



Speaker 1:

Unsettled.

Matt George:

Dr. Gander do you mind, for those listening, introducing yourself?

Dr. Sarah Gander:

Sure. I'm Dr. Sarah Gander. I'm a general pediatrician in Saint John, New Brunswick. I'm a Johner, I grew up here. I left for my training to Newfoundland for medicine and to Kingston, Ontario for my pediatrics residency. And so I came back to Saint John to practice and I've been here ever since.

Matt George:

Thanks for being a part of The Sensory Friendly Solutions Podcast.

Dr. Sarah Gander:

My pleasure, thanks for having me.

Matt George:

As I understand it, you're also in the podcast medium? Is that right?

Dr. Sarah Gander:

My gosh, thank you for the plug. Yeah, I'm the host of the Fac Dev Lounge Podcast for Dalhousie Medicine New Brunswick, which was kind of awesome because we created it thinking that we needed another way for faculty to consume faculty development education, just given people's busy schedules and kids, and distributed education and travel and things. And then lo and behold a global pandemic hits and so our relevance kind of was even more amplified. So, yay. Yay us for being ready for a pandemic, the only part of my life that was really for the pandemic.

Matt George:

Right. And we're going to talk a lot about that, but before we get there it really is an incredible medium to meet people where they are. I think one of the reasons the podcast medium has grown so significantly is it kind of goes in tandem with the mobility revolution. People are on the go, we're busy. Now we're all at home, and we're going to talk a lot about that because one of the goals of the podcast is dealing with this time here and now. But it really does meet people where they are, doesn't it?

Dr. Sarah Gander:

Well, and it doesn't contribute to what I think is some of the harm that's happening now, which is just basic screen fatigue.

Matt George:

Yeah.
Sarah Gander:

People get really excited about inviting us or having... They're like, "Oh, we'll do it on Zoom," or, "We'll do this webinar." And you just sort of think, I don't want to do any of that because I'm Zoomed out. And so, it's nice to think that maybe you can consume some of the stuff and still accomplish those goals or that interest but be up for a walk, or be on your treadmill, or be in your car. I guess it's multitasking if you like that kind of thing.

Matt George:

Yeah. Do you think those... Maybe we're taking more liberties right now in the way that we work and the way that we consume media. Do you think some of that stays? One of the things that I think will be important going forward is, do we maintain a better relationship to work following this? Or do we go right back to where we started?

Dr. Sarah Gander:

Oh wow, what a great question. I think what it's done for me, personally, is made me realize that you can multitask in a way that serves you. So if I want to be in a call that I know that I'm sort of a passive listener on a call, and it's at 9:00 and maybe I want to do that walking on my treadmill while I listen, then great.

Matt George:

Yeah.

Dr. Sarah Gander:

But if it's something that I need to be an active participant in, I think we need to still commit ourselves to sitting down and focusing, but also taking some pause because it does take a lot out of you to stare at a screen all day. And so I hope that there's some things built into this world that we start to learn about that kind of allows us to pause, because the temptation, of course, is to log on to a meeting at 9:00, log off at 10:00, log on at 10:00, log off at 11:00. We used to walk between rooms at least and pee, and grab a drink, and high five your friend in the hallway. But now we could just isolate ourselves all day, some days.

Matt George:

Yeah, I think you're right. Having said all that, COVID check-in. I have to do a COVID check-in with you. We're all dealing with this in different ways. First and foremost, yeah it's a health crisis but it's turned into much more. I think it's the perfect storm. It's been a social crisis, it's been a financial crisis for some, and it's been a health crisis for many families. So COVID check-in, how you doing, how's the office, give me the scoop.

Dr. Sarah Gander:

That's nice. Well we're in New Brunswick, so we got off a bit lucky. I do think that the province made some early, courageous choices and that's probably why, a lot of the reason why we are where we are. But also I know the frontline people who did a lot of hard work. And so I think that COVID check-in for me now at this point, because here we are in September, COVID check-in's a bit frustrating right now because the kids have come back to school and I'm not always convinced that the plans that we've applied to everyone necessarily followed perfect logic at times.

Dr. Sarah Gander:

So one of the biggest challenges is the alternate days for high school students. And so when you're a pediatrician and you spend a lot of time trying to get kids to do what they are supposed to do, which is get up in the morning, and have structure, and go to school, and come home, and do some activities, that sort of Tetris of their schedule is frankly a nightmare. And it's a nightmare for parents, and it's a nightmare for teachers, and it's a nightmare for people trying to help people with behavioral disorders or neurodevelopmental disorders.

Dr. Sarah Gander:

And so the COVID check-in for me now is to try to have compassion for the fact that people are trying to make the best decisions they can to keep us safe, but also push a little bit to say at what point in a province that has such a low yield of COVID morbidity do we start to ask ourselves are we doing more harm than good by overreacting, maybe? But that's a strong word because at the same time people say, "Well, of course I'd rather overreact and have no COVID."

Matt George:

Yeah, it strikes me... Let's stay there for a minute because it strikes me that that hones in on one of the goals of this podcast. And one of the goals of this podcast project is to produce content about this world that's increasingly busy, it's noisy, it's bright, it's overwhelming. You mentioned behavioral disorders or those who are neuro diverse. I don't think I considered that, the disruption in scheduling and the disruption in routine that this has caused may be a serious barrier to people being well or families being well.

Dr. Sarah Gander:

Mm-hmm (affirmative). I think what we know pretty well about the way the brain works is that the brain really likes habit and then neuro pathways and grooves that it becomes familiar with. And in neuro diverse children, and really anybody, there's a moment where you really thrive optimally with a routine. And that routine is really, in our society, cycled on the daily. Like this is what we do every day: we get up in the morning, we have breakfast, or brush our teeth, and [inaudible 00:07:54], go to school, go to work, whatever.

Dr. Sarah Gander:

I had a patient who I was trying to figure out his high school schedule for him. And if you think of the month of September and October with holidays and everything it was like, "Okay this week you're going Monday, Wednesday, Friday. Next week Tuesday Thursday, but the next week there's a holiday so that week's Tuesday Thursday again."

Matt George:

Oh, boy.

Dr. Sarah Gander:

So there's just no even pattern that the human brain is going to default to in an easy way. And so then you add that diversity onto it, add toxic stress and trauma, and poverty, and two working parents, or not having a job, where your next meal comes from, whatever, whatever, a lot of things that our community is a reality. It's just like how is this going to happen?

Matt George:

Yeah. We're going to come back to all of that. I know you work a lot in the social determinants of health. And I want to bring up some of Gabor Mate's work that has radically changed my life personally, and I know probably a lot of the listeners too. But I want to trace your career arc for a minute. Why a pediatrician?

Dr. Sarah Gander:

Oh, my gosh. I feel like this is a med school interview.

Matt George:

There's a lot less pressure.

Dr. Sarah Gander:

The answer is because I wanted to help people. No, that is the answer because-

Matt George:

Yeah, it is.

Dr. Sarah Gander:

It's funny, I grew up in Saint John. We all have our own challenges in this world and one of my family's major challenges was... My aunts are like my sisters, just the way the ages work.

Matt George:

Mm-hmm (affirmative).

Dr. Sarah Gander:

My cousin, who felt like a niece or a nephew, passed away from a brain tumor when I was in early university.

Matt George:

Wow.

Dr. Sarah Gander:

And so, we have these formative moments where we sort of get inspired by beautiful people. So my mentors were people, and anybody who's listening who knows pediatricians at Saint John would know the names like Emile Paras, Wendy Alexander, people like that who just were by the bedside 24/7 back in those days, and just beautiful people who were wonderful mentors. And so that, and my mom's best friend is an emerg doc in [inaudible 00:10:22], Pam Walsh, and she's always been the coolest person I knew. And so I've just adored her.

Dr. Sarah Gander:

So I think mentorship and sort of putting yourself in their shoes, because I don't have any doctors in my family. Because sometimes that's it, right?

Matt George:

Sure.

Dr. Sarah Gander:

Your dad's a doctor, your mom's a doctor, whatever.

Matt George:

Legacy.

Dr. Sarah Gander:

But it was just I think that and I loved the sciences. I always worked with kids and so it just kind of all came together. And I'm really super silly, I'm weird.

Matt George:

Yeah.

Dr. Sarah Gander:

My med student just said that actually before she left she was like, "Pediatricians are really weird."

Matt George:

Just as a group you're just unique?

Dr. Sarah Gander:

Yeah, exactly.

Matt George:

I feel the need to give a shout out to healthcare workers like you during this time. I have a mother who has been in a hospital her entire life. I think it's 30 plus years now on the job, is probably going to wrap it up pretty soon. But in this moment when everybody else went inside, for example I am a technology entrepreneur what can I say about working on the frontlines. My mom's in the hospital every day and seemingly is all too willing to be there. So shout out to you and all the healthcare workers that are working right now. I know we've done well, but we are in flu season so let's wait and see.

Dr. Sarah Gander:

That's right, get your flu shot.

Matt George:

Yeah. Sarah, can I put you on the spot for a minute and read something that you wrote?

Dr. Sarah Gander:

Oh, yes. Sure.

Matt George:

Okay.

Dr. Sarah Gander:

You won me over when you put my name and Gabor Mate's name in the same podcast.

Matt George:

Well, I'm putting you on the same rung for the sake of this show and hopefully you see yourself in that light because you do the same work.

Matt George:

So you wrote this, and this was from the Amplify East website. You said, "When I started working I was nervous I was going to do the wrong thing for patients; prescribe the wrong medication, make the wrong diagnosis. After a couple years and some key mentorships," which you mentioned, "I started to be afraid I was not going to do the right thing for patients; give medications instead of asking the right questions, make a diagnosis instead of listening. That is when I found social pediatrics." Do you remember saying that?

Dr. Sarah Gander:

Yes.

Matt George:

Does it still ring true?

Dr. Sarah Gander:

Yeah, it's absolutely true. I'm glad that does ring true to me, because it is true. The system spends a lot of time and energy on compartmentalizing things so we can understand them. So, "This group of symptoms or this presentation means this, and this is what we call this." And that's what we get trained for, and that's what makes us be able to understand things. Again, the brain likes simplicity, it likes being able to put things in a box. It feels the safest there. But when you get some experience with this work I really think where the magic happens is when if people could care less about what it's called and more about a person and what their strengths and challenges are. This world speaks a lot about how are we going to build resilience in our kids and in our teens, and why do we have all this anxiety and depression and things. And I get lots of referrals for, do they have anxiety, do they have depression? And it's like well, they have a lot of feelings and symptoms and behaviors-

Matt George:

Right, and the world is hard.

Dr. Sarah Gander:

And yeah, what are we going to do about it is what I care about.

read recently in prep for learning this material was Gabor Mate's, When the Body Says No talking about how it's not just an illness, it's so much more than that. We carry trauma, whether it's from our childhood or whatever. And one of the references for this podcast is as of June 2020, the word sensory overload was being searched over 40,000 times a month on Google. And that might not seem like a big number but that's a 50% increase in the past year according to Google trends. Are you seeing that in your work? Because it might be an intangible number, but a 50% increase of sensory overload meaning I'm overwhelmed by the word right now, 50% in a year. Are you seeing that reflected in the work that you do? You mentioned anxiety, you mentioned things like depression. Is it true? It's not just one thing, it's a whole suite of things affecting all of us?

Dr. Sarah Gander:

I don't just see it at work, I see it at home. My kids were home for months with my mom, their dad, and frankly, YouTube. We spend a lot of energy trying to get them outside and do all the things. And they do, ride their bikes and they went to some camps and stuff, but there was more screen time than there had been before. And we don't usually have the news going and stuff, but I think the number one thing when people come, and they don't always believe me at first, is that if you're feeling like you have sensory overload, then look at the things that were built to overload our senses: video games, YouTube, television, not a walk in the woods. And it sounds cheesy, but that sensory overload isn't overload, it's sensory, well what's the word, forest bathing. That's a healing type of sensory stimulation.

Dr. Sarah Gander:

So I think even Canadian Pediatrics Society has said, "One of the number one things to combat the anxiety and stress of this odd time in COVID is to turn off the news." Because I think we all know that not only is it sensory overload, it's confusing, and it's conflicting, and it's fear mongering, and it's fake. And so not only are we inputting something external, now we have this whole internal confusion that doesn't even make sense to us, right?

Matt George:

Yeah.

Dr. Sarah Gander:

So why would we watch this? It's garbage.

Matt George:

It's strange that in this time, especially in regards to COVID, it seems like it's actually worse to go and get more of it. Everybody wants to understand what's happening and they want to know what's going on in the community health-wise so they can protect themselves and their families, but going to seek out more information and getting on the screen more, it seems like it's actually hurting us.

Dr. Sarah Gander:

And then let alone the rabbit holes of the internet that if you thought about it or have participated in a kind of reading or documentary about social media, is built to actually maintain that dopamine hit of sensory overload and create your own altered reality, actually. And so a lot of the depression and anxiety we see, when you really unpack it, has to do with the fact that people are really conflicted with trying to live in this actual reality, which in Saint John New Brunswick is what it is. You've got these

things you can do when you can't go out to the mall or you can't travel. Then, wow discover Rockwood Park, discover the Irving Nature Park. Find somebody who wants to go to the trails in Sussex. We're a beautiful province. Or you can dive into the internet and be socially isolated and then just not even be able to balance that with any amount of healing or relationships or reality, basically, I think.

Dr. Sarah Gander:

Does that sound dramatic? I don't mean to be anti AI or something, I just think that the social isolation of COVID has really doubled down on people, youth especially, just existing in these altered realities.

Matt George:

It's funny because at the end of the episode that we're doing on this podcast we're highlighting some innovation in the sense friendly world or we're giving a real world tactic, a real tool to go and address these things for yourself if they work for you. On Netflix, one of their banner documentaries right now is called The Social Dilemma. I don't know if you've seen it yet, but it's going to freak you out. And it's the people who built these things that were designed to give us these sensory overloads, these dopamine hits, telling you not to use them. So they've since left. For example the designer of the Like button on Facebook participates. And they tell you why these things were designed; they're designed to hold and steal your attention.

Matt George:

So you can say that as a fact and not sound like Chicken Little because every single one of us has been feeling that inside of our bodies. We might not have the words for it, but we're all feeling it and I'm sure you, your family, and your patients feel a little bit of that too in 2020 right now.

Dr. Sarah Gander:

I get irritated when we sit down at the dinner table and my son... it's kind of like, "How was your day?" And he says, "It was good." And he says, "You know what happened with so and so?" And I'm like, "No, what? Who's so and so? What are you even talking about, you don't go anywhere?" And then I find out that it's like a YouTuber or something. And I'm just like, oh God who cares? And you don't want to dismiss what they're bringing to the table, literally I guess, because they're just trying to interact with you. He's seven, but I couldn't care less what his YouTuber did on his Minecraft video, could not care less except for that he cares and so therefore I need to care.

Dr. Sarah Gander:

But now I feel like I have to teach him social skills when he goes out to real people, because he sees so few real people during COVID. So I would say to him and coach him, and he's a lovely... He's fine, and he's a good kid, and he's very social in a lot of ways, but it was like, "Eddie when you go see this person, you could say to them how are you today?" I had to social skill him all of a sudden again because he would talk about Minecraft or something and I'm like, "Okay, if you're going to tell your grandmother about Minecraft, this is how you tee it up. It's a game, you build things, everything's a square. Sometimes you get sword that have powers. I don't know, but you have to tee it up, because if you start out in the middle you've lost people."

Dr. Sarah Gander:

So that's just a funny exercise that I never thought I'd really have to do.

Matt George:

Yeah.

Dr. Sarah Gander:

And I think that that would be even harder if people already found social skills a challenge.

Matt George:

Yeah, no doubt. Let's talk for a minute about the social determinants of health. Do you think a lot about things like the effect of poverty on youth? Being well seems like a very complex thing, doesn't it? Although maybe it could be quite simple as well. And we're going to talk about some of your strategies on how you reduce the noise of this current era at the end, but talk for a minute about your work in the social determinants of health and your focus there.

Dr. Sarah Gander:

Well, it's complex and it's simple. It's complex because it's people and they come from all different walks of life with all different experiences. But what's simple is what's the evidence for me, and that's that putting money in people's pockets makes them less poor. And so we need policies that put money in people's pockets. And there's good evidence that says that they spend it on the right things. There's still a pervasive attitude that there's the deserving poor and the undeserving poor, and that's the bootstraps argument. "Well I had to work for..." And it's just that mantra should be gone with the dodo. People are poor because people in privilege put them in that position and that's my belief. Not in a malicious way that I made somebody poor, but culturally whether it be with systemic racism, whether it be with the wage divide, whether it be poor taxation policies, whatever it might be. So that's the complexity, is that the policies and the stuff that we choose to do as a province and as a nation is what puts our citizens in the position they're in, and I believe that strongly.

Dr. Sarah Gander:

The thing about any level of deserving, which I don't believe in anyway, is how could you ever say that about a child? And so then you get into the human rights of people. And in this province at least, the minute that you're born, that baby has as many rights as you or I. And we have really no good mechanism to make sure that those needs and rights are met. I've met families who are homeless. And to have homelessness in this country is absurd. We just don't need to. To have food insecurity is absurd. We know what the solution is to a lot of these things, but it's the big things that need to change to do it.

Dr. Sarah Gander:

So how does that translate to me and my practice? Not to mention the underlying trauma and toxic stress that Gabor Mate's work talks about and the adverse childhood experiences. That's one big whole thing that actually changes your neurons as well, changes your genetics even. But then there's just the ability to deal with your day to day. So we were talking earlier about how do you keep your schedule when you go all these random days to wherever when you're worried about putting food on the

Matt George:

Mm-hmm (affirmative).

Dr. Sarah Gander:

How do you go to a physician to fill a prescription and know that if you pay whatever it costs for that medication, this bill is not going to get paid this month.

Dr. Sarah Gander:

We had a huge win in this country in the last week which was the Cambie case ruling came out of BC, which preserves our commitment to a public healthcare system, which says a public private two tiered system will not improve wait lists, that wait lists are not caused by the public system, and that people should not be given care based on their ability to pay.

Dr. Sarah Gander:

And so when all of a sudden we say to, because this is a sensory overload type of podcast, when we say "Yes, you can come to the doctor to get a diagnosis of autism, but if you want to see an occupational therapist, or a speech language pathologist, or get a sensory dyad, or have a behavioral interventionist you need to pay \$125 an hour, then there's some serious unfinished business with Medicare there.

Matt George:

Right. How are we dividing care based on economic boundaries? A mentor of mine and someone you're probably connected to as well, actually. I won't name them, but does a lot of work in this space and he said to me in a similar fashion about the bootstraps argument, "We should improve ourselves, sure. But when is someone who is sleeping rough supposed to do their resume? Is that before or after they find somewhere they sleep that night?" And so these things kind of get crystallized in your mind, as you say. We're putting wellness... We're putting the boundary lines of wellness within the boundary lines of economic status. And I know you think a lot more about this than I do, but you put it really well that those are really big challenges.

Dr. Sarah Gander:

They're challenges, but we just had an election here. And so it was a very important platform for me to make my decision to vote, but also the type of candidates I would back, which are all over the map to be honest, because there's some beautiful people in all the parties who get it. And there's some people who don't. And the people who get it I really just pray are the ones that understand that people deserve to be treated with dignity, people deserve to be met where they're at. And so when you have some simple policies like the assistance formulary will only cover the birth control pill and not your IUD, well then yeah how are you going to remember to take your pill? On your bedside table that doesn't exist in the shelter?

Dr. Sarah Gander:

There's just things that are such low hanging fruit for me, which sounds righteous I guess in a way, because there are big complex problems that have to do with a lot of economic stuff I don't know a lot about. But people first, and you have to hear their voice. I think we make a lot of decisions for people without them at the table. And so we need to find a way to do that in an un-tokenizing way or non-tokenizing way and really make space for that.

Matt George:

This podcast is called Sensory Friendly Solutions, so we do hope that when people listen-

Dr. Sarah Gander:

Not list all the problems [inaudible 00:28:03] society?

Matt George:

We do hope they-

Dr. Sarah Gander:

Oh, shoot. I'm on the wrong podcast.

Matt George:

We do hope they find some solutions here and can find ways to address the business, the noisiness, the overload of the current time because we're all facing it together. So final question Dr. Gander, what are some strategies that you use, or that your family uses to reduce the noise of the current time? How do you deal with it?

Dr. Sarah Gander:

Probably the most effective, intuitive tool that I've used as a mother is the pause and breath. And I really don't mean a yoga pose, I don't mean a big breath because sometimes that can actually be quite triggering to your nervous system, but it's just a pause. And starting to identify what you are feeling and more than just a happy, sad, glad, super simple superficial way. But be like, "Okay, what am I feeling? I'm feeling anxious, but I'm also exhilarated." And so I think checking in with ourselves is really important so we are the leaders of our domain sort of thing, so you can really kind of learn what you need.

Dr. Sarah Gander:

And anytime you're teaching anybody how to regular, whether or not they have a regulation problem or they're just a human trying to do better every day, regulation has to do with listening to your body. I saw a patient today who I taught them how to do a sort of behavior checklist about when she would go pee, because she kept peeing her pants. And it was just because she would forget to go. And so we have to sometimes bring our body and our minds back together as a partner. Because if you don't and you just squish it all or just try to muscle your way through the resistance, to your point about the body earlier, it'll come out in another way. You'll have diarrhea, you'll have low back pain.

Dr. Sarah Gander:

We know what it does to the immune system. So it's a really long answer to trying to orient and stop and pause, and not being inside staring at screens all day. You have to pause, we have to book time in between some of this stuff as adults if we're on there all the time, and for students. So here's the positive spin to kids going every other day. Wouldn't it be amazing if that other day was some sort of coordinated, mandatory time outside?

Right.

Dr. Sarah Gander:

So let's bring outdoor education to our schools. I'm very fortunate, so here's my privilege in this world, is that I can afford to send my children to a forest school, which is the best decision but a really hard one for me because it feels very elite. But the way I balance that is that I really think bringing that outdoor education to the public system is the most essential next education frontier.

Matt George:

And like you said, that kind of alternative education opportunity allows that brain, body connection to become more clear, getting those tools.

Dr. Sarah Gander:

Well you know Eddie, he's my oldest. He gets super frustrated sometimes as every kid does. He's the kid who says like, "Ugh, mom. I just need to go for a walk in the woods." And as soon as he said that I was like, "That was worth every dollar I've ever spent on forest school."

Matt George:

That's amazing.

Dr. Sarah Gander:

And I'm like, "Can I come with you?" He's like, "No, I need some personal space."

Matt George:

That's amazing. Dr. Gander, if you feel comfortable letting our listeners engage with your public work, tell us where we can find you.

Dr. Sarah Gander:

Well the easiest place is probably NB, so NB as in New Brunswick, but nbsocialpediatrics.com is our website. And that is my amazing team. They're not mine, we are a team together of really like-minded researchers and clinical people who are just trying to move the needle on this stuff. Our mantra is that we want to know what works, improve what works, and prove what doesn't work and move on. And just get to work for people and especially for kids and youth in New Brunswick, because they're totally worth it.

Matt George:

Dr. Gander, thanks for being on the Sensory Friendly Solutions Podcast.

Dr. Sarah Gander:

My absolute pleasure. Thanks so much.

Matt George:

Okay Crystal, we're in the second part of our very first episode of the Sensory Friendly Solutions Podcast. We wanted to take some time and reflect on some of the things we heard from Dr. Sarah Gander. She was very gracious with her time. You've listened, let's reflect on some of the things we talked about.

Crystal:

One of the first things, Matt, that struck me about the insights that Dr. Gander shared was that sensory overload has not gone away because of COVID.

Matt George:

Right.

Crystal:

And we can ask ourselves the question, well, is the world really still busy, noisy, and bright when we're not necessarily... Our spaces don't always feel as crowded, there's not so many people together. So has there been a shift? And is sensory overload, is that something actually fewer people are experiencing? Dr. Gander really made a couple of key statements around things like the brain likes to form habits.

Matt George:

Right, this was a big takeaway for me, too.

Crystal:

That really made me think about our experience right now. And Dr. Gander also spoke about the incredible disruptions to our routines. So when we think about our sensory experience in our many environments, be that at home, or school, or going back to work, or even working from home, it's all different. Our habits and routines in any of our environments continues to be different, and to be changing by factors that are external and sometimes beyond our control. And that contributes to sensory overload for everyone.

Matt George:

It was a big takeaway for me, too. I think I had underrated the idea of routine disruption, and how that for those who require these habitual frameworks to be successful in their everyday life, what a routine disrupter to be doing something Monday, Wednesday, Friday, and nother Tuesday, Thursday, for example.

Crystal:

Yeah, they're gone. Those routines and habits are gone, outside of our control. And I think it's really true and I'll talk a little bit about the diversity of the community for whom sensory sensitivity is a problem. But Dr. Gander said it, all of our brains attach themselves to habits and patterns. It really does affect everyone.

really resonated with me as a core concept to help everyone understand what it means to become sensory friendly. So being sensory friendly and offering a sensory friendly experience, that really made me reflect and think about it's not a destination, it's a journey.

Matt George:

Yeah.

Crystal:

And really at Sensory Friendly Solutions, and why are we doing this podcast? Our goal is to get people to the starting line and to share those sort of key education awareness discussions solutions, and then to really help people along that journey. And that we should not ever think we've arrived, and that we're at the destination, and that it's perfect. So sensory friendly, and accessibility, and diversity, and inclusion, we want those words to become familiar words and comfortable words and part of our everyday thinking and our actions.

Crystal:

Because the community of people who experience sensory sensitivity, sensory overload, have sensory challenges is vast. So someone with PTSD might have sensory sensitivity. So might an autistic person, so too someone with dementia, and someone like me who has hearing loss. And one is a fit for one person is not always a fit for the next.

Matt George:

Right.

Crystal:

So meeting people where they're at, and that means the person with sensory sensitivity, but also the groups and organizations and people who are trying to make things better, that that's really... Again, that was really key and really struck me about Dr. Gander's insights.

Crystal:

So an example is we launched our promo for the podcast. Our promo had a little background music in it, and our team here at Sensory Friendly Solutions, we talked about that. And we talked about how that music part of the habit of listening to podcasts, right? It's a cue. This is a podcast, there's these little sounds, and this is a habit, this is an expectation of people who listen to podcasts. It tells them what to expect. I talked a little bit as sort of a person first, someone with hearing loss going, "That's a little hard for me." But as a team we talked about the sensory experience of a podcast.

Matt George:

What was the feeling of that, Crystal, because it's a great thought. So when we first were doing the pilot, we always want to be listening to our listeners, engaging with them, tweaking as we go to create the best listening experience possible. In the beginning if you remember back the music was too loud. And I think what you said is you found it distracting from your actual voice.

Matt George:

Interesting.

Crystal:

Yeah, and again, my experience as someone with sensory sensitivity is different than other people's. And having that expectation of here's and auditory cue, and for some people that auditory cue is helpful, and for some people it's a distraction. So we had lots of great feedback with the launch of our promo. And one person just very thoughtfully wrote in to say, "Hey, that music, I found that distracting." And I went, "Oh, okay." That, to me, I really appreciated that because that is so representative of the diversity in the community of people who care. And podcasting, it's about hearing and listening. And you do an incredible job of delivering phenomenal quality in sound. And so how do we help when those auditory cues are hard for some people and expected for others?

Crystal:

And so that really brings me back to well, we listen, we adjust, we adapt, we try new things. And becoming sensory friendly, even for us, means problem solving to find solutions. So it just really brings me back to becoming sensory friendly is a journey, it's not a destination.

Matt George:

That's a great way to think about it and thank you very much to that listener that did take the time to write in and tell us about her experience listening to the show. And we want to, of course, correct as we go to give you the best experience possible.

Matt George:

Crystal, I wanted you to reflect on... It's really important for us to be talking to our guests about the strategies that they use in everyday life, because we want people to walk away with the tools, with the tools and tactics and strategies necessary to improve their day to day. What did you think about Dr. Sarah Gander saying not only for ourselves, but for our kids, take that big deep breath, let the mind settle, and then move on. Especially where she mentioned we now don't take breaks in between our meetings, where previously we had those breaks naturally because of whether it's commute or whatever. That was interesting, and that was something I thought was underrated. Take that big breath, center the body, make the body mind connection as she said, and then move on.

Crystal:

Yeah. That too, Matt, I think really resonated. Another little tidbit of feedback that someone wrote in. He said, "Hey, I listened to the promo. Are you going to share..." And hadn't listened to our first episode with Dr. Sarah Gander isn't live yet and said, "Hey are you going to have person first experiences highlighted?" And I think that's really important to share, to have listeners know that all of our guests, while they might be like Dr. Gander a pediatrician with vast experience and particular insights that we're always going to be asking people individually to share their own personal experiences around sensory overload and sensory sensitivities, because we know it affects really everyone. Some people more and some people less.

I really liked Dr. Gander's really simple strategy. Tackling sensory overload and sensory sensitivity can feel really overwhelming for everyone. And sometimes we forget where to begin. And that little reminder just to stop and breathe is really important. It just helps us to reset our body. And having sensory overload is just, our body really gets overwhelmed. An analogy is the volume's turned up too high on what our body and our brain is experiencing. And taking that breath... And something else really interesting Dr. Gander said is... She sort of qualified it. She wasn't like, "Deep." You said deep breath and she sort of said like, "Take a good breath." But she also recognized that sometimes, I don't want to say too deep of a breath, but that sometimes can be a trigger.

Matt George:

Right.

Crystal:

Our breathing is very much connected with our body and our brains. So she really qualified that. So sort of a little pause and a reminder to breathe. And then that in and of itself is just very centering and lets our body and our brain reconnect and start again.

Matt George:

Hello listeners and welcome back to the third part of the very first episode of the Sensory Friendly Solutions Podcast. Every week we want to give you the tactics, strategies, the tools, maybe highlight some innovation to help you navigate the day better, using the wisdom and the guidance of some of our guests but also some of the things that we're thinking about here on the podcast. We want this to be actionable. We want this to make your life better in a tangible way.

Matt George:

There are two things that you can do this week to quiet down our modern time just a little bit. One is a book by the excellent writer and physician Gabor Mate out of Vancouver. It's called When the Body Says No. This goes back to that brain body connection that Dr. Sarah Gander was talking about. And it's really changed the lives of many as we reconnect our bodies to our minds because we now know that these two are inseparable.

Matt George:

The second is a documentary. This is the new Netflix banner documentary, The Social Dilemma. Really interesting. Some of the creators of our most favorite tech platforms, like Facebook, Instagram, Twitter, et cetera have agreed to do this documentary talking about how they were designed, urging us to rethink some of these tools and how we use them, how they interact with our daily lives. In a time where it's complete information overload, I think we can all be served well by reconsidering what these tools are and how we use them.

Matt George:

We'll see you next week on the Sensory Friendly Solutions Podcast.

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Initiative, they're looking for young people who are inspired with ideas and ready to take action through youth led community service grants. Head to risingyouth.ca to learn more and to become the next Rising Youth grant recipient.

Matt George:

The podcast is also supported by New Brunswick Community College as part of the Community Resource Awareness During and After COVID-19 applied research project, funded by the New Brunswick Innovation Foundation. Learn more about NBCC's efforts to transform lives and communities at nbcc.ca.

Matt George:

The Sensory Friendly Solutions Podcast is produced by me, Matt George, is engineered by the great Zachary Pelletier, and is part of the Unsettled Media Podcast Network.