

Brain Club®: The Podcast - S1E17 - ABB Behind the Scenes Part 2

TRANSCRIPT

Mel Houser: [00:00:00] Hello! Welcome to Brain Club: The Podcast, a space for learning, unlearning, and reimagining new ways of being together in neuro inclusive community. I'm Dr. Mel Houser, Executive Director of All Brains Belong Vermont.

Brain Club is All Brains Belong's community education program where we demonstrate our approach to neuro inclusive culture through community panels, guest speakers, and book chats. It's a place where we shift broader community awareness about the issues of concern and importance to neurodivergent people in our community and promote new ways of thinking and being in community together. It's a place where we transform culture by modeling what's possible, an invitation to think differently about health, connection and how we build systems that include everyone. Each episode features community panelists, sharing perspectives and lived experiences. We hope you'll listen with curiosity and reflect on what it brings up for your own life.

Everything here is for education purposes only and not medical advice.

Before we get started, our book is launching, *A Failure of Imagination: How the Healthcare System Fails Neurodivergent People, and What We're Doing Instead*. Visit allbrainsbelong.org/book to learn more and get your copy

This episode is part two of our behind-the-scenes look at All Brains Belong. We're passing the mic to three of our Brain Club community moderators, Amy Noyes, Elizabeth Carney, and MKazas, interviewing me about ABB's systems for gathering feedback, making decisions, shifting power, and supporting staff and patients to thrive.

If you missed part one of this interview, go back and listen, where we talk about the real story of how ABB got started. Here goes part two.

Elizabeth Carney: I wanted to kind of peel back and go back to some fundamental things about you and about the practice.

Mel Houser: I was introduced to primary care. It was very clear to me that there was nothing else that I would do and that this would be like how this is gonna go. I found that experience, like the way that the people who worked in this practice, the way they were with patients was different than [00:02:00] I was seeing on my official rotations because they loved what they were doing.

And they took their time, the system was designed to give them extra time. You know, they had 30 minute appointments, nobody else had that in a, in a traditional- Yeah. ... you know, hospital and practice. So they had enough time. They took their time. They cared about patients. Um, you know, we made home visits.

We did, like, all kinds of stuff that was- Wow. ... that was amazing. Um, and so I went to residency knowing that I'd come back and do that. Mm. And I chose a residency program that was very, like, autonomy promoting, gave you so much flexibility. Some people didn't like it because it was, like, a lot of responsibility to, like, arrange your own electives and, like, give yourself structure.

And, like, I loved this. So it was, like, a PDA wonderland of- ... Of, like, nice people who, like, cared about patients. Everybody loved [00:03:00] their patient. Oh, my faculty at residency was, they were amazing. They

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had, like, magical energy where they loved their patients. They loved what they were doing. They, like, cared about me as a human.

Like, and my colleagues were all amazing. Like, I just, I loved residency. I would've stayed, I would've stayed a resident forever. Like, honestly, I love residency so much. I've never heard anybody say that ever. Um, I would've stayed a resident forever, and particularly when I was chief resident, I loved that.

Like, that was my favorite thing I've ever done, because I got to build some systems, and I got to- Yes. Yeah. ... culture, and I got to take care of my little baby ducklings. And- Yeah. ... I, like, it was, like, it was great. And it taught me this, like, systems perspective of, like, I could go talk to the program director who was, who is, who is still a really influential mentor of mine.

I could go to my program director and be like, "The residents want an extra hour of a burnout prevention workshop." And he'd be like, "Do you know how much it costs to cancel patients for an [00:04:00] hour for the whole practice?" Nope. He's like- You're about to. ... \$30,000. You want your workshop? And I'd be like, "No, sir."

Right? So, like, I learned so much that year of, like, constantly shifting. And I think it's that, like, hierarchy of ethics, hierarchy of needs, internal conflicting access needs of a system- Yeah. ... and your people and your patients and, like, how do you then factor in, like, boundaries and burnout prevention or burnout reduction or wellness promotion or, like, all these things about being a human in this sphere-

Elizabeth Carney: Mm.

Mel Houser: Yeah. ... pretty well functioning and good for patient system. I got to train in a system that was good for patients and really cared about patient safety. Like, I really loved residency. I, like, I didn't know, I didn't know how rare that was. Long-winded answer to your question is, like, a big factor was, like, [00:05:00] positive mentorship that, like, I knew how I wanted to be in the world.

Elizabeth Carney: Mm-hmm.

Mel Houser: Like, a very clear, like, this is how I wanted to feel and this is how I want it to be. And when I would encounter, and I would very often encounter outside of these people, I would encounter, like, what the, what broken systems do, how they break-

Elizabeth Carney: Mm. Mm-hmm. .

Mel Houser: .. And how they c- um, not corrupt them, but they burn them out and have a language for access needs and, like, you know, don't have access to your cortex.

I didn't have access, I didn't, like, have that framework, but I saw I could spot burnout or as a, as a, as a trainee, I could spot burnout on other people. And I'd be like, "You're burned out and you're burned out because the system broke you. " Like, that was so- clear to me. And so when COVID threatened my internal hierarchy of needs, namely [00:06:00] bottom of the pyramid to feel safe-

Elizabeth Carney: Yeah.

Mel Houser: to be safe- Yeah. ... I didn't know what to do.

Elizabeth Carney: Interesting. Um, and, and surprising, um, you know, I really appreciate that I've been able to get to know you in these different types of spaces, but I know about you, is, um, you just seem to be a

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person who's curious about a lot of different things, and you sort of have the ability to, um, the ability to observe at a systems level what's going on, you can see the weaknesses, and you have a desire to, um, point those out and change them for the better.

So that just, that whole story is, is so interesting to me What it says to [00:07:00] me is, I mean, I, I think we know this and we knew this and maybe some of our pattern matchy folks knew it sooner. Like, we knew that the, we knew that the system could not, um, tolerate a shock like COVID, right? And so that made people act in unpredictable ways, um, and it made, it made, like, and the pressure of that caused people with decision making power to make poor decisions-

Mel Houser: Yes.

Elizabeth Carney: and to make the wrong decisions.

Mel Houser: Yes. That's exactly how I wrote it in the draft of the book. Oh, yeah. Exactly what I wrote because it's like systems, even, you know, well-designed systems that did good work, it's like scarcity mindset of- [00:08:00] Yeah, yeah. ... crisis and chaos leads systems to not do the right thing.

Elizabeth Carney: Yeah. Yeah. And it, and the direness of it made the stakes feel to those people in positions of power, like, like they had to make decisions and they couldn't call them back, you know, like- Right. ... and so they ended up making poor decisions that they then couldn't call back to, to, to self-correct. And it was

And the people who could not tolerate that are the people like you and I- canaries in the coalmine.

Mel Houser: Yeah, that's right. That's right.

Elizabeth Carney: You know, and, um, and we, and I see this r- you know, I see this reverberating in education, I see this reverberating in government, I see this [00:09:00] reverberating in all kinds of systems.

And, what we bear is we have to live authentically and that means staying firm against those poor decisions and being the ones to point out, like, you don't have to stay in that poor decision, you can call it back. You have to have self-awareness before-

Mel Houser: Right. .

Elizabeth Carney: .. You can even be aware that you are, like, what is the basis on which you are making a decision?

Mel Houser: I think that there are people who, they just make decisions and they don't necessarily have a system for decision making. Mm-hmm. Like I was talking about this with Sierra earlier, like- Mm. ... I feel like, one, we have a process for decision making. Like, I don't just, like, make decisions and, like, tell people, like, "I made a decision today.." I, like, got a fair amount of [00:10:00] input. It sometimes goes over, we get feedback for a month, sometimes it's we get feedback- Yeah. ... for an hour, but, like, we have a process, we get feedback, we collect a feedback, we think about the, you know, we try to imagine - we bring in autistic forecasting combined with feedback, and then, like, we play it out, we scenario plan.

Anyway, we have, like, that as a process.

Elizabeth Carney: I see it's, it's like, I see the pattern, help, help me zoom out so that the, so that if it's, if it's, if I'm seeing, like, a, like a ghost pattern, um, like, maybe there's, maybe there's more signal noise here than I'm allowing for.

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Mel Houser: That is a cortex prompt that my brain can't generate in moments like this.

We have a process for decision making. Like, we also have this, like, hierarchy of ethics. So, like, on a day-to-day basis, you know, [00:11:00] patient threatened staff, we choose staff. It's like rock paper scissors. We have a rock paper scissors of ethics in this place. Someone threatens patient. We're gonna ... I don't know, I, like, lost the rock paper scissor thing, but, like, it's, if paper tried to clobber rock, like, we just, we, we're not gonna let people hurt the patients.

Elizabeth Carney: Right. Right.

Mel Houser: Unless patient tries to hurt staff.

Elizabeth Carney: Yeah. Yeah. I, yes, I see where you're going there. But what you're talking about is power over.

Mel Houser: Right. It is involuntary, automatic, we will right this power over move.

Mkzas: I know so many of us live in a thing, happen, react, respond, go, go, go, grieve the thing, simultaneously react to the next thing, and then, like, rinse repeat over and over and over again. Like, there's never a moment to pause. Yes. Yeah. And, I mean, that's school, that's Medicaid, that's the shit show, the government [00:12:00] going on, right? I mean, it's, like, everything. It's, you know, having to argue with a pharmacy for 4,000th time in a week. Do you live in that place too, or have you found a way to not live in that place?

Mel Houser: I think I have some, like, routines or even rituals around at least the cognitive, the cognitive piece of pause. So, like, for example, um, this Monday at our staff meeting, we did our monthly retrospective look back at the previous month where it's like, "What went well? What did not go well? What do you need from the team? What's your most important thing that you wish are different?" Not that you wish you were different in, but, like, how do you want your environment or your job to be different in the next month? It's a template that people, if they wanna, like, think about it in advance and I do that over the course of a week or two.

, I don't think that I would make time for it on my own. So the fact that it's, like, part of a team ritual that's, like, baked into our [00:13:00] operating system is, is really helpful. Otherwise, I think that we have little mini versions of that. Like, I mean, almost like every staff meeting is that, and even, like, one-on-one meetings with staff are like that.

And it's the idea of, like, setting really clear priorities of this is what the quarterly goals are, these are what the monthly priorities are, this is what we're doing this week. And then if something else new comes up, something old has to come off the list and go into the inactive pipeline because you can't just keep adding stuff.

Mkzas: We all have energy metabolism stuff. Do you feel like, in that context, you still have access to your own, like, creativity and autonomy and, um, like, the best parts that make you, you, [00:14:00] or do you feel like they, like, get submerged on and off or do you feel like they're deep under water? Like, where, where do you feel you as your best self are able to live these days?

Mel Houser: Amazing question. I think probably the middle option of, like, submerged on and off. And sometimes, sometimes it's, like, when I feel like it's gone, when I've reached that place, that's the signal of, like, "Oh, you have autonomy. Cancel everything." You know, but it takes that before I remember, because it's almost like you reproduce, I reproduce the conditions that I have been socialized in or acculturated in of like, "Oh, no, you don't need to do that thing that you just- why don't you just do that thing? " So then I double down

and get really rigid about my boundaries and then I feel bad and I, like, overshoot in that way. So, it's [00:15:00] constantly, like, this pull of, like, burnout and boundaries.

Mkzas: Yeah.

Mel Houser: What is creativity? Creativity is, like, systems for me.

Mkzas: Yeah.

Mel Houser: Like, my best self is building a system or a workflow of a thing or taking a thing and breaking it down into some steps visually, whether it's something I'm gonna do or something someone else is gonna do. The other place that creativity looks, even though I guess I have more skills at writing, I don't enjoy writing.

I don't like it at all. I'm not interested in doing it. I say this as I'm writing a book, but I don't really enjoy that at all. But I want it to exist. That's probably a good analogy that happens a lot of, like, I want a thing to exist or even I need a thing to exist, and so I have to create it, and I can try to figure out how to create it in a way that is not going to ruin my life. I spend a lot of time doing [00:16:00] that.

The other place that creativity happens is actually Brain Club interviews. I love making Brain Club videos. I'm not good at it. I'm very inefficient at it and I'm clumsy with it because it involves, like, hand-eye coordination and technology, which are, like, not really, you know, it's not really my jam, but, like, the expression of bringing out the themes by putting the things in the order and making it seem like synchronous conversations were happening that weren't synchronous.

I love that. So I try to do that. I try to balance. I'm like, "Well, if left to my own devices, I would kind of make Brain Club videos all day." Turns out that's not revenue generating. So because I've chosen to have a staff and to have a building and have malpractice insurance and all that, like, I should probably, you know, generate some revenue, so there's that.[00:17:00]

Um, but a ton of video editing. That drains my battery so much. I cannot do three, even two videos, but I can't be video editing every day, so I have to, so I, I generally try to do two at a time.

Mkzas: Yeah.

Mel Houser: And I generally try to be editing soon after doing the interviews myself.

So I took the other thing of, like, if I'm not getting joy out of making the Brain Club video, we do some repeats. Kind of dialing it up and dialing it down is an access need, I think.

Mkzas: Yeah.

Mel Houser: ... When I don't have energy, I cannot fabricate energy. I'm not gonna cancel a patient visit because I'm tired.

I'm gonna, like, suck it up and push through and feel like shit and crash. Like, I'm gonna do that, but for a brain club interview, no, I'm not gonna do that. I'm gonna find some other video that serves the theme.

Mkzas: Yeah. Yeah. That makes sense.

Mel Houser: I mean, when I, when I think about the idea that everyone talks about, procrastination, procrastination is really the wrong word.

It's that my brain can get [00:18:00] there right now, and so I will do the thing. And if my brain can't get there right now, then I shouldn't do the thing because it will be a disaster. It's PDA.

Mkzas: Yeah. It's like charge of energy. Yeah. It's like I've tried. I can, I can push through procrastination or I can push through my brain not getting there, but the product will suck and it won't be what it needs to be for the whatever it is that I'm doing, whether it's a school thing or a work thing or a life thing or building shelves or anything I even wanna do.

If I can't get my, my head and body there, the way that you're talking about balancing making the brain club videos with not making the brain club videos and, like, you know, is like when your brain is there and you're making them, then it's like dopamine producing and all the, all the right ways and it's creating everything that's needed, including this incredible product.

And the way that you do them is phenomenal.

Mel Houser: Thank you.

Mkzas: And then if, if you're not there, then you pause and you do something else with your time until your brain is ready to do that thing.

Mel Houser: Right. Including stare at the wall. Yeah. Which is an important piece of [00:19:00] actually making Brain Club videos- Yeah. ... and, and being a doctor and being a teacher and being a person.

Mkzas: Totally. Yes, it's an important part of being a person. It's a really important part of being a person.

Elizabeth Carney: So at what, at what point did Brain Club come into the space then?

Mel Houser: Yeah, so the story of Brain Club, two weeks before we launch, they announced, uh, the, uh, emergency exemption for, uh, Pfizer's COVID vaccine for the age 5-11.

It's two weeks of. And I, I've got a four-year-old who's gonna be five, and I'm like, "No way are they going to the mall." And I think, you know, like, right? Like, so- Yes. Yeah. So, we had to do a lot of preparation for all of that. It was, it's a disaster. Yeah. It's a total disaster, right? So anyway, so I have this idea, I'm like, we should just do a vaccine clinic.

We just built the menu for the healthcare practice we're about to launch. We had community input already. We, knew what the [00:20:00] people wanted in the community because we asked them, so I'm like, why don't we just use this for the public? It'd be, like, a really ...

like, we didn't advertise the organization at all.

I was like, "Well, we're just gonna, like, serve the community and, like, people will find out what we're doing." So I contacted the Department of Health. I was like, "Hey, we have this new practice, you know, focusing on neurodivergent people with complex disabilities and, you know, these are all people who, like, can't get vaccines.

So, like, can we just, like, do a vaccine clinic?" And she was like, "Well, we don't have any money for you. " I was like, "No, no, I don't need money. I just, like, wanna have a vaccine clinic. Can you, like, get me vaccine?" And she was like, "You don't need money?" I was like, "No." She's like, "What?" " I want you to come with vaccine and give the vaccines because I don't have a staff."

And I didn't have any furniture, but I didn't tell her that. So I was like, "We will have to do it outside, you know, because of the people needing car vaccines." She was like, "Okay." But I wasn't like, "'Cause we don't have any furniture and [00:21:00] nobody works here."

Elizabeth Carney: Potato Potato. Right.

Mel Houser: Yeah, right? So anyway, so that was our first vaccine clinic that WCAX came to, right? So that's the story. The first vaccine clinic was, like, the best. It was the best and, like, people came from two hours away- Oh, yeah. ... , they tried, like, five other places and they couldn't get vaccines, you know-

Elizabeth Carney: Yeah.

Mel Houser: anyway. Yeah. So we had a debrief after the first vaccine clinic about, like, you know, hey, one of the things that came out here is that not everyone got vaccine because we, ethical hierarchy, we do not restrain. We do not coerce. Yeah. We do not shame sweet little loves, like ethical hierarchy. What that means is, if that's the foundation of the pyramid, you may not get vaccine.

That's all. And so we recorded a conversation, like, for 10 minutes about this, and we put it on YouTube. People lost their minds hearing about it from all kinds of people around, like, "I've never heard this. You have healthcare providers talking about this, like, oh my God." [00:22:00] 'Cause it's like, you carry this thing as a family of, the healthcare system is rejecting me because I'm saying, "Don't restrain my kid."

Elizabeth Carney: Yes.

Mel Houser: And that's where Brain Club came from of, like, we have to give people language-

Elizabeth Carney: Mm. Yeah.

Mel Houser: ... Understand their experiences so that when they say, "I do not feel safe," they understand, like, what is happening at a nervous system level. Anyway, so Brain Club launched, a month later. And what's really interesting is, you have people who, came into the community through Brain Club-

Elizabeth Carney: mm-hmm.

Mel Houser: Like, very meta because we're, like, shifting community culture, which shifts culture outside the community, but, very meta, people are also, looking at their microcultures and their families and their workplaces and their experiences. Like, Brain Club is a culture shift project.

Elizabeth Carney: It sure is. It sure is. How has your own health informed how you practice?

Mel Houser: Yeah. The interesting thing is that though, you [00:23:00] know, in retrospect, I have had, like, prodromal, not that big a deal, , has had episodic 'ruining my life and scaring me' stories throughout my life of having all the things. Like, yes, I've had All the Things all my life, but, generally I functioned. Was an athlete. You know, but then six weeks into launching All Brains Belong, I slipped on the ice and landed on my head and got a mild traumatic brain injury. And I got MECFS from that. MECFS, I had before COVID and COVID just made it worse. So I have myalgic encephalomyelitis from my head injury-

Elizabeth Carney: mm-hmm.

Mel Houser: And now all of a sudden, I have the medical problems that my patients have. The ABB model would have [00:24:00] been different if I didn't have All the Things and wasn't actively learning from the rest of

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the community, - I mean, I don't know, but I probably started with, like, PDA attitudes about healthcare power dynamics and patient autonomy and, probably was not starting from a place of traditional healthcare dynamics, but, the non-hierarchical community healing, I think would've been different.

Elizabeth Carney: Mm.

Mel Houser: And so in that context, we're, so we're, we're growing the practice, we hire Sierra, we're taking more patients, people have this constellation of intertwined medical problems, we're seeing this.

I didn't, I didn't, like, pattern match for myself yet. Like, I didn't know about MECFS, I didn't know about Ehlers-Danlos syndrome, I didn't know about these things. I, like, knew about [00:25:00] POTS, but I, you know, I knew I was experiencing POTS, but, anyway, we keep plugging along and , I'm seeing patients with the constellation and I'm worrying that I'm, you know, having a confirmatory bias.

So I stopped seeing new patients.

Elizabeth Carney: Mm.

Mel Houser: I said, "Sierra, you're gonna see all the new patients, and we're not gonna talk about them till, like, they've been here a while." She's like, "All right." So then, like, four months in, she's like, "Dude, all the patients have All the Things. It's exactly what you said. This is so weird."

So, like, a month into my illness, we start our task force of interdisciplinary professionals and patients, coming together to dig through the literature on, like, how do you manage these things?

Elizabeth Carney: Mm.

Mel Houser: And specifically, amongst a group whose needs were not met by traditional healthcare system, who is more likely to have this constellation, what are the patterns they're telling us about what works and does not work?

I mean, we didn't even have group medical appointments back then.

Elizabeth Carney: Right.

Mel Houser: Yeah. The model came from the idea of, we're gonna bring a whole bunch of people [00:26:00] together. They're gonna be interdisciplinary professionals, and people with lived experience and people who had both.

And this is what we're gonna do. And that, that, you know, yeah, we, you know, built the ATT guide, but we developed a model of healthcare out of that. And, like, I think in a way that we're all this together, we're figuring it out, and we're sharing resources. And I think it, hopefully, flattened the hierarchy.

Elizabeth Carney: Mm.

Mel Houser: At least that was the goal of just, like, I'm not an expert at this, but, , I'm gonna tell you what I know and you're gonna tell me what you know, and we're gonna respect your autonomy to make choices that work for you. We found that, there are some things that people didn't know. So for example, you know, if somebody's got chronic pain and they get prescribed a muscle relaxant, well, now their sleep apnea is worse, makes their dysautonomia worse, or, you know, people who, they're wearing compression socks for their POTS, but it's, like, cutting off their blood flow.

And, I look down and now my [00:27:00] feet are purple and I have no-- just anyway, I'm experiencing this with people. So I'm like-

Elizabeth Carney: Oh wow. ...

Mel Houser: i'm experiencing it in a way that I'd never experienced before. And so, like, then we start our group medical visit program, which we didn't have before. We're starting it in this whole context about teaching people what we're learning. We started these small groups that were small enough to get medication management. So it's this combination of deep education, community building, actual medication management, and that became the model.

And then in that first year in 2023, when we did, we did anonymous feedback and we kinda knew who was coming to group medical appointments and who did not. We didn't know who was filling out the surveys, but they had different surveys. We sent them to different people, whether you came to groups regularly or you didn't. And the people who came to groups regularly were far more likely to be more satisfied with their health, to feel like their health was improving, feel like they could get medical care as often as they needed it, that they understand their health.

Like, [00:28:00] it was very clear that was the superior option. We're like, "All right, that's what we do now."

I mean, I don't know how much this is, but, like, some people appreciate that-- I mean, I don't have all the medical problems that people have, but I have a lot of them, and that has been really helpful-

Elizabeth Carney: Mm.

Mel Houser: you know, to be able to tell someone, like, "There's this weird side effect that happens with this medicine that's, like, not described and, like, wasn't part of my training." But, like, I can tell you what this is like. And, like, "Hey, this is this strategy that's been really helpful. And, oh, hey, when I, when I noticed that my lips are white, I'll get a headache in 30 minutes because I'm not perfusing my brain, so I gotta go lay down," right?

So, like, there are these things- Yeah. ... I would never have known. Someone would come to me and, like, I'd try to, you know, be patient-centered and, like, whatever somebody says is happening, is their truth? I don't, like, question it or, like, you know, I'd wonder, you know, I'd sort of collect, like, I'll add that to my collection of things that people have told me are true.

And I'm like, "Oh, wow, I heard that [00:29:00] last week, right?" But, like, I have exploded the collection of these, like, bizarro symptoms that now I have the lens of neuroimmune conditions that, now I understand, like, that's so weird that my lips are bright white while I'm upright, you know? Not to say that, like, I'm grateful that I feel like crap most of the time. Not to say that's true, and there have been some, true deep advantages that I think have been good for patients.

Amy Noyes: You said over the past years, I've watched you put so much time and energy into creating all brains belong. What keeps you going, what inspires you the most about the work you're doing?

Mel Houser: Interesting. I don't... Thank you for saying that.[00:30:00]

I mean, the real answer to the question is, like,

monotropism.

So, like, what started was not like, "I wanna change..." I mean, like, yeah, like, we got- I know. ... world, but, like, change the world was, like, on the side. The primary getting started was, like, I'm a caged animal in the corner being harmed.

Amy Noyes: Yes.

Mel Houser: Um, and then, like, "Oh, well, here's a good idea. Hey, it's gonna ch-..." I mean, it's interesting. I didn't even think at the beginning there would be any, like, world changing, right?

Amy Noyes: Mm-hmm.

Mel Houser: It was, it was, like, we're gonna have a medical practice that's not gonna suck. Yeah. And we, like, you know, did the community focus groups and we, like, and we read the literature and we, like, designed the medical programs to hopefully be more accessible and inclusive, based on community input.

Like, we did all that, but it wasn't to change the world. It was just to, like, literally just have an alternative to things that suck.

Amy Noyes: Yeah.

Mel Houser: You know, it's sort of [00:31:00] become a changing the world thing.

Amy Noyes: Mm-hmm.

Mel Houser: And the changing the world, the radical learning and unlearning, the radical narrative changing, ... I don't actually identify as an advocate. Like, doesn't feel that way. It feels like, "Oh, can we hide underground and do our own thing and have nobody know we exist?" Like, and at the same time balancing with, "I want everyone to know that this exists."

Elizabeth Carney: The concept of, ... I'm gonna get this wrong, but it's basically, like, f- feeling morm and fuzzy to everybody.

Mel Houser: Oh, unconditional positive regard.

Elizabeth Carney: That one.

Mel Houser: That's great. Like, your description of it, , I just know what you're talking about. Yeah, that came from one of my faculty in residency.

Elizabeth Carney: Yeah. I, I think I'm trying to model that, you know, in, in this space, in the brain club space, in, in other spaces in the community.

And I think it's so helpful because if we [00:32:00] can, if we know we can get that in this space, the predictability of systems, this space is always going to feel safe in ways that other spaces don't feel safe because that is not a, a core tenant, so I appreciate that. Well, I appreciate ...

Mel Houser: it's interesting that you say that because I forgot that's a thing I cared about. No. I mean, really, when I get dysregulated, I forget because in the hierarchy of the pyramid. It's a higher level, it's, it's a higher level thing.

Elizabeth Carney: Well, it's related.

Mel Houser: When I feel unsafe, I do not have unconditional positive regard.

Elizabeth Carney: Sure, sure.

Mel Houser: And so I need co-regulation-

Elizabeth Carney: Yes.

Mel Houser: like often what will happen for you as a moderator is, I'll make a comment and you'll be like, you'll cue "Remember we do that thing about conditional positive regard?" And I'll be like, "Oh yeah, that's something I care about. " And then I'll, like, pull back down and, remember

Elizabeth Carney: That's a beautiful part of, like, the interdependence of the community, [00:33:00] right?

Mel Houser: Yeah. And I think that, like, that energy ...

Elizabeth Carney: you're absolutely right.

Mel Houser: And even, you know, I, even energetically seeing the words that people even use in the chat that cue unconditional positive regard, I'm hoping, you know, co-regulate community members to be able to be in the space and it does take work to be in the space.

Elizabeth Carney: It does.

Mel Houser: Yeah. When we say unconditional positive regard, that doesn't mean we let you hurt people. And I think the dynamic tension that I have is, like, I can't choose when I feel unconditional positive regard. I often don't feel unconditional positive regard. So I have this, like, dynamic tension with, like, authenticity-

Elizabeth Carney: Mm.

Mel Houser: and how I know will co-regulate by putting signals out into the universe, but that I can't pick whether I have them [00:34:00] to send.

Elizabeth Carney: Mm-hmm.

Mel Houser: And if you would, like, stop making the people feel unsafe, I might have unconditional positive regard and be able to show up authentically, but instead I'm gonna choose authenticity and throw myself in front of the train to protect the collective and, the dynamic tension between unconditional positive regard and protect the collective, that is a tension that I am still deeply reckoning with and I find it challenging.

Elizabeth Carney: We, I think we always will. I think, you know, when you have a space that's open to the public, like, that's always going to be a tension and it's a good, it's a good tension to have because it keeps the values crystallized.

Mel Houser: Yes.

Thank you again to Amy Noyes, Elizabeth Carney, and Mkazas, not only for this interview, but for the past two years as community moderators and stewards of the Brain Club program

If you wanna keep exploring with us, you can join our Live Brain Club events most Tuesdays at 6:00 PM Eastern. You can also dig into our free digital resource library with all the recordings from the past four years [00:35:00] at allbrainsbelong.org.

You're not alone, and we're glad you're here. See you next time.