

## Radical Remedy - Matthew Newell - Transcript

0:00:00 - Chloe

Hey guys, it's Dr Chloe and you're listening to the Radical Remedy Podcast. Today's guest is Matthew Newell. He is the co-founder and co-director of the Family Hope Center out in Philadelphia. Now this is absolutely one of my top programs for children and adults with neurological disharmony, so I highly recommend that you not only listen to this episode but check out the one we released last week by Dr Robert Melillo, and next week we've got an awesome episode with my dear friend, Dr Patrick Porter.

So these three episodes are really just focused on brain health and how essential it is that we really optimize our brains so that we can live our best lives and so that we can support our children in their development so that they can live their best lives. I really love talking to Matthew. I'm blown away by their program time and time again. I cannot recommend it more highly for anybody who is looking for support for their children. Definitely check out their book, and they also have a parent training conference. Look into them. I'll put all the information in the show notes and please let me know how you guys are enjoying the podcast. I'm so happy to be here with Matthew Newell, who is the co-director of the Family Hope Center, one of the programs that Remy has been doing ever since he got his diagnosis, and it's really been life-changing for us. So I'm really honored to have you here, matt, and really excited to talk to you today.

0:01:20 - Matt

Well, thank you, Chloe. Thank you for creating this forum so that we could reach folks who have children with challenges, all types of neurological challenges. We can give them some options and thoughts and things to consider as they navigate this really, really difficult place where they love their children and then all of a sudden, there is an injury to the central nervous system and all these symptoms appear and what are confusing. And, yeah, it's been a pleasure to work with you, a pleasure to work with your son and help you sort out the neurology and help develop great so that he could be Remy 2.0.

0:02:01 - Chloe

Oh yeah, no, he's. I mean I, literally the year before we started the program with you guys, I was home with him and he was doing 20 therapy sessions a week with early intervention and I was home with him doing probably about 40 hours of typical therapy with him and he was doing supplements and cranial, sacral and all that stuff and he made next to no progress and then, within I think six months of starting your progress, he almost doubled his neurological age. So it really was just a total game changer for him.

0:02:33 - Matt

No, no. When you were doing that did Remy get happier. When you changed over and you made twice as much progress. And you see not only neurological changes, you just see his personality begin to kind of develop.

0:02:46 - Chloe

Oh, he's so much happier and so much more engaged, like it was. It was funny. We just went to the zoo this past weekend and Remy was bugging out over all the animals, which he's been doing for a while now. But it's such a stark difference to the first two years of his life where I would just take him to the zoo or wherever all the time and he just had no engagement with it. You know like he wouldn't even seem, like he noticed the animals, and now he's yabbering at them. He's tracking them with his eyes so much better. He's looking to me to tell me about what's going on with the animals. I might not understand what he's saying, but it's still. It's just it's. I took so many videos because I was just so blown away at how engaged and how happy he is now, which is such a difference.

0:03:34 - Matt

That's tremendous. So so the fact that he's engaging where you engage with him. So, instead of managing the neurological challenges, you're developing the brain and then he can engage more and then you engage with him and and that's what I just, that's my why, about why I get up every day as I watch the shifts from management to engagement, from confusion to clarity and to from from taking it personally that somehow my child got hurt to personally shifting my day from kind of dealing with the symptoms to engaging his brain. And yeah, there's, there's a lot of joy going back and forth, where a child can begin looking at their parents' eyes and they see the sweetness and happiness that the parents have in watching them grow right, as opposed to the sadness that that sometimes children look back in parents' eyes because parents are sad that the child's not progressing and time is moving forward and they don't know what to do.

And awesome, Chloe, I love that. I love that he could do that and you know what he's going to continue to do that because the brain grows by use. The brain's supposed to develop and if you target the right parts of the brain, rami's just going to get better. There is no reason why he can't continue to neurologically progress through his brain stem and end with upper levels of cortex. So bravo to you that you While the option and when for it and engaged his brain as opposed to engaged in simple yeah, no, it's, it's.

0:05:11 - Chloe

It's been a remarkable shift for him. Um, why don't you tell us a little bit about how the program works and how people get started and you know, sort of some of the stuff that you guys look into and help the parents with?

0:05:23 - Matt

Well, sure, I you know, if you have a child, you know, with a situation where they're not meeting, they're not writing, they're struggling with their social, they're hiding under the table, they hold all the hands with the ears all the time. They've trouble self regulating. They have real difficult time up regulating into you know nice events. They have a trouble down regulating when it's time to go to bed at night. When kids who are paralyzed or legs are crossed or their eye turns in or they have seizures All these things can be incredibly confusing to parents. And and so I've been working in the field of neurodevelopment for close to 40 years. I started when I was 24 working with brain injury young adults and training them and teaching them how to go their brain and teaching and reading, writing and arithmetic, and I ran a school for about seven years and, having done neurological activities with them that actually grew their brain, I kind of learned from my bones that certain things will change the brain and certain things will not. So they look like they'll be like great. They actually don't change the central nervous through all that much compared to the effort that you put in. So along the way I continued to study and see thousands of children and we started the family hope center, basically in nine in 2001. My wife and I she's a co-director, she works with kids who are blind, deaf, and social issues and reading conditions and so on, and we started an approach that really looks at the bell of being the entire brain, but really bringing parents into the equation, knowing that the family is the central position where healing works. So my general principle is that, look, if the child trusts the healer, then things are going to work out. If the person who's hurt for whatever particular reason, trusts and bringing in the information and sees the confidence in their eyes and sees the confidence in how they touch them and kiss them and hold them, then good things are going to work. And you can't scientifically measure that, but you can see it functionally. And so when our approach was oh, we have to involve the families, we have to teach them what we know and we have to teach them how to be us, we have to teach them how to see the brain as a bottom up kind of hierarchical complexity approach.

So you had these levels of the brain that nobody really talks about. You have the medulla, for the reflexes, the pons. Next then you have the midbrain, which is the thalamus and the base of ganglia and all these unbelievably beautiful parts of the brain that help you coordinate your body, convert your vision, depth perception, understanding logic, being able to regulate your emotions. And it sits below the limbic system, which is controlled by your senses, which is all your emotions and short term memory, and then appears your cortex. So you've got these levels below your cortex that if you understand them and you know how they operate, and you know the rules of gravity, you know the rules of electricity, you can support, develop, grow, restore and do that in a way that doesn't drive you to confusion. You can say, oh, I understand why my son does these things. It's totally predictable because his brain is really in distortion. He's got four levels of his brainstem and then we're looking at the visual pathway, the auditory pathway, the optical pathway, the mobility pathway, the manual pathway, the language pathway and the emotional pathway. She has seven pathways operating under four major chunks of the brain, not including even the cerebellum. That if you teach parents what's going wrong, they get excited, they go. Oh my gosh, wow, now I'm informed.

Before I was in confusion and one therapist was doing this, the other therapist was doing that. That therapist and I was running around with my pants on fire, being a great mother, that I spent 15 hours a week in a car, 15 hours a week watching them get therapy and then at home I really wasn't sure what I could do to support that, because I have some downtime, that I would like to be just a baby, but I never really thought why I'm doing this. There's no goals. No one's telling me oh, in six months you're challenged to be able to do this, this, this. If I do this, this should happen. Then it doesn't happen. And now I'm in such confusion like somebody.

Please tell me what's happening in the neurology of my child. I don't have a panic attack every single day when he blows up the Costco's, you know, or he won't go to bed, or he has epileptic seizures, or he won't come out of the bathroom at a family party because it's too noisy. I mean all these things we teach parents. So what we do is we say here's how the brain operates, here's some of the components to support the healing of the brain, here's some of the treatments that you could actually do at home or in school with whoever wants to participate and put this all together, and our approach is bottom up, you have these seven pathways if your child's challenged. If we measure all seven pathways, there's probably distortion on every pathway. So you're taking seven different pathways that are in distortion and you're trying to make them come up with an ideal solution and your child can't possibly perform at the level that you want. It's just not possible.

0:10:56 - Chloe

I had so many people trying to get Remy. I got so much push-melt from Remy's therapist being like, well, let's put him in a geek trainer, let's put him in a stander, and I was like, no, let's have him crawl. And I was like we need to, actually like I don't want him moving past that step so that once he's walking, I want him to actually be able to have the balance and have the awareness of where he is in space, so he's not falling down all the time and then he's just a hazard to hurt his head even further.

0:11:26 - Matt

Exactly. And the structure. So you know you make a great point. So the therapist wants kids to walk and then they put them in walkers and they go oh, he's walking, he's walking and everybody's kind of doing this. Now, for me, I'm on the other side of that equation going no, he's not walking, he's using a gate trainer or he's using this.

And your point I think is important to make is that when you're crawling on your belly, you're developing your structure, you're developing your feet, you're developing your hips, you're developing your spine, and so when you stand up, you're like a tree and then you have to coordinate the tree. That's your midbrain, and then you have to decide where you're going to

go and at your cortex, because if you fast forward and bypass the lower levels of the brain, there are huge gaps in the child's ability to coordinate and create the structure. So they're walking on the inside of the feet and knees are bent, the balance is compromised and they're not sure where to walk. They need to trip and fall down. The reflexes aren't developed, so they smash their face on the floor and so now they have AFOs and now they have braces and now they have a walker and they walk up on their toes. They need to pattern their brain to walk on their toes. They're supposed to pattern your brain to walk from your heel to your toes, so the reflexes are activated and so all we want to do is say, well, what is normal, what is wellness?

And depending on our scale of one to ten, ten is walking with a beautiful cross pattern or running in the beautiful cross pattern, and one is I just got born yesterday. It takes you to have a shot, three years to run in a perfect cross pattern. Well, we're along that continuum. It's my child. Because my child is a two, I should start at a two. I should not jump to a seven. It doesn't matter what his age is. He could be ten.

0:13:05 - Chloe  
Yeah.

0:13:06 - Matt  
And if he gets hurt in a car accident or a virus at ten and he goes all the way back to a one, I should recapitulate the whole developmental process so he could be restored back to where he was rather than going. Well, let's start at eight, let's get him up and standing up and let's pretend, wait a minute he got hurt. All the lower lobes of the brain went offline. I got to redevelop the fuse box. I got to pull the cheeses out, rewire the brain, put them back in, test them and maybe I put on the hair dryer and the refrigerator and the stove blows out. Well, now I got to go back to the lower lobes and conti meticulously fire up those neurons and get them to re-engage, because the brain will grow by stimulating the lower levels first, second, third and fourth.

0:13:56 - Chloe  
Oh, it's amazing.

0:13:57 - Matt  
Yeah, it takes awareness, Glory, it takes people when people see it. At our parent training conference. Last time I taught a parent training conference, we were found in some five different countries we had and we were found in two had a nice grade education and then parents who had their PhD. There were half a dozen doctors in the class. There were businessmen in the class and everybody starts from the same place.

We love our children. We're hurt, we're confused and we want to participate. We know that. We don't want to be alone either. We want to be surrounded by people who care. This is what's about us, as we do, and we just want, we just want common sense to prevail.

And we know that, hey, you know what, if I change my nutrition, okay, I'm not really, I'm not. I don't really understand what gluten-free, dairy-free, sugar-free is. I don't really understand what CoQ10 does. I don't really understand what magnesium does to singe. But you know what? I'm willing to learn something, as long as it makes common sense, it doesn't hurt my child, I can participate and I can measure the development of my child over a six-month period of time to ensure that I'm heading on the right track.

And so one of the things that we teach parents, how do you measure the brain, how do you come up with a neurological aid and you you correlate it to the chronological age and then every six months there's there's an accountability, Kind of like kids graduate first grade, they have to be able to do at least 100 words, be able to write 100 words, you know, be able to add

and subtract basic words from one, from one to 20. And if they can't do that, the teachers are going to look, does he need more time? Does he need to stay back in early year and repeat the information? Does he need a better teacher? I mean, you know, you go through this kind of your criteria to graduate first grade before you get to the second grade. We measure and teach parents to be involved and that's called intention. Parents have a lot of intention to see change. So the brothers and sisters brothers and sisters are highly, highly motivated to watch your brothers see better and when they don't see their kids get better brothers and sisters get better when you see their.

They can get traumatized too. If you have a child, if you have a brother and sister, who's who's? Your sister has seizures, or sister has has unbelievable meltdowns, hits them, rages across the house. They get traumatized and they just shut down and they start disappearing out of the house. And but, and parents are exasperated because they have this hurt child who they don't understand, who's blowing up the house? Who's the house being controlled by them? And then they have the well child being traumatized. And now they're between a rock and a hard place. And there's well, okay, everybody says I should just medicate this child. But a year later, nothing's changed except my child's. My child's on medication and he has less function because he's sleepy all the time. Right, I'm continuing a storm, but I don't know what to do about that storm.

0:17:01 - Chloe

Well, and that's always treating. You know, in Chinese medicine we talk about treating the, the branch, versus treating the root. You know like in in those situations, if you're just using meds to, like, help the child sleep or help the child calm down, you know the child's acting out because there's something wrong.

0:17:18 - Matt

Yeah, and I think that that's why I think that going to the root of the root of the root and being patient With the brain and patient with parents, this really at the heart of what the family hopes and tries to do. So I didn't even found a hope center. A mother did. I was in an. Even all the institute for neurological rehabilitation or something kind of like that kind of my favorite was going you will not name it that. What you've given to me in my child was you give my child knowledge. You gave my child a funding chance. You never left us alone. You supported in guidance.

My child was having seizures and sat in the middle of school and rocked every day and couldn't talk. And now he's walking, he's talking, he's in school, he doesn't have any seizures anymore. And you gave my family hope. Oh, you should go out the family hope center and I thought that was a goofiest name ever. You know it is exactly when the family sees an answer and he sees there's a methodical, scientific, compassionate approach to restoring the brain of their child. The amount of their in a coma, or rather the two years behind the peers and reading, rather arithmetic. It is still the brain, it is still a beautiful human being. They exist within a family that loves them, and if there's a neurological approach that gets to the root of the injury, then we have a shot at healing rather than managing.

And sometimes we do have to help the branches. Oh, definitely, sometimes we have to print a branch there, but in the meanwhile you're printing a branch, just solving the roots Exactly, and then the soil, as you say, it's sitting in rock. You know, my backyard was a little pile, my backyard where water kept. I planted a beautiful tree back there. Water kept piling up in this one section and so I put about two and a half thousand pounds of dirt in that whole area. I manicured it all out and I put a drain system in and then I put grass on it. And now what I do is I'm preventing that trees from getting too much water and getting toxic and the trees doing better.

And so sometimes you have to find out, okay, what is the? What is the root of the root of why you get seizures? It's the cranial pressure. Is the Chinese five elements out of balance? Is it that his diet is full of refined processing sugars? Is it because his liver is not happy? Is it because he's not getting a routine of sleep? Is it because his particular formation in his parents is not organized and we can't balance the breathing? We are hunters and we aren't for the answers and we aren't with parents and when they show up we just want to lay it out in a table to them in a way that they could digest it. And then, of course, we have a three day period in conference that we have in five different continents.

0:20:08 - Chloe

The neurodevelopmental disorders in our country and in the world are just exploding.

0:20:14 - Matt

Well, in New Jersey they have the highest amount of children on the spectrum per capita in any state in the United States. Wow, I didn't know that. Yeah, that's crazy. And I would love to know, statistically, what's the difference between South Jersey and North Jersey. And of course, north Jersey is very industrial and South Jersey is very far. But wait a minute. If it was in South Jersey you would say I wonder why that is. Could it be the herbicides and the pesticides that we're putting on the plants and the vegetables and the strawberries and the berries and the tautas we're putting on the foreign food? It was more.

0:20:50 - Chloe

Public life. I would say yeah.

0:20:53 - Matt

Or is it North Jersey, where we have all the refineries and the water tables contaminated and that's where we, you know like it would be interesting to tunnel down as a society in New Jersey? New Jersey should be freaking out and the governor should be freaking out saying what's happening where we have the highest form of, we have the highest number of children with autism-inspected disorder in the country. What are we doing? Obviously, something is happening to the environment, something's happening to the birds, something's happening to immunizations. Whatever it is, we've got to find it Well, and I think that that's what's so important, like you mentioned.

0:21:29 - Chloe

What is it? I think you know so many people are looking for a one-to-one correlation. And I love your program because, instead of looking for a one-to-one thing, you're saying these are all the ways to support your child, no matter how or why they're hurt. And really I don't think that these developmental disorders are a one-to-one correlation. I think, it's an additive insult to the child's nervous system and immune system, whether it's in utero or after. That's causing developmental challenges, because there's so much going on in our environment right now. Yeah, it's true.

So I recently gave one of my friends' moms runs an early intervention center and she asked me to come in to talk and I thought it was going to be to a bunch of therapists.

So I was like, all right, I'm going to go through a bunch of family hope center stuff, I'm going to teach them how important it is for smells and crawling and all this stuff. And I got there and it was actually like the care coordinators, so they weren't interested in the neurology of it that I've been studying so much. But what their main question was was how do we get the care to be able to do that Was, how do we get families to accept services and accept a diagnosis and accept help for their children. And what I kept coming back to again was hope. If you have hope that what you're doing can actually help your child, then that's pretty damn motivating. And you guys really do provide not only the hope but the education and the support. I mean

it's really such a comprehensive program but that hope is just so, so important because it's just lost in a lot of families.

0:23:17 - Matt

Yeah, and working with kids for close to 40 years, I'm hopeful as a person. I mean some people are hopeful in terms of their personalities and some people are less testful and summer half empty. And hope can go away pretty quickly if you're trying something again and again and again and nothing changes. And if you are looking around and everyone's saying the same thing, like your child's blind, your child's never going to say give it up. Or your child's got autism and there's no cure. Or your child's got epilepsy and you're going to be on medication the rest of your life and that's it. Or your child's down syndrome. I mean you're never going to have a level of education higher than a three-year-old. They said that to my adopted daughter who had chemical dependancies in her brain from her birth situation, that we adopted her five months old and she struggled neurologically. And when I finally put her in school at third grade to give her some chance to being in third grade to see how that would go, the teacher just quickly sent me a letter that said hey, mr Noel, mr Noel, this is one of your daughters mentally retarded. And this is back in 1995, 1998, your child's mentally retarded, excuse me, what does that mean? And then when we went for the IEP, they sat down and said Mr Mrs Noel, you shouldn't expect anything more than your child's read at the third grade level. We've been through this thing the whole time and your child will never read higher than a third grade level and your expectations is that you're going to get your child to read and do all these things are unrealistic and you're putting undue pressure on your daughter and you're putting undue pressure on us, because the brain is the brain and that's the way it rolls.

And at the table at the IEP there were three clinical psychologists and two occupational therapists. There was the principal of the school, the vice principal of the school and the two teachers. My wife and I were sitting at one end of the table and we weren't sitting at the middle of the table like with the cop. We were sitting at the end of the table. This where we were bad little parents and we were being delivered the hammer and this is the way life was going to roll. A lot of them knew that we, in our little finger, knew we were about to grow a logical development of our child and everybody at the table combined and when I started to ask them some poignant questions. They completely folded their tent and I said OK, so here's all I want you to do. I just want you to put her schoolwork in her book bag every night before she gets on that school bus and then, as soon as she arrives, she could please just grab her schoolbook, put it in her book bag and give the hunter to the teachers all I care about. And when I send you the vitamins, she has to go down to the nurse at lunchtime and she has to get a CoQ10 and vitamin C and her particular nutrients for her brain, because her brain still has a problem with being born with kind of alcohol and drugs in her brain. We're solving it, but she still needs some organic nutrients to support her brain from being 150 degrees to 98.6. Could just make sure she goes to the nurse at lunch. And then he looked at me with a bemused and void chase.

Mary graduated from college with 3.97. She's a lieutenant in the fire department, she's an EMS rescuer, she volunteers at another firehouse. She's looking to go into becoming a police officer from the state. I mean, she is a workaholic and a basketball player and I refuse to believe that there's no hope. And I say well, I deliver hope because we deliver.

Here's how the brain works. Here's how it changes. Here's how you can be involved. This is a scientific, neurologically designed, bottom up hierarchical complexity model. You plug in here, then we do this, and then you see this and we measure it. And then here's parents, for the last 20 years, have been doing this. Here's their changes over time. If they execute right, if you execute working out, I think you'll be fit. If you execute having a pretty good diet, then sugar-free, gluten-free, dairy-free, chemical-free, your brain will stop being so foggy and your emotions will get higher and your ability to crash the party will be higher. You'll just be on top of it. So if you execute certain therapeutic protocols, then you win. And if you turn management

into restoration because I don't tell parents look, you've got to work hard, no, no, no, I just say you've got to work smarter Instead of doing this, you do this Instead of doing this, and here's the result and they go.

Oh, you mean, there is hope, there is neuroplasticity, but by use, function does determine structure and I can participate. I don't have to sit there and watch a train wreck every day and put out fires Every day. I give you five minutes ahead of the fire as opposed to five minutes behind the fire. It's just a 10-minute shift. So it's kind of like hope comes from having a reasonable solution that is doable.

And then you see that she's like Remy. If Remy didn't change in the last couple of years, despite your work, you would feel hopeless. Of course, Remy began to change in six months. Well, you were probably feeling hopeless after two years of therapy, 40 hours a week. You were doing something and you were feeling hopeless. But you know what you had, Chloe? You had three more days of hope left. Yeah, and you went.

Okay, I'm going to go to the family and they said sounds like they're centralized, they want to fix the, they want to heal the brain and they are going to deal with the symptoms. They feel like if they shake the brain, the symptoms will go away. Okay, and they want parents to be involved. Oh, that's a pretty good thing. Since I'm a parent, that means sense to me. I mean I don't have to be like I'm just going to go out and sit in that room. I don't see if these guys make sense and if they make sense to me, the others try to do what they do for a minimum of six months, because if it works, I'll see it work and I'll watch the brain develop based on what I do.

And then a door opens up, a little bit of like considering oh my God, there it is. And that hope drives you to get up every day, close the skinny up. It's like, okay, I'm happy, now I'm a productive mother. Instead of being a nurse, I can go back to being a mother. I could be an engineering mother.

And if I change this diet to this diet, that'll be. I might keep this a little bit, but panic attack needs to have the sugar anymore. But 30 days to now, you won't care. And if I give them butter and that squash as opposed to pasta, I'll eventually like that too. And if I give them organic meats and vegetables as opposed to regular vegetables, yes, it's about \$800,000 more a year, but that fancy vacation that we used to have, I'll just pull that down anyway, because it was erect, because there was some vacation. It was erected, but it was erect. And so they begin to get excited because there's change. And so they get hope, because they enter into a lecture where the information's hopeful, because it's true and scientific, and then they actually do it, and then there's joy. Anything you have joy in, you'll be prosperous.

0:30:19 - Chloe

Well, you guys do just such an incredible job. I mean, I had studied so much, so many things before Remy got diagnosed. So he was diagnosed at like two and a half and so we started the family hope center just a couple months after he was diagnosed and so I'd spent almost two full years studying everything I could get my hands on and when I went to the parent training conference it was just, it blew me away. It was everything I'd studied. So it made sense to me you know from a practitioner and from a mother's standpoint but it was put together in such a comprehensive way that I just felt so empowered going home with Remy, even just from that three day seminar and then going back and meeting with you guys one on one and having you guys meet Remy and test him and give him a protocol and give us information as to what we were going to do at home. You know it really changed our lives.



0:31:14 - Matt

It's, it's. Can you come true for me to be able to do that? I mean, I can't say it was easy for Carolina to be parent conference because we really wanted to say, okay, what can we do in three days to really put parents in a place where they could learn it without being overwhelmed. B, they could see the practicality of the wisdom of how the brain was created and how it could be, you know, developed, and see how can they turn their grief and their status and their disappointment and their thought to think and barely agree, into kind of the joy of kind of bouncing off your toes because you can't wait for Christmas Day to go home and parents tell me at the beginning of the third day I can't wait to go home. I came in here dragging my feet thinking, oh, my God, here's another way that people are going to tell me there's a limit and now I can't wait to go home and for us it's. You know we've probably changed that lecture. You know 50 times. You know we've thought it well over, you know 300, 500 times and we could, we keep treating it going. Okay, we have new information. How are we going to fold this into a way that's practical, meaningful, scientific, and the parents can make it. The parents can do it. You know what I really really like. Sometimes I stand up and I go. Okay, before we start.

Is there anybody that's skeptical in this room about what you're about the year from the next 30 hours and nobody raises their hand. Maybe one brave person will raise their hand. I go. Well, first of all, everybody in this room should be skeptical because you've just had, if your kid's 10, you had 10 years of therapy that hasn't worked. And then along comes an organization that says we think we can grow the brain of your child with you involvement, with your involvement, and you're probably you should be saying to yourself I don't quite believe what he's saying, because my experience shows me that that doesn't work, because all the other therapists and all the other chaining and psychologists and the relatives told me that I couldn't get my blind kid to see. I couldn't get my kid to walk. He has this genetic condition, he's ADD, ADHD, he's Dallas and during cerebral palsy, he's autism. I mean, he's got five different diagnoses and he's got this genetic thing that nobody knows what it's all about and he's one in one thousand and oh my gosh. So everybody should.

So I said you should arrive a little bit skeptical, but that doesn't mean that it's wrong. It just means that your eyes are wide open, that you've got a complicated neurological situation that you don't understand. Nobody seems to have developed a plan for it and we're about to give you that plan. And some people say, why? Why haven't I heard about you if you're so good? Because we don't spend a tremendous amount of time. Chloe advertised me, which is why it's so cool to be on a podcast with you. My head is nose to nose with kids all day long and my our thrill is to be able to take something that's complex and make it. Where you're shaking your head going. I knew that that makes sense. That makes sense, and then we're putting it together so that you can make sense of your child's neurological situation, because the child's problems are the brain injury that you're seeing. They're not the child, and that's really important to remember all the time.

0:34:11 - Chloe

I am so happy to have you here today and it's been such an honor. You've given us so much information and such a great start. Where can families find you and what's the first steps that they can really take to to get moving on this journey?

0:34:27 - Matt

Well, yeah, well, first of all, thank you for having, thank you for being out there yourself and one of my mentors, warren, said, if you're not living on the edge, you're taking up too much space, and I think that means that you know when we're confronted with these existential but realistic, these real issues that are still moving forward, and I appreciate you putting us on there. I appreciate the effort that you're putting out there to inform parents and so, if those who want to talk to us, obviously our website, familyhopecenter.com, has a lot of information, has lectures on it that I pre-recorded for what the brain do, has it operate, and has broken down individual

diagnoses of how our approach is to help those individual diagnoses. It also has lots of stories from parents who have successfully supported and developed and restored the brains of their children. There's a lot of scientific information on there about our wheat family and our studies and our results of over 15 years, results from the nationally organized, internationally developed system for measuring your logical organization that has been government approved, so there's a lot of data there.

But I also encourage everybody to call us on our phone number, 6103971737, and call us, talk to our team, find out whether, in fact, we can help you, whether, in fact, your particular injury is we're able to support you. The staff bring me questions all the time and I call parents. If they need some help and thoughts, so call us, go on our website, reach out to us by email, have a full clinical team that's devoted and works together to support families with children with neurological situations, and we're also very, very, very happy to have professionals come occupational therapists and physical therapists and OTs and people Anybody that's really frustrated and wants to get another piece. We hope to provide parents with those options and that's our why. That's how we get up every day and we're happy now parents in that way.

0:36:34 - Chloe

Well, thank you, you guys really are some of the most mission driven humans I've ever met at Eda. It's really amazing to see, and you guys are so driven because you see the results and you know what's possible. And I was telling Dr Kristen I was like, once you see a child heal, it's impossible to unsee that and to not push for more for other children, and so I'm so grateful for all that you guys are doing.

0:37:03 - Matt

Well, great, Well, thanks so much.

Chloe

Bye Matt. Thank you.