

[00:00:00.250] - Lisa Qualls

Each month, we host a workshop where we invite a guest expert to share their knowledge and expertise. This week, we're bringing you a recording from a recent workshop. We hope you enjoy it.

[00:00:15.410] - Lisa Qualls

I want to welcome you to our workshop, Connection Matters More than Vegetables with Dr. Katja Rowell. She's also known as the Feeding Doctor. And we're so glad that you've joined us today. Dr. Rowell is going to present to us for about 35 minutes, and then we're going to move into the Q&A portion of our time together. So, Dr. Rowell, thank you so much for being here. Would you just go ahead and introduce yourself and then dive right in.

[00:00:45.120] - Katja Rowell

My name is Katja Rowell, and I'm trained as a family doctor, and I've been doing feeding work almost exclusively for about 15 years. All of what I'm telling you today, I did not learn in medical school. And I think that's one of the real travesties about this is that the people that you are all going to first line, the pediatricians, family doctors, nurse practitioners get very little, if any, training on this stuff and sometimes can even give not super helpful advice. What's I think really exciting is a lot of what you're learning in other realms around connection and trauma and felt safety, really applies when we're talking about eating. It's not like we do that and then we hit the table and we have to get those vegetables in, so all of that falls away. So hopefully this will be complementary to other things that you're learning and picking up. So we're talking today about how children heal, their relationship with their bodies, how they do their best with eating, and hopefully to bring down some of that conflict, stress, anxiety, so that you can actually enjoy meal times.

[00:01:56.810] - Katja Rowell

These are some difficult topics that we're going to touch on today. We will be talking about weight and eating disorders, food insecurity, touching a little bit even on bullying. And these are really tough topics in general in our culture, and sometimes for ourselves. And so just want to approach all of that with kindness and take care of yourselves. I found my way to this work in feeding as a parent who was really lost, anxious, struggling, having a lot of conflict with my food, preoccupied toddler at the time. And so I've made feeding mistakes, and realized that I was struggling, and sort of that was my personal experience, was my way into this work. Also, I want to recognize that these are really complicated topics. And so some of you, the information you hear today will be enough to make some tweaks or some big changes and see things really improve. For others, it may be listening to some more podcasts or articles or reading more books, and for others, you may need some more support. So I just want to let you know that this is a lot of information. I have a big book that I just finished rewriting. So I'm touching just on the very tip of some of these issues.

[00:03:16.120] - Katja Rowell

And I want to start with the first few slides, because that's when we're all sort of really awake and paying attention, with some of the most important ideas. And I really, really love this sentiment, that so often when we're talking about feeding kids, it's like I need that perfect recipe or that picky eater tip that's going to work. And really and this is from Charlie Slaughter. He's a public health dietitian working out in Connecticut doing a lot of Circle of Security work, and all of it - is that we remember that at eating times we are offering and nourishing with love, care and connection, and food is last on purpose because we often start there. I know that I did when I had my feeding challenges like what do I do? What do I feed her? And it was really a lot more about the how, and so that's what we're focusing on today. I also love this quote from Dr. Leslie Williams - she's an adoptive mom, family doctor, author and eating disorder specialist - says even if children eat the same things and have the same activity levels, they will look different. The most powerful thing foster and adoptive parents can do for the health of their children is to raise them in a loving and accepting environment that makes them feel brave enough to love their body just the way it is. We're going to touch a little bit about taking care of kids in bigger bodies as well.

[00:04:33.910] - Katja Rowell

Also want to point out that sometimes - I don't want to say that nutrition and vegetables don't matter at all - but that felt safety, that term, if that's new to you, that's sort of when their nervous systems are

calm and they're into relationship and connection, that is heart healthy. That is a preventive medicine to help kids be in that zone, more so than a bite or two of broccoli. And I want to share this diagram. I've tried to sort of put together a lot of different ideas and things in one diagram, and to show you that felt safety, where they're open to connection and their rational brain is online, that's where kids can best tune into hunger or fullness, be curious about new foods. And if you look at what's going on with their bodies, if you look at the top green area, in felt safety, our heart and lungs, breathing, digestion is working best. That's really important. When our bodies are in fight or flight and they're angry, anxious, negotiating over bites or crying at the table, we see more stress and wear and tear on bodies. Heart rate is up, blood pressure is up with all those stress hormones flooding their system. And over time, those are the things that lead to increased risk of heart disease or strokes or diabetes or other problems in adulthood. And so by working towards that connection and felt safety, we're not at all ignoring health. It's not touchy feely stuff. But there's more health benefit I think than if we have sort of one bite of broccoli that's gotten down after 45 minutes of a stress response. We also see that when we're in fight, flight or freeze, digestion slows. So we can see more nausea, stomach aches, cramping, decreased gut function, decreased immune response. And how our body stores fuel with cortisol and insulin and growth hormones, works best in felt safety. So this is really the foundation to helping kids do their best with eating and experience health benefits.

[00:06:54.550] - Katja Rowell

And I think this is important to remember because lots of what we blame on higher weight or obesity, and that's kind of a problematic word, so I use words like higher weight or bigger body. Lots of what we blame on weight in adulthood is really, to me, linked more convincingly to other things. To adverse childhood events that kind of chronic toxic stress on the body. And if we look at those first four or five, the long bars, in terms of our impact, positive impact on health, those are all about social relationships. So we find that social relationships, that connection piece, is really heart healthy. And the arrow shows that body mass index or being lean versus in a bigger body has much less of an impact on health than what we sometimes think it does, if we listen to the news and lots of what we hear on social media. So again, it is really heart healthy to focus on things like social connections, relationships and resilience.

[00:08:02.170] - Katja Rowell

I also want to point out that a lot of what we worry about, which gets us into some of these feeding battles, maybe we don't have to worry so much and/or we can't control it so much. So I'm going to spend a little bit of time talking about weight and growth, because I think that when we think that kids are too big or too small, that worry leads us into some of these practices that invite conflict and are counterproductive that we're going to explore.

[00:08:34.210] - Katja Rowell

So bodies come in a range of sizes as Dr. Williams quoted earlier. We can feed kids the exact same way and they're going to look different, their bodies are going to look different. That's a bell curve on that top right, where we see - you're having sort of memories to biology or statistics class - most of us are going to be kind of around that average middle of the bell. And then some of us are going to be bigger than average, and some smaller than average. That's just biology. Also know that there are in terms of looking at the growth charts and the cut offs, that there are differences in terms of ethnic and racial trends. So some of these times when you go to the doctor and they say oh, they're in the overweight range or the obese range or the underweight range. Those labels can be really anxiety provoking and problematic. And sometimes I want to reassure people whenever we don't have to worry about something. And it really surprised me to see that from age 0 to 6, those BMI cut offs are not at all accurate. They only are 41% accurate in reflecting fatness, which is what BMI seems to want to say it measures.

[00:09:50.390] - Katja Rowell

So I just want to kind of throw out there that those can often be scary, those labels and those cut offs, but they're often not accurate. And then that anxiety can lead us to getting into trouble with some of our feeding practices. When he turned eight, he gained weight and grew into his square Mayan body. He was around the 85th percentile, and the doctor got really nasty about it. For two years, he kept talking about it and wanting Rick to go on a diet. This was a mom I interviewed for *Love Me, Feed Me*,

and Rick was Central American in terms of his ethnic background. And Rick was sleeping well, he was in wrestling and soccer, very active. Eight kind of exemplary diet, and 85th percentile is the cut off for overweight. So this clinician was just looking at this number and that label, totally inappropriate label that implies a health risk, that just wasn't there. And then advocating for something that was very likely to backfire. So there's a whole lot of problems with how I believe the medical profession looks at weight, both underweight and overweight, and sometimes not in helpful ways. So not all children will or should grow in the normal range. And these cut offs can add a lot of fear and not often a lot of helpful information.

[00:11:18.650] - Katja Rowell

Growth is way more complicated than those tidy curves and cut offs imply, and a lot of kids are being mislabeled, and that leads to worry and harm. I'm sharing this with permission. If you're on Instagram, Fix the Faucette is one of my favorite kind of just fun things to follow. The woman on the right is the author, and their twins. And the one on the right failure to thrive underweight, and the twin on the left was very likely, knowing what I've seen with these charts and cut offs was very likely in the overweight range. And so you have kids in the same home, the same gene pool, even growing vastly different. And then as adults, they're both within a quarter inch of height. So I think that's kind of a really fun, it's not a tidy process.

[00:12:11.690] - Katja Rowell

And this is what I call this the worry cycle, where we have children who may be challenging to feed for any variety of reasons, whether it's brain based differences or a tongue tie or reflux, or they're bigger or smaller than average, and then there's that fear around it. And we have worried parents. For me, this was how the dynamic worked. And I think a lot of parents have told me, wow, this describes where we've been. We have worried parents who aren't getting a lot of great information, or maybe even getting bad advice. And then we try to get kids to eat more or less, to weigh more or less, and it backfires pretty spectacularly. So the more we try to get kids to eat more or less or more vegetables to impact their growth, the worse things tend to get. And this is backed up by research, and it's also a barrier to that connection and trust. Lots of things can impact growth and weight. It's not just how much kids are eating, and food security is a big one that we're going to look at. Lack of clean drinking water, sleep impacts growth and cortisol, adverse childhood events or early adversity, how they were fed, if they were pressured to eat or restricted, or if they were punished with food withheld. A big one I think unfortunately also is relating to weight stigma that kids in bigger bodies are often told to eat less or restricted. They might experience bullying. Another one is puberty. Puberty is a very risky time for inappropriate intervention. So we have weight gain usually happening in those pre-puberty years, between years. So the child who maybe was quite lean, suddenly at 10-11 gets a little belly and maybe goes up on the growth chart. And then we have adults getting really worried that oh, now they're on their way to obesity or being in bigger bodies, and so we have to get them to eat less. And that's the typical growth pattern often is getting a little round before the height growth spur. And kids gain about half their adult weight in puberty. So just being aware that this is coming, and to help sort of relax and realize that that might be what's going on. Also know that black girls and Hispanic girls tend to go into puberty earlier. So you may be seeing some of this as early as age eight or nine, and to just take a breath and continue to feed as best you can through this. We'll talk about why trying to get kids to eat less often backfires.

[00:15:05.800] - Katja Rowell

So other things like fetal alcohol spectrum can affect growth. They often aren't on the small side and have difficulty with feeding and growth early on. Very low iron can impact appetite pollution, lead, lots recurrent ear infections and antibiotics can impact all of this as well. So lots of things go into it. But so often the first thing is like, get them to eat less. Another thing that parents often worry about is nutrition, and there is that worry of gosh, I have to optimize nutrition for brain function or immune health, and I think that this is the way to improving nutrition. But often the worry makes it worse. I have to put spinach in my smoothie. And so now we're fighting over a few sips of that green smoothie instead of getting all the benefits from, like, a pink smoothie, which - our morning smoothie, my daughter is not much of a breakfast eater - so every morning we split, and it's just milk and a splash of cream, some frozen strawberries, frozen bananas. And so with that, we're enjoying all of these wonderful benefits. But if I'd thrown a handful of spinach in there, we may lose out on even a pretty

good nutrition. And there's just a lot of worry right now around protein and sugar and vegetables. And again, if I had more time or there are lots of resources to share about how most of the time, even picky eaters get enough protein and we can talk about it at the end. And I added some resources on the slides that you'll get access to about why sugar is not actually addictive, and how a lot of our worry and restricting sugar makes that preoccupation even worse.

[00:16:54.950] - Katja Rowell

Also recognizing that how young children eat looks very erratic, and it looks like they can't be trusted. So this is how young children eat. They don't eat like that pretty plate on the bottom. They're not eating half of their plate of fruits and vegetables, and then 30 percent of protein and starch - the other percent, whatever the percent adds up to 100 percent. That's just not how young children eat. They might eat four clementines and chicken nugget or three one meal. And then the next meal, they're going to eat one bite of graham cracker and a blueberry. And then the next meal, it might be two whole slices of pizza. And the next meal is one little bite of ramen. And then it's three bananas and some yogurt. So they're picking and choosing. This is maybe where the word picky comes from, often just eating from one or two food groups, or one or two of the things that you provide. Bigger meals, smaller snack, bigger snack. And that if we average it out over a day or a couple of days, that we usually see kids eating from all of the food groups, and getting kind of more of a balance. But if we try to make every meal or snack balanced, we're going to likely get into battles that backfire.

[00:18:17.070] - Katja Rowell

I do want to specifically talk about kids in bigger bodies because we know that children in care, we do see more kids in bigger bodies than in the general population. And I really want to address a myth that I think is really dangerous, and it's understandable where this comes from, but this sense of like, well, obviously this child was not food insecure. They had more than enough food. And that's a really dangerous misperception. We actually see that food insecurity - so not getting enough food on a regular basis - we see an increased rate of eating disorders and increased binge eating and five times higher odds of being in bigger bodies. And they use those cut offs. So we see that food insecurity is very much linked with kids and adults being in bigger bodies. And that's a totally understandable thing in terms of binge eating. If you're a child, and you don't have control or even the understanding of when food is coming, let's say it's been several hours or longer, and then you have food, it's actually really adaptive and positive and understandable then, to eat as much as you can in that setting. Restriction in dieting, trying to get kids to eat less. Or we'll talk about what that means exactly, we see that linked with bigger bodies. So we have research that talking about weight. Even if we're trying to be kinder and gentler about it, we want to eat balanced to make sure we have healthy weight. Things like certainly teasing and unfortunately, like a third plus of kids and bigger bodies are teased by family members. It's one of the main reasons kids are teased or bullied in school. So we see all of that associated with increased disordered eating and dieting, which is associated with higher weight eating disorders, depression, all kinds of things that aren't about being our happiest and healthiest.

[00:20:17.670] - Katja Rowell

I think we're moving away from diet language. You might hear some pediatrician or instagram someone say, well, diets don't work, but it's a lifestyle thing. So things like there was a Weight Watchers or wellness app for kids, using basically the red light, green light, or running out of their favorite foods, or making kids wait 20 minutes per second, or pushing water, having the meat, vegetables first, pre-plating portions, using smaller plates. Sort of all of these things that sound like a nicer way of trying to get kids to eat less, to weigh less. They backfire when I've worked with clients. And so even in teens we have good research that these sensible measures like those I've mentioned above, we see more disordered eating and actually weight going up, compared to a group of teens that was not trying to eat for weight control. So, as with everything, you know, how your child reacts is the main thing. So if you are doing it where you ask your child to wait 20 minutes or, you know, put a plate of vegetables out while you're finishing cooking and your child is doing great with that, then keep doing it by all means.

[00:21:34.220] - Katja Rowell

However, if something like this happens: this was a mom who shared at 7, daughter was 7, our doctor said she was almost overweight and recommended portion control. When we started limiting

portions, things spiraled out of control. Now she is gaining quickly and is getting more obsessed with food. That's covered for me, so I don't know the exact words. But we see this just kind of one comment of almost overweight, which drives me nuts because we will often see again for kids, they'll gain a little bit of weight and then they'll have a height growth spurt. So that's not a diagnosis, almost overweight. So the portion control recommendation which sounds really reasonable, that really backfired with this family. So a responsive approach. So that's kind of some really quick background that is not everything, but gives you some background for when we also get into this section and a Q&A. So a responsive approach, now we're getting more into sort of what do we do? This applies, what I love about it, is applies to your 3 year old, 13 year old with obviously developmental differences, but that basic philosophy holds. And you can feed every child at your table with the same philosophy, whether it's your biological child, foster, adopted obviously with flexibility and accommodations.

[00:23:08.090] - Katja Rowell

You can feed a bigger child who is picky or overeating, and I'm doing air quotes for those listening on podcast, or you can feed an undereater or an underweight child with again the same underlying philosophy, because it's really about setting the environment up so that their internal cues for hunger, fullness and sinking into that felt safety are supported. And it helps in terms of, you may have heard the words intuitive eating or eating competence for adults, I believe this is the way to get there. And that focus on felt safety and connection helps with sort of, what do I do in this moment around eating? So if you have children leave the meal, and you have a food preoccupied child and it's a 90 minutes standoff, maybe that's where you can use something like a baggie with a stash to move on and help them to stay in felt safety and support your routine. One mom just said, you know, just everything I do, whether it's around food or not, I just asked is this growing connection or is this growing conflict? And to some degree we can apply that with food as well.

[00:24:33.280] - Katja Rowell

We can support appetite and blood sugar and decrease anxiety with flexible routine. So this is getting into sort of okay, what do we do? So a flexible routine can be super, super helpful. And especially if you have a food preoccupied child, or one who came from neglect, you think about the food so it frees them from having to do so. You're offering food every 2 to 4 hours. It may even be more frequently, if it's a child who's first with you, or if there is this food preoccupation you're trying to heal from. Also often when a child is smaller than average, you might have gotten the advice well, just let them eat whenever they want or follow them around with some Pediasure and a sippy cup, and whenever they're interested, try to get them to eat. That often backfires, in terms of helping children eat to fullness and not just kind of have a little something in their tummy at all times which can cut down on that actual appetite. So the routine supports appetite, offering mostly water in-between. And also in terms of building in that routine, thinking about how can I help my child come to the table with that calm body and mind as much as possible. So building in some sensory time, in terms of does a child need a little bit of quiet time? Do they need some screen time? Do they need to swing on their swing or bounce, or do they need time with me to co-regulate? So trying to figure out how to help children come to meal times, as often as possible, in that felt safety zone is helpful.

[00:26:07.270] - Katja Rowell

Also important to reduce that anxiety and conflict. And for you, I've been at those meal times when we were struggling, where I was in myself kind of anxiety and upset. And that's part of why I try to give reassuring advice and sort of let's let go of what we can, because it helps us to come to meal times where we're not panicking about what they are or aren't eating. So we can offer that connection. So letting children choose or have control where we can, supporting their autonomy is really, really important. And family or buffet style serving, which we'll get too soon, is one of the number one tips that helps. Because if you're putting a pre-plated meal down, for many kids the battle starts right there. Because they don't want to eat. That's touching that, do I have to eat that? How many bites of that? It smells. And so we often can decrease a lot of those battles with self serve. We might offer choices. So when it's menu planning or we're having stew, would you like a roll or would you like rice or noodles, or what would you like with that? So if that works for your family, offering some choices as appropriate. Another super helpful tip, particularly if you have a sensory picky, selective eater, or they're gagging a lot, is to have a paper napkin at the table. So if they're putting something in their

mouth that they get to discreetly put it out. A smaller child toddler may be able to just lean forward and spit it out. But some children are more likely to put something in their mouth if they know they won't have to swallow it. Something like a dry erase board or a visual schedule. Or for older kids, apps can be really helpful. So they know, okay, in 2 hours or after school I'm going to have my goldfish crackers, or we're going to have mini pizzas and fruit or whatever it is, they know what's coming that can really help decrease some of that anxiety. And again, if you have brain-based differences, you may be reteaching expectations over and over again, simple and clear instructions. And that may look different, based on the age and child. But it is okay to have expectations around meal times.

[00:28:35.250] - Katja Rowell

Sensory comfort, think about the sounds and the smells to help. Some kids get really activated by smells or listening to someone else chewing. So something like having a seat where they're propped up the back of the chairs against the wall so they can tuck their feet under them, or a bench or a weighted blanket. Certainly dangling feet for toddlers can be really sort of activating. Having a fidget, allowing older children or allowing children to stand and sit down if their bodies need to move. Expecting a mess, and eating with their hands. In terms of like manners, I sort of say if it's not screaming or hitting the dog or something that's hurting someone or connection, letting go of worrying about manners. So kids will often want to explore food with their hands, and especially if they're sensory or picky, that can be really important to learning to like new foods. Also can be really helpful to ask kids, especially older children, what would make this meal better for you? Do they have favorite foods? Do they have familiar foods that you can add into the routine? And it may be as easy as the dishwasher is driving me nuts, can we run it after the meal? Or they're getting distracted with the cat in the room or whatever it is, or I just want ketchup. Asking can be really respectful.

[00:30:06.930] - Katja Rowell

I'm not going to talk a lot about the food stash, but there's an article link here that you can look into about having their own drawer, or their own food to take with them. But if you are letting them carry food around or having a mini fridge in their room or whatever it else it is, also having food come from the adult at regular intervals is really, really important. So it's not one or the other, that's in addition to meal and snack times. Eating together is associated with lots of benefits. So if you're not doing it now, think about starting with a snack or a weekend breakfast and building on a positive experience. Whatever you're eating now, eat it together. One loving adult eating with a child counts as a family meal. That's family or buffet-style is where the food is in the middle of the table and children serve themselves. And there are ways of modifying this. So let's say it's taco night and everyone sees the taco meat, it's their favorite, so that you might actually serve out, so that they know they're going to get their share, and then fill up with more of the affordable foods. You might have more tortilla chips or cheese or lettuce or whatever it is. And this is a huge game changer for lots of kids. As Sky Van Zetten wrote, once her son was given the option to put things on his plate, and with permission to do what he wanted, family meals immediately took a turn for the better.

[00:31:38.590] - Katja Rowell

And I'm running out of time, so as I usually do, so I'm going to skip a little bit, but sweets and treats is another big one. So the number two piece of advice is to serve sweets or dessert with meal time. So they don't have to eat something to earn dessert. That knocks out 90% of the negotiating. And they will eat dessert first for a while, and then often go back and forth. And I've added a link here too, where you can read skeptical parents on how they felt about dessert with the meal on my feedingdoctor.com blog, so you don't have to take my word for it.

[00:32:15.980] - Katja Rowell

Also neutralizing our language around food. We want to decrease shame and blame. So we're going to say things like that's cake or candy or prepared food, instead of using words like junk. Because shame blame never helped anyone do better with eating. And then if those are foods they enjoy, or they had with their birth families or first families, or they're going back and forth with family visits, we don't want to shame or blame food or bring that into the picture at all. I've already shared some helpful phrases, things like saying "soon," "so let's save that for snack," "you don't have to eat anything you don't want to." So that having some of these phrases to diffuse conflict, instead of saying no can be really helpful. And in my book and on my blog, I often will pull those out in bold. When you're

adding variety, always, every meal and snack have something the child usually eats, even if they come to you eating five things. One of those five things, or two of those five things needs to show up, so they know that's felt safety. They know they can eat something. And we're going to pair new with familiar foods. So we're going to add blueberries to their French toast fingers. And recognize that it may take a long time to branch out to new, and they may surprise you. The pickled ginger at a restaurant or something that you don't expect them to eat, try to just offer that opportunity and let it unfold.

[00:33:52.570] - Katja Rowell

There are lots of ways to bridge to different foods. I'm a huge fan of condiments, so if they like anything like ketchup or sprinkles or yogurt or even whipped cream, brown sugar to dip strawberries in, anything, a flavor that they like can help them bridge to new things. If they like crunchy foods, you might do freeze dried fruits and vegetables, or add crunchy things to foods. And there's more information on [extremepickyeating.com](http://extremepickyeating.com) blog for things like these bridges. Anytime they can do it themselves, there's that autonomy piece: spreading, dipping, sprinkling, they're more likely, but not guaranteed to try those foods. We can support nutrition with fruit. If they eat any fruit, that's awesome. They have a lot of similar nutrients to vegetables. Don't worry, it doesn't all have to be fresh. Organic canned fruit cups, freeze dried, frozen, frozen right in the cup are often things that kids will try because they're predictable and familiar often. I'm not a fan of sneaking, so I don't recommend sneaking because you could lose the food that they eat if they figure out that you've put something into it.

[00:35:10.610] - Katja Rowell

And the final slide is just remembering what we've been talking about, that health is more than vegetables. It's all of these things of unconditional support and love, finding movement, yoga, singing, dance. Maybe OT has some therapy that helps, social connection, volunteering faith, that all of these things help kids do better in terms of their health. And also, I think, help them tune in better to hunger and fullness cues. So that's it. I went a few minutes over since I didn't start right on time, but I'm going to open it now. These are some of the resources I have. [Extremepickyeatinghelp.com](http://Extremepickyeatinghelp.com). Sorry. No, that's wrong. Do not look that one up. [Extremepickyeating.com](http://Extremepickyeating.com). That domain has gone away. So [extremepickyeating.com](http://extremepickyeating.com). I have a new edition of *Love Me, Feed Me* coming out shortly before the new year, and lots of resources on [thefeedingdoctor.com](http://thefeedingdoctor.com), and articles that I know Lisa will make sure you all get. So I'm going to finish now and stop sharing, and then we'll open it to Q&A.

[00:36:24.170] - Lisa Qualls

Well, thank you so much. That was a ton of information probably everybody was thinking the same, like, wow, that's a lot.

[00:36:31.860] - Katja Rowell

I know it's my problem because there's so much, and I hope that we can circle back and touch on more of this in the Q&A. So I know that was a bit of a fire hose.

[00:36:46.610] - Lisa Qualls

It was helpful, yes, very helpful. Thank you so much. And for those of you listening on the podcast, a number of the resources that Dr. Rowell presented to us here during the workshop, we will have those in the show notes so that you will be able to find them as well.

[00:37:07.350] - Melissa Corkum

We are so thankful for the amazing guests who share their wisdom and expertise with us. Adoptive parenting gives us both the challenge and the opportunity to keep learning new tools and perspectives.

[00:37:18.330] - Lisa Qualls

If you'd like to hear more from our guests and get support on this topic, all of our workshops, including the Q&A's, are available to folks inside our group coaching program called Reclaim Compassion. To learn more, go to [reclaimcompassion.com](http://reclaimcompassion.com).