ADDICTION SUMMIT

You CAN Rewire Your Brain!
Guest: Julie Valenti

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Dr. Thomas: I'm Dr. Paul Thomas, your host for The Addiction Summit. And this episode today is going to be a hands-on instructional that I think you're going to want to watch over and over again. Now, you may think there is no way to overcome your addiction. But I'm here to tell you, "Yes, you can." And we're going to show you how so you can start living again.

If you're part of the group who are suffering, you're not alone. In the United States, in 2016, there were 20 million of us, 7.5% of our population with a substance use disorder, 45 million, 18%, with mental health issues. Two hundred million, two-thirds to three-quarters of our population is struggling with weight issues, being overweight or obese. We had 63,000 drug overdose deaths in 2016 alone. And 42,000 of those, 66%, were from opioids.

Now, my guest today is Julie Valenti. And Julie has personally helped my wife in a way that could be a whole segment because transformed a person who had her own issues with addiction, but also struggled with some childhood issues that just somehow were buried and keeping her from being able to just take it to that next level, and the work done through this book, *Knowing How: Including the 20 Concepts to Rewire the Brain.*

And Julie happens to also run and own the Wisdom and Recovery program. So we are very, very fortunate. Julie, thank you so much for coming to The Addiction Summit--

Julie: It's my pleasure and my honor.

Dr. Thomas: and sharing your wisdom. I'm curious. Why do you call the program the Wisdom and Recovery program?

Julie: When I thought of this title, I thought of wisdom because this program focuses on learning. With knowledge, comes power. So the word wisdom means a deep and profound understanding. And recovery is not really the kind of recovery that one would think of from drugs and alcohol. That's one type of recovery, recovering from the things that happened while you were out there using. And that's a lot. And there's a lot of pain there. And you do have to recover from that trauma, in and of itself.

Recovery and the Wisdom and Recovery program is recovering the authentic self, that lost self that never really had a chance because things were so confusing.

Dr. Thomas: I remember when I was about a year sober. And I'm thinking, "I've arrived." But I'm still confused about, "Why did I struggle with drinking in the first place?" I had good parents, missionary kid, grew up in Africa. I had a wonderful childhood. And we were just chatting the other day, some family members, my wife, and my son and I. And trying to figure out, "Well, what was my trauma?"

And started to realize, in my case, I went off to boarding school at age 13.

Julie: There's an attachment disruption.

Dr. Thomas: There's something right there. There's a huge disruption. I thought I was fine. Left my entire family in Africa. Came to the United States and huge stress of pre-med and all of that. And I think somewhere in there, in my particular instance, I got lost. But would you say most people struggle with some form of trauma?

Julie: I would say that it seems to be the case. And trauma is a really big buzz word. So I've backed off from using that word. But I call it more an attachment confusion resulting in the loss of really understanding who you are, and what you're about, and how to live. And so I do try to stay away from that.
But what I do find is that, yes, most people have some kind of confusion. And I attribute that to we're just a species that evolves. And we just haven't evolved.

If you look at where we came from, it's really, we've evolved substantially. But there's a way in which we haven't evolved that I think it is due time. And that is in really understanding attachment and what really healthy, loving, and attentive parenting is.

And for most people, actually that's a new concept that's been happening a little bit more in the 60s, 70s. But in the 50s, when I was raised, it certainly was kids were to be seen and not heard. There was no real relationship with my parents.

And today, I have two sons. And I'm learning how to be a mother, as well as a friend. And keeping those two responsibilities because I believe that I have a responsibility to be my kids' friend so that we can talk deeply and passionately about the world and our wants and our needs, and still be that guiding parent. And with kids 23 and 21, that guiding parent part is not an easy task.

Dr. Thomas: That transition I know. I've raised a bunch of kids from where when they're real little, you're just protecting, and feeding, and nurturing. And then, when they transition into young adulthood, that's a hard time for a lot of people. I think a lot of people end up falling into addictions just trying to, I think, fill that empty place, perhaps.

Julie: And very few people realize that a person's brain isn't completely wired until they're about age 25. So those years are really crucial because you're getting ready for your kid to really launch. And you want to give them everything that you possibly can.

Dr. Thomas: In your book, *Knowing How: The 20 Concepts of Rewiring the Brain*, tell me why you picked that title and how that all evolved and came into being.

Julie: Okay. So *Knowing How* came to be from, I was working with a particular client. And this was many years ago. Probably about 15 or 17 years ago, I was doing addiction's therapy at that time. And my client came to me after we had been working together for, I don't know, maybe about 7, 8 months.

And my client came to me. And he said, "Julie, you're a great diagnostician. And the information you have given me is tremendous, the tools. And he said, "But you know what?" He said, "What you're not really telling me is how to use those tools in the moments when I'm triggered and I'm overwhelmed with my

own anxiety, my brain goes blank. And I can't use those tools exactly when I need them." And I was like, "Ugh. Gee!"

So that's when I went back. And I went to study trauma and went back to my nursing background—anatomy and physiology and started studying childhood development, particularly the brain, the neurological, the endocrine, the circulatory system. And it was the only answer.

So I thought people who go to therapy, they really want to be told how to do this, not just what to do different because most therapy is just one hour, once a week. That's just not enough. And they could mention how. But actually, today in my experiences, when I do teach these concepts, people often say, "How come no one else has ever told me how to do this?" And so *Knowing How* just became, of course, the title.

Dr. Thomas: Right. I know you can't wait for us to get into what is the how. And we will.

Julie: Absolutely.

Dr. Thomas: We're going to get into that. But before we do that, I wanted you to expand a little more on this PTSD. And its part of your title. Whether it's from childhood or whatever, what is PTSD? Everybody seems to throw that around.

Julie: Yeah, it's hard when people start throwing around titles and diagnoses. But PTSD, of course, is an acronym for Post-Traumatic Stress Disorder. Okay, so post, after it happens. Trauma of some kind. Stress meaning, really in that particular PTSD what stress means is the stress of the human organism trying to filter and make sense of what's happening. So that creates a very stressful experience.

And disorder is about things begin to go out of order. They're unpredictable. And you can't quite get them in place. So that's the disorder piece of that. So that's what it actually means.

Now, most people when they hear that acronym, they think of war and veterans. And it's just now starting to become more on the forefront that you can actually have PTSD from early childhood. Again, I try to stay away from trauma. I use the word now confusion or attachment conflicts. And so why? What is that?

What we know is, for the war veteran, it has to do with the fear of survival. And when the body is afraid that it's not going to be able to live, it sets off a whole series of reactions and systems. Fight or flight are two big ones. Freeze is another one.

But childhood, and yes indeed, because a little child has to attach in order to live. In other words, if you have a baby and you set it out on the doorstep and close the door, the baby's going to die. No question about it, it has to attach to some living caretaker in order to survive. Well, if your caretaker is drunk, loaded, inconsistent, unpredictable, sometimes there, sometimes not there, then that attachment gets compromised.

If your attachment figure is sick and has to be laying down, has a closed door, goes into the hospital, the attachment is disrupted. If your parent or your caregiver dies, the attachment is disrupted. If you are relinquished as a little baby, you come out of your mother's womb and you're wired up to her tone of voice, and to her heart rate, and everything, and then you go into the hands of strangers, that's a trauma. What babies do is right away, they reattach to mom's breast. But if it's given into the arms of strangers, that baby can most likely have some attachment issues later on in life.

Dr. Thomas: Right. Are you finding in your work that a fair number of folks you're working with have had those sorts of traumas, or not to use that word, but attachment challenges?

Julie: Yes, yes, everybody.

Dr. Thomas: And then, they end up turning to addictions or some way of trying to cope.

Julie: It's extremely painful. It's very, very confusing. And it will. It'll show up because, of course, we have a human organism. We have a human brain. And in the brain, we have the conscious thinking part of the brain. Then, we have the subconscious, the emotion, and the memory.

And so when you go to have an attachment later in life, your memory is going to say, "Oh, of course, attaching, this is what I really want. We all want to love, and be loved, and held." And then, the brain's going to go to memory and say, "Yes, but attachment hurts." And so there's an often go to attach and then recoil, and attach and recoil.

There's lots of ways of recoiling. You could use drugs and alcohol too much. You could work all the time. You could sabotage the relationship. There's lots of ways to recoil besides just pulling back and pushing away. So it can be very, very covert, this recoil.

Dr. Thomas: Yeah. So when I started off and I'm saying that we're going to show you how you can start living again, your program is just that sort of a program. You're going to walk people through that brain rewiring I think is the term you used, right?

Julie: Right.

Dr. Thomas: What is that exactly?

Julie: So first of all, a client will come in. And I have to find out how that client is wired now. So I have to go back. Like we get wired in our body and our brain all the way to a cellular level based on, not only nature and nurture, not only nature, your mother's eye color, or actually whether she's an anxious person or not an anxious person. So we get a lot of information in form patient, from our mother and our father genetically. So that's the nature piece.

Then we have the nurture piece, which is the environment, from the minute we were born, the environment that we are raised in. If we're looked at like, "Oh, what a nuisance," or, "I don't have time for you," or, "I'm confused by you," or, "I was abused when I was your age, and now I don't know really what to do with you. I don't know how to parent you," then the child experiences that as there's something wrong with the child because a child just needs to have that secure, loving attachment.

So this is some of the wiring that begins to develop. Then a child goes out and is in a new school system. And if they're told, "You're a troublemaker, or you're not getting the kinds of grades, and you're stupid, or you're this," then that becomes part of our identity. And then, we go further on, and so on, and so forth.

So we begin to, all the way up to age 25, all this wiring is being held in memory, again, all the way to a cellular level. "This is who I am. And this is how I relate to the world. And this is how the world relates to me." And if you're set up, and so many people that come into my program, they're not coming in there because, "Mmm, that's an interesting building, I think I'll just wander on it and just enter some door," No, they're coming in because they're looking for something. They're looking for help.

Well, if you're looking for help, why? So I have to talk to this person and find out, "Who is your mom? Who is your dad? What was going on in your household? What were your sisters like? What was your experience in school? When did you first start using drugs? Why? How did you feel when you first started?" So I have to get all that information. So the first, I would say, half a dozen sessions are simply understanding this person on a very deep, deep level.

So interestingly enough, after you've been doing this for as long as I have, I can have somebody come in and tell me the situations and the things that they struggle with today. And I can tell them about their childhood. Or they come in and tell me about their childhood. And I could tell them, "I bet you're struggling with this, this, and this."

So after you do it for a while, you really become skilled. And it always has to do with holding in memory. "Who I am and how should I live? And that's all based on the messages that we receive in those years prior to age 25.

Dr. Thomas: It sounds like what you're doing is helping people get in touch with their past. And then, helping them discover their authentic self because somehow, we lose it. I was chatting with my son, who's actually going through your program. And he was saying, "Well, I had a wonderful childhood." Of course, you see I'm the father.

Julie: Of course.

Dr. Thomas: So I was saying, "Of course, you did.

Julie: Of course, he did. My kids, too.

Dr. Thomas: And his therapist goes, "Well, but uhm, you know, when your parents adopted all those children and brought them in, that had to have been stressful and chaos. And I bet you didn't really have much of a choice in the matter." And long story short, they didn't. They were kids. And there was a huge disruption.

And then, you were talking about how you can have this attachment challenge at any time through 25. I'm in medical school at Dartmouth Medical School in New Hampshire where we called it pimping. The attendings' who were teaching you would put you on the spot and do their darndest to make you look stupid. I still have flashbacks of feeling inadequate from that experience. And I was, gosh, in my 20s.

So the 20 concepts that you teach and that you write about in your book, tell me a little more about that. How does one get started? How did you get started? Our viewers, we want to learn the how and why of where to move through this.

Julie: Okay. So I guess I would have to say it started in my mother's womb. So meaning that my mother was a drug addict. And she was a prescription drug addict. And I probably didn't really realize that my mother was a drug addict until I was about 30 years old. And the reason for that being is, first of all, when you're a child, the last part of your brain that actually develops is the real thinking, intelligent, creative part of your brain, the cerebral cap and the prefrontal cortex.

You're so busy with ABCs and 123s, you can't possibly understand the complexities of what's going on in your family system between your parents or why your mom is one way one day and completely different the next day. All you know is that something bad is happening. And I'll get a little bit more into this later when I actually go through the concepts.

And children have a belief that they make everything happen. They're magical thinkers. "And so if something bad is happening, I probably caused it. And so I probably need to fix it." And so I was not spared from that particular belief. And it is a belief, as opposed to a thought.

So I believed that there was something wrong with my mother when one moment…She was on prescription amphetamines, diet pills. And in the 50s, they gave them out like candy. And my mother, being raised by an alcoholic herself, her father, it was just a set up. She was, by being raised by this kind of abusive, confusing alcoholic, her self-esteem, she didn't feel good about herself. She was shy.

Okay, so she comes in. And she gets some amphetamines in her system. And she's like, "Oh, my, God! I can do anything. I feel great about myself. I'm losing all that baby fat. I'm on it." So you start taking amphetamines. And guess what happens? You get your prescription for 30 days. You develop a tolerance. So now all of a sudden, 15, 17 days in, because she's taking more than one a day, she is now without her medication. And she can't refill.

So my mother, when she's high on amphetamines—and I'm a little child—she's like the best mother in the world. She's like cleaning, and cooking, and

baking, and sewing our clothes, and cleaning our room, and putting little flowers in the vases next to our bed. She's like super mom.

Seventeen days later, my mom is without her amphetamines. And she begins to wind down. And she begins to nod out. And she also begins to get extremely irritable. And so you got a 3, 5 7, 10 year old who wants and needs. And it's like, "Get away from me. I can't stand the sight of you." So one minute, she's putting little flowers by my bed. And the next minute, she can't stand the sight of me.

So, as a child believing that I make things happen, I'm thinking, "What have I done? What have I done?" And then, "If you wouldn't be this way, I wouldn't be this way." So now, we also get that message from our parents, "You make me do this. And it's because you're bad that I'm angry at you." And again, we take that hit that there's something wrong with me.

So I began to try to take care of her. And I just felt the whole attachment conflicts, the whole me trying to take care of her so that she wouldn't be mean to me, never being able to, in a child's mind, to understand what was really going on.

Dr. Thomas: That dynamics, right.

Julie: Yeah. So I would say that that got me into my own addiction. And then later, my own recovery. And then, through my addiction process and through my working in the 12-step recovery groups, I began to put pieces together. Also, my own spiritual work, I'm a Buddhist. And I didn't know I was a Buddhist. I just started reading something about Buddhist. And I went, "Oh, my, God! That's what I am."

And my nursing, which is also part of the story. First, you take care of your mom. And you're safe. And you've got value. And that's your identity. And then, you start getting married and relationships. But make sure you pick a drug addict and an alcoholic so that you can keep your identity secure. So now, I'm fixing them. And then, that's not enough. So now, I go out and get a career.

Dr. Thomas: Go get another one.

Julie: Well, that, too, but get a career. And I got to be walking around as a nurse. So it's a constant fixing, rescuing dynamic that I learned early, early in childhood because my survival and because we have memory. So my whole

survival, my whole identity is so twisted up in that, that it becomes a compulsive behavior. And we know addiction, it really is an obsessive, compulsive disorder. You obsess. You obsess. Then you compulsively use. And then, everything is out of the order again.

Dr. Thomas: That's impressive. So your addiction, is that something you can expand on anymore? Or I know a lot of our viewers probably struggle with food addictions, with substance use, whether it's alcohol, or opiates, or amphetamines, or other things. There's behavioral addictions. You could probably add to that list, perhaps, of the things that people use trying to cope with these childhoods.

Julie: Mmm hmm, and we'll talk about a concept that deals with that. But people are surprised to understand that behaviors are addictions. And at first, it was only drugs and alcohol that were an addiction. But starting to understand that when we use people, places, and things to mood alter, meaning to change chemistry in our brain, then those are really powerful chemicals. And the brain loves nothing more than being all dialed up on adrenaline and norepinephrine and not so much cortisol. The body doesn't like cortisol.

Dr. Thomas: Dopamine, yeah.

Julie: But it's in the meds, right, all of that. And it can be a very, very positive experience, but it can also be a negative experience. But the kinds of things that new relationships, sexual encounters, drugs, alcohol, there's a euphoria that happens. And the brain loves nothing more than euphoria.

Now, after you do this work, you're taught how to create that euphoria. But you're doing it in the most amazing and creative ways. And you no more would use drugs, or alcohol, or sex, or sticking your finger in your mouth. You know what I mean? Even binging and purging, yes, it's an addiction. Cutting is an addiction. How is cutting an addiction? Like what's euphoric about that?

Well, often the emotional pain is so much that to do the physical pain, there is a sense of relief. Like, "Now, I can externalize. I can externalize my emotional pain. So it just seems like it takes a little bit of a load off. But not only that, if we study it from a human organism standpoint, we see that whenever there's anything that hurts the human organism, the first thing that happens is a big rush of adrenaline. "Oh, oh, there's an opening where there isn't supposed to be one." So there's this big rush of adrenaline.

And then, what's happens is, it sets off a system that will go and begin to send white blood cells and antibodies to that area so it isn't infected. And with that, can also come, what we call, the opioid wash, meaning that there is that, "Ah!" So after a while, you begin to get a little addicted to that big up and that opiate. So we have our own natural opioids. And there's ways to get those. Once you figure out how to get that little cocktail going, well, that can be a drug of choice, so to speak. It doesn't have to be an external drug.

Dr. Thomas: Yep, yep. I remember reading in your book that the problem isn't the real problem. I thought that was interesting.

Julie: Right, right.

Dr. Thomas: And so maybe you can run with that a little bit and get us into how your program addresses that.

Julie: Okay. So when people come into the program, that is one of the concepts that they seem to have a little bit of difficulty really grasping a hold of it. And it really goes like this, "The problem's not the real problem. It's your solution." So somebody comes in to see me--

Dr. Thomas: I have a drinking problem.

Julie: "I have a drinking problem." And I say, "I have no doubt that your excessive drinking is creating a whole lot of problems. And my guess is that, that is actually a solution." And they're like, "Huh? Wait! What, a solution?"

"Yes, it's a fantastic solution because it's distracting everybody, including yourself. Now you've got the treatment program. Now you've got the 12-Step. Now you've got an angry person over here. And now, you've got to do this. You've got all this stuff, a wonderful distraction. So it creates a solution for you so that you don't have to look at what the real problem is, which is, "I don't know who I am. And I don't know how to live."

Dr. Thomas: I've got goosebumps, guys. Look—

Julie: That's the real problem.

Dr. Thomas: that's the real problem. Mine was alcohol for a very long time. I don't know what your problem was. But the real problem was, "I don't know how to live. I don't know how to be who I really am supposed to be."

Julie: Yeah, I lost that authentic self so long ago.

Dr. Thomas: Oh, my goodness. All right.

Julie: Well, how can you not because you've got all this projection coming at you, "You're bad. You're wrong. You shouldn't do that. Don't dress that way. What's the matter with you? Shame on you." And this is who you become.

Dr. Thomas: Oh, my goodness. So I know for a fact because my wife went through your entire program, and then an intensive workshop, and one weekend of intensive work where she learned…And this had to be hands on. I know you put on these sorts of workshops. You have them live, in-person, I think, in both Portland and San Diego.
Julie: That's right.

Dr. Thomas: And you're also doing some online work that people are able to access. And we'll probably talk a little more at the very end about that. But what I witnessed, from just watching her own experience, and as she shared, she had some childhood issues that were very intensive and made her just physical, some physical abuse, some neglect, for sure, a lot of fear. And she wasn't nurtured and cared for. And through your program and through these workshops, being able to parent that little child, and put that--

Julie: Herself.

Dr. Thomas: herself, right, because the parenting that you couldn't get, how do you replace that? And, of course, that's a whole journey. And I'd be interested. And maybe we'll transition into that, what you've been waiting for, these 20 concepts. And maybe we're going to do here in the next just 20, 30 minutes what you usually do in several months. But start walking us through, perhaps, the 20 concepts.

Julie: Okay. So I will give a very brief definition of these concepts because each one, while they're…Well, to grab a saying from a 12-step community, while they're simple, they're not easy. And they're very sophisticated. And yet, when I wrote the book, I wrote the book so a 10-year old could read it because these 20 concepts, I believe, are the tools that we're missing.

You should've known all of this when you walked out your parents' door as a young adult. So these are missing pieces. And on the cover of my book, you see that there's a puzzle piece. And there's a little boy in there. And I don't

know if you can see him, but his little eye. And getting those pieces in place changes so much.

So I wrote it very, very simply. There's no fancy psychological jargon in there that you're going to have to look up somewhere. It's simple. And each concept, I've written maybe a page, a page and a half. Well, there's maybe two or three that I had to write more about. And so the first couple of concepts, I definitely had to write more about because they're basically the foundation that all of these concepts build on.

So the first concept is Understand Your Brain and Body. It's very simple. But it's very complex because when I'm talking about understanding your brain and body, I'm saying, "Please understand that I'm not going to give you all the different parts of the brain because again, I don't want this to be complicated. I want people to read this. Understand it. Have a gazillion aha moments. And get out there and start living these great, big, wonderful lives now that they have these pieces.

So understanding brain and body, first you have to understand that there's more. But we're going to talk about two parts of the brain just to begin with. There is the conscious part. And then, there's the subconscious part. Now, the conscious part is your thinking, and your intelligence, and your ability to create, and have foresight, planning.

And your subconscious part of the brain is called the survival part of the brain. And that part of the brain houses your memory and the attached emotions. So that's why they often call that particular part of the brain the seed of emotion.

So you have to understand that these two parts of the brain, while you would think that they would be working in an integrated fashion, when there is fear or anything that might activate that survival part of the brain, the actual thinking part of the brain shuts down. And again, when you're children, you don't have a whole lot of thinking part of your brain. Remember, you're still struggling with ABCs and 123s.

So really, the most active part of your brain is what they call the limbic or the emotional memory part of the brain. So interestingly enough, because something else happens in that part of the brain, and that is that it handles all body functions: your heart rate, your circulation, your respirations, your digestion, your immune system, your temperature. So it's handling--

Dr. Thomas: A lot going on subconsciously.

Julie: Because it's all survival. So memory is survival - what to do and what not to do. And then, there's the systems that all have to be working perfectly and beautifully together, and then the emotion. And then, we'll talk more about emotion when we get into what's the difference between feelings and an emotion.

And we have a lot of concepts that have to do with feelings. And again, the whole focus is on really understanding brain and body. But because the survival part of the brain is so important and has so many crucial jobs, it typically is running about 80% of everything you do. And about 20% of everything you do is actually a logical thought. And that's where we're at now. But I believe that we could evolve the brain and evolve the human species. Remember you said earlier, "Doesn't mostly everybody kind of come from some kind of trauma?"

Dr. Thomas: Right.

Julie: Right. I don't think that has to be.

Dr. Thomas: It doesn't have to be.

Julie: It doesn't have to be that way. And if we could build a system, which I think I'm trying to contribute to, if we could have a system that would help integrate the emotional memory part of the brain with that intelligent part of the brain, I think that we would evolve into a different way of living and a different way of parenting.

Dr. Thomas: Yeah. So your second concept is attachment? Is that part of what you're talking about?

Julie: Not really, I'm still talking about brain and body. That's why I say it's such a big--

Dr. Thomas: It's a big topic.

Julie: That's the reason it's number one. And so I think I'll just leave it there because we've got 20 concepts. And I could talk about actually brain/body for--

Dr. Thomas: We could do the whole session on that.

Julie: We could do the whole thing on that. So you can come to a class which I do on early childhood brain development. And then, you'd get the whole deal.

Dr. Thomas: Yes. But how do we or do we rework the attachment if maybe that didn't go as it should've when we were even little?

Julie: So when we're little, if our attachment is compromised…And most people that come in to see me there is. Even if they come in and they don't realize it, by the time I begin to ask these questions, part of the reason they don't realize it is because they never really thought about it. They certainly didn't think about it when they were children. They were just experience [inaudible 34:32].

So if the attachment is compromised—remember I said, "Attachment is also held in memory. And we have to attach to be able to survive"—so we are going to reenact and recreate that kind of attachment system as adults. And there's four different types of attachment styles.

One is we have an ambivalent attachment, which I talked about a little bit earlier. And that's what I suffer with and have to keep an eye on always. And that is I want and long to attach. And yet, when I start getting really attached something in my memory and my body makes me want to recoil.

So that's the ambivalent type of attachment. I do and I don't. I do and I don't. I do and I don't. It's a real struggle. And pick an unavailable partner. And that'll solve that problem. So they just go away or you have to so problem solved.

And then there's the dependent. Now dependent attachment style typically comes from people that are neglected. And so once they get those arms around them and that person calling them baby, which activates that memory part of the brain, they're going to hold on for dear life. They are not going anywhere. You can lie to them, cheat on them, abuse them. Women shelters are full of women who will have their teeth knocked out and go back. It's not their fault. It's their brain makes them do it. It's that--

Dr. Thomas: They don't want to be neglected. And so they're just longing for that.

Julie: Again, your brain is so powerful. It really runs you. And what I'm teaching is how to run it.

Dr. Thomas: So if I was such a person who was neglected and I'm just attaching, how do I change that?

Julie: You'd really have to get with somebody that was going to help you do the rewiring process.

Dr. Thomas: Yeah, work through this whole program.

Julie: That's right. Yeah, you have to work through the whole program. You have to use all of the 20 concepts to be addressing that. And again, in the program, we learn these 20 concepts. We read them. We write them. We listen to them. We talk about them. Repeat. We read them.

And I created lots of classes, and workshops, and support groups that send out a newsletter every month that just keeps that wiring/firing so that when you see that you're behaving a certain way, you're self-reflective, you're mindful, you're paying attention to herself, yourself becomes very, very important to you.

So you no more would put yourself in the hands of someone that would abuse you, or lie to you, or cheat you, than you'd fly to the moon. Now, a lot of people want to fly to the moon, but very few do. But you know what I'm saying?

Dr. Thomas: Yeah, yeah.

Julie: You change. You won't do it anymore.

Dr. Thomas: Once you've freed yourself from that subconscious wiring.

Julie: Right, because you've got your intelligence. In the 20 concepts, I want to be an intelligent memory. In other words, I want there to be…And this is the rewiring process. This is what rewiring is. It is literally creating rapid, firing neuropathways from the memory, emotional part of the brain to the intelligent part of the brain.

We're going to keep that part of the brain immediately accessible, where now if you get stimulated in your emotional and your memory part of the brain, your intelligent goes away. How many times have you walked away from a situation and said, "Oh, my, God! Here's what I should've said?" Well, communication's up in your intelligent part of the brain. Of course, you didn't say that. Or, "I

wish I would've done that." Well, you weren't thinking. So you couldn't do that.

Dr. Thomas: Yeah, this is real brain training--

Julie: It is brain training.

Dr. Thomas: and situational awareness training. It sounds like.

Julie: But it's literal. It's science. It's brain science.

Dr. Thomas: That's awesome. That's awesome.

Julie: It's the neuroplasticity and all the research is now telling us that this can actually happen. So a lot people minimize it with some of the vocabulary that they use. But we're talking about rapid firing neurological wiring that goes to different parts of the brain. And when you do that enough, neurons that fire together, wire together. And you do that enough, your new circuitry replaces that old circuitry.

Dr. Thomas: Yeah, wonderful. Tell me a little bit about the third concept, Victim, Perpetrator, Rescuer. That seems to be something that a lot of us fall into.

Julie: Yes. And most people that come in to the program are steeped in it. And when I work with couples, you'll see there's a victim. And there's a perpetrator. But here's how it actually goes. Someone comes in. And they're the victim. And the other person's a perpetrator.

Okay. Well, then what happens is the victim doesn't like that position for too long. So then the victim becomes a perpetrator, "Let's see how you like it." And then, they try to make their partner the victim. Oh, my, gosh, it's a nightmare.

But what's true is that, that dynamic, the victim, perpetrator, rescuer is a childhood dynamic, because as children, you were victims. You could not walk away. You couldn't pack your bags and go off to college. You couldn't even tell them, "Hey, stop that. I don't like that." Can you imagine? So you are a victim.

And there typically, for most of us, there was a perpetrator. I would say that my mother was a perpetrator: screaming, and yelling, and grabbing, and shaking. And then, we long for a rescuer. We wanted grandma or someone to

rescue us and take care of us. And when we got into our early teens, and sometimes before then, gee, drugs and alcohol became a pretty good rescuer.

And then, that gets reenacted again, and again, and again in relationships. Again, relationships, whether it's with a significant other, whether it's with your boss, whether it's with a sibling, those relationships will stimulate that part of the brain, again to see someone as a perpetrator, yourself as a victim. And then, there's plenty of silent perpetrators out there. So you don't have to be overt to be covert to be a perpetrator.

Dr. Thomas: Wow! Wow! So your substance or your addiction is your rescuer?

Julie: Oh, for me?

Dr. Thomas: No, I mean just for most people. It sounds like.

Julie: Well, for some--

Dr. Thomas: Or for a lot of people.

Julie: Oh, yeah, I see what you're saying. Yes, when I referenced when you're a teenager, sometimes even earlier, yeah, it could be a substance. It could be a behavior. If you're having real conflict in your home…Say one of your parent's is having an affair, say one of your parent's is acting out with somehow on the Internet or whatever, and there's some sexual confusion going on in your family, then is confusing to you.

And say they're fighting or separating. Lots of things going on in there. Then your rescuer could be masturbation, which could be the seeds to begin a sexual addiction because now my brain is understanding that when conflict happens, this makes me feel better. Masturbation feels good.

Dr. Thomas: Sure, some people are shopping or gambling or multiple sexual partners or drinking or drugging, trying to get some relief.

Julie: Anything that makes me feel better is a rescuer.

Dr. Thomas: Wow! Wow! The next concept is Locus of Control. I don't quite understand that. What do you mean there?

Julie: One of my favorite concepts.

Dr. Thomas: My favorite concept.

Julie: My groups make fun of me because every time we've brought up a concept --

Dr. Thomas: That's my favorite concept.

Julie: "That's my favorite concept. That one's the most important. No, that one's the most important." And they were just like, "They all sound pretty important." Okay, locus of control, locus of control is a developmental child stage. Just like any other child developmental stage. We spoke about it just a few minutes ago.

Locus of control is where a child believes, because, of course, they can't think, but they believe that they make everything happen. So what happens then is like I demonstrated earlier, "If you're bad, you make me do this. You're never going to turn out to be anything. You're stupid. What's wrong with you? Shame on you. No daughter of mine would do that."

So yeah, this daughter did. Guess why? So you begin to have a belief now that there's something wrong with me. I call it the there's something wrong with me syndrome. And it goes into memory, into very deep memory. So it doesn't matter what you logically think, "I've got a good home. I drive a great car. I've got a fabulous job. Deep down there's something wrong with me going on."

And that can show up. Like in posture syndrome that can show. It will show up. And it will create a lot of conflicts in your life. So a lot of people come in, highly successful people. And there's just something wrong with them. And eventually, they're going to make their external reality match their internal reality. And all of a sudden, these things start disappearing or they sabotage them somehow. So that's how it shows up. That's how it begins in childhood.

And if you're not guided out of this, "I make everything happen," phase, then you go into adult believing that if I pour the alcohol down the drain, my husband will stop drinking. If I lose 20 pounds, my husband will stop having an affair. So we think that we make things happen, even as adults. And we just don't. So we learn--

Dr. Thomas: That's certainly the next chapter on magical thinking.

Julie: Yeah. Well, we learn in the program that the only thing we can control is our own thinking, feeling, and behavior. Magical thinking is really another

concept. And it is similar to locus of control. But magical thinking is more about when you were children. And you blew out the candles on the cake, or you wished on the star, everything from the Easter bunny to the tooth fairy. Children are full of magical.

And again, if you are living in a reality where things are confusing, unpredictable, unreliable, that magical thinking can stay in place. You don't evolve. You don't grow. You don't mature in some of the ways that you could if you had consistent, reliable, attentive parenting.

So magical thinking in an adult is things like, "I wish things were different." There is wishing. "I hope things will change some day." There is hoping. There is sometimes it's, "Well, if it's God's will, this person will stop using drugs." I know that, but God helps those who help themselves. So there's a lot of magical thinking that is still in place with wishing, and hoping, and not doing anything to make anything different because you don't know what to do because that was a piece that's missing.

Dr. Thomas: Yeah. So awareness of that is helpful, right? If I'm struggling with an addiction, just becoming aware?

Julie: Yeah, and not just becoming aware, but also noticing. There's this constant noticing, "Am I magical thinking? Am I trying to control somebody? Am I involved in a relationship that is not? Am I attaching for survival when I'm a grownup? And I don't need to do it. Do I see the world as a perpetrator or circumstance is a perpetrator? And I'm a victim? Am I going to let somebody have it because they did something bad to me?"

Dr. Thomas: And I don't have to be controlled by those patterns anymore.

Julie: Right, because again, you're mindful. Meaning that intelligent is working with memory and emotions.

Dr. Thomas: Ah, mindful, I like it. Concept 6 is Triggers to Regression. I know in addiction work, I'm still to this day—so alcohol was my drug of choice back when I drank—and I'm still to this day mindful and aware of. I'm watching a ball game. And there's commercials for drinking. I'm not going to sit there and go, "Oh, that would be so nice." I'm not even going to go there. I just don't need to go there. So I'm aware of that trigger. I don't know if this is what you're talking about in this concept?

Julie: Maybe. Triggers to regression can be anything from…And this is where we start getting into the real science of PTSD because what we know is that the war veteran is walking down the street. He hears a backfire. The backfire, the sound, goes to memory. This is something you've heard before. Memory says, "Hell, yeah, go for it." And before you know it, the guy's under the bushes. Okay. It was a car backfiring. And it's 10 years since he left the military.

So triggers are extremely powerful. And basically, when I say it's a science, it's a science of human organisms and the systems that work together. So hear, smell, all the senses are informing the brain and going straight to memory, "Have I smelled this before?" You could also be triggered when you walk into a house and you smell fresh, baked bread. And you could get triggered--

Dr. Thomas: You want some of that.

Julie: And your memory is like, "Yes, this is good. Have more." But in this work, we're usually talking about the negative trigger, which is a tone of voice, "Don't use that tone with me." Well, it was his tone of voice. Or it was the way she looked at me. So it's something you see. Something you hear.

Could be something you smell. You smell a certain cologne from somebody that was really abusive. And you're not thinking about it. You just don't like that person. You don't why. There's nothing. And you can't put your finger on it. So there's all kinds of ways of being triggered.

What I mean by regression is when you're triggered, you go to memory. And memory doesn't know time. Only logic knows time. So memory is as if it's happening right now. And when you're in this kind of program, and we're talking about these attachment conflicts, and these attachment abuses, and neglects, and disruptions, when you're triggered, you become very childlike.

So you yell. You scream. You cry. You take your ball and go play somewhere else. You go and do a whole bunch of regressive behaviors with the trigger. And we can't do regressive behaviors and do this work. So it's really important. I have my clients write down everything that triggers them so that they know what to be aware of and what to be looking for.

Dr. Thomas: Right. Wow! Clearly there's work involved, folks. There's definitely work involved. You talk in the next concept of loyalty to the perpetrator and then reenactment.

Julie: Yeah, let's try and pull those two together. So loyalty to the perpetrator basically is when someone is doing something similar, doing something abusive to them self that is similar to an original abuse. For instance, somebody was sexually abused as a child. And now, they are a sex addict. So now they're harming themselves sexually. And it's directly linked to the sexual abuse.

Or your parent was an alcoholic. Now, you're an alcoholic. Or your parent was an alcoholic. Now, you married an alcoholic. So I call it loyalty to the perpetrator really spoils the fun of doing your addiction. Like, "Oh, yeah, you liked that so much, you got to keep doing it in your life. Got to have it all over the place, right. That was a good time." And I have a saying that goes along with it. "First at the hands of others and now, at your own." And that's just like, "Oh, geez!"

So reenactment is basically, I look at it two different ways. One way is reenactment is just basically recreating the same kind of dynamics a little bit different than the other one. The other one has to do with self-abuse, in a way. The reenactment, well, I guess it's abuse, no matter how you slice it. But reenactment more is about recreating dynamics. And it is more like redo the undo. Just like I did.

I was married three times. And every single time, drug addict, alcoholic. So I was compelled to go and again be the rescuer and the fixer. And my brain was going, "Wow! That's your attachment figure." And a part of me was like, "This time, maybe the addict's going to pick me, instead of the drug." So redo to undo.

Dr. Thomas: Does that happen?

Julie: Never going to happen. I gave up on that a long time ago. Never going to happen. So there's the redo to undo. But then, there's just about that part of the brain holding memory. Survival part of the brain that is basically saying, "Hey, just keep doing the same thing. After all, you're alive." Anything else is going to pose as a threat.

Dr. Thomas: Yeah, change is uncomfortable.

Julie: So your brain is trying…Yeah, it's uncomfortable. So brain is working against you. That's why when people come to see me and they tell me some of the things that they've done, I say, "Hold on. Hold on." Like, "I have so much

shame about it, and blah, blah, blah." "Hold on." I say, "You're innocent. You're innocent.

Dr. Thomas: No, but I did this, this, this, this, this.

Julie: Your brain made you do that. You didn't have a chance. It was going to play out that way."

Dr. Thomas: Mmm, my subconscious brain.

Julie: Right. So you're innocent now. But after you learn these concepts, now you know something different.

Dr. Thomas: Now you're responsible.

Julie: Yeah, now you're responsible." And we'll get to that one. That's the big--

Dr. Thomas: I'm not sure I want to go through all these concepts.

Julie: That's the Big Kahuna.

Dr. Thomas: Do you want to be responsible? Now, the freedom that you've gained from this, I've witnessed it and your family members.

Julie: It's unbelievable.

Dr. Thomas: It's unbelievable. So the next couple concepts are Hiding Feelings and then Addictions.

Julie: So hiding feelings is beginning to learn that when we were children, we were told not to feel. "Stop that crying, or I'll give you something to cry about. Don't be a scaredy cat, right. Get in that room, right. Don't be a scaredy cat."

Dr. Thomas: I've said that to my kids.

Julie: So I can't have my fear. And I can't have my sadness. And I certainly can't slam a door or say, "No! I don't want to." Or I'll be physically hurt or at least sent away. So one way or another, I can't have my feelings. And even, I remember when I was a child, my sister and I were in the back seat. And my mother and grandmother were driving us somewhere.

And we were giggling and laughing to the point of just hysteria. We were just laughing so hard. And my mother turned around and said, "Hey, knock that off or I'm going to pull over to the side of the road and let you have it. Stop that noise making." So I couldn't even have my joy.

So we are a species. We're a culture that are taught not to feel. I can't tell you how many people, almost everybody, that are telling me about something really sad that happened in their life. And they begin to tear up or tears start to fall. And you know what they say? "Sorry."

Dr. Thomas: Right. Oh, I'm guilty of that.

Julie: "Sorry." Don't be sorry for having your feelings. Your feelings are so important.

Dr. Thomas: But, so often, I think the feelings, I'm just going to ask our viewers here, they're painful, right?

Julie: No.

Dr. Thomas: Not necessarily?

Julie: Well, our feelings are our information system. In other words, our feelings are telling us that something is going on. We feel it in our body. We feel our anger. Our heart starts pounding. Our face gets hot. We feel our sadness. Our eyes well up with tears. And our nose feels big and raw. Our mouth begins to get wet. We feel our fear. Again, we could have more adrenaline. Our hair is raised on our…

So these are feelings. They're not a bunch of pictures on a piece of paper that you're going to identify. Those aren't feelings. These are feelings. There's only four of them: fear, anger, sadness, and joy.

Dr. Thomas: Joy and love.

Julie: Yeah. So they're extremely important. But we've been so confused about feelings that we don't want to feel.

Dr. Thomas: You get to live when you get to feel. It's just amazing. I tell people who are struggling. And they don't want to feel. So they go back into their addiction. Once you break away from that addiction, you start putting a little

space in that you get to feel. And that's living. Even though, sometimes it is painful when you're dealing with the anger, and the fear, and all that.

Julie: There's so many ways to get away from your feelings. You can use drugs. You can use alcohol. You can use sex. You can use work. You can use the Internet, Facebook. There's a million ways to not feel. And then, when we get to addictions, and there's just a few of them that work better than others, and all of sudden that's your go-to.

Dr. Thomas: That's your go-to.

Julie: And you do it again, and again, and again. And remember what I said? Neurons that fire together, wire together. And now, you're in trouble because now you've got an obsessive, compulsive disorder that is going to lead you to do something even when you don't want to. So I define addiction is, "I am compulsively drawn to do something, even though I know, intelligently, that I shouldn't do it."

Dr. Thomas: Right, oh, my, gosh!

Julie: So that creates a cascade of problems.

Dr. Thomas: Right, absolutely. I know your next section, it says, "Feel your Feelings." Well, it starts off with, "The problem isn't the real problem." We've already touched on that.

Julie: But we talked about that.

Dr. Thomas: Then it says, "Feel your feelings. Is it a feeling or is it a thought?" I'm interested in what you have to say about that, and then thinking, feeling behaviorally.

Julie: Right, we've got three big ones right there. So when I talk about feeling your feelings, what I'm actually talking about is remember how I said earlier you have all your senses go to the memory to help the brain decide whether it's safe or it's not safe.

So what actually happens is the brain gets stimulated through one of these senses. It goes to memory. And what happens is if it even looks a little bit like, smells a little bit like something that could have harmed you as a child, then it sets off a series of neurological processes.

So the wiring then stimulates the endocrine system. The endocrine system spills out the appropriate hormone, whether it be adrenaline, cortisol, norepinephrine. Whatever it is? And then the circulatory system picks that up and carries it through the body so that you are prepared now for the behavior, which is going to be fight or flight.

Now, all of that is happening in your body in order for that circulatory system to get those hormones throughout the body quickly because you don't have time to be thinking about it. That's why your thinking shuts down. It's just a system that works on its own. And remember your face feels hot. Your heart starts pounding. Your gut flips. There's your big neurological centers all the way down your body. And you're going to feel it.

So I call it Emotion—energy in motion. And when that energy gets in motion, you're going to feel that. Nerves, neurological, you feel it. So when that's going on in your body. You're supposed to feel it, meaning you're supposed to do something about what's happening.

Okay, so the next one, is it a thought or a feeling? Which is one that drives me nuts. And it's not that the concept drives me nuts. It's the stuff that is happening that drives me nuts, which is such confusing conversation. People say, "I feel it's time to go." Well, that's not a feeling. That's a thought, "I think it's time to go." "I feel that was inappropriate," another thought, not a feeling.

But if we can separate that these are my intelligent thoughts, and my thoughts activate feelings, then we've got something we can really talk about. But people continue to use feeling instead of saying what they think. Somehow, they're afraid of sharing what their intellectual thought is. So they say it's a feeling. I think it's a little bit manipulative. Like you can't argue with somebody's feelings, after all.

So in this program, we ask people specifically, "If you're thinking something, say what you're thinking. Be brave enough to say what you are thinking. And then, you can talk about how that feels to you. And then, you can talk about what you want." So we really try to use…

There's a five-part communication formula that I teach. And it's identifying out loud what you see or hear. Identifying what your thoughts are about it. Identifying what those thoughts are. How they make you feel. And identifying what you want. And then, asking, "Is the person willing to do what you want or get close to it?" So it's a really sophisticated and intelligent form of

communication. It requires again, the integration of your feeling and your thinking, which is what we want is the highest form of functioning.

Dr. Thomas: I've been a victim of this process because my wife's done this training. And she is an amazing communicator. And I am not. So--

Julie: So the thinking, feeling, behavior loop is, I'd just led into it. So your thoughts create feelings, meaning your thoughts will activate that neurological, hormonal system. And that will typically result in a behavior.

So we're very careful what we think. We don't tell ourselves scary stories. They're probably not going to show up. Or this interview is going to be scary. And I might make a big mistake because that is just going to activate a bunch of adrenaline that I don't need. Cortisol, which I really don't need because that shuts down digestion. Those of us that have a little poochy belly can testify to maybe--

Dr. Thomas: Working on it. Working on it.

Julie: having too much of a stressful life. Okay. And then, the behavior is, "I'm jittery. You know, I'm uncomfortable. Maybe I'm late." Whatever? So it works. Or it can work in a real negative way. So we're very careful not to tell ourselves stories. And it works in a positive way, too, which I'm so excited to share, which is my thinking creates my positive thinking, which is usually what's going on these days. "I can. I know I can. It's going to be exciting. It's going to be wonderful. Everybody's going to get well. And we're going to have a wonderful world. Yay!"

Which then stimulates a lot of endorphins, and a lot of serotonin, and a lot of oxytocin. "I want to bond. And I want to be with people. And I want to share." So that then creates the behavior which is very, very positive. And I'm just telling you, I'm going to live that way, instead of the other way. Since it's up to me, I get to create it. So why not create it in a positive loop, instead of a negative loop.

Dr. Thomas: Yep. That is so key. I was raised by very positive parents. And I was grateful for that. And in my life, I try to embody that because it's so true. You get on a downward, negative spiral. And negative things start happening. And what you're speaking of is so true. And I think sometimes when we're stuck in our addictions, we beat ourselves up so badly that we don't know how to get out of it. But this rewiring, being able to have your conscious thoughts--

Julie: If you start doing these concepts over, and over, and over, think about them, speak about them, look at them, read them, listen to them, if you do it, and the whole program is designed that I give you all those opportunities again, and again, and again to keep that wiring/firing, it just becomes the way that you function.

Dr. Thomas: That you function.

Julie: Three more.

Dr. Thomas: Wrap it up for us.

Julie: Boom, boom, boom, boom.

Dr. Thomas: Wrap it up for us.

Julie: Okay. So number 15, Anchors. Anchors to Triggers. Well, so the body communicates to the brain in the same way that the brain communicates to the body. There's an ongoing communication going between your entire body. So if you're triggered, I teach clients to feel that. So you'll know you're triggered because you're going to feel it in your body. Your face is going to get hot. Your eyes are going to well up.

Dr. Thomas: You'll get anxious.

Julie: Yeah, you're going to feel it. And as soon as you feel that zip of the lip, don't say anything. And take time to think. So how do you do that? As soon as you feel the trigger, take a deep breath. Drop your shoulders. And now your body has communicated to your brain, "There is no crisis happening. We're not going to go into fight or flight."

Dr. Thomas: This actually works.

Julie: Right, it actually works.

Dr. Thomas: When I drop, I tend to [inaudible] the shoulders.

Julie. So the brain is going, because it's in memory mode, the brain is going that it's getting ready to fight or flight. But then, you start deep breathing. You're not going to deep breath and start relaxing if there is a crisis. So the crisis is over. And then, the receptors for adrenaline, norepinephrine, cortisol, they begin to shut down. So that's one thing.

And then, your thinking cap starts to get active. So you take a deep breath. You drop your shoulders. And then, when you begin to think, it also helps you to relax the body. And now, you're going to be able to communicate effectively. So that's big. That's how you anchor.

And that is similar to the next concept, which is Modulation. In other words, after a while, your anchoring just happens. As soon as you're getting that stressful feeling in your body, you do just automatically [*demonstrates deep breathing technique*]. You do that.

And then the next thing I like to think about is modulate, modulate, modulate. In other words, take it down a notch. Don't even try to communicate at this point. Take it down a notch. And it works the other way, too. So modulation's extremely effective because you're using your intelligent brain to guide your emotional brain, instead of your emotional brain shutting down your intelligent brain. And just going on regressive behaviors.

Dr. Thomas: You said zip it, like pause?

Julie: Absolutely. Please don't speak.

Dr. Thomas: So often when I blow it, it's because I reacted, rather than pausing.

Julie: Right. So reacting is acting like you did before. And responding is being able to respond today, right now.

Dr. Thomas: Just [*Demonstrating deep breathing technique*], pause, think.

Julie: Yeah. And you might need to go to the bathroom. You might need to take a walk. You might need to tell somebody, "You know, I can't really talk about that right now. I'm having some pretty strong emotions. And I want to come back to that."

And when I'm working with couples, I say, "Let them go," because that's a gift. You don't want to hear what's going to come out of their mouth if you make them stay and address an issue that they're basically telling you, "I'm triggered." You want to get out of there.

Dr. Thomas: So if I'm triggered for substance use for something I'm addicted to, I can do this same technique?

Julie: Oh, absolutely. So if you go out and everybody's having a glass of wine, and you start to feel this in your body, whether it be a longing or desire, you have a feeling in your body, you can say, "I'm going to step outside and take a breath of fresh air."

And you go out there. And you're just like, "Okay, dude, get in the now," because think about what it was like when you were drinking and how stupid that looks. And how many stupid things you did and the horrific consequences of that. Take another deep breath. And now, you can go back in. And just like, "I wouldn't touch that with a 10-foot pole because I know where that leads for me."

So then, the next one is Desensitization. I tell people, and this would apply to the same scenario, "You got to learn to desensitize. The world doesn't have to stop drinking because you're an alcoholic," because it isn't going to. And your partner, if they're Italian, and they wave their hands, and they've got a loud voice, and they talk like that, then they don't have to stop being Italian and stop being expressive because your father, when he raised his hands, it was used likely to whack you.

People don't have to change in order for you to be okay. That's co-dependent. "I depend on you being a certain way in order for me to be okay." Yeah, that co-dependency is as bad of an addiction as any other. It's just a nightmare. So you really want to let people be who they are.

Now, I'm not saying desensitize to the point where you let somebody speak abusively to you or be violent towards you. I'm just talking about basically, let people be who they are. And be a master of this right here. And desensitize. Don't be so sensitive that everybody's got to do it your way.

Dr. Thomas: Yeah. Are there practical tips to that to how to desensitize? I'm just thinking. Early on, I couldn't be around drinkers.

Julie: Well, what actually happens is that's another one that…So these last concepts that I've been telling you, this last batch of concepts, these are the tools. So the concepts are broken down into three parts. The first five are what happened in your childhood. I think the next nine are…Now I'm going to get messed up on the math here.

Dr. Thomas: Yeah, that's all right.

Julie: But the next set of them are how you continuously act that out again and again. And then the larger part of it is these are the tools. So these last, what I call the big players, they're at the bottom because they're not going to be as easy to achieve as some of those first ones.

Dr. Thomas: You've got to keep working those. I'm sure.

Julie: So desensitization comes after time. Modulation, just the ability to modulate comes after time. The ability to anchor, yeah, you better get that one pretty quickly. And we start talking about that one right away in the classes and so on.

And so the next big player is integration. And that is the ability to see two things happening at the same time. That integration means bringing things together. So when we are integrated, we no longer see us and them. We no longer see then and now. That becomes a part. I don't say, "Don't try to get over your past or beyond it. Take your past and find just the right place to hold it near and dear to you so that it gets the attention and the great parenting that it didn't get."

So we do today, what we couldn't do then, or what didn't happen then, and so us and them, black and white, now and then, thinking and feeling, conscious and subconscious. So the whole idea is to become an integrated. We all have a child in us because we have memory. We have a human brain. So we're going to have child in us. We all have an adolescent teenager in us. And we all have an adult in us.

So there's three parts of us. Those need to be integrated. Meaning that you always need to be paying attention that your child gets the attention it needs. It needs to be fed. It needs to be loved. It needs to go to bed on time. It needs to go to the dentist.

The teenager—sex, and adventure, and a little risk taking, and things that are extremely stimulated. And so go out dancing and go on an adventure. So we want to make sure our adolescent and our teenager gets air time. Don't get too serious. But don't be a big baby, either. And then an adult, always that wise guiding, attentive adult that's watching over everything. So we really become a master of our own human organism.

And then, the very last one, which is, what I called earlier, the Big Kahuna. The very last one, the concept is Adult Responsibility is Non-negotiable.

Meaning we're not negotiating the ability to respond as a mature adult. And you'll never do that if you're responding or reacting.

Reacting is coming from memory and emotion. And the ability to respond in a mature, intelligent way means you have integrated your intelligence with your emotion and with your body. So adult responsibility, we're not negotiating. And if you want to negotiate it, then, "Yeah, you got to go somewhere else. Do something else." But in this program and using these concepts, that's non-negotiable.

Dr. Thomas: This is a program, folks, for getting your entire life back. I have to go through this program myself. I just I have to. It's absolutely impressive.

Julie: It can be difficult, but it's so freeing. And it's a lot of fun.

Dr. Thomas: I've seen it. I've seen it happen in family members. And I wanted to bring this to you, the viewers of this summit because there's nothing like it that I've ever seen or stumbled on. It's simple. It doesn't mean that it's easy. There is work involved. But thank you, Julie, for being so—How can I put it?—to have the vision to make this available, not just to people who live in Portland and San Diego, but to have it available online. Remind me, how does one access that?

Julie: Okay, so what we do is we do a book study. And we go through the book. At the end of each concept that's written in the book, there are a series of questions. It says, "Ask yourself these questions." And there's a series of questions.

So if you need guidance or help or you want to really get into using these concepts and working this program, you can join a book study group. And it will always be led by a practitioner that is highly skilled in using the 20 concepts. We all have a certificate in this particular approach.

And yes, if you don't live in San Diego or Carlsbad or Portland, Oregon, then you can certainly join in on Zoom. Zoom, it's a little bit like a Skype. But we get to have a bigger classroom. And I and one of my associates will be leading the group. And we're going to go through these 20 concepts. And we're going to work on these questions together because sometimes these questions can be a little bit like, "Uhm, gee, I really wish I had somebody to talk to about the answers that are coming up to these questions."

Dr. Thomas: Yeah, you need the human interaction and the guidance of folks who've dealt with these difficult questions.

Julie: So you could always look up Wisdom and Recovery online. You could go to WisdomandRecovery.com. And on the website, you'll find a way to connect to the book studies. So there'll be a calendar of events. And there'll be phone numbers and people that you can call and get more information.
We love to spread the word. Like I said, "The world is…" The last chapter I wrote in the book is called "The Promising Future: Basically, a Hidden Agenda." And that agenda is to stop all the addiction, and stop all the war, and the child abuse, and the confusion. And be able to live in this amazing world where there's always enough of everything to go around. I want there to be enough love, and enough health, and enough connection to go around, too. And I think that it can happen.

Dr. Thomas: I think it can, too. And you can be a part of it. Thank you, Julie.

Julie: Thank you so much.

Dr. Thomas: Thank you so much.

Julie: All right.