

# Jess Lahey The Addiction Inoculation

**Jess Lahey:** [00:00:00]What I want is for people to say, Oh, that's a risk factor. I didn't know that. So what protective factors will best outweigh that? Because I think of risk and protection in terms of like, , the scales of justice that, , you know, if the risk side is on one side and it gets really heavy, you're going to have to heat more protection and sometimes make the protections more specific and order to zero up the sides.

**Jill Stoddard:** That was Jessica Lahey on psychologists off the clock.

**Diana Hill:** We are four clinical psychologists here to bring you cutting edge and science based ideas from psychology to help you flourish in your relationships, work and health.

**Debbie Sorensen:** I'm Dr. Debbie Sorensn practicing in mile high Denver, Colorado, and coauthor of ACT Daily Journal

**Diana Hill:** I'm Dr. Diana Hill coauthor with Debbie on ACT Daily Journal, and practicing in seaside Santa Barbara, California.

**Yael Schonbrun:** From coast to coast, I'm Dr Yael Schonbrun a Boston- based clinical psychologist and assistant professor at Brown [00:01:00] University.

**Jill Stoddard:** And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book of ACT Metaphors.

**Debbie Sorensen:** We hope you take what you learn here to build a rich and meaningful life.

**Diana Hill:** Thank you for listening to Psychologists Off the Clock!

Psychologist off the clock is happy to be partnered with Praxis, continuing education with practice you can really transform your client's lives by learning how to effectively promote lasting change with evidence-based training. And they're really the premier provider in continuing education for clinical professionals.

**Jill Stoddard:** Praxis has both on demand courses as well as live online courses. They have beginner offerings, like act one for Mapoon or more advanced offers. Things like act immersion with Steve Hayes. Some of their live online courses include classes in dialectical behavior therapy, superhero therapy. And act with parents.

**Diana Hill:** You can get a coupon code for Praxis, continuing education on our website, off the clock, psych.com for some of their live offerings. And we can [00:02:00] really attest to the quality of practice we've both participated in, in ourselves

and have seen its benefits in our clinical

**Jill Stoddard:** so visit our offers page at [offtheclockpsych.com](http://offtheclockpsych.com).

**Diana Hill:** hi, this is Diana here, and I have some upcoming events that you might be interested in at inside LA. I'm going to be offering a series of courses on act and really it's for the general public and practitioners that are interested in deepening their practice of act in their life.

On Sunday, June 27th, from three 30 to 5:00 PM. I'm going to be exploring acceptance. And on Sunday, August 29th, I'm going to be exploring values, rich living. So I hope that you can meet me there. And for parents and educators, I have two webinars coming up with Julie Bogart.

One is on psychological flexibility and parenting, and the other is on compassion in parenting. You can find all my events at [Dr. Diana.hill.com/events](http://Dr.Diana.hill.com/events).

**Jill Stoddard:** I'm here with Yael to introduce today's episode with Jess Lahey, who has been on our podcast before [00:03:00] to talk about her first book, the gift of failure, and is back today to talk about her new book, the addiction, inoculation and addiction is honestly not a topic I know very much about.

, and what I think is really cool and unique about this book is it's really about how we can bolster our kids chances it's really kind of a parenting and addiction book, but how we can protect our kids from developing addiction. So I was so excited to read this book and when I went into it, I thought, great.

Jess is going to tell me all the risk factors to avoid and all the protective factors that I can increase, and I'm going to have control. And of course it didn't really quite turn out that way. And there were a lot more shades of gray. and what I learned is that it's far more complicated than that.

And we talk a lot about that in the episode. And so, yeah, I'm curious, you have some thoughts about risk

factors and protective factors and, you know, stressors in general.

**Yael Schonbrun:** Yeah, well, I'm writing [00:04:00] this book on working parenthood and I have a chapter on stress. And one of the things that we often think about with stress, well, the main thing that we think about with stress is that it's bad. It's harmful, it's toxic. We need to reduce it. And interestingly, Research is growing in this arena of stress that suggests that stress can actually be enhancing.

And I think it's a little bit like this idea of how do we not regulate from negative outcomes? How do we grow good outcomes? and part of that is not avoiding challenges, not avoiding risks, but actually approaching them skillfully. and, Part of the skill and approaching it is how we frame it, using a mindset of like, you know, I got this or, or how do I build skill or how do I embrace this in a way that bolsters my resilience or allows me to grow and learn.

And I was also telling you too, that on my desktop, I actually have opened an article on, on resilience and the title is whatever does not kill us. And it's all about [00:05:00] this study and the authors are Mark Sirri, Alison Holman, and Roxanne Silver. Um, that talks about how. Exposure to adverse events doesn't necessarily mean negative outcomes.

In fact, it can really bolster resilience, bolster growth. And I think that in the context of inoculating our kids against addiction, you know, it really is about learning how to approach these risky factors, you know, thoughtfully and optimistically.

**Jill Stoddard:** Yeah. And the other thing it makes me think of is the way stress. Does release cortisol, and that's what we always hear about, but it also releases oxytocin, right?

That tend and befriend hormone that when we're at the height of stress, we have a hormonal response that says, go seek out your people, your community, your tribe, and just talks about community as a protective factor so it is, it's complicated and there's a lot of moving parts, but I went through this, this emotional roller coaster of, yes, I'm going to have the [00:06:00] answer to shoot.

This is really complicated too. Yes. There's hope, you know, that there really is a lot that we can do, around this.

**Yael Schonbrun:** Yeah, it's such an important topic. And, I was fortunate enough to be the one to interview Jess on the gift of failure. And she's such a great person to be talking about these things because she has charm and brilliance and, and just, she's so willing to be vulnerable at her own experiences, which I think is so, such an important avenue for learning.

**Jill Stoddard:** absolutely. So everybody enjoy this with Jess Lahey.

Hey everybody. It's Jill here and I am really excited about my guest today. This is someone that I am a big fan girl of it is Jessica Lahey, who is a co-host of one of my all time.

Favorite podcasts, hashtag am writing. And she's here today to talk to us about her new book, the addiction inoculation, Jess Lee. He is the author of the New York times bestselling book. The gift of failure, how the best parents learned to let go so their children can [00:07:00] succeed. And the new addiction, inoculation raising healthy kids and a culture of dependence over 20 years, Jess has taught every grade from sixth to 12th in both public and private schools and spent five years teaching in a drug and alcohol rehab for adolescents in Vermont.

She writes about education, parenting and child welfare for the Washington post New York times and the Atlantic. , she has a book critic for airmail and wrote the educational curriculum for Amazon kids. Award-winning the stinky and dirty show.

She co-hosts the hashtag and writing podcast with P O T C former guest and bestselling

author, KJ Del Antonia, and Serina Bowen from her house in Vermont, where she lives with her husband, two sons and a lot of dogs. Welcome Jess. Thank you for being here.

**Jess Lahey:** A lot of dogs. Thank you. They're all in the room with me. I have three sleeping puppy dogs over near me. It's pretty sweet. It's nice. We have a whole routine. They [00:08:00] understand what it means when I sit down and close the soundproof curtains, they know that that's dog nap time, because mom's going to be talking on that black microphone thing on her desk.

**Jill Stoddard:** yeah, you can probably see the big dog bed in my background, but they get locked out during recording. Cause they're very loud snorers. So.

**Jess Lahey:** yeah. my, the pug, actually the pug snores and our producer for our podcast knows to listen for it. But yeah, she's, she's, elderly and, you know, pug faced. So yeah, that's

**Jill Stoddard:** I love it. Well, I I follow you on social media, so I get to see your dogs a lot and they always make me smile. So congratulations on your new book. This is very exciting. And we had just. Yeah, I'm sure you're very busy, book lunchtime is always very busy and we had Jess on the podcast to talk about the gift of failure, And so she's back to talk to us about the addiction inoculation, and I love the way you start this book talking about your own story and you get, you know, pretty [00:09:00] vulnerable and personal. So would you mind sharing a little bit of that story with our listeners and talk about how that influenced your desire to write this book.

**Jess Lahey:** Sure. So I'll, let's see where to start. So I was raised in a house with an alcoholic parent and one of my parents was raised in a house. With an alcoholic parent. And I did my best to avoid that. You know, I, I really did try very, very hard and it just, as it happens for a lot of people I'm finding out this is a little more common of a story than I thought it was.

, it just snuck up on me. It really did. And it had me, I really got pretty bad in my forties. So in 2013, right when I we'd had a big auction for the gift of failure, because there had been this big, um, viral article at, in January of 2013, That led to the sale of the book. And so this was like my dreams coming true.

It was this big, huge deal. And about that time, really the drinking was, it was just getting really bad. And I was realizing I wasn't going [00:10:00] to be able to do both things at one time. , and at about the same time and I was just exhausted. I was so exhausted. And about the same time it will in June of 2013, we, I went to a birthday party for my mom and got just blotto.

I don't remember it. Most of it. , so I don't know whether that's good or bad, but anyway, I can't, don't remember much of it. And the next morning my dad set on the end of the guest bed and he essentially said, I know what an alcoholic looks like, and you are an alcoholic and it's time for you to do something about it.

And you're going to screw this up. Meaning the book is your big shot. You're going to screw it up. And, uh, he was absolutely right. And, uh, that. Evening. I went to a meeting, so I've

been sober since June 7th of 2013. And right when, so I wrote gift or failure during that period that went really well. I was thrilled with that and I started teaching at the rehab, um, which I, Oh my gosh, I loved it so much.

And the only reason I'm not still doing it is that they decided to get rid of the adolescent unit. To have more room for adults. So I lost my job. I would still be still be [00:11:00] doing it. I just, I love that

job so much. Yeah. It sort of stunk it stunk stinks for me, stinks for the kids who really do some kids really do need inpatient treatment, but, and actually now in Vermont, if you want inpatient treatment for your kid, there is no place to go.

There is no inpatient treatment. There's one place that does dual diagnosis, meaning kids with a mental illness and substance abuse. But. Uh, it's it there's yeah, there's no place. So, um, I actually didn't know what I was going to write after gift of failure. You know, it's hard. It's great. When a book does really well, it's also scary when a book does really well, because am I a flash in the pan?

You know, can I pull this off again? I had actually pitched a bunch of ideas to my. Agent and she's so great. She was like, it's fine. It's not, you know, it's no, this really may not be it. Just keep thinking though, you can do. I keep thinking. And she was also really nice. She said, uh, she was very reassuring.

She said, look, the first book idea, you know, it comes to you. You've had a long time to think about [00:12:00] it. The second book idea feels a little more forced. Like you have to come up with another book idea. And so I was just really patient. I was very busy doing a lot of touring and speaking for gift of failure.

So it wasn't like I wasn't working. , and finally, just one day I was driving down to Boston to a speaking event and it all landed in my lap, nearly perfectly formed with the title and everything. And I, and I actually pulled off of, , of the highway and texted Serena and KJ and said, I have it. And I gave them the title and told them what it was and they texted back. That's it like, that's

**Jill Stoddard:** Oh, I have goosebumps all over

**Jess Lahey:** was, it was really cool. it was, really, really

**Jill Stoddard:** like a moment of

**Jess Lahey:** It felt like everything I'd been circling around for the past four years sort of came together in this one book. , , and as much as I love the gift of failure, this is the book that I really felt like I was born to write.

In fact, when I approached my agent with the idea, she's like, yeah, that's a great idea, but you have to realize this is a really tough category. Addiction, substance [00:13:00] abuse, you know, trying to get parents to buy a book about something they're really scared of. , it's tough. So. You have to be prepared for the fact that your editor may not want this book or,

and are you still going to write it?

Even if she doesn't. And I said, I have to write this book, so I'm going to write it, even if I self publish it. . , so we actually had to create, you know, 90 whatever, 80 page proposal, um, to go out, to be ready to turn around and go out to other publishers. Have my editor said no, but thank goodness she was all on board. So. Yeah, it. was The process of something falling into your lap is sort of like what we live for. I mean, it's ridiculous. It's like, yes. So cool.

**Jill Stoddard:** Yeah. And to be able to work with a publisher that, that you already have had success with is, is, lovely as

**Jess Lahey:** And she, she had, there were some problems with a lot of problems with the first draft of the gift of failure, as I've talked about on our podcast. And she taught me how to write a book. So. From my [00:14:00] perspective, you know, I owe her so much I'm so in awe of her, she's, she's almost always right. If not always. Right. And, um, I'm just really grateful to her. She's really helped me develop as a writer.

**Jill Stoddard:** Okay, well, you probably don't know this, but you have helped teach me how to write a book proposal because I

**Jess Lahey:** I'm so happy.

**Jill Stoddard:** A coach who was learning. She was getting certified to be a book coach through author accelerator. Who's one of your sponsors and the sample book proposal is your proposal for the addiction inoculation. So I used that as my model for my book proposal and just got my first agent like this weekend. I signed the

**Jess Lahey:** cool.

**Jill Stoddard:** Yeah. My first two books were with a smaller publisher where you don't need an agent. And then I wanted to just see, like, can I go this route? And what will that be like? So thank you. Well, let's get back to the, I would love to talk about writing all day, but

**Jess Lahey:** why do you think I [00:15:00] have a podcast.

Why do you think have a podcast about

**Jill Stoddard:** I want to go back to your story, because I think what is particularly interesting about it is that you were practically, I mean, you were basically a Teetotaler for a good portion of your life.

You were more like the, almost like goody two-shoes RA type person. And as an adult, it was like a glass of wine here or there learning about wine, getting a really nice bottle of wine. And I think many, many. People can relate to that and that you don't just wake up one day and alcoholic that it can be this like very sort of slow progression.

And then you sort of realize like, Oh, I've crossed over from wanting and enjoying to needing. And that it's, you know, that it can happen really to anyone, but there are certain risk factors

that make it more likely. And so the book is about kids like how to help our kids. I mean, it's an inoculation, you [00:16:00] know, how can we as parents position our children in the best way possible to reduce their risk factors and increase their protective factors so that they are less likely to develop an addiction to alcohol as they grow into adulthood.

**Jess Lahey:** yeah, this is definitely also, this is also a book about, you know, having a little bit of comfort with the gray areas, because so much of the advice around substance abuse prevention has been, um, overly black and white, I think to the detriment of understanding why we say some of the things we say, like, you know, there's an entire chapter about.

Peers. And it's always been, you know, everyone has always accepted that peer cohort is a big predictive factor for, you know, substance abuse risk. Like if you're hanging out with kids who don't use drugs and alcohol, you're more likely to stay, you know, to be a kid who won't use. And if you hang out with kids who do use, then you're going to be more likely to use.

And E yeah, I guess generally. Yeah. But I was faced with a situation where my kid became friends [00:17:00] with someone who was not only using, but was getting kicked out of high school for his using and had a problem. And so what did do with that relationship and how to best support my son and mitigate that risk in the best possible way.

And as it turns out that relationship was not only incredibly instructive to my son, it was, , one of the big factors that helped, um, hit the kid's name is Brian and his name really is Brian. Actually, he felt Brian and Georgia are the two young adults in the book. , whose stories are really focus on in great depth.

And both of them felt it was really important for their real names to be used because they've been through such terrible stuff that they wanted to make at least make some use of that experience. So, uh, Brian says very freely that, , realizing. On that last day at the school before he was expelled, that when he went running with my son and a bunch of their friends from cross country team, he, that was his moment of clarity, where I realized what he was going to lose.

And [00:18:00] for a young adult to have a moment of clarity is like a huge deal. It's really hard to. Face that stuff as a young adult, as a teenager, young adult. And so, you know, I, I think, I think in the media and in books, we want a very clear black and white do this. Don't do that. But a lot of substance use prevention is just not, that's simple.

**Jill Stoddard:** Like you point out with Brian specifically, you know, the research says that kids in contact sports are more likely to use versus kids. Contact sports, but Brian was a cross country runner

**Jess Lahey:** On the other hand, on the other hand, Brian was adopted, Brian was a cross cultural adoption. Brian was, , also had some behavioral issues as a child that caused him to compulsively, seek out the approval of others and a sense of identity from others, which really set him up. , and then he was put in a couple of environments.

He was sent off to wilderness camp. [00:19:00] As someone who had never used drugs and alcohol, surrounded by kids who had, were using drugs and alcohol, and we're not supposed to be discussing their war stories about drugs and alcohol and, but did that. And so Brian said, Oh, okay, I want their approval. I'm going to need war stories too.

So there's a whole bunch of reasons that Brian ended up where he did. , but again, I like the more complicated stories like that. I like the fact that Georgia came from a wealthy family with. The support, , if you're looking from the outside, it looked fairly perfect, but you know, crack that facade a little bit and you realize there's a kid who's really, really hurting and drinking for very specific reasons.

And, you know, as her teacher, it was devastating to see that happen. And it was also. I have to say a remarkable experience to go back and talk to this person. Who's now in her thirties. And we reflected on things. She didn't remember a lot of things. , so I had to talk to some of her friends in order to get clarification on some of the timelines.

And it was just a really healing experience, I think for both of us, because I've been pained about what I could've done differently [00:20:00] as her teacher. And she felt pained about letting us all down. And so anyway, it was a really nice healing experience for

**Jill Stoddard:** Wait. And you also talk about how there's a little of this chicken and egg going on that, you know, there, yes, there's a correlation of, you know, kids who hang out with kids who drink or use are more likely to do so, but they also might be drawn to the type of kids who are more likely to use rather than the other way around.

And I think there were a couple of other examples like that too, that it's not really, I mean, it's just an example of how it really is more

**Jess Lahey:** There are a lot of causation correlation problems in this research. You know, we know that, for example, the more family dinners you have together per week, the lower, your lifelong risk of substance use disorder. Well, you know, if you're part of a family where you have a lot of support and you're spending a lot of time together, which means you're probably communicating more., or, you know, parents who have a very clear and consistent message of, , no, not until you're you're 21. , those kids have a lower level, much lower level of substance use disorder during their lifetime. But then [00:21:00] again, it's the parents who would have the very clear prescriptive. No, not until you're 21 where it'd be less likely there's alcohol in the house.

It's probably more likely that they're, you know, so. There's some causation correlation issues, but I address all of them. I mean, I happen to be married to a statistician and I'm now the mother of, someone who's a, uh, does the ton of statistics because he's a math and an economics major. And so, you know, when I feel like I'm not getting a clear picture on the research, I hand it over to them and I say, what's wrong here?

This seems a little too clear cut from me. And then they. Pick it apart with tweezers. So then



we talk about all that and we talk about all the gray areas. So I hope I did that in the book because who wants to go read a ton of research and, you know, analyze the P values. and, so I, hopefully I make it so that, you know, some parents won't have to do that.

**Jill Stoddard:** Well, I mean, I think you absolutely do that. You know, you, you write about the research in a way that it makes it easy for a non researcher to understand what the findings mean and tie that to different, you [00:22:00] know, anecdotes, personal stories, et cetera. So I think it's, it's a really accessible and digestible book and somehow it. Is that way with having lots and lots and lots of, of research in there. I mean, you know, you definitely get the like know and trust factor with you as the author,

**Jess Lahey:** Oh, thank you. Because that's the only way. First of all, I have to say some stuff that's hard to hear. I mean, hearing that divorce and separation as a risk factor, hearing that adoption is a risk factor can get a lot of people's hackles up. Just like some of the stuff I say around gifted failure stuff can be really challenging to hear so that you have to walk this really careful line of saying, you know, no, look.

I heaped a ton of risk on my kids, too. Some of it like done on purpose, not to heap the risk on, but because we had to do these things and you know, so that's why I'm writing this book. I'm not writing this book because I'm perfect. I'm writing this book because I was in a situation where my kids had, you know, 50 to 60% of the risk appears to be genetic. And so I heat that on my kids [00:23:00] from the get-go. so I don't have time to mess around with this stuff. I've got, you know, kids at higher risk and we moved and all that other stuff.

**Jill Stoddard:** going to say, you talked to about moving when your son was right in the middle of high school? or was it Middle

**Jess Lahey:** It was worse. It was right in between middle school and high school. And he had friends that I trusted, he had the friend's parents. Literally I would have handed my son over to them and said, I trust you to raise this kid. So yeah, we ripped him away from all that. It was, you know, it was good for our family and I'm glad we did.

But then again, you know, if I felt. If all I felt about that was guilt and shame, then that's going to become something I don't want to talk about, which is not gonna do any of us any good.

**Jill Stoddard:** Right. And this is life. I mean, there are just certain decisions that have to be made that you can't avoid every single risk factor and you can't create every single protective factor, but you know, you do the best. You can to have a balance [00:24:00] where the protective factors outweigh the risk factors.

**Jess Lahey:** Can I, can I add one quick thing before you move on? Because so right when I'm in the, like the depths of just despair over the amount of risk of heaped on my kid, because of this one move, which overall was really good for our family and my husband's job And all this other stuff. And my job, um, so I was talking to Dr. Dan Siegel to interview him for the book and I, and I got personal and I talked to him about the move and everything, and he

basically said, Mia. You could think of that as all risk, or you could reframe that in your head and hopefully in his as well. And realize that one of the, one of the things that kids need during adolescence is novelty.

You know, teenagers have a lower baseline level of dopamine, then. Then little kids and adults. And so they often feel bored and that's on purpose because they need to seek out novelty and maybe even a little risk with that novelty in order to learn the lessons they need to learn in order to become competent adults.

So. [00:25:00] What is a move, but lots of opportunities for novelty and positive risks, making new friends, exploring new places, you know, getting a job in a new place, all that sort of stuff. You can reframe all of that in a very positive way, both for yourself and for your child. And that was like one of those moments where I was like, wow, I hadn't even realized that I was framing everything in such a, I was framing everything in terms of risk, as opposed to framing it in terms of

**Jill Stoddard:** Right. And it's also opportunity to adapt and, you know, adapt to change. And, you know, that's where growth comes from. I mean, I sometimes see adults in my practice who kind of

went through most of their life. Really never having. Anything go wrong. And sometimes that's related to the gift of failure piece where like parents have been hovering around, protecting them from failure and pain and everything else.

And then, you know, they're, they're kind of a mess because they don't know how to function independently and they've never had to overcome adversity in any way. So, [00:26:00] you know, I think there are some other benefits to

**Jess Lahey:** Yeah. You know, there's a term that my friend, Julie Lythcott Haimés who wrote how to raise an adult,

**Jill Stoddard:** she's been on our podcast a couple of times

**Jess Lahey:** and wrote, Oh, really? And has written the

new book. Oh, she was, she talked about your turn, her new book, which is. Brilliant. I love this book so much. I'm giving it to all of the young adults in my life, but the term she uses that makes me giggle every time I think about it is she, you know, she was a Stanford freshman Dean at Stanford and she said, she'd have these kids in her office and they didn't know what they wanted. They didn't know how to solve problems. They didn't know how to make decisions. And she refers to them as existentially impotent. I just love that

**Jill Stoddard:** good.

**Jess Lahey:** because it's so exactly right. That's exactly what these kids were. They just. Not only did they not feel like they had any self-efficacy they didn't, they didn't even get to the point where they could exert any sort of power or agency. They didn't even know how to form an idea about what it was they wanted, because they had been told what they were

supposed to [00:27:00] want anyway.

**Jill Stoddard:** Exactly. Yeah. Well, let's talk a little bit about what some of these risk factors and protective factors are, so that like parents who are listening, you know, there are some that we can't control, like genetics, of course, but there are plenty. You know that we, that we can, you know, leverage some, like reduce the risk and increase the protective factors.

So what, what are some tips there? You don't have to give them all away.

**Jess Lahey:** No, no, that's

**Jill Stoddard:** up the book because there's a lot in there.

**Jess Lahey:** I think it's important to say not as much things that you can control, what I would like to think of them, think of this stuff as these risk factors, as, as things that we can be aware of and be empowered by. So when I mentioned risk factors, like I said, there's sometimes this, this sort of like defensiveness, like, Oh, but I couldn't have done anything about that or, Oh, but I had to get out of that marriage.

And of course you did. I mean, that's not, you know, What I want is for people to say, Oh, that's a risk factor. I didn't know that. So what protective factors will best outweigh that? [00:28:00] Because I think of risk and protection in terms of like, , the scales of justice that, , you know, if the risk side is on one side and it gets really heavy, you're going to have to heat more protection and sometimes make the protections more specific and order to zero up the sides.

So starting with genetics, that's about 50 to 60% of the picture. And then. On top of genetics, literally the word epigenetics means above the genes. Epigenetics is like the intersection of genetics and environment. It's, you know, things that happened to us in our life can affect the way our genes express themselves, whether or not certain genes turn on.

Um, And then, and we can't do much about that either. And, and besides the genetics, isn't even like one thing it's, you know, it's not like we can use CRISPR and like flick out that one gene. It's not how it works. Um, so it's gonna take us if we get there, it's gonna take us a while to sort of figure out how to manipulate that.

So then we moved to the environmental stuff, which is, you know, starting clearly with, um, trauma and adverse childhood experiences, you know, depending on your school of [00:29:00] thought, you can talk about big T little T trauma. You can talk about adverse childhood experiences or ACEs. And I list all of the CDC sort of version of the ACEs.

In the book, but then, you know, Nadine Burke Harris. , now surgeon general of California and author of the book, the deepest well has an expanded list of, , childhood experiences, adverse childhood experiences that can affect your lifelong health. And, you know, adoption is on there and a bunch of other things, , obviously systemic racism should be on there.

There's a whole bunch of lists of things that. Make kids suffer in a way that it causes trauma

and that trauma then impacts not just from an epigenetic perspective, but from a perspective of raising the stakes, raising the risk of, , your genes kicking in. Some people refer to this, uh, analogy of, , that.

Your genetics are the bullet in the gun? And that trauma is the trigger. So the bullet could sit in that gun forever and not come out. Not hurt anybody, but. [00:30:00] Trauma, what pulls is pulls the trigger. And there's a lot of people who are really in that camp. And that's the other thing about this topic.

There's lots of cans, you know, some people talked about, you know, anyway, so, uh, and then on top of that, we have academics failure. We have social ostracism, we have children being aggressive against other children, and we're back in that chicken and egg situation and that self-perpetuating sort of.

Entanglement of risk factors, where if you have a kid who is aggressive towards other kids, they're probably going to be socially ostracized. So, which is the, which has happening first. And so that's why early intervention for those issues. , you know, obviously. Undiagnosed learning issues are another risk factor., there are certain risk factors that are, seem to be, have more of an effect, um, than others. You know, we know for example, that sexual abuse is a much, even though it's on the same list as other ACEs, it tends to have an over. It tends to be more harmful in [00:31:00] terms of risk than, and it's a risk factors are dose dependent ACEs. Anyway, your risk for substance use disorder gets bigger, the higher your ACE score. And if you want to take the quiz, go to, you know, Google, CDC and ACE quiz, you can take that quiz.

**Jill Stoddard:** That part was interesting to me because as I was reading through those lists, and of course we, we deal with that and, you know, as a psychologist and mental health, you know, I don't know many people who don't have at least one of those and you report some of the statistics in there, but, you know, I want for people to know that, like, this is incredibly common, you know, th th the rule, rather than the exception for people to have these ACEs.

So, you know, it's not a done deal that if you've had. An adverse childhood experience, you're doomed to become an addict, but like you're saying, it's like one of many. And the more that there are, the more risk there is, and to be aware, you know, this is something that's going to need attention growing up that if a kid [00:32:00] like seems fine, you know, we still need to be aware that that, that these experiences put them at risk.

**Jess Lahey:** And we're just beginning to understand things like intergenerational trauma, you know, , people, for example, whose relatives three Jenner, two, three generations back survived. The Holocaust still seemed to have. And then there's the Dutch hunger winter that I talk about in the book. , certainly systemic racism is, you know, impacts kids, not just from a, what have you yourself firsthand. as a child, but also what your ancestors have had. There's appears to be that level to it as well. That is a little bit less well understood than just the very direct. What happens to you as a child, not only can impact your mental health, but your physical health as well. I mean, whether or not you have a stroke or a heart attack later on in life is, is directly related or, you know, have mental illness, that sort of thing,

**Jill Stoddard:** Hey listeners. It's Jill here. As you know, in addition to being a POTC [00:33:00] co-host, I'm also an author and part of being an author is having a platform or an online presence. So if you like the types of interviews I do, and you want to hear more from me on act imposterism, anxiety, and more. I'd love it if you would help me out by signing up for my monthly newsletter. And by following me on social media. Just go to [jillstoddard.com](http://jillstoddard.com) and scroll to the bottom of any page to sign up for the newsletter and click the social media buttons in the upper right-hand corner. Thanks for your support.

**Jill Stoddard:** We've had a number of guests who want to offer you our listeners discounted access to some of their fantastic programs. So if you want to learn powerful practices for happiness, calm, and wellbeing, we have several offerings from Rick Hanson. If you want app based behavior change, you can check out Judd brewers apps for anxiety eating well and smoking cessation.

Or you can learn how to be a calmer parent with mindful mama mentor hunter Clark fields. So go to our website off the clock, [psych.com](http://psych.com) and visit our [00:34:00] offers page where you will find access to free courses and discount promo codes.

**Jill Stoddard:** do you know, if military kids are more likely or, you know, have more risks because you know, you talk about transitions being a big risk factor. And so, you know, these are kids who are moving every two to three years and I was thinking it, I live in San Diego, so we have a huge military population.

And I'm thinking, you know, does this mean they're more at risk? Or are, you know, did they just habituate, like, this is what they've done their whole life, and this is normal, you know, quote unquote normal for them. So maybe it's not, I wasn't sure if you came across any research on

**Jess Lahey:** Here's the problem. So many of these risk factors are so difficult to disentangle from each other. So for example, I wrote a piece a while ago, a long time ago for the Atlantic about what, , kids in foster care tend to lose when they move so much. So kids in foster care tend to move three to four times during their lifetime, at least, and they lose six months of academic progress with each move.

So. That's why we [00:35:00] now understand that, educational stability is one of the most important things we can give foster kids because at least if that's there, then hopefully there's some anyway. Um, but so, so if you think about, you know, military kids, while they may not be dealing with some of the physical danger that can go along with being moved from foster home to foster home or group home, but they are dealing with that educational instability and, you know, Where one begins and one ends like, are those equivalent, are those not equivalent?

You know, it's really difficult to tell. And when you look at the research, it's, it's just hard to extricate one risk factor from another and look to see because you hardly ever have a kid like. Perfect sample group of kids where they have perfectly wonderful home lives. And the only similarity between them is the moving every X number of months. Um, you know, there's so many wildcards out there

**Jill Stoddard:** no many confound. Right? Well, the other thing that just occurred to me [00:36:00] with military kids too, is. Socially what they have that another kid who's just moving doesn't have is they have a military community, you know, so there's a lot of other kids who are going through the same thing and, you know, understand. And, you know, I imagine that that's probably protective

**Jess Lahey:** Yeah. Yeah, that network is really important, especially since having an you're going, we were just about to go into protective factors. And one of the big protective factors that we know is incredibly important is the support of adults. And specifically, you know, we, we know that.

Kids. Who've been through the ringer as kids, kids who have really high risk factors and number of risk factors. , we know that when they have just one adult in their life who supports them, who they can trust, who believes them, which again, when, especially when we're talking about trauma, especially when we're talking about abuse, , having someone believe them and according to some research that.

Gives them hope. There's this hope piece. There's this wonderful book [00:37:00] by Valerie. My homes about the role of hope in lifting kids out of intergenerational poverty. , it turns out when kids have one adult that gives them hope for the future. And the cool thing about the hope is that. Hope is a big piece of self-efficacy.

Um, there's, uh, Shane Lopez who, uh, died a couple of years ago. He worked with Gallup and he wrote a book called making hope happen. Hope is it was his wheelhouse. And he was a remarkable human being. And he says, his definition of hope was knowing. Or at least being able to conceptualize that your future, your world can be better and that you have the power to make it.

So that second part that you have the power to make it. So that's self-efficacy and self efficacy is incredibly important for so many different things in your life, including your ability to have, um, Not feel helpless, your ability to feel like you have some control over things. Um, it can help with your, your, just your mental [00:38:00] health.

It can help with all kinds of stuff, including like how well you adhere to doctor's orders when you have to take medicine for something. I mean, there's all kinds of really interesting health outcomes with people who feel like they have self-efficacy. And one of the, one of the things I saw a lot in my.

Rehab classroom, both from kids who had been moved around in the foster care system or had been in group homes or kids who had been really severely over parented or very in a

very directive way. Both of them in both those groups of kids, I saw a lot of, um, lack of self efficacy just that's total, like.

You know, why bother nothing? I do can change anything. Um, you know, this one kid in both directions, one kid told me that, um, you know, everyone, all the men in his family go to prison. So that's what everyone expects is going to happen to him. And why even bother to try to change anything.

And then another kid who told me, well, my, you know, my future is all laid out for me.

My parents already know what I want to do, and they have no interest in hearing what I want to do. And so why [00:39:00] bother? So that's, you know, and one kid is coming from a wealthy family with all the supports and resources he could want. And the other kids got none of that. But what they have in common is a lack of self-efficacy and, and essentially learned helplessness when they. Looking at their lives as something that they have no power, they have no power over whatsoever.

**Jill Stoddard:** So self efficacy is

**Jess Lahey:** difficult. Absolutely. There's an excerpt on that in the New York times. Actually, the self-efficacy excerpt is in the New York times. So that's one. Um, talking with your kids or, you know, from a very young age, we know all of the best, uh, substance abuse, substance use prevention programs, school-based substance use prevention programs start early kindergarten, ideally a nursery school kindergarten, um, their scripts in the book about how to do that and what to talk about and how to talk about it., obviously you don't start with, you know, a conversation about crystal meth

**Jill Stoddard:** Well, yeah, Well, you give an example because I think that's, you know, to me, that was the thing that jumped out. The most is you really [00:40:00] emphasize the importance of having these conversations, not just early, but often, you know, you don't just have the conversation once and then never talk about it.

**Jess Lahey:** Right. It's like the sex talks. Yeah. Peggy Orenstein would say the same thing about the

**Jill Stoddard:** right? And I think, yeah, the question is okay, but like when, and what do I say and how do I say it and what's developmentally appropriate. So can you give a couple examples for like a younger kid and elementary school versus a middle schooler?

**Jess Lahey:** Yeah, there's tons of great opportunities. I mean, you're sitting there brushing your teeth together and you say, you know, why do you think that we spit the toothpaste out instead of swallowing it? Why do we wash our hands? Why are we wearing masks right now? Um, , grab that ma that prescription bottle over there.

Can you find the letters of mommy's name on that prescription bottle and. Why do you think mommy's name is on that prescription bottle? And what happens if you have the same thing

that mommy has in terms of why she needs to take the prescription? Can you just take the same pills that I'm taking and why or why not?

You know, these are conversations that are really important to have. And obviously the one [00:41:00] about the pill bottle leads really beautifully later on into a discussion of why we don't take opiates out of the medicine cabinet. And, you know, the vast majority of parents seem to know that, um, The place that kids get their first prescription opiates.

If they're going to use them is out of your medicine cabinet or a friend's medicine cabinet. And yet only 10% of parents talk about the dangers of prescription opiates and the family medicine cabinets. So if we're having these conversations often. And early, they can develop along with the kid and the stakes go down.

You're not having one of those, like, okay, now we're going to have the big talk about drugs. And that's when, like, and usually it's like face to face and the kid like crumbles up and was like, Oh my gosh. And this is going to be so world. But if you're having these conversations all the time, they're just a part of regular conversation.

And a lot, a lot of what I do in the book is. Helping parents find the places where [00:42:00] those can happen naturally. Like the story, that's in the Washington post actually about, staging a little game show at dinner that happened. Um, it was the show hot ones, um, about eating hot wings along with, um, questions.

The hot wings kind of break the ice, so to speak and get you off your defensive game a little bit. Plus it was a show that my kids really, really liked. And so I set up that game along with 10 questions about my kids that we had really carefully prepared so that we could talk and. You know, and then, so the other thing, this partnership against, uh, to end addiction talks about the fact that having family dinner as often as possible is another great, uh, protective factor. I actually see that as emblematic for just have a regular check-in with your kids, where you talk And get beyond, you know, what happened today at school, or how was to school today, that kind of thing.

**Jill Stoddard:** I have to say that the wing story was my favorite part of the book. And I thought, you know, your kids are older than mine. Mine are seven and nine. I'm like, well, [00:43:00] they would never eat hot wings, but there's probably a way to do something similar, you know, because it's like, how was school today?

Fine. You know, we try to do like highs and lows, but. It's hard to pull information out of kids sometimes. And I just thought it was so brilliant and so fun and like what a way to get the whole family involved in a fun and positive way. So I mean that you've posted about it on social media. I think you said it's written as

**Jess Lahey:** post.

**Jill Stoddard:** article in the Do you know what it's called? If people want to look it up and read



**Jess Lahey:** Something like how a game show helped me connect with my kids or something. I'll look it up while we're talking, um, outlet and I'll send you the link so you can put it up, and that's the thing is, you know, it was fun. We laughed a ton and the answers to the questions weren't even really about the answers to the questions, which that was fascinating. But, you know, if my kid answered one way and we thought he would say something different than that was a whole other conversation. So it was like a three hour thing. It was really

**Jill Stoddard:** Yeah. Yeah. I have two hard questions for you. I think they're hard.

[00:44:00] **Jess Lahey:** Okay.

**Jill Stoddard:** Um, one is, and you do talk about this a bit in the book. What are your thoughts on parents who let their underage or, or of age, well more under age high school, say kids drink with the attitude of, well, they're gonna go out and do it anyway.

And so I would rather have them do it under my roof. And then that way I know they're safe and they're not drinking and driving and I can monitor it. What, so what do you think in terms of risk versus protective with

**Jess Lahey:** that's not a hard question at all. The research is really, really clear on this. So I've raised my kids two different ways. My 22 year old was given tastes of things, you know, allowed to have his own little glass of wine. Um, in fact, I even admit in the book, I put some wine on his tongue when he was an infant, because it was a really nice bottle of wine and I knew it would be his first one., That increases your risk of kids, uh, for substance abuse during your kid's lifetime. It just does. , so when parents have a permissive [00:45:00] attitude and that includes, you know, having sips, um, having kids over, having the saying, kids are just going to do it anyway, which by the way is not true. , the number of kids who actually drink during adolescence is a lot lower than we would suppose.

There's this thing called, , pluralistic ignorance, where we tend to overestimate people's investment in for here at, for our purposes, alcohol and. Not just their investment in alcohol, but how much they drink. We overestimate both of those things. So, you know, I didn't almost didn't even write the college chapter for the book because I'm like, well, why bother college and alcohol go hand in hand.

Like only half of kids in college drink, depending on the college you're talking about. Right. So, and, but it's shocking because it's our perception. It is our misperception that everyone in college has really invested in drinking. And that's just not true. It's also coming from a place of great privilege because it is the kids who can afford to blow off class, get a second chance aren't [00:46:00] on scholarship and have to keep up their grades to a certain level., you know, first-generation kids who go to college are much, much less likely to drink than kids who have this sort of legacy of, you know, well, it's expected. We're going to go to college and everyone, blah, blah, blah, that kind of thing. So it's a matter of privilege as well. So parents who say it's going to happen anyway, I might as well let them have it in my

house.

The kids, parents who let the kids have sips and parents who have this, this very. Wrong, by the way, um, who buying into the European myth of in Europe, they have these, you know, the kids drink water down wine, and like, I lived in Italy for a while and they're, you know, kids get the water down wine and they drink from an early age and everyone, and that's, what's so great about that is me using my parent voice that was in my head.

What's so great about that is I can teach my kid moderation. That doesn't work. It absolutely. 100% doesn't work. What you are doing when you have a permission at it. Permissive attitude around alcohol is you are raising your child's risk for substance use disorder over his [00:47:00] lifetime. With each year that a kid doesn't use drugs and alcohol, the risk goes down., an a massive amount. So if you're talking about a kid who's 14 and, , and they have their first drink, then, , they have almost a 50% risk of having substance use disorder during their lifetime. Here's another causation correlation issue. , but by the time they get to 18, we're down at 10%, which is what it is in the general population, right.

About 10% of us have issues with being able to drink. , Someone yelled at me on social media. I said, you know, what I often say is, you know, I can't drink. I'm part of the 10% I just can't drink. And I usually say, you know, like a normal person and someone get really mad at me for saying normal. But what I mean is if it's 90% of the population that is able to drink in moderation, that's what I'm referring to as normal. I can't do that once. I've had one drink, it's all bets are off who the hell knows what's going to happen next.

**Jill Stoddard:** that Europe stat shocked me

**Jess Lahey:** Yeah, well, and Europe [00:48:00] has that. The wa the world health organization, it's very, very clear. Europe has the highest per capita drinking rates in the world. And people come back. This is the other thing. People get really defensive about this. When I say it, they say, well, well, but you're talking about Eastern Europe and that's not true.

It's, it's the European union as a whole. And. While it is true that Eastern Europe has traditionally had some of the highest rates. It's actually Eastern Europe that has brought down the levels in the European union as a whole, because they have enacted new policies, their public health policies and their drinking rates have come down.

Whereas they have not to the same degree in Western Europe. So if you're buying into this whole, you know, Ooh, France, I can, my kid will, blah, blah, blah. , France has such an issue with the amount of drinking that's going on there that they've had to change their public health guidelines in the past couple of years.

So, um, that's, it's a myth and you know, it's a myth, not only because it doesn't, you can't teach moderation, it doesn't [00:49:00] lower, your kid's risk. It raises your kid's risk.

And what's really weird to me is there are a few things that have pissed people off. Since I started talking about this book and that one that not buying into the the European

moderation myth and the, um, I'll just, you know giving my kids alcohol and will keep them safe. Um, it, it just doesn't work. It just,

**Jill Stoddard:** I think that's, that's, so helpful to know and to have the data, to support that decision, because I think it's something parents struggle with. They're really well-meaning and want to do the best thing.

**Jess Lahey:** Well, what's been really interesting is because remember I said, I'm raising my two kids differently. So my 17 year old is really pissed off about this. Right. Because my older kid got to have sips and got to have a beer here and there. And in fact, just two weeks ago, My husband got, uh, we got take out, my husband ordered a cocktail takeout and, he tasted and he said, Oh, this is really interesting.

I love the flavors. And my son said, can I have a sip? And he was totally testing us because we kind of looked at each other and we said, no, it's got alcohol [00:50:00] in it. And he kind of just rolled his eyes, but he was doing that, like poking of the limits to see if we still really meant it. And we did. And so that's where we are, but that's all I can ever ask of from my kids. Right. Which is. I did the best I could, based on the knowledge and information I had, I found out new stuff. I found out I was wrong and change to adopt the new, better information. And that's all I can ever ask from him. So if I did anything else, but model that behavior, then I wouldn't be doing my job as a parent.

**Jill Stoddard:** Totally. Totally. All

**Jess Lahey:** Okay.

**Jill Stoddard:** Last question. Yup. Yup. Um, what does a parent answer when a kid says, mommy, have you ever tried drugs? And the answer is yes, but you don't, you don't want to tell. You're a nine year old, for example, what the real answer. I mean, not that this has happened to me, of course,

**Jess Lahey:** course, well, this is the fun answer for me and also not hard. I mean, it is, this is the [00:51:00] hardest question. When I was talking to experts. This was the question that's through most of the experts in a couple of different fields. And in fact, I mentioned that one expert in the book who we decided not to name, um, really mucked it up.

So, um, In our, so I, this is also where I get to throw my husband under the bus. So my kids are obviously very clear on what I've done. They know that, you know, I was never really into, I tried pot, but I didn't really like it. It just didn't really do much for me. And so I, and I haven't taken any other drugs.

So. You know, and that was mainly out of fear because I knew that that was something that in my family. Um, whereas, so, and they're very clear on the fact that I just don't drink now. So that's where we are with me, my husband. , although he comes from genetics that are very similar to mine, like he was born, you know, with a lot of risk in terms of a genetic predisposition.

He doesn't have a problem with drinking alcohol. He can drink. And again, this is where I normally say [00:52:00] like, like a normal person, like the 90%. , however, and so we talk about that. He has, he does drink in front of our kids. We're very careful about the messaging around our drinking though. Like, I have no problems with adults drinking in front of kids, but the messaging is really important, which is not, you can't, you know, saying things like. You know, Oh, this Thanksgiving at grandma's house, all the relatives are going to be there. It's going to be so stressful. I hope there's enough wine or, um, I've had such a really hard day at work. I really just need a glass of wine. Those messages are, I have feelings that are uncomfortable. I am now going to numb them out with some alcohol.

Um, and that's. That messaging is really dangerous, but where I throw my husband under the bus is we've had very clear conversations with our kids and keeping in mind. Of course, my kids are older about the fact that there was the year after my husband graduated from college. He was really adrift and he was disappointed in himself and he was, um, just not doing what he felt he should do.

He was [00:53:00] bored and he lived in a house with people who grew pot. So in the basement, so. He smoked a lot of weed that year. And not only did it do nothing to help his motivation, like, you know, when you're smoking a ton of weed, you're not really in a get up and go kind of place and to get motivated and change, change.

What's wrong with your life. That's making you smoke so much pot. He also. Really messed with his short-term memory. His short-term memory was, he admits much better going into that year then coming out of it. And he really needed that short-term memory because after that he went back to school. Yeah. So, um, so. You know, understanding that, , we don't want to romanticize, we don't want to glamorize, which is the mistake that one of the scientists in the book, I, the researchers I talked to in the book, did he glamorized it? And his son in his twenties said, dad, I really think you messed up on that one because you just, I think you just wanted us to feel like you had been a cool guy in college and you overdid it a little bit. And so you made those [00:54:00] things sound like a lot of fun, like something I should want to do. So there's an don't romanticize it. , but be honest to a degree, you don't have to go into all the nitty gritty details. But honest enough about the pros and the cons of what you did. And, and, you know, for my husband, it helped him cope with a really unhappy year, but it also made it less likely that he was going to be able to extricate himself from that really unhappy year. And actually when he figured out what his trajectory was going to be to get out of that year, he wasn't smoking pot anymore because he realized he really needed to pull himself together and had some prep to do so. We've been very honest with our kids about that. , if my husband hypothetically has done any other drugs than that, I don't think we would have slash whatever. Talk about that with my kids.

**Jill Stoddard:** details. Yeah.

**Jess Lahey:** Yeah. I don't think, you know, but, um, but there's, there's really good information there for them in that story about that, [00:55:00] what we

**Jill Stoddard:** So it's sort of like, like, so the honesty is kind of like, you may say something

like, well, assuming you're not a drug user currently, you know, to say I tried it when I was younger, because I was curious or because other people said it made them feel good or something. But what I found was it made it hard for me to, you know, do the things that really mattered to me. It gets in the way of being able to have good relationships or to do your job, something to that

**Jess Lahey:** well, and actually with my kids, I said something fairly similar about, um, smoking weed, which was that it made me feel stupid and I don't like feeling stupid. It made me, it, it, you know, one of the things I enjoy is being able to, you know, have exchanged barbs and have interesting conversation. And for me, I just didn't like feeling stupid.

And so that to me, , that was the way I communicated that. But again, that's with teenagers and teenagers. That's the other thing is when, when you talked at, when, when teenagers, I wrote an article for the New York times where I [00:56:00] had talked to the kids in my rehab classroom and said, you know, in your most receptive moment, what might an adult have been able to say to you to get you to say.

Think twice about using and all of them said, and this was of course, assuming that they hadn't developed a dependence, but, all of them said. Give us the information, be honest about the information, because when adults say drugs are bad, well, that makes no sense. Why do so many people use something that's bad?

It can't be a hundred percent bad because then no one would use them. They must, they make you feel good, blah, blah, blah, blah, blah. But when a kid understands that, yeah. So an opiate feels good because you have these receptors in your brain that are primed to, , to receive the, , the endogenous opioids that we have in our body.

Um, but a drug short-circuits that whole thing. And then suddenly not only is it like flooding those receptors, it makes you realize that you can't. Ever compete with that. So happiness, like normal human happiness pales in comparison to [00:57:00] something that is going to make it so that normal human happiness isn't enough for you anymore. And

**Jill Stoddard:** Yeah. And then your brain stops, stops producing

**Jess Lahey:** right well and helping, helping them understand. Right. Well, and you know, I just wish that Georgia had been able to understand the Georgia that's in the book had been able to understand that. Yeah. You know, drinking, as I found out, drinking works really great in the short term debt to manage, , anxiety that's out of control, but over the longterm, it exacerbated, exacerbated my anxiety to such a thing. Ridiculous degree And Judith Grisel does a beautiful job in her book, never enough where she talks about, you know, the up and then the, the equal and opposite down. And that it's actually a little bit bigger, the down,

**Jill Stoddard:** And then you need to drink more to get rid of the hunger or anxiety we're in a

**Jess Lahey:** Right. Well, and helping kids understand, you know, that's why there's so much information in there about, cause we're not talking about adult brains here.

I'm talking about the risk to adolescent brains. There are plenty of drugs and [00:58:00]

alcohol that have, you know, , low to moderate risk in an adult brain that are just not low to moderate risk. And in an adolescent brain, they're much higher risk because the adolescent brain is. Developing it's changing, it's building and the, you know, there's all sorts of stuff going on.

So if we can just get them to a point at which their brains are done, developing the closer we get them to 18. Although I told my kids 21, but. Just between you and me 18, which is when it gets back down to 10%, if we can, the closer we get them to that sort of Holy grail of completed yeah. Development, , the better off they're going to be, not just from a brain, you know, brain development perspective, but from a risk perspective, the older they are, the lower their risk is. And the. the longer we can protect their brain while that develops the more, you know, intact their brain will be making it into adulthood.

**Jill Stoddard:** That's so great. I think that is so helpful. This is a perfect spot for us to [00:59:00] stop. I know you need to go pick up your son, but thank you so much for being here. I think that this is just invaluable information and I hope people buy the book. There is so much more just like rich and engaging detail. , you know, I learned. So much. And I am , jotting things down in the margins and you know, all the things that I can start doing now, , I feel lucky to have this information with a seven and nine-year-old,

**Jess Lahey:** Well, that's the fun part about this for me is, you know, my job is to look for the books that I want to read, because I need to learn more about that thing. And if they don't exist, then I write them. So I learned a ton too, and I just, I just hope that, you know, as helpful to other people as it is, was for

**Jill Stoddard:** yeah, I think it will be. So thank you so much for being

**Jess Lahey:** You're so welcome. You're so welcome. Thank you so much.

**Jill Stoddard:** If you want to learn more about Jess, you can find her on her website@jessicalahey.com.

**Diana Hill:** [01:00:00] thank you for listening to psychologists off the clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

**Yael Schonbrun:** You can find us wherever you get your podcasts and you can connect with us on Facebook, Twitter, and Instagram.

**Jill Stoddard:** We'd like to thank our strategic consultant, Michael Harold, our dissemination coordinator, Katie Roth Felder and our editorial coordinator Melissa Miller.

**Debbie Sorensen:** This podcast is for informational and entertainment purposes only, and is not meant to be a substitute for mental health treatment. If you're having a mental health emergency dial nine one one. If you're looking for mental health treatment, please , visit the resources page of our website off the clock. psych.com.