

[00:00:00.840] - Melissa Corkum

Is your parenting journey turning out differently than you imagined? It's never too late to begin your family's transformation journey.

[00:00:09.090] - Lisa C. Qualls

Welcome to the Adoption Wise podcast, where you'll rediscover the confident and connected parent you long to be. I'm Lisa C. Qualls W.

[00:00:17.780] - Melissa Corkum

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:25.230] - Lisa C. Qualls

Welcome to episode 245 of the Adoption Wise podcast. We have two very special guests with us today, Dr. Jon Baylin and Jessica Sinarski. Melissa and I have had the privilege of having extensive discussions with them about blocked care, and we'll be sharing much of what we've been talking about with you today. This is the first time we've ever had four of us together on one podcast episode, so we will try not to make it more confusing, but I think you're going to be able to tell all of our voices apart. So first of all, thank Dr. Baylin and Jessica, for being with us today.

[00:01:04.160] - Dr. Jon Baylin

Thanks for having us.

[00:01:06.310] - Lisa C. Qualls

Dr. Baylin, would you please introduce yourself to our listeners?

[00:01:11.250] - Dr. Jon Baylin

I'd be glad to. Glad to be here. I'm Jon Baylin, officially Jonathan Baylin, although it's usually Jon Baylin. I'm a psychologist. I've been practicing psychology, I hate to admit, for something like 50 years. And for a lot of those years, least the past 20 years or so, really been focusing a lot on working with parents and children, and had gotten very interested in working with parents who have children who may have experienced a trauma earlier in life and spent a lot of time trying to understand both what happens from early life trauma and what it's like to be a parent to children who have learned to be pretty defensive.

[00:02:00.160] - Lisa C. Qualls

Well, I personally appreciate the fact that you are interested in the parents as well. So thank you for that. Jessica, would you introduce yourself and also just tell us how you're connected with Dr. Baylin?

[00:02:12.280] - Jessica Sinarski

So my background is also on the mental health side of things. And I guess around the same time as Jon, I started working in, specifically with trauma. So I don't have 50 years of experience, but the last 20 years have been working with developmental trauma and I learned very quickly that I didn't know what I needed to know to be helpful. I was working in the South Bronx at a foster and adoption agency, and I have always loved learning, and so was just soaking up everything I could find to see what was going on with these fractured relationships and kids who were in foster care, then having kids who were in foster care. There was just so much heartbreak, and it seemed like everyone in the picture was stuck. Well, in 2010, I moved to Delaware, and I feel like the luckiest thing that ever happened to me was I went to this workshop with Dr. Jon Baylin, and he was sharing about this new book, *Brain-Based Parenting*. What he was saying just was a-ha moment galore for me around what I was seeing happen with the kids and families that I was working with.

[00:03:31.630] - Jessica Sinarski

He mentioned in that workshop that he did a brain study group with local therapists, and that sounded interesting to me. I asked if maybe we could start one up or if I could join in or something. Things, nothing happened with that right in that moment. And then the next time I saw Jon, I said, Hey, what if I organized it? So I organized it. And the very first year that we got together, now this was over 10 years ago, with some local therapists and social workers, we met in Jon's house. I had my newborn

son in tow. So we were having all of these rich conversations about brain development and the parenting brain and trauma's impact on all of these things as we had this little object lesson in front of us at the time. Then over the last 10 or 11 years, we've worked together more and more. The way that Jon brings neuroscience into practical terms has really helped me as a therapist. Then I feel like we team up well to translate that for the masses in really plain language and picture books and those kinds of things.

[00:04:58.460] - Lisa C. Qualls

That's wonderful. Thank Jessica. Well, the book *Brain-Based Parenting*, definitely plays a part in mine and Melissa's whole interest in blocked care and all of the work that we're doing right now. Many of you may have heard me tell this story before, but way back before I even knew it had a name, I was observing something in myself, and I was observing it in parents I was working with and supporting where their relationship with their child did not feel right. And these parents were struggling to stay in any kind of connection. And it was so disheartening for them. And I was doing these breakout sessions at conferences called "When Your Heart Feels Trampled," because it was the best description I had at the time of what this felt like. But I didn't know it had a name until one day when Melissa called me and she said, Lisa, you're not going to believe this. Listen to this. And she read part of *Brain-Based Parenting* to me and came to the phrase, blocked care. And I am not kidding that I actually started to cry because knowing that someone really smart, for one thing, had given it a name and that it had a name and there was a reason for it, it just all felt so much... It's like the shame began to lift even right then, and I began to have more hope. And so that was the whole beginning of learning about blocked care for me, and really for Melissa, too. We about it together. Jon, I would love to hear how you even, I don't know if discover is quite the right word, but how you recognized blocked care, what you were observing, and how you even named it. Can you take us back? I don't know how many years that takes us back.

[00:06:47.770] - Dr. Jon Baylin

Well, it goes back a ways. I mean, I sometimes like to say I invented blocked care, but that doesn't sound so great. I think on my tombstone or something. He invented blocked care.

[00:06:58.510] - Lisa C. Qualls

I do think you're the father I've blocked care. I don't know if that sounds good either.

[00:07:02.390] - Dr. Jon Baylin

I named it and probably already had some fancier names, technical things like burnout or, I don't know, caretaker stress and that kind of thing. Maybe it really goes back 20-some years because I was starting to study about the brain. I got so fascinated with the neuroscience and all the new things that were starting. The neuroscientists were starting to learn and reveal about the brain. And because I was interested not just in everything about the brain, but the brain and attachment, and the brain and parent-child relationships. So somewhere about probably 15 years ago, I met Dan Hughes, who developed what's called DDP, which is like an attachment-focused therapy. Well, when I met Dan, I was carrying a big book. It was a big book. It weighed a lot. And it was a book. It was an edited book with all these chapters from a big conference in Boston on the neuroscience of parenting. It was like, Whoa, wait a minute. You mean parenting is a brain thing? And in that book, I started to read first not about humans, but about a little other little mammals, mice and rats, prairie voles, and particularly other little mammal mothers. And lo and behold, it turned out they'd found out that they had a brain system dedicated to caring for the young.

[00:08:50.220] - Dr. Jon Baylin

Then I learned that it could be switched on and off. That was very interesting. Those researchers could actually turn off the care system a little mother animal, and the animals, the little pups, little babies, would start to go into failure to thrive. And then they could turn the mother's care system back on. And all of a sudden, she was caring again and nursing and they came back to life. She brought them back to life. That helped me realize this caring brain. Caring is a brain thing, and it can be on and it can be off, and it could be somewhere in between. And also that research showed that a lot of stress in the parent could suppress or shut off the care system. So a lot of that came from basic, this new research about what's going on between, particularly, mothers and pups, because sad to say,

only in about 10% of mammals are the dads in on the caring. Fortunately, we're one of those species who can do both. So then there was a moment now I met Dan, I showed him the book. He said, Why are you carrying that?

[00:10:04.720] - Dr. Jon Baylin

I said, Because we have to learn about the parenting brain, Dan. This is where it's at. And then not too long after that, he was doing some training, and we were watching a video together of a mother who had had to... Her child had been taken from her as a young child because she was a heroin addict. And she was being interviewed on the tape. We were watching. And I could start to see that for a little while, her care brain would come on and she'd be feeling everything about the child. And then it would go blank. It would go away. And then it would come on again, and then it would go blank. I remember sitting in this room when I turned to Dan and I said, She has blocked Care. I think that's the first time I named it. We started talking about that, and pretty soon we figured out we were doing a book. We're going to do a book together about the parenting brain. The main chapter is going to be that blocked care, which I hoped would have the effect, Lisa, that you beautifully described, that it helped to lift something off your - a weight off you. Because what I was meaning to convey was a natural reaction to parenting someone who's mistrustful and who's not readily accepting your care, is to go into a stressed state and even a self-protective state, and that could suppress your care system.

[00:11:36.480] - Lisa C. Qualls

I have never heard that story, so thank you for sharing that. I mean, it's because this has become so important to us, it's really special to get to hear that story.

[00:11:47.080] - Dr. Jon Baylin

Yeah, it's special to hear how you took in that story.

[00:11:51.100] - Lisa C. Qualls

Yeah, it touches me even now. So thank you. So Melissa, do you want to talk a little bit about how we connected with Jon and Jessica, and why?

[00:12:02.980] - Melissa Corkum

Yeah. So as we started speaking more about something we now knew had a name and talking about what does it look like, practically, to prevent and overcome blocked care, we would get these questions of everything you're describing. I resonate with that, but could it happen between me and a spouse? Or I think I'm seeing what you're describing between siblings in my household. Can blocked care happen between siblings? Or how is this different than compassion fatigue or some of those other terms, Jon, that you mentioned earlier? And I remember just being like a deer in the headlights. I don't know. We didn't coin this. We're just talking about what to do about it. And we would stumble around and say, Well, our best guess is, or we've seen that, too. And eventually Lisa and I were talking, we're like, Well, honestly, we should probably try to get in touch with the people who wrote the book that we read and see what they... What would they say to these questions? We had already known Jessica, who knew Jon, and we said, Do you think you could call in a really big favor and see? And it was really fun to find out that these were questions that hadn't been answered, and that there was a conversation to be had.

[00:13:35.570] - Melissa Corkum

Dr. Baylin and Jessica were gracious to give a fair bit of time to just tossing these things around and really thinking more deeply about what is going on in the nervous system, what are the differences between, like Jon, you mentioned, particularly a mother caregiver, the developing nervous system, all the different dynamics and relationships. We really tossed around all types of things. I think what we came up with is helpful to the conversation and helps to clarify some things.

[00:14:10.880] - Jessica Sinarski

Yeah, I agree. I was reflecting on all of this recently because I've been talking a lot about blocked care this month. I was thinking, I'm glad that you guys pressed in and said, Hey, can we drill down a little bit and see what is different about the parent-child relationship? What is happening between siblings? As Jon and I have worked together over the years, one thing that we would talk about a lot, I think we

both used the term blocked care pretty liberally around a little bit of blocked care or that a therapist might go into blocked care with a parent they were working with. It tends to be easy for therapists to hold compassion for the kid that they see once or twice or three times a week, but it might be harder to hold compassion for that parent who is struggling. I think through our conversations, the four or five of us, as Amy Morgan jumped in on those as well, I think what emerged from the last six months is a lot of clarity around the definitions and the reason that those definitions are important, even though it might be a little bumpy to switch over to using them carefully.

[00:15:31.980] - Lisa C. Qualls

Jessica, before we go into the different categories or distinctions, we may have some people listening who are brand new to our podcast and actually do not know what blocked care is. Can we start, can you give a basic definition of it?

[00:15:50.300] - Lisa C. Qualls

Is your adoption journey turning out differently than you imagined? You had so much love to give, but now you feel ashamed and bewildered by your lack of compassion. You may be experiencing blocked care, a self-protective mechanism in your nervous system that makes it difficult to connect with your child and maintain compassion. When this happens, it's like your heart seems to have left the relationship. But the good news is you are not a bad parent. You can heal from blocked care and compassion can be rekindled in your heart.

[00:16:30.680] - Melissa Corkum

This episode is sponsored by our book, *Reclaim Compassion, the Adoptive Parents Guide to Overcoming Blocked Care with Neuroscience and Faith*. This practical and powerful guide offers a simple step-by-step process for reclaiming compassion for your child and yourself. Included in the book is a blocked care assessment, which is now free to you, our listeners. You can take the assessment at reclaimcompassion.com/assessment.

[00:16:51.730] - Jessica Sinarski

Blocked care, as coined by Dr. Jonathan Baylin, is a protective mechanism in the nervous system. Nervous system is that brain-body connection. It's a protective mechanism that suppresses some of the higher brain functions needed for caregiving. That's what Jon was describing with the other mammalian studies, that you can see caregiving turn on or off. So thinking about blocked care as not just those transient moments of, I'm grumpy with somebody, or as I talk about a lot, that I'm in my downstairs brain or something like that. When we're talking about blocked care, we're talking about a more pervasive state, feeling like it's hard, as you described, Lisa, parenting when your heart's not in it. What we would see a lot, what I would see a lot in my practice is, sometimes it's anger at that kid who seems like they're not cooperating or whatever. But so often it's shame or even apathy in a parent where they're like, They can live in my house till they're 18, but then whatever, they don't care, so I don't care. And that is so hard for everyone involved.

[00:18:13.120] - Lisa C. Qualls

It really is. I mean, a lot of what I felt like myself was like, Who have I become? I've been a mom for 20 years, and what is happening in me right now does not even feel like me. And will I ever find that mom that I've always been? Will I ever find her again? And we definitely hear those kinds of things from parents.

[00:18:35.590] - Dr. Jon Baylin

Yeah, build on that some more. So beautifully said. And Melissa, Lisa, I really take that in because I think with the feeling, if you don't know what's going on, you feel like you've lost yourself. And particularly if yourself has been this kind, caring person, and that's the self you have really known, and that's the self you have maybe been as a parent. And now all of a sudden, you're feeling something very alien and strange to you, and try to make some sense of it. It's often just going to cause shame and frustration. And it's like, Where have I gone? Where is my love gone? And so part of what I really wanted to try to explain, because I think I really was understanding this, is your love hasn't disappeared, but it's hiding. It's covered up by a different emotion, a different state of mind and body. Because then I started to realize that we have transient moments of not caring. I have to admit, as a

pretty caring guy, I have moments every day when there are things I'm not caring about because I might be irritated or I might be frustrated. It's not full-blown loss of care.

[00:19:57.270] - Dr. Jon Baylin

But it helps us understand why care when we tune into those little moments, because in those moments, our care has left the building for moments until we recover it. It helps us understand that caring is a particular brain state that we have to have some sense of safety to really be in it robustly. If we're not feeling safe, then we're going to lose some of that caring because we've got to protect ourselves. We can travel many different places in ourselves, and that's part of understanding blocked care. The other thing I'll just say, and then I've gone on too long. I've been really interested in the idea of, where is my kid in my parenting brain? Where am I holding that kid in my brain? I've been thinking way more about that because if my child is somewhere in my brain that's making me stressed out or defensive, then I'm going to have those feelings towards the child. Can we translocate? Can we migrate each other in our brains and move our children to more of a compassion state? That's something we can really think about. That's a goal.

[00:21:17.040] - Lisa C. Qualls

Right. Yeah, that is so, so good. Well, Melissa mentioned that as we've been teaching more and more about blocked care, that we started getting all these questions. I'm so pleased, actually, with the result of all of our conversations that we think we've actually defined things in a way that will be helpful to people. So, Jessica, would you talk about the two... Are we calling them categories? The sort of two types? No, it's not types because we already have types. The two categories of blocked care.

[00:21:50.970] - Jessica Sinarski

I think that's what we landed on. The two categories of blocked care that are important to distinguish are primary blocked care primary, and secondary. Primary blocked care is experienced by somebody who is a primary caregiver, i.e. a parent, who provides fundamental life-sustaining care for the well-being of a child. What makes it primary blocked care is that that relationship is not optional except under extreme circumstances. For both of these categories, I should say we're talking about adult to child relationships because that caregiving and brain development, all of those dynamics went into thinking through what is what, that it's different from compassion fatigue and it's different from burnout because for a child to develop a well-connected, robust, mature upstairs brain, a functioning adult brain that is not constantly in protection mode, they need connection to someone else's upstairs brain. And so that makes this a different experience. Primary blocked care is what we see for adoptive parents or step parents or any primary caregiver or parent.

[00:23:36.790] - Jessica Sinarski

Secondary blocked care is also really important to understand. This is blocked care in an adult with a role that doesn't have full responsibility of sustaining the life and well-being of the child. So think of teachers, daycare providers, residential treatment workers. Part of what makes this different and requiring that different category and compassion and understanding. It's not to diminish what a teacher might experience, but that relationship is not permanent and can be ended by the adult who is experiencing blocked care. They may be able to hold it out until the end of the school year, and then that kid goes on to the next class, or they can switch jobs or transfer that kid out of their unit on the residential ward or whatever it is, where that is not the case as a parent. Even if you are parenting a child who needs out-of-home care for a period of time, you are still their parent. As I know, you two women know very, very well. That has a different impact on the nervous system. Jon, when you were talking about parenting being impacted by stress and our caregiving needing some sense of safety, that those are two things that are impacted by that permanent or not permanent status, that level of desperation that can happen when you're like, I don't know how to parent this kid. I'm doing all the things I know to do and nothing's changing, and I'm getting nothing back, and my heart is breaking.

[00:25:06.920] - Jessica Sinarski

So my pain response is going to kick in and protect my heart. And I'm going to stop giving good energy after bad because it's not working. That's not rational. We're not thinking that through. But that's what our act without thinking part of our brain starts to do. So we start kicking into those more primal parts of our brain that shut down and distance and maybe even lash out at that source of the

pain, which so often is a kiddo who is experiencing blocked trust.

[00:25:43.930] - Dr. Jon Baylin

Yeah, I think the bigger the bond, the bigger the blocked care can be. There's no bigger bond, I think, than parent to child. It's the biggest love, and it can be the biggest pain, when something's interfering with that loving bond. And you're in the same house often, go to sleep at night with that relationship. You don't go home from work and go to your own place. So there's this continuity of it. It's not so escapable. It's hard to take a break from it and come back to it. Yeah, that's the primary versus the secondary, I think.

[00:26:33.780] - Lisa C. Qualls

Yeah. One element of that that we see a lot with primary blocked care is parents feeling like, This is the rest of my life. I am committed to this child. This child is going to be my child. This relationship may never feel like what I had hoped for, and I'm not sure how to go on. I'm not sure how to persevere. A lot of times, I don't know if I want to. A lot of parents are like, Hey, I'm just hanging on until this kid is 18, and they are out. This is not about their character. This is not about, Are they a good parent or bad parent? This is about being in blocked care.

[00:27:14.350] - Jessica Sinarski

Right, it's a survival state. When you say it's not about their character, I think that's part of what is so helpful about what Jon has put into words. There is something happening. It's not them failing as a parent. Now, sometimes we then have to put our big girl pants on and figure out how we're going to find our way through, and we'll talk about that in a minute, I think. But it's not about... I think that dials the shame down. It's not that I did something wrong that I ended up here. This is your brain's natural response to threat, and we can learn to be the boss of our brains, again.

[00:27:52.170] - Melissa Corkum

Along with that self-protective mechanism, Jess, do you have the definition of blocked trust in front of you with all the other things? Could you talk a little bit about that?

[00:28:01.220] - Jessica Sinarski

Sure. Blocked trust is a pervasive state of mistrust that is experienced first toward a primary caregiver or parent. When we're thinking about blocked trust, we're thinking first about a child toward their primary caregiver, including step parents, kinship, foster, adoptive, bioparents, whatever it may be. It's a persistent state. Just like blocked care, we're not just talking about those moments of mistrust that always happen, but it's a persistent state that goes beyond those typical moments of discord, and that goes beyond what happens during developmental stages like toddlerhood or the teen years, where there's always some mistrust that's to be expected. Blocked trust, again, similar to blocked care, is that chronic, protective, defensive state that suppresses the social engagement or connection system in the brain, and it increases the need to control the interpersonal space. So think of things like disorganized attachment or keeping people at arm's length, like being the puppeteer of what's happening in your world. It's described sometimes as that electric fence around one's heart. I think what's so helpful in understanding this, again, as a larger concept is it's not this kid trying to be a bad kid, but it's really the nervous system suppressing our inherent need for comfort and companionship.

[00:29:46.640] - Jessica Sinarski

We're born needing, looking for connection, and blocked trust is the protective shutdown of that response that's often caused by abuse or neglect. It might also be related to medical trauma. I see that a fair bit, neurodivergence, other factors. We talk about blocked trust in terms of child or youth to adults, but the experience of blocked trust can have effects and patterns that last into adulthood. One of the things that Jon and I have been talking about a lot in our current Brain Study Group, 2024 Edition, is deeper understanding that parents who have experienced developmental trauma are at higher risk for blocked care, whether or not their kids have blocked trust, because that connection system, comfort and joy system, as well as a couple of other systems that we probably don't have time to get into today, have been impacted. And so when this intense, deep, long relationship of parenting comes along with its ups and downs, that risk of going into a chronic state of protection mode is higher. Not because you're a bad person, but because of how your brain's wired.

[00:31:14.960] - Dr. Jon Baylin

If childhood is extremely stressful and you have to start learning as a child to defend yourself, you can become exquisitely sensitive to any signs or feelings of rejection. And that just makes so much sense because even the young brain, little kid's brain, has to start sensing messages, cues from other people that are signals to your little brain about their safety or their trustworthiness, their approachability. And your little brain can be very good at starting to detect the earliest warning signs that you're about to get rejected, you're about to experience that. And that can become a chronic sensitivity that really takes some... really is challenging when it comes to parenting, because parenting gives you lots of experiences with potentially to take things personally. It really takes us there. We discover emotions that we never knew we had, don't we? You enter into that already with that exquisite sensitivity. That's not fair because that really makes it challenging to stay above, to keep your caring on board and to not take it personally.

[00:32:40.340] - Lisa C. Qualls

Yeah.

[00:32:40.960] - Dr. Jon Baylin

Yeah.

[00:32:42.220] - Lisa C. Qualls

Thank you. Jessica, could you talk about the third category that we have named?

[00:32:48.690] - Jessica Sinarski

Yeah, this was really exciting to come to because it's something that we talk about a lot, and I know you guys have found a lot between siblings as well. And so we went round and round and round and round, but we came to the conclusion that we need just a different category altogether, a different term. We would like to introduce to you today, blocked compassion. If we're talking about adult-to-adult relationships, like a therapist or social worker toward a parent, especially if a parent is in a state of blocked care, or I do a lot of work in the school space, I see this between a school counselor or principal toward a teacher. If a teacher is experiencing some secondary blocked care with a student, it's easy from the outside to say, Oh, you should know better. Blocked compassion is, again, a pervasive state of self-protection or defense mode in which compassion and caring behavior are suppressed or difficult to access. This goes beyond the typical transient moments of getting frustrated with somebody or feeling grumpy about some certain interaction. It can also occur in children, often toward a sibling or a classmate who is living in a state of blocked trust.

[00:34:16.420] - Jessica Sinarski

I think we talked about it might also be between partners or in other adult relationships where it becomes hard to hold, like Jon was talking about a minute ago, hard to hold that other person with compassion, hard to hold them in the part of our brain that wants to connect or wants to understand or wants to be curious still. That person starts to fall into our downstairs brain defense system. What comes out more are our protective states against that person. That's painful for everyone went involved and doesn't help. It often happens between people who are experiencing these other pervasive states of blocked care or blocked trust, and it certainly doesn't help that other person get out of that.

[00:35:14.920] - Dr. Jon Baylin

I would just add to that that one of the best ways to work on recovering from blocked care is to work on self-directed compassion because we can get blocked compassion for ourselves. In blocked care, we're likely to get blocked compassion towards myself, towards myself. One of the most important things to start with is compassion for yourself as you understand what blocked care is and why it's not about you judgmentally as a person. It's a state. We can extend that compassion to self-compassion, too.

[00:35:56.830] - Jessica Sinarski

I think even that's what you were talking about, Lisa, and Melissa, in hearing that this had a name, like

what you were feeling had a name that, as Dan Siegel talks about that, name it to tame it, that once you can name the thing, it's not what a client of mine used to say, What's mentionable is manageable. So once I can say, Oh, it's blocked care. Okay, that's what it is. That's a thing. And so I can reawaken a little bit of compassion for the hurt mom and maybe for the hurt kid and how we got into this whole state in the first place.

[00:36:41.200] - Lisa C. Qualls

Yeah. I think there's a lot of hope. Melissa, will you touch on a little bit of what we teach about how to begin overcoming block care, and primary or secondary, and blocked compassion, all of these things?

[00:36:56.640] - Melissa Corkum

Yeah. I mean, what Jessica just mentioned, what Dr. Baylin just mentioned, the compassion for ourselves. I think that mental space of being able to hold ourselves in our compassionate part of our brain. We talk a lot to parents about nervous system care, And we say it that way for a reason, because self-care has a lot of other baggage, if we will. And so much of what we're talking about is brain-based, right? Like thinking about the processes of caregiving and the way the brain works and the way the nervous system works. And so Jon mentioned earlier, we need a sense of felt safety to keep that caregiving on. And so how can we cue, how can we send those messages to our own nervous system to tell, if we actually are safe, to tell ourselves that we are safe and reawaken that compassion, be able to hold that curiosity instead instead of judgment.

[00:38:20.560] - Melissa Corkum

So there's obviously more than we can get into now, but that's the big picture. And I think, as Lisa just mentioned, if your head's swimming with all of these new terms and the different categories, if you're a parent in blocked care, you might be thinking, why are they even talking about this? When we're in blocked care, a lot of times our learning brain doesn't have the capacity to do a lot of things. If you're a therapist, you might be drinking it all in because these types of conversations energize you and light you up. But I think at the end of the day, if you're struggling in any of these states, primary or secondary blocked care or blocked compassion, more than being able to figure out which one you are in, what's more important is regardless of those three categories, this nervous system care that we're talking about, this idea of being able to hold compassion for ourselves, dig really deeply into our own sense of felt safety, is what helps us get back to being able to care in whatever capacity or whatever relationship we're experiencing it in.

[00:39:13.930] - Lisa C. Qualls

Thank you. Any final words as we wrap up this great conversation?

[00:39:19.620] - Jessica Sinarski

I appreciate you tying that all together, Melissa, because I could see definitions and words and new concepts feeling really overwhelming. So my mom heart is going out to all of the parents who are listening and maybe are feeling a little underwater with all of it. And I even just think about that sensory experience of like, it's all a little garbled. It's not making a lot of sense.

[00:39:49.780] - Lisa C. Qualls

It's like so many words.

[00:39:52.160] - Jessica Sinarski

You're in the right place with Lisa and Melissa. They will take good care of you. And that nervous system care is such a big piece of the puzzle, and finding other people who get it so that you're not drowning in more shame and guilt about what you should be doing, or how you're failing, or whatever. Lies are out there.

[00:40:14.950] - Lisa C. Qualls

Yeah, thank you.

[00:40:16.310] - Dr. Jon Baylin

I'll just second that and say that I think parenting is the most challenging things we do with our big brain and nervous system. I hope folks get that message that it's okay to take care of yourself first. If you're going to be a care, you need to feel safe and take care of yourself first. Listen to Lisa and Melissa about that because They've got good stuff.

[00:40:46.680] - Lisa C. Qualls

Well, thank you so much. Thank you for being here. Thank you for meeting with us, working with us. We're just so happy to have connected with both of you over Blocked Care, and I look forward to continuing to learn and grow together as new things come up.

[00:41:04.550] - Dr. Jon Baylin

Thanks for having us.

[00:41:06.270] - Jessica Sinarski

Thank you.

[00:41:08.010] - Melissa Corkum

Hey, friends, Melissa here. Just popping in at the end to let you know that the podcast is taking a summer vacation. We encourage you to use the summer to catch up on past episodes. Even our earliest episodes are still relevant now. Before you go, we'd love to connect with you on social media. Our Instagram handle is @adoptionwise. Or better yet, join our free Facebook community at adoptionwise.org/facebook.

[00:41:36.390] - Lisa C. Qualls

Thanks so much for listening. We love having you. Remember, you're a good parent doing good work.

[00:41:45.660] - Melissa Corkum

Music for the podcast is composed by Oleksandr Oleksandrov.