

Speaker 1 ([00:14](#)):

[inaudible]

Speaker 2 ([00:22](#)):

Welcome to therapy on the cutting edge podcast for therapists who want to be up to date on the latest advancements in the field of psychotherapy. I'm your host, Dr. Keith Sutton, a psychologist in the San Francisco bay area and the director of the Institute for the advancement of psychotherapy.

Dr. Sutton ([00:37](#)):

I'll be speaking with Rona Renner RN, who is the author of, is that me yelling a parent's guide to getting your kids to cooperate without losing your cool Rhona had a wide range of experiences in healthcare before being trained by Kaiser Permanente to be a temperament counselor, which she has continued to use as a foundation for her work, facilitating parenting groups and classes for over 30 years, she has also spoken at numerous national conferences on children's temperament, ADHD, and other parenting concerns as well as provided consultation for medical professionals and teachers on learning differences in India and Africa. Rona is a current host of about health on 94.1 FM KPFA, and has been a guest expert on national television segments on CNN and 2020. She founded both the radio shows childhood matter *Nuestros Nino's* and was a radio host of childhood matters for 10 years. Let's listen to the interview. So welcome Rona, how are you today? I'm

Rona Retter, RN ([01:35](#)):

Really good. Keith, it's great to talk to you.

Dr. Sutton ([01:38](#)):

Thanks for joining. So gosh, I forget exactly how we originally met, but I think it might've been cause you had contacted me about interviewing me for one of the radio shows that you were doing some years ago and we ended up talking and really hitting it off and you came and worked with me in my practice, the Institute for the advancement of psychotherapy, as a parent coach. And you've done wonderful work. You've written a book for parents and in particularly I would love to hear your story about kind of how you got to do what you're doing. And particularly, I think I'm so interested in, you know, different ways of getting information to people, to clients. And I think that your work has been so wonderful and the radio shows that you've done to get information out to folks and get it into the hand and in kind of various ways, both through your book and through the radio.

Rona Renner, RN ([02:33](#)):

Well, you know, it's such a surprise to me, Keith, that I've been doing the work I've been doing because you know, I'm a nurse. I became a nurse in 1966. Imagine that. So that was a long time ago. And, you know, as an RN, I I've worked in all kinds of areas from long-term care to newborns, to alcoholic unit, CCS, cardiac care units, you know, as a nurse, you can do so much. And, I never imagined that I would be doing radio show. I never imagined that I would write a book on parenting. So it's really interesting to see how our careers developed. I think it's very important for especially people who are just starting out to realize that you fill your toolbox up with different learning, different strategies, different wisdom, and with enough time, there's a lot that I found that I began to understand about what was important and what I really wanted to do, but I'll tell you that little piece about the radio because it was very profound for me.

Rona Retter, RN ([03:49](#)):

I was working in pediatrics at Kaiser Permanente in Richmond, California, and I was really lucky to be trained as a temperament specialist. And I'll tell you more about that for sure. But I was teaching parenting classes and this was in a community where a lot of parents were coming just because they needed help. Like all parents, we all need a lot of support, but some parents were being sent through child protective services and they needed to have a certain number of parenting classes. So I had a very diverse group of parents from my classes and we always provided free parenting classes at Kaiser in Richmond, so that we could really reach the community of people who would benefit a lot from it. So one night I was teaching a class on the difference between discipline and punishment and really looking at what discipline means in terms of teaching and trying to help people understand why harsh punishment was not healthy.

Rona Renner, RN ([04:58](#)):

It was not good for kids, but I also knew that it was important for me to meet people where they were at and not come across as, as being too punitive myself or righteous or critical. So the classes were very good. They were very interactive asking people about how they were punished when they were young and how they were disciplined and what that meant to them. And at one point towards the end of the class, a man who didn't talk at all during the class, he raised his hand. I think he was a man of color, perhaps Latino. I think I can't remember exactly, but he stood up and he said, now I know why I shouldn't hurt my child anymore. And when he said that everyone's just stopped and listened and it was so authentic in terms of his understanding.

Rona Renner, RN ([05:58](#)):

And I got the chills and an angel tap me and I had never had angels tapping me on the shoulder before. And the angel whispered in my ear, you have to find a way for people to hear that man. Sure. But I didn't know what that meant. I had no idea what that meant. So I went home to my husband and we were like, what does that mean? I don't know. So months went by and one day this is the fun part, Keith, one day I'm sitting in my pajamas, listening to the OJ Simpson trial, the first trial. And I usually turn that off, but I stayed and listened and they went to a break and they said, you know, that the jury is out. We have to fill airtime. So we have this expert talking about disciplining kids. And so I'm listening and I don't agree with what she's saying.

Rona Renner, RN ([06:53](#)):

So I pick up my phone for the first time I called into a radio show and I said, excuse me, but I don't agree with you. And here's what I think. And the host of the show said, we're losing our guest. Would you take calls? So there I am in my pajamas. And my husband's home. And he puts a tape in, and for the next hour I was the expert taking calls about kids. And the very first call was about ADHD and children, who were she called them monsters, you know? So I had to help her reframe all that. And I listened to the tape afterwards and I realized, wow, I can do this. And that's, that's what I was supposed to do. Find a way to reach people who didn't go to parenting classes. So it took me a long time to figure out how to get a radio show. And I did a lot of people. And so that's when I started childhood matters.

Dr. Sutton ([07:59](#)):

Wow. And so you sit on that course after that and making it happen.

Rona Renner, RN ([08:02](#)):

Yeah. And you know, it was really interesting to ask for help and get people to really support me in that work. And then I had the chance to bring on experts like you and other doctors and therapists to come on each week and offer what they know and really reach people who were listening to the radio rather than coming to a class or coming to see a therapist. So it was like a very powerful experience for me to listen to that voice and then figure out how I was going to use the media for good.

Dr. Sutton ([08:43](#)):

Oh great. Yeah. Cause this was all pre podcast. And so on. I mean, you were putting some of the recordings online and so on. You know, also when did childhood matters start?

Rona Renner, RN ([08:54](#)):

2002. It took me about eight years or so to figure out how to make it happen because you can't just say, you know, I want to have a radio show and have a radio show. It, you know, I wanted to be the anti Dr. Laura at the time. But it, you know, it took a lot of help from people. Peter B. Collins was in the radio business and I found other people to really support me. Back then first five, which was the cigarette tax money was just starting. And they started to fund us as a nonprofit and then we wound up paying the station. But if you think about it, we were reaching thousands of people at once. So it was an efficient way to do parent education.

Dr. Sutton ([09:45](#)):

I think too, for those that don't live in California, you know, Richmond, I don't know what it is now, but in the early two thousands, it was one of the most violent areas of California, with one of the highest murder rates, a lot of poverty, a lot of oppression, a lot of marginalized people, individuals of color and so on that were marginalized. And so the work at Kaiser it sounds like you're saying that there was a lot of referrals from child protective services, as we know, oftentimes comes along with with poverty and so on, but that also then turning to a radio program to be able to really get that out there, some of that education, not just for communities in financial need, but just to everybody, because it's so helpful. And I think that the first five money is from, I think that's particular to California, that taxes on cigarettes go to early childhood prevention. So that's great that you were able to get some of that funding to put out some of those parenting tactics.

Rona Renner, RN ([10:55](#)):

You're right. And you know, some of, I remember someone questioning us, one of the funders and said, how can you do a show that reaches low-income families and high-income families and different ethnicities? You know, how can you do that? And I remember understanding very deeply that there was a golden thread. I called it a golden thread that connected parents. And that, in fact, even though things were different based on your income and your culture, et cetera, there's still so many similarities with what all parents face, the insecurities, the unknowns, the knowing, you know, the developmental stages of children, trying to figure out what's the best way to help them sleep or potty train or deal with their anxiety, right? And so what I saw and I, I really pushed that, that we have to remember that parents have more similar than different.

Dr. Sutton ([11:58](#)):

Yeah. Well, I think that golden thread is that none of us really know what we're doing. We're all figuring it out and, you know, by definition as parents we're learning and we're figuring this out. And so, you know, definitely I think there's that angst and wanting to know and needing information and all these

different challenges that come up. Can you talk a little bit about, I think temperament is so important. That's something that I really learned more in depth in knowing you, and also, I got my temper assessments when my kids were at Kaiser and we even talked about them. Can you talk about temperaments and kind of the importance of that, because I think that's something that falls under the radar.

Rona Renner, RN ([12:37](#)):

Yes, that's right. It does fall under the radar. And, you know, I wished I had known about temperament. I have four kids and five grandkids, and I didn't learn about temperament until, you know, most of my kids were grown. And I was very fortunate. I working at Kaiser in Richmond, Dr. Stella Chess and Alexander Thomas were, they're both deceased, but they were two pioneers in the area of temperament. And they brought their information, to Dr. James Cameron and his team. And they put out the word and they said to all the different Kaiser hospitals in the Northern bay area, they said, you know, who wants to be trained as a temperament specialist? And I had no idea what that meant, but I had been doing parenting classes. So my chief of pediatric sent me to learn about temperament. And it was a piece of the puzzle that had been missing for me in terms of understanding my children.

Rona Renner, RN ([13:41](#)):

And it's the piece of the puzzle about how we come into the world differently, that we're not all the same, that we're not a blank slate. And that children come in with an inborn traits of temperament and that as parents, the more we can understand the individual differences of our children, the better off we are and figuring out how to be proactive, how to respond, how to discipline, how to help them be comfortable in the world. And so, you know, I was trained to do this temperament assessment that you could do online through an organization called preventive ounce, P R E B E N T I V E O z.org. It still exists. You can still do an assessment for kids ages four months to five years at the preventive ounce. But anyway, we were trained. And at first it was just an individual appointment where I would meet with the parent, go over the results of this questionnaire.

Rona Renner, RN ([14:47](#)):

And for an hour, I'd have a whole hour to talk with about whatever challenges they were having. And in the pediatric department, the pediatricians were so happy to have a referral place, you know, someplace to refer these parents to cause they didn't have enough time to talk about the sleep issues or potty training or whatever they needed. So I would look at the type of child and also look at the parents' temperament. And I think that's a key piece that Dr. Chess and Thomas talked about is the goodness of fit between your temperament and your child's. And, you know, as a parent of more than one child that is going to be different, right? Based on your child. So for instance, if you're very fast adapting and your child is more of a natural planner and slow adapting, good chance, you're going to get impatient on a regular basis, right?

Rona Renner, RN ([15:48](#)):

If your child is very loud and enthusiastic and boisterous, and you're sensitive and maybe slow to warm up that child is going to be irritating to you.

Dr. Sutton ([16:03](#)):

Push a lot of those buttons.

Rona Renner, RN ([16:05](#)):

Push a lot of those buttons. And so we started to do these individual appointments and then Dr. Jim Cameron and I, and a few other people decided that this would be wonderful material to do in a group setting. So Helen Neville and Jan crystal, and I wrote a manual, it was the first temperament based parenting manual for Kaiser. And we started to do classes based on this material. And what was so powerful about that Keith was that parents saw they weren't alone. And they really got to see that, oh, I have a spirited child, which was a term that Mary Cruz Cinca put out into the world, calling these children's spirited.

Rona Renner, RN ([16:51](#)):

And these were the kids who were more, you know, more intense, more active, more sensitive, and parents would see that they weren't alone and that they weren't bad parents. It was just that they needed to understand more about what was going on for this child. And, you know, as a therapist, working with families for so long, now that parents do the best they can, they love their kids and they really want to do well, but often are missing the information they need to manage. Not only their child's behavior, but their own reactions.

Dr. Sutton ([17:32](#)):

Yeah. It makes me think about too. I know the calendar research at Berkeley, looking at the transition from the couple to having a first child, what they've found in just by having groups with parents that parents oftentimes felt much better because they realize they use the term, we're all in the same soup, we're all on the same kind of, you know, crazy transition here and nobody's getting sleep and so on. And so it sounds like similar with the temperament kind of realizing like, oh, okay, this isn't just our microcosm of our family over here that other families have this experience also. Cause I think the biggest piece of the temperament that stands out to me is that not all kids are one way. And sometimes when parents feel like my kid's not the way they're supposed to be, they can either get very frustrated at the kid or they can get very upset at themselves and feel like they're failing at the job of parenting. And so kind of understanding that there's different kids that need different things and really learning how to work with it.

Rona Renner, RN ([18:38](#)):

Exactly. And, you know, kind of found that just by doing the temperament assessment online, that that in itself was an intervention. But even if you didn't meet with a temperament counselor what happened was you did this 70 questions or so, and it made you become more mindful of who your child is and just becoming more mindful. Oh right. Little, you know, James is really shy, slow to warm up is the term you use slow to warm up, no wonder he doesn't want to go to the party or the swimming class. I have to remember that he needs time to get comfortable and that pushing him won't help. It will just make things worse. So just doing the questionnaire was an intervention of itself. And, and the other message I think for parents that I've seen over the years, um, I've been doing this temperament work since 1991.

Rona Renner, RN ([19:42](#)):

So it's a long time. And what I saw was that behavior has meaning, you know, so children's behavior has meaning. And if we could help parents understand that, you know, we're looking at temperament, we're looking at daily life experience, we're looking at other factors that influence their behavior, but that developing that compassion that the behavior has meaning. And now we have to sort of figure out what this individual child needs while also setting limits and offering positive discipline. It's not about

accepting your child and then letting them run around the restaurant. You know, it's also knowing I have an active child, so I'm not going to take them to that fancy restaurant. And if I do take them somewhere, I'm going to make sure and have some paper and crayons or toys and preparing ahead

Dr. Sutton ([20:44](#)):

Try to accommodate the situation for the most success.

Rona Renner, RN ([20:51](#)):

It's really helped me with my own kids. And I, even as my children are adults, I see how my temperament, wasn't always a good fit with some of my kids, whether it was that I was too intense or too loud, whatever it was that I've really come to see that it helps. It helps you not take everything. So personally, it's not about, I like you. I don't like you. It's more about we can rub each other the wrong way sometimes. And now that I'm taking care of my two year old grandson, I get a whole new lesson on looking at temperament and really honoring those individual differences.

Dr. Sutton ([21:36](#)):

And I oftentimes find, I do a lot of work as you know, with ADHD and also what's called oppositional defiant disorder. And oftentimes that, that goodness of fit issue comes up a lot, like say, you've got a kid who is very hyper and active and energetic, and you've got a parent who maybe is a little bit more on the slower to warm up side or on the little bit more of kind of, you know, sensitive to loud noises or so on. And then, you know, that understanding of how those are clashing is so important. Or you've got a kid who is kind of more on the oppositional who needs a really clear structure, really kind of consistency and so on. And you've got a parent who's a little bit more freeform and kind of, you know, figuring things out as they go along and so on. Sometimes the structure and they're very, very flexible. So it kind of ends up not being that great, a parent that's a little bit more or less linear and, and a kid who is on the autism spectrum, who needs things very concrete. And that kind of idea of really understanding those differences. And it's not, there's no aspect of blame. It's just an aspect of understanding.

Rona Renner, RN ([22:44](#)):

That's right. And you know, one of the things I like about the temperament model is it's considered a wide range of normal, you know, there's this normality to it. It's, it's like I'd have a lot of respect for therapists and for diagnoses and how important that is. But I really liked talking to parents about this wide range of normal so that we don't too quickly pathologize a child's behavior. And part of my job when I was at Kaiser, that I loved is trying to really know when to refer. So, you know, we'd look through that lens of temperament first to really get a sense of if it's about the fit, what else is going on with the child? I remember one child really just had sleep apnea and it wasn't anything else, you know, like really looking at that and then seeing when to refer.

Rona Renner, RN ([23:39](#)):

And that was one of the questions that I did a lot of work with ADHD when I was at Kaiser with parents take teaching the parenting class and people would always say, and this is an interesting thing. I'm sure you deal with every day. How do you know when my child is just an active, sort of impulsive, perceptive, curious, little guy or girl, and versus having a neuro-biological disorder. And, you know, I came to understand that I could say, let's look at where the impairment is. Can this child sit still at all in the classroom and learn, can this child have a friend or two, you know, really let's look at what's successful.

What's not successful and then go from there. And, and I would imagine you grapple with that a lot, you know, with this about temperament or is this about something more?

Dr. Sutton ([24:39](#)):

Yeah. And particularly too, with a particularly for ADHD, you're looking at is, do they have those six out of nine symptoms, multiple settings, because that's what puts them at the 93rd percentile or one and a half standard deviations above the mean to kind of, to say like, okay, this is something significant, deeply different. And as you're saying too, and does it also bring in impairment, social impairment, school impairment, family impairment, or whatever it might be going on there and kind of looking at that, cause yeah, you can have a kid that's more energetic or more outgoing, but they can kind of pull it together too, and kind of, you know, sit and go through the classroom and pay attention or so on. But then, you know, when they're left out on the recess field all over the place, but I think that that's, that's a big piece of kind of, where is it just differences in character and temperament and whereas in differences in when it's something that's so significant that it requires some sort of intervention. I was wondering if you could talk a little bit about your book?

Dr. Sutton ([25:40](#)):

Tell me if I butcher the title it's is that me yelling? Oh, you've got it right there, perfect, is that the me yelling , parent's guide to getting your kids to cooperate without losing your cool tell me about that. Cause I know that you are working on that book when we were working together and published after and so on. And can you talk a little bit about what drove you to write a book and what message were you trying to get across in that there's so many different parenting kind of stuff out there.

Rona Renner, RN ([26:11](#)):

Thanks Keith for that question and, you know, I was doing a lot. I was teaching parenting classes, I was doing the radio show and then I left Kaiser. And once the radio show ended, we ran out of money. We had the economic downturn. We had to just let go. And I thought, what do I want to do here? And I realized there was so many parenting books that I had put off the idea of writing, but there were some factors. One was I have mild dyslexia. And so I had always just wanted to see if I could write a book. I'm the kind of person who doesn't read for pleasure. You know, I read when I need to read and I can read, I'm a slow reader I can write, but it's not something that's easy for me. So I had that in the back of my mind. And then I realized that when parents came to see me for temperament counseling, we would talk about the kid's temperament. And we talk about the parents' temperament. And often we would go to the subject of yelling because parents would say to me, you know, I'm just yelling too much. I'm yelling all the time. Or I feel frustrated all the time. My kids are getting under my skin, you know, and this is before the pandemic, right? And so I wrote the book in 2013. And so over and over again, I heard those themes of how do I stop yelling? I don't want to hit my child. And in some ways yelling became the new hitting. Parents didn't want to hit but they were getting so frustrated. And so I just sat and did an outline of what I thought was important. And I realized that I wanted to talk about mindfulness, but I didn't want to call it mindfulness because I wanted the book to reach people who would not pick up a book on mindfulness, even though it's a great topic. I wanted people to say, oh yeah, that was me yelling. To bring in the idea of reducing shame, reducing blame, and saying, how can I observe myself? You know, not just about how can I fix my kid and make my kid a better kid, right? It's like, how do I observe myself as a parent? See what my triggers are, figure out how to come back to myself and calm myself and offer my child what they need. And, you know, it's work that I did over the years in learning how to yell less. And it's also what I learned from Dr. Matthew McKay. I don't know if you know Matthew McHugh.

Dr. Sutton ([29:15](#)):

Course, Matt McKay, who is big on CBT, author of numerous books. New harbinger foundation or I knew harbinger publishing.

Rona Renner, RN ([29:24](#)):

So he was a friend of mine and he, and I wound up doing a show on 20/20 together. He invited me to help him find parents and they put microphones in people's homes and cameras and they tape people yelling at their kids. And it was really interesting again, because these were good parents, decent ones who even they knew the camera was in their home, they still lost it. So, I mean, one of the interventions I often tell parents is imagine that at 20/20 cameras in your home and just try and think about what will they see when you're disciplining your child. So I thought about it and I realized that temperament was a big piece. So there's a whole chapter on temperament, so that you're going to yell less. If you realize what your intense child needs, if you know that your child's intense, and if you start yelling at them, you're only going to escalate things, right.

Rona Renner, RN ([30:25](#)):

And throw a few people on the fire. So it's looking at temperament, but it's also looking at those triggers. And again, cognitive behavioral therapy is just what I'm talking about here, is how do I breathe, calm myself, notice my thoughts, change them. My kid is not a brat. My kid is just a two year old. How do I then decide what my child needs? And then also look at the, become empathetic to what's going on with them. So, you know, I developed what I called ABCD E right. Of not yelling, ask what I'm feeling, breathe, calm yourself, decide what your child needs and put yourself in your child's shoes and empathize. And what I found in writing the book was that there's not enough messaging around how we have to work on ourselves in order to be the parent we want to be because so many of us also have a background of trauma. We get triggered easily, and we love our children, but they know how again, to get under our skin, to press those buttons. And if we don't understand more about ourselves, we're just going to pass on that trauma, or we're going to pass on, you know, most of the time we evolve, I think each generation, if they do the work, things get better. Right. Do you agree with that?

Dr. Sutton ([32:08](#)):

I think so. I mean, things were very different around physical punishment and so on so many years ago.

Rona Renner, RN ([32:18](#)):

So, you know, I've found that the book was really well received and parents, I gave lots of talks and I still do. And parents appreciated the fact that I told stories about how I yelled. I even admitted to hitting my son once he allowed me to put that in the book. He said, mom, why don't you write more details about it? I said, no, no, just the little mention, we want to put so much out there. Yeah, and it's sold really well. It's still selling really well in China, which is really interesting to me, it's in five different languages. But it's not available except a used version here in the US or Kindle.

Dr. Sutton ([33:06](#)):

I mean, I think that this piece that you're talking about is the parents and being in tune to their own reaction is so important because I think that oftentimes the most control we have is over ourselves and that oftentimes, you know, they talk about that kind of idea of that we need to kind of regulate first to then be able to regulate the kids. Or sometimes I talk about with parents, it's like, we need to be that rock in the ocean where the waves hit up against rather than another way of just kind of smashing into it

and kind of whirling about but it's hard because, you know, oftentimes the focus is on the kids and changing their behavior and the frustration with them not doing what they should do. And then oftentimes our frustration ends up being well, they weren't doing that. So therefore I got frustrated.

Rona Renner, RN ([33:57](#)):

That's right. And you know, I think about a parent, for instance, who's a good example of the stress parents are under. And I think because of the stress we don't have that good frontal lobe working. So, this wonderful mother was yelling at her sons every morning because they weren't getting their shoes on and they were fencing around and playing. And, you know, it was a simple discussion I had with her about how about putting the shoes by the front door and how about getting up 15 minutes earlier, even though you need your sleep, but get up 15 minutes earlier, get everything ready, sit down on the floor with the kids when they're playing, talk to them about what's going to happen next and have them put their shoes on as they go out the door. And it was amazing. She was a really smart woman and good mom and she said just that simple strategy, reduced that morning yelling. And I think what happens, Keith is when parents start the morning off stressed and yelling and the kids are stressed, it really sets a tone for the day for everyone. And it's hard on the kids and it's equally hard on the parents.

Dr. Sutton ([35:16](#)):

And oftentimes the parents too, when I'm meeting with them, kids and the parents, oftentimes they say like, and it sounds like you don't want to be yelling. They're like, no, I don't want to be yelling. I don't want to be nagging. Like, that's the last thing that they want to be doing. I think another thing is just having kids as hard and having so much to do and in our world and most families, both working and full time. And it's like, there's such little time that you need to get out that door to get to work on time and drop the kids off. You only have so much time to do dinner and homework and get the kids to bed and try and do laundry and all these things and get the sleep. And so sometimes for so many parents, it's just so it's overwhelming.

Rona Renner, RN ([36:03](#)):

We don't have a parent friendly society.

Dr. Sutton ([36:07](#)):

Well, as we can see from the pandemic, right? It's like, oh my gosh, everybody just had to survive, you know, over this last year and a half, because when childcare got shut down and it was like, how are you going to work and take care of the kids? And, you know, do all these things at the same time and you couldn't even get help because of the risks of COVID and such.

Rona Renner, RN ([36:29](#)):

Yeah. It's not set up the way it needs to be. And many parents I worked with didn't have relatives nearby to help out. Some of my kids are here, some are not, but what a difference it makes when you have grandparents around to drop the kids off and help out. And a lot of people don't have that. And what happens is all that pressure gets passed on to the kids. And then, you know, there's this sort of vicious cycle that happens then, you know, siblings are fighting more, then their sleep problems, and often eating becomes a hassle. And I think that's, again, when I think as a parent, you have to step back. One of the things I would help people with is to look at a problem behavior, okay, let's look at something that's really bugging you. Like my kid is whining all the time or something like that and stop and think about their temperament. You know, maybe they're slow to warm up. Maybe they're easily frustrated,

sensitive, whatever part seems to fit. And then you have to think about, when does it happen? Who does it happen with? Cause sometimes it only happens with one parent and not what time of day does it happen? And then what makes it worse and what makes it better? And that whole way of being a detective is a really helpful thing because parents know their kids better than you or I, so giving them the tool of evaluating a behavior and sometimes parents would see, oh my God, it only happens at 11 o'clock when my child is hungry or it only happens with moms. Somehow, dad doesn't get this wine and, you know.

Dr. Sutton ([38:29](#)):

Trying to parse apart all those different pieces that play into the context and the behavioral analysis of what happens before or after. And I think that, like you're saying really partnering with the parents and collaborating with them to understand, because really they're the expert on their family that we may have some ideas and so on, but they're really in it and can, can be able to look at all those pieces. But sometimes we need the time and space just to even like sort those out.

Rona Renner, RN ([38:54](#)):

Right. And you know, another piece Keith that I think, you know, a lot about too is developing self-compassion because I know for me, I came as I started to observe more, you know, in writing this book, I talk a lot about self observation, which was another way to say, mindfulness, if you don't add in the self-compassion piece, I find that I and other people are more likely to shut down what we're looking at. And, and, and somehow not, not being compassionate towards myself makes it less likely I'm going to see my mistakes. You know, a lot of us have a lot of judgment of ourselves and we make a lot of mistakes and we don't want to see that because it's that part of like, oh, wow, I did that. That was, you know, that was hurtful to my child. And so I think the work of like Kristin Neff and, um, there's so many people Anna Solomon, is that her name, Shawna, uh, someone else, you know, there are a lot of people who have written books on this, but the idea of realizing that if a friend came to you and said, oh my God, I yelled at my teenager and she stormed out of the house and now I feel like a terrible mother.

Rona Renner, RN ([40:17](#)):

If you would say, come have a cup of tea, let's talk about it. You probably did the best you could. She'll be back, you'll make up, you know, like that attitude of understanding the universality of mistakes. And also knowing that you're, you're working hard to be a good parent as best you can.

Dr. Sutton ([40:42](#)):

Well, yeah, that compassion, you know, and kind of, I think he might be like also talking about like compassion and focus, CBT, you know, that aspect of really kind of building that up because it's hard to have compassion for your kids. If you can't also have compassion for yourself. And it's hard to allow yourself to have mistakes and address those mistakes and have kind of that resiliency mindset of, okay, this mistake happened. What can I do to deal with that in the future? Versus I think about it as sometimes going into a shame spiral of like feeling bad that you messed up, but then not wanting to look at it. And then sometimes continuing to make more, not great choices for yourself because you're not wanting to deal with the other stuff and it just kind of snowballing, but yeah, that aspect of that, and especially with parenting and a job, when there's, there's, it's so hard to be perfect. It's impossible to be perfect. I mean, nothing is going to be, but you're going to make probably more mistakes in the area of parenting than anything else in your, in your life. And so it's kind of this good enough parenting aspect is

really important to have compassion, to be able to stay present and be able to kind of shift behavior of oneself and also be compassionate of the kids and being understanding of those contexts.

Rona Renner, RN ([41:53](#)):

Yeah, I think so. And I think, you know, Daniel Siegel, Dr. Daniel Siegel talks a lot about connection.

Dr. Sutton ([41:59](#)):

yeah. Connection before correction.

Rona Renner, RN ([42:02](#)):

What'd you say?

Dr. Sutton ([42:04](#)):

Connection before correction.

Rona Renner, RN ([42:06](#)):

Yeah. Yeah. And, and I think that's another key thing when you were talking about compassion. I realized that that came to my mind is that I noticed with my two year old grandson, if he does something that he's not supposed to do, and he's trying out and testing, you know, I just get down close to him and I need to talk to him and say, you know, look, we don't throw the milk on the floor and here's what we do. Instead, go get the wash cloth, wipe it up. But that connection means so much to him. I could see it with a two year old and it's true for all ages, you know, through teenage that, that connection is a way to say, I care about you and therefore I'm going to parent you and teach you kind of the things you need to know to be a person in this world.

Dr. Sutton ([42:59](#)):

Definitely. Yeah. Cause that caring, it's the most important part to take in that rest of the rest of that piece, which would be the oppositional defiant type situations we oftentimes, we're talking about, we're working towards a benevolent authority. Not only are the parents setting limits and creating structure, but also that the, they, the kids, they understand the kids and the kids feel that they understand them. So even if the parents are making choices that the kids are unhappy about, at least they feel like the parents are holding in their heart, what the kids want or need. I want to talk more about your radio work and just hear a little bit more about your place, you're seeing the place or podcasts and radio and so on and reaching, you know, a wider audience of folks. And also I was wondering too, as you were mentioning about the dyslexia, mild dyslexia and not reading as much.

Dr. Sutton ([43:53](#)):

And so on. One of the reasons that launched me into doing this podcast, just being so busy and I'm like, I want to read so many books and learn all, maybe I'll just interview folks and then record that and put that out. And that way I can take it in through the interview and the conversation. So I'm also interested in what you are seeing in the field and what has been interesting to you excited, or what, if any kind of noticing any trends or directions that things have been going in, the folks that you've been interviewing of late. So, either one of those topics.

Rona Renner, RN ([44:25](#)):

So, you know, currently I volunteer at KPFA. Back in the day, I got paid to do radio, which was very exciting. It was actually work, but I volunteer as the host of about health. And on that show, I get to interview people on any topic related to wellness, wellbeing, health, and wellbeing, mostly for an audience of older adults, not, not completely, but it's for a very, it's not for parents particularly. So, you know, I recently did one on, siliciden assisted psychotherapy. I might do it on diabetes, on mental health, physical health. And I realized that radio still has a place where, you know, podcasts have taken over and it's a wonderful thing, but radio still has a place in the world. I kept thinking 10 years ago that it was just going to go away. Um, but no, it's here to stay.

Rona Renner, RN ([45:29](#)):

It's changed a lot, but it's here to say in KPFA is one of the only places that's just listener sponsorship, which is a very hard model. They don't take any corporate money. But they hold that place on the dial that is not beholden to anyone, which is really great. What I've noticed in relationship to podcasts is that my, you know, my kids keep sending me podcasts to listen to because that is more of their world. And I find it's fabulous to, while I'm cooking and chopping vegetables, that I don't have to turn on the radio and just wonder what's on, you know, are they talking about, you know, politics again? Are they talking about something that I'm totally uninterested in? So the beauty of podcasts is that I can listen to something on mental health. I can listen to something.

Rona Renner, RN ([46:33](#)):

And it's a way for people to get information to other people without having them sitting and reading. So there's, there are a lot of people who still love reading books. And I think it's fabulous. I have a husband who reads all the time, but more and more people don't have time for that. And so they are turning to podcasts and you get to decide, you know, what, you're interested in, what other people are in. And it reaches a diverse audience and that's the beauty of it. And, you know, what's interesting too, Keith is people like yourself or, you know, Brenae brown or other people who originally were not in the, in the field of, you know, doing radio or podcasts have found an outlet just like you said, to pass on their information. And that's what I see. And that's what I loved about radio. I realized I had learned a lot and I wanted to pass that on as part of my legacy. And I also learned by the people I interview, as I know you do. So I think it's really taken off and it's an overload also. Like sometimes I find myself thinking, oh my God, what am I going to listen to so much? Right. There's so much I'm interested in. How did you decide to do the podcast? Just because you wanted to get more information out there.

Dr. Sutton ([48:12](#)):

I mean, I've thought of this for many, many years. And I had listened to a lot of podcasts and I was interviewed by Dr. David van eyes, mental health.net, podcast some years ago. And I used to love that and let's do it. I mean, I'm, you know, I love learning when for a psychologist, you need to get 36 hours of continuing education every two years. And when I first got licensed, the first time I got my renewal, I actually added it all up and I had 320 hours of continuing education for all, you know, especially since kids, the number has gone way down, but running and listening to podcasts or having conversations and that's part of why my fruit practice Institute, as you were in, you know, it was about having conversations and keeping each other up to date and learning and so on.

Dr. Sutton ([49:05](#)):

And so yeah, I just thought it would be great to, you know, there was so many, so many things that I was interested in and I was thinking, oh, it'd be great to have a conversation and record it and put it out

there for others. And particularly to, you know, there's the areas of interest that I have in working with families and couples and working systemically and CBT and EMDR and evidence-based and so on, and kind of bringing that out there. But I think too, that for professionals as well as for clients, multiple ways of getting information out there. There's been the podcasts of course are really big, books, of course, there's also a lot more online programs. I'm doing the myself personally, the noom app, which is kind of a eating and exercise kind of app and just, it's a really clever way of providing and it's, it's a cognitive behavioral therapy baseline, but a clever way of just getting information to folks and mental health information to, and putting it in their hands.

Dr. Sutton ([50:06](#)):

Because I think that, and, and I'll know the people that I've interviewed, you know, have really been interested in how do we help get this in the more folks hands, it's good if they can come in and meet with us weekly or so on and, you know, pay for that, or, but, but also, you know, how can, how can we get this out for more folks? And I love that, you know, Oprah's doing the, the, TV show that she's been doing with prince Harry and so on and getting information out. And Bernay, Brown's Netflix specials. Like there's, it's great that it's getting more and more into the culture and being more and more available. And, and so on.

Rona Renner, RN ([50:42](#)):

You know, part of it is that our medical health system doesn't do enough in regard to mental health, especially, but health education in general. Kaiser Is pretty good about health education, but we also know that there's problems with access to mental health care, not only there, but in, in most health systems. And so the podcasts are a way to give people more information so they can be, have more agency in terms of their own health. Again, and mental health, as well as physical health. And it's all connected anyway. So, there, you get more information, more support, more agency, and we needed because these other systems don't provide it. And then there's the inequities in terms of who can get access to mental health care, who can afford it. And I know, you know, with your organization, you have worked to try and and make, um, you know, one arm of your work so that people who are lower income can also access, right.

Rona Renner, RN ([51:55](#)):

But it's really hard. And so there's a necessity for it. And, you know, doing the radio show doing about health is really interesting because I do a call-in show and it, it's not easy. It's challenging because I have to keep in mind that the listeners are listening. And so I can't, I can't talk to one person for too long. you know, and we're not diagnosing over the air. And so it has to stay sort of fresh and interesting, but it gives people a chance to ask a question that they either haven't asked the doctor or embarrassed to ask their doctor or think it's not important enough, whatever it is. And I, I believe deeply in communicating with people and try to help people ask those questions so they can take care of their own health best they can. And I think podcasts and also radio this, there's not a lot of call-in shows. So we are kind of unique in that way, are wonderful avenues for that.

Dr. Sutton ([53:07](#)):

Well, it's a nice way to engage with the information, right? Because also, you know, it's, it creates enough of the novelty of you don't know what's going to come in from a phone call. So as a listener, even if you're not calling in hearing these different folks, and I know there was lots of, you know, there was a lot of sex education with Dr. Drew's love lines, and so on many years ago and with your health

program and so on. And I think that was something that was good, cause it was engaging to engage people to want to listen. And at the same time, like you're saying, making it accessible for everybody, because it's on the radio, it's free, it's accessible. Even if you don't have a computer, even if you don't have, whatever downloadable, you know, whatever minutes or so on, on your phone or whatever it might be.

Dr. Sutton ([53:51](#)):

So, you know, I, I really appreciate all the work that you've done and I'm so appreciative of getting, you know, really that taking it from the work you are doing at Kaiser and, you know, kind of then, you know, bringing that to family as in the classes and then even bringing that out and into the broader world with the radio show, because I think that's, again, it's such a so important and I've loved your vision and it was so nice to hear your story of, of really kind of that calling to do this work and really setting on that path and achieving that. so I thank you so much for taking the time today and talking about the, with us all today.

Rona Renner, RN ([54:31](#)):

You're very welcome Keith. You know, the motto I have at the end of my book is world peace begins at home. So if we can all do our best to the best of our ability to have connection and peace at home, then it has a ripple effect. And hopefully we can make a difference in the world.

Dr. Sutton ([54:54](#)):

Wonderful, but you definitely are. Thank you so much for your time. Appreciate it. Take care.

Rona Renner, RN ([55:02](#)):

Great to see you bye-bye.

Speaker 2 ([55:06](#)):

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Speaker 1 ([56:09](#)):

[inaudible].