Podcast Introduction and Episode Setup

washing your hands a thousand times a day or washing their hands three times day is equally safe or equally unsafe, but equally save. And so once I demonstrate that to you, because you already know that's true.

Once I've demonstrated that you and you convince yourself that that is true, you're already kind of know it's. Then you'll be able to actually choose and decide whether you want to do it a 1,000 times or three time a days.

Now, neither is right. Neither is wrong. You're not a stronger person if you only wash your hand three, times you are not weaker person. If you wash them a 1000 times.

It ends up being, if they're both the same, you actually get to make a choice. So, neither is right or wrong. There's no morality to having OCD or doing rituals.

It's just demonstrating to people the two things that they thought one of them wasn't safe actually is. And once you do that, they actually make the choice…

Welcome to Demystifying Pans and Pandas. The podcast where we uncover the mysteries, breakthroughs, and hope behind these life-altering conditions. I'm Dr.

Nancy O'Hara, a board-certified pediatrician, educator, an advocate with over three decades of experience helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially PANS and PANDAS.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

If you've ever wondered what's possible for your child or how to find answers, This is the place to start. Let's dive in. Hi, I'm Dr. Nancy O'Hara and we are here at the Medical Academy of Pediatrics and Special Needs, Healing Tomorrow's Future.

And I am really honored to talk to Dr Scott Antoine. Scott and I always joke we're brother and sister from another mother because when it comes to PANS, PANDAS, anxiety, OCD.

We really see things in much the same way. And Scott just gave an excellent talk on anxiety as a toxicant.

Anxiety as a Toxicant and Reframing Stress

Scott, welcome. Thank you. Tell us a little bit about what that is. So I was originally trained in emergency medicine, did emergency medical residency, and did quite a bit of toxicology in that and then my subsequent years in the ER.

I stress the patient population obviously that we see. We have a lot of anxiety and as we were preparing for this conference, they said that the topic would be toxicolgy and we've seen so many great lectures on toxicants and toxins.

And I thought, you know, stresses and anxiety are a little bit like a toxin in a way. Now, interestingly, there's a good element to stress, so things like exercise and things you might do to increase your capabilities, learning a language, things that, those are good stresses.

Word games, things like that. But then, of course, there's the everyday stressors, both acute stressers and chronic stressor, and they can produce anxiety in people.

And so I really started looking at it and thought, you know, There, when people have anxiety and have stress, we have to find a way to take them, take it away from them just in the same way we would remove a toxin in their ER.

And we'd have look for ways to prevent them from getting exposed again to that stress. Put things in place to help people to deal with it. So it's kind of where I developed the talk.

Yeah, and you really talked a lot about reframing. You're not necessarily trying to get rid of anxiety, but refraining how they feel about it. That's right.

I think that the way that you describe the world to yourself is the lens with which you see things. And so people can undergo the same exact event and see thing entirely differently.

That happens when police officers try and get report from a crime. People are in the spot looking at the thing and seeing different things and when things have meaning, you decide and frame for yourself what a particular thing means.

In other words, is it a hardship or is a challenge I might say to people is you have challenges and So the concept of disability versus challenge. So it's a reframing in the brain.

I think one of the classic examples, I had a patient who had COVID in 2021, and she was a 60-year-old woman, had very, very hard time breathing afterward even.

And she had to take a flight. Back then, you were still wearing masks on flights. Right. They wouldn't let her on the flight without a mask, she's petrified.

She had taken for like a year driving to California from Indiana and back, which was taking her days. And she came for some help and I sat down with her.

And so what I actually had her do was she had no respiratory issue. It was just sort of an anxiety she has. So I had to sit in a chair at home, started in the office, but I at her take the mask she was going to wear on the plane, hold it in her hand, and had close her eyes and hold her breath and envision that she's in car that was in water and sinking.

And she could not breathe and I had her hold her breath as long as she. And then when she just couldn't hold it anymore, I have her open her eyes, take the mask up, put it on her mouth and pretend that it was a scuba valve, a regulator.

Wow. Then she would breathe through that. Of course, she's a little short of breath and then it gets easier and just envision that and she did that practice multiple times, ultimately got on the plane to no problem at all.

Yeah. So it was the same thing that happened. There was no magic to it. It was just reframing that with her and helping her understand and see the mask in a different way rather than a pillow smothering her as a lifesaver.

Right. And it's so simple. I mean, we're not giving a medication, an SSRI, antihistamine or an anti-anxiety to make her be able to wear the masks and really helping be able to do that task that she's afraid of.

The other thing that you talked about was, and I thought this was an incredible story, the young woman who, as an eight-year-old, got bullied by her friends.

Tell that story a little bit. Oh, so eighth grade. Yes, eighth. Eighth grade, okay. So the beginning was eight year old, sorry, my wife. Got it. Love her to death.

So it was a girl that was in eighth grade, had two good friends and other girls, and they stopped talking to her for some reason.

Mask Anxiety and the Power of Reframing

Disagreement ensued, but she ended up being just paralyzed, could not have relationships with people, didn't trust anyone. And it affected her socialization into adulthood.

And so as she was telling me the story, I was asking her about all different parts of her life. And she told me a story about being in college well after that had happened and having a boyfriend who stalked her and then came to her house one night, choked her, and took a knife and cut her.

She ended up with stitches all across the top of your head. Just so that matter of factly, And I thought, oh my gosh, we're sitting here talking about something that happened 20 years ago.

in eighth grade and you had this big thing. And so my point when I was telling that story was that many times people's brain decides for them what's an important trauma.

Sometimes people will apologize to me. They'll say, oh, this thing happened in eight grade. I know it's not a big deal and I don't know why I make such a deal about it.

It has nothing to do with anything. You don't have to qualify or have some super trauma or assault to qualified for having anxiety about something. And so for her, it was this situation.

I said, I'm so glad you processed that later trauma in a way that allowed you not to let it impact your life. Right. It really is, as clinicians, about listening to the family.

If you go and say, well, that's the big trauma and that is what you have handle. No, for her, it was the eighth grade girls that still sat with her and caused that internal stress that it's just incredible the way the mind works.

And I also have loved the ways you've used neuro-linguistic training and reframing things like OCD, you know, your hand washing analogy. Talk about that a little bit.

Sure, so children will come to my office and sometimes I haven't met them beforehand. They'll come for to get labs drawn and things and I'll meet them for the first time and say, you know, hey, hi, how are you?

What are here for? And the child will say you want me to stop washing my hands. And I'll say, I don't give a whether you wash your hands or not. It doesn't matter to me.

And it's sort of a pattern interrupt. I, don, t, like to use a course language. But at sometimes that pattern, interrupt can be so much that the child, the parents, everyone in the room kind of is taken aback and that's what's called a default pattern default mode interrupt And so that pattern interrupt just leaves them kind of vulnerable and stunned for a moment.

And then I can come in and I say to them, I'm here to show you that washing your hands a thousand times a day or washing hands three times day is equally safe or equally unsafe, but equally save.

So once I demonstrate that to you, because you already know that's true. Once I've demonstrated that you and you convince yourself that that is true, You already kind of know it's true.

Then you'll be able to actually choose and decide whether you want to do it a thousand times or three times a day. Now, neither is right. Neither is wrong.

You're not a stronger person. If you only wash your hands three time, you're a not weaker person if you wash them a 1000 times. It ends up being, if they're both the same, actually get to make a choice.

Early Trauma, OCD, and Pattern Interrupts

So neither is right or wrong. There's no morality to having OCD or doing rituals. It's just demonstrating to people the two things that they thought one of them wasn't safe actually is.

And once you do that, they actually get to make a choice. So there's the, the freedom enters the conversation. And I think that's so powerful for parents too, because so much of the time parents are just trying to change the behavior or get rid of behavior, or punish the behaviour.

And you're reframing it for the child, but the parents right there, and you are also helping them to see, you know, that this is a different way to look at it.

I always call it not feeding the beast of a disease, right? But it really helps them see it differently too. Yeah, the concept of, you know, look, I had OCD when I was about 16. And what I can tell you is when you have OCT, all the things you're doing don't make sense.

You know that the thoughts you are having don´t make. These kids are acutely aware at a very young age that their mind is not thinking correctly about it, but they feel so compelled to do it.

that they do it. And it's like any other superstition we might have about things. I tell people, if you want to understand OCD, it sort of like if were driving in your car and if your person hopefully who wears their seatbelt all the time.

If you're ever driving and you realize you haven't put your seat belt on, a little panic ensues and your trying to get it buckled as if are going to die instantly because the seat belts not on.

That's an all-the-time feeling for people with O. C. D. So you can understand. Even if I were sitting in the car with someone and saying, slow down. Nothing's going to happen.

Just put your seatbelt on, it's fine. People are still going be kind of frantically. And so that's the, that dynamic of OCD. So one of the things I'll tell the kids is.

Doing things in a ritualized manner is valuable. Pilots do it. They do a checklist before they take off. Doctors do. Right? We follow the, you know, we have charts for pediatric resuscitation when children come in and you would measure them and quickly have doses of medications.

We do things because you can't make a mistake. And so that behavior is normal. So when someone has OCD, they're just doing that at the time they don't need to do that.

That's the discussion I have with kids if they are old enough and it helps them understand and I will tell them your brain is not broken. And the fact that you are check things and check and things will benefit you as an adult, it's a superpower.

But right now you're just doing it when you don't have to do it. And so that's the thing. Even people have anxiety or a panic attack. That's normal stress reaction.

You're having it just when don t need to. Right, right. And you also talked about antidotes for anxiety. I think you're already talking about some of them, but talk about that a little bit more.

So in toxicology, when we have someone come in, you know, we want to separate them from the poison. We want give people support and help them out of that.

But there's also times where we administrate an antidote, which is to directly counter the effects of a particular poison. And so when we think about that with stress or anxiety, talking about fight or flight, things like that, well, we talked about some of those things reframing, but you can also, I talked specific things you might think of like an antidote, something you take, so different supplements.

Lemon balm, which I've heard you talk about many times. Valerian root, you've talked many about times, magnesium. Different essential oils can help with anxiety, kind of calm the nervous system down.

Of course, we talked about reframing, but also hypnosis, neuro-linguistic programming, some of those other things that can really bring that down, and I also talked mindfulness.

When people hear that, they kind of think about meditation as different. So meditation is the, I'm going to empty my mind. Mindfulness is being present in the current moment.

Yeah. I will talk to people about a great calming exercise with the child. Might be taking them on a walk and saying, okay, let's find three things that are red that you see right now and having them look.

that being present or picking up a peach and saying to the child, okay, tell me what colors you see. They might describe yellows and reds in pinks. And then what does it feel like?

Well, it's furry. Is it hot or is it cold? Was it in the fridge? And let's take a knife, if safe to do so, and cut it. What do you think it is going to feel to cut through it?

Will it like a lemon? It's kind of bumpy? Or will it feels smooth? Then when you open it up, oh, its a little slippery. But that presence, that mindfulness practice, you can also use prayer and you meditation, other things.

We also use on vagus nerve stimulation in our office, both an external vagust nerve simulator. And we also used vaguss nerve techniques, things that you think about humming, singing, gargling, full plunges, breathing exercises.

Excellent. Yeah, and it's funny, when I was going through infertility 35 years ago, we were doing that mindfulness with a grape. I will never eat a great the same way.

You know, feeling that grape in your mouth, taking that bite, seeing the inside, you know it just that sort of being present.

Antidotes for Anxiety and Mindfulness Tools

And I think it is so important for our patients But it also is important for us as practitioners, being present with the person in front of us, that we're not distracted by the noises, by everything else.

And that works for our parents, too. Being present where your child is at that moment and those expectations that may have of our kids, maybe letting that go a little bit, Oh, absolutely.

It's, you know, John Lennon said, life is what happens when you're busy making other plans. Yeah. And so that concept of expectations, but finding the beauty in today, in this moment right now, and not missing it thinking about what's next.

Another musician, Dave Matthews says, thinking that the best is next to come. Always thinking the best is next to come. So that concept of, yes, being present in the present.

And one of the things that's interesting, you say that about parental expectations and I will tell parents is it's so easy when a child has pans or pandas for a parent to project.

We did the same thing and you think, boy, I thought my child would do this, this this get married, have children, do have this kind of life. Then suddenly the parent will get caught in this.

Oh, they're going to like be homeless or be in prison or something. And I'll tell parents, we don't project because that's just not, there's no reality and that just throws gas on the fire.

Right, right. I mean, for myself, you know, We had gone through pans and pandas. Everything was better. My son

was in college. We were in a hotel room and he was telling me, Mom, I'm just, not right, something's not.

And, and I am going straight to that panic mode. Okay. Is it mold? Is a tick-borne disease? is it strep? Four days, sleepless nights, thinking about all the things I may need to do.

At the end of it, he says to me, mom, you know, it's about a girl. And that was that moment where I realized my internal stress, whether I call it PTSD or whatever, was still causing that layer of poison to our relationship and to my.

I needed to go back and do work myself because we as parents hold on to that. We do. And I tell parents that is that for sure PTSD is the perfect term because we see that all the time in parents.

I mean, I know in my own self, when it rains, go down to the basement, make sure nothing's leaking. Make sure there's no mold when, if my daughter happens to say something to me, sometimes I go.

I wonder if that was OCD. And that's my stuff. It's not. But that is my thing. I do have to deal with that. Part of that for parents is what I teach people about anxiety in general, which is the concept of determining you really should only have fight or flight when you're in danger.

Danger, as your autonomic nervous system's design, is really, I'm about to die right now. Grizzly bears about the pounce on me, or attackers wielding a knife at me.

anything other than that really shouldn't mount that fight or flight. So one of the things I do and teach my patients to do, and I personally do is I will say, as soon as I start having that feeling about anything, I'll say okay, am I in danger?

Meaning, Am I going to die right on the spot? If the answer is yes, then have your fight of flight, protect yourself. But if the answers no, which it will be for the rest of your life, unless grizzly bear gets you, but answerably no, I will say, okay I am safe.

I always try and say it out loud, not very loud but I say under my breath, i'm safe now I've been doing this long enough that when I see that the sympathetic nervous system will shut down I'll enter a vagus nerve state and I'm home but i tell people when they first start doing is if you're a trained anxiety athlete like I was it doesn't happen you still having the feeling because your subconscious is really quickly get you into that and start secreting chemicals and so what I have people do In the office with me as I'll have them sit down, I will listen in anxiety state.

I always tell them I'm going to do it ahead of time. But then what I do is I say, okay, describe this feeling. Is it more hot or cold? People usually say hot.

What color does it feel like that feeling that you're having now? And I wait until I get them anxious and you can see people's face change, their posture changes.

They get pale. Sometimes they shake a little bit. You know, they'll always say, well, why did that happen to me? Why did I get them? You just made up a story.

Why do I got so anxious? Because I'll pick something. I will say to them, what are you really anxious about? And I say okay, imagine this were real. And say the reason this happened is because your subconscious is so far in front of your conscious mind.

Of course, you know I made it up. But your subconscious mind is continually saying a classic OCD thought, which is but what if, but if that's true, I better react in case that thing's is true.

And then I'll say to the people, okay, well, if it feels hot to you, we're just going to try some things. I try not to lead in such a way in saying you're going do this.

That's why when I do hypnosis, typically not saying, you will now feel. X, Y, and Z, I'll typically say, you may notice that your leg feels a little heavy or you might notice it feels lighter than normal.

And people will then search within themselves rather than saying you now feel sleepy. If they don't, then they think you're full of crap. Or they feel that they're not worthy.

They're doing it right. I'm not doing right and so I will say to them, You may a certain sensation and it may be like this or like that. It's called a hypnotic double bind and they'll usually pick one.

Vagus Nerve Techniques and Present-Moment Practice

But as we sit there, I'll say to them, okay, well, if it's hot, let's imagine you're outside cutting the grass. It's super hot and you are cutting grass, you all sweaty.

And you notice in the yard next to wherever you cutting in grass there is a swimming pool. You walk over, kick off your grassy shoes and step in and notice the water come up to your ankles.

Then you take another step down, it is at your knees, at you hips, then you kind of glide forward like we all do when we are in a pool and feel the waters come around your neck.

I will say, what color is it? They will usually say red or whatever. And I'll say, okay, let's, instead of it being red, try, just try this with me. Rather than it be red try and make it blue.

Think of a blue that you saw like a summer sky. Maybe it was when you're in 10th grade and you got out of high school and. You saw the way the sky looked as you were walking across the parking lot, knowing that.

you had the whole summer ahead of you. Remember that blue sky, not a cloud in the. sky pick that color blue, Just make the feeling that colored blue we're not going to chase the filling away.

Cause that fight or flight is protective of, you it's a good feeling. It's not something to get rid of. So, and then I'll say, okay, does it move? People usually with anxiety will say it moves.

A lot of times they'll see it rotates clockwise, counterclockwise. People that get nauseous when they have anxiety, we'll it does this. Lips. And so what I say to them is, Okay, well, just, will just do the app.

We'll go the opposite direction. If they rotate some way, or if people say its crushing, I feel like pressure. I will, say okay. Let's imagine that you are in a, let's, imagine you're laying in the pasture and there's something crushing on you.

and you look up and it's a basket. Not only is it a basketball, but it is the basket from a hot air balloon and there are people standing in it and its pushing you into the ground.

Imagine reaching up, grabbing a rope, turning the heat on and having that balloon, imagine what it would feel like to have that lift off of you. And then you see that going up into that cloudless sky.

So as we go through that, I'll usually get to the end and I will say, okay, how does that feel now compared to previous? And they will usually say that feels better.

I feel calmer. The first thing I say to them is I never let you off the hook. Like I've never told you that anxious situation. When you started getting upset, I didn't say, oh no, no.

I'm just making it up. Relax, relax. Just let you have your reaction. You did it all yourself. you changed the characteristic. Now I picked blue. Maybe a better color for you would be green.

Experiment with it at home. Notice how the feeling feels. Does it feel like sharp rock? Then make it into cotton

candy. It's your thing. So I'll tell people that two-step where they first say, all right, am I in danger?

No, I'm safe. Then do a little check-in. Whoa, it's still there. then take themself through a process. And a lot of times then after a period of time, weeks to a month, they'll get to point where say I am safe and the feeling shuts off.

And that's where you see the big four people that continually get in that cycle. And, that was instrumental for me in my own recovery from after our daughter was sick and had a lot of PTSD with her being sick.

Anytime anything would happen, I would be instantly into that mode. But this is something not only we as adults can do, not just teenagers or tweens, but little kids.

Little kids can really do this. And I see it in them, just that relief, that relaxation as they go through this exercise. With kids, I will do a lot of times I'll do rehearsals.

Yeah. With children. And so, it's always best if you can get dad involved or mom involved and I'll tell them, okay, if have a thing coming up, you know that your child freaks out when you say, It's time to get in the car to go X.

Then what you do is you rehearse and you said, Okay, we're not doing this right now. We're gonna pretend we get into a car. And we're going to pretend that we don't want to and we really have a hard time and freak out about it.

And then we are going pretend we react a different way and I'll tell parents to go first and tell them, say, okay, we have to get in the car. I tell the parents throw yourself on the ground, kick and scream and say I'm not going go, I can't stand it, and scared I don' want go.

Then say okay I am going try something else. Oh, I really don't want to go in the car, but okay, i'll give it a try. And then sit in a car very calmly.

So I'll tell them that, we're just rehearsing that. Then have dad do it, then have your child do and take it through it. That sort of teaches the subconscious.

I have options.

Rehearsal, Humor, and Behavioral Flexibility

It's not only that I need to freak out. A parent just talked to me when I finished my lecture and she said, this happens with my son and he can't stand to lose when he's in competition, track competitions or at school or even board games at home.

And I'll say, great, then practice. Then I said, so he's having trouble at track. If he loses a track meet, he storms off and is by himself. Practice this rehearsal exercise, and then tell him to do both.

Make it a science experiment and tell them, okay, I want you to storm off, be moody the next time something bad happens in track, Then the time it happens, try and be calm and say oh, that's not what I wanted to happen.

You know, it's not danger. And then do that and tell them to compare notes. A lot of times when you tell people that, and you almost give the child permission and say, okay, the next time this happens, do your freak out because you know how to do it really well.

Then the time that happens we will do the calm reaction and see which one feels better. Parents are always a bit afraid and they're like, no, trust me, they will pick the calmer one.

It always feels best. You make it clear you're not asking them do a happy dance. They still get to say I don't like what happened or I'm disappointed.

Right. But you're giving them a couple of different ways to respond. A lot of times what I'll do with adults, I do it with

parents, with adult patients, even with other people in my life.

If you get an unreasonable adult who says things to you, one of the great things you can say back to them is, come on, you are a better guy than that.

So there's a weird thing that that does. When you hear someone say to you, you're a better guy than that, when you are acting like a fool, You have two choices.

You either have to prove them wrong and say, no, I'm not, and continue acting that way. But 99 times out of 100, people say. Well, know I was just so mad.

And you go, oh, that was annoying. Oh, so annoying. But you've sort of reframed it for the person in that you don't have to act this way because I know that your a different type of person and because of that I'm making you aware of a capability you have of reacting this different way.

Yeah. And so many of the things you talked about are breaking those old patterns. Like that is one where you're just breaking it in a way that's you are refraining it again.

You broke it when you first started about, you know, saying the swear word, whatever, F this or whatever. That sort of breaks that pattern. And also humor.

You talked a lot about using humor, which I think we forget about. We get so mired down in the terror of the OCD or the anxiety. Humor can really break it.

When we do rehearsals, I tell people, especially if you have a dad that will lay on the ground and kick and scream when they're doing a rehearsal, kids find that hysterical.

And so I had one girl who was petrified of getting on elevators. In fact, she told her mother. I can't go in a building if there's an elevator in the building, which made it very challenging.

They lived in Chicago. And so what I had the mom do was I said, see if you can get her to agree to just step in building and out, and she each time got a little bit closer to the elevator.

I made very clear to girl who was in her teens, I don't want you going in an elevator until you ask to go on the elevators. Nobody's going to push you on an elevator.

And you know what? If you don't ever go on another elevator for the rest of your life, who cares? It doesn't matter. Yeah. Doesn't it matter? There's no right or wrong.

It's nearly a morally superior person to go in an elevators. Who cares. Um, and so what I had her mom do was I'd her Mom tell her a story and walk over when she got close enough to see the elevator, I said to her mother, here's what you're going say to you.

You're gonna say, Hey, if someday you ever want to the elevator with me, can you imagine if you are on the Elevator? And it went down really quickly and I fell right on my bottom.

And I told her mother, say it exactly that way. So the mother did this and the girl, of course, died laughing, thought that was the funniest thing ever.

Then every so often, the mom would take her back to the building and she would say, there's the elevator. I feel like I'm going to fall on my bottom. And she kept saying it and kept singing, kept sang it until it got to point where the Mother would be somewhere else and would just look at her daughter and say.

and her daughter would start laughing and got her to the point where she got an elevator and now has no problem at all. So when you are laughing or you're in a good mood or your satisfied or content, it's really hard to have those

chemicals in your brain that are making you anxious or angry.

And so just by doing that funny thing, somehow totally separates. I'll do that a lot with kids. If you say fart to a 10-year-old boy, there's no… the whole room's laughing for half an hour.

So you can a lot of times use humor in that way. Absolutely.

Finding Dr. Antoine and Closing Hopeful Advice

In addition to all the wonderful things you taught us here at MAPS, the Medical Academy of Pediatrics and Special Needs, you are also one of the leading experts in PANS Pandas.

Anxiety, OCD, ticks, all that. You've written an incredible book, A Comprehensive Guide on Pans PandAS. Are there ways that if people want to find you, they can find Certainly, my website, and we have a ton of free information and blogs there for parents and adults even, called ThePanda'sDocs.com.

Also, there's a link there to order my book. It's cheaper than Amazon on there. And I have parent course as well there, for people that, an online course, if they can't come in person to see me, we'll help them with their child.

You can also find us on both Instagram and Facebook at the pandasdocs.facebook and Instagram. And our regular website is fullyfunctional.com. That's how people can make an appointment to come and see us.

Great group of people, not just you and your wife, but a really wonderful clinic and just information. Get the book. Go to the website and Scott any last words of wisdom or hope you want to give to your anxious or OCD or ticky kids or anybody.

I think the message I kind of leave parents with is sometimes it's tough because online, even some well-meaning support groups will kind give parents this information that, well, your child has pandas, they're always having enough pandes.

Anytime they get the sniffles, their going to punch a hole in the drywall. And I tell parents, as I know you do, that's just not our experience. That's not what we see.

And so there's hope for healing for sure. And the other thing that I saw them and kind of the maybe central point of my message today was that when you see someone having the worst panic attack or the worse anxiety attack, or just are totally overwhelmed, that's a completely normal reaction.

They're just having it the wrong time. So if a child has a severe, violent, even aggressive attack, I tell parents that's completely normal if they're walking down the street and a van pulls up to abduct them.

That's what we want them to do. Use every swear word, kick them, bite them do what you can to protect yourself. But we don't want it at the dinner table.

So when you see people having anxiety and reacting and having a moment, they're normal. They're just often at the wrong time. So that reframing and describing to the child when the time is to have that and that it's okay to that, and feel that way.

We just want to move it a little bit. That's much easier for people to understand. Yeah, great advice, Scott, and really always enjoy talking to you. I could talk to for hours more, but thank you for joining us at the Medical Academy of Pediatrics and Special Needs and healing tomorrow's future today.

Thank you, thanks. That's it for today's episode of Demystifying Pan's Pandas. I hope you're walking away with insights, tools, and hope to help you and your child on this journey.

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with anyone who might need it. It could be the lifeline they're searching for.

And if you have a moment, leaving a review helps us reach even more families who deserve answers. Also, for more information, training, and community, check out our website, drohara.com and join our annual membership.

And remember, every step forward, no matter how small, brings us closer to healing and understanding. Until next time, be present, Be hopeful, And we look forward to seeing you next on Demystifying Pan's Pandas.