well across either chronic constipation or chronic diarrhea, chronic runny noses, they have seasonal allergies or fulltime allergies, you know, all those seemingly normal, you know, when I was a kid, kids didn't have these kinds of issues, right? They just didn't.

Seth Perler: And inflammation is a root cause.

Maria Rickard: Right? And in the case of kids with neurodevelopmental disorders, it can turn into neuroinflammation. Right? Um, yeah.

Seth Perler: Hard to see, right?

Maria Rickard: Yeah, you wouldn't, there was a really good article put out by the journal Nature a few years ago and it talked about how a child's head circumference percentile. If it grew when they were a baby, then they are much more likely to develop autism, I would add onto that or and, or another neurodevelopmental disorder. So for my kids, they went from the 10th to the 95th percentile and then the 22nd to the 95th percentile in head circumference percentile. So that's

something that parents would want to go back and take a look at because pediatricians have really been trained to look at that. Yeah. Um, but that's a sign of inflammation in a swelling. It's encephalopathy that's going on within the brain.

Seth Perler: And is there anything else you want to mention about biomedical approaches?

Maria Rickard: Yeah, well, a lot of it stems from nutritional deficiencies, right? And so people that are into the biomedical world or the orthomolecular world, uh, we'll look at correcting a lot of these imbalances with nutritional supplementation. I don't mean just going to the grocery store or the pharmacy, you know, to get the stuff that they sell on the shelves because I will say there has to be, um, there are particular forms of vitamins and minerals that are beneficial and particular forms that are actually harmful and toxic. So you really need to know like the differences and you need to work with somebody that knows what the difference is. Um, after a while we may be able to figure it out for yourself. Um, but you know, going back to let's say your auditory processing issue, right? A lot of these kids have auditory processing issues, actually a magnesium deficiency and you're going to have a magnesium deficiency if you're in that constant state of stress.

Maria Rickard: Like I said before, a lot of these kids are in a constant state of fight or flight. Um, and so they will burn through magnesium. And if you burn through that, then your ability to hear well is not going to be very good. You're also probably going to be constipated too. And more prone to uh, asthma and things like that, um, and have problems sleeping because magnesium actually helps with all of those things. Right. And so, um, if you go to your pediatrician, they may or may not know about these kinds of things. If you were like me and I'd been through quite a few pediatricians, they pretty much all blew me off and said, oh, well we don't believe in all those studies.

Seth Perler: Yeah. Muesli is one of the things that I take daily. Yes. But I, I really did a lot of research to find what, which one I wanted to take. That was by opening a level, um, that my body could absorb properly. And so anything else on the biomedical?

Maria Rickard: Yeah, I mean there's tons maybe.

Seth Perler: Well, I mean, just what else you want to mention? And then what I want to get into as we wrap up is, is what actions do you want parents to take this week? But let's, what else do we need to know about biomedical?

Maria Rickard: Well, I mean, so it could look at probiotic supplementation. It could look at other vitamins and minerals that you would supplement. A lot of these kids have vitamin D deficiencies. There have been a lot of studies that have shown these kids have very low low levels of vitamin D. You know, they, they're on screens all the time. They don't get outside to play in the sign. Um, and it's just, they just don't have good levels of vitamin T D in this. They don't, then their immune system is not going to function very well. I will say that what is normal vitamin D is not optimal. Vitamin D you need to understand that. So there is a, a doctor

that I like to follow Dr Sherry Rogers in and she's written a bunch of books like detoxify or die, which sounds really horrible. Um, but they're good to read. And she, she has a really good newsletter called the total wellness newsletter and she says you really want to have between 80 and a hundred,

Seth Perler: um,

Maria Rickard: for the blood test of vitamin D for it to be optimal. Whereas if you go to a regular doctor, they would say 20 or 30 is normal, but you have to remember the rest of the population is not right

Seth Perler: function. That's one of the things where it's like every, everybody in America has the vitamin D deficiency. Right? Yeah. Or they, you know, oh, it's so common. Okay. Um, so in the next week, what, what, um, specific actions can parents take to help, uh, help their child with you, your approaches, your insights? What actions should, should parents take this week?

Maria Rickard: Well, I always like to start with sleep. Make sure that child gets enough rest. I find that most kids go to bed way too late. You want to have what's called glue, good sleep hygiene. So no electronics in the bedroom at all. So no phones, no iPads, no computers, no TVs. This can be a real fight. I can tell with a lot of people, you also want to turn the Wifi off at least at night if you can. Cause that actually does affect the way that the brain functions and the brain detoxifies at night and if it is being bombarded with electromagnetic frequencies from things like cell phones and Wifi, um, then it will not detoxify. Well.

Seth Perler: Um, I thought that was the craziest thing when I heard it. And then I started sleeping. I, I don't keep a TV in the, in the bedroom anyway. Um, but I started sleeping without the cell phone or computer in the room and I don't have an alarm clock in the room. It's just very, and I sleep better like that for sure. Yeah. Yeah. Maybe just because the idea of having that stimulus in terms of or computer not being there is helping me sleep better or may have, may have to do with the, uh,

Maria Rickard: it's addictive. Right. I mean, I get addicted to it too. Right.

Seth Perler: So sleep like that's the interesting, that's the number one thing. Yes. Really something to take so seriously because it affects executive functions so deeply, especially when I'm working with teenagers who are staying up to one or two in the morning and then they have to wake up at six or whatever to get to high school. Just not, you're not going to be able to execute your moods going to be effected. It's gonna affect everything.

Maria Rickard: I get stupid when I'm really tired and don't get enough sleep or I remember like literally almost just walking into traffic, I was so tired and not really caring about it, you know, cause just like not getting enough sleep. So it's very important.

Seth Perler: What's one more action that you would want them to take this week?

Maria Rickard: Um, let's see. I would look at some elimination diet issues and so look at the dairy and just see if you could try switching out some of those um, dairy filled foods with non-dairy versions. You know, maybe like ice cream. There are coconut ice creams and or nut cream ice creams that are really good. Um, there are cheeses made from net cheeses that are really good. You know, there, there are ways to do it. There's plenty, I mean these days and really have to just live in a cave, not to be able to find alternatives. So

Seth Perler: yeah. Cool. Anything else before I have one final question.

Maria Rickard: Um, I'm gonna stop there cause I can just go on and on and on.

Seth Perler: My last question from your heart to theirs, what is the most important takeaway you hope people will leave with right now?

Maria Rickard: Oh, that your child is trying so hard. Um, that they, they really want to do well and they, because of the way they have developed, um, they're going to have to work extra hard, um, by, by you as the parent helping to implement some of these things you can take, take help to take off some of those restrictions, um, that would really move the needle for them and hopefully have them gain some competence in themselves.

Seth Perler: Awesome. I love that they are trying hard, and that's one of that, that the one in the misunderstanding so often is you just need to try harder. And it's like you have no idea how hard, especially kids with sensory stuff and how hard it is for them to just filter out the world and, and be able to focus on things. But yeah. Anyhow, thank you so much, Maria. I really appreciate you taking the time and your expertise to share with all of us. No, you're welcome. Hopefully it wasn't too earth shattering. That's great. Thank you so much. All right, sounds good.