March 20, 2018

Capitol 3 Block 4

9:40 A.M. MT ‑ Capitol 1 – Attachment and Trauma DHH Adopted Children

>> I'm Marcia Taber. I am the room monitor. If you want anything, I'll try to get more evaluation sheets. I'd like to introduce our speakers, Shelly and Jon Bergeron.

I'll let them introduce the topic and we'll get started.

 >> SHELLY BERGERON: Good morning. Everybody can hear? This is a great group so, hopefully, this will be useful. We're here to talk about attachment and trauma in deaf and hard of hearing adopted children. Jon is a psychologist who is trained at UT Southwestern Medical Center in Dallas.

We have two deaf adopted children. There they are.

One of them is in the back corner there reading books. And this is how we got involved in being adoptive parents is we planned to foster in 2005. And we said we would adopt foster special needs children, which was wheelchair, feeding tube, that kind of thing. And CPS called us the day we were certified and said we have two children. And we said we could take one and they said if they're familiar with the system, this is the way it always work, right? And we said we would take one. And they said one of them is deaf. And we said well we don't know any sign language. And they said it's fine. He doesn't either. A week later he was in his home with his certificate. We all learned to sign. I became a certified interpreter a few weeks later. The state sent him home a couple weeks later. And we adopted Tanner, the younger one, on the floor. And a couple years after that, we got a boy in China who needed to be adopted urgently before he aged out. And he was deaf. And within four months we adopted him three days before he turned 14. In China you can't adopt after 14. So he is deaf, and he used Chinese sign language. Could read and write Chinese. And he learned very quickly. He learned ASL. Still working on English. So he is 21 now. And Tanner is 16. So this is where we are. This is not where we planned to be. We never planned to be in deafness. And we planned to foster kids and send them home and have a great life. We still have a great life. We just didn't send them people to. So that's kind of where we are. I know as the state wide family services coordinator at Austin at the family involves School for the Deaf. Not for the deaf school but for any families in deafness who have hard of hearing kids. Of course, Jon is a psychologist who works mostly with adoptive and foster families but other counseling as well in Austin. So he's going to do most of the speaking because he's the smart one. And I'll throw in a few things here and there.

>> Hold on, sorry.

>> I want to figure out ‑‑ because we we've got a big audience, how many are adoptive or foster parents. Okay. Great. How many are SLPs? EI providers? What else? Hopeful adoptive parents? Okay.

Oh.

We're very honest so we're just a warning.

Then other providers? Medical providers, that kind of thing.

Parents.

>> Great. I'm really glad to see you guys all here. As Shelly said, this was not kind of on the original educational track for either one of us. But we believe that kind of God has his own plan regard what our plans might be. So here we are kind of semi experts in deafness and adoption. So we're going to talk about that today. So I wanted to start just to kind of talk about the importance of this. And get to the next slide. I wanted to introduce it by talking about this study. This study was done a researcher named Nicholas ZILL and it was a huge longitudinal study that looked at anybody of different factors. And one of the things he did was he compared groups of kids based on their parental situation.

And so this graph looks at behavior problems as reported by the teacher. And he splits these into three categories. So the two columns are fall of kindergarten and spring of first grade so for each child over the longitudinal study. The column on the left is adopted children with two parents. The middle column are children with both birth parents. And the column on the right are all other family types grouped together. So what you see is kids with the most behavioral problems are adoptive kids who have two adoptive parents. So the next thing I want to look at are academic skills so that looks at behavior. We've got early reading skills. On the right early math skills. And each of those columns are the same as that last graph in which we have children in adoptive homes with two personalities and children with two birth parents and all other family types. What you see is reading skills and math skills are both lowest in the adopted children's group.

So why do I show these things?

Well, the reason I think this is important is as a group of parents based on the filtering that happens for adoptive parents, you actually have a group of parents who have usually the most highly educated, have the greatest number of resources and typically put the most effort into what they're doing. Most adoptive parents have of a call to what they're doing and they take it seriously. Typically these are the things that demonstrate the best outcomes behaviorally and academically for children and yet with adoptive children we see the opposite that in this group of parents who are highly educated, lots of resources, highly motivated, put in lots of efforts, they're actually performing the worst in terms of behavior and academics. So my job is to answer the, question of why is this? I would say there's two primary factors. There's a number of them but I want to talk about the two primary ones of these today which have trauma and neglect that these kiddos experience as well as attachment issues that are inherent in an adoptive 0 situation.

So let's talk first about trauma. And what I mean about trauma is the experience of a distressing event that overwhelms an individual as ability to cope. So obviously, trauma can take a lot of different forms and in adoptive kids.

You see a whole rank of different types of traumas. What I want to point out about trauma is the trauma can happen at any point along development including along birth. What we found in research studies is children experiencing some type of trauma in utero have long term outcomes that are significant. In relation to behavior, mental health and even learning and academic learning and intellectual arenas. So this is something that's important to remember, especially would imagine with this group as we're talking about early intervention with kids. A lot of these adoptive kids may have entered the family at birth within a few hours or days to birth. Yet they're still problems there.

Need to get a mic, so the CART can keep up.

>> What's considered trauma in utero? Is it something as simple as maternal distress or something more stereotypically what we consider to be traumatic? It's hard for me to wrap my lead around a little bit.

>> Jon Bergeron: Sure. So of forms that trauma can take in utero combine a few things. One of the most obvious is chemical trauma such as alcohol or drugs introduced into system are traumatic to brain development. The other thing we found is that stress levels in a mother who is pregnant have a pretty significant impact on the health of that fetus and that child even after birth. And so all of the stress hormones, the cortisol levels and things have been tied to out comes as well. There's probably a number of others buff those are kind of the main ones. Question.? Sow that's important to remember again because a lot of families and I think professionals assume that when you adopt a child at girth, it's pretty much the same thing as birthing your own child. How can there be much difference.

But research points to the factor that it's tremendously different and it's important to keep pa know and keep track of that as we talk about serves the kiddos and means they have bays because they are difficult and we'll touch on that in a bit.

Trauma can occur at birth, when you have a complicated birth and a child struggles, all the various things that can happen causes trauma in an infant and see in self, a lot of trauma can occur when there's medical procedures that are necessary or separation that's required because medical problems. Certainly in infancy is when we begin to see neglect and abuse and this has a tremendous impact op how that little baby develops and long into the rest of their life really. And we're probably most familiar with the abuse that can occur or trauma that can occur in chilled hood and adulthood. And this is both trauma in the forms of abuse as we said, physical abuse, sexual abuse, emotional abuse, but also things children witness when they hear threats that overwhelm they're ability to cope with that, that is traumatic to them not just on an emotional leave buff it also ooh infects their brain. I just watched to help you guys get a grade picture when we talk about trauma it occurs in many different wise and across the life span even before some ughs are aware. So let’s talk in general. This is going toy flavor. One 30,000‑foot view as we look at row search around trauma and what 2 does to our brain most the findings find that the biggest impact.four areas of the brain two of them in the front at lobe, the an tier I don't circular cortex and medium prefrontal cortex and other two in the amygdala and hippocampus, I wanted to key you this picture as we get into? Of the other stuff it helps us understand that there's real parts of the brain that are specifically affected. And so the limbic system, amygdala, hippocampus are all about emotion and learning. When you're thinking about education, language, these are the areas that are going to be hugely impacts because emotions have a lot to do when what we remember, how we remember it and whether we can retain information. The other arena, the frontal lobe is what we con c call the controlling center the brain and has to with planning and inhibition and maybe inhibiting impulses as was as initiating behaviors. This is where a lot of informational issues come when we talk about kids that have affected their brain. So that's kind of where in the brain is impacted by trauma. I wanted to show you a few you different types of brain skills that can give us are the reality ‑‑ trauma is an emotional experience, it's actually a physiological impact on the brain. In this study, all thee studies are done in adults. Mostly because it's really tough to do studies on kids, particularly young kids. So what we know about trauma a lot of it comes from adults but what we also know is developing brain is even nor sensitive than the adult brain. So whatever we see in these slides, you can assume safely it's more intense when it comes to developing children. This study on the left you see it's a brain scan of a person with active PTSD, I believe these were veterans from social veterans, on the ride is a normal control. And this is what's called an ‑‑ encephalogram. EMS scan that ‑‑ electrical and averages it in these different areas across the brain at thousand of times a second. And what the subjects did when they went into the scanner, they gave them a dot of light and said stair at this light and relax. Taxpayer trying to get at what is the resting state of a brain look like in these individuals and they found this dramatic difference in the normal control the blue and green is calm, you know, activity. Very little activity whereas, in the PTSD person it looks like someone who is extremely stressed even though they're sitting in a hospital staring at a point of light. And so as they did God ‑‑ these two groups, they found this tram ausic difference meaning when you think about brain activities andthis is definitely true this children, in their have trauma their plain is going to be ‑‑ more quickly and rapidly than other kids. This is where you see the hyperactive behavior as well. That's brain activity. Let lease look at chemical activities in the brain. This is a PET scan that looks at serotonin levels. Measuring the use of basically glucose in serotonin receptors. You find on the left you have a normal control and on the right you have a person with PTSD and again red, other yellow higher levels of activity, blue or green lower. And you see a normal control has more activity when it comes to serotonin. And many of you probably heard about what seratonin does in our brains. It's one of the neurochemicals that has to do with mood regulation, last affects slope, appetite and a number of other factors. Those are the most important. What we can see clearly is when you take a typicality brain and a brain that's experienced trauma you see much lower serotonin levels and someone with trauma and hence, we see much higher levels stuff depression, anxiety, suicidality. All things related to seratonin. I like this slide because it gives me a picture of chemical differences in a brain that's been traumatized and one that's not. This is the most striking. This is a zoomed in version of the limbic area. And outlined in black is the hippocampus campus. On the left you see typical looking and on the left half the size. This is an adult that experienced chronic stress. So not only do we see electrical differences and chemical differences but actually the structure of the brain itself. The size of the as inspection of the brain are directly impacted by trauma. So I wanted to share those three sets of scans to drive home the point that trauma again is not just an emotional or even an intellectual rational experience. It is ‑‑ it causes changes in our brain functioning. So when you're dealing with children who have a history of trauma again across that whole spectrum. Many of these things are going to be present which certainly affect their emotional and behavioral functions as well as academic functions. If we move from brain impact to functional impact what is different between kids who experienced trauma and those who haven't. I want to run through the list of major areas we see an impact. Number one learning and attention problems. Kids who have trauma in their background have a difficult time and they're often diagnosed with ADHD but they own don't. It's often. And some of the either stuff related to trauma rather than ADHD the secondly, impaired impulse control. Like I said, those frontal lobes when they're not acting in A way that they we designed to functioned, you're going to have a kid who as a difficult time resisting an impulse to react in certain way and they're going to have impulse apathy and you know what kind of problems that can create. Thirdly sensory issue. This is what you see in kids with trauma this further instruments learning and attention because they're distracted by sensory stuff and it creates a level of irritation that can look like anger and depression and in reality is sensory stuff. This is something to always pay attention to when you're looking at adopted foster kids. Fourthly, the process of forming an attachment with caregivers in relationships with others is also affected by trauma. We see that regularly as we look at research around trauma second to last there are emotional dysregulation. So they have emotional reaction that's don't fit very well the current situation. So they will overreact at certain things and they'll underreact at other things and this is one of the things that's affected by trauma.

>> Excuse one thing I was thinking about attachment to consider as a provider, when you have these kids who do have attachment issues this they want to come up to you and be held you have to be really cognizant of the parents. If you should be doing that or not. If they have bonding issues you picking them up and holding them is not going to be helpful even if it seems like you want to. We can talk about that but something to be aware of as a provider.

>> We might talk about that's we get into attachment. That's definitely the case.

>> The last part on this slide I just wanted to mention is the one that creates some of the most difficulty in home and educational environments and that is aggression and self‑destructive behaviors. So you see a lot more of this with kiddos who have trauma in their background. They tend to be more physically aggressive and can get into destructive or self‑destructive patterns as well. This is a quick overview and there's a lot more information. I want to give you this is what he see as we look at very search about what's different about skids with trauma in their [grounds versus kids who do not have trauma.

So I wanted to switch into the next area which is neglect. Neglect ask a failure to adequately provide the needs of a child and this is all kinds of forms as is true for trauma and buoys as well. What people don't know is how big neglect is. This is a graph of nationwide statistics of child treatment. So anything kids are not treated the way they're supposed to and CPS becomes involved is graphed here. And you'll notice this huge bar of neglect that it's almost five times the size of the next biggest one. Physical abuse. Most of us think of kids in the foster system because of physical abuse. You'll see by that graph, all of the rest of them put together don't equal how often neglect is part of that picture. So this is you know another huge contributor to the differences you're going to see in kids who are adopted, kids in the foster care system. Because it also affects brain development and psychological development significantly as well. I wanted you all to watch this experiment. Some of you may have seen it but it's pretty powerful. The link they put in here is different.

I'll just explaining it.

>> There's a link at the bottom.

>> I'm wondering if you'll be willing to speak a little bit to the intergenerational nature of this context and how aspects from a parental and caregiver perspective is related to having brain capacity to this life you're showing at the beginning.

>> Sure, go over by the mic. Jon

 >> JON BERGERON: So the question about intergenerational aspects of abuse and neglect is huge. When you look at sociological studies, it's amazing how actually in any given community there's a relatively smaller number of families and family lives that kind of contribute to most of the abuse and neglect that we see.

And I think it's because of that that the way that we learn to care for a child is by being cared for ourselves. So the whole attachment process and we'll talk about that in a little bit is formed on this notion of experiential learning of the interactions between us and our caregiver. So when you have a child who grows up in a home that's abusive and neglectful and then grows up to become a parent, they're predisposed, set up to fail in the aims that I they feel as a ‑‑ so you see this as a generational pattern. In a plates we try to find I think kind of bad guys and good guys, there aren't any bad wise in this situation. That the adults who are mistreat being and not caring for children are just as bad as stories and kids and it's just sad all the way around. It's ataxic reality we're dealing with. So it's a micro level this still face experiment I think gives you a peek at how it works. You couldn't find it. So let me explain the steel face experience. I apologize. They didn't tell me. So what happens is this mom comes in and this is research done by Edward Tronic. And he was looking at the kind of interactions between a mother and child and impact that they have. So what he would have is he'd have a come in with a child between a year and 18 months or so. They would have the mom sit down and start interacting with the child normally and you're watching video. You can look it up on YouTube. It's pretty powerful. So he's interacting and he has her just turn away and turn back with a blank look on her face. Not a sad look, just a happy look, just kind of blank and with the instructions no matter what the child does, look at them, blank look, look at them. She's a foot, two foot away from the child and stairs at the child in a neutral kind of way. And the kid within about 15 seconds notices something wrong. You can see the age of the child is pretty young. You can see he's confused and he starts messing with the mom, tries to play a little bit.

Starts squealing a little bit. Throws his arms up. All trying to get mom's attention and mom sits there with a pleasant neutral look on her face and within about 30‑45 seconds, this child becomes extremely upset and starts losing are and comes apart emotionally. It's heart wrenching to watch. You're empathizing with this baby. Terrible. Touch him, pick him up. Do something. Once the chimes becomes upset, it's okay and comforts him and the child calms down.

Buff watching that is really powerful because it gives you an ‑‑ in a micro slice the picture of how important it is for a child to have that bidirectional interaction with a caregiver. This is what we find is the primary ingredient to neural development. What you want your child's brain to development, you don't stick them in front of Baby Einstein, you pick them up and talk with them. It causes they're brain to develop. What's what we'll see in a couple next slides. What happens when a child doesn't have one intent like they can recover from but day in day out, month in and month out. Day after day, year after year. On the left is a normal 3‑year‑old brain scan and on the right is a wild who spent most of the first three years in an uranium. Given they needed to be to pick up and survive but held, talked to. They had the basic necessities of life. And this is the result. It doesn't take an expert radiologist to figure out something is very wrong with that brain on the right and this outcome of what I was talking about that developmentally without that relational input that back and forth, that give and take, the. Brain doesn't develop. You have a child with a radically smaller brain which translates into less functioning and often mental retardation. This is another scan. Same age group. Two to three year olds. In an orphanage in the bottom those never institutionalized. What we're looking at is overall brain activity. And in a child, you actually want more activity because that mains more is happening, more is developing.

And so you see compared to the top, that bottom row pays more attention to the upper areas of the upper brain. What you're looking at is most of that activity is in the frontal lobe that we talked about is specifically danged through trauma and negligent.

Another picture of the child raised in a typical home raised with day‑to‑day interaction and child whose needs are met and a child who is not.

Let me jump into the last experiments called strong exercise.

And so what she describes attachment is an affectional tie that one person or animal forms between himself and another person. A tie that binds them together. So we've all heard a fair amount about binding an attachment but we don't understand why it's important as it is. You want to talk about why it's important and how it affects development. So early attachments are the ground work for all date later development. Especially later development. That attachment but in the following years past two years, it reflects in the child's later relationships with their peers. If also affects their self‑regulation. And their ability to know their open emotions and be able to express them in a healthy way. These are across the board general human functions issues all of which are reflected by attachment. The last piece I think is really helpful on a more practical level is that Mary Ainsworth came up with the idea how attachment affects us in such a strong way it creates what she calls internal working models. Let me talk about those and how those affect the child. You have a securely attached child in a safe environment they develop a working model that uses the world around them and other people as responsive to their needs that they're loving and safe and that they can be relied on. This is just their general model for how the world works. Secondly, it also creates in them a sense that I am the self is worthy of being loved. And is worthy of having other people's attention. Which may sound kind of normal to most of us. They look around and see the world not as a place to explore and play and have fun and developing but it's a dangerous place to protect themselves and be on guard in any way they can. As such they have to treat other people with caution. So they don't enter into a natural trusting way to learn about that person. They're always guarded but that guardedness can look different. It's obvious where the child is shut down and avoided. Sometimes they try to take control of it by being overly sweet and trying to get attention demanding of attention and things like that. Thirdly, the way they view themselves is generally ineffective and unworthy of love and this comes out of multiple experiences in which they try to get their needs met and their caregivers and they get to the conclusion I'm not getting my needs met. But, apparently, I'm not worth having somebody pay attention to me and meet these needs. This is how they view themselves going forward. Last thing is all these assumptions about life and themselves are stable. They tend to endure and they're tough to modify. Doesn't mean that they can't be modify but it means it's tough. What that means for an adopt of child is once they get into a loving, stable safe home they don't experience it that way or not a few weeks or months blue for most kids 10 years. These pattern of perceiving their world and themselves tabling years and years of consistent love and specific actions to counteract so they can learn what an security attachment individual knows which is the world around am is a generally good prays and most people are going to respond to to me with care, love and ooh tension. I deserve that. That's kind of the primary less and that they need to learn. Sapped that's the legacy of attachment.

Does that make sense? To bring this back around to deafness and how that impacts the healing that needs to happen, I think it's important to remind of you stuff thaw probably already know. The healing procession when it comes to attachment comes from learn to trust. This is the fundamental process for kids are attachments issues is they don't know how and they can't trust. They're too fearful to trust.

For that to happen trust has to buildup over multiple connections. Personal safe loving connections with their caregiver and multiple caregivers is what builds trust over time and where this reconnects with hearing loss and deafness is that connection primarily comes through communication.

I'm talking with both verbal and nonverbal communication, through ears, eyes, touch. All of that has to be present to begin to help them heal and the more communication that's available to them the more they're going to heal. As you're thinking about your own children, children you may have in the future, children you're working with. Families you're working with, this is why Shelly and I have become massive advocates for communication whatever form that child needs, especially foster kids. They need as much as they can. Yes.

>> I'm an educational interpreter and I work one on one with a student for need years and we trade around. If there's no communication happening at home, that child becomes attached. To me or to the other interpreter. But then after that 2 or three‑year period we get had sudden disconnect. I've had my teacher say you can't do that. You can't have that child bond to you because if they get a different interpreter who is not so bonded to that attachment they have trauma moving forward from that. So my previous student basically ignores his interpreter. He is struggling in school and I'm not saying it's like I'm the best interpreter in the world. No, oh, my God. But he's struggling to move on the record and you now I have a new little guy and I'm like oh, my God what's going to happen to him. So there is no communication at home. They're only getting it at school and I'm from a rural area so that's only happening with a handful of people. What are your suggestions?

>> A few thoughts. You don't want to create distance with a child so they don't get hurt because again, these kids benefit from whatever connections that they form. I would be a little careful when you start dealing or somebody else giving feedback that top of a bonds, too much attachment. I pay attention to that. Talk with a professional, talk with a counselor, counseling center whatever you have available that's aware of attachment issues to be careful that you're not encouraging too much of that. But one 69 things we found challenging is motivating families to do hard work. It is hard work for us, our experience was no awareness of deafness and language and it just became aware that this is what we needed to do and the road was hard. It's harder for me than her. She was able to spend time at the school and picked up quicker than I did but we knew for our son and our second son that that's what he needed. So that's why we have become champions. I don't have specific kind of magic pill for that or magic solution. But I'm ‑‑ there's a lot of people looking at that. People looking at how do we connect and motivate and empower them. Some of the unique challenges are teaching language which is a primary focus for all these kids. Preaching to the choir. Becomes more challenging and all those things we were talking about before were present whether we have attention problems and learning issues. And lack of attachment and all of those are further challenges on top of the teaching a child with hearing loss language. Secondarily what you're dealing with that is somewhat unique with the child and families are higher than those that don't have trauma and attachment neglect issues in their background. You're already dealing with a system biological families coping with hearing loss on top of that we have all these attachments issues that I would suggest personally for us and I think most of us the adoptive families with deaf kids that we know the same is that the attachment issues are much bigger than the hearing stuff. Last thing is thinking about families is isolation. As they get more and more stressed their ability to form and maintain connections with people in their lives, whether that's school personnel, friends?

Family, less and less, focus more and more on the challenging behaviors and they get really isolated which puts themed at further risk. So any efforts at that ‑‑ school staff or worker, whatever can do to reach out to the family and draw them in. Let me interrupt.

>> We might have time at the end. But like what John is saying, what can you do now. Being here and being aware of this. I think this awareness is really helpful for people who aren't aware. I see families with biological and adoptive kids, it's different. Not the same. Even if they're adopted as infant, it's not the same. Just the awareness when you're tacking to a family it's not going to be the same ‑‑ it might be different and you might need to alter what you're saying to them based on where the child came from. So recognizing that and I think telling the parents 245 that you recognize that. That you recognize if you're not adoptive parent you don't know how they'll feel. As a parent one of the most irritating things as an adoptive parent is someone telling me "I know exactly how you feel."

Don't do it. If you get anything from today, don't do that again. It's really frustrating because you don't know. There's so many factors. I don't know how that feels. I might imagine but I can't understand. Recognizing that this is a different situation. You might have to take more time to draw out from the families what's going on. It might be a little longer for you if you have the time to try to figure out do you think this is ‑‑ what's going on. Do you think this is related. To the adoption and where they came from and recognizing that for families too. It's not just about hearing loss. Maybe there's a lot more going on and being familiar with that for them. And taking initiative to connect. Because they are so worn out. I will tell you as an adoptive parent, when we got our older son from China it is exhausting. He never left me alone. He didn't know how to entertain himself. Weigh tied in bed and chairs he was abused and he didn't know how to play by himself or do anything. He was constantly on me. And so I was worn out. People would say I don't know what I need. I didn't know what I needed. I didn't know what to say I needed because I was too tired. But you know, just try and figure out a way to connect for them if you can is really helpful. And to even say here's what it looks like might be useful for you. Reach out to them when they just don't. You might have to take more initiative in that and reaching out. Support. I think is the most encouraging, they might not be able to find support for themselves. So for example in Texas we have a guy by your side program and if you have that it's helpful. Parent to parent support if you're not aware. If you can find a family that might be better with you trying to find some sort of support with someone who gets it. It's a lot more encouraging to have someone who also has adoptive or fostered because they really know a different perspective. If you ask find adoption support group. We run these with adoptive mates because everybody understands and you can say I hated my kid yesterday. I know that's wrong but that's what it felt like and other families get it and they're not looking down on you.

And if it can be deaf and adoption focused, all the better. But try to find these resources for these families because they probably don't have the New Jersey to do it. Like we talked about earlier, with the attachment, if they're young children and they're trying to go to young people, I would ask the parents is it okay for me to pick them up and if they say no, don't take that personally, it's not a personal offense. It's not because they're trying to help them bopped to them.

Same if you bring stuff for the kids to do to ply with and to eat or whatever, it might be something they feel the need to do. We have 10 minutes left? I think that's all we're going to say if y'all have any questions.

>> Thank you so much. That was amazing. I have two questions. One real quick on this. With the differences in brain chemistry, from the institutionalized have never been institutionalized children. Was there an age of institutionalization there or was it they just ever had it and secondly, do you see this Bryan chemistry, do you know if it can change after institutionalization? Some months into it. First six months I think, a related study what they found is they take some kiddos and getting them out of orphanage and putting them into foster homes when they were able to do that before the age of 2, what they found is their brain functioning returned to near normal within a year or so. There were effects but a lot happened. After two or three years old, more that wiring of brain has happened. And that's tough part why in the adoption and faster care world there's a purpose for permanency as quickly as possible and as the courts or everything is doing their fee or mom and dad are trying to get classes done the brain is developing and kids need stable environment. So yes, once ‑‑ the quicker they get into a stable environment the quicker their brain can start catching up. That does happen. Yes.

As a provider ugh trying to find a play therapist who understands trauma is challenging, is there things we can ask or resources that can help us?

>> A couple things you can do one is to ask them one is do you have attachment issues and do you have experience with foster or adoptive kids. There are a few groups around the country that do specific training one comes out of TCU, Texas Christian University. And they do TBRI trained counselor or professional all around the country now.

>> That's trauma based relational intervention.

>> Thank you for the presentation, I'd like 20 go back to the first point you made about a service provider and you see a child come up to you. I think for me, namely, natural instinct is I want to provide that kid compassion. You don't want to create distance but how do we fight.

>> I would encourage them to go the to mom. If there's not a mom there and you're the only one, for sure, pick her up. But, if not, it's because you want to secure that bonding with the parent. And so, if they're going ‑‑ often these insecurely attached kids will go to anybody and want anybody to pick them up but we're trying to get them to learn how to bond with a parent.

>> This ask more important in the couple years they come with family and the longer they're there, the more established that bond is, the less important that becomes.

>> I work with preschoolers and it's typical where the parent even if the child is not saying one that's adoptive or going through this, it's normal where mom tried to feedback and kid is going to start crying. Do we need to be extra since tiff to this. Because if it's an adoptive child or do you kind of create a similar manner we have that secure how healthy way to have mom step out the classroom and for us to be the ones to take care many them but that makes sense. They're already crying and mom is leaving. Extra sensitive to a child.

>> How to do separations you're asking.

>> Right, right, exactly.

>> I think first go to the parents, talk through the parents about what their preferences are. Most of these parents are working with counselors and drop training and they've got a mode they're doing. Together with the parent say that's the best way to do this and get input from somebody with background.

>> I have two questions to ask. It's for either one of you. How long did it take for either one of you to to respond to this? How long did it take to acquire sign language, and how long did it take the kids to be able to inquiry sign language and then function emotionally within that context?

>> It took ‑‑ I became a certified interpreter after three years of having our first son. But I did a lot. We had a lot of people coming into our home teaching us sign and I was volunteering in the classroom a lot. Our son Tanner we got him at almost 4 and he had no sign language and by the time he was five and in kindergarten he was on grade level our son Gian, sign is Xian, sign language. He already had sign language from China so he was fluent. We learned a little CSL, he learned a little ASL. We had gesturing and figuring stuff out that way. He was fluent in reading and writing so we had an app where I could write in English word and he would translate that into Chinese.

>> I would say it took about 8r18 months for her to become functional in sign language and me maybe two and a half years or so.

>> Sorry, I'll kneeling. I think amazing. We had opportunities. I want to ask how are your sons doing now as adults because I'm hoping the kids now will eventually enter into the functioning world and I want to know is there hope after seeing these statistics. Our youngest is function will. He's the easiest kid ever. Everybody loves him. He has additional disabilities but he's a great easy kid. Our oldest 1 is up and down and up and down and up and down. He was adopted at 14, he lived in an orphanage his whole life until he came to us. He never knew what a family was. He'll say that. I don't know what love means. And he is expressed a lot of what happened in the orphanage which has been pretty horrific. I wouldn't say we're rounded but we have a relationship with him. It depends on the day how good it is. But he's 21 now and living on his own. He's pretty successful at living on his own.

>> He's working two jobs and schooled wasn't for him but he's taking care of himself.

Maybe next week it will be better. That's the honest truth of it.

>> Just to clarify. I'd like to clarify the question. That is asking. The child that is packed up sign language later in life specifically when they started learning sign, did you notice any adjustment with the social emotional of that child? And did it improve and correlate with their ability to express themselves. What did you notice in that arena.

>> I think there was definitely a correlation between his language but I would say even more so the relationship with us. He began to learn what trust looked like and people began to abandon him and hurt him, that had a bigger impact op his emotional progress. One thing I can share about that, it was very interesting. He had a very delayed kind of approach to girls. Older son. So at 14 and 15, he still active like an 8‑year‑old who thought girls were girls.

>> It worked for a while but it wasn't normal. Develop a normal adolescent interest in girls. You could see that happening at a much more rapid pace as he was healing in a stable loving environment.

>> We have time for one more question.

>> And I apologize because I came in late. But I was just curious if you have reached out to adults that are adopted and like got their experience or working with children or anybody that will volunteer that also know about deaf and hard of hearing but adults that have themselves been adopted.

>> That were adopted and are deaf both? We do know a lot ‑‑ yeah, there are a lot of people who are adopted that we've talked to both adopted younger and older. We have a friend from Korea who is also ‑‑ he was adopted at 14. There are a lot of people who have good connections. Adopted and deaf, no.

Not older.

That we're aware of

>> I actually work with clients who are adults who are adopted and working through some issues and sometimes adoptions go really great and they're the stories see on the hallmark movies and there's that move badly and you caution when you meet either side of that know there's tremendous side of pain and everybody is doing their best but it still with on a disaster and everybody gets hurt in that process and everybody, parents and child alike.

>> I know there's a lot more questions. We've run out of time so I assume you guys will be out in the hallway or when we ‑‑ because there's another session in a little while. But through so much for coming.

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(Applause).

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 >>LISA WEISS: Everybody. Want to welcome you here today. This is the advocacy every day ‑‑ I'm happy to help you in any way. Water is in the back. Restrooms are outside the double doors, if you get hot or cold or need a temperature change, just let me know. At the end if the speakers would like, if you have any questions, let me know and I'll pass the mic around for you.

And I will let them introduce themselves.

Thank you. Welcome to Colorado.

 >>LISA WEISS: We wanted to start in and introduce ourselves. We've been presenting together in this way as parents for a couple years now and we just felt it was really important for us to be able to ‑‑ is that better? We started feeling it was reel 0 important for us to share our stories and what we've kind of leaned on each other for all these years. I'll introduce myself first. My name is Lisa Weiss. I live here in Colorado. I have eye son who is 15 years old. His name is max he's in the 10th grade now. He's deaf. He does have bilateral cochlear implants. He's been a user of cochlear implants until this year when he took them off. We also use a mode of communication that gives him access called cued speech which you may have heard a little about at this conference or maybe you've never heard of it before but that makes our situation a little bit unusual and it's made advocacy a little more important to my situation. I'm an attorney, and that's how used on and I met in the first place, we're both are attorneys and we ended up having kids who have deaf and hard of hearing and leaned on each other hopefully for support in all kinds of ways and bounce ideas off each other. So that's probably what our conversation is about.

 >> SUSAN FINGERLE: I'm Susan Fingerle. I'm also an attorney and we both work in special education doing legal work. Lisa and I were friends before we had our children. We're recent new residents of Denver. The goals of our presentation are to develop and strengthen care add ski skills to review parent goals at CPEI and CPSE and during all of those meetings. Advocacy is not something that necessarily comes naturally to parents. And being an advocate for your own child is very different than being an advocate from professionally or for your office or for your organization or for a client. And it's something that I think can be particularly hard to do for yourself and in particular. Something that parents have to develop skills to do for their deaf and hard of hearing children. Parents of deaf and hard of hearing children learn early on that you have to advocate for your child in all settings. We do view this all the time in all different settings at home, at school, in your community, in extracurricular activities, in social situations with your own family, with your extended family, with your friends. You have to learn how to tell your story and talk about the child and talk about choices you made and feel confident and secure doing that.

We also have to teach our kids to do that. And as they get holder through elementary school and beyond the roles change and they will begin to advocate more for themselves but you are generally the ones teaching them how to do that.

 >>LISA WEISS: Yes, and they're needs are constantly changing. You're always kind of trying to teach them to tell their story and advocate for what they need and they want and why it is that they want it.

And it can be a tricky situation. And just a constantly changing process of they grow. Their needs just change.

 >> SUSAN FINGERLE: I think Lisa and I despite the fact we are both attorneys are not particularly litigious or ‑‑ I think supportive. I mean, advocating for a child is hard enough. I don't think either of us are big supporters of fighting with school districts of fighting with the CPSE. I think we're both much more invested in consensus building and resolving conflicts early on before they become due process‑like conflicts. And I think the thrust of what we intend to talk about is how to prepare parents to go to IEP meetings you know fully ready to hold their seat at the table and participate in those meetings and teach the CSE folks or whoever it is you're talking to, the preliminary or classroom teacher about your child because we're all going to have to do that year after year situation after situation. Recently I kind of stopped telling the whole story and then I realized I needed to not just because there were new people but some ‑‑ you know we have switched schools. But you need to tell people. He didn't talk until 4‑year‑old and he said there was a situation where he didn't remember something and I really don't think he remembers. You have to understand where he came from to understand who he is now. We have to remember to go back and maybe not tell the whole story but the part of the story that's relevant to the conversation we're having.

>> As good as you know my ‑‑ I feel like my son is actually as really, really good advocate for himself but he also doesn't really keep in his mind a lot of things about him that I know as his mother and are relevant to the things that he needs now. Susan said this year has been interesting because Maddox has changed the way he wants to do things at school basically. He looks like a very different person to them and he has a hard time understanding why.

And it's ‑‑ you know, Susan reminded me about how much ‑‑ how much these people probably don't know about where max came from. He's been in different school districts. He's been in a different state that hadn't known him since he was a little boy. It has ‑‑ are we doing okay? And it has become really important this year at 15 to be letting them know where he came from and why it is that he's asking for this thing he needs now. It's very important.

 >>LISA WEISS: Are we having a technical problem?

>> Check check check 1, 2.

 >>LISA WEISS: Is it just my voice? That scares me. I think the group of people who work with your child are, as we satisfied earlier are your family, your community, your school. And the goal of creating a cohesive team in whatever environment you're in to support your child in their development and their career as a student and as a person who's part of a community, we all need to come prepared to talk about our child from your family's perspective.

And to be prepared that there might be conflict or disagreement and be prepared to talk through that without hurting a relationship that you're probably going to have for a long time. I always think about in schools, I mean most of us live in school districts for the good part of our child's career. Not most, many parents will live in a from kindergarten to high school. That's where your home is and where you made a decision to raise your children and you're going to be talking to your same bro festals for a really long time. Professionals. And those relationships are ‑‑ there's a great benefit to having a positive relationship to those people. I think for all of our deaf and hard of hearing kids, access is the central issue. Participation is main. We want our kids to have the most level playing field they can have. And access means lots of different things. It's full participation.

You know, in their education. In their choices of modes of communication. And the choices that we make for them when they're young and changes that might happen as they grow and develop.

Access through technology to their identity, to their community, particularly for parents who are hearing parents to have ‑‑ provide access and to their children to the deaf community and to deaf role models.

Social skills to IEPs 504 plans and all sorts of other public accommodations which are through the ADA a really strong support of our kids' needs. Our particular expertise because we have been special education lawyers the whole time we've had kids really is in the education and that's how we came to decide that we were going to start presenting this several years ag. It's been really helpful for us. We already are very well versed in the system and language of special education and the laws but not everyone else is. We wanted to help parents in understanding how they can help out and prepare themselves best for being part of the team.

We have a really important role in the IEP team and I know a lot of times people hear IEP team and they're thinking school team and they're thinking professionals who are dealing with their kid in the school but the general ‑‑ even the general education teacher or the teacher of the deaf or the audiologist. The special education laws intended to make the parent the whole child, not just the child at school. It's the whole child. We know our kids better than anyone else on that team knows our kids and we have to be prepared to talk about them. We have to be prepared to talk about the challenges that we see them havings out in the community. We have to be prepared to talk about the challenge they're having at home and we have to be prepared to talk about the things that they do well. And the things that ‑‑ everything about them. You are the person, you're the people who have to be able to create that picture for the IEP team. It's very important. I'm just looking at slide to see what it is that we've said. But that's exactly what I'm saying.

It's ‑‑ it's ‑‑ we really are ab integral part of the team. And I know as max has grown, he has ‑‑ he's always been the focus of our IEP discussions and obviously, an important part that has he's become a stronger advocate for himself and making decisions for himself, that I'm so happy he is making for himself it takes the pressure to be making the decisions for him and being his voice. It's the most important part. You have to be ready to be a full participant and the education system can be pretty tricky and corn fusing.

 >>LISA WEISS: Like Susan said the partnerships are important. It's supposed to be a team. In my experience has been a team of people who are really putting their heads together to what it is they might node to be able to access their education fully and everything about it. And how it is we can meet those needs.

>> The law allows for your input and your child's input and you really are your child's best advocate. It can be very intimidating for parents to sit ‑‑ you ‑‑ sometimes it's easier to feel like they're the team and you're invited to attend the meeting.

And that's certainly not the way the law looks at the role of parents. Particularly deaf and hard of hearing parents and families due to Title II of the ADA. But you know that your choices about communication and ‑‑ are primary parts of the decisions that are being made about the student.

You really are your child's best advocate and you ‑‑ none of us can rely on the recommendations of school districts for decisions about hour our children. I think school districts even with the best of intentions often times don't have a very deep amount of experience about the needs of deaf and hard of hearing children. It's a low incidence disability. Often times my son has been the only deaf child in his school. And that's very common, that's a very, very common experience for deaf and hard of hearing kids. He was excited. The school district doesn't have the resources but even with the best of intentions parents have to bring the knowledge they gained through early intervention and through CPSE. They have limited programming options and may not know ‑‑ they don't know ‑‑ hopefully they will. But I mean, I think it's incumbent upon all of us to really come prepared.

I mean, school districts, sperm ed teams often know a lot about large disabilities. They know a lot about autism and the disabilities that that they're going to shall ‑‑ you know in their service on a day‑to‑day basis. They may not have any experience with deaf and hard of hearing children. They may live in a place where there are very, very few service provider options.

>> It's the same thing as kind of our families, if you're a hearing family and you don't have any other deaf members from it, your child may be the first deaf person you ever met. My son is the first deaf person I ever met. So thinking about that, and a school that maybe that's never met a deaf person, it's a real learning curve for them. And if you're attending conferences like this, you're doing over and above what a typical parent would be doing to learn about their child and what their child needs and it's important that you bring all of that request you. That you feel empowered to bring all of that knowledge and all of that information that you have about your child and the field of deafness, about the over all everything that you learn about deafness is important for them they may not have gotten it from anybody else.

>> I should have asked this but how many of you are parents? Thanks. I think with mentioned at the beginning and then we started talking. So services are provided in schools in different ways they're provided through the IDEA. Through state regulation, some states adopt the IDEA wholesale for the most part. Some have an delay of state regulations which expand upon the IDEA and create additional obligations on school districts.

Each state is different.

And something that we should all be aware of the laws and regulations in our own state.

>> That giant pack of information they give you at one time of year and probably your IEP meeting, that's where you get all the information about what your state laws say. And even though you might not want to read that whole thing, you might want to just become familiar with it enough that you feel like you know what's this in there. That's what they're required to give you every year to sure that they're giving you notice of what the laws are related to your child's education.

>> Services depending on the age of children are provided through early intervention. Through the preschool education, through the CSE, through 504 plans. Under Section 504 of the Rehab Act.

And under the Americans with Disabilities Act.

I've lived in three states in three years. And we moved from the city out of the sit and IEP form changed. Each time it changes you have to really look at the form and look at how it's structured. It's very different here. It depends on what computer systems they all buy. But state to state. Parents should be familiar with the forms you can go on your state's Web site and see a blank form. You should be familiar with it and understand the purpose of each section. They should find a part of the draft up there. It's a draft. Not the final IEP and the more you're familiar with the information that should be in each section and it's usually like annotated on your state's Web site. Read procedural stave guards and notice that the school district provides to you. It's not the most exciting thing. It states who should be at meetings, some states have different people who should be at meetings and they should all be there. If they're not at your meeting you say I don't want to have a meeting in will the special ed teacher can be here for the whole time and not because it's their break and they're going to run in for 10 minutes and have goals. But because you want them to sit there and talk about your child's performance

>> If you're wondering about something and you're realizing that there's someone that you're meeting that would have that answer that's not there, then you probably want that person there.

You shed tell them who our bringing if you're planning to bring anyone. If you want the audiologist to be there and the school district says they can't or they didn't invite them. You can invite them or say they're at another school that day. They have to change the meeting if you want the educational audiologist to be there or they can provide a report or call in. There's reasonable ways to work things out but the answer that oh, they work at ABC school on Wednesdays is a ‑‑ you know an appropriate way to ‑‑ if you think they should be there and generally probably should. Some of these slides I don't know why they do this but forgive me while I click through.

I think the most important thing parents can do in having successful outcomes at IEP meetings is preparing.

We're all constantly preparing but actively preparing for that IEP meeting as if you were ‑‑ hopefully the way staff members are preparing for the IEP meeting.

Well in advance. Think about whether or not you know it's an annual review or a triannual review. Think about what assessments if any the school intends to conduct.

what assessments you any your child may need ‑‑ you think your child may need. Sometimes school districts are kind of conservative about staffing reasons for a million reasons about what assessments they think a child needs if you think happens a lot. Request they go do it and do it well in advance of the the meeting. This is kind of an annual year long process. Hopefully recommendations will happen in well of assessments that happen before the meeting. Be prepared to tell your story year after year.

You may feel that you've told it before but there may be a new person there who doesn't understand that your story, that your child was late diagnosed or didn't have access to language until 2‑year‑old. Or were diagnosed. There were parts of the individual child that are relevant year after year, my son didn't talk until 4 years old. Not full on talking. It informs who he is today still and I think it's important that I let the new middle school teachers know who he was because just him sitting at the table you might not realize that until you got in there and spoke to him. He speaks less now that he's 13.

But review the current ‑‑ think about how much the child may be pulled out of the classroom. Think about whether the teachers are pulling into the classroom.

Things change from where they're in first grade and second grade as they get older. There are lots of reasons that services may happen in a different manner.

Consider comforted factor in discussing these issues. Ask for a draft of the IEP in advance. Meeting. The team is looking at it hopefully ‑‑ meeting maybe just in advance of the meeting but it is completely appropriate to ask to see it yourself so you know what their thinking about. In most cases you will because you will have been talking to the staff already probably.

But it's good to kind of not be reading it for the first time at the meeting if they are considering it. You may completely agree with it but also may not. You may be talkings to people regularly but it may not be everybody that's sitting at that team but not everybody sitting at that time is having the daily or weekly conversations that you might be having where your child's teacher. Communicate on any issues that you'd like to discuss which may be issues of first impression. I think IEP meetings can get derailed if for the first time ever you are letting them know they want to make a really big clang or that the request ‑‑ sometimes it's better to you can go through the meeting. If circumstances are that for the very first time it comes up at the meeting and the meeting doesn't get completed, then the meeting can be continued on a neither day. Meetings can be scheduled for an hour. You should be going section by section. Starting with the present levels of performance. Inasmuch as you should feel free to request the school district to do any assessments. You should also ‑‑ if you have private assessments from a private audiologist. Or any other private provider. If you wish you could share those assessments with the team they don't have to adopt them wholesale but they have to consider them.

And I think really important I think each year is eye new year.

Just like it's a new year for kids in school. It's a any year for the IEP as well.

Every child makes progress in the course of a year, they certainly should be making progress in the course of a year and the IEP should reflect that. The IEP could be changing if the IEP could change more than once a year. The requirement is that your IEP team has to update and review the IEP once a year. If there's nothing to prevent a team from meeting more often than that if necessity need to and if your child needs that. I think there are nuts and bolts recommendations make an outline, bring it to the meeting. Put it on the table. Check it off as you get through your issues. Come prepared with your own ideas and also be open minded about any representations that the school district can make. Speech services, technology.

Include all your questions that you prepared in advance at home when you're calm and not ‑‑ you know, sitting at a table with all the people. Consider something I think is not often or maybe not often number for IEPs kids who are deaf and hard of hearing training for the staff. The staff really ‑‑ our children don't necessarily need that much intervention. But often times the staff ‑‑ particularly in a mainstream setting needs to be trained on how deaf children you know, participate in the general education classroom.

>> And how your child participates. My son ace itinerant teacher of the deaf in every email we get she says something like if you met one Dave child, you've met one deaf child. They're all unique and they all have different needs and you have to consider them in that way. They all have different needs.

>> I'm not saying the school districts need to hire outside consultants to come in and consult staff about the needs of deaf and hard of hearing students. But certainly the teacher of the deaf can do that. The teacher of the can meet introductory with your child's general education teacher or special education teacher and train them on how to use the technology. How to how to check for understanding and how to rephrase things to make sure that that child is understanding. Often times teachers ‑‑ I didn't know anything about these things. But don't understand how hard it is for a student to listen all day long with hearing aids or an implant. They don't understand it's not the same as putting then you can see that hearing through a cochlear implant is not the same as hearing for people who are ‑‑ who don't have ‑‑ you know, hearing loss or aren't deaf. And most people don't know that. Unrest unless they've had a personal experience.

It's more at the meeting bring anything and anyone you need to help the team understand what it is that your child needs. Parent a picture of your child. Help draft the goals. If you have an idea of what it is you think your child the next steps for your child's to accomplish in any different way in social emotional way and academic way. Bring your own ideas for goals. They'll likely accept them. They might hand you their goals. They might not be what you want. But you should feel free to say I think the goals should be for social education, I think the goals should be for managing the technology. And did you

>> Your input is extremely important. And they are open and happy to having your input because they're trying to do the best job that they can to meet the needs of your child.

And if you come prepared and fully participating and understanding the process, it makes it much easier for them to do their jobs and to do their jobs well for your child. Identify how progress will be monitored. How do you want to be told. How they're progressing toward their goals. How often do you want to meet. How often do you want to be communicating with them? Talk about that

>> It can be more frequent than quarterly with report cards.

If the situation was supplying young kids you'd like more frequent progress monitoring, you can ask them for it. Formally or informally. It doesn't have to be in a progress report. But it can certainly be provided on a monthly basis if that's what's important. Imagine a child who you know was recently many planted. Is that speech monitoring may be very, very critical and you might want to on after Thanksgiving

>> You might be you need more frequent communication because because you're trying to collaborate with outside providers. You can talk about that. And who it is that your child is working with outside of school. I know for many years max was working with a private speech language pathologist, has a private audiologist. Had private occupational therapy. Had all kinds of private things. Has a private therapist for social emotional needs. And that's important that you'll of that information is shared with the whole team. There are often ‑‑ there's just kind of a natural disconnect between the medical model and the educational model and the managing is done every six months and it's important the school team understands audiologically what's happening and you try as best you can to bridge that disconnect that's naturally there anyway.

>> I think despite all our best efforts. Sometimes conflict occurs.

I think it's something that we should be prepared for. Not anticipate, not expect.

I would certainly hope that conflict doesn't occur but it can ‑‑

>> I think it's a natural part. I think everyone ‑‑ you're working as a team and you come with different ideas of how to meet a certain need. You're coming at it from a different perspective than somebody else on the school team might be coming from and that in itself is a conflict.

>> It's been kind of a theme for this year's EHDI conference as well. Resolving conflict was having difficult conversations. I think sometimes the conflict can ‑‑ or the ‑‑ it's the anticipation of conflict. You're going to ask a school district for something is that you may feel uncomfortable asking for. Its's often times hard to ask for things.

>> They might be expensive. You might be anticipating that you're going to push back or they're going to say no. I think having thought through conflict resolution, could be sents is beneficial for all of us.

In the end these are people who are going to serve your child whether this year or for the next 12 years. And you're going to trust your child's education to them. It feels really bad to not a trustable relationship. I worked for a school district for working for the school district doing special education work as a lawyer for 15 years. It is a very challenging situation when those relationships have just worn away. We often got involved well after the relationship had been danged and fostering a positive relationship and working through any conflicts is beneficial to everyone, most of all of to our children. Disappointment can certainly happen, but it can also be the source of positive change.

>> Definitely, it can. It's a learning process. And I think what's been helpful for me is understanding that these are people who chose to go into the field of education because they care about kids and they care about educating them. They're certainly working within the constraints of the system that they work. But at the heart, they care about your child and focusing on your child and focusing on what it is you say your child needs and continuing to keep going back to this is what I think he needs and this is why I think he needs it and continuing the conversation in that way helps tremendously. They really do want to do their best. They want to do what's right because they're in the field of education for a reason. Even though conflicts arise, you might not agree op how you're going to get there, it's important to keep focusing on what it is that you're saying your child needs and why it is your child needs it and trying to come up with a way to meet that need. That's the purpose of the special education laws and it can be a catalyst for change. You can open people's minds. You can try to challenge them in ways f never each heard.

>> I think of this example when my son was in preschool I went to a School for the Deaf. And every year at his IEP meeting we talked about him transitioning back to our local school. You wanted him to say there and I would we have conversation. I was aware of the fact that the school district thought that if he came back to our district, he should go into a self‑contained kindergarten class. And I can't want him to. But each year they were happy to let him remain at the School for the Deaf so we never really had to have the conversation. I knew that was their plan because they thought that given the size of the class ram he was in he would need ‑‑ because at the School for the Deaf there were 7 kids in the class, he would need that level you support and I didn't think he did. But I avoided the conversation and we didn't what top have it add we weren't going there because he stayed there through 1st grade the School for the Deaf. So when it came time to have that conversation when he was going to transition out of that school, look, Mike, I told her how I felt. Not only am I not interested it would be great if you had an option between a self‑contained classroom and a general classroom they didn't have an integrated class until kindergarten or first grade actually not until middle school and I went and had a conversation with her privately because I didn't want to have it at the meeting, I didn't want ‑‑ I was getting anxious about it. I had a conversation with her in advance so we could have the meeting without it looming out because you should talk about the other stuff before you talk about programming recommendation. I think it helps his transition that we all ‑‑ she knew how I felt and they considered where my husband and I were willing to go before we were all sitting in the room and we'd already spent two hours talking through the entire program recommendation.

It worked out in the end

>> I think we've both done that. We chose a mode of communication for my son when he was little that isn't widely used. We haven't worked in a place where we were using that mode of communication. So it's been really important for me to be that expert in the thing that we have chosen and to help education them and make them more comfortable with understanding what it is. It's been largely successful. I don't ‑‑ I can't remember a year living in Colorado. We moved from New York and we moved from New York to Colorado when my son was in 1st grade and I can't remember a year when I didn't have coffee with one of my son's teachers toe just talk about him and talk about what it was we were doing. Kind of consensus building and building the relationships to build consensus, I think, can be a really valuable way to avoid conflict. It's very important to think of the situation as parents and schools. Or parents and districts. It's really intended to be a team. You're intended to be a member of the team and if you think of the team as individual people who are all there trying to learn and trying to give their input into how to meet your child's needs, that is really what it's supposed to be about. The people you need to do that with and be understanding is important and can help to feel more like a team.

>> It happens as a big transition time. I used to participate in the work group to parents whose 4‑year‑old were transitioning into from like a preschool parents are always steeps and so, like, anxious and so worked up because the schools are trying to prepare them for these meetings and while preparing them making them really, really nervous that they're ‑‑ the kid has had speech five times 60 times three years and they're really concerned that the school district's not going to do good and they're not going to have the appropriate level of services that their not going to have teacher of the deaf services every day.

That they're not going to have A or B, or C that they have come to rely on. And I think to ‑‑ and they were talking about hiring lawyers already. And we would always try to recommend to the parents to meet with your school districts. Tell them how you felt. Ask them why they feel that way. Why do you think we son should go into a self‑contained classroom you may not agree but you're going have a better outcome if you know where they're coming from

>> If you personalize it.

>> And hopefully they'll listen to where you're coming from as well. Weans building is not always easy. It requires time and every on the everybody's part and trust and creative thinking and ownership mindedness but it is a very, very valuable skill for parents of kids with IEPs or 504 plans.

Do y'all have any questions for us? I think we have five minutes?

 >> AUDIENCE MEMBER: I have a question about attachment to the IEP. Recently we've been hearing a lot from parents of kids with disabilities, especially deaf kids attaching a safety plan and kids have emergency in the school. What needs to happen and who needs to be responsible to make sure that those kids get to safety? My question is can this be pushed by PNS as something that needs to to be attached to the communication plan or other plans or is this something that a little bit icky.

>> I think that would vary from state to state depending on what the safety plan means. But I know that I have talked about a safety plan for my son for the last several years. And developed a safety plan that's kind of unincorporated into his IEP. It's a very valid thing to be developing. And it's a need that you should bring to the IEP team. As far as pushing it, I guess I'm not exactly sure what you mean by that you before I think that making sure that there's a plan in place that everyone is thinking about for the safety needs of your son is a part or your child is a part of the IEP.

>> When we got to the point we say no and I say my child has to have it. Because I heard from somebody saying what happens if there's a tag but they're not responsible for the kids in the mall. They're responsible for the kids in the school. If that request is rejected do I have a leg to stand on?

>> It depends on each child's circumstances to have a safety plan and I'm presuming we're talking about the type of school safety issues that we all have to think about way too frequently. As part of the IEP itself, certainly the school should have a safety plan for any sort of building evacuation or issue for children who are deaf who may not hear instructions the same way they have safety plans for kids with allergies. It would depend on circumstances. Whether it was an every day occurrence or and God forbid worst case scenario occurrence like medication, those are safety plan issues as well but whether or not it's part of the IEP, the school should have one and they should share it with you and you should feel comfortable that your child's needs are being occurred in what they're doing. I don't know if it has to be part. IEP itself. With you it should certainly being a plan that's shared with you. Children traffic with school and have special needs. If you traveled on, say, an overnight or an scented trip with your school, your needs may be different in a different setting. You may nod have to hit the IEP but the school needs to have a plan to address that child's needs on a train or bus or in a different setting.

>> Just on that issue there's something called SMART911. Online you can register online and let people know that you have ‑‑ what emergency services people know that there's an individual in a building or school or attending a program that has a special need. Of all times. Smart 911. Thank you, that's good to know.

>> Thank you, we did actually have a safety part within the IEP during the elementary school years.

And what it said was that she would be the first inline during any evacuation whether it was a deal or not.

And we didn't have anything whatsoever. It seemed like a very reasonable thing to request.

And that's what happened, every time there was an evacuation, whether it was a drill or not. She just went to the front of the line. Easy

>> Well that makes perfect sense. I know often times children with ‑‑ you know, with substantial communication issues or children with autism. There will be all sorts of safety issues built into IEPs to protect those children in a school setting. And the example that you gave is a perfect one. Safety issue weigh out these worst case scenarios, situations might be a little bit more challenging because schools are doing all sorts of things. It would be good to know what all our schools plans were. I know the kids know. By that isn't always shared with parents as much as shared with children.

>> Okay.

>> Thank you guys for sharing all. This I have a quick question. I've got an almost 3‑year‑old starting out about to do our very first IEP process and we've been able to build good rapport with the district so far. We've had a lot of meetings that have gone very well. But I was curious sometimes it seems like the district personnel, there's no question that there's no malintent, they don't ‑‑ they absolutely are in those positions because they love and care about the kids but have you run into a place where they're very easy, have they have a lot going on an IEP meeting you can't do it in an hour but we had things happen just like they wanted to do the placemat before we'd even had our IEP meeting. So just some things like that where we've had a great relationship but how do you pro yes, sir through that? I've heard things like a facilitated IEP thrown around but again we haven't had any contention yet. But I just kind of wonder in situations like that where you could only nicely say so many times, guys, I really think we ought to talk about our needs before we place her.

>> You are want to see a draft of the IEP before the meeting and sit down for each section because the placement program should be in the very last part after everything else is determined and on balance, if you're very happy with the placement program that's great to know that that's going to end up where you want it to be. But I think you should feel more than comfortable saying you want to go through the entire IEP from the beginning to the end go through the present levels and the needs. Go through the goals and services and sit down as a team and talk it through. You're that if they don't know that gate but maybe you should ‑‑ two more dates and get them locked in because this always happens at the end of the year and everyone is so busy, I would put your intentions up front so they know where you're coming from because if your child is turning 3, you might be talking to these people for a long time. At least you can set that relationship up so they where you're coming from fast till payings is a great process.

>> Yeah, it's great.

>> Yeah, it helps everyone to stave op track and gives the neutral person that makes sure sha you good through the whole process. So, if you go have facilitation ability wherever you live, it is a really good idea.

>> And if you were to request a facilitator, out of the gate, and then I think there's any issue with doing that. You don't need to have a bad meeting to have a facilitated meeting. You may have to say I'm really interested in facilitating so they understand you're not like preemptively kind of put putting someone else in there. I think it's incredible.

>> It takes the pressure off the district people and they can be present.

>> Meeting manager.

>> Yeah, it's nice. And it usually isn't seen as some kind of a ‑‑ you know, parent who is going to have a problem. Just a parent who wants to make sure that the process is followed and they understand everything that's going on. No, no. It's not part of that. You live in Colorado. Thank you, thank you. If you have any more questions, we'll be around.