>> Please stand by for realtime captions. >> Good morning. Has anyone joined us in the last few minutes?

This is Christine in Washington, DC.

Hello. How are you?

Good. This is Janet. Welcome, everyone, who is joining us. It is the top of the hour and we will give a few more minutes. This is before we get started. Christine, I loved your article for the next communicator. It is really, really good.

I am glad. I have to give kudos to Sarah Kennedy for helping with the editing once again. She makes me sound so smart.

I know. Yes. [Laughter]

This is Janet. My entire work, every day, is built around that concept. All of our staff here at Hands & Voices. This is Janet. Did somebody else just join us?

This is Catherine from Delaware.

Welcome.
This is Janet from Hands & Voices. Who just joined us? Welcome to the monthly meeting call for OUR. We will get started in a moment. We can hear people logging on. It is a little bit after the top of the hour and we will give it about 11 minute.
-- One more minute.

Thank you for joining us today on the monthly
OUR children's call. We have a beautiful rhythm to this committee that we established over the years. We typically meet monthly from October through May. We take the summer months off, June, July, and August, and then we have an in person meeting together annually at the Hands & Voices leadership conference. I think we think of ourselves as a community of learners with the added -- the addition of action oriented impact within our individual communities where we live and work and our influence as leaders both within the Hands & Voices organization and beyond. If you have not looked at the section of the Hands & Voices website recently around the project, we invite you to look at the resources there and there have been some that have been there for a while and some new ones particularly. Additionally, we have begun to archive our monthly meetings and we have a guest speaker. We are really excited today to welcome back Doctor Elizabeth Ralston who was with us in the February meeting. All of us had asked -- we ran out of time and we discussed the possibility of a follow-up. I will now turn things over to Harold Johnson, who will facilitate our call today.

Thank you for being on the call today. We are very pleased to have with us Doctor Ralston and there is a brief biography there that is on the [Indiscernible] but realize that Doctor Ralston is a bridge, not only for us to better understand the entire field of child advocacy, but also a bridge of them to understand kids with disabilities and she has done a tremendous amount of work in establishing programs and research and publications nationally recognized for that effort.

Harold. I am sorry to interrupt. I forgot to start the recording. Can we hold for a few seconds.

I will start over again.

Sorry about that. Hang on. >> Your conference -- hello. This is Harold Johnson. I am pleased to introduce our speaker for today, Doctor Ralston, who is incredibly well accomplished as an author and researcher but potentially and particularly a leader in the field of child advocacy services. And as I mentioned what she has been doing is serving as the bridge not only for us to better understand the entire profession and has worked hard to understand and respond to children that have experience [Indiscernible] but to prevent treatment from occurring in the first place and just as importantly she is serving as a bridge for post professional organizations and groups to assess parents and professionals who work with kids with disabilities for those for deaf and hard of hearing and the last time she spoke to us in February she talked to us about the concept of practice and give us incredibly good foundations and understanding of that broad concept and today she will be talking to us more specifically about working with children, and parents and professionals and she has brought a number of resources. If you had a chance to look at them, or is one from Pittsburgh that she brought that is entitled seven ways to prevent child abuse and it is a very practical and down-to-earth information particularly for parents on what to look for and how to talk with our kids and how to be proactive. With that introduction, thank you very much for being back with us today, Doctor Ralston and for sharing this expertise you have and focusing upon how parents can interact with their children in a way that is responding to their prominent experiences. Thank you again for being a part of our community today.

Thank you. I am so impressed with the work you are all doing, and excited to be able to maybe be that bridge from your knowledge and your experience and your resources to the people that I work with who don't have that knowledge and don't have good experience in terms of how to meet the needs of kids with disabilities. There is so much to talk about today, and I hope that as we move through this, if you have questions, asked those questions and I am excited that this can be interactive also. I will just start with saying that child abuse, child neglect, bullying, those kind of issues are a reality. And if we are going to work with children, we have to accept that it is a reality and we have to accept that it happens more often than we would like to think. And also that we have to know that we have strategies to attempt to prevent this kind of event for kids but when those strategies don't work, we have to be willing to hear from our children and willing to see the issues that may manifest as a result of their exposure to these kind of traumatic events. I also want to say that historically, mental health professionals, and that is my background, is mental health professional, they have historically looked at treating the typology of abuse and you might hear from a mental health person that they treat child sexual abuse or treat child physical abuse. What we have learned in research has really informed us not only about the prevalence of child abuse and the potential impact, but has begun to help us look at that impact and talk about the impact of the typology of abuse as opposed to treating that typology. I hope that makes sense. In the past, we have not really known how to treat and we have done the best we can, research has informed us about the potential impact of trauma in children and the study that you may all be aware of and the development of evidence-based treatment and it has given us tools that allow us to be effective in helping kids get through what they have on through and to heal from the trauma they have experienced. It is exciting and energizing to now have those tools that are effective in helping both the child victim and their caregivers to manage their traumatic experiences and to be able to move forward with their lives. Historically, we have said this child has been sexually abused in their life has been ruined. That is far from the truth. We now have evidence-based treatments that allow us to provide services to children and their families so they don't have to be defined by what they have experienced and they are able to move forward with their lives in a positive way. Research from several years ago indicates that the exposure to trauma really is much more common than we want to acknowledge and accepting this level of exposure and the potential impact that abuse and neglect and bullying can have on our kids is critical to our ability to both identify and respond appropriately to our kids, whether they are our our own children or -- are our own children or those we work with. It could have a negative effect across all domains of a child's life. It can affect their social life and their physical being and their emotional being and their cognitive give an educational and vocational lives.

Each of you is probably aware of children who have had a traumatic experience who have been able to integrate that experience into their lives and to move on while another child might have the same experience but develop significant problems and symptoms that interfere with their moving forward in their lives. Resiliency is probably the most probable issue to account for this difference. The resiliency has to do with a number of factors , and I think it is important that we understand resiliency because resiliency can be learned and resilient individuals tend to be optimistic and tend to see the cup as half-full and are often guided by their internal values as opposed to external events. Resiliency can be strengthened and can be learned and resiliency tends to take responsibility for their actions but not events outside of their control. I think this is important information for us to keep stored as we are working with children because as we work with them, we can begin to work to strengthen and to teach them behaviors to increase their own resiliency.

Potential negative impact of trauma is called traumatic stress and the first exposure to trauma that can overwhelm a child's ability to cope, which then results in what we have learned is defined as the flight or freeze response and one's ability to cope is overwhelmed when the individual has to develop other
survival coping behaviors. Many of the coping strategies developed by trauma victims may be disruptive and create difficulties for that child and for the child's family and for the child's social and emotional and educational life. The coping strategies described by the ACE study which I know you have been exposed to include the use of drugs and alcohol and smoking and eating insects and other high-risk behaviors that have a potential of negatively impacting an individual's health and well-being and can significantly reduce an individual's life span. Trauma can also have a significant impact on a child's ability to manage their feelings leaving them at risk to act on their sadness and their anger and their fear in ways that put them at risk and an example, and you may have experienced this, a traumatized child may not have skills to cope with their anger, and so they act out their anger in a way that gets them in trouble. This is in their family and school and in their community. Commonly, when a child's coping efforts create problems, response of the adult in the it just the child's life have been punitive or involve the use of medicine in the attempt to control the child's behavior. The research on trauma has provided us with knowledge and this knowledge is referred to as being trauma informed and I think we talked about that from a few months ago. And the knowledge that now requires that we move from asking what is wrong with this child to asking got what has this child experienced for this behavior? That question really reflects being trauma informed and we began to look at the experience of the child and can account for the behavior versus what is wrong with the child. When we asked that question, very often, the answer is the child has experienced an event that has resulted in traumatic stress.

Seen a child's behavior through a trauma lens remain Dutch means looking at the potential impact of trauma by the behaviors. Certainly not all issues are trauma related but it is appropriate to rule out trauma when considering issues presented by a child in determining appropriate treatment interventions. In considering issues related to a child's behavior in school and the possible need for an IEP, it is critical to rule out or rule in trauma as the cause of the issues to be addressed.

Let's talk about screening. You know that we screen for issues that may negatively impact a child. We do hearing screenings and vision screenings and other health screenings. However, historically, we have not screened for traumatic events. Given the high prevalence of trauma exposure and the associated risks for a variety of negative outcomes, universal approach to screening for trauma can maximize the edification of children at risk for a wide range of adverse outcomes. This can allow us to respond to those children and to ameliorate or prevent negative outcomes. Information gathered from universal screenings can also help prevent re-traumatization of children because early identification of struggling with trauma can help parents and professionals change the lens through which trauma exposed children are perceived. The process or purpose of a screening tool is to identify any history of exposure to potentially traumatic events that can account for the special need or deficit presented by a child. Tools can be brief and easy to administer. Let me just give you an example. We know that not all children are impacted by a negative event. We talked about resiliency. But what we need is to be able to talk to our children and to ask our children about their experiences and those experiences can be a natural disaster and here in South Carolina, we certainly are aware of the need to screen for a child's experience with some of the storms that we have had a natural disasters can be traumatic for children and in my own life, being exposed to a hurricane, I grew up in Kansas and I did not know about hurricanes. In retrospect I was well aware that I was traumatized by that, and the sound of the rain and the wind for months after the hurricane. I was impacted by that. This was emotionally. So we do know that natural disasters can create trauma for a child. We have read research that says the most traumatic event experienced by children are car accidents. We know that fires and many other things that can be potentially traumatic to a child. So we know we need to ask kids about their exposure, but what does all this mean for parents? Well, if you are aware that your child has been exposed to some type of trauma, and you screen your child and ask your child questions about their exposure to trauma, then the next step would be to have your child assessed, specifically for trauma, by a mental health provider. The problem is -- I am not going to say many anymore but there are certainly mental health providers in every immunity who may not be trauma informed or may not consider trauma as a factor and the problems that are being exhibited by a child. There may be mental health professionals in your community who are aware of the potential impact of trauma, but who do not do a trauma screen or trauma assessment.

Some may say they do such assessments, but they don't use specific standardized instruments of this task and they may rely on their past experience in identifying issues and as I said earlier, some might say I am well experienced in treating sexual abuse and well experienced in treating bullying but if they don't use the word trauma and they don't have an understanding that what they really need to be treating is the impact of the event, the trauma impact of the event, then you need to look for somebody else. There are specific steps that are appropriate for a parent to take regarding their parents -- child's exposure to traumatic events and these include having knowledge of such events and talking with your child about that. And let me tell you why it is so important that we talk to her kids. Children can't really tell us about such events if they don't have an understanding of the event and if they don't have the language to tell us about it. This requires that as parents we talk to our child about some of the potentially traumatic events they may be exposed to. For example, when we first became aware that children were at risk for sexual abuse, we would ask them, has anyone done anything inappropriate to you. Why do you think we ask a question like that and what do you suppose is the answer to that question. Or we might have asked them has anybody touched you in a way that you did not like. And when we asked these questions, we expect that these questions would allow a child to know that we were talking about sexual abuse. We expected that our child would be able to answer the question and tell us if in fact they had been sexually abused. How effective do you think these questions were in eliciting information from children about adults engaging in sexual behaviors. Well, I can tell you as a professional who has worked with many children who have been sexually abused, it does not work. And why didn't work? Because usually
sexual abuse was perpetrated by somebody they knew and somebody that was known to their family. Somebody that they not only knew and was known to their family but they did trust in their family trusted. In this trust came from the grooming behaviors of an offender of sexual abuse who makes a child feel special and does special things with the child and grooms the family to believe and to trust them. Another reason kids did not tell is they did not know it was wrong. Or they were told not to tell. And here is a really important issue for parents. The child did not have the language to tell. They were made to feel responsible or there was no physical evidence of abuse or when the child told the adult that they were upset or made the child feel responsible for upsetting the person and also kids can be afraid of the consequences of telling. So if kids can't really tell us about the events, what can we do about that?

As we think about potentially traumatic events, we can start with natural disasters and car wrecks and they are pretty state
-- straightforward and they are scary and frightening events and I know as adults we can be traumatized by those things. So we can assume that children can also be traumatized by these events. The risk for us is that we take the position that it is better to not talk about the scary thing is it serves as a reminder and therefore should be avoided. This avoidance tends to protect

the adult from having to deal with the difficult issue and also this avoidance may give the child the impression that what is happening is too bad that it is not okay to talk about it or it is too upsetting for the parent to talk about it. As with any difficult issue, talking about it and processing it is important to finding a way to resolve the issue or to manage the issue that does not impact future functioning. I really want to punctuate this, that it is important that we not buy into the myth that it is better to not talk about it. Usually, we get to that position because we don't know how to talk about it and we don't know what to say to our children and we will talk about that and when children are exposed to traumatic events like the loss of the parent or the death of somebody close, risk again is that parent who is also traumatized may have difficulty coping themselves, and are not able to focus on the needs of the child for support and information to address the impact it has on them. Finally, when children are exposed to a traumatic experience , parents may be fearful of talking about it with their child or may talk about it in a way that confuses the child and causes the child to feel responsible to what happened so what can you do to better prepare ourselves to identify trauma and understand the potential impact of trauma on our child and how to find the best services available to help our child and family heal? Well, first step is identifying exposure. As a parent, step requires an awareness of potentially traumatic events. We talked about natural disasters. We talked about the loss of a parent through divorce or through death, and we talked about a number of things that are clearly traumatic. So how do we talk to our child about this? We can frame this step by saying to the child there are some scary and bad that do happen sometimes and this is probably easier to introduce the traumatic experiences of another individual or family. Start with something that is happened to somebody you are the child knows. Remember when there was that storm? Remember when Susie was in a car wreck? Remember when another child -- a child that your child may know -- got hurt at school and think about how that person may have felt and how you felt and how your child may have felt and discuss with your child consistent with his and her developmental level. As you do this, it is imperative that we ensure the process is not creating a fear or a traumatic reaction in our child and to clarify how they are experiencing this interaction. Asking a child what they have heard you say allows that they are hearing what they think you are saying to them and this is a good thing to do in many situations with your child that when you are giving them information, a check on what they heard you say may give you some insight that they are really not understanding what you are saying. When discussing traumatic issues, and the child's sake is important but the reassurance needs to be realistic and specific. So the process of giving a child information and language about abuse and bullying serves multiple purposes. First, giving the child information and language may serve to prevent abuse and it may help
in the child telling about the abuse and finally, it could support resiliency by helping a child and family understand and be clear about responsibilities of the abuse and to prepare the child and their family and understanding the potential impact on the child and family. As a parent introduces the issue of abuse and abusive behaviors, it is important that the parent be in a position to put their child without any past unresolved trauma of their own. If a parent has had a traumatic experience and it has not been resolved, they have not gotten the help they need to resolve that, there trauma may bleed over onto the child. So it is important to focus on behaviors that -- let me say that in a different way. Sometimes when we talk about abuse we talk about the person who abuses. We may and doing that give our child some fear of specific individuals or individual types on their child. We don't want to do that. We want to focus on the behaviors that are problematic , not the individuals. So when a parent is ready to address these issues, child's age and developmental level must be considered. With young children, let's say by age 4, they tend understand the concept of rules and rule following and breaking rules. Children can understand that we follow the rules and we talk about some people and how they break the rules. Only talk with our child about that, we talk specifically about the rules to let the child know specifically what we are talking about and talking about rules is much too broad. With older children, they understand that there are laws that need to be followed and most people follow the laws, but some do break the law.

So a parent can give their child clear directions on how they can let the parent or another adult's, if somebody is breaking the rules. Again, we need to be -- we have to be specific about the rules we are talking about. This can be tricky giving a child information on how to let a parent or another adult specify about somebody breaking the rules because historically we taught children not to be tattletale's. However, when somebody is doing hitting or touching or bullying or other rules that create harm to a child we need to make sure the child knows that telling is a good thing. This is because we know that children exposed to abuse are threatened not to tell, you have to let your child know this and work out a plan for how your child can let you know that you need to ask them questions. An example would be to write out a flash card and place it where it is accessible to your child and have your child handle that card when they need to have you asked them questions. Practice this with your child. Again meant -- make sure they understand the risk is based on behaviors and not on the given individual.

Let me share an experience with you. I had an interview with the child because there was an allegation that that child had been sexually abused. And asking the child to give information and asking the child questions about their experience, the child was unable to talk about it. When I realized that that may be a barrier, the child may have been threatened to not tell, I gave the child permission that it is okay not to tell me but I want you to show me. And so I asked the child to write it down and not tell me but to write down and show me what happened. This worked. The child, who was very young, scribbled on about four pages of paper and handed it to me. Of course, I could not read it. I said to the child, that is really great and thank you for writing that and now I need you to read it to me. So the child picked up the peepers and read what he had written and in fact told me clear details about the abuse. So with young children, and actually with any children up to adolescents, we really need to give them an opportunity to give us the information in a way that works for them. To do that, we need to understand that children are often threatened not to tell, often told that bad things will happen to them are people that they love if they tell. This is true of both sexual abuse and bullying and also sometimes physical abuse.

So when talking to your child about sexual abuse, it is critical that we get the child language to understand what we are talking about, language about what to call private parts is critical. In your own family, what do you call those parts? Giving the child anatomical language of genitalia but -- and is important but we have a history of avoiding such language. We may be concerned about giving our child that language. I can tell you, after many years of experience, I recommend that parents give their children the anatomical language for private parts. As you work on providing your child information and developing strategies to protect your child to be vigilant and what your child is experienced and be able to respond should protection fail, we may face issues that cause you discomfort. It is important that each of us as an adult be willing to deal with issues that make us uncomfortable regarding our children such as using our language that use -- makes us uncomfortable and providing kids the tools to seek out help in reducing risk. Most of us have taught our kids about the importance of not running with scissors or holding our hand as we crossed the street and the importance of safety belts in our cars. We need to be prepared to teach our kids about other risks no matter how uncomfortable it makes us and we must understand that exposure to typologies of abuse create risk to our kids and understand such exposures [Indiscernible] and understand that despite our best efforts we can't protect our kids from such risks so we must prepare and establish a strategy for learning about such risks so we can stop it and get the child the services needed to reduce or prevent the potentially negative consequences of trauma. As Harold said earlier, there are some resources that have been provided . Each of those resources has information that can help you as a parent or as a professional as you expand your knowledge and awareness. I like OUR the observe and understand and respond. That is really what we are talking about today and that is what these resources can help you do. These steps can provide a child with the language and knowledge necessary to share their own experience to such traumatic events but it is critical that we as parents understand that there are other issues that may be a barrier to a child's potential. We have talked a little about that and they are told not to tell and they are fearful and they have a sense of shame and they are afraid they will be blamed or in trouble and you can think of other potential barriers. I will say that one of the things that we have learned over the years that perhaps is the most important factor in how well a child has been abused and traumatized, how well they will do in the future is how the child caregivers and the adults in their lives respond to a child's experience. It is critical that we respond in a positive way, we believe the child, and that we seek help for our child. So we talked about how to observe, how to understand, and then how do we respond if we do learn that our child has experienced some traumatic abuse, neglect, or bullying. There are many resources and communities, and one of those resources is the child advocacy center. It is really important to seek out somebody who is trained and child advocacy centers and are required to do screenings and to do assessments . Let me say that a screening is to identify if a child has experienced a potentially traumatic event. If they have, then a trauma assessment is to determine the impact of that potentially traumatic event. Remember, we talked about resiliency. Some children are not impacted in a negative way. That when a child is impact did in a negative way, trauma assessment can tell you what the impact has been. It will identify the symptoms that your child is presenting with, and it will identify if your child needs treatment and then can identify the appropriate treatment for your child designed to reduce those symptoms that are found to -- through assessment.

When seeking out -- should I stop now? Spec we probably have a few minutes more. I hate to stop you because I am writing notes but then maybe we can save some time for some questions.

Let me quickly talk about when you're seeking out a mental health professional, you need to look for somebody who provides you an opportunity to give input regarding your child and to communicate with you and who communicates positive hope regarding your child and who can provide the needed treatment and who can describe for you the positive outcome that you can expect as a result of that treatment. That was a lot to say. What you need to find is a mental health professional who has been trained and can provide you the treatment that has been identified as needed through a trauma specific assessment. Let me give you some questions. I give you some of these the last time I spoke with you. These are questions to ask a mental health therapist or an agency that provides services. Do you conduct a comprehensive trauma focused mental health assessment? If yes, what specific standardized measures do you give? What did your assessment show? And what were some of the major strengths or areas of concern that were identified through the assessment? Another question is do you provide trauma specific or trauma informed therapy? If so, how do you determine if a child needs a trauma specific therapy? A third question, how familiar are you with evidence based treatment levels designed and tested for treatment of child trauma related symptoms? Fourth question, you have's -- do you have specific training in an evidence based treatment model and if so, what models were you trained in, and where were you trained and by whom were you trained and how much training did you receive? And another is do you receive ongoing clinical supervision and consultation on any of the models that you are trained in? How do you approach therapy with children and families impacted by trauma? What does a typical course of therapy until? Can you describe the components of your treatment approach? How our parents support and joint therapy and parent training or psychoeducation offered? How can cultural competency and special needs and issues be addressed? Are you willing to participate in a multidisciplinary theme meeting and in a court process is appropriate? Let me just briefly tell you why we asked these questions. These questions are based on research and on the knowledge that we now have of the importance of doing assessment and letting that assessment inform what treatment the child needs. That treatment needs to be evidence-based and without specific training, by master trainers in the various models that are evidence-based, the therapist may not be qualified to provide the treatment. We also know that treating children and families with trauma, it is important the metal -- mental health therapist have supervision, whatever model they are using, to ensure that they maintain fidelity. What that means is that they deliver the treatment the way it was intended to be delivered. The question about how you approach therapy with children and families and about the components, it is important to know that the majority of evidence-based treatment is component driven. That means it has specific components designed to increase competency of the child in the management of the issues they are dealing with. It is important to know that evidence-based treatment involves the caregiver and it involves the parent. Historically, people have treated children in isolation and have not involved their parent or caregiver, and evidence-based treatment require the involvement of the caregiver. Actually, caregiver is the most important factor in how children do. So it is critical that they be involved in the process. This talks about parent support and joint therapy and psycho [Indiscernible]. That is a part of the component of evidence-based treatment. Competency and special needs issues need to be addressed through the evidence-based treatment. Clearly, as we talk about children with disabilities, that is a critical issue. Question about willing to participate in a multidisciplinary team or process if appropriate, many mental health professionals are unwilling to participate in court and if your child or child you are working with has been abused and there will be a court process, it is important that that mental health professional be a part of that process. So I think probably our time is up, even though there is more information that can be provided. What I would encourage you to do is to look at some of those resources. They will give you information. We talked about how you can help your children know about abuse and there are a lot of behavioral indicators that are important for a parent or professional to know and you can find many of those in the resources. Timewise, we just did not have time to cover that, but it is important that you look at the behaviors that might manifest based on your child's age and develop mental level and that will give you our insight and when you see some of those issues or behaviors from a child to then begin to consider whether the child has experienced abuse on the trauma from abuse. I think I will stop now.

Thank you. Again, I am taking a lot of notes and I imagine others have as well. We only do have about 10 minutes for questions and I am going to hold back mind right now because -- would anybody like to ask a question to Doctor Ralston given this wealth of information she has shared with us? While they are considering that, many of our kids of course -- all of our kids have exceptionality's and some of them are bigger than others. 40 or 60% of our kids have more than one exceptionality by the nature of our difference of our kids who are deaf/hard of hearing. And communication is one of those difficulties. We are having a hard time just getting school counselors and psychologists to understand her kids and the possibility of finding a mental health person who has this trauma informed knowledge as well as knowledge about kids with disabilities seems like a really ethical thing to do. Has that been your experience as well?

That has been my experience. I will tell you, and this may not seem fair, but I think it is really critical that the parent of a child with disabilities take the initiative and be willing to take the initiative to inform the mental health professional. As a mental health professional, my greatest source of learning, in terms of how to help children with disabilities has come from the adults in their lives who were willing to share and willing to help facilitate my learning in terms of communicating with their child.

Again, if you have questions, please jump on and feel free to ask any questions.

This is Christine Griffin in Washington. I was also taking notes and one of the things that sort of jumped out of the page to me was knowing how the parallel or the connection between the success of our children based on the involvement and engagement of parents and that is also true with the child having gone through a traumatic experience, having that parent also be engaged and involved. You know, to be doing their work in case they also have been traumatized or whatever. And through whatever experience. To keep, I guess, like where do you go from there because there are those barriers and getting awareness in conversations and practices happening and knowing this and supporting parents and our role in this is about supporting parents and having those conversations. And if Oprah wins -- and as Oprah Winfrey says if one person hears this then it is [Indiscernible] and that movement will be stronger with the me to movement and things like that happening. >> I think I heard most of what you said, and I certainly agree. I think that one of the things that is critical is that we do engage the parent. I want to say whether the parent has experienced their own potential -- traumatic event or not, having their child be abused or bullied can be traumatic for that parent, and I think as we approach parents, we need to identify them as the expert about their child and to act on that belief by gathering information and providing, and this is something you can look at in the resources, providing some psychoeducation to that parent to help them understand that what they are experiencing with their child is consistent with what we know about the impact of trauma, what they are feeling is consistent with what we know to almost normalize the terrible situation that they find themselves in but to let them know they are feelings are consistent with what other people feel and to help them and give them skills and competencies about how to manage their feelings. This is as we work with them to be a change agent for their child it is really important, and I think I punctuated this number of times that we deal with that parent and we engage that parent and the help of their child. This is not just a mental health responsibility. It is the responsibility of the professional to strengthen and support that parent so they can be a change agent for their child also.

I don't know if that answers your question, but I think in every field, in fact I am a member of the committee right now trying to develop training to help engage parents because what we find is that many times parents don't understand and don't believe their child really needs treatment or there are a lot of barriers to their treatment and it is critical now that we know and have tools to help a child and family overcome the negative impact of trauma that we in gauge them -- engage them and help them believe that they deserve that treatment and it can be short-term and does not have to involve the rest of their lives. That is a critical, critical issue.

I will add one more resource and I will turn it back to you, Janet. For all of us, one of the most difficult things is simply addressing the fact that maybe our child has been hurt and maybe somebody intentionally tried to do that or they had this horrendous traumatic experience because a friend was in a car accident or they were and you don't know how to approach them and you don't want to believe that is actually occurring and another resource we talked about before is that one 804 child which can also be used by a parent who suspects their child has had a traumatic experience but they are maybe not willing to talk with him about this are not willing to report it so you can also call that number and talk to a counselor and it is confidential and express your concerns and also get their advice on a real-life basis as you need it to assist beginning your discussions with your child in a common supportive way so they are not retraumatized by this experience. Inc. you very much and again I can well imagine that you have a good deal of more information you can share but like Christine said, I think we have all been taking notes here and this presentation has been recorded, and it will be on the website. I will turn this back over to you, Janet.

Thank you. Doctor Ralston, my heart is so full right now. Thank you so much. What a rich and deep conversation. For those of you that are joining us today, our organization is committed to making sure that we as a community of learners continue to grow in knowledge around this topic I can tell you, personally, there have been two times and my life were a child has disclosed to me information. The first time was many years ago as a young mom in her neighborhood when a neighborhood child told me something. I had absolutely no idea what to do with that information. To this day, that haunts me that I don't think I responded properly because I did not know what to do. The second time was after I had become a part of this community of learners and in a moment a family member disclosed to me and I knew exactly what to say. I was not an expert, but what I knew to say is that I believe you and it is not your fault. From that foundational moment, healing began for that victim. Appropriate follow-up to bring justice to that situation. This information is so critical. I know within our work at Hands & Voices, people question why we tackle this topic for our population of families who have children who are deaf/hard of hearing. We know our kids are further at risk. I am telling you and am grateful and thankful to all of you on this call today and who have picked up this cause within our organization. Think you so much for taking the time to be here today, and for our committee who has worked so hard this year to bring these presentations to us to further impact our skills and knowledge. I am so excited to announce that Sarah Kennedy is going to be speaking on this topic at the international conference in Austria in June at the intervention conference. Sarah, are you here?

I am.

Can you talk a little bit about that?

Sure. I will be co-presenting with Catherine core from the University of Illinois and we will be talking about similar topics for group of parents and early interventionists in Europe and they come apparently from all over Europe and first world countries to Third World countries. Talking about how to keep our youngest children save so we will be talking about the issue broadly and hopefully some practical takeaways that professionals and parents can take away.

[Indiscernible] Secretary that is the SCEI conference. Yes.

This is Janet. We are at the top of our our -- the hour. We will be taking a break in the summer months. However, we did record last month's presentation on how to incorporate this into your chapter, so if you weren't with us last time we encourage you to go back and look at that and it is not on the website yet. Harold and Sarah, thank you very much . We look forward to seeing you at the Hands & Voices leadership conference, everyone. Thank you again, Doctor Ralston, for sharing your wisdom with us. It is phenomenal. Thank you all. We will be seeing or speaking with you again soon.

Thank you for what you are doing.

This is Krista. Thank you all so much. It has been great.

Goodbye. >>
[Event concluded]