Ep 150. Why Some Kids Can't Focus: The Brain Development Story Transcript

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Webinar Announcement and Executive Function Overview

Hi, everybody. It's Dr. Laura with Connect My Brain. We're so glad that you're here. And before we dive into the frontal lobe and executive function, which is our topic today, I would love to tell you about a webinar that we are offering on May 14th at 7pm.

Now, depending upon when you hear this, this is going to be May 14, 2025 at 7 p.m. You can go over to the website and right on the home page, you can sign up to attend.

And this one is complimentary. What we're going do is we are going take a deeper dive into executive function. So many times parents are telling me how their child can't think, can plan, they're not motivated.

These are all the characteristics of what we expect from our frontal lobe. And I want to always help people understand how these things are developed.

We don't just pop into them. So be sure if you can attend, go over to the website and sign up. I'm going to remind you also at the end of the podcast today.

And again, the reason why I feel like this is so important is because I think sometimes we get this idea that something is just going to pop into our children.

Now, let's just for a moment talk about our smaller children. And so many times parents will say to me, my child doesn't like this. My child won't do this because they don't Many of these behaviors, actions, they're automatic.

They should automatically happen. And that is why we look at certain milestones. Have you been able to certain things in that five categories of how we assess children.

Those five category are gross motor, fine motor social, communication, and adaptation.

Developmental Milestones and Early Communication

Now, many children, unfortunately, when their development does not go in the direction it should, one of the big things that seems to pop out is the communication.

I would say that's number one. And then number two is social. So those two are part of those five categories. But you don't just pop into language. You don' just hop into having appropriate social skills.

All of these things are, they're learned and they go through stages. So in the world of communication, babies when they are oohing and eyeing, those are actually vowel sounds.

And then when a child is going into the harder consonants kind of sounds, that's when you start to hear the differences in the sounds that they are making.

And they might do a single syllable word, and then they'll go into a double syllable words, then before you know it, words are starting to come out. But they're only picking that up because we're communicating with them.

We're talking to them, we are engaging in eyesight, were engaging auditorially. Remember when you come into this world, you only hear low frequency sound.

Over the first three years of life, You have to acquire middle and high. Now, that element alone could just take us right down a rabbit hole to talk about the timeframe of when the brain gets organized and the declaration of

dominance.

There's so many pieces. And the meaning behind this is we must learn every part that we expect our child to grow up, engage with, and be able to do. It starts somewhere and it always starts first in the womb and then when you come out and demonstrate that you're actually meeting those developmental milestones.

Socialization has a lot to do with what we call the mirror neuron. Now there's other podcasts that I do deeper dives in this and we will definitely do a deeper dive in our parental information webinar.

So really try to attend Because I think it's just so important for people to understand that socialization actually is getting started with what we call a mirror neuron.

And we can just kind of briefly touch on when you're nursing a baby and your baby is looking up at you and you baby reading your face and talking to your Baby.

Your baby developing those mirror neurons. and is reacting and literally copying you. And that's when those mirror neurons are actually being laid down.

I see with some of the kids that I'm taking care of currently, there is a little person that is around three right now that just started mimicking things that were seen.

So we have to take that element and realize how far behind the development of the mirror neuron is actually being demonstrated in that child.

Mirror Neurons and Social Development

And then you have to kind of forecast it doesn't mean that he'll always be behind, especially when you're diving in and you are doing things that are meant to really move the needle down the road.

these things can change, but it really does take a mechanical chemical approach to looking at where the child is currently and where they should be and what are you going to do in order to basically play catch-up.

Now, think about it. If I'm three years behind in something, then that means it's going to take a minute, right, to get it done. And this is another place where I think sometimes our expectation is, I'm going go try something, and I should be able to the result that I am looking for.

If I don't get in the time frame, meaning caregiver-parent, then I will move on to next. And I've certainly seen that in practice, especially a very low-functioning child, working with that child where, at first, we could not even get this child to mirror image different movement patterns.

And we were coupling this with neurofeedback, which was a fight. That, to me, is not a good match. And then we only started to bring some chemistry in.

But then after 40 sessions, the parent went, you know, I've read that after forty sessions this should have been accomplished and it's not. And I think that's a very unrealistic goal.

I'm not even tying into the equation yet the age of the child. All of these issues, all of this parts play a huge component. So when you start with something, wherever you are, but especially if you're with me, I want you and I to have that kind of conversation so that we can have the expectation, what are we going to do?

So, and where are we going to go and how are going get there? And so sometimes I'm only able to start like with remote families. We might get started on some of the primitive reflexes, we might start on chemistry, but there's other issues going on for the child.

And as long as those issues remain, it's going to be a much slower pace.

Tongue Ties, Airflow, and Ear Infections

One of the biggest issues that I find really in a fear with the development is tongue tie. Now, I will dedicate a whole podcast to tongue-tie, but in the years of looking at this, I've seen many different things.

I have been in practice 30 years. Okay. So, way back, everybody was getting tongue tines revised, meaning going in and changing the tissue. Now, maybe you don't know what a tongue tie is.

Let's define that. If you look inside somebody's mouth, pick up the upper lip, the lower lip and even look on the upper part of the mouth inside where the upward teeth are pulling that part the lip back.

And if you saw web-like tissue, that's a buccal tie. These ties can be everywhere. What I want you to imagine is the restriction that this tissue is causing.

Now this issue is DNA. It is a midline DNA change. If you look at that bottom one, you can actually see changes to the teeth. So the bottom part of the jaw is called the mandible.

and where that lower one would be is right where the middle of the teeth are, and I should be able to pull my lip down. You should see a little bit of it, but it should not be close to the And lots of times you'll see this tissue way up in the middle part of the teeth already changing the orientation of that lower part, especially those bottom four teeth.

I saw one the other day where one of teeth was actually, one teeths were actually turned in and the other three were just completely straight. Now you got to keep in mind this is midline tissue.

It is DNA and I have found that it is associated with the MTHFR and again we'll do a deeper dive in tongue ties one day but If a child has a mutation on that MTHFR, I have found 100% correlation that the kid with the Mthfr also has tongue tie, and some of them are more severe than others.

but then that second wave that happened so early on everybody was getting it revised and back then it was a lot of cutting today there are some incredible doctors that do it through a laser and i do prefer laser it's very quick oftentimes now in this way there aren't many people even in my immediate area that either won't do it or they want the individual to first go through lots of oral work before the revision takes place.

Now, I like the oral works, but if somebody's coming to my office, they're already getting that. And that's where I think professionals need to collaborate and realize we've already been doing cranial work, we're already doing inner oral work and this child is ready.

And the longer that this tongue tie is there, it is literally robbing air to that child's brain. Okay, so I'm going to connect all these dots for us. So what I want you to imagine with a tongue tie is it's like, you know, in the north where they shrink wrap boats, I Want you To think of how that Child's mouth is Literally shrink wrapped inside and they can't open their mouth.

Also, there's a lot of anatomy changes over the first year of life where initially a child's eustachian tube is horizontal because the face is round and then by the end of year one, you actually see the child with a chin and that eustachian tube go down.

Okay, there's another tributary of how that can be part of chronic ear infections, right? And another little sidebar in there real quick, most ear infection are viral, they're not bacterial.

So in giving antibiotics, all we're doing is hurting the gut versus taking care of why is the ear not draining? I'm going to mention also at the end, on our parent membership, we do a deep dive on ear infections so that you can understand anatomical changes, that these are mainly viral and what you could do about it.

But the point for today that I am leading up to the development of the frontal lobe, Remember, you come into this world, your fully formed, but you're not fully functioning.

So you can't think that that frontal lobe has got its own blueprint to turn on. It doesn't. it's taking into consideration everything that has gone on in that child's blueprint.

When my mouth is locked in, and I'm not getting enough air.

Fight-or-Flight, Parasympathetics, and Plasticity

And then imagine what our little toddlers went through with everybody being masked up. When you do not get oxygen, you are in a fight or flight within 20 seconds.

Okay, so if I am not and I'm going into a fight or flight, this is going to take us back to the primitive reflexes, especially moro. Moro comes on nine weeks in the womb.

It is gonna get the brain fired up arousal. Under aroused is ADD, over arouse is ADHD. It's also the balance between CO2 and O2. How is the oxygen going through the body?

And then the third thing is your sympathetic nervous system. Now sometimes I just assume everybody knows what the sympathetic nerve system is and what fight or flight is.

And I actually had An adult asked me yesterday, what is a fight or flight? So I don't want to ever assume everybody knows all of these key words. It's important to know the words because that's how we break down information.

So if I'm not getting enough air and I am going into a flight or fight in my brain, there is reaction. The sympathetic nervous system is in partnership with parasympathetics.

Sympatetics are fight or flight. Parasy empathetics, are rest, feed, and breed. So one revs you up, one brings you into homeostasis. And there should be not a 50-50 balance, but we should more in parasympethetics and more importantly, we know when to go in sympathetics but then we need to know to turn that off.

Sympathetics, fight or flight means that you get a message up in your brain that literally says, Fight or Run. So I even have had children and still have kids in here that demonstrate, I'm ready to fight and I am always going to push back and always have a comment about everything.

They are in fight-defense mode because that is the first thing that we learn in the womb. is how to defend yourself. So again, what we're doing is I am trying to give a little summary of what it means to have your developmental journey.

and what it can do to your system if you get locked in these patterns. If you got locked into a pattern of fight or flight, what's happening, now this happens every single time you go into fight of flight.

your respiration is going to increase, your blood pressure is gonna increase. Your blood flow is goin to decrease to all the organs in your gut which can then take us down another rabbit hole of all of the different exchanges that should be going on are coming to a halt.

And it is the thing that is creating biofilms and dysbiosis and food sensitivity and micronutrient deficiencies and elimination problems because there is not good blood flow.

But it also takes from your frontal lobe blood flow from your frontal lobe and shifts it to the back. And that's where your body's defense system comes up and sends all that bloodflow out to your arms and legs and says, run, fight.

Okay, so what's parasympathetics? Parasy empathetics are when everything is meant to relax. It's your ability to digest. it's your ability to eliminate.

It's you ability fight inside your body to get rid of parasites, fungi, yeast, viruses, bacteria, meaning having a healthy immune system because that too, the majority of it is in your gut.

So if we live in these patterns, It is changing the physiology. It's changing body chemistry. Its changing blood flow in the brain. its changing chemistry in brain and all of these things could be happening at very important developmental windows that could literally change the pattern of function.

meaning how it matures. So let me just highlight that point before we move on. If my immune system is going to develop during the first three years of life, just like sound, then that means anything that goes on is becoming the role model of how my body works so we can have wonderful plasticity and we have not so wonderful platicity.

Hopefully you've heard that word, but if you haven't, that means whatever stimulation is going on, healthy or not healthy, it is becoming the role model and this is how things are going to get set up.

So this is why we know all the things that we do here at Connect My Brain. We work on the healthy plasticity. we educate on that healthy platicity, we help families make changes to their diet, look at that body chemistry and know where it is and what's happening.

If you're sitting around, I always say it this way, eating fried chicken and Twinkies, that's going to be an unhealthy plastic change. If you are very under aroused for, let's just say, the first four years of your life, that's going to have an unhealthy plastic change.

If your sick all the time, even things like common cold, ear infections, I'm not always talking about big gross and pathological, if somebody is chronically ill, always having a cold.

if a person is always have a reaction, to their environment. We now use the word, I have allergies. And I don't want to take away from anybody that has allergies, but if you've been living in an environment for a period of time, do you remember that fifth category, adaptation?

Executive Function, Chronic Issues, and Brain Development

There should be a level of adaptation. If it's not, you got to look under the rock to figure out. The why, because every time you have a reaction, it is going to tax your system.

It is gonna be a pattern. Its going get laid down and its going happen all the time. its gonna get worse. and before you know it, it will have an impact on your brain.

Because anything chronic, rather we are talking about mechanics, body chemistry, or the brain, when it becomes chronic your Okay, you wanna keep this thing perpetuated.

So I'm gonna go up here and I am going to take some real estate from the brain and am gonna apply it to this things that just keeps happening and you're going lose some gray matter and your going loose some function in your brain.

There was a study that looked at just being in chronic pain. For one year, you lost 2.3 cubic centimeters of gray matter in your brain. Okay, so what does all this have to do with executive function?

Well, the one thing that I hope is that some of the elements that i've been talking about Maybe you're experiencing those. Maybe, you are going, that's my child.

My child has allergies all the time. And we even did allergy shots. My child always has either constipation or diarrhea.my childalways has ear infections.

mychildalway has a chronic cold. My child has just withdrawn into devices and I can't get my child to do anything. These are red flags. This is what has been the blueprint leading up to the development of the frontal lobe.

And that is where executive function is. So when you are developing, it is the back of brain where it all starts. maturing, okay? So I'm going to make a movement with my hand for the podcast audience.

And I want it to represent like a cogwheel, so I wanted you to imagine this is the back of your brain. And that cogwheel is almost like has a ratchety part to it because of something in that developmental blueprint from all the things that I've been describing.

And now it doesn't move like it's supposed to. Now, I don't mean like real physical movement. My movement is representing that part of the brain coming online.

that part of the brain functioning and now it's going to become a role model. I'm going put up my other hand for the midbrain and then ultimately the frontal lobe.

So how the back of brain starts is going be a roll model for rest of a brain. And we do have pivotal time when our brain is coming online. So I mentioned the first three years for sound.

Your gut is the 1st two years. Age four is your cerebellum. It's also your visual cortex. How you see, how information is pulled back in and becomes visual imagery, becomes perception, become how those eyeballs are going to work.

And I do talk about eyeballs quite a bit because that's the only piece of neurology that is on the outside of your skull. and you are born with the adult size eyes.

That's why babies have big eyes and the rest of your head grows into them. Again, these are the blueprints and only way to make a change, a lasting change.

All right, let me touch on that. You can go and do anything for a period of time and make change. But if you do not incorporate the body, the physiology, We work this all the time.

I'm sitting here, I am talking, moving my hands around, my eyes are at the camera, thinking, holding myself up, and my body is using energy in order to do the podcast.

You don't do anything in an isolated form. So if we don' work the whole blueprint, It just does not stick. And if we have something go on in these developmental windows, now we're getting older and there's a huge shift between the ages of seven and a half and eight and half.

guess what is finished developing between that time period? Your subconscious mind. Your sub-conscious mind started the last trimester of pregnancy and completed its maturation process between the ages of seven and a half and eight and I mean, there are all kinds of developmental windows.

This is why I am so passionate about understanding how we get wired up. I always referred to it as the wiring of baby human. And we were all baby humans at one time, right?

But now you're probably a parent that's listening to this. Or you might be a grandparent, or you may be an aunt, you're just interested in information.

We need We need to know the journey that this individual has been on so that we can connect those dots, figure out how far do we have to go back, because remember adaptation?

That is what I have found in most of my kids, eight and a half and older. They have had to put so much energy into adapting because children do not have as extensive library as we have.

As adults, I have 64 years of experience living on planet earth. I got a pretty extensive Library. Okay, so you have to think about What is it that I've already been exposed to so that if something happens to me, I have got lots of experiences.

That's what neuroplasticity builds on. The experience, the stimulation from the experience that my brain could pull from so I could put things back together.

Now, there's definitely work involved, but you've seen people or you know people that have had heart attack or stroke, they've gone through some rehab, and they were able to get on the other side.

Now there are absolutely people who don't get it on other sides. And that's the difference between healthy neuroplasticity and unhealthy neuro plasticity.

One example, I was working with a teenager who had a very bad car accident and suffered a traumatic brain injury and had to go through many things. But this young man looked at me when I said, there are so many inflammatory markers and if we do not bring the fire down, your brain cannot heal.

In a TBI, traumatic Brain Injury, you get a surge of a neurotransmitter called glutamate. And glutamyte is an excitatory neurottransmitters. The inhibitory one is called GABA.

Puberty, Adolescence, and Hormonal Transitions

Now, these are two perfectly normal body chemistries. However, nothing is supposed to be too high or too low. Now the reason there's a surge of glutamate is because it's trying to bring the brain back online.

But what did I say about chronic? If chronic continues, the brain will be changed. So if glutamate continues at a high level, it begins to destroy the myelin, which is the coding on every single nerve in your body, your brain, everywhere.

and it will begin to destroy it. It's also part of the mechanism behind multiple sclerosis or MS. There is destruction of myelin. So again, MS has things that we see mechanically, but if we don't pick up the rock and look underneath, we can't get to the root of what is changing the quality of matter, the myelin, and it will continue to become destroyed.

Same thing can happen in a traumatic brain injury. We have to work the mechanics absolute, but you also have to know the chemistry. And then, because now I have manifestations of symptoms on the outside of my body, that means that's the feedback.

Okay, now connect this dot. I'm always talking about the developmental milestones, the movement piece, and that before babies read, write, They are moving.

So the body is the antenna. Now, if I've had traumatic brain injury, I have MS, then my body has a new feedback to my brain. If I don't break the patterns everywhere in the brain, in body chemistry, and in movement, we're not closing the loop.

If we don't close the Loop, we can't get lasting changes. I could go to the gym and work my right bicep until I have a fascinating peak, but if I stop, what's going to happen?

Right? So we have to be able to understand. What's the information coming up from the body, from chemistry? What happened during those developmental windows that then led up to the development of the executive function?

And then we go into puberty. And now there's drastic changes going on. One of the biggest red flags that I believe is really misrepresented is that outward sign in a teenager when they have acne.

I've heard it all the time. No, you don't need to have acne just because you're a teenager. Just like menopause does not have to turn into hot flashes and irritability and imbalances in hormones.

It matters what's going on in that teenager as they go into the milestone of puberty and adolescence. Same thing for menopause. As a woman goes in through that transition, and please always remember transition is related back to the autonomic reflex of moro and is that sending a feedback message to fire up the sympathetic nervous system and create an imbalance.

But in menoppause, your menopause environment experience is going to be related to the state of health your adrenals are in when you enter that time. So we have milestones throughout our entire life.

And things that happen that are these outward signs, they are outward sign telling us that there's something else going on. And most of the time, teenagers go into adolescence with a very unhealthy gut.

I hear this all the times, well, I can't really control what they eat at school. Well, that's going to tell you that that is what their feeding to the gut And if the liver cannot detoxify, it's coming through your skin, just like it does in eczema.

If the lever isn't functioning like its supposed to, the skin would be the second filtering system. You know, I really hope that I am just blowing your mind going, there's so much, and you're right.

And this is why I continue to do these podcasts. This is we've also started our Truth Bombs. You can get that one over on YouTube and there'll be a link on the website.

And our app. Our app will be able to take you right to our truth bombs. Those are the five minute ones.

Webinar Details, Assessments, and Take-Home Advice

I realize that parents just have no margins. and everybody is just so stressed out. So what did I decide to do? Five-minute blast people with some information.

And those are connecting the dots truth bombs. We also have the parent membership. very inexpensive, $14.99 a month, and it allows you to get access to private podcasts and a meeting that I'm going to do with the parent group.

And this is where I will go into deeper dives because the parents will be bringing me questions. And now I've decided to do the parental information webinar on May 14th at 7 p.m.

This one is complimentary. Then we're going to offer two additional classes. There'll be a small fee for that, but that's going be even deeper. And when I use the word deeper, what I am talking about is I'm actually gonna give you some recommendations.

But I need to know the audience that I working with. I really pride myself in being a ethical provider. I don't want to just throw things out there. Do this for your gut.

do this. For your brain. It's very important to know your audience. We're going to be asking you for information prior to the meeting on May 14th. And we also ask for information if you join our parent membership, which will allow us to properly get information from you that we understand why you're going in this direction.

What's going on with your little cherub that you are reaching out and trying to find out other resources. Now, what I always hope, just like we do with our virtual assessments, we are seeing families all over the globe, virtually, but we get an intake form for that from them.

I do a virtual assessment with the child so that I can see the and we're testing the. And this allows me to have the right information about that individual so the recommendations that I'm making are proper.

And I do think that that is very important when you are a doctor and you're working with children, working adults, whoever it is that you work with. So we will also do virtual assessments on adults.

But I can tell you, 95% of my practice is children. I used to want to just take care of the whole world. at least five or 10% coming in for neurofeedback and nutrition.

And I love working with adults too, but I have been given a very special gift in understanding how baby human gets wired up and we get very good results with everything that we do.

I'm very passionate about how we it. and I look at each and every person personally, and think that's very important. Okay, so I'm gonna wrap it up for today.

So some take-home messages. What is the blueprint? What does it tell you? what did your child go through to where now you would be interested in listening to a podcast on executive function or that maybe you will join us on May 14th?

Be sure and go over to the website and sign up. There are very pivotal windows that a child goes through. And those windows, whatever happens during that time, things are firing together and wiring together, and they become the role model for how that system is going to work.

Your frontal lobe didn't just pop in there. But if you want to try a couple of things, if want your teenager or adolescent or even eight or nine year old to be more motivated, you have to expect that they can.

So take a look what's going on in a day and out of day, and where could you make those changes? I think every child should be able, at least above the age of eight and a half, to be doing chores at home.

Three chores. Start with three chores, and give a little allowance to that child. You get to decide that part. The chore has to be done to the level of your expectation.

One day our kids are going to working, earning a paycheck, pay in for an apartment and then a mortgage and for a family, and you don't just pop into the responsible part of those elements of our life if you haven't practiced them.

Get off the devices. Don't dive into AI. I know it's coming, I understand, but we are dumbing down America and I don t think we should be a part So thanks for tuning in today.

Be sure and go over to the website, sign up for May 14th. And if you have a question or you would like for us to take a look at your child virtually or in person, fill out the contact us form and I will be the one to get back to you.

Thanks again for turning in and always an abundance of gratitude to my podcast manager, Marcy Page.