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EARLY HEARING DETECTION & INTERVENTION

Promoting Social-Emotional Development in Young Children who are Deaf or Hard of Hearing

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>> Good morning everyone. Thank you for coming. We are excited to be spending our morning with you. Excited you are willing to stay extra time to join us for this presentation on social/ emotional development.

We are working on it. We will be with you in just a minute with the slides. I did want to ask whether anyone here attended the pragmatics preconference. Yes.

So, I want to say that there are some aspects of pragmatics in social/ emotional functioning and development that overlap. Where those come up on the slides I will point it out. I don't want people to think, wait, you already covered it. It is from a different perspective of social/ emotional functioning, and we are going to define it well and talk about what that means.

And pragmatics, if you think about it in the context of the social stuff, and the social/ emotional. We Emote based on our environment and things; they overlap on the different things we can focus on in the still lead to positive child outcomes.

And please ask questions. You guys get that mixed up or if you want more information. I probably will be asking the questions too. They are so close in my mind, and I was talking to Amy about this.

The better pragmatic skills you have, it is a positive correlation to social/emotional, because you are able to function and navigate and use your great llama skills in a lot of different social settings. But it is still confusing.

The most fun thing about our field is that we are at a stage where we can think about this. For many, many years we were thinking about access to sound or language input be it visual or auditory language. Now we have a little wiggle room. Because of that 136 that we are able to talk about this. Our kids are getting language earlier and we can look at these things so anyway exciting times.

It's working! Thank you. Thank you, thank you.

>> All right. Ready. Okay we are going to talk about social/emotional development for the rest of the morning. So exciting. I am Amy Sarcasky (phonetic) this is an attempt on the part of my excitement is being able to do this with you, and the other part is being able to share the six peers with Nan, because she is fun, and we had a lot of fun putting this together for you.

This is taking about two months ago when Nan had the opportunity to come to Massachusetts and visit me and we went bowling with my kids and we were having a fun time. This is us.

This is our positionality statement. So Nan has 25 years of experience as an SLP, focused on deaf and hard of hearing children. She is an engaged learner. This is true about her. I have known her for a while, and she is always wanting to continuously learn. In this still isn't second nature so she owns that.

Part of the idea is that when we work together we get better at it. I have been working in the field for a while too. About 25 years, with and around early intervention. I am a psychologist, super passionate about social/emotional development, and I'm still learning how to do this too. We are on the journey with you, we think we spent some time learning, and we think we have things to share. And also we are open to your questions, as we continue to grow.

Both mics are working so we can feel free to do as we are going to do. Oh, okay.

All right. So it is important to acknowledge where our biases are and let you know a little bit about where we come from because it informed the work we do. Nan and I are both JOY advisors. Who knows about fostering joy? Some people don't. During one of the breaks you can talk to the people who raised their hands, who know about Fostering Joy. It is a movement that brings together families, the deaf hard of hearing adults and professionals, collectively folks who want to move the new and shift the discussion from things a deficit focused, which are field has been in the past. And to say we want to celebrate the child and the family and have families recognize all the positives along the way.

Fostering Joy -- which is save some for later. Young children who are deaf and hard of hearing are excited to meet other people that do that work too.

We believe in promoting social/emotional development and being intentional about it. We don't want to think, oh as we are building language-based skills this will come along. We want to really focus and be intentional on the work. And we are going to ask you and challenge you to be the same.

We really want to see positive changes in our field! We want collectively all of us to be attending to this kind of work. We think we can do that together. We are super grateful that you are here.

Big picture. You can jump in at any point of course. All right. What do we want to say about big picture?

What is the point of these things? What is the point of raising kids? Anyone?

>> To be happy adults.

>> Yeah. Anyone else? For the future. You can throw it out. I can repeat or you can sign it, and we can say it. Yeah?

>> (off mic) Well-adjusted ...

>> Well-adjusted successful kid, WASK. Yes.

Contributing members of the next generation of society. Yeah. We also want to do it for us. We want to be parents who do a good job. Right? It is all those things. We want to raise kids. Also if you don't enjoy the process a little bit it is hard, and kids are expensive. Right? We don't do it just for that. Yeah, next generation. I just paid $2000 for my kid to join a traveling baseball team. Crazy.

What is the point of early intervention? Y'all ...

>> Wait. We should say that we are kind of done with presentations. We want this to be a discussion, a sharing. Yeah. When no one showed up today ... sorry. And if you're done, and you want peace and quiet that is okay, but we are sharing and hopefully discussing and brainstorming together.

>> Yes!

>> (off mic)

>> Change the perception of parents so they know the child is capable and helping them to reach their potential. Yeah. Yes?

>> (off mic)

>> Also supporting the family. It is important for social/emotional development for the child.

>> Yes, yes, yes. I'm going to run here.

>> Sharing and enjoying the process with families.

>> If you are not a Joy ambassador you should be.

>> I tried.

>> She is very busy.

>> I would like to see happy communication between parents and their infants. Because it really helps to support that experience. We don't want it to be frustrating. We want to resolve that frustration and support the language.

>> Yes.

>> I have held the mic more than ever. I was definitely going to express exposure to different cultures and different people. When I took my son for the first time for a Hands & Voices annual gathering in South Dakota, may be 20 ... maybe 22, yeah. Pre-Covid and post-Covid has been dramatic on everybody I have met in a like to point that out. But he was going there and all of a sudden going from his public school system and mostly kids that have hearing aids or sign it, and being surrounded by him, he was very wow, different. And then he did not want to go the next day. I will remember that. I would like to expose more to not just the deaf and hard of hearing community, but everybody around is really

>> What no one said is to increase vocabulary by three words per month. To extend the MLU, which is knee-length of utterance, one of the ways people measure. The field has focused a lot on this. I am a language speech pathologist, so I am comfortable talking about anything you want about language and smiling. But we're not talking about that.

What is the point of raising children? What is the point of early intervention? These are those positive outcomes for the family, for the child, the parent/child connection, that came from you. Right? That is the point. But we don't get there we don't focus on social/emotional development.

Children are precious. They are not robots. We don't want-- we're not trying to input equals output. Like one four one. We are trying to like, here's the skills, the abilities that you can flourish. That is what we want.

So, what is the point of your respective roles? Maybe you are an SLP. Yep. Maybe you are a PT, an OT. What is your role? We have parents. EI. Deaf mentors. Deaf leaders. audiologists, teachers of the deaf. Great. I love that we have a mix. That is really fun, so I know who point to four different examples.

Regarding your role as audiologists, teachers of the deaf and EI, how do you support social/emotional functioning? We are going to get to that. That is the thinking. In your respective roles, as the caregiver, as the person supporting a family, how do you get there?

Because, anyone psychologist? Counselor? Social worker? Social worker. Yes. Unless you have one of those roles where it has been assigned as part of your job description, people may feel boundary. Here is my scope. That is somebody else's. We are going to challenge that I deactivate too.

So when you think about what is social/emotional development? I will give you a chance to read.

Yes. PowerPoint will be shared. We also have a number of handouts that we will use for the presentation and those will be made available to you for sure.

The reason I have this slide is to separate the social and emotional. Because they are always talked about together which we also will do because there is so much overlap, but they are also different.

Thinking about social development, ability to create meaningful relationships. I would argue that whatever your role is, part of your job is to create meaningful relationships with those children that you are supporting. Right? And helping them to do that with others.

The emotional part, the ability to express, recognize, manage one's emotions, we are going to talk about how to do this. We are going to offer strategies but just the idea of they are separate, highly overlapping. We tend to talk about them together. But you can imagine where something like social skills curricula that schools might have, might build on more of this. Counseling related things or other strategies might build on other things. Overlapping but it is an umbrella term and there are different things that come off of them.

All of this is part of being well in the world. And feeling good about themselves. Isn't that what we want for our kids too? In addition to paying all the money for them, making sure they grow up to be successful adults. We want them to feel good about who they are, in their space. And for us to have positive relationships with them.

There are lots of definitions of social/emotional functioning. And literature describes them in different ways. Here is how we are going to talk about it.

Three things. Understanding and regulating emotions. It might not surprise you that many children who are deaf and hard of hearing are not given the vocabulary whether signed or spoken to communicate what is inside of them. Is much easier for us to teach about objects. This is the table. This is a table. We get into sign and copy. We can point to lots of things, and we can provide the words to talk about what those are.

We as a field have done less about this. But it is important. That we are to think about developing and maintaining relationships with others. Emotional, social. Right? Those aligned with the previous slide. We don't want kids to have meltdowns and not to tell us what they need or want. That builds frustration. And being able to match one's emotions to the situation. So this is sometimes thought of as a higher level skill. I would argue that unless you can do that even early, there's going to be a mismatch between what you experience, and what the world expect of you. And then you may be setting yourself up for being perceived as not very caring. Because they are not noticing those things in that environment. Right?

Or not being a "behavior problem," because they are not managing those emotions well. So we are not giving them the skills to do that, so we think about social/emotional development in all these rounds. Regulate emotions, develop relationships and do it in context.

All right. State of the research. Anyone here like research? Anyone here like to know that what we are doing is based on research? In if you don't like to read the research. Same! You may not be a person who is involved in doing the research. But I really think as a field if we aren't able to say there is a body of knowledge out there, and when we pull from that we might be to adapt and adjust and see how it fits. But when we just say, "I think I'm going to try this," without any evidence behind that. We make more mistakes so we can really pull on what does the research say about social/emotional development in children? Children with disabilities? Children who are deaf and hard of hearing?

All right so social/emotional development in infants and toddlers. There are some limitations. They tend to be relatively small studies. Participants are diverse. So it may or may not apply to what we need to know. Sometimes the effects are hard to measure. This is true enormous psychologically based research. If a child has a medical condition, and we give the medicine and we see the improvement we can see the causation stuff. With psych, it seems like when we do more of this, we see a little bit less of that behavior, but it is not like he is the pill, and we don't have a pill for you today. But we do have cookies. Stay through the break. Constructs are not pragmatic. Lots of overlapping in psychology. Hard to measure just one thing.

How do we measure it anyway? If we are using a checklist or parent report, parents know lots of things. And, they may not be with their child in the classroom where the meltdowns are happening. Right? Or, we might be measuring something and asking, does it happen? Never? Sometimes? Always? Lots of grey in between.

What do we know about deafness and hard of hearing in social/emotional development? Not a lot of study so I'm citing studies that exist in pulling from other studies about children with disabilities who may have similar kinds of challenges and I will point out possible go and I don't want to mislead you. But I want to say this is evidence informed work.

Some of the good things is that we are starting to see some systems level work. More and more systems are building in social emotional stuff is really relevant. Anyone here attended talk about Allyson CD during the conference? Allyson has been running the Odyssey project in one of the points I heard people talk about at dinner which is a nice think when you're overhearing a dinner they are talking about things, is your using a domain that looks at social/emotional cognitive, physical, all the kinds of functioning. They do also inform how the child is going. That is a change of the last 10 years from where many EHDI programs were looking at language-based outcomes. If you're using a tool and paying attention and asks about social/emotional that will help you as a professional to be tracking. Oh yeah, we need to pay attention to that.

And it was he across all domains of functioning, gosh, the child is doing really well except social/emotional, that helps us to build the case for why we need to pay more attention too.

Okay. So good things are going on. Definitions are being clarified. Frameworks are starting to happen. More people are using measures that include the social/emotional stuff. We, when we look at other literature about social/emotional we know there are long-lasting implications. So it behooves us to pay attention in these early years.

All right. We have a little flour thing going to the slides. Social/emotional with children who are deaf and hard of hearing, they are blooming right now. We can help them to bloom, and all of the flowers need good environments to help you do that. And so part of our job I think, and what we are pushing, is creating the soil. All of the nutrients that are needed to help that child to grow in that way.

All right. Your role. Do you want to facilitate this part?

>> We didn't know at the time we made slides what the backgrounds were. We will expand this as we go. How does your work relate to that point?

>> I like the conversation we started off with. But really linking the point of it all, is to be healthy and happy, and have functioning, be high functioning and contribute. That is what we start as early interventionists. That is who we are trying to raise. But we all do play a different role.

Many times we are in teams that are multi-disciplinary. Or transdisciplinary where you are the main provider. And so we wanted to talk a little bit about what your role is as the speech pathologist or as the physical therapist. What does that look like in practice?

So what do you do that specifically contributes to the point? Do we have any PTs in the room? How many of us work closely with PTs?

In thinking about if you're a physical therapist and you are working with the child, what type of ... How might you be talking about and promoting social/emotional development? Think about that for a moment and think about the activities that physical therapists would be doing. Helping children with crawling and learning to prop themselves up. And learning to stand. Sometimes this is uncomfortable for children. They don't particularly enjoy the physical therapist. That is why it is much better to be a speech therapist. Just kidding.

But they have a pretty tough job. They are asking the child to do things that are pretty incomparable. Those deficits can be more visible. And can sometimes be more painful for the parents as well. That whole experience.

In thinking about what language she might start to use, things like ... I bet it feels frustrating to move your body this way. Or to want to move your body this way. If you feel angry, you can hit the pillows. Or it's okay to feel frustrated. Do we need to take a break? Everybody needs breaks.

We can even try again tomorrow. Because sometimes I need to try again. Sometimes it is really brave to try again, the bravest thing. But what language can we be giving children and modeling for parents as their children are going through these difficult things? Just giving words to "I know this is hard," and "this is probably a comfortable." Or, "I do this is hard on the playground. It body frustrating when you see your friends play. I know it is not the same would like to play in the sandbox?" Thinking about those examples. Can you guys think about any other things you see in the home, that a PT can really do? It is not changing what she is doing. It is changing and adding to her dialogue.

>> I love it when PTs say, let's see what he can do. Let's give him a chance.

>> Yeah! And commenting on all the great things. I think sometimes when that happens, and a parent can sometimes miss, he is not doing it. Nobody is doing it. But do you see how his foot is wiggling? that means he is trying I love that. Next time we might get more movement.

>> There is an opportunity in the situation to encourage parents, mom is going to help you, she will be there and being the champion and collaborator and emotional support for the kiddos until you get it. Let's go see mom. And encouraging the parents as the supporter. Right? As the positive person.

>> And you are coaching her, assuming her role. That is perfect. Yes definitely.

>> New obstacles. I like that idea. With new obstacles, then new experiences.

>> Yeah!

>> New moments for success, for something new to happen.

>> Definitely. You are showing how they can. We are trying new things that is part of social/emotional being brave and starting to try things that are new to explore.

>> And as we are building, thinking about the language to use too, there is the idea of instead of just yeah! Let's celebrate that. Building on the ways we describe those things. Nan gave the example of saying frustration.

Kids will often use math or go into the literature. What are the words that kids who are deaf and hard of hearing describe emotions? Sad/mad/happy. Fine. "Fine" means lots of things. You may be a PT or work with PTs on your team but also thinking about growing those experiences and expanding that emotional repertoire. Lots of examples throughout today.

>> And lots of us work with OTs. And that can be again, every piece of it, where they are there to coach and support these families but thinking out loud with the parents. Helping them understand the brain/body connection. Helping them walk through what they are trying as hard. Or using that. I think-- I work with a lot of OTs that worked on feeding. I am sure this feel scary because you choked. Or this feel scary because this has caused trauma in your household for the families. But really giving them that time.

Your body may be reactive. And needs to feel more calm. But given them all of this language as they go through and supporting the parents. Because what can be scarier than some of those things? Around EI, around food or movement. So thinking from an OTs perspective, really giving them more language around that.

If you have a kiddos that is working with families that their children are sensory- seeking, you might use words. I think your body needs to move. My body needs to move sometimes too. Let's jump! When I jump that gives my body deep pleasure. Start to give that language at the very beginning.

I am going to swing because that is my body moving through space. Your body might love moving through space. It looks like you need to move your body. Here's some ways that we can do that. And to start from the earliest ages helping children learn and use the language that goes with what their body needs. So that they learn early on to self advocate; to ask for those things.

But then the parents also get to hear that it normalizes this activity. Because all of our bodies need to move. And if that behavior becomes in any way a negative behavior, you can transfer it to say oh, looks like you need your body to move. Or it looks like you need the pressure. Let's go over here and jump on the sofa. Or do five Little monkeys. What can we do? You are able to watch and help the families label those to strengthen that connection.

Any other thoughts from an OT perspective?

>> I want to add that the part we are emphasizing is not to move a job. Most of the things we used to describe. It seems like what your body is experiencing is different than mine. Or I am guessing, I am watching you, I am wondering if you feel like there's a lot happening in your body. There's a lot of energy in there. That is leading to the internal states, and understanding one's own internal states, and the internal states of others is where the social/emotional part is. Right?

We want to make sure the lead is clear. Yes as the OT you might be talking about pressure, talking about jumping, and needing to move. But the added part, when I see you get like this, I think you must have a lot of energy in your body! I think your experience is something, and it is different than mine. Right? That is where the social/emotional ties in to what the OT is already doing, doing a good job supporting kids. Yes.

>> I worked with a wonderful OT for a while that you see as the engine metaphor. You have engine in your body, and she used their favorite cartoon for example Winnie the Pooh and Tigger, made a very visual but we allowed the DHH to grasp the concept. What can we do more to feel like Pooh? How can we get you to the other side?

>> I like that a lot too.

>> I think it is about modeling this language. This connection. So the parents see that it is normal. It is okay. We all have these feelings. In your individual roles, modeling that helps them see. Yeah, this is how their body feels. It lets them see and get ideas on how they can label it as they go throughout their day. So the child is being seen. I see that this is happening. I am going to be there to support you by helping you get what your body needs. And helping you understand it.

>> I have a son who is high energy. And we had a day when they were terrible storms outside. He came home from school and asked how his day was. It was horrible. You know the joy that you turn in turn, the top? That is how my body is. And they would not give us recess today. Very clearly communicating what he was experiencing. I wrote a note. You may think I am a horrible mom but said send him outside for recess. We live in Massachusetts and sometimes it is cold. We don't care. He's going to run outside and is not going to freeze to death.

The same day I get a note from the teacher. He was very fidgety. Surprised? Not. But he is very well. We need to describe the. That feeling. I need to let her go. Some of the kids who might be receiving LT services I am guessing probably have those same kinds of things. Are we giving them the land to describe themselves, not only focusing on the tasks in order to address whatever the challenges are, developmental stuff may be.

>> This might seem a little more obvious of course. This is the talking piece. We get to focus on the play, and the books and all of those things. And support families in this area. I think, it's that role to help families know and think about emotional words. To bring out all of that. We can model that language. We can talk to parents about that piece. I think it is that -- Our role is to be in that house. Pointing out. Did you see how she looked at you? What do you think it was? Point out those moments of communication that a busy, may be tired mom might miss. Point out the little social/emotional pieces. Praise mom to say, I love how you automatically did this. And then give her the "why." Explaining why what she did was so great which would lead to strong social/emotional.

Sometimes validating and empowering parents to just keep doing what they are already doing. They don't know their strengths and needs in social/emotional development. Do they need to know? Fun to talk about it. Something they are thinking about all the time. Added to our list of things. It can be really fun to think that in a recession and going to point out three things that happened or are mirroring or are direct links to positive social/emotional development in either the child or the parent.

This is probably an easy one to think about. How do you guys-- as early interventionists, speech language pathologists in the home-- what are some of the things that you automatically do in your sessions to promote social/emotional development? Yes?

>> This is my first time speaking at a conference. I am a little nervous. I am a developmental therapist. I work closely with an early childhood specialist and what she has taught me and what I have tried to embody in the work that I do is to make sure myself comes first, then the parent who then affects the infant. What you guys mentioned, about the environment, helping the child grow, I really strive to do that. I work in Alaska. We have one of the highest rates of neglect, domestic violence. So it is really important to make the parent feel supported so we can have the infant-- I work with infants primarily-- help them have an environment that is safe. Fostering a healthy social/emotional development.

>> I love; that Amy and I were talking about that yesterday. It can feel sort of scary in our roles that I wasn't trained in adult mental health. So many times we go into homes and it can seem like a really tall task. I can't really fix that. I am not really trained to, but I know there's some things that are not great happening in this house with the adults. We know it is important for adults to come to the table with as much social/emotional help as they can, in order to promote that. So we are going to talk about that throughout the day.

But I think some professionals-- not in this room because you're here to learn and to talk about it-- use that as a "get out of jail free" card. I can't do that. That is not my job. It is not -- Amy said it so well to me because I over think everything-- it is not my job, but it is your job to listen and promote and provide opportunities. We are going to talk about that. That is a neat perspective. You are lucky that you get to work with a mental health professional who is looking at that early relationship, like psychologist an early intervention. That role is not prevalent with me but thank you for sharing me.

I got into this field after 20 years of speech therapy for stuttering and fluency. The fact that I'm standing up here at all, I am nervous. But I will sound even more nervous. Thank you for sharing even though you were nervous.

Any other thoughts?

>> I want to add.

>> Yes please.

>> Because we talked about the language part and also some kids are using visual communication. We want to be thinking about gestures, and other visual ways of communicating this stuff too.

When parents notice the child's eyebrow going up or the face of the groomist, you don't like that phase. We want to be promoting that too. One of the challenges with measurement, are the looking or saying or signing this thing consistently? We have to bill that we can help children, all children who are deaf and hard of hearing, studies show, benefit from visual access information. Not talking about morality and communication. Talking about visual access to information in their environment. We can help promote their understanding by noticing gestures, and the phases that we make, that align with different emotions. Right?

>> Definitely. Will be hitting on this as we go. But that face-to-face time with your infant is magic. That is where magic happens. Spending the whole 45 minutes coaching parents to be face-to-face. You are not wasting time. It feels like you have a lot to do. But that is where the magic happens.

>> I work with the speech therapist, with one particular child that is coming to mind. She is-- I love working with her because I feel every time I go in, she is teaching me something new. And ... she's talking about retiring. No you can't. I have so much more to learn from you.

But we have one child, he gets the zoomies (phonetic) real bad. All of a sudden he jumps up and goes round and round. She is so good. Oh, looks like you have a lot of energy to get out. What can we do? When he went to get a blanket. We needed a burrito, and she was putting on his belly going boom boom boom. Spreading on his back. Throughout all of that she is getting him to self regulate and also giving him speech sounds. And then we wrap them up, and then we will swing them, wheeh! And he is smiling, and you can notice his face. Oh, looks like you have had enough. We better stop. I am so full.

We unwrap him, and then he placed another 15 minutes, and then He starts doing it again. And then we get more time with him.

>> He is telling you my body needs to move. She is honoring that. Looks like your body need to move. That is great!

Awesome. Any other thoughts?

Another role we see in EI. What is happening with the service coordinator? The family coordinator? What role does she play in that? And the point in this fostering social/emotional development. And helping us have adjusted, happy children and families. Maybe her role is to help bring social/emotional to the forefront of the IFSP. And help us write goals, or encourage the providers to think about, when we have all of these different needs or objectives in different areas, how can we bring it together for the point of social/emotional development? Yes?

>> Some of my service coordinator do is to make sure families do not feel isolated. They say, that is common, I have understanding, what they say I have a provider who has great strategies. They set up for success so when we walked to the door, the parents are like, what do we do? They are open. They understand that there is hope, something we can do. Something that they can be involved in.

>> I am so thankful when the family coordinators really take the time and share the positives about the families, before we actually get in to see them. And to know that this is one of their main concerns. This is how they want to grow. So as we are getting ready to go in, we kind of have an idea of what do they need? What are they seeking? And be able to share as a team how the family maybe responds best. What have you learned? So that we can start with maybe one foot forward.

>> I am in early interventionist as well. For working with my family, working from birth to 6, typically if I feel the parent is hesitant with what we are talking about, all the gold that the mom or dad might want, then they are not going to work on that when I leave the home. If I build on the confidence of the parents before I leave the house I really try to make parents confident and successful so that they have the tools. They are doing things right and they are positive. I tried to make them feel they don't need me as much. Maybe need me just enough not to cancel the next appointment. When I build that confidence with them, the next time I show up the child has that confidence and I know they have been practicing. They know how to say Apple, or grape and they know where the kitchen is. So I think that focusing on the social/emotional level of the parent too will always, always, always impact how the child response to things as well.

>> That is a great example. Gives you an opportunity to talk to the family about how does that feel? Looks like you were able to run with this. And reflect on that. So that they can focus on the positive things that are happening. And that they are able to do and make an impact on.

I like when the service coordinators -- They are a wealth of resources for families. And know about services and funding that I could never know about. And they seem to always be ready to jump in with that piece.

Nan stole her comments!

>> Kelly and I work closely together. Maybe we remind ... see? There you go.

>> You like to watch me run!

>> There is not enough support. At the it can also be frustrating. We need to support the social/emotional well-being of parents. And sometimes finding that support, as much as service coordinators are working on it, the support out there is not as plentiful as I wish it were.

>> I would agree. And for siblings, we also have up here your role. Again we did not know the time we developed this who will be here. What would you like to add about your role in contriving to the social/emotional development of kids?

>> So, talking about supporting parents. And parents, we need to take care of parents first before they are able to take care of the children. For my parents who choose to have hearing technology and where hearing technology, sometimes it is frustrating when toddlers get into the grabby stage and pull it off. So we have a good sometimes 10-15 minute conversation about it is frustrating. It is really hard! Trying to be sure to validate parents' emotions before moving onto the next thing. Because they are more than capable of doing this and take care of their kids. But sometimes you have to get through those times that are hard, and that are frustrating before we can move on.

>> Okay. I would like to say this is the same as grief. And, of course, so many parents when they have this child that maybe have some sort of hearing loss or vision loss, it is important to show that it is going to be okay. And if they are still grieving, you know it is going to impact the children. It is going to impact their children emotionally as well.

>> From my perspective as an audiologist, a lot of times I am the first one telling the family that they are meeting the first step for a hard of hearing individuals. And like you said there is a grieving process; I try to refocus and say, first off, this is your perfect, beautiful child. But we're going to have to do things a little bit differently, to give them access to communication.

And then kind of try to see where the family is. As far as what they are ready to talk about at each appointment. Maybe they are not ready to talk about all these device options at that first appointment. So we will see what they are ready for. And we can move at their pace.

>> So, I am a classroom teacher with kids ages 3-6. Oftentimes with social/emotional development, it goes from labeling what the child is feeling. And moving outside to what are your peers feeling? And how that interaction goes between children. Cause and effect. What did you do? How did that affect others around you? What are their emotional states?

>> That is perfect. And you probably get to do that a lot.

>> Constantly, yeah.

>> Thank you for doing your job. And speaking of the audiologist's role, I go back to the quote. And I try to think about it. Parents often times don't remember what you said. They remember how they felt. How you made them feel. How they felt with you.

And I think starting there, it can be the very foundation of that relationship moving forward. To think about that, and how to promote their feelings. And then give them information, once you've done that. But to establish. Silly of me not to think about audiology in this conversation. Wow! What a role you play. And in a structured clinical setting it can be hard to keep social/emotional development in the forefront because you have an hour to get through all of these things.

And so, good for you for being here. For thinking about it.

>> Anybody else wants to share?

>> I want to add the idea of asking a family what it would mean to them. They are sitting in the audiology room. You are finishing the diagnostic stuff. There is a moment between when the testing is done, when they come in, asking the question of what would it mean to you and your family if we identify reduced hearing? What would it mean if we don't.

There can be the assumption and we need to be careful about that because yes some families will say, I am hoping, I am hoping it is not. And they may experience, as a participant said, there is a grieving thing.

Other families may say well, compared to what my other concerns are for the child, this seems like not a big deal. This seems manageable. That will be a relief if it is that. In effect a number of families who say it is a relief. Okay we know they are not hearing as well. That means it is not a cognitive issue. Right? We have concerns about how they are acting. It we can provide them the right kinds of support to get language, the family is going to have very different perspectives on that.

Or the family not long ago who said disability in my home country means we would be shunned. The results of this would inform whether I get to go back to my home country. Or whether I feel like my family have to stay here.

And then you can imagine, wow, the implications are very different. And the kinds of support the family needs are going to be different too. So, what would that mean to you if it ends up that there is hearing loss, and what does that mean for social/emotional support going forward?

>> Thank you. Early intervention. This nice lady mention which is from they do 0-6 years old. That is important considering school starts for people who choose to do education public schooling. Or any schooling, obviously.

For you to be there, when they go to what they have been used to being preschool, and then go to go to school, and had that big wash over, and the whole different school. Maybe different teachers. For you to see them through that transition it seems really fundamental. I have seen 0-3 in my state and some 0-5 in school a bit, just to see how they settled. That seems really important.

>> Please. I'm going to switch roles. This is kind of not fair. I am a mover. We are switching. Starting mine.

>> I am curious to think about just the way you worded that. I wonder what the meaning is to you. I wonder what you are feeling about this. And how do we know the levels of grief and acceptance, right? You have the cycle through. And I think as I am mulling over this, I need to revisit it more often with my family. How are you doing now? How are you doing now that you are in daycare? How are you doing now that maybe you are dropping your child off at church daycare while you are going? How are all those feelings? And revisiting that because we know comes through in cycles.

But I am guilty I think of being like, we've dealt with it. Let's move on. Talking about development. You are doing a great job. What can we do next? Instead of circling back.

>> I recently had the opportunity to meet with the family new to me. It was via telehealth. And everyone had kind of prepped me for well we need to have the hearing technology conversation. And they are ... So I met with the family online. Mom and her two daughters that were young. They were playing.

I heard their background and I started with, tell me how things are going. What led you here and meeting me? We sat there for a while. You could see her body. Maybe I do prefer telehealth because I am touchy-huggy. But I've learned a lot from telehealth. It gave me the separation to watch her and her body when we were talking about this.

And then I kind of said, how do you feel personally about hearing technology? Not what does your audiologist thinks, not what your husband or grandparents think. What do you think? You are the one at home, shouldering this guilt. How do you feel about it? Think about it. You don't have to tell me now. For this next week I don't want you to think about putting on the technology. You can. But I want you to think about how you feel about it? How will it impact or change your life one way or another? How do you feel about it?

And she came back the next week and said, it was the best week that no one had ever asked her how she felt about it. There were other members of her family that were choosing to where hearing technology or not. She was in a particular interesting environment, in that there were already lots of opinions.

Anyway since then she has started on her own to reengage with hearing technology. Because she realized that ... But there was almost as barrier anything sometimes, how do you feel? And this little person too. This had been going on in their life for two years. I am sure you need to put hearing technology on. I am trying. It is an interesting way to kind of stop.

>> I want to follow-up on your comment. There is evidence in the literature that talks about the need to readdress this transition times. We often will assume that families are fine. There are transitions when you go from EI to preschool and transfer from an IFSP to an IEP. when you transfer to middle school, high school, college. Any other major transition. It is important that we recheck.

You might be in early intervention only, but maybe you follow family long-term. It is important that we follow through and recognize anytime there are those transitions it will bring up stuff. And in the end, families will report sometimes questioning the decisions they made. It is an important time to put it on the table.

Helping people to think about the choices you are making. Do they align with your values? To Nan's point, not aligning with what someone else told you to do, but what do I value? How does this support that? Any of the things that we engage in. Right?

The things that can feel very burdensome. Like having an EI person come to your home lots of times a week, or lots of different professionals. When it is reframed, they are coming in and I have to clean the house and that is burdensome but reframed as I really value optimizing my child's development. And these are the things that make a difference and I'm being a good advocate by making sure they are here.

>> I love these conversations. Because I don't think any of us were trained-- Amy except for you-- to be a psychologist, and how these open-ended questions, and shift the conversation. And the fact that we are seeing it, happening, or trying to make it happen ourselves, it does show the field is moving in the right direction, so it is exciting. Thank you all for sharing this part.

>> This is the whole team's responsibility. Moving the line that says, "that is not my job."

So thinking about, who are the professionals on your EI teams, does anyone have a psychologist in the EI team? One. My experience with this is that, if a psychologist is brought in, often there is something big going on. There is a custody battle. There is big stuff in order to bring in the big guns.

So I wish there were more. But I think that the say that it is not okay for any of us to just say "not my job," "I'm the OT, can't do it." We don't have people in the teams who can do that part. But even looking at the domains of functioning, there are five domains of functioning that we are often assessing: cognitive, we have a teacher of the deaf; we have language, speech language. We have the motor stuff covered. Social/emotional? We have states flagged, won't say which ones, taking data on the social/emotional stuff and finding all kinds of things. But we don't have teams on that so that part did not get any attention.

>> I think that happens a lot. Just resources, it is hard.

>> Yes we have a question in the back.

>> When you speak about having a psychologist who is knowledgeable about deaf children, that is incredibly important, and I didn't think about that concept. In my case I have five kids, one has truly autism. I have a master’s degree in clinical autism; I am not trying to switch hats and say yes I agree. But the other kiddos don't have autism, they are deaf. And I am interpreting the behaviors with autistic behavior. For example kiddos who have devices, have cochlear implants, but they don't wear them, and they are 4 and still don't have access to language. But the pediatricians that they are not verbal. They are not nonverbal; they don't have access to language.

Maybe with autism, how can we pull in professional so we are not handing the child a PET system where visual communication can be helpful. But we are needing more deaf mentors and ASL and access to language, to be better device users. And maybe that is hard for early interventionists to navigate when we have a pediatrician who is an hour away saying they may have autism. And then we have professionals that say no mom, we have to work better with access to language in the home.

>> I can go functional and immediate myself. But Amy has more ... For bigger picture answers. Go for it.

>> So I think if we are talking about autism specifically, there are resources and papers. I have done some work in that area and work with some folks. (indiscernible) is another psychologist. We published in one of the red flags for autism and deaf and hard of hearing children with reduced language.

Just a note to us to make sure we have email industry resources for you. That is a very useful table. We heard a lot of feedback from folks saying that helps guide the thinking. Right? Because there are things that children who are deaf and hard of hearing we have not had as much language exposure, dual kind of autistic. And there are ways to tease that out. It is a different talk on a whole different day. But it is important to be mindful about that. Right?

We are not asking anyone to be able to do the diagnosis. Today is not about a diagnostic journey. It is that every child who is deaf and hard of hearing needs our support to make sure they are optimally developing that social/emotional stuff.

>> We should do a joy break. I was not sure how long we were going on this; you change the order so not sure.

>> Instead of problems being altered, some of our systems require us to be finding us deficits and work to address deficits. That sets us up for being deficit focused. Instead it we can have a more positive frame, say all of us are responsible for the social/emotional piece, so we want to normalize the social/emotional functioning as part of the overall development. Again if our measurements are looking at that, everyone on the team can be able to say I am going to do my little piece.

And we just gave examples and Nan wonderful examples of how we can train that in one's work as a PT or whatever your specific roles are.

>> And I think that as far as talking about it with families, I think-- again I love where we are in our field-- because with early intervention, a lot of times we're not working with a deficit. You are charting development. You are helping point out the next steps. So it only makes sense that we would be doing that with social/emotional. But to not talk about it, until it is an issue, it really is sort of a red flag, and it is very concerning. But if we are talking about it all along, and we are watching you develop, if we are talking about it all along and it is not developing as it is supposed to be, we are gradually talking about that. And having an open conversation. So when more is needed it's not like oh! I did not know. We were having a conversation little bit every week for any of these behaviors, be at autism or other.

>> What is the point? What are you hoping for? We asked the family. Happy, well-adjusted adult. Happy is an emotion. We can have ways to build that naturally, identifying it when it is a challenge.

We mentioned we are Joy ambassadors, and we love Joy. Rather than just having a break we are going to have a Joy break.

>> What we were thinking-- we are going to have a break so you can get up and move around and move your body like Amy has been doing. But look on your phone and find a picture of something joyful. Share it with someone. Your phones are such a good place. This is a strategy that we've talked to professionals about an hour fostering Joy group, starting a session with parents sharing something that brought them joy, or having them show you a picture that you took of your child that week. Chances are it was a joyful moment. Do that quickly. I'm going to find mine.

We started off with us jumping. I blanked that hilariously, that was one of the pictures of joy. So yes. Find your joyful moment. Share it with someone.

>> And you can stand and move while you do it.

>> Share your fun joy. I am going to find mine.

>> [Break]

>> [Return from break]

>> We are going to reconvene, if you can make it back to your seat. If you have to go to the bathroom that's okay.

You can show more pictures later. I am happy to see your pictures of joy.

So just this idea, to reemphasize, what we pay attention to we notice more. Right? You are doing car shopping. All of a sudden all the cars you are looking for are the ones you are looking to buy. When you start to pay attention to social/emotional we start to notice it in different ways. It will bring it from the back of our minds to the front, it becomes easier. That is what we are wanting to do too. To not notice her flag social/emotional "when there is a problem," but it is something we are attending to, noticing it regularly.

>> How do we make this happen? If you are an EI provider and you're going into the home, or if you are a teacher in your walking into a classroom; or you're coming back, anytime you're reentering a work-type setting, how do we reset?

So I can say from an early interventionists perspective, I have had this thought many times. Some of my families I have to drive quite a long ways to. I try to get organized without a doubt there is traffic, and I am late, there is construction, I have to go to the restroom I don't like to use the restroom in anybody's home. So have to stop. Ahh! I make it a point before I walk into a home to stop in my car, take a deep breath, and remember what I am there. For me it is fostering Joy. Easy for me. But I am there to bring joy to this family or to help them notice the joy in their family is a better way to say it. Right?

Exhale. So I have a cheat sheet that I have in my car. It is a lesson plan. But it has the key reminders for me. And I keep it right in the car. And before I go in, I get to remember. Wait a minute. Lead with fostering joy. And then I have my questions that I am going to ask. And then I have the key things I am looking at.

Since Amy and I have been working on this, I put social/emotional on the top. When we release it down, it is the point! And I love this field because I'm always learning and changing. And the concept of fostering Joy really changed how I enter homes. I am a geek in the center who love gratitude journals. I love all of this touchy-feely stuff. I never brought it into my work intentionally until I started joining this fostering Joy group and how to bring them to the forefront of your work and helping families do the same.

It has made my job somewhat more relaxed. I don't want to walk into somebody's homes with stress on my agenda or walking to somebody's home thinking oh no, I hope this little person won their technology this week. I hope they are able to distribute this or that. That has made my job so much happier. And have been doing this job for 25 years. I did not realize what I was putting on me, until this concept of I'm really there to foster joy and connecting.

Anyway it has changed how I look at things. I don't think it is change what I do is as far as what I am focused on necessarily or the skill I am helping them learn. But certainly how I go about it. And how I approach it. I really tried to keep everything in the forefront. I don't feel this out, it is not a lesson plan for each kiddo, it is a reminder to me. What are the things I want to take into the home today? What do I want to start on? How did you we go? What made you feel happy this week? What did you child do that made you smile? What went well?

And really starting, by starting the conversation with what brought you joy all week, they are looking for that. They know I am going to ask. And what arose. They are looking for it so after a month of me showing every week and asking, they are ready to report. They have been more mindful of it.

We have these handouts for you, if you want a copy of them. But it is not magic. It is just my tool am happy to share.

>> It can be a nice model. Perhaps this is a little bit specific to her field. Maybe what you need is different. But the idea of what is that physical reminder that can help prompt you as you enter sessions? We all have busy caseloads, and lots of things to do and a lot of paperwork. And for that particular family, maybe only get to see you twice a year. Maybe they look forward to your visit because you are the person that asked about joy. So the impact for them can also be significant.

Just a reminder that social/emotional development has always been there. It is not a new topic. And, we can also have adults who have experiences that they may be thinking through too. We are focused on the child. That is where we need to be when we do family centered care. But we also need to make sure that we recognize that families can have different social/emotional things going on and that can influence how they show up on any given day too.

>> And this picture in particular, I have to share, this adult ... Obviously this is mom, she is wearing a cochlear implant. We first invited her to our first family group, and they came as a family, there were several little girls they could not wait to talk to her. And she was very reserved. And very ... I should have prepared her for that. She is such a loving mom. And they have such a bond. And these two are so connected in their family.

But in her experience she did not grow up talking about her deafness. She did not grow up showing her implant. It was something that she hid. I did not know that. We have never talked about it from that angle. We talked about the language use, and the difference in choices. So when we got into the setting, our next 2-3 sessions, wow let's talk about that a little bit if you want. And then she asked to come to the next sessions, and she showed up in a whole new way which was super cool. social/emotional development, I did not ask about it in that way. And I felt really silly. Still not second nature guys.

>> Okay. We're going to ask you to get into groups. We get two interpreters. We have two groups that can benefit from that access. If you want to do more than two groups that is great, utilize the access support as you will. We want you to think about what is unique about social/emotional functioning in children who are Deaf or hard of hearing. What are the things that may not have been addressed in regular social emotional curriculum? What are the things that make this unique for your kids? Or things that need special attention?

>> We invite you to ... humor is also part of social/emotional functioning. Glad to know.

So, I'd like to hear from people in the audience. What works for you in terms of ... this group over here?

You can move your chairs too. That is fine. Okay.

What would happen if you two came around here? And have it ... yeah.

The chocolate! Sorry. Okay.

>> [Working in groups]

>> Two minute warning.

>> All right. Let's wrap it up and bring it back to the big group.

Rather than recap, we are going to ask you to keep those thoughts you shared in your group in mind so we recognize the challenges that children who are deaf and hard of hearing may have. Keep those kids in mind as we recognize social/emotional development.

Let's talk about the caregiver/ provider partnership. They speak to some of the comments we made earlier about how do we do that and how do we align with family members.

So, I want to emphasize again this idea. We are there to support child's social/emotional development. Hopefully, we have convinced you over the last hour about that. Supporting caregiver social/emotional functioning. This speaks to the coming from Alaska who was very brave and shared her thoughts with us. Yes it is true that it is not your job to meet the needs of family members and their social/emotional stuff. You are off the hook. We are not indicating you have to do that work.

What you can do is say, I would like to support you. If you want to talk about some frustrations, or you want to express some concerns I can be here to listen. Having people that you can refer to what to say here some family to family support organizations that might be useful. Or here are some other people in our comprehensive care center. There are other folks, social workers or whatever, who might be useful to you. And leaving it there. Your job is not to fix anything. Sometimes just being that person who takes it in, and hold the space can be really important for families.

One of the ways we can do that is by the space holding, and what that can look like. Giving extra moments for processing. Take a minute. The parent has a chance to breathe. They do not feel the push to respond right away. That holding space, I don't care what your role is in this room, you can do that. That is part of your job. Yeah?

>> By holding space ... (off mic) I just want to clarify for myself, do you mean and for the group, just being? Like define that, what that means to you, holding space.

>> For me that can mean I recognize your humanity. I am giving you news you did not expect. That might be hard. I am proposing some strategies that might be confusing. I am being. And also let's take a moment. Sometimes it is putting a label on it and says it out loud. Sometimes it is just being.

When we take a slow breath- we Co-regulate as adults to-- you are likely to talk faster, which is the opposite of what they need. When you say I myself am going to regulate, slow it down. I don't mean minute to minute but in three seconds to take a deep breath, and to say in your mind or out loud, "no need to rush." That gives the caregiver the same space too. It changes the dynamic. You noticed they're worried about what is coming next or feeling confused about the news you just delivered.

And when you recognize that might be heavy, just take a second. Let me know when you're ready. That was a second and a half.

>> Great.

>> And then monitoring and developing your own social/emotional well-being. When you're stressed out going into an apartment, and you bring the stress into the home, that has a different feeling for the family. When you say I am going to ground myself. Give myself a minute and a half before a walk in the door to find my joy and remember why I do this work. I present differently.

Again I recognize that I worked in clinical settings. I know those busyness and caseloads always, feeling behind the part. Does not take a lot of ground oneself. And say I am going to be the best me I can be today. That varies day-to-day. I'm going to the best me I can be today. And I'm going to be present with his family.

When you do that, then those concerns that the families have, you can just be a person they can feel like you get it. Thank you for being somebody who is on my side.

>> There is evidence out there that talks about the real need for partnerships between families, caregivers, and professionals. And it turns out that there are some really positive outcomes that happen when we do that. We provide folks social/emotional support all families, the idea that we are not just doing it when there is a red flag. But we're going to be mindful across the board. It becomes my practice. That is a piece of it.

Working with all families to foster social/emotional development, that is a piece of this too. And providing social/emotional screening, or awareness, whatever it is in your particular role to all children. And then specialized intervention when that happens. We are not raising where we are concerned, we are going to monitor and follow this problem; but across-the-board we know families benefit from support. We know children benefit from having our eyes on that social/emotional development. And when we are moving it from the back of the line to the front, we do a better job of it.

What are the outcomes? Turns out that EI providers-- this is some evidence-based off of when EI providers use these approaches about centering the relational aspect of the work they do, then EI providers are better listeners. They show more concern. They demonstrate more empathy. They experience feelings or empathy. They show greater reflection of the work which allows them to get better. That is when we reflect on what we do. Oh, I can do that better. Or next time I might try different strategy. We are open to that.

We have a better ability to observe and highlight and notice when families are doing things well. That feels good to families. All of these have been shown in the literature to be benefits to YOU! Not only are we talking benefits to the child, boosting their social/emotional development; helping families to feel comfortable, but also you. If you're in a professional role. When you help to prioritize that relational aspect is really positive for you.

We are going to define social/emotional development. We did a little bit at the beginning. We touched on that. But we are going to go deeper now. Because, what does it look like?

You just had the opportunity to discuss what are some challenges. Now we want to contextualize that. May have thought of some challenges of the times you are working with the kids you are supporting. But also what are the areas even in infancy we can be thinking about social/emotional development?

I feel some of the examples will give earlier might be labeling emotions. Right? But if you are thinking of a six month old, they are not doing that yet. An 18-month-old only has a few words or signs. Maybe they are not doing that yet. How is this relevant for the little people?

Internalizing and externalizing emotions. That parties helping them understand me from you, and where that separates and what my internal experience is and yours; regulation is a big thing. Infants start learning regulation early on. Emotional regulation-- hear this loud and clear-- emotional regulation has been shown to have stronger impact on academic outcomes than cognitive abilities, within the normal range. They are outliers.

Emotional ability to relate emotions help you do well with your peers. Help your teachers to like you more. Helps you do better in school. And long-term outcomes. Emotional regulation start young. We can do that.

I remember my husband calling me the baby was (indiscernible) -- I really felt good about being a mom. I would pick up my infant, hold them, cuddle them, and change my breathing. Not rocket science. Definitely size but not rocket science. People who been around kids do this currently. But you regulate yourself. You change your breathing. You do the little rocking thing. Why do people in every culture do those things? Because it works. You are helping the baby to learn how to regulate. Right? That is an important part of social/emotional functioning.

We want to think about protective factors. As well as things that can really cause some challenges. We want to focus here though. If we are doing this with all the kids, we want to say what can we do to build those protective factors, so we don't have to be getting with this much later in life? As a clinical psychologist who has done lots of counseling with kids who are deaf and hard of hearing I have had more of my fair share of adolescents who have had all kinds of challenges and don't have the emotional language or have not had these positive experiences but there is so much we can do early on. We do early intervention. But we can also do prevention. And I suggest that we do that. That is more fun than intervention when there are problems.

So, emphasizing this early social/emotional stuff. It started early. We can't wait until there is robust language. Or we can't wait until the child is of a certain age, when they are able to shows all of the emotional stuff. We start early so we can build that. It is a marker for longer-term outcomes.

Remember a mentioned psychology research. There's a lot of associations. Hard to find. This is something that has a strong association. We do develop social/emotional understanding regulation early. It is worth it over the life course. Big deal.

>> Very big deal. The point.

>> Look at all of those points. THE point.

Just pulling from the literature a little bit. One in four, 25%, look at me, math on the last day; one in four preschoolers from low income homes screen positive for social/emotional difficulties. Screening positive sounds counterintuitive, but it means there is negative stuff. One in four in preschool are showing social/emotional difficulties.

One in three preschoolers with disabilities. Show social/emotional difficulties by preschool. What about children who are deaf and hard of hearing? We don't know because it hasn't been robust studies that look at that yet. But I wonder if you have any thoughts. Because you talked in your groups about some challenges.

>> We talked about bonding time and how important that is. Honestly, many hearing parents-- nice to have baby time, bonding time, they go to the library. There's lots of resources. Where are the deaf kids? Often sent to residential schools. Maybe they go to an oral school. And there they have a little actual bonding- bonding time. Like stay and play. I stay and play for a few hours. It is nice to see the mom and daughter actually bond in that moment. And we may go out and do different activities as well. Going to different places in the committee. But they don't have that bonding time often.

>> I am super glad you mentioned that. Because I think one of our roles is of course to help families gain the strategies to promote the child's development, but also to give them permission to know when they should just play and to know that these "therapies," are not done at the exclusion of the bonding time. Right?

When parents feel like they have to be THE therapist. The therapist comes in, and I am supposed to do that the rest of the time. That is not so good. Yes, you can foster these fine motor skills from OT; or these communication skills from the deaf mentor or the SLP. But rather than thinking of it as therapy how do we build that into ways that you are already connecting?

If we do it in ways that is going to be gosh dad, you are doing such a lovely job; seeing this interaction, commenting on the child's motor skills or whatever, but also when you smile and look at your child smiling back at you, you can frame it in terms of the bonding piece.

And for families too, you can also say when you are understanding what your child's needs are that makes them feel good. Not just helping the infant attached to the parents, but the parents see the way they are attaching to their child and showing that connectedness.

Other comments? Yeah.

>> We spoke to the literalness of children who are deaf and hard of hearing. The language they are given especially early on is based on literal things. So they don't understand when somebody is making a joke or try to include them in pretend play. Because there's so literal. Along with the super segmentals they missed. They don't pick that up. It builds on that lack of literal -- rather lack of figurative or imaginary. Everything has to be literal.

>> Back to us then as providers and the caregivers. How do we change that? It is not that important that a child who is a year and a half is able to label all of the zoo animals that they never see. It is very important for a child to be able to ask for help, to feel comfortable saying, what's that? Means what? Or to be able to identify the people who are in their family. And be able to know the relationship with them; a lot of the time the kids don't know who they live with. They have not learned the signs or the terminology for sister/ brother/ grandma. Who are those people? What are their names. I know it is a kangaroo and a tiger, but I will never see one in life.

How are we prioritizing? It is easy to do the things-- lots of kids books have lots of animals-- you don't want them to not know animals but think about the words that give you power in communication. We love to prioritize those power words. And things like, what I feel. Is really a power word. I need ... power words. Right? I love you, power words. Zebras can wait.

Also, it is important to "coach" or the parents on how to deal with children through the routine activities. How to deal getting through those ... yes, we are going to emphasize everyday routines, and why that is important.

When children understand what comes next, and they have some knowledge, you see they are able to follow along. Right? All of us in this field know about incidental learning, information around them and not to them. Information where they can utilize the structure, and to play with the structure. When children have knowledge about the daily routines that always happen, we throw a wrench in it. How do you handle that? How do you manage when it did not meet your applications? Gosh, it would be teacher 2- and 3-year-olds to manage when the world is not meet their expectations, we would have happier families.

Back to the literature a little bit. We did research on early childhood and what the outcomes look like. Kindergarten to adulthood. When kindergarten teachers rate kids, we measure them earlier, kids who have strong social/emotional functioning early on do better. It predicts key outcomes. Educational attainment, public assistance, crime, substance abuse/ mental health. Those are the negative ones. We don't have the protective factors, what are the other things that results when children have social/emotional challenges that go unmet? We see increases in these. we do not like that. We do not want that.

But brain develops in utero and continues for a long time. Actually forever. Some people will say it stops executive functioning around 28. But the tracks are laid super early. Again you can't withhold, I see this happening even in developmental clinics where they are like first, we are going to give this. After they show the progress we expect in this domain, we will provide the next thing. You can't do that! There developmental tracks in the brain are laid for social/emotional from infancy.

Babies who have typical hearing can identify their mother's voice within an hour of birth. They look to, even though they don't have strong neck control they look at those things; bonding is happening super super early.

Babies who were three months of age can show us that when this doesn't happen, brain development is not consistently happening.

Social/emotional for deaf and hard of hearing, getting more specific to this population. We have two videos. Do you want to talk about them?

>> So, we are going to show two videos of two young children. And I guess the main idea or the point of this, is to preface these parents or caregivers were not given any instruction. What we wanted to do, especially in the first one, this is an everyday moment. I just happened to turn on my video. And was trying to video something that happened before this. But I kept videoing. Because I was trying to get an everyday moment. And the goal from this is going to be to look at this video. And absolutely-- just no judging, because she was not given any instructions, but where are the opportunities in this video that I could say "I love how you..." what? When you did that, this was what? Point out the things that are social/emotional about it. And if not I could say hey, I could jump in there and model what would be something that she could have done. Just look at the video. Simple and sweet. Not specialized.

>> About three minutes long. We did have it captioned. So there will be captions at the bottom. But if anybody needs any other support in accessing it, let us know. So again we're not judging. We're only looking for opportunities. If you were to be in that home, and provide feedback, I love what you did. That was really great! Here are some other ways, thinking about fostering social/emotional; so with your social/emotional hat on, what would you take away?

>> Sometimes I do observations. In my next session I want to build on these opportunities. I don't want to feel like I just witnessed something and judge. Maybe I can brainstorm on my own. Maybe I can bring that into the next session. Anyway ...

>> [Video]

>> They are a typical, everyday interaction that probably happens in their home a lot.

>> How do we think about adding some social/emotional stuff? How do we encourage that a little bit?

>> (off mic).

>> Yeah.

>> She was doing a nice job of that, just being present with him.

>> Mom did a great job putting words that were available for him. That he has heard over and over again. Attaching it to what he was noticing. And just giving that little one-- I don't know if it was a him or her -- A common interaction. She did a beautiful job of wait time. Sitting. She did respond towards the beginning of the video.

>> Yeah. And so for thinking with your social/emotional hat on, you might have said to her, I love how you are giving him that wait time but staying so present. That shows him you are listening and that is important. What is happening is important.

>> Others?

>> I'm thinking, when it comes time, a beautiful day with the clear blue sky, that way the caregiver was able to provide that abstract conversation. But it wasn't necessarily concrete. That will be something provided out a later date.

>> Yes.

>> This little one was really curious. Giving words to that too. Ooh! You are so interested, so curious about that? You see it? You do. You are so interested! You're very happy to look at it. You Saw him go. Giving him that emotional to it, excitement, seriousness, I wonder where did it go?

>> I do want to comment on how as a professional I feel this, and I am sure the families I work with feel this from watching this video. I love in this moment that she is giving all this positive time, giving him the simple language you can grasp at this level. But at the same time, part of me is like yeah, think about all the things you can be talking about right now. And labeling, and talking about the weather, and all of the things. Just part of it makes me think, I am tired thinking of all the things and how our parents feel. It we can take these little everyday moments and reward them by pointing out the things that are happening that are related to social/emotional development.

And... Taking some time just to observe with that hat on. A lot of the times I say in my sessions, I would love for you to watch something you love doing with your child for five or 10 minutes today. Whatever it is. You let me think about these things because it can be hard. I am tired thinking of all the things we are supposed to be doing. Let alone how our parents probably feel.

Other thoughts on the videos?

>> I found that I wanted to say, I love the joy and attention. I love the way you are paring what is going on visually with a picture. You're also providing all of these other opportunities. Following. The visual joint attention. Using thanks to make those meaningful connections. I would want to say how much I appreciated that.

>> Did you notice how the reason that the child go to the window was that there was a garbage truck going by? That was exciting. Let's give that terminology, that sign or that word. That is exciting! There is the truck. The joint attention piece, good. Also the expansion around building around what is exciting. What are the works of can go with that? Not only the color, but also like if we build it up and knock it over, oh, is a disappointing? Is it exciting? Is it funny? Different reactions to everything you stack and knock over. How do you give that context?

>> First of all kudos. I want to piggyback on what you two said. I found it very concrete, specific, short and sweet. And what I feel that build the social/emotional development are all those things that are abstract. So to capitalize on how she got on to the top, well there was no encouragement. Oh, I know this is tough! Oh, let's try this! You can do it! You're pulling yourself up!

All of that has nothing to do with the concrete piece. It is building that self-esteem of the child, trying something new. I don't know how much the mom really wants the child to go back up there but ...

>> All great points. It goes back to that. This is mom that is very high thinking. And it's interesting. She was probably very nervous that I was videoing. Why?

>> (off mic)

>> Right. Which is a horrible reflection of what I told her to do. If that is what she is thinking of. I am teasing. But yes there are so many different things, so many different points that we talk about with families. Going in there with my social/ emotional hat on and drawing those connection it is an interesting-- this is Myra talking about it-- it looks different and it does not exactly line up.

>> One more video.

>> This caregiver, a nanny that lives in the home. And again she is just playing with this little kiddo. And ... there are lots of opportunities to build some social/emotional ... Development.

>> [Video]

>> And he's off to the next thing again. Lots of opportunities for her to expand on social/emotional development. We can start with comments of things she can do. What she was doing. Lovey is this little guy's everything in the world. I liked that she is trying to bring Lovey into the play and make that connection. She had made these hearing aids, lots of things she was trying to fit in the story area. He was slow in showing interest in play. His body is slow to move. That part seems to be going well.

Lots of opportunities for me as a provider that I can say and reinforce and coach.

>> This caregiver has great rapport with the child. She does keep him engaged. She brings him back. He is so happy to be playing with her. And inserting some of those emotional words such as when he threw Lovey and her face looked sad, he did not give the language that she was sad because this was happening so using other toys and stuffed animals, bringing them into play is so awesome. You can give them a demonstration. And talk about how the toy is feeling too. I am so tired! I have been cutting this fruit for so long. Or I am happy to have my hearing aids now. She does a fantastic job and inserting some emotional words would be perfect.

>> That is funny because he we kept it going, they go to bed next. Lovey is tired. Does not want to hear the word "next."

>> The connectedness, the closeness. Good things.

>> Yeah similarly I loved how she used humor with the pretend play and eating. He did giggle. That was another opportunity they could've gone to, that was funny, you are laughing, what was so silly? I love that she brings in the humor. That is interesting.

>> I am thinking capitalized on the pretend play too. You have a tangle in your hair. Tying it back to his real-life experience. Remember when that happened? Mom had to, whatever the case may be, bring it back to his own personal and emotional experiences and expand on that too.

>> There were also some really beautiful moments. Like when brushing Lovey's hair, talking about how you feel. Oh! I love it when someone brushes my hair! That feels so good! How does that make you feel? Labeling how the child might feel, but how someone else might feel in that situation too. Moving away from the child's central ego.

>> That is so great. Thanks that this little guy needs support around. Yeah.

Not in the moment, we don't want to critique; but if I were to go back and have a next session, something like demanding sorry from a kid that does not understand, like how it is impacting should come before the word sorry. We can expand on that. How nice it is. You want to get Lovey to participate and that is good that you want your friend to be engaged. Lots of ways we can bolster that up. It is great.

>> For me, he is a guy whose attention is always moving to the next thing before you can. I am certain he had no idea what he had done. Also his body likes to move. He was handing Lovey to her in his mind. Strong moving, jumping. I know he has no idea what he did. And went right on. That was my thought ooh, ooh, don't say it!

>> If we don't have our social/emotional hat on, we might think that is not our role, thinking about the social emotional whatever. Moving on.

So, we are going to think about developmental checklists. How many of you use developmental checklists in your work? Quite a few. More than half.

So thinking about children who are deaf and hard of hearing, what makes the fact that they have reduced hearing, how does that influence these develop mental checklists?

Some of these we will touch on briefly, because they have been brought up before. Communication modality how are we providing that access; the parent process was mentioned also. Where are they at in their acceptance, and their ability to focus on developmental checklists? Whether that is the mediation modality or not, access to say here is what those gestures represent, what does facial gestures mean and all that is important. And as children are learning language, the parents are picking up language too if sign language is important too.

We also want to have some experience going through important checklist stuff. But not yet?

>> Yep. Just in the interest of time, we are going to move through this pretty quickly. But what we did do is Amy and I looked at lots and lots of checklists that looked at social/emotional development. And there are several out there. I am certainly not qualified. Amy is not willing to say I think this was great. Or this one ... So be picked several that are commonly used. Or that came up as listed in a lot of the reference points.

What we thought we would do would be to begin to get you in your group quickly. I think there were four groups. You were one. I can give each group.

>> I think first what we should do is give each group a couple of things to look through. And have you and yourselves. What are the things they are looking for in these? And then we will do a case study and ask you to go for it. Yeah?

>> (off mic)

>> I think everybody has a different one.

>> Okay, so point. What are you doing? We are trying to get you to look at a developmental checklist to get a sense of-- some of you work with them, some of you don't-- what are we looking for? What are the things that they capture about social/emotional that are good?

Some of the ones that we didn't bring do things like, in the first five years of life children should be able to do XYZ. These we like. Because they break it up. So in the first three months. In months 3-6, getting just a little internalizing the sense of what does the development looks like? How are these checklists used to measure?

>> Okay. Now, we are passing out cookies. Make sure you get a cookie. We are reading case studies. Take a look at the developmental checklist to see what you might capture. So ... Here is the case.

Diego. Deigo is 2 years, 4 mos., has bilateral cochlear implants, implanted at 15 and 16 months of age. Lives with his parents, in a separate area. His parents Sydney and Miguel are supporting and engaged. We are concerned about his social/emotional development. They are seeking guidance from you about what to do. Sidney works full-time, Miguel is at home and works part-time, Diego attends daycare two days a week. He received cochlear implants at 15 months and 16 months. Typically it is done at nine months but it was delayed due to difficulties with insurance.

There might be some assumptions of family not doing something. No. It is not on them. Diego communicates through gestures and some signs; he has command of 20 signs and uses about 10 words in spoken English. His Spanish repertoire is not assessed yet.

Taking a look at the developmental checklist, if you are the person coming to think about the family has expressed concerns about social/emotional development, does this capture that? Do these checklists help us to inform the families? Go.

>> All right let's bring it back.

Did you find it is not that easy? There is a case, you have to find a checklist. Not that easy. Make sure you are including social/emotional, sometimes it is tricky. Does that fit in this category? Is that a parent thing? A child thing? Want to give you that experience. Just a big picture. Comments we want to make sure we have everyone's email. If you signed up later, we might not have yours. Make sure we get your emails before you go if you added on later. We will send out all the handouts and we have several different checklists, so you have access to all of them.

Again we did not endorse a single one. But some are great. This what is really parent friendly. You have these bubbles, and you can fill in the bubbles and say gosh, you're already doing these! Let's think about how we can build on that. That is great.

Some of them are more evidenced informed. Some of them include this is a target, and this is a strategy. That can be nice. You don't have to think about it independently. You will receive all of these as part of that too.

>> My thought on that too is that since I don't have a social/emotional brain, my brain doesn't automatically go there, I think it is important to choose one. I don't think it matters which one. But to keep it handy. So you have something to keep it in your mind. That was sort of when I started first looking at these. And so we will, I will leave all the handouts. We will put them on the back table so you can see them. There might be one that you did not particularly like. My advice is to pick what you like, keep it handy in the folder that goes with you to have quick access.

>> We are going to move on to strategies. That is what you probably really know. Right? How do we do it? You can move back to your seat if you prefer. Take your shoes off if you want. That is okay too. (chuckling).

All right. So what is something that we can think about? We can think of everyday routines mentioned by a few of you if you. Super important. If we can be consistent that can reduce the feelings of frustration, when the child knows what is coming next. That is a good thing. Using family members' names. Mirroring and labeling children's emotions.

Mirroring. If a child is upset we often want to calm them down. Don't cry. It's okay. They are not okay. Why are we saying they are not okay? It minimizes their experience. The child is making a face. You make the face back. Wow! When I do that I feel ... Maybe that is a chance to give some language to it. Or maybe a chance to remind you that when you feel a lot of energy in your body, you can calm yourself down. That is different from "it's okay, it's okay." But you have a comment on that.

>> I don't know if anybody here speak Spanish. But I feel that with my English speaking families I can work without. I can give them a lot of alternatives. But I have a lot of Spanish speaking families. What they say is oh, it's nothing. In Spanish.

When I try to explain like oh, that's not recognizing his emotional state I feel like this is what we say in Spanish. There's got to be something better! I don't know. I am curious. It is the same thing across languages.

>> One is recognizing the cultural stuff. Also when you ask families about what a way is to do this, not in the moment and not at the moment when they are saying nada, nothing. Instead, saying like, maybe normalizing for children who are deaf and hard of hearing, for this population of kids, it is important we give the language, and have them understand the emotional things.

What is another strategy? How can we add on? How can we think about it's important to be able to go on a scale of 1-10, you're at an 8. Let's bring it down to 5. What can we do to get there? Both are important to recognize cultural perspective of the family.

In addition because your child is deaf and hard of hearing, think about building these skills.

>> Before we switch office lines, for the professionals in this room we can look at this. These things make sense. Yes we provide touch and snuggles, we mirror emotions but let families know what we do these things naturally. Letting families know the importance. Hopefully, our families have some sort of bed time or meal-time routine. But is talking about that. Given them the "why," and explain to them the importance of that routine. And how it does build social/emotional skills development, because it allows them to predict things. It gives them a sense of comfort. They know what is happening next. It is this closeness of the routine of reading the book, or whatever it is.

It is more than just us knowing it. It is describing it and defining it with the caregivers and the other people in the child's life.

Even describing the importance of we all talk about mama and dadda first. I want to say that first. Why is that important? We are all working towards that. But sometimes remembering with your social/emotional hat to explain what is that actually doing for that child?

This one I love. Because this being face-to-face with our kiddos, if you can have a whole session with the family, where a caregiver was holding an infant this close. And it is almost giving people permission that this time is important and valuable. It is almost, I think with the back-and-forth exchange, just spending this time. It is okay. This is the most important thing that this mom can be doing at that moment. And I think that we don't value their time enough. If we can help validate that to parents and caregivers, oh this is so important because all of these things are happening. You are face-to-face and you are smiling, and doing that back-and-forth in your listening, waiting for your child and your responding. All of this shows that it is important. Building confidence looking at these things and describing and having the parents say I know right now you're feeling comfortable or happy. You are looking forward to your bottle. It is coming. It helps parents value that time and spend more time face-to-face. I don't think it is happening as much as it used to.

And then, it seems right now ... this is the good thing about social media, we are getting little clips of people, parents, caregivers, and their children in these back-and-forth exchanges. I think those snippets are great. But really talking about the concept of serve and return. Research shows more and more that a back-and-forth exchange is more important than input. Or either one partner taking their turn. It is the exchange. The back-and-forth. Talking about why do we do peekaboo? Why is that important at this stage? Parents know how to do it, we do it because it is fun. But what are they learning from that? How is that link to social/emotional development? Talk to families about that.

Playing in the mirror. The back-and-forth. The interactive play. My turn/ your turn. Even if shaking your head, opening your mouth, enhancing this back-and-forth. Showing I do something, you do something. It is a connection, and exchange.

>> I want to add something to these serve and return parts. This is a pragmatic workshop. The idea is we are giving something, and he gets shot back at you. A lot of times families are told we need a language-rich environment, exposure. But it has been one way. Say everything you do, write all of that access but without the serve and return, children don't get that special children who are deaf and hard of hearing. You recognize that because you talked about wait time. Harvard center on the child has beautiful resources about serve and return. It is cool too. Brings it into lay language, but this is brain-based. There is a lot talking about how important that is.

>> Consider asking caregivers to think about these ... like whare are her vocalizations or hand movements telling you? Pointing out that you are getting information from your child. What is your child communicating? Either through gestures or facial expressions? Or vocalizations? What are his body movements telling you? That he wants more? That he is anticipating the next thing? That he is all done? What are those body movements telling you?

And then, okay, right now what are your expressions communicating to your child? Look at how beautiful your smile is. Your child knows right now that you are pleased with her in this exchange. And you are attentive. All of that is building social/emotional skills. And strengths.

And then think about how ... We always think about this for professionals, how do you want the family to feel? How does the parent want or the caregiver, how do you want your child to feel now? Is it calm? Are we mirroring that? How do we want this little person to feel? How do you think they feel? What can we do differently?

So asking caregivers, kind of open-ended questions. It's funny. I recently saw a list of strategies we teach parents. And then I pulled from it all the strategies that we should use as providers. And we all need to learn the same strategies that we are doing, that we are giving providers. If we use them more, it would be amazing too. As amazing as our parents are.

And continually having conversations. Talk to them about providing safe exploration opportunities. Every family is different. Sometimes we give children-- we keep it really close, and we don't feel safe letting them wander or explore their environment. And sometimes we are in homes where wow, I wish we could give them closer. Not my comfort level. But having opportunities to have conversations.

Right now this stage, look at how your kiddo is exploring. They are building self-confidence. Learning they can do things on their own. Strengthening their independence.

I like thinking about, you know, helping parents to see that oh yeah, he just had a fit and to the food on the floor. He is also telling you I want to learn independence and do this myself. And helping them figure out, what are those negative emotions, what are they trying to tell you? Whatever behaviors do you? And the importance of maintaining proximity, while also letting them explore.

And then, the importance of rewarding with praise. We praise. We raise what we praise.

Thoughts?

This is where again we talked a lot about this. I want to share, you guys can read the strategies, one of the things that ...

>> We have time to go back to read?

>> Yep.

>> One of the things for me has been ... the big push. It is shocking to me, being in this field. But when we hear how few emotional words we are actually teaching our children, and exposing them to, it is huge.

I've been loving these emotion feeling wheels. I made a copy of some. We put some in the handout. I put some here. I think we have to talk to adults. We get stuck in our own ways. I know most of these words. But I don't use them regularly. You just don't. You kind of have your vocabulary.

And so, hanging a chart on the refrigerator, or having them, identify new words to describe emotions, I think these are great charts. Parents like them. And they are great reminders for all of us. So we will have these in the back. You can grab one. But they will also be in your email, hopefully with all the other things that we have shown today.

I feel like we've talked a lot about these strategies already.

>> I like the idea of the watering can. If we are going to utilize the strategy of the flowers, the flowers bloom, we can encourage parents to think about how they are doing this work. We don't ever want families to feel like we have to be the ones to be present in order for this magic to happen. We can demystify the magic too. You know what I am doing? I am making sure when the child look this way I am looking that way. We explain what it is that we do so families feel that what they do is magic. By showing what we are doing is going to be helpful. Just offering some guidance to families around that kind of thing.

Definitely the idea of understanding negative emotions. The goal isn't actually to be happy all the time. People who are happy all the time are sociopathic. You should have negative emotions when negative things happen in life. They need to have words to describe it. If everything is on a continuum, you are not just mad, but you could also be irate. You could be furious. You could be annoyed. All of those things are really important.

So, those things and also modeling things to be calm. Whether they are exciting, happy emotions or hard emotions, being able to come back to homeostasis, which is some sort of calm center, part of the social emotional development, not only labeling emotions but being able to say I want to experience emotions appropriately, in the right context. And then being able to bring myself back down.

Here is angry, not just mad. But also bitter, aggressive, frustrated, critical. That is just one. And then you blow it out, and there's more things.

>> Provoke. Wow! I never use that word.

>> You must not be married to a political scientist.

>> Turns out I am not.

(chuckling)

We love this one.

>> Every "no" from a caregiver or parent should have a "why," except for safety. Sometimes you need to say no, don't put that thing in the socket. That can be dangerous but when children are deaf and hard of hearing sometimes the language, the input of the family, will learn "no" early on and we say no. It can be helpful for children to understand "why." Don't just say sorry, just because it is a reaction. Know why. Children who are deaf and hard of hearing are at higher risk for having emotional outbursts, and they are told no more frequently. When studies look at how parents are caregivers talk to the children give directions, "no" is very common. "No" is okay if there is a "why." No, don't run in the street. Yes there is exception.

If I am a parent, no because... You can have three extra cookies because it is dinner time. I am giving that, explaining context is really key. We know that children who are deaf and hard of hearing are at risk of being left out of that in the home context. That can be a useful strategy, "no and," "no but," "no why."

>> I have come across families too. When we say the exclamation, don't kid yourself when you're thinking your two and three-year-old is going to say thanks for explaining that. We are doing a great job For telling them, but they are still going to be having a tantrum.

>> I can't help point out except for safety. But in my home, especially for safety. They pick up on it so much quicker when the they know where the road is. The car is big. You are small.

>> I am suggesting don't use no without adding those things, except for safety. Except for safety, no, don't run out in the road, the "why" is sufficient.

I am saying add the "why" in most contexts. When you say "no," also include "why," helps the child understand why you are saying no.

>> (off mic)

>> Yes.

Yes. Okay.

>> When parents come into my classroom to stay and play, I do tell them that they are not allowed to say the word "no." They have to give an explanation as to the "why." I have been trying to impress upon the parents, and I think that they start to understand that instead of saying no, they need to use a different word.

>> Uh-huh.

>> I have two kids who are hearing; I don't have any connection besides being a parent educator for beginnings, but I agree 100% with that. I try not to say the word "no," because I didn't want my kids to bring that back and tell me "no." So I would say let's not do this, or this is what we should be doing, instead of using the word no, because that seems like a shot back, going to get that back for my own children. That is my personal opinion.

>> Can you believe we have five minutes left? What? I know. It's been so fun!

We are going to ... coregulation. We mentioned before the idea of if I breathe slowly and I'm holding my child, they will breathe more slowly. Co-regulation, new studies that are going to come out to foster that. The idea of the parents, and caregivers and professionals we can do that when we regulate ourselves and we are intentional about it, children help to model that too. Yes they may have some ongoing temper tantrums, but we can go far with co-regulation strategies.

Modeling emotional literacy, the ability to recognize, name and express feelings in the right context at the right times. Emotional literacy. That might be a term that is useful for you in gaging the families because you are not telling into the world of psychopathology, something that is mental health. But emotional literacy falls within your scope of practice.

Emotional literacy. Building those connections. Helping children to bill them and helping families to raise them in those ways. Seems like a red flag. But it is more intentional and positive. We are skipping that.

If you're interested, when we send out the email to you we are going to be getting some parents and professionals alike who are interested in helping us build the project around this. Next slide. That will show you where we will get some input about identifying barriers. If you're interested in being part of the ongoing project, picture you respond to the email that you get from us. Will get you to be a part of that. We love the diversity and kinds of people, different disciplines, and backgrounds. We welcome that for sure.

We want to thank you so much for your time and attention; for choosing to come and spend a post conference day with us. We thank you, thank you!

Handouts. Feel free to take them.

>> There are a few handouts up here. I will have it piece of paper out. If you signed up at least two weeks ago, we have your email.

>> Yes? Okay. Okay.

>> [End]