



The Solari Report

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Neurofeedback & Autism with Lynette Louise



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C. AUSTIN FITTS: Lynette, thank you very much for joining us on *The Solari Report*. I appreciate your taking the time to do this. And before we dive in and start talking about neurofeedback and how it can help autistic children and other people, maybe you could just very briefly go through an introduction to your works and your books.

I'm sitting here looking at *Miracles are Made: A Real-Life Guide to Autism*. So go ahead and just give us an overview of your work and your books.

LYNETTE LOUISE: Okay. Sure. But first let me thank you. Because part of the answer to your question is – the way that you help people with neurofeedback and the various therapies that I employ to reach families that deal with different brain disorders is through people like you sharing the audience that you've built up, that respect you and your guests.

And so I appreciate you for having me on. And thank you so much. It's lovely to be here. My work: I began as a parent, as is often the case with – I don't know about other fields. But certainly fields where there's any kind of mental challenge – even your counselor probably had something. So it tends to be collected around folks that have real-life experience, and that's really true in the world of autism.

Parents that have to help their children, find there's a milieu of services now. And way back when I was doing it, there were none. And so you end up having to self-educate, and learn how to cope, and see what works and what doesn't work and – what is the difference between coping and healing?

And you go through so much that you become much more the expert,



very often – most of the time – than the experts themselves. And so they become your consultants and just sort of share their little piece of the world – whether it's your doctor or your neurofeedback person or whatever.

So myself, I adopted four kids that were on the spectrum. And they were all in different places on the spectrum. So not only did I get that experience, but I got the experience of knowing that what worked for the goose didn't necessarily work for the gander.

C. AUSTIN FITTS: Let me just stop you for a second. Could you explain what you mean by the “spectrum?” Because not everybody knows.

LYNETTE LOUISE: I would love to. And always do that for me, please. Because I'm used to speaking to parents who know what I mean. Understand – a spectrum – it applies to everything, whether you're in the spectrum of humanity or the spectrum of autism or the spectrum of OCD or the spectrum of a cold. There's no such thing as: we all get the same degree of it.

So you could have a light cold. You can have a cold that kills you. You can have a light touch of autism that looks like a quirky, interesting personality that has areas of difficulty. Or you can be so impacted in the world of autism that you're an adult that hasn't been able to use the toilet, who's hitting himself, that has no language, and is drooling still.

So this enormous, enormous gap between the one on the top and the one on the bottom is a big problem in autism, mainly because it's misrepresented so badly by the media. We show the savants. The media people show the savants, because they're a much cooler story.

A savant is when you have a special skill. So everyone always says, when they meet someone – and you say, “Oh, I have an autistic child.” “Oh, what's his special skill?” “Well, we're working on wiping the bum.”

You know? We have to put this in perspective. It's one of my – I stand on a soapbox going, “That's not what it's like. This is hard for folks. So



it's important to realize that there's this enormous spectrum.

And I was blessed and challenged by the fact that I adopted someone on the bottom, someone on the top, and a couple sort of in the middle.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: So I began that way, and I learned a lot of things along the way. A lot of it didn't work. Most of it didn't work. As I passed through, I ended up discovering the things that did work for every single one of them. And now every family that I work with and, remarkably, every brain disorder I've ever gone to help somebody with have been positively impacted by this therapy.

“Every family that I work with and, remarkably, every brain disorder I've ever gone to help somebody with have been positively impacted by this therapy.”

I've never come across anything that is so across the board. So, of course, I want to scream to the world. This is amazing. Check it out, at the very least – and that's neurofeedback. So I wrote a book.

Because how could you not? I felt obligated. I felt like this is what I can share, between case studies and life story. And now brain science – I'm in the middle of my PhD in psychophysiology. I mean I'm just so committed to try to get the credibility that makes my words listened to, because this is something that makes a difference every single time.

C. AUSTIN FITTS: Well, your book did, I thought, a very good job of giving you both a sense of all the different areas on the spectrum, but also how neurofeedback can attend – it's not one thing. And neurofeedback is a process and a training that can help all along the way. So you've got that sense.

LYNETTE LOUISE: Thank you. Good. And what's beautiful about neurofeedback is it's not intrusive. Not that I'm against medicine. But things like medicine or even light and sound therapy – they're intrusive and entrain the brain. They force a sort of change.



And I'm not comfortable with that, as a person who's doing the work. I want something where I invite change, where I excite a person to change and grow and reach and stretch. And that's how I do all the play therapy and behavioral approaches. I do advise a little bit on diet and supplements, but that's not where I'm educated.

So I like anything that'll invite change and recognize that the brain is so much more complex than we can even begin to know. And we know so much more than we used to.

So we want to respect this organism, this beautiful, amazing organization, this associative network of a hundred billion neurons and say, "Okay. I bow down to you. You know more than I. But I can tell, from out here, that you're doing a couple of things wrong, so let me give you that information."

Well, that sounds impossible to do. And here comes neurofeedback, and it becomes possible. It's a way of giving information to the brain, in a sense, in its own language. Because it's basically a binary code given in an auditory way. So it's a beep and a non-beep. And we put it in a game format and stuff.

But, really, it's a code – almost like the machine language of the computer. You know? It's the brain language saying yes or no – don't fire that way, or do fire that way. And it's simply by giving this almost a homing signal response in a beeping sound. You're able to encourage the person to try and make more beeps, which they only get when their brain is shifted in a direction of balance.

And when the brain shifts in a direction of balance, they see, and they feel, and they function better. And then the world operates by giving them great compliments and saying, "Wow. You're amazing."

And now the world takes over, and you take over, and your brain goes, "Well, why didn't you say that's what you wanted?"

C. AUSTIN FITTS: So just pretend that I know nothing about neurofeedback.



Do I sit down at a computer? What is it? And how does it –? Take me through it as a complete beginning. If I were to do a neurofeedback session, what happens?

LYNETTE LOUISE: Okay. So now you've got the concept. So let's look at the actualities. I would invite you to sit down. And if you were an autistic sensory defensive person, I might have to really earn that trust. But at some point, whether it's because I put sensors on your head and let you throw them across the room, you'll trust me – always.

So eventually, you'll sit or stand, hopefully nice and still, if I'm lucky. I'll clean your head with a little cleaner to get all the dead skin or the hairspray product or whatever off. It's just wet, with a little bit of sort of a granular feel to it. I'll clean that area, and then I'll stick on some conductive paste and a sensor. Just think of this as reading brains, not putting electricity in, because it looks intimidating. Because then you're going to put a sensor on it as a wire, which is attached to an amp, that then goes into a computer. So a lot of times, people see this, and they go, "Are they putting electricity in them?"

No. It's the same as when your doctor puts the stethoscope on your heart and is listening to you hear. We're putting a sensor on the head, and we're listening to the brain wave activity. Or like in an ultrasound, when you pass the wand over, and you're looking and seeing what's inside.

So we're seeing what's inside. We're looking at the EEG. And on my computer screen, I'll see the EEG. I'll see a graph that shows me that particular activity under that particular sensor. Let's just talk about one sensor. It'll get confusing.

And when I see that, I can – from experience and learning, I can go, "Oh, wow. This particular spot, in comparison to what it probably should be, has too much really low frequency brain wave activity. I'm going to set it up so that it does not beat – the game will not work."

Because there's a game computer too. So I'm going to set it up, that it won't work as well whenever this person makes a lot of this activity.



Then my computer is networked to another computer that the person's looking at.

So they're sitting there with sensors on their head, and they're going into an app, and they're looking at a screen that has a game on it – something really simple, like a Pac-Man eating dots in a maze.

So every time he eats a dot – and a beep comes from that activity of eating the dot – the brain is told, “Yes,” simply because you accomplished what you were after. That's how your brain learns. When you were a baby, and you were reaching to pick up a glass, and you didn't make it, your brain went, “Nope. Try again.” Eventually, you felt the glass in your hand, and it said, “Yes, that's it.”

And that's how your brain learns. So this is just working with what's already happening. And every time it beeps and eats, your brain goes, “Yes” like that. And so it learns that why it was able to do that was it reduced this activity that was in excess.

And slowly you shift that particular area into greater balance. And when that happens, neurochemicals change. The actual physiology underneath the sensor recreates itself – which it's doing all the time in response to the environment anyway.

C. AUSTIN FITTS: So walk us through sort of the life cycle of working with an autistic child. What happens? How long does it take? What's the progression when they start to use this technology?

LYNETTE LOUISE: Well, this is going to sound pretty miraculous. But I actually said it – remember, I was a parent. And I know that what always was hardest was keeping a therapy going.

C. AUSTIN FITTS: Yes.

LYNETTE LOUISE: It drains you financially. It just drains you. Driving. All of it. And so when I decided to really do this for a pupil, I tried to create a business, in a way where I made a living. I could support my family.



But, at the same time, I was enabling folks, so that they could do the therapy themselves, after I leave. And then I could go enable another group and another group and another group. So I'm always looking for clients, in that sense, because I do my job well enough to lose my job all the time.

I work myself out of work. So I fly to someone's home. Sometimes I work with hospitals and schools and stuff, but, predominantly, I go into someone's home. And in three days of working with an autistic child, minimum – but I can do it in three. It's tough. I like five.

In three days of working with an autistic child, I will walk in, and I will convince them to do neurofeedback. They'll discover that the neurofeedback helps them feel better. If they're non-verbal, I'll at least have a few words by the time I leave.

“In three days of working with an autistic child, I will walk in, and I will convince them to do neurofeedback.”

I will have gotten the whole family doing neurofeedback at least one time, taught them how to do it, showed them the things that their child is already doing and how they've changed in even these three days, create kind of an approach, and leave.

And they always look like deer in the headlights as I leave, like – “Are you serious? Did I just learn all that?” And so then I support them for free, for life, over the Internet via email. If they need more time from me, and I have to come to them, then, of course, I charge.

And if they need me to schedule an actual appointment time, I charge. But I answer emails. I go through reports. I do four to five hours free a day.

C. AUSTIN FITTS: Do you find that families can learn enough from you in three to five days so that they really keep it going and get progress?

LYNETTE LOUISE: Some families, I really have to keep guiding a lot for a



while. All families, when I've first left, email me a lot for the first bit, and are a bit panicked. Because it's really fast. And I really am asking them to change everything, not just neurofeedback.

Neurofeedback is amazing. But you can go to a clinic for neurofeedback. The reason this works so differently is partly because of this follow-up support.

But it's also because, technically, you can get someone who's very capable to run the neurofeedback, or you can get someone who just knows how to push the buttons and stick the things on the head.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: Both will work fine, as long as there's someone overseeing the choices. So that's my job. I continue to oversee the choices. I just teach them really basic skills.

And then I also teach them how to change the environment. Because think about this. The reason neurofeedback is so powerful is it's an environmental bit of information coming to the brain, and the brain just changes itself.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: So if you can also change the environment and how people are thinking and believing, then you are doubling the power of this – or tripling. So that's part of why it changes so quickly.

That part's harder. Teaching them how to push the buttons on the neurofeedback, and then answering question – one question every time they email me – and before you know it, a year has gone by, and they're as good as many clinicians in the field.

That's easier for me to do than recreate how they think about how their child thinks, and change the dynamics in the home.



C. AUSTIN FITTS: Right.

LYNETTE LOUISE: That's a much bigger challenge. And it's doable, and we do it. But that's the tougher part, actually, ironically.

C. AUSTIN FITTS: One of the things I found fascinating when I was reading *Miracles are Made* is your recommendation that the whole family participates. In other words, everybody does the neurofeedback. It's almost like you're working with the whole electromagnetic spectrum of the whole family.

LYNETTE LOUISE: Well, I am. Yes. Just think about one simple, simple dynamic. Let's say you're a person that whenever you're really tired, you get a little bit depressed.

And whenever you're a little depressed, your brain does what brains do. It scurries around looking for something to blame. Your child walks by, and you think, "Oh, he doesn't talk, and he's eight."

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: And as that happens, you go, "Oh, just go to the other room. Give me a minute. I just want someone who can talk."

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: You don't mean to do that. You don't mean to be cruel. You are a human being inside this dynamic, and you had a reaction to your own physiology.

But what if you had a therapy in the house, where whenever you started to feel yourself kind of slide down and lose your focus and intention and energy and joy – joie de vivre for life – you could sit down for half an hour and just stick something on your head, push the buttons Lynette said, relax back, and half an hour later, you go, "Hey, baby. Come here. Did you just say cookie. I think I heard cookie. I heard c-c-c. Do you want a cookie?" It changes it that dramatically, and that's why this is



huge.

C. AUSTIN FITTS: Right. Because, at some point, you really are dealing with the whole family system.

LYNETTE LOUISE: Yes. You break through all those loops.

C. AUSTIN FITTS: I know you've worked with so many autistic children, including your own. Have you found that this – in terms of coming back to a successful life and a productive life, how much of a difference can this make?

And how long will it take? And I know every situation's different.

LYNETTE LOUISE: Okay. I know. That's everybody's question. Yes. That's everybody's question.

C. AUSTIN FITTS: Yes.

LYNETTE LOUISE: But before I answer that, I just want to clarify that I don't just work with autism. I work with Parkinson's. I work with depression. I work with bipolar. And in most homes that I go into where there's an autistic kid – I work with anything there is – schizophrenia, all those things.

And in most homes with autism, you have other disorders inside, which is another good reason for treating the whole family, by the way. You might have a brother who doesn't have autism, but he's got ADHD, for example.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: So those dynamics really fly and reinforce the disorders in the house, and it's really nice if you can help everybody. And when you can help everybody – so that's why I wanted to start with that piece of the answer – when you can help everyone, when everyone embraces doing this and says, "Yes, we are a whole family that wants healing," this



goes quickly.

And by quickly, we have to put it in the perspective of: where is the child on the spectrum? And what is considered quick right now, today?

So I will give you some actual answers from actual cases. If I see a child, and they're a baby, and they've been – they're suspected of being on the spectrum. They're 18 months old. Probably three or four sessions, and then it will change the story, and you'll never have to get the diagnosis or know about it – honest to God.

“Probably three or four sessions, and then it will change the story, and you'll never have to get the diagnosis or know about it.”

C. AUSTIN FITTS: Wow.

LYNETTE LOUISE: Honest to God. If I see a child, and they're three and are severely impacted – and, again, this depends on the severity of the impact – maybe they're super, super inflamed and have some encephalitis. There's so much to consider here. But I know you want an answer, so I'm going to give you what I can.

So that was true – I've seen three year olds that, by the time they're four, were fine. We're talking. Everything's fine. They're social. They're that cute, neat kid.

And maybe when they're six, they start to get a little challenged with focus at school, and they start to fall behind a little bit. And so their family calls, and I say, “Well, pull out the neurofeedback. Let's do some more.”

And sometimes that's like an ADHD kind of thing, or they get a little OCD-ish. The stress of school. Maybe they get a little sensory again. But we turn it around again. Because their brain knows how, and we're catching it right away, because the parents have a tool.

C. AUSTIN FITTS: Right.



LYNETTE LOUISE: Let's say I meet the child. And they're seven or eight, and they have no language. I'll use language because it's such a common thing for people to call out for. But we could just as easily be talking about sensory issues, potty training. I mean there are a lot of aspects to autism.

And it's unfortunate that, in some ways, everyone thinks only language – because there's much, much more here. But we only have so much time.

So language – let's use – I'll just be like everyone else and talk about talking. And they're eight, and they don't talk. I walk in. I'll usually hear some words and readdress how everyone's listening and responding.

Because most kids are talking. They're just talking very badly. They're not pronouncing well. They have lots of sounds they can't make, and they're not making eye contact in the appropriate way, in order to let you know they're talking to you. They might talk and walk away. That might be their pattern. "I want to answer them, but I can't do it unless I've got my back to them, and I'm walking away, and I mutter."

So it's about educating people to know when the child is talking sometimes, catch it, and reshape it. I've never met a 100 percent non-verbal child. So that child is probably going to take –

And let's say that family – let's make it the other situation, where the family's not treating the whole family, they go, "No. No. No. I only want to treat my child," no matter what I say. So they only treat the child, so the dynamics don't change much in the home.

And so, therefore, the dynamics in their school situation doesn't change much. And they have a lot of direct trial stuff going. I would say that child's probably going to take four years to get non-generalized language. And then generalizing the language will take another couple.

And as soon as you change that answer to: the whole family's treating, and I get to rearrange a bit how it's approached by their educators, then I could say that in four years, we have generalized language.



C. AUSTIN FITTS: So the big variables are how early you start and then how much support there is in the environment to do this.

LYNETTE LOUISE: Right. And then something like – there’s a thing called “state-dependent learning” that is unfortunately not considered by most of the therapies. State-dependent learning is – when you learn something in a particular state, you have to be in that state to have good recall of that skill.

So let’s say you sit a child at a table in order to teach them how to speak. When they leave the table, they can’t speak anymore. Not always, but often. Yes. And it’s the same for us. If we study while we stay up late and drink lots of coffee, then without being overtired and caffeinated and walking around chatting, we may not be able to recall anything that we learned.

So the trick is to learn it in a way that you’re going to want to use it. And if your audience takes only that bit of information, it’ll change their lives.

C. AUSTIN FITTS: Well, one of the things I wanted to ask you about neurofeedback was – in addition to other children, to everybody. Because it sounds like it’s something that everyone pretty much can use.

LYNETTE LOUISE: Yes. I think one of the reasons it’s hard for me to get my voice out there as loud as I’d like it to be is because I say stuff like – “I’ve never met someone with depression that isn’t easy to help – easy to help.” And I’ve never met another neurofeedback therapist that doesn’t agree with that statement.

So that’s an interesting thing. I mean here you have a therapy that – when we talk autism, everybody’s going, “Oh, it’s so hard. It’s so hard.”

When you talk Parkinson’s – “Oh, it’s so hard.” But when you talk depression, every single one of us therapists at a convention goes: “Yes. Why can’t we just –? Isn’t that crazy. We can all just fix it.”



And yet it's a billion-dollar industry, so we're not allowed to say that. And maybe you'll get in trouble, and you'll have to edit this out. Like that's really the reality of it.

C. AUSTIN FITTS: Really?

LYNETTE LOUISE: Yes. That's the reality of it.

C. AUSTIN FITTS: Well, one of the reasons I ask is I'm a great believer, if I'm interested in something, in trying it. So I tried neurofeedback when I first heard about it, and had a completely useless experience.

And so I've been reticent since then to try it again. And after reading your book, I said, "Okay. That's it. I've got to try this again."

LYNETTE LOUISE: I hope you didn't go to the same person.

C. AUSTIN FITTS: No. They're across the country anyway. But it just seemed to me like something that would be worth trying. And I've had a number of subscribers, over the last couple of years, say to me that they've tried it, and it's made a remarkable difference – either for themselves or someone in their family.

So there's a lot of interest percolating around – I can just tell. Because if the *Solari Report* subscribers are emailing me and saying, "Wow. I did this thing with neurofeedback. It was incredible. You've got to have a show on neurofeedback" – it's kind of percolating.

LYNETTE LOUISE: Yes. It really is. Can I address what you said? You might even be coming with a question. But just to know that neurofeedback is a term that actually encompasses a few things.

So like neurotherapy itself – there are a bunch of different kinds. And some of them are piggybacking on the tried and true neurofeedback, and they're not even neurofeedback. So it's really important to know what you're getting.



C. AUSTIN FITTS: Right.

LYNETTE LOUISE: I used the basic reward-based – talk to them. What are you getting? “Are you doing ILF? Are you doing lens? Are you doing Z-score training?” Unfortunately, like with many things, it’s gotten complex. The neurofeedback that I use is the one they began with. And I do have some fMRI training. I mean we could get complicated here, and I don’t want to confuse people.

“Unfortunately, like with many things, it’s gotten complex. The neurofeedback that I use is the one they began with.”

So what I just want to say is make sure that you ask questions about what kind of neurofeedback you’re doing. And I answer every email that comes to me, if they want to ask me.

C. AUSTIN FITTS: Right. Okay. I’ll ask you at the end again, but why don’t you just give your email out?

LYNETTE LOUISE: Sure. You can go to my websites, and you can always email me through there. LynetteLouise.com.

C. AUSTIN FITTS: Okay.

LYNETTE LOUISE: Or BrainBody.net.

C. AUSTIN FITTS: Perfect. Okay.

LYNETTE LOUISE: I have a personal email that I’ll then respond from. But it’s better to collect them through that source.

C. AUSTIN FITTS: Absolutely. One of the reasons I’m always concerned when you dip into an area like this is – of course, anything that you let into your mind can also be – whether it’s because it’s unethical, or it’s not competent, it can also do a lot of damage.

So I think that if you’re as much a layperson as me, the question is:



“Okay. Well, this is a whole new topic. And I believe that it could be tremendously helpful. But I also believe if I get the wrong stuff, it could be unbelievably harmful, or just another waste of my time.”

So if I just wanted to learn about neurofeedback – what it is, how it works, what to avoid, what to embrace – I can read your books. I can read your website. What else could I read? What else could I do to educate myself?

LYNETTE LOUISE: You know the first thing I want to address is that – what would happen with neurofeedback, which is a lot different than, say, medicine or many other things, even supplements that you might use, is exactly what happened to you. So there isn't a big danger. Because what would happen is – if the clinician's not very good, or you're doing one of these that isn't really as impactful as you need, or maybe you don't really need much, and you're just kicking tires, and so balancing you is going to be so subtle that you don't notice anything – worst-case scenario, you'll have an effect you don't like, maybe get hyper or get a little bit kind of la-la feeling, almost like you did some pot or something. Because you had trouble with focus – so a low or too tired feeling. You'll sleep it off and go back to normal.

This is only going to impact you if you repeatedly do it. And if you don't like the effect, you won't repeatedly do it. So that's the beauty of it. It's safe. And it's the same with the kids. When I go to work with an autistic kid, trust me, they don't do it if I'm not good at it. Right?

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: But if I'm good at it, they'll sit with – no matter how sensory defensive they are with wires and stuff, when they like how it makes them feel, they come to it. And that's one of the ways I know if I'm doing the right thing.

So this is a safe – a very safe therapy. And that's one of its beauties. So please to understand that I want everyone to know: just trust your gut. In fact, do that with everything. If you're not benefiting from the



therapy, cut your losses and get out, and just make it a waste of your time and that's all. Don't make it more. And then as far as people to read, I like Swingle's book. I think you do more good for yourself when you understand the brain, more than the neurofeedback itself because that's your clinician's job.

I would read things like *The Brain that Changes Itself* – things like that. And know the power of change and the power of possibility for your brain. And then when you walk up to a clinician and you're asking a question, it'll come from that knowledge place and a bit more information on neuroanatomy and what's possible.

We are the most misled group of – I mean humans are completely misled on how their brains work. And so they are easily led because of that. And that's where I would put my learning.

C. AUSTIN FITTS: And the book you mentioned again – *The Brain that Healed Itself*?

LYNETTE LOUISE: *The Brain that Changes Itself*.

C. AUSTIN FITTS: *The Brain that Changes Itself*. Do you know who that's by?

LYNETTE LOUISE: I don't want to give you the wrong name. If I was in my bedroom, looking at it, I could tell you.

C. AUSTIN FITTS: We'll go find it.

LYNETTE LOUISE: Sorry. There's a man named Paul Swingle. I like his book too. It's quite readable. I believe his is called *Biofeedback for the Brain*.

C. AUSTIN FITTS: Just take a moment and tell us a bit about some of the other kinds of imbalances that you work with, in addition to autism. You mentioned ADHD. Just give us a sense of the different kinds of things you've had success with.

LYNETTE LOUISE: Well, understand because I go into homes and treat whole



families, I've dealt with everything. Because every family has a different dynamic and different disorders and a different cousin that had something happen so it turns into, usually, a large group at some point. Not always; but often. So pretty much, I've touched on most things that exist. Some things do seem to come up more often. So let's stick with those. I work with quite a bit of Parkinson's, and have seen dramatic, dramatic change working with Parkinson's.

And that's exciting. I work with ADHD all the time. Things like RAD – Reactive Attachment Disorder and all those things – I would just put them in a bunch and say they all can be helped – like OCD and – when you're working with the little kids that have all these various labels based on behavior and anxiety and pushing things away, they're all very helpable.

Because this therapy works so well for anxiety. So anything that's related to anxiety or depression. Bipolar – I have quite a few bipolar people that have really benefitted. I mean I can keep listing.

But to keep it more imaginable for your audience, I'll tell you a stroke story and an anorexic story.

C. AUSTIN FITTS: Okay.

LYNETTE LOUISE: And they're the same family. That's what's neat. And, actually, this family – I treated a Down syndrome boy, an anorexic daughter, a stroke husband, a depressed wife – that's kind of logical. You know what I mean? The whole family had different things. Right? And they all benefitted. But strokes can be amazing because a stroke has this big healing anyway. And then it has what's called an S-curve. So you'll have a huge healing, then it sort of plateaus for a bit. Then you have another huge healing, and then it plateaus. And if I can come in after that second one, then we can make another enormous healing that can usually bring you all the way home. So it already has these two bumps in it – in its healing curve.

And that's just the brain trying to regenerate itself and do its thing, and



your family inviting you to try and all of that. And so I came in, and he already had his two healing bumps. And he was still doing a lot of crying.

And that's common with stroke, especially in the location that he had it – where you just cry, and you cry. It's unremitting. And you just cry, and you cry, and you cry. And so the wife had heard about me and said, "If you can just bring his confidence back, that's enough."

And I said, "Well, let's do more than that. But okay." So I arrive, and I start – sure enough, I start trying to talk to him but he's just bawling. So I said, "Well, I can't actually get any answers from you this way. So let me get you to where you're not crying."

So I did 15 minutes – 15 minutes. And this isn't unusual. So 15 minutes later, he's not crying, and I put it on pause. So it's 15 minutes of beeps feeding back to the brain, that it's stuck in a loop – don't function like this.

"It's 15 minutes of beeps feeding back to the brain, that it's stuck in a loop."

And now he can have a conversation. He never returned to that.

C. AUSTIN FITTS: Wow.

LYNETTE LOUISE: Yes. And that's not where it ends. And now we're having a conversation and things. And this is documented by doctors and stuff too – this one. So we talk a little bit more. I look at a few records and stuff.

And I say, "Okay. Well, let's get your peripheral vision back." So peripheral vision's how far you can see to the side. And he'd lost it, so he could only see directly forward.

And he also had a thing called "left hemispheric neglect," so he ignored everything on the right. Not consciously. But his brain just unprocesses it.



I've always wanted to work with that, by the way. That was one of my curious things. So it's one of the reasons I took the case. So anyway –

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: So I did another session. Only this time, I did a full session. So now we did the 30 minutes. That's a normal full session. Plus, I finished the 15 minutes from the other. So 45 more minutes, and he has his peripheral vision back, and his left hemispheric neglect has stopped. In fact, he drove to the store and came back, and he was so excited, he couldn't get over it.

So there were many other things that we had to work on. He had to work on memory retention. And he couldn't do crossword puzzles anymore. And now he functions better than pre-stroke, and this is a year and a half later.

C. AUSTIN FITTS: Oh, wonderful.

LYNETTE LOUISE: Yes. Those two examples are showing you how quickly the brain can help itself. It can get stuck. And if you can just sort of say, "Hey, you're doing that wrong," it really does heal itself.

C. AUSTIN FITTS: Well, let me ask you about two other fact patterns. Have you ever had the opportunity to see it applied to Alzheimer's?

LYNETTE LOUISE: Yes. Yes. Although I have to admit, I haven't had a lot of Alzheimer's clients. But I do have a friend who has done quite a bit. And then I've had a few clients of my own that have Alzheimer's.

And, yes, it's – what I have to help you understand is that in our world, we've separated everything out into diagnosing it, trying to figure to what's causing it. And we need to do that to fully help. We do need to do that.

But in that process, we've confused some of the issues. So neurofeedback will help your brain function the best it can.



C. AUSTIN FITTS: Right.

LYNETTE LOUISE: So let's say you have ways of circumventing your problem, but you've gotten stuck and been reinforcing your problem, instead of circumventing it. So the neurofeedback will help your brain find different pathways and solutions to the problem you have.

So it isn't necessarily that you'll all of a sudden have enough dopamine with Parkinson's, or you'll stop having plaques and tangles with Alzheimer's. But you'll find a way around these issues.

Now this actually supports and makes sense with what we know about these disorders. Alzheimer's – it's known that one of the ways to prevent getting it, if you're at risk, if that's your family history, is to constantly learn, to be highly educated and constantly changing what you learn – not just learn one thing all the time and get so good at that, but challenge yourself and constantly change what you're learning. And you'll probably not deal with this.

And they've done autopsies where they look, and they go, "Oh, my gosh. Why did this person not have Alzheimer's? They're full of plaques and tangles." And then they'll do an autopsy on someone else who had a terrible case of Alzheimer's, and they didn't have that much.

But they were not circumventing their problem, not reinforcing the better ways to do, or the alternative ways to do, within the brain. So if you think about –

C. AUSTIN FITTS: Let me ask you about one other fact pattern. Have you ever had a chance to work with vets coming home from battle who have battle fatigue or other syndromes from the trauma?

LYNETTE LOUISE: I just love that you're asking this question. My son was autistic. He was high-functioning autistic. We did not let the diagnosis follow him. He got into the Army.

Actually, he tried to get into every single branch of the Army and failed



all the tests, but through test practice managed to get into the National Guard. He actually got a high score by then, and got in as a helicopter mechanic. And he just worked his tush off to be good enough.

And now he's good enough and capable and all of that. So he went to Kuwait. When he went to Kuwait – he came back. He came back with night terrors and screaming and PTSD. We fixed it. And because it's good pay, he decided to try it again. So he went to Iraq.

C. AUSTIN FITTS: Oh, no.

LYNETTE LOUISE: Yes. And I just bought his ticket, actually, like an hour ago. And he's having a hard time, and he's on his way back. And I'll fix him. And I've been talking to his commander, and we're talking about taking that back and all of that.

So in a very personal and very real sense, I'm invested in this. And the answer is yes. I've also done it for other families. But the creativity and the way that I can apply it to my own family – there are no boundaries on me.

So I can do anything I think will help. And that's one of the reasons I've discovered many different approaches to the brain than maybe would have happened had I been just in the clinic. My family's been rife with examples for me.

They're my little guinea pigs. I'm like, "I think this will work. Come here, dear."

C. AUSTIN FITTS: Well, I love the different stories and miracles about all the different things you try, and sort of the trial and error. You know? You feel like you're in this giant prototyping process.

But you can always tell, from reading your work or just from listening to you, that you're somebody who listens at a very, very granular intent level. You know? You hear people. And so I can see why you'd be very good at this. You can feel it.



LYNETTE LOUISE: Thank you.

C. AUSTIN FITTS: Well, this has been fascinating. We're running out of time. So let me quickly ask you two quick questions, and then I want you to revisit how everybody can access your work. We always, on the *Solari Report* – we always use movies and documentaries to kind of inform a topic. And we had sent you the links for the two that we're using this week. I always do one. But this week, I couldn't decide between *The Horse Boy* movie and then, of course, the movie – I may mispronounce the name – *Temple Grandin*. Is that the right pronunciation?

LYNETTE LOUISE: Grandin.

C. AUSTIN FITTS: Grandin.

LYNETTE LOUISE: *Temple Grandin*. Yes.

C. AUSTIN FITTS: Anyway, I wondered if you had seen either of them, and if you had any comments on either one.

LYNETTE LOUISE: Yes. I've seen all movies that have autistic people represented in them. Because I use movies to teach my son what the difference is between his autism and regular folk. So the *Temple Grandin* movie is very inspiring. It's really, really, really well done.

C. AUSTIN FITTS: Yes.

LYNETTE LOUISE: That's a movie, not a documentary. And it's well worth watching, as long as people watch it knowing that she is not representative of the lower part of the spectrum.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: In fact, maybe watching both is a good idea because you get to see the challenge. Because what is missing in the *Temple Grandin* movie is really what would have gone on for the mom in the younger

“I use movies to teach my son what the difference is between his autism and regular folk.”



years. You see a little, but not really.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: And in the worst, boy, you're in the middle of it, and you see the desperation of the family just willing to try anything. And they don't cure their son. Right?

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: And they don't create – he just sort of – it sort of works and sort of doesn't. And they think it's a miracle when he can use the river stream to go to the bathroom. So it gives you a sense of what it really is.

If they want to go searching, also see *My Name is Khan*. It's a wonderful movie about a high-functioning guy. It's very entertaining, and I just think it's gorgeous. But there are many, many, many, by the way.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: But of those two, that's what I would say about them.

C. AUSTIN FITTS: Okay. Well, just take a moment and describe, again, your website, your books. I think you also have a radio show too – anything you can let us know how we find your work, how we keep up on what you're doing, how we connect with you, if we need to do that.

LYNETTE LOUISE: Okay. You can always connect with me. I answer every email I get – sometimes brief. My apologies. LynetteLouise.com is the more speaker-oriented, educator, performer.

Because I was a performer as I raised my kids, I do a one-woman show about the brain. And it's very fun and silly, and I have a CD and all kinds of stuff. So you go there, and you can shop. You can look. You can be entertained.



BrainBody.net – there’s a link on the LynetteLouise.com. But you also can just put in: BrainBody.net. It’s more orchestrated for the autism community and a few other disorders. And so that’s a little bit less pizzazz-y.

I have several books. But the one that is about autism is *Miracles are Made: A Real-Life Guide to Autism*. You can get that at Amazon or all the usual places. You’ll probably have to, if you go to a bookstore, tell them to get it. And you can also get it off my website.

My other book was before neurofeedback. So if you want to believe I really used to be crazy and became sane, it’s called *Jeff: A Sexually Realized Spiritual Odyssey of Stepping into Love*. So that one’s a good read. Have a glass of wine, and be in private. But it’s sort of in the middle when I was trying to figure it out with the kids too, and I was struggling as a woman. And I think it’s worth thinking about.

Because people meet me now, and I’m well spoken, and I know what I’m doing, and I know this disorder inside and out, and I really make a difference. But I wasn’t here raising my kids. I was somewhere else, learning it with them. And so it has value.

C. AUSTIN FITTS: Right.

LYNETTE LOUISE: You know? It reminds you that you can do it too. Because you don’t have to be at the end of the story ‘til you’re at the end of the story.

My podcast is *A New Spin on Autism: Answers!* And I try to make sure that we have a question that is answered every time, with lots of entertainment and interest. And I tell stories all the time. So those are beautiful.

C. AUSTIN FITTS: I’m trying to remember. Was it your website or book? It was somewhere – I think it was you – that said, “If you’re not happy, then it’s not the ending.”



LYNETTE LOUISE: There you go. I don't know if I said it, but I probably did. It sounds like me, and I approve. I do want to just quickly tell you I'm in the middle of making something called *Fix it in Five*. In fact, I just shot a piece of it. It's amazing. It's going to change everything.

And I'm about to be on the Autism Channel. That's a new Internet channel. But it's *Fix it in Five* that I'm going to go bankrupt doing, if someone doesn't come out of the woodwork for me. And it's five families internationally. I go in with cameras.

I've already done the first two. One was in Uganda. One was in San Francisco. We had a violent boy. He knocked out my tooth. Now he's calm and came onstage Sunday. It was beautiful. We had, in Uganda, a girl with seizures. And no seizures now and talking now.

And I want to do three more countries – very different situations, to prove that this goes across the board, across cultures, that this is something – the way I approach it really makes as big a difference as I say it does. I want to put my money where my mouth is, literally, and show the world this.

And I hope I get to the end of it. And so there is a campaign about it on IndieGoGo. We're done with the fundraising part, but they'll let you give money anyway. You can always donate.

C. AUSTIN FITTS: Okay. And how do I – can I find it from your website? We'd love to put up a link on the blog.

LYNETTE LOUISE: You can go through my website. Yes. You could even just Google Lynette Louise Fix it in Five.

C. AUSTIN FITTS: Okay.

LYNETTE LOUISE: Or you can go to IndieGoGo and put my name, put Fix it in Five. I try to really be easy to find.

C. AUSTIN FITTS: Okay. We'll put a link up to it on the blog post for the –



before this week.

LYNETTE LOUISE: Yes. That would be awesome.

C. AUSTIN FITTS: Okay.

LYNETTE LOUISE: That would be awesome.

C. AUSTIN FITTS: Okay. Well, Lynette Louise, our time is up. I can't thank you enough for joining us on *The Solari Report*. You're doing marvelous things. I know that from my own personal network.

And our prayers are with you as you go forth, continuing to heal and help and make the world a joyous place. Thank you so much.

LYNETTE LOUISE: You're welcome. And thank you for having me. Goodbye. And thank you to your audience.

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