Your Brain Is Part of the Healing Process: Trauma, ADHD & Brain Health Transcript

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Introduction to Kristen Wooten and Brain Health

Welcome to the table talk podcast. I am excited to have a special guest on today. This is Kristen Wooten and she is a licensed professional clinical counselor and she is a just passionate about brain health. And so today that's really going to be our topic that we're going to talk about. Um, specifically she is a Christian counselor that uses evidence-based therapies such as EMDR for trauma and she is also um certified in a method called DART, a brain health coach and she also is passionate about neuro feedback. So I am going to have her explain a lot of that to you today. But welcome to the show Kristen.

>> Hi thanks. >> Yes. Yes, she's located in Westchester, Ohio, where I practice once a week and nearby. And so she owns Freedom Counseling Services. Um if you're looking for her, we will link this information in the show notes of her um website and everything like that. But why don't you just tell us a little bit about your story of how you got into focusing on trauma um from, you know, more general clinical counseling backgrounds? >> Yeah. Um well overall I started um I decided late in life to go back to school and get my um lenture in clinical counseling. So I was in my 40s by the time I started practicing. Um I've been practicing for about 10 years now and I started with just the clinical counseling piece. So that's my the business I have freedom counseling services. As I would work with people, I would find that uh cognitive behavioral was helpful, but there were a lot of times issues that were happening when they were trying to recover from trauma. I found it just really wasn't enough to help them um just overcome what felt like this kind of hold on their nervous system and things that would set off those feelings of panic. And so I started looking for something else that would be more effective. And at the time I had a mentor who taught me a lot about EMDR therapy.

How EMDR Helped Shape Her Trauma Practice

>> Yeah. >> And so over time I decided to go get my certification in that. Um it's a pretty extensive uh series of classes in order to learn. Um but it really defined my career after that. I experienced my career in terms of before I learned EMDR therapy and after because it was so so effective in helping people move through um just those feelings of panic that would show up when they would think about a memory. Uh, a lot of times people are living life kind of through this traumatic memory that's sort of like this and it's always in their face and they're just trying to do life trying to work around it. And when we do EMDR therapy, it just really helps them to not deal with that. The emotional charge lessens and that memory sort of takes its place alongside all the other memories. uh it becomes much less hijacking in the day-to-day life. And the cool thing is that it doesn't come back under stress once that memory is resolved. It is resolved for good.

>> That's awesome. So, if you were explaining to a patient that you're like going to talk to about doing an EMDR, >> how would you sort of set up like what's going to happen and what this experience is going to look like?

>> Yeah. Um well, EMDR stands for eye movement desensitization and reprocessing. Uh it started with a lady named Francine Shapiro in the 80s I believe and uh it took quite a while to get it established because it was a little bit different than talk therapy. Um it uses something called bilateral stimulation. So, at the time it used eye movements that the person would say I'm the therapist and I'm holding my fingers up like this and I would move them back and forth >> like this um and have the client track my fingers with moving their eyes from side to side. Um that stopped or it's people started using other kinds of bilateral stimulation. It was found that sometimes those eye movements can trigger migraines or just have eye fatigue >> and I'm not sure I I'm not aware of the research on the other kinds of bilateral stimulation, but uh the kind I landed on. Well, you can use eye movement, you can use sound, you can use um tactile vibration, tapping, those kinds of things. Um I use these pods that vibrate from side to side. uh they call them tappers and uh people just hold that in their hands and that stimulation is running while we work on the memory. Um the other component of that is having the client notice what they go back to that memory and they notice what that experience was like and I check in with them to see what it is that they are

experiencing and they're vocalizing that. It's very different from telling me what happened, the narrative of the story that's more cognitive, uh, more up in their head. This is more of a reexperiencing in their body, but with one foot here and one foot in the memory. It's a much more grounded way to experience the memory. And then that discharges the nervous system essentially >> and allows it to settle. >> That's awesome. Um, so do most other therapists still use the eye movement to sensation or you feel like most other people are more exploring these other things because of those side effects of the headache and migraines? >> Yeah, I think it really varies. It depends on the therapist and what they feel most comfortable with and what they feel like they're getting the best results from. And everybody's different, but I think there are quite a few people that are using the pods and we see them now even on Instagram. I see um wireless pods that you can buy, you know, just a regular individual, you can go buy those and use them for anxiety reduction and stress reduction and those can be that bilateral stimulation just by itself can be really helpful from a really uh hairy hairy [laughter] day.

>> Yeah. >> Yeah. >> Yeah. That's interesting. I'll have to check that out. We'll have to link some in the show notes. Um, so you have done that method. And then you also are passionate about neuro feedback. So tell us a little bit about how neuro feedback fits into someone that has a history of trauma. They've maybe done EMDR or maybe um found some success but not full success or maybe there's something else that you feel like neuro feedback is better for. Talk to us about that.

>> Yeah. Um neuro feedback is a form of BOF feedback and it's the setup looks like that we have sensors that we attach to the scalp. It's picking up the electrical current that is coming off of the scalp. Um essentially what we would call brain waves. Um it delivers that information to our system that we have.

And then the program uh the client is listening to sound.

What EMDR Is and How It Works

They're listening to music. It sounds like spa music, just something very relaxing. And the system is putting pauses into the music that are BOF feedback for the brain and for the nervous system. And so that helps to settle the nervous system. It helps it to organize and it just over time trains the brain to function more efficiently.

So the type of neuro feedback that we have is not what you'd consider to be a treatment for anything in particular. It's just a brain training that settles the nervous system overall in general. Um but we do find it quite helpful for just building resiliency and um people often report feeling more calm, they sleep better, their digestion is better. A lot of times balance and coordination is better. But most of all, when people bring kids, you see such a drastic difference in um kind of the intensity of meltdowns is much less and the frequency of that is much less. And you see that in adults, too. It just looks a little little bit different >> differently.

>> Yeah. Yeah. And I got into that initially because my son had ADHD symptoms. I wasn't a therapist when I was raising him and I didn't realize that uh he was struggling with that. thought he was really irritable and >> I didn't really know what was happening for him. But as I got more and more training in ADHD, I started recognizing that he had some of the more atypical symptoms. And we did try medication. It was not a good experience. Um I came over time to learn that there are seven different types of ADHD and he had one of the two that don't respond well. They actually the stimulant makes it worse. So I had to find something else for him uh to help him finish school and be able to do a lot of the things that we needed him to do at that time. So uh neuro feedback was a huge gamecher for all of us and it really changed the dynamics in our family because he was able to be present and um his attachment was better, his attunement was better and we were able we had our first Christmas without a meltdown, our first uh holiday without a meltdown like vacation >> and u and he just was in general a lot more at ease and happier. So I thought that would be a really great thing to introduce into the practice as well. Um and I was reading like there's a book called the body keep the score that is uh Bessel Vandercock and he talked about neuro feedback and using it when someone has so much trauma that they're not really even able to do EMDR. Mhm. >> Neuro feedback is a really great place to start because they don't have to talk about anything and it really helps to settle the nervous system down sort of, you know, without having to go through that process. And over time, then we find that they will be able to address those things uh using EMDR if we just help that nervous system settle down a little bit first. >> Yeah, that's a great pearl because I think a lot of times I've heard that from patients that their therapist said they're not ready for EMDR. Like I've had patients tell me that and I'm like okay well how are we

going to get ready right and it sounds like neurop and certainly there's other tools like from a functional integrative medicine standpoint using calming herbs or you know things like that that could also be supportive but um I love like these non-farmacological options to be able to help um people that especially those people that are just very very overwhelmed and very um I guess fragile in a way like things just mood back and forth type thing too. So, um, do you want to go through the seven types of ADHD or I don't know that's putting you on the spot a little bit for the different types, but I guess what do you see is the most common symptom of ADHD that um that really neuro feedback can help with or is it pretty effective across the board? >> Uh, the biggest thing I would say is that uh ability to be more present. >> Okay. and to be able to stick with something that's more frustrating, you know, like an an assignment or a project that you really don't feel like working on. There's an ability to uh there's it feels like there's less resistance to sitting down to work on the project, >> right? >> And there's um just a greater ability to focus and stay with something until you get it done. And then there's less behavior, less emotional turbulence around it. And >> um >> yeah.

>> Yeah. So it just really that's so helpful. Um I want to circle back really quick to the EMDR with clients who are not able to do it. Uh another aspect that we utilize when somebody's not able to do EMDR right away is um building resilient skills. And so that's one of the reasons the neuro feedback is so helpful because it introduces that resiliency that wasn't there before. And we also teach skills to clients.

Neurofeedback for Trauma, ADHD, and Regulation

you know, the breath work, >> um, different ways to be mindful, to be present, to ground, and those really help people, uh, over time be able to go into those traumatic memories and work on them. We do have to be careful with breath work because sometimes breath work can trigger panic depending on the trauma, >> holding it too long or different things and they're like feeling >> well and other some people have had trauma around breath.

>> Okay. So um like if someone was abused and um not able to breathe for one reason or another because of their abuser then you have to really be careful about whether or not >> that's going to work for that client. So >> we just adjust according to the person. But >> so we love neuro feedback because it can >> it can bypass a lot of those things that will set off um panic. >> Yeah. Awesome. And it's okay for kids of all ages, adults of all ages, or is there a certain age that you feel like it's you have to be to be able to use it?

>> No, we've used it on infants. Um. >> Wow. >> And sometimes it's just a baby that won't sleep all night. They've started waking up every two hours. That's a little bit, you know, a little older baby who should be sleeping through the night. And they'll come in and do two or three sessions while mama's maybe nursing or baby's napping. And um you see that sleep pattern normalized pretty quickly usually in infants.

>> Wow, I should have had this. [laughter] My son didn't sleep till he was five. Um no, not quite that, but it feels like that. I mean, he slept, but it was it was a long journey and why I only have two children. [laughter] >> I did not want Yes. again. But he would, yeah, he probably could have benefited them that because it was like he would wake up and then he couldn't calm himself back down. So, he'd like end up in our room or our bed. And we finally bribed him with some um toys outside of his room from the dollar store. So, every day if he stayed in his bed overnight, he got a toy. And there was like immediate feedback every morning. And so, after $20 worth of dollar store toys, we got him to stay in his own room. But, um, but this probably would have been more simpler if we had started uh that earlier. So, I love that um that kids use that or babies can use that. I'll have to remember that because I think that's a lot of we get a lot of people reaching out to us because of collicky babies or just having trouble with them sleeping and finding that pattern. So, um so talk to us a little bit about the dart method or the dart um certification that you have and what that looks like.

>> Yeah. Um the dart method um was started by a local therapist here um Rick Buts and he does a training um that sort of incorporate um Pia Melody's work which on codependency and um some sematic experiencing work and uh it just really helps with the developmental kinds of trauma there that's like the chronic things that as we grow up daytoday are happening in the household that are maybe toxic. Or it could even be um if there was say someone in the family was sick or there was a sibling who required a lot maybe was special needs and required a lot of attention. And so what happens sometimes to the other kids is they're just not getting the nurturing that they normally would have gotten. So it could be great parents, but they're just in over their head dealing with one issue

or another. And um you know, there's just trauma that happens. There's trauma from things that don't happen and trauma that thing from things that do happen. >> We just uh do work with that. Um a lot of it starts with work first with uh mother, then with father or the other way around and memories that come up around that each one of those attachments. So attachment theory is really core to this as well and just walking people through a process of healing in each of those relationships.

Uh there's also a component of um noticing the sort of the young version of ourselves that was experiencing those things and attending to that. It's I mean what a lot of people would know as the inner child.

>> Yeah. >> Uh and bringing healing to that as well. >> So it's just a really powerful therapy and it integrates really well with EMDR. That's awesome. I can think of some people that I need to send your way.

[laughter] Um, so I know you're passionate about just brain health in general. And so let's talk a little bit about head injury. Um, this is something that definitely can lead to complications um, and often isn't necessarily identified very quickly. So um, tell us about your experience with head injury and how you you know work with patients around that.

>> Yeah. Um I started learning about brain health uh primarily because of my son and the ADHD and uh came across Dr. Daniel Aemon who is a psychiatrist who is kind of a public-f facing psychiatrist. Um he has clinics in several places around the US. I think his home base is in LA. But uh he would talk a lot about different brain health issues people would have and the symptoms they would have as a result of that and one of those things was head injury of course but in my work people come in with symptoms of anxiety and depression and they think that they have a mood disorder. And what I found is there are a lot of times when people don't connect a head injury they may have had. Um it can even be whiplash. It doesn't even have to be um blacking out or having a goose egg on your forehead or >> Sure. >> Um and so I had to learn to I found it was really beneficial to myself and to the client to learn how to discern as best I can uh and take a good history. have you had any concussions or head injuries? And also assessing for ADD, ADHD, because those are two things that really um heavily play into mood and also addiction.

>> And so that's important to pay really close attention to that. I learned that um like I had a client come in that I had seen off and on uh for depression, but she came in this time and it was pretty profound and unlike her. And uh I noticed that her eye movements were a little bit unusual for her. And so I just asked her, you know, had she had any accidents or injuries or anything since the last time I'd seen her. And sure enough, she'd been in a car accident the month before. >> And so we actually did neuro feedback um to see if that would actually address the depression because yes, she had depressive symptoms, but she wasn't actually depressed. She was manifesting from the head injury. >> Sure.

>> And so over time I, you know, I took the certification through the Aean clinic and learned their general protocol for um addressing head injury, which has been really helpful because it's pretty impressive how many people come through that have had head injuries that have never been treated. Uh well, or have been treated, but it's usually go home, sleep it off, Tylenol if you need.

Using DART for Developmental and Attachment Trauma

take some Tylenol and even with a more significant head injury, there's really not a lot that people are given that they can do for themselves >> to heal. Um, I found that we have some really great local resources for head injury recovery because if we don't heal the brain tissue, things aren't really going to improve for some people. So rather than get really focused on the mood symptoms, you know, we have to do what we can for that in the moment, but also we need to get people on the right protocol which may look like um a typical protocol for the Aean clinic for instance for head injury would be sending someone for hyperbaric oxygen treatments. So we have a hyperbaric oxygen place locally here called Genesis hyperbarics and they would go for about 20 to 40 sessions of pressurized oxygen and that helps um oxygen more oxygen into the blood and helps push blood into areas that are not getting good blood flow that need that healing. So it helps with repairing the brain tissue. And then there's a nutrient like a supplemental protocol that helps to support that healing which often includes things like vitamin D or um highdosese omega-3 fish oil. >> Uh there's a few other things in there.

Um >> so and I'm not a doctor so I can't prescribe supplements or or recommend things but those are typical things that are in that protocol. And then neuro feedback kind of helps that nervous system settle down and organize. So those three things together often the prescription for that and then usually the mood >> issues >> lip because the brain is functioning better and we see that too with OCD behavior sometimes there's a head injury involved and so rather than just give all these strategies for managing OCD behavior we try to heal the brain. >> Yeah, I love that because that's really the root of like functional and integrative medicine is getting to the root cause, right? and healing like whatever the underlying issue is versus just hey this is whether it's a tool or a drug or you know something that's covering up the issue or it's handling the symptom or actually like fixing the problem. So >> I love that.

>> Yeah. And we see that with ADHD as well where someone has addiction. No one connects the ADHD to the addiction which is their lack of impulse control >> is not there. And that's not a willpower issue. That's a brain function issue, >> right?

>> And so if we address the brain function, now we can address the addiction without so much shame and the feeling of failure and just that sense that I'm a bad person >> that lifts because it's my brain needed to have some help, some support. And then we see people doing much better with the different kinds of addictions that they might be struggling with.

>> It helps to shift that hyperfocus on things. It helps to shift that emotional dysregulation and then we can you know put the other things in place that help with overcoming addiction. Yeah. So neuro feedback is huge for that.

>> Um but sometimes it's also addressing head injury issues. >> Yeah. Did you say that is there a certain number of percentage of patients with addiction that have been diagnosed with ADHD or is there any kind of data out there like that? >> I don't have that off the top of my head. I could probably look that up. Yeah. Yeah. We can see and put them in the show notes if we can find it. >> Yeah. My mentor used to say, "If you have an addiction, you probably either have ADHD or trauma." And I would add head or a head injury. [laughter] >> Yeah.

Brain Injury, Hyperbarics, and Root-Cause Healing

Because there it definitely seems like, you know, addiction also runs in families. And so if it's ADHD type things run in families as well and so that makes total sense that you would see, you know, some of that behavior. Um, as far as the omegas, like when you say highdose omegas for the brain injury patients, are we talking like 4,000 milligrams, 6,000 or Okay. >> I usually see him prescribe 3 to 4,000.

>> Okay. >> Um, but I don't know what the results are on the studies showing. >> Yeah. >> I know Dr. Ammon has a lot of studies on brain health recovery or brain injury recovery. I know he's done one with football players, >> NFL football players, where they would show it looked like they had huge lesions in their brain, but it was really just the absence of blood flow on the spec scan. >> Wow.

>> And then they would do this protocol for two months, I think, uh where they would do the hyperbaric oxygen, the neuro feedback, and the nutrients, the supplements, >> and you'd see their scan again after that, and there was dramatic difference in the blood flow in their brain. And so with football players, it's often why we see the explosive behaviors, the irritability, the agitation, uh crazy uh unhinged behavior. They've had injuries that haven't been addressed. >> Yeah. Yeah.

>> So, it's amazing. It's amazing how much healing we can bring to the brain in just a couple of months. >> Yeah. Hyperbarics is so intriguing. Um I also I go to A4M and that's where my uh which is like the American Academy of Anti-Aging Medicine. Um and they typically have a big event hall, you know, expo hall that has all of these um products like machines like bar, you know, hyperaric chambers you can buy for your practice and all these kinds of things, but you can get you can schedule time to like in the expo hall get in there. And I was like, I don't know if I want to do that out here. I would fly tomorrow if that's going to be a problem, but I should try it out sometime. But there is some really cool research around Parkinson's as well with hyperbarics and um some of the people that have been using it definitely can see a regression in symptoms with it. But with Parkinson's it seems like they still have to continue the hyperbarics at some level to like maintain the improvement. um cuz I think we're still not

exactly sure what exactly the root cause of Parkinson's is and all of that change but there's probably some like toxic exposures things and if I had to guess um based on some of the things I've seen but yeah so the brain I mean do you see any cognitive things with um like dementia and hyperbarics have you seen anything like that come through >> uh not through my office but I do I have seen >> uh research and articles about utilizing hyperbaric for dementia. And I mean, as you know, dementia often starts with people in their 40s and 50s and doesn't >> uh present symptoms until pretty late in the game.

>> Yeah. >> So, it can be challenging uh to heal the brain, to bring the brain back into better functioning with that without continuing. It really seems like you need to just keep doing it once you've been presenting with symptoms of dementia.

>> Yeah. And that's very similar to the Parkinson's conversation, but these football players that are healing from brain injuries, like this is something that after they do this protocol, assuming they don't have any more brain injuries that they don't have to come back to the hyperbarics and they're still functioning well or even other brain injury patients or they do do they have to come back every so often and do it again?

>> You know, I bet it depends on their lifestyle. >> Yeah. you know, if they are doing a lot of drinking or using any toxic substances or on their own, maybe even normal pharmaceuticals that might have, you know, a lot of pharmaceuticals are toxic to the brain, but you know, sometimes there's that necessary use >> um regardless. So, it sort of depends on what kinds of things they're being exposed to as to whether or not they would need to come back. And neuro feedback is really similar. When I was talking to Scott up at Genesis, he we were noticing that there were a lot of similarities to the results people would get with the neuro feedback or the hyperbaric in terms of the people who were utilizing nutrition and exercise and doing other things outside of those uh trainings and treatments were doing would get much longer lasting results than people who were like one family he told me about was, you know, had a daughter they were bringing in. I can't remember what her diagnosis was, but um they her treat for getting into the oxygen chamber and because you're in there for like an hour, >> which she was not really interested in doing and so they offered her the treat of going to McDonald's after and she would have, you know, a McDonald's meal with a milkshake and they would say, you know, she seemed like she was really good when we finished, like right when we finished the hyperbarics, but by the next day she's just, you know, kind of all uh having symptoms again.

>> Yeah. >> And he's like, "Oh, the McDonald's, you know, and the sugar, the inflammatory foods and things like that are going to undermine the work that's being done with the neuro feedback and with the >> hyperaric oxygen. If you if you have a lifestyle that supports the healing that you've been working on, then a lot of times you can go for quite long periods in between >> between treatments >> in between. Most people do need then some kind of continual treatment whether it's with neuro feedback or hyperbarics from a brain trauma standpoint or brain injury. >> I think it depends on the severity of the the injury. I think if it was a minor concussion and you just had some symptoms that weren't quite clearing up, then I'm sure it's >> 20 to 40 sessions and done. It's something that was pretty catastrophic.

>> In fact, the owners of Genesis, there's a husband and wife are co-owner with Scott of the Hyperracks, right? >> And the husband and wife had an adult son who was injured um in an auto accident, I believe. And so he is got some pretty catastrophic injuries and that's how they got started with the hyperarics. >> And then they started adding in other they have other modalities. there as well like the red light therapy and some >> equipment that helps um I can't remember the term you know when your hands curl >> um >> like an MS >> oh MS or something like that >> like so because their son his hands are curled that way they're atrophied and so they have equipment that helps work with people's muscles >> okay >> there that are struggling with um different nervous system issues muscular issues >> super interesting I'll have Check that out. That's also in the Westchester area.

>> Uh they are up in Middletown. Uh kind of really close to the Atrium Center. >> Okay. Middletown, Ohio. Awesome. >> Um anything else you want to talk about brain healthwise or what are you, you know, is there something that you are finding with your patients that you're always talking about? I know you talked a little bit about nutrition and touched on that. I don't know if you want to go into more depth on the nutrition component. Yeah, I go I spend a lot of time especially with people in their 20s or so that that kind of age group that has finished college and is learning adulting. Maybe they've moved out on their own. They might still be at home, but >> trying

to figure out that transition in life. Uh and just how to juggle everything. A full-time job.

Nutrition, Lifestyle, and Supporting Long-Term Brain Health

How do you have friends once you're not in school surrounded by everyone who's sort of doing the same thing? But um you know a lot of them will struggle with anxiety and depression and they have no connection initially to what am I eating, what am I drinking, what am I watching. And so we have sort of this checklist that we go through over and over and over and over about, you know, hey, how do you feel when you eat refined carbs versus when you're eating healthier? Hey, how do you feel after you take a walk versus when you haven't had a walk for two or three days? So there's a number of things that are um so helpful that people don't connect to their mood. And so we go over those things. They're just practical things like >> the food and the supplements and the exercise and all those components. And it's difficult because they're things that we don't want to do.

>> Yeah. >> And they're in that transition of figuring out what is my motivation for doing those things and learning how to keep that carrot in front of them. How do I want to feel tomorrow? Or how do I want to feel in a couple of hours? >> Sure. Yeah. They don't have that chronic disease like I'm trying to prevent getting kidney failure for my diabetes or to be here for my children when it's just them. And >> um certainly people want mostly to go on to the next phase of life or whatever that looks like. But um yeah, it's interesting like the Mediterranean diet has been studied with depression and anxiety and shows positive outcomes and all of it comes back to that anti-inflammatory component and putting things in your body that are decreasing inflammation and providing the vital nutrients to help our energy and KB cycle run. So yeah, same thing when our brain needs those nutrients that's when our heart and our uh muscles and all of those things um need to be powered as well. So, um, yeah. Well, any last thoughts about brain health that you want to share?

>> Um, not that I can think of off the top of my head, but I do want to just say I am so grateful for you that you have, um, really got that training in functional medicine and that you are trying to figure out how to help clients and patients in a way that's not toxic. And so there aren't a lot of people that I can send people to that I can trust are really going to choose that antitoxin uh pathway as much as they can.

>> Yeah. >> And so I'm just excited to be, you know, getting to know you better and having this relationship that I can send people your way and >> Yeah. I appreciate that.

>> Trust. >> Yeah. So, if you're listening to this and you are in Westchester, um, or Cincinnati or Dayton or wherever you'd like to come see Kristen from, um, she is easily accessible off I75 there, um, and a beautiful office space. I've got an opportunity to visit a couple of times. And so, yes, I appreciate finding colleagues that are like-minded and but have that different approach and different specialty, different tools in their toolkit that they're able to use because in reality, like one person is not always able to help, but you know, we need to work on the supplements and the nutrition component and and getting the body back in balance that way. Maybe a pharmaceutical um is necessary like you said for some people depending on what's going on with them. And then but the mind the mindset work and the um you know all these powerful tools you have to help with brain um are awesome too.

So I'll have to have you connect me with a hyperaric folks because that's really interesting as well. So I'm sure that um the physician I work with in Westchester um would like to learn about that too. So, well, thank you again for coming on today and we will link Kristen's website and um her LinkedIn and everything in the show notes and so you can connect with her and hopefully follow along and learn more about brain health, too. Thanks. Thanks Melody.