



# *The Natural Healing Podcast*

*with Dr. Setareh Moafi & Salvador Cefalu*

*Episode 84: Solving the ADHD Riddle: Real Causes and Lasting Solutions with Dr. Connie McReynolds*

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**Dr. Setareh Moafi:** AD// Balancing your yin and yang energies can shift mental, physical, and emotional patterns that would otherwise lead to accelerated aging, illness, and disease. The microcosmic and macrocosmic orbit meditations help circulate energy through the primary source channels of yin and yang, known as the Du and Ren meridians, to bring greater clarity and vitality throughout your life. For a limited time, you can purchase my one of a kind guided introduction to both of these Daoist meditations for just \$36. Visit our online store at [acenterfornaturalhealing.com/shop](http://acenterfornaturalhealing.com/shop) to begin your transformation through the Microcosmic and Macrocosmic Orbit Meditations. That's [acenterfornaturalhealing.com/shop](http://acenterfornaturalhealing.com/shop). //AD

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So today on the podcast, we have a very special guest who is actually going to address a really important topic, the topic of ADHD, which is something I think that we are all familiar with and maybe more so these days. It's becoming kind of a hot topic, something that we see very commonly both in adults and children. And we really wanna welcome you today, Dr. Connie McReynolds. It's an honor to have you here.

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**Dr. Connie McReynolds:** Thank you so much for having me. It's an honor to be with you today.

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**Dr. Setareh Moafi:** Welcome to the Natural Healing Podcast. The show designed to guide, inspire, and empower you to elevate your health so you can achieve your goals and dreams. We are your hosts, Dr. Setareh Moafi.

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**Salvador Cefalu:** And Salvador Cefalu.

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**Dr. Setareh Moafi:** A husband and wife team of acupuncturists and owners of A Center For Natural Healing, an integrative wellness clinic based in the heart of Silicon Valley.

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**Salvador Cefalu:** We're here to make the ancient wisdom of healing practical and accessible for your modern lifestyle.

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Dr. McReynolds, I am really excited to hear what you have to say and the service or the techniques that you've been working with so effectively. Because, personally, I could say that in reading in your book, I really could identify with you're gonna be discussing. I've always I've



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always had challenges with auditory processing. And I've noticed my wife and I, like, in the Chinese medicine context, we both have a lot of fire energy, so our minds we have a lot of mental activity, which, you know, could create just too much chatter going on, you know, to settle down and focus. So I'm really looking forward to what you have to present today. So thank you for joining us.

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**Dr. Connie McReynolds:** Thank you for having me.

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**Dr. Setareh Moafi:** So to introduce Dr. Connie McReynolds, Connie McReynolds, PhD, is a licensed psychologist and professor emeritus, having taught at Kent State and Cal State San Bernardino for over 25 years. She's also a certified rehabilitation counselor and podcast host of Roadmap to the Brain. She has a proven track record of improved symptoms related to ADHD, anxiety, anger, panic disorder, conduct disorder, depression, chronic pain, cognitive decline, trauma, and PTSD using neurofeedback. These corrective programs can be performed in clinic or remotely. She also consults with parents and schools on government or district sponsored or mandated programs. Her book, *Solving the ADHD Riddle, The Real Cause and Lasting Solutions to Your Child's Struggle to Learn*, a number one Amazon bestseller in 8 categories, is available on amazon.com. So before we go into the details of the work that you've done and are continuing to do with neurofeedback, can you help us understand and define exactly what ADHD is?

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**Dr. Connie McReynolds:** Well, I think it's a really good starting place because we do hear the term bantered about all the time. Oh, I think I have ADHD. I can't concentrate. Or I lost my keys. I must have ADHD. And it might be true, but it might be that you just had a glitch that day too. So it's, you know, it's important to really understand what this is. So we really think about ADHD, it means attention deficit hyperactivity disorder. There's also the term people have used which is ADD, which is attention deficit disorder. Most diagnostic criteria are now using the ADHD. I do think there are variations on a theme here. And what I really uncovered is that, yes, people have attention problems, they have memory problems, they have focus problems. There's a whole host of challenges that people have. And people can come in I can have 10 children or adults walk into my clinic in any week, and they all look different. Because it's actually a uniqueness within that person, and that's where kind of the routine approach to things, I think, falls a little short. Because I'm not sure it really captures who the true person is. And my background where I have come from is really the field of rehabilitation counseling. And that's truly to understand the person setting aside diagnostic labels, setting aside however they have shown up, whatever got them to my clinics. Kind of setting that all aside to really understand who is this person and what are the strengths. So we start there. What are the things that are working okay? And then what are these areas where maybe it isn't working as well as a person would like or as a parent would like or as a child would like or the teacher would like or the



employer. I mean, this cuts across all walks of life. And so that's really what I have delved into in the last 15 years.

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**Dr. Setareh Moafi:** So I think that's really beautiful because I think that's kind of right up our alley in terms of the way we work is to focus on the individual rather than, you know, the diagnosis or whatever has been prescribed as the to define that person. Correct? But I'm wondering for you personally, how did you get to this point? Like, what what drives you? What originally motivated you to go into this field to to begin? Tell us a little bit about your background and your history.

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**Dr. Connie McReynolds:** So it does go back, but it goes back a long ways. So it goes back to my childhood because my mother taught 2nd grade for 32 years in the same classroom. And she started teaching when I entered kindergarten in that same class, in that same school. So I kind of joke a little bit that I grew up in 2nd grade because, you know, I watched her teaching all those years and learned the ins and outs. One of my aunts, her sister-in-law, dear soul, all of them have since passed, but I still feel them with me. So my aunt was the dean of a college of education. I had an uncle in that same family who was a professor. And all of them obviously were teachers and two other aunts and uncles who were teachers in that family. So I kind of said I've come from a long line of teachers. And my mother had always said that she hoped she hadn't ruined me as I was growing up listening to her and some of the struggles that she'd had with innovative things she wanted to do. And sometimes not everyone was on board with that. So but she always felt like I would be a good teacher. Obviously, I ended up doing that for about 25 years. So, really the key, as I was writing the book, I started thinking back on some of those stories and experiences from childhood. And one of them that really shot through to me was when she had a little boy one year who couldn't learn how to read. So she was really worried about him because he just wasn't catching on. And she knew how important reading is for everyone to learn how to do that. And so over the summer, at her own expense, I was in tow. The nearest university was 45 miles away each way. And so she would drive him up to that university and they had a teaching center, kind of a learning center in that university where they were able to do some different types of assessments with him to try and figure out what was going on and they discovered he had dyslexia. And back in those days, no one really understood what that was. Right. But they had some tips for her, and they worked with him, and they worked with her so that she could help teach him as well how to read. And he went on and did very well. And as I was thinking about all of that when I was writing the book, I remembered that story and just, you know, how innovative she was.



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She was also very innovative because back in the day, this was a very long time ago, she realized that people were going to need to know how to type on these what was then called the Selectric IBM typewriter. So so she had 6 of those typewriters donated to her 2nd grade classroom. 2nd grade? Wow.

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**Dr. Setareh Moafi:** 2nd grade

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**Salvador Cefalu:** That's impressive.

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**Dr. Connie McReynolds:** And started teaching the children how to type on those Typewriters. And this was decades ago for computers no one had even dreamed of a computer by that time. But that innovation and just kind of that thinking outside the box.

And then when I moved into my career and wanted to figure out really where I wanted to go A long time you know, in in long term, you know, you you start jobs when you're in your teens and twenties then you kind of realize I need a better plan here.

So A better plan meant, you know, finishing my bachelor's degree and I worked for a while, but then it also meant at some point

I was being nudged by all of those folks, my mother, my aunt, you know, and folks about time to get your master's degree.

And so I settled on rehabilitation counseling, which fit so well as I look now back over all of that, which was really understanding again back to people's strengths. So rehabilitation counseling is about know how to get back to work because of a disabling condition, don't know how to get back to work because of a disabling A, kind of any of those aspects.

It's designed to really figure out the strengths of that person.

And then thinking outside the box, what do you do to help this person reach their goals?

So I became a master's level rehabilitation counselor and worked in a state agency for 7 years doing that. I had set some career goals for myself that I thought would last quite a long time.

And at the end of 7 years, I realized I'd accomplished all the goals I had planned for that career. And I thought, now what?

Well, my aunt and my mother would say, we know what now.

You need to go get your PhD now. So so off I went.

I only applied to one university in the entire country because it was the program geared for rehabilitation psychology, which was in such close alignment, and it was the top program in the country at UW Madison.

And it turned out over the 7 years I had accumulated a lot of folks professionally who actually had graduated from that program, but I had never put the pieces together.



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So they also were pointing me in that direction and Healing, this is the only place you need to go. Go here. We'll write your reference letters for you.

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**Dr. Setareh Moafi:** Wow.

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**Dr. Connie McReynolds:** And so I applied only to the one program. My mother didn't tell me until later after I'd been accepted. She'd never heard of anyone just applying to A program.

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**Dr. Setareh Moafi:** You were focused. You knew what you wanted.

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**Dr. Connie McReynolds:** I did. It was very clear in all of I had I think I needed 3 support letters A 6 people wrote for me because I knew them over the 7 years that I had been active at the state, regional, and national level in my career.

And and so I went there and became a licensed psychologist following that and then also an academician A at Kent State and then later out here in California in the CSU system. And

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**Salvador Cefalu:** Now. When you were a professor, were you already beginning to focus on ADHD?

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**Dr. Connie McReynolds:** Not initially. Not at Kent State. I was there for 10 years. Mhmm. And that's where I was really building my career, A connections, service and agencies, and professional associations and such and research.

And that was pretty geared toward tenure and promotion and just doing all the things you needed to do.

But I was working in the field of, psychiatric rehabilitation. So that really was my focus.

And so it has always been such a natural evolving process for me that the next thing would just kind of come along and it's like, Well I'm interested in that. What if I do that?

I wrote a training grant for psych rehab. I created some licensure courses in Ohio for counselors and part of those were geared toward the psychological and psychopharmacology classes that were needed for licensure.

And then, because of the weather, I was feeling the love in the gray skies in northeast Ohio.

After 10 years, I really A my department chair one day, and said, I'm just putting you on A. It's got really big.

And I said, my next my next move is solely based on latitude.



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**Dr. Setareh Moafi:** A you did that.

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**Dr. Connie McReynolds:** I did that. And off I went to Southern California for my sabbatical. I was out here for 6 months.

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**Salvador Cefalu:** To the desert, nonetheless.

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**Dr. Connie McReynolds:** Yes. To the desert. Yeah. Yes. I was sitting around the pool in March when no one out here was around the pool. It's like, where is everyone?

And then I realized, oh, I'm from the for. This feels like summer to me. Oh, yeah.

This is winter still, to the locals.

And so that was kind of fun to to really process all of that.

And then they graciously created a line.

And brought me in as a full professor on a very short tenure clock, with the designs that I would build an institute at this university. And so that's what I did.

And in the course of the first couple of years, one of the professors came to me and shared with me what he was doing in a

in county down in Orange County where he was working with children who couldn't learn how to read. And he was helping them with this process called neurofeedback, and he encouraged me to do some research into that.

I spoke with our department chair and the dean of the college at that time A they were both highly supportive of the project

and really kind of made things happen. So I started a pilot project.

I didn't know if this was going to work or not, but I thought we've got to start somewhere.

So they set it up for some equipment.

We actually kind of pulled some units together that were sitting in a storeroom somewhere not being used, and so we just kind of cobbled it together.

I had the clinic space that had been designated for this, and it was a beautiful clinic.

We really created a nice space for people.

And then I decided to do a research project, just a pilot project, for the 1st year with 2 targeted groups. One with children with ADHD and one honing back to the work I had done in my dog program in Wisconsin with veterans.

I wanted to also work with veterans with at PTSD.

And so we just started opening that up to the community free of charge. We were at a university. I could do that. You know, we had the space.

We had the backing at that time for that program.

And what started happening is people were bringing their children in.

And one day, the phone rang, and out of the blue, this woman called me.



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And she said, you know, I don't know what you've done with my neighbor's child, but he sure is behaving a lot better. Can you work with my boy? Oh, I love that. We're having some trouble and maybe you can help him. We haven't been able to figure anything out. And it's like I just kinda chuckle because that was about 15 years ago, and the phone hasn't stopped ringing. So

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**Salvador Cefalu:** Was that the beginning of the neurofeedback processing?

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**Dr. Connie McReynolds:** For me, it was. That was really when we started A. Neurofeedback was actually developed out of UCLA in the 1970s by Dr. Barry Sternman. And so it had been around for a long time. You know, it's kind of interesting how these amazing alternative programs can be there that no one knows anything about. So that's really what my journey is now Center 15 years of success with this. I've published in, you know, professional journals, but that doesn't get very far into the general public. Those get kind of hidden behind the associations A. You can't get good press out with those. I've got them up on my website, but it doesn't go very far because most parents don't care about the research statistics like the university does. Most parents, is this gonna help my child for most family members with PTSD? Is this gonna help our lives get better? That's the story they want. Those are the questions they want answered. And that's really where I ended and landed is with that about 15 years ago.

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**Salvador Cefalu:** So I think most of us know biofeedback, you know, where you're paying attention to your your body in doing relaxation or focused relaxation. So could you differentiate and tell us about what what is neurofeedback?

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**Dr. Connie McReynolds:** It's a nice analogy between the biofeedback because people do seem to have that a frame of reference for biofeedback, which is shortened from biological A, biological feedback. And that really kind of started with using a Center, maybe being able to measure your pulse, your breath rate, and then if you practiced relaxation, you could get the feedback through the equipment that you were actually affecting change in your body. So you got this biological A, biofeedback, that showed you that if you changed up how you were doing things, your body would change and you could feel different. It's very similar with neurofeedback. Neuro just means the brain. So we're measuring brain waves in the same way that you have a sensor to measure your



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pulse. We're measuring brainwaves.

It's fed into the equipment And with the feedback, you're getting to see how your brain is responding to the interventions.

So for example, I think anxiety might be an easy one because the biological piece is kind of similar.

Because if you're using the biofeedback, you can see that when you're anxious, your body is responding differently. The same holds for brainwave activity.

When a person has excess tension, which is stress, anxiety, whatever might be causing that, our system is going to show that person that they have excess tension.

It literally is A flash a little sign on the screen saying excess tension.

And it's very interesting because I've had people who have been meditators for a long period of time, but we get them on that equipment and they're demonstrating excess tension.

Fascinating because they get this biological, neurological feedback about themselves.

And with that, then they get a little more understanding of what is relaxation.

Because then we can train the brain to get there and wire that in.

And then when it gets wired in, we're actually training those A pathways.

And when that gets literally wired in, the brain then is operating A, and they can see that on the screen. They can see how they're changing their brain waves.

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**Salvador Cefalu:** That's fascinating. Our teacher was just giving a a lecture on meditation. He's a a Daoist priest, and he's just a master of Chinese medicine.

And he was saying how relaxation is the first step of meditation.

And until you met you relax, you're not gonna get into meditation, which is more related to the concentration.

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**Dr. Setareh Moafi:** Yeah. And, like, shifting to different levels of consciousness.

I think people do meditation, but they don't get into that relaxed state first.

Clearly, if you're having this this information come in through your studies, especially, it's it's a good testament to that.

So when you're using neurofeedback, are you measuring also, like, neurotransmitters and seeing, like, different levels for different experiences?

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**Dr. Connie McReynolds:** We're using a system that measures, like, the alpha, theta, brain waves.

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**Dr. Setareh Moafi:** So brain waves. Yes.





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**Dr. Connie McReynolds:** Mhmm. Brain waves. And this system actually you can it's kind of like a meter. So you can see the meter going up and down, and there might be different colors for different brain waves, so you can see that. And then we also have these scientifically designed training programs. They look a little bit like some video games, but part of that is to entertain the mind so that the brain can learn. Because part of what happens is that we really need the repetition of the patterning for the brain to wire in those changes. And if we give people something for the mind to do at the same time, then we can find that it works well. Because they can see how when they allow their brain to change, they can influence the outcome in these programs and these gains. And through that, then it builds confidence. It builds a self empowerment that people can actually affect change. They can see it happening because part of, you know, when we think about changing a bad A, if we have those, how do I know I'm actually making progress until I'm kind of farther down the road and I'm actually doing things differently? And that's part of the challenge. I mean, certainly if someone's eating something they're not supposed to, they can choose not to. But if I want to improve my focus, how do I really know I'm doing that? How do I know I'm actually improving my focus? And this measures it. So this we can measure. This we can reinforce. The good news about so much of this is that once the brain learns this, it tends to hold on to it. So people don't need to keep coming back with our system.

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**Salvador Cefalu:** And that's what I'm thinking is, so this is great, you know, while you're doing it. So the trick is how do you reinforce that so when they go home, they could work with that change? So what is it

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**Dr. Connie McReynolds:** It does reinforce it.

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**Salvador Cefalu:** Just doing the process is the reinforcement?

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**Dr. Connie McReynolds:** Correct. Typically, people do twice a week 30 minute sessions. We do 20 of those, which equals 10 hours of brain training, and then we're going to reassess. So at the front end, I do computer based A so that we can identify what areas are strong. With the strong ones, we want to keep, obviously. Any areas of weakness though, we wanna target that. So it's a little bit like going to the gym if you hire a trainer. They're going to probably do some type of assessment to figure out, okay, here's your weak A. What are your goals? Here's your training plan. And then as you do more and more of it, your muscles will get stronger, so you're going to need to add more weights to your routine or reps or whatever it is you're doing. The same thing happens with these programs. They're designed to get stronger as your brain gets stronger. So what will happen is someone will have a lot of progress and they'll hit a new level. And then the next time they come in, they may have slid back just a little bit and



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it's a little tough. And so they're going, why is this so tough this time? It's like because you hit a new level last time. Your brain's A stronger.

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**Salvador Cefalu:** Oh, interesting.

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**Dr. Connie McReynolds:** Yes. And so, you're doing better. If it's getting tougher, it's because you're getting better. Your brain's getting stronger. And so then they keep going with that. It's like, oh, I'm not getting worse. It's like, no. You're getting better. This is better.

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**Salvador Cefalu:** The way you're working with them, I guess this is where you're you're breaking it down into the visual processing or auditory processing. And if I'm simplifying that too much, please elaborate.

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**Dr. Connie McReynolds:** Well, part of it starts in identifying what we are dealing with. What's this person dealing with? So it can be auditory processing. There can be visual processing problems. And then there can be people and most have a combination of that. Which is what makes it challenging for teachers and parents to figure out, well, what's really going on with this person? If they can do this over here, why can't they do this over here? It doesn't make any sense from the outside observer, and the person cannot describe why they can do this over here A why they can't do this over here. They don't have the language for it. But we have 37 areas that we are assessing as well as 9 areas of memory conceptualization and sequencing. And so when we look at all of those data points, then we build a training plan very specific to those unique needs of that person. A auditory processing, some examples can be, it just goes in one ear and out the other when I talk to that person. They never hang on to anything I'm saying. Always having to repeat myself. You never listen to me. Never listen. Yeah. Yes. I know. Because I I told you that yesterday.

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**Salvador Cefalu:** We went over that before. We talked about it last week. You weren't listening to me. You know, darling. I'm just telling her, but that's my weakness, honey. I honestly have said that to her. Don't take it personally. This is where I'm I'm challenged. Yeah.

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**Dr. Connie McReynolds:** Yes. And that's the key is that each person has our own strengths and our own weaknesses. And so an interesting thing that I've learned after doing 15 years of this is I have the ability to shut out all kinds of auditory distractions. And people will, can't you hear that? It's like, hear what? I don't know what you're talking about. There are other people though that and we see this with auditory processing problems. For other people, there's this measure called, persistence. And what that means is and prudence. So there are 1 of 2



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measures here that we're looking at. If you have weaknesses in those, and particularly for children in a classroom, if you if they have weaknesses there, all sounds come in at the equal level into the brain, and they're not able to make a distinguishing or discernment between the air conditioner, the lawnmower, A kid behind them tapping their foot, and the teacher talking at the front of the classroom. Everything comes in at the same level for these folks. And how distracting is that? And then they're told they're not paying attention. The problem is their brain's paying way too much attention. To everything. And so that becomes a problem. Maybe the person can't follow verbal instructions. So one of the questions I often ask parents, okay, you ask your child to go pick up their shoes, make the bed, go dump the trash, and feed the dog. You turn around, and they're playing with the dog. They got that They heard dog, and that was it. Nothing else happened. Wow. And and so for visual, this one I think is even more confusing because I think auditory, we're kind of tuned for that in our society. It's like it just goes in one ear or the other. You're not listening to me. The wife calls. I had a great situation happen with my husband. We were working with him. And he called me one day. He'd been seeing us for a while. He says, I have great news to report. A was like, well, what happened? And he said, well, my wife would always call me when I'm leaving work to have me go to the grocery store and pick up some things for the meal she's cooking at night. And he said, I could never remember everything I was supposed to get at the grocery store. He said, I'm happy to report that last night I remembered everything. Wow. Yay. And she was so happy. He said, we didn't have a fight. And it was like, oh my gosh. That's great. So that's an example of day to day living with these auditory processing challenges. For visual processing, I think it's a little more, obscure. This can be the child who has messy handwriting. So I've got actually some examples of what that can look like in the book. And so this child maybe cannot form letters properly even though they're of the age that they ought to be able to do that. Or maybe when they're copying from the board to a piece of paper, they're missing letters or they're missing words. When they're trying to copy from one thing to another, They just kinda can't seem to quite get it together. This might be the child whose backpack looks like something blew up in there, all the time. Could be just kind of a disaster in there. It could be the child that doesn't remember to take the homework in each day that was done with parents staying up until 11 or 12 o'clock the night for, and they're going, we had it, we handed it to you. Where did it go? I don't know. I don't know what happened to it. Those are signs of visual processing.

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**Salvador Cefalu:** Interesting.

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**Dr. Connie McReynolds:** Maybe they can't pick up the toys. The toys in the room is always a mess. No matter how much the parents coach, teach, or complain, nothing changes. They can't recognize what they see. They cannot. And that's actually a visual processing challenge indicator. The key really for so much of this for parents and teachers is if the A, For hate to use the word punishment, but the negative for, aren't working and they haven't worked and they're not creating lasting A, there's something else going on Yeah. That has to be evaluated.



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**Dr. Setareh Moafi:** One thing I thought was interesting that you mentioned in your book was you mentioned, like, behavioral patterns. Well, first of all, one of the things I love that you say is you say that when children misbehave or just when they, you know, behave a certain way, their behavior is a form of communication. And I think if parents could just take that in for a moment that when your child is behaving in a positive way or a negative way, that's simply one way of communicating for them. Maybe the only way that they can communicate with you. So if we could look at it that way rather than, like, seeing it as, like, misconduct or they're being bad A or they're whatever, it's much easier for us to have compassion to be able to help them to make the changes. But the other thing I remember you said that was really fascinating is you said that people with auditory processing problems tend to be very impulsive. Can you explain that?

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**Dr. Connie McReynolds:** It can be. It's part of the prudence measure that we do with that assessment. And so I guess what I wanna say, like, the graph that I'm most concerned about with teenagers, particularly teenage boys, is if I see a really speedy brain, like they have a Ferrari up there, but they have no impulse control on the other side of the graph. And these are the kiddos who are going to come up with every great idea on the planet and implement them instantaneously without any understanding of cause and effect. And so if we can't track on these types of things and understand cause and effect, that impulsivity is truly a behavioral message. If we can just pull back to understand what that is A oftentimes children who have those impulsive tendencies, they aren't going to have an answer for why they did what they did. It's like, A did you just do that? We've talked about this over and over again. You know what the consequences of this are. Why did you do this? And this child will say, I don't know. And they really mean it. They don't know why. And that's because there's an impulsive nature in the brain that just seems like a great A. Let's go for it. And that going for it doesn't land that, Oh, if I go for it, there's probably going to be something else that happens over here that I'm not going to like. Those two pieces don't come together with the impulsive brain A we have those tendencies. And the good news about that is when we find that, we can deal with that. And so we can bring those scores up to give a person for, what you might call self A, but it's really just dialing down that impulsivity and dialing up the self regulation because the brain is learning how to regulate itself better.

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**Dr. Setareh Moafi:** AD// The Daoist believe that anything is possible, including miracles, and that when you open your heart, you open your world to endless possibilities. My audio guide, how to attract endless possibilities, will teach you the exact steps to help you create your ideal life, and it's yours free when you sign up now at [setarehmoafi.com/miracles](http://setarehmoafi.com/miracles). You'll learn the for pillars A allow you to shift your internal experience so you can begin manifesting exactly what you want. The life of your dreams is closer than you think. Visit [setarehmoafi.com/miracles](http://setarehmoafi.com/miracles) to start creating it now. That's [setarehmoafi.com/miracles](http://setarehmoafi.com/miracles). // AD



*Episode 84: Solving the ADHD Riddle: Real Causes and Lasting Solutions with Dr. Connie McReynolds*

00:34:59

**Salvador Cefalu:** In Chinese medicine, Dr. McReynolds, the auditory aspect we relate to A strength of the kidney organ system, and that relates to the element of water. And water is the element that controls the fire element. Fire is the heart. The heart is the mind. So when you can't have when you have weak auditory processing, the kidneys are too weak. And this is very common with A, especially, but also adults, especially as they A burn out, you know, A adrenal fatigue thing They just get exhausted, and then the heart fire increases. So there's more mental activity, impulsiveness, just A, very common in our society. And then maybe we should talk about this too because what really stirs up the heart energy and that mental overactivity is too much screen time, but you're using screens in a way that's actually therapeutic. I wanted to also have you talk about that. That was very interesting to me.

00:35:58

**Dr. Connie McReynolds:** Well, and it's a great topic because parents struggle with this all day long, with screen time. Particularly once we really hit the pandemic and and what that meant, which was just almost all screen time for A, if they weren't at schools that were in person. So the schools that were online, then you just magnify these problems, you know, tenfold for some of these children. The screen time, parents will say, well, how much? It's like, well, that's a good question. So what are the behaviors? Let's look at the behaviors. Let's look at what's really happening. Is this child able to walk away from whatever is happening here? Are these high impact dopamine Dr., which is A neurotransmitter, is A driving dopamine to the point of its being an addiction? And I will say, I have children who come in who have those tendencies toward addictive behaviors with, and it isn't uncommon that there could be a parent somewhere along the way who also is struggling with the same thing and they're doing the video games together because they're both getting a dopamine rush. So then that becomes a little bit bigger situation to try and deal with. Ours are low impact. So we don't have that high impact visual processing, dopamine driving A. These are low impact. They last, in one program will last maybe 2 A, and then we're switching it up to something else. So there's a whole training plan of maybe 6 to 8 different programs that they're going through. So it's not going to have that kind of impact in the brain. And so that's why I really like to make that distinction. And I wrote about some of this even in the book about the video games. And the study that was actually done back in 1999, studying what these children's brains looked like with these high impact video games A they measured the amount of adrenaline or dopamine that was getting dumped into these children's brains after 20 minutes. This was in 1999. And if you can imagine that it was the same amount as if there was an injection of amphetamines into their body. It creates that much of a neurotransmitter load.

00:38:19

**Dr. Setareh Moafi:** So for people at home who are wondering, like, you know, do I have ADHD, and what if I have a child with ADHD? Do you have any tips on, first of all, how you would diagnose ADHD? Because we don't wanna just do that for ourselves. But also how to deal with either a child who has visual and auditory, you know, processing problems or for an adult who



has these issues. Do you have any, like, self care or things that they can do at home?

00:38:48

**Dr. Connie McReynolds:** Well, I think that's really important. And up on my website, there is actually a free brief assessment that people can access to just start there. It's like this there's A points there. It's like, do you kind of tick off the boxes on those? Is that feeling like it's kind of resonating with your child or yourself or someone you love? And then if that kind of feels like it's fitting, then within the book, I actually have checklists at the end of the auditory processing Center, at the end of the visual processing chapter. And there's there's quite a few points on there that a person can really delve into. And then within the book, there's also the tips. So if you're parenting a child and you're able to say, okay. I'm thinking it's leaning toward auditory. It goes in one ear and out the other. Every time I say something over and over, it doesn't stick. So here are some strategies that can be used at home, and here are some strategies even at school. And so part of that, if you're noticing that, you know, I've I've asked my child to pick up their toys and it never A. Or I've said, you know, I need you to do this, this, and this A 3 or 4 steps and it does never get A, then kind of dial that back. Because maybe it's one thing at a time. Check for comprehension. Did you hear what I was saying? Oh, yeah. I heard A the answer is. Like, okay. What's a comprehension though? Because, again, it may not have stuck. Yeah. So they'll say, well, I heard you. I heard you. But it isn't speaking. So it's not this it's A sticking point, not the hearing point. And that's the other piece of this is these situations are not about actual Healing, and it isn't about actual vision. And it's what the brain is actually doing with the hearing and the vision. And so smaller chunks of information for someone who's having an auditory challenge. One thing at a time, check for comprehension. And then realize you may still have to repeat it because it may not have stuck. If a person is not doing well with that, for children, if they have chores, make a list. So create a little board somewhere where you can write things down A, like, this is your daily list of things to do. And so you can remind the child or the adult to go to the board. It's like, let's check the board and see what we need to get accomplished for today. For children who don't do well visually, visual demonstrations aren't so good for them. That maybe they can follow directions very well. And so playing to the strengths. It's back to kind of where I came from, which is figuring out what the strengths are and playing to those. Finding that, using that, and then if that's working, great. And then take that into the classroom because children may need some accommodations in the classroom. So if the teacher is a very verbally oriented person and this child is not auditorily organized, then there's A be a breakdown with the instructions in the school on what this child can do. And these are the children, both visual and auditory, that sometimes can get channeled into special services, and they may not need that. They may just need proper accommodation in the classroom to keep them in the general ed classroom. And if we can do that and save some of those funds for people who really do need that service, then I think we're doing a bigger service to the schools, to the society at large. And I also advocate for IEPs and 504s children A sometimes if we can get those programs in place in public schools, we can keep children in the general education setting, which is the least restrictive environment, and that is the goal of that.



00:42:23

**Dr. Setareh Moafi:** And I love what you said about playing their strengths.

I think that's such a key thing in, you know, parenting and just communication with people in general is instead of beating down and saying, like, what's wrong with you?

Know, why are you always like this? I told you do this. It's so helpful to just see, like, okay. This is where this person's challenged. What can I do?

As we always say on the podcast, awareness is the first step to healing.

00:42:49

**Salvador Cefalu:** It is.

00:42:50

**Dr. Setareh Moafi:** So being aware of what their strengths and what their weaknesses are, A instead Healing them down because of their weaknesses, playing their strengths, as you said, I love that phrase. It's like, then you really empower them to really develop instead of just get stuck and then feel like, you know, they're not functioning well in get stuck and then feel like, you know, they're not functioning well in society.

00:43:08

**Dr. Connie McReynolds:** Exactly. And children who struggle with this and adults are hard on themselves. They're really hard on themselves. And so A we really want to do A part of what happens when they come into the clinic and we start using neurofeedback program is they start gaining success right away. It's like, you mean I can run this computer with my brain? I thought there was something wrong with my brain. So there's Healing wrong with my brain. It's just there's a processing glitch here. It's kind of like if I tried to write left handed, I'm right handed. I can't write left handed. I would have to really practice to be able to do that if I needed to do that. In this case, what we found is we just need to practice for this. And so this is what you're going to be doing is practicing and getting better in this area. And that's how the brain learns. That's the whole neuroplasticity piece. That is how our brain learns everything. It's through. From learning how to walk, ride to A and talk at the same time, whatever it might be. We've learned through repetition. We A learned through repetition and that's what the neurofeedback does. Is it uses the same training plan over and over and over Center times till we've reinforced those neuronal pathways and then that becomes the go to process of the brain. It's also how we get rid of bad habits because we have to build a new habit. And then I've actually seen the video clips of neuronal processes of these neurons connecting together. How they got pictures of this, I don't know, but it's fascinating. I've taken those out when I do training programs A it's showing how these neuronal connections happen in the. And then it shows how they prune away when we get rid of a bad habit for it's something that's not working. It literally prunes away in the brain. That's amazing.



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00:44:45

**Salvador Cefalu:** That's so cool and fascinating. You know, as I A to our discussion, it makes me A do some work with you myself, and I was really thinking I would be really good for my marriage too.

00:45:00

**Dr. Setareh Moafi:** Well, I think that's a good point you brought up because I think a lot of listeners are gonna be thinking, oh, what if I wanna retrain my brain? How do I do that?

00:45:07

**Salvador Cefalu:** Yeah. How can we find you? A, also, you were saying that you you do these processes by video also.

00:45:14

**Dr. Connie McReynolds:** So and sometimes it's a little hard to find the positives that were going on in the pandemic, but we found. And so part of what happened in Southern California a couple years ago, we were kind of, you know, hearing we might be going into another lockdown. And when we first went into lockdown, the clinic that I was running at the university was shut down overnight. And we were running 200 sessions a month with A, some teenagers who were suicidal. So I pivoted. I called a friend of mine who had a clinic in another town and she said, I've got 2 rooms. Come right now. We missed about 3 days of providing services and set up the whole new just moved the clinic, got over there, took care of that. And then what I realized is that wasn't sustainable through the university, so I needed to start my own company and I did that. And really kind of pivoted out and ultimately retired from the university after I started my company and have these two clinics. And then we were looking at another potential lockdown over here. And I called the software A. It's kinda late. He's on the A coast. I'm west coast. He always picked up the phone though. It was pretty late in this world. And I just said, Look, we have a problem over here. Another potential problem. People can't get to the clinics. We have suicidal teenagers. We need to be dealing with this. It needs to be something I can deliver beyond the 20 mile drive zone here in Southern California. And a month later, he called me and said, okay. We've got something for you. I think we can do this. And so he created that. And from that, we've been running this now for over 2 years I work with people all up and down California. I even have people here locally who choose to do it from home because they just don't wanna get out of their house. So part of that they get rid of A, you know, the traffic is kinda bad down here. So, we start with the same assessment. We do we've learned through the pandemic, like what we're doing right now, that we can zoom in. We have ways of setting up a secondary So we have eyes on A when we're doing the assessment, And we have the license then that we can use to do this with the assessment. So we start with that. It's an hour and a half process Whether where we administer the same assessments and we're with you in the same manner. We're just not both sitting in the same room. And then when we do the sessions, we do them the same as if you were sitting in the A, which means this is not a self serve kind of situation. This is really a clinically based intervention the same as if you were here.





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You do have to lease the equipment. We have special licenses that we have to A for that. But that's how we do it. And people are really taking advantage of that because it saves a lot of time. Have people up in Apple Valley who really 30 minutes are away from us, but it could take them an hour and a half to get down the Cajon Pass. You're going one way. And they do 30 minute sessions twice a week and so families can't really manage that very well with busy schedules. But they can do 30 minutes twice a week from home. So it's the same process where I really started out 2 years ago with a woman who'd been in a car accident up in the bay area and had some pretty cog significant cognitive limitations. And we were able to get her we measure, we assess every 10 hours of brain training. We reassess, and she was making really good progress. And at the end, she felt like she had her capabilities back. So That's wonderful.

00:48:41

**Salvador Cefalu:** So you were talking, I think you said 20 sessions. Right?

So we're looking at like two and a half months, but I would imagine people who are more more troubled, you're working with them longer than that. Correct?

00:48:55

**Dr. Connie McReynolds:** It can be. So for children with mild to moderate autism, that's a long haul, but we have been able to make improvements particularly when we can find these auditory and visual processing memory, conceptualization, sequencing difficulties. We train for that. And so, I don't say that we get rid of autism or the spectrum disorder, but if we can improve functionality And that's really what it's all about. And I'm not really big on diagnosis because to me, we run these assessments. It's about figuring out, okay. Here are the strengths. Here are the areas we need to train up. Let's train up whatever it is we're needing to train up, and then maybe we don't even need any kind of a label for anyone.

00:49:35

**Dr. Setareh Moafi:** Yeah. That's a good point. Because if you just see what weaknesses need to be improved upon, you just focus on that. It kind of becomes irrelevant.

00:49:43

**Dr. Connie McReynolds:** It becomes irrelevant, and I would love for all diagnoses in some way. Yeah. For children like this with ADHD, I would love for that to go away completely.

00:49:52

**Dr. Setareh Moafi:** Yes. Yes. So, Dr. McReynolds, let our listeners know, please, where they can find you. And, of course, we'll link her website and the resources both on our website and in the show notes for this episode.



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00:50:05

**Dr. Connie McReynolds:** So my website is [www.conniemcreynolds.com](http://www.conniemcreynolds.com).

Good Irish Scottish name there. And up on the website, there's actually a link to their free brief assessment. I have a newsletter that if people want to sign up for that, you get the first three chapters of my book for free with that. So you can kind of see if this is going to fit or not.

There's also a contact me button up there. My research is up there.

The link to the book is up there. Podcasts are listed up there.

So you can pretty much find me. And then in information about neurofeedback. There's some video clips. There's testimonials Center just other services that, we provide to my colleagues.

00:50:55

**Salvador Cefalu:** Connie, you've been a a pleasure to meet. The topic is, really interesting, and the work you're doing is fascinating. So thank you for coming again and sharing all that with us.

00:51:07

**Dr. Setareh Moafi:** Yeah. And very important work, I think, that you're doing right now. So thank you for that as well.

00:51:12

**Dr. Connie McReynolds:** Thank you for having me today.

00:51:15

**Dr. Setareh Moafi:** Now we want to hear from you. Visit [acenterfornaturalhealing.com/adhd](http://acenterfornaturalhealing.com/adhd), and let us know the biggest takeaway from this episode. Thank you so much for listening to another episode of the Natural Healing podcast. And thank you again, Dr. McReynolds, for joining us. It was a pleasure.

00:51:35

**Salvador Cefalu:** And as always, we look forward to next time. Bye.

00:51:40

**Dr. Setareh Moafi:** Bye. I'm so excited that you've come this far in this journey with us.

Thank you for listening to the end of this episode. Now, when you have a moment, please go to Apple Podcasts and Spotify. Follow and rate us. When you leave a 5 star review, it really makes a tremendous difference in how much of an impact we're able to make and also how easily we're able to continue to share these resources with you as well as with more listeners just like you. This is how we are able to build the beautiful global community that we have with the Natural Healing Podcast. Once again, thanks for taking the time to be here. We so appreciate you.