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National Center for Hearing Assessment and Management - NCHAM
NCHAM- Starting with the End in Mind: The O.U.R. Children
Project

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>> This is a final audio check for today's webinar,
entitled, Starting with the End in Mind: The O.U.R. Children
Project.

Presented by Harold Johnson and Janet DesGeorges. I would
like to have our presenters do a quick audio choke to make
sure that we're all ready to go.

>> HAROLD JOHNSON: This is Harold Johnson starting with
Starting with the End in Mind: The O.U.R. Children Project.

>> Perfect, sounds good, Harold, Janet?

>> JANET DesGEORGES: This is Janet DesGeorges. Starting
with the Starting with the End in Mind: The O.U.R. Children
Project.

>> Thank you. Yeah, and thank you, everybody for giving
your feedback that you are indeed receiving the audio
transmission. It looks like everybody is receiving it at a
high-quality level is what we want to see. You can adjust the
volume on your end on your speakers or headset to your liking.

Today you don't need to worry about be being miked using a
text field that will display at that point in the
presentation. So we will be ready to go here in about 8
minutes. So we will be back shortly. Thank you, Harold and
Janet.

[Waiting for webinar to begin]

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>> While we wait to get started today I invite you to answer our poll question on the screen to the presenters know your role and your perspective you will be bringing to the content being discussed today.

[See whiteboard]

[Waiting for webinar to begin]

>> While we wait do get started today I am to have a little music playing just so you know you're connected with your audio as well. And then we will be starting in about five minutes.

[Waiting for webinar to begin]

[¶Music¶]

>> You should be hearing music now. Again, you can adjust the volume to your liking on your end on your computer speakers or headset. If any of you are using iPads or tablets to participate in today's webinar, note there will be videos used today. And Adobe Connect does not support the playing of videos on iPads or tablets so you may want to switch over and log in on a computer.

[¶Music¶]

[Waiting for webinar to begin]

>> We will be getting started with this webinar in about one or two minutes here. As you wait for us to get started, we invite you to take a moment to answer the question on the screen, so that our presenters have an idea of your background and the perspective that you're bringing to the discussion that will be occurring today. We appreciate you doing that. You can adjust the volume to your liking on your end at your speakers on your computer or on your headset.

You don't need to vocab being miked today. We will be opening up a question and answer field your screen in the form of a text field to submit your questions to today's presenters. Once they are ready to do that. Today's webinar is going to be recorded. And so I am going to go ahead and right now and initiate that recording. So there will be silence for one home.

We like to welcome, everyone to today's webinar my name is William -- with the National Center for Hearing Assessment and Management also known as NCHAM.

I like to welcome you all to today's webinar that's entitled Starting with the End in Mind: The O.U.R. Children Project.

That will be presented by Harold Johnson and Janet DesGeorges.

Today's webinar is brought to you by NCHAM at Utah State University funded by the Maternal and Health Bureau on Early Hearing Detection and Intervention.

This webinar is actually one of a series of webinars we're offering to provide an opportunity for information and ideas to be shared on issues of importance to those who are involved with EHDI on national, state and local levels.

Today's webinar is addressing the important and very sensitive issue of child abuse, including sexual abuse of children so please note some of the portrayals of this may be offensive to you and those around you so we encourage you to make any necessary accommodations for this at this time. Information and ideas and opinions expressed in today's webinar are those of the individual presenters not of NCHAM or of the Maternal and Child Health Bureau. Without further delay let me introduce to you Harold Johnson and Janet DesGeorges.

>> HAROLD JOHNSON: Thank you, Will and thank you, everyone for being part of this conversation today. I highlighted on the left-hand side of the screen contact information and also highlighted information about child Help hot line 24/7. If any of a you -- and you don't know what to do or unsettled by the information call this number. It's available 24 hours a day 7 days week confidential and free you are not reporting an incident, but you are being concerned -- it's your decision. Also please note all information shared is available on Hands & Voices website and the address is on the left-hand side of the screen.

I like to start by showing you a position that I assume for about 35 years.

In relation to the topic of child abuse and neglect. I don't know anything I didn't want to know anything or thinking about this and I knew as a mandatory reporter I didn't know what to look for or report or what do. Putting head in the sands the entire time. In 2006 -- this was one of my decisions hope that today will allow you to also to understand how we cannot only recognize and report. If you can remember a time when seatbelt wasn't required much less fact children being in car seats is I know when I was growing up you had to pay extra for a car with a seatbelt and children's car seats from in the front -- there was nothing to restrain them. Let me share with you blast from past anybody how has our attitude of car safety seatbelts and children required to be in childcare seats. Watch this brief video and I will relate this to the topic of child abuse and neglect.

[Video]

>> HAROLD JOHNSON: What's your excuse? We now know, society recognizes the dangers that we particularly kids face riding in cars. Roughly 1 in 4 individuals riding in cars

will experience injury do to accident. Because we know that we work to prevent it and require kids to be where seatbelts and also in car seats, but the reality is we changed a great deal and initially people didn't want to be bothered not worry thinking about and same points apply to child maltreatment. Society recognizes not only the danger of being in the car without seatbelts and also of drowning and therefore teaching kids to be safe. In terms of child abuse we have to wait until a kid has been hurt to do something. This conversation is designed to help to go from simply recognition reporting to more importantly to actually preventing.

That changed occurred in our society in terms of understanding about seatbelts also has impact about understanding about infants. I will share with you a brief video that will give a quick representation of how understanding of infants have changed and you will come to learn during the course of this presentation that our growing understanding of infants and what it takes for infants to be secure and safe and to reach potential requires on us, but first the brief historical. Very, very brief.

[Video]

>> HAROLD JOHNSON: Today I am going to be helping you to understand how that our understanding of infants and can help them to be safe. Concept critical in this process is one called Secure attachment. Give you another brief video in which this information will be explained and up come to see during the course of this presentation the idea of secure attachments or bonding is critical to not only the safety of our kids, but also to their success.

[Video]

>> HAROLD JOHNSON: This process of secure attachments and how parents interacting with children allow them to feel secure and the fact that then stress does not happen and the impact you will learn of stress upon the child. Let's look more how does a parent go about impacting an infant? What is it the parent does that actually makes a difference in enhancing the infant's ability to learn and take advantage of what's occurring in their environment? So this is more an example of what parents do to help their infants.

[Video]

>> HAROLD JOHNSON: You will learn during the course of this presentation that this stress particularly when occurs over long periods of time, and particularly when it occurs at a level consistent with neglect, with physical abuse, sexual abuse, or emotional abuse, causes life-changing realities for that child. So we will understand that as we go through this process, but I want to share with you a video and I must warn

you this video about half way through might be disquieting. Half way through shows mother interacting with child and just as all parents do. She is responding and interpreting and she is basic giving language to her child's actions and half way through you will see what happens when that stops. You see in this case when a mother stops being responsive and you see how the child acts. It will be all be okay in the sense the video or lack of action only occurs over a period of a few minutes. But talking about what happens instead of it being a few minutes it actually, occurs over several years? I think this is the wrong video. I need Video slice 7.

Okay.

Excuse me. I need a bit of help from -- no. Wrong way as well. It's the one entitled still face experiment. Hopefully it wasn't erased?

I apologize for this brief problem, guys. There seems to be a technical issue. That's very unfortunate if we can't find it. In essence what you see is the first part the infant responding and mother responding, but the still face experiment is where the mother gives no interactions whatsoever.

No?

Somehow, it's lost I believe. And what happens is that the infant then tries everything they have already been doing that's always worked now, all of a sudden is not working anymore. The infant is the trying reaching for mother and not working and infant is increasingly upset and starts to arch back and make a loud scream, going I don't want what else to do and I am really unhappy now and that's an indication of an infant in stress. That's an indication of what happens when mothers don't respond to their children.

And, whereas this was only a two-minute experiment the reality being is kids who are experiencing are referred to as -- childhood experiences or in terms of our case, maltreatment the lifelong impact it has. The next series of videos is in fact, going to be potentially disquieting for you. So I would say, again, if you're concerned about this or rather if upset about the information, please feel free to mute the sound and then once the interviews goes off and the picture of the physician wearing his coat and tie comes up, you may turn it back on. But this is basically going to present to you what happens when a person experiences what is referred to here as adverse childhood experiences and what we know now to be as maltreatment. A series of videos I will start and stop for you.

[Video]

>> HAROLD JOHNSON: I'm sorry these videos are not ones that I had edited. She was describing the fact she had been abused as child and in fact, that you wouldn't know that unless you had actually asked her.

[Video]

>> HAROLD JOHNSON: This is Harold Johnson and I am back. Will can you hear me okay?

>> WILL: I can.

>> HAROLD JOHNSON: Thank you. I will stop the video here, because the subsequent stories of now adults who experience abuse as a child was thought to be just too intense for viewing by the group. I will tell you that I had timed some other videos and I am not trying to guess where they are now, but they would talk about the fact these individuals not only had the adverse maltreatment childhood experience, but a lifelong impact on their health and talked about numerous instances of cancer and dramatic physical and mental problems and also where the research author now funded by the CDC talks about how over 15,000 people were part of the study and link emerging between the adverse childhood experiences and longterm health the individual so now we know it's not what simply kids experience as infants and children, but these experiences impact entire life. This slide No. 9, talks about the impact of the adverse childhood experiences upon the individual.

And certainly yeah, experience occurs and I will tell you the period of greatest risk is from birth to 3. More abuse and neglect occurs from birth to 3 than any other time in the child's life. The reason is because kids are more isolated and more vulnerable and dependent.

As a result of that there are social and emotional and cognitive impairments that are present then, but also they occur throughout the person's life and in a sense as kids get older they begin to be involved in high-risk behaviors, drug abuse and that in turn now is resulting in disease and disability and social problems such as drug abuse and mental health and violent behavior and even early death. When talking about adverse childhood experiences and child maltreatment we're not talking about something that happened to kids when really young ask they will get over it, but it has lifelong impact upon them. I don't want to leave you in a place where it's all scary and tough, but also give you a sense of what parents can do to prevent from occurring and watch this what you already do with your early invention work and tweak and refine the efforts just a bit to help our kids being increasingly safe and successful.

[Video]

[Video]

>> HAROLD JOHNSON: That last point, enjoy the childhood you will see a list we will their with you later on if a parent enjoys child and knows how to interact with child and do age-appropriate things and engage their child in increasingly appropriate activities the kids going to be not only successful, but they will be safe. I want to kind of review some of these major points with you.

One is the fact that what would a development and progression of a secure interaction between a parent and child, a successful interaction look like? And the first one is simply begins with the parent enjoys their child. When going through the list thinking of the parents you work with.

[See PowerPoint slide]

For those of us in the field we're usually good at.

[Reading PowerPoint slide]

Mutually satisfying is keyword when abuse happens the abuser is getting satisfaction, but the person getting the abuse is not the reason satisfying action is critical. Parent begins to demonstrate awareness and use of age-appropriate materials and gauges engages in those. New activities based on experiences so begin to deal without lot of support finally parents began to serve as resource to us.

It's beginning to share with us things to be done to show, hey, things are okay here they don't need us any longer. I will share with you some very brief videos of what this would look like the first video is in terms of mother interacting with child and second video family interacting with child. This is what it looks like when things are going well.

[Video]

>> HAROLD JOHNSON: I hope all you guys have seen lots of moms do that with lots of kids, because that's what success looks like. That's what we want occur and also if you don't see that occurring, that's one of the possibly indicators that something is wrong. In fact, a greater intervention efforts may be necessary and next video also very short is lot of fun it's an entire family interacting with the kid and in raising a child is not just the mom, but all the people there that are significant. know too this -- stranger -- is a 88 to 92% of the time the person that is hurting the child is within the family, or known and trusted by the family. It could activity parent or a sibling, an Uncle a neighbor or someone in the community, but note it's critical not only does the father or mother bond with the child, but the entire family knows how to interact with child in safe and successful manner. This is what it looks like when families have got it right.

[Video]

>> HAROLD JOHNSON: This last picture where the mother is kissing the infant is kind of perfect. It's just kind of showing what we want to happen. The last video I won't show it. You have seen it thousand times. Parents Early Intervention benefiting from our work, but given time I won't show now. Also, I am not going to show this video that could really disturbing to individuals. That depicts the different types of abuse. Instead note I will share with you briefly information in the appendix and, by the way, this entire presentation will be available to you and we will send a link that you guys can both share with colleagues as well as use yourself.

In terms of child maltreatment neglect is most common. Note the definitions vary unfortunately by state. There's no one definition. That's part of the problem as far as accounting. Look at particularly with the indicators. What does it look like when a child is experiencing neglect. As you read this remember kids will try to hide this and don't want anybody to know -- and you ask them, it's likely they will not tell you they are, because they are embarrassed about it. As you were thinking about this realize that if parents are being -- if a spouse is being abused if it alcohol or drugs are occurring, if there's criminal activity happening in the home the possibility the kids are also being hurt as well. What it looks like in terms of parent's behavior when neglect is occurring. Physical abuse, by the way, these are presented again in occurrence by also ease of proof and easier to -- and physically abused and sexually abused. These are indicators from child's perspective of what it looks like. Burns and bruises in places they shouldn't have them. Trying hide bruises. Kids absent for periods of time while bruises are healed and whole point of them shrinking from the approach of adults.

In terms of what are the parent indicators? As reading through this think about the parents you work with and note our job is to be aware of the problems and you learn about in a moment how we can prevent from occurring, but thinking about the parents you work with.

Sexual abuse is certainly something that we hear about and we should know more about it, but in reality it occurs third order of frequency and no two of these types of because we're talking about realize kids frequently don't just have one, it's typical two or three types occurring simultaneously. In reading through the indicators from a child's perspective what does it look like when a child maybe is experiencing sexual abuse and remember they are ashamed and confused about this. The people hurting them are making them feel like it's their

fault. So look particularly at parent behaviors, look this idea secretive. They count on kids are taught to keep secrets and if anyone learns it will be worse for them or dad taken to jail or hurt even more or it will be embarrassed about it.

Emotional abuse and this is at least -- some of you may recall a movie called Princess. And in terms of indicators from parent behavior. Constantly blaming their children. Not concerned about well-being -- if parents bond with children these realities are less likely to occur. In terms of how often children with disabilities experience maltreatment. We know a lot, but one reality is that children are the most vulnerable members of our society. Children with disabilities are three to four times more likely to be victims of violence.

And many of the children with disabilities are really invisible and a lot of cultures and communities both outside and within the United States. Know too that prior to 1980 research on child abuse neglect didn't include children with disabilities it was too complex to carry out investigations and people in child abuse and neglect don't know much about our kids and it wasn't until 2000 roughly and in research that we learned children with disabilities with 3 to 4 more times likely to experience abuse than peers. Metadata -- 28.7% kids with disabilities will experience some type abuse during the course of their lives, particularly from birth to 18 and we also now know roughly 50% of the kids will experience bullying.

Tough stuff guys, but note that children with disabilities are often not valued in our society and as a result, what happens to them isn't frequently looked at is in the same way or other individuals. These the reasons our kids -- any kids would experience abuse, but our kids are particularly vulnerable and don't know what constitutes abuse and may think it's normal. They don't know what constitutes -- they don't know they have the Right to say "no." Typically lonely and lack the knowledge skills to tell others what they have experienced. They don't understand their own emerging sexuality. Or how to recognize and protect themselves in risky situations and they are not recognized to be at higher risk for maltreatment and as a result they are a higher target -- I will show you very brief video of what it might look like for a parent to be stressed out.

In this case it's a comic -- very tough information.

[Video]

>> HAROLD JOHNSON: That was funny. But what happens when parents don't know how to handle the stress is not funny. This information I will be quick now because being conscious

of my time available for my co-presenter these are the factors we know now no help protect kids from experiencing abuse.

And so the question really then is: What are the factors look like? As going through the material quickly think about what can occur in Early Intervention to make it more likely to happen assuming it's happening? Parents certainly becoming better observers that makes the kids safer. Particularly how to discipline kids appropriately for age. Demonstrate affection. Roughly a third of the -- note that lot of parents may very well themselves have experienced some type maltreatment. And part of the reality is when growing up and seeing your dad hit mom or mom hit the kids you think that's what parents are supposed to do so some of the parents may in fact need to know how to show emotion and even the parents providing a safe stable home environment, as opposed to people constantly coming and going and other factors -- parents acknowledge role of parents and inability to observe and interpret and respond to child and also parents encouraging their children and praise and modeling. As you think about these factors they seem kind of natural what we want to happen, but we don't really work on things in a conscious or focused manner -- intervention efforts. At this point parent -- parents knowing about coping strategies and having a glass of wine is okay strategy or having a whole bottle of wine is not a strategy. Maybe taking a walk when you get so angry is okay, but not if leaving the kids alone and in danger. Probably all of us need to have additional coping strategies and these are parts of the factors simply having other friends and individuals to interact with. Knowing how to work towards parent's own personal goals. Social connections it's critical parents have social support system. That they actually know how to and can make new friends. And having in larger social network helps kids safe. Need immediate needs met, heat and housing and food. Parents may need to have some respite care possibly or knowing about the services available what I am saying to you these are factors to be safe and successful -- incorporated into Early Intervention efforts. Parents need to know too they need to provide children with safe and supportive environments and not simply assume no one will hurt kids. That assumption is wrong. They also need to know where parents can go for help and how particularly to respond to child's emotional needs -- occur kids particularly with disabilities and multiple disabilities is critical factor. Again this video I am sharing with you is too intense for this point in time and not enough time, but just gives a sense of the life of a mother.

If you like ever watch teen moms on MTV it's not sometimes what the movies present. This is a couple of brief videos I want to share with you.

And this first one is going to be a matter of could we have maybe these informal observations of the mother and child and to help them be effective with their children? So this is like what can parents do to be successful with their children and think as you watch this think about what we could do to help parents to be successful.

[Video]

>> HAROLD JOHNSON: The message I was muted on the previous one and I apologize. Simply note that during our conversation with parents help them realize safe and unsafely situations for children. The critical needs for parents to speak out, as opposed to being embarrassed or uncertain. Children need to learn to say "no" protective factors. Another video parents need to know their kids need to have friends. This, again, is very brief video about that need the difference between real friends and people who aren't actually our friends.

[Video]

[¶Instrumental Music¶]

[Video]

>> HAROLD JOHNSON: Great video. Not the one I was expecting. That was more about the language of sad and happy and emotions. But note that parents need to know about to teach kids about places and body that are private and public, the language how to tell how they are feeling like hurt and sad and scared and also taught they should not keep secrets. It's okay to have surprises in family. Birthday surprise, but not okay to have secrets. Secrets cause problems and safety plan. A plan in terms of what happens if we're at the store and we get separated? What happens if granddad takes to you the park and can't find him? Not only planning, but also practicing. Given that information I will turn now over to my colleague who will share with you information about Hands & Voices. And what Hands & Voices is doing help protect our kids. Janet?

>> JANET DesGEORGES: Thank you, Harold. Thanks, everybody for joining the call today. I am always aware when doing a webinar a presenter not being able to connect with you as far as body language or responses as well as for you to participate in this call and particularly I think around this kind of topic. Thank you and kudos for you being here today and also thank you for NCHAM for choosing this topic for you within webinars as I think of the complexity of the EHDI system and 1-3-6 models of all of different areas you as individuals as stakeholders in this system are trying to

improve and all the different topics that could be presented to have this as a topic of conversation today, I really do want to just express my appreciation to NCHAM for allowing us to be here with you today.

Gosh I think about today what I would like to do in my brief time with you is to think about this topic and how it might apply to your world in the work that you're doing.

I think obviously, for people in Early Intervention who are going into people's homes you might be thinking this kind of type of information maybe applies in that world, but if you're a statistician, or EHDI state coordinator, or whatever your role is in the building of a successful EHDI model, you might be thinking to yourself what role do I have to play? These are some of the areas of topic that I am going to share with you today.

I think about for myself I always have something to say about everything. I have been sitting through audiology presentations before where it was a technical talk on infant hearing aid verification and I still felt like I had something to say about that. So I want to just share a little bit with you today about how I found my voice in this topic of child abuse and neglect, a little history of how it's evolved within our organization at Hands & Voices.

And as I am talking about what we're doing as Hands & Voices around this topic, I want you to be thinking about in your role and your agency and your organization, how you might be able to apply some of the information today.

I think about the information so far that's been shared today with what Harold was talking about, and just to connect the dots here in thinking about all the kinds of conversations we have around the family journey of raising a child who is Deaf and Hard-of-Hearing. We think about family choice around communication decision-making or families going through the system. Infant bonding. And infant mental health those are general topics for all children, but think about this conversation as well as the statistical chances of our children who are Deaf and Hard-of-Hearing experiencing child abuse and neglect and all of a sudden why this is a conversation why we need to have in this system.

When Harold first came to me at Hands & Voices and in our organization, in looking for a chapter that might possibly compile this concept and idea that parents need to be more aware of this conversation, what could we do? And here you can see some of my thought bubbles that went on in my head is I don't have time for this. This isn't my area of focus and expertise and this is too hard or sad.

It's one of those conversations where you this I am willing to sit through one hour topic on this just to understand or maybe some of you have had some training around your legal mandate to report around the area of child abuse and neglect and that's as far as it's gone and I am hoping to end here today and hope you walk away with understanding why your understanding of your mandate to report is not enough and why that's not rescuing and keeping our kids safe. So let me just talk to you a little bit about how I evolved from not wanting to get involved at all to five years later, still having it as a linchpin within our organization in context to all the other things that we have to do.

So I am hoping that will resonate a little bit with you if you are trying to reduce rates to follow up in your work or making sure kids get from screening to identification, how you can build this into your world.

When I first began to participate and we committed a little bit of time, there was a statistic that I heard that began to change me and give me some resolution around this topic.

It wasn't the statistic of the impact of child abuse and neglect on kids with disabilities, the increased rate. The statistic that changed me came from a Shank Shaft and Cohen report from 2004 looking at number of kids when they disclose child abuse or neglect over 60% of the time the adult that they disclose that information to does nothing with that information.

And you have to understand that this statistic isn't even all children who are abused and neglected. This is the small number children who do come forward. And I began to think about in our organization at Hands & Voices, do we as parent leaders, do we as parents within our organization, know what to do? And it has to be more than just knowing that I need to call Social Services and I will tell you a little bit more why we need to do that.

The other one of the other things that sort of changed me was watching a video called do tell, kids against Child Abuse. You can see the link here and this is a video that is beautifully delivered with complete communication access in American Sign Language. And gives you some baseline information about child abuse and neglect.

And it has real-life stories of kids who are reporting and talking about their experiences and while we wanted to be sensitive today about showing too many graphic stories of the actual occurrences, I want to encourage you to go through the appendix and look at some of these while it will be hard, one thing that it will do is up your game in terms of what can I do about this? And finally, I wanted to share briefly a few

times in my life, life moments that changed me where I realized when I first began to explore this topic within our organization, I had a remembrance of occurrence in my own neighborhood with a friend of my daughter's who came to our home one evening and had been hiding in her car, afraid to go home. And I won't go into the story, but when I think about what happened in those moments and my dialogues and interactions with the parents, what I thought I might need to do, I began to understand that statistic why adults do nothing with information when given to them. Think of all the things that we think about when a situation comes before us, it's almost never black and white. Not only that moments in the affected when I have been sitting at my desk at Hands & Voices and a parent calls and begins to describe going on in the life their child. I remember one parent calling and they were about educational advocacy needs and I remember some of the things she was describing to me, began to fit the distinct list of a child who had been sexually molested. And I remember freaking out what was I supposed to do? I guarantee those of you who have in the moments besides understanding your need to call Social Services most of us will stop, because we begin to question ourselves and the story.

And so we need to have more information, knowledge and resources in order to react appropriately. I mean that's what we're all the about at Hands & Voices. I think about information support and resources. And then when families have that they know what to do.

I love Lily Tomlin's quote. I realize I am somebody. I began as this thought process I began to emerge and those of us working in the organization began to have goals that every leader in our organization would have a basic knowledge and awareness of how to keep our children safe. That every leaders in our organization will know exactly what to do in any situation where a safety of child is in question. And every chapter will have a representative committed to ensuring grassroots efforts in his or her chapter efforts. We have a monthly dialogue on the O.U.R. Children safety project. 71 committee members signed up through the years. We talked about how to caret opportunities within the organization to enhance resources and information to parents within the context like I said, of what we do already.

So let's think about some of the obvious places where this topic of keeping our kids safe may come up within the EHDI system. Some of the obvious places, I think, are family interactions with professionals. So in other words, you think about Early Intervention preorders going into homes of families, I think probably most of you who are Early

Intervention providers have had some basic training around things to look for, although we are often surprised that where we assume that there's been some training that isn't always true.

But I think in terms of just supporting you in understanding that some of things you are already doing with families in terms of how to promote their interactions and create good communication with babies and children who are deaf and hard of hearing, how those positive interactions are actually some of the things that keep our kids safe.

So but that relationship is one of the auxiliary places.

I think for us at Hands & Voices we began to look at another obvious place for increasing our awareness and understanding of this topic in terms of parent to parent support. So we have a direct project. We have articles in our newspaper, if you go to the front page of our website, you can click on the O.U.R. Project and get all kinds of articles, parent stories, resources information.

And we began to embed and take the time to have this as part of the culture of our organization. Then we also embedded the idea of keeping our kids safe within some of our programs. We have asked our chapters to participate in the O.U.R. Project. Within our belief that good parent to parent support through our Guide By Your Side training, comes from parents who are trained to provide that support. We have incorporated that into our organization as well.

One the things I am hoping you can take away from here is that you don't have to start a project on prevention of child abuse and neglect, but you can incorporate it into the work you are already doing every day. And also we don't have to be experts on this topic. You will hear me talk about one of the things that -- when I say I want everyone in our organization to know what to do in any given situation, the answer, really, these are great stories that come in or not sure is call 1-800-for a child. Harold already mentioned I have called it three times. In moments in my life as Hands & Voices direct or family member to say, what should I doing right in this moment? If you never faced this moment in your life, you will.

And you will be surprised, even though maybe at an intellectual level you think you know what to do because so often these are so emotionally strained moments you realize you need help. So really what we tell our within our organization is 1-800-call Harold. Or call Janet or call Sara in Colorado or call your connective person in your chapter who's been a part of this committee that there's somebody who

will help stand besides and you walk through this particular situation.

And that is what I love about 1-800-4-A-CHILD. We don't typically go straight from sensing something is going on to calling Social Services. It's just not happening. You need that sort of support around you are to talk through and figure it out. And 1-800-4-A-CHILD is a fantastic number to call because you tell them what's going on and they will talk you through what you should do next.

In one situation that I was in, I was counseled to go back and talk to the direct source and they gave me some words to excuse conversation starters to have and not just ignore it, but to go back and talk to this particular person. One of them like I said, ended resulting in going to the police. Another time it was more I just wanted more information in a generic sense. Please call 1-800-4-A-CHILD at any time rather than just ignoring it out as we will close out today, we have created the opportunity at Hands & Voices to also be a place where you can come to. Connecting the dots to those in the world who are experts in child abuse and neglect. We are not at Hands & Voices, but we want to make sure we have basic information.

So that's some of the obvious places.

I am thinking about some of the not so obvious places in considering in the EHDI system.

One thing that we've trained within our chapters and organizationally within Hands & Voices is at the very least throughout the year as you as a group are working through all the things we need to do provide support to parents, try thinking about adding this conversation to the agenda once a year. I want to challenge you for those of you on your State EHDI Advisory meetings, those agenda are built and you have lots of different topics of conversation to maybe at least once request that an agenda item be added to say, let's have a conversation among interagency stakeholders about what we know about supports and services that are available within our state around keeping our kids safe.

Thinking about building in this conversation to any presentation. It's amazing at Hands & Voices we do a lot of presentations on a lot of different topics. We do have a couple presentations that are specifically around this area of children safety and success.

But one thing we have challenged ourselves to do is regardless of the topic, to just ensure that we make some comments or maybe have one slide about this area of child abuse and neglect. So that we put it into what we are already doing. Thinking about as we have grown in our information and

resources to have some information, for instance, at our Exhibit tables. Maybe if you are doing an exhibit on newborn hearing screening you may just add one piece of information on your table around this topic so you can build it into what you are already doing.

I'm sorry I am being repetitive but I know my own life and my work and I can only imagine that's true for you as well. What we want to do is integrate into the EHDI system this concept -- it's like this idea we can screen 95% of infants in America, but if they don't get identified or into Early Intervention what good did it really do? Broaden more to be a completely successful EHDI system, 1-3-6 in place and -- yet if we don't address the fact that our children in this population are at higher risk for child abuse and child abuse and getting then what good did it do? We want to make sure the integrity of what we are all have a passion for, which is language acquiesce and good educational outcomes for deaf and hard of hearing students that we have at the very least each and every one of us have a responsibility to keep our children safe. Trainings within EHDI to nurses, physicians, audiologists, there's opportunities there to just add a comment, add a website, add the 1-800-number is. For a child, do what you can do. So every single stakeholder in this EHDI System would have at least if you don't know what to do, you, you know someone who does know that can talk you threw that.

I think about this idea that what if we were putting the requirement and EHDI grants this will be at least addressed at goal and objective. For those of you working on quality improvement initiatives what if we did a small test of change in our state looking at one aspect to keep our kids safe. You can see there's just little things that you can do that would really make a difference.

Teaming with efforts already established as I mentioned we welcome you to participate in the O.U.R. Project. We consider our monthly calls we consider ourselves to be a community of learners as well the concept each of us will do one small thing every month so I will to challenge -- I am sure most of you are sitting alone in an office or in front of a computer or at home, but I want to ask you personally and challenge you canning the difference-maker. I know all of us think about the work that we do for deaf and hard of hearing children and wanting to have a real impact.

And this is an area where we can really have an impact. Again before I turn it back over to Harold, just a few more ideas and let's break it down a little bit and thinking about some of the work around in screening or identification or

Early Intervention where you might be able to impact this issue for our population of children.

In the area of screening, building public awareness from the start, many of you are within health departments or other state or local agencies. You might start with saying I wonder what our department is already doing about this to begin to just have some crossover conversations in order to do that to have some understanding of local and statewide resources available in your area.

I think about the screening process and nurse's interactions in the delivery room with families about maybe if you are doing a screening awareness presentation to nurses is there something, some way you could incorporate this conversation into the discussion?

Around the area of identification, I just to today highlight what the American Academy of Audiology has been doing. They created a committee and they are actually addressing the area around bullying and but that leads to some good conversations about children's safety being aware of counseling, techniques and there's some good resources going on and American Academic of Audiology that a audiologist's role with the family is not just a good screening test or audiogram, but having some basic counseling and is awareness about how to interact with families not just a family in need, but to understand all -- that I think for those of us as parents who may be our kids are in the best situation they are in. What Harold showed the videos, we're good parents and doing all the right things, but having a child who is deaf and hard of hearing those you for a lop as a parent in terms of I am not going to say the bonding thing I will let professionals talk about that I am just saying about your confidence level of interacting and communicating with your child. That when that is disrupted then opening up there's a progression here of issues that need to really be addressed so that families really feel confident that the positive things that are relearning in terms of communicating with their children and bonding is going to keep their kids safe as well.

And that's kind of where we have connected the dots and too along the idea of bonding with our children.

In the area of Early Intervention, we have created some resources, I think, that Harold will just talk about a little bit more in terms of being able to embed into the IFSP process conversations either parents or IFSP team members may be able to bring in. We actually have a safety IFSP attachment to be able to have those conversations in the IFSP process.

So I am going to turn it back over to Harold now. But again, whatever situation you're in, if you are thinking of a

particular situation, or sometime in the future, something will come up where you're going to think to yourself, I don't know what do right now. Please call that number, 1-800-4-A-CHILD. Spread that number, understand and know that we at Hands & Voices are committed to participating in this conversation as a member of the EHDI System.

When we began to see the numbers of people that are going to participate in today's presentation, I personally was overwhelmed at the number of people that were willing to come in and be a part of this conversation so I thank you from the bottom of my heart and I will turn back over to Harold.

>> HAROLD JOHNSON: Thank you, Janet. I appreciate it very much.

For your information.

I will be rapid here. You guys have seen the journey -- and also Janet taking from not wanting to think about this topic to now actually working actively to solve it make kids safer, but we need your help with this. And we will be asking you guys to do specifically things. Some educators believe that we cannot include safety statements or building safety into kids' IFSP's and IEP's and that's wrong and we have a work plan to explain that just like buckling up was not worth the effort we know all of us should be buckled up. Our society changed from simply saying that's a problem to now working to prevent it.

We will be asking you guys to do two things: One is to assist all parents who effectively -- you already do that well. Now you know that secure attachment and bonding is a critical part of their safety.

Tougher thing, though, we will be asking you is for you to incorporate safety focus statements into IFSPs or objectives into IEPs, so we actually can be planning for success, as opposed to assuming or hoping it will occur. We have some examples for you. For example, the parents will be able to observe, understand and respond to child's behavior emotional needs and communication requests. Seems like a natural fit for us, but also fits the nurturing attachment. That parents able to encourage -- knowledge and parenting development.

Identify everyday stressors and problem-solving skills. Impact upon parenting. Shouldn't be a big step, but it's critical for the kids. Additional IFSP statements. Parents have social skills and capacity and to make ask keep friends. Critical for the parent's well-being. Concrete support.

[Reading PowerPoint slide]

And finally again that parents provides a safe and stable home. For their children.

We can't simply assume these things are occurring and by putting into IFSPs, we actually are planning for them. Additional examples I won't go in over now relates to IFSP and advocacy ask language a natural fit -- focus of this group I will go on. A summary of what's already been presented to you, what helps kids be both safe and successful? Enjoying child --

[Reading PowerPoint slide]

You can read the rest.

These are things a natural part of what we want to occur and now you know that if these things happen, kids will not only be successful, but they also will be safe.

But we need to be aware of this and to make a commitment. We have two questions to put forth and it's a feedback for Jan and I certainly, but also a sense does this make sense to you? First question: Do you support the inclusion of safety statements into IFSP documents? Sense of where you are with that.

Your answers are informing and finally then would you need additional training in order to enhance the safety of the students you work with?

We are collecting this information in order to better inform ourselves and possibly work with policymakers to give you and kids the help they need to be successful.

Give you guys couple more minutes and after we have a time for you to answer the questions we will go to your questions so if you already have been typing them then we will share them with us if not you can start typing now as to questions you may have you may want Janet and I to address.

I thank you, you guys for your vote. Keep on voting.

The next section of our presentation is Q&A session. And Will, are there questions or have they so far not yet emerged? Will if you're speaking, I can't hear you.

[No audible response]

>> HAROLD JOHNSON: Okay.

>> WILL: Here I am, I'm sorry. So there was one question about whether this presentation with video is going to be available? The answer is "yes." It will be available on kidshearing.org. There's also a question about will the actual copy of the PowerPoint be available? Harold, why don't you respond about what you think about that?

>> HAROLD JOHNSON: The answer is "yes."

I have talked to Will about the possibility of sending a follow-up message to all those of you who registered for the webinar. We also gave you a hyperlink to this presentation with the videos. The note the videos I was showing were edited down largely from a larger segment. With we send you

the PowerPoint a hyperlink to the full video. And in addition we will send to you guys links to additional resources online. Virtually everything Janet and I have done on this topic is available online and happy to share with you the PowerPoint.

>> JANET DesGEORGES: This is Janet. I have a comment. Can I make while waiting for questions?

>> Please do.

>> JANET DesGEORGES: Okay. I never met a silence I couldn't fill. So, I think, maybe there are some questions coming in. I wanted to make one further comment about this topic in context to the EHDI System. One of my passions in the life journey of a child who is deaf and hard of hearing is that the birth-to-3 era of our children's lives is just the foundation and the beginning.

And the area within Hands & Voices, we provide support to families across the age range from birth through high school graduation. So a lot of our supports and resources aren't just in the early intervention arena. They are around the really difficult topics of as our kids go out into the world, in their communities, in sports, in religious institutions, in schools, how to keep our kids safe, how to build their own awareness as they grow their own identity and boundaries they can do. So while we focused, really, primarily on the birth-to-3 years today, one of the importance of this during this time is that we will be building a foundation for our children to enter the safe years where often they are at risk outside the home.

And so the stories are just heart-breaking that we hear within our organization of deaf and hard of hearing children in the world who are being abused. Just remember it's important not only this period of time, but laying a foundation for the future. Harold I will turn back over to you address some of the questions.

>> HAROLD JOHNSON: The first question is do we have more information or ideas about IFSP outcomes? I am working with (Inaudible) Division. All 17 divisions. Support of this motion at the 2015 conference in San Diego showcase presentation on results as well the fact developing database of both statements and outcome information that can available to professionals to know what to incorporate and how to measure impact. Answer questions we are working on it we would love to have involvement of colleagues to help us with this. But so far -- also we will send you a link to something called Silence is not an Option documents. And it's a series of 7 documents designed around the ages of kids giving you specific information both risks and resources and information

and strategies you use to keep kids safe. We have developing that we will send via the message to all of you.

Second question asked is that do we know of any HRSA grant funds? I don't. Janet? Any information.

>> JANET DesGEORGES: Yeah, and I am actually reading the question a little differently. Do you know if HRSA grant funds can be used for this type of education? Asking about the already allocated -- EHDI grants and my answer would be don't ask just go forward. Just kidding. But I think the way I would answer that question is to say as we talked about earlier, how you could incorporate this topic into already existing goals and objectives for what is required through the HRSA EHDI grant funding.

For example, parent education and support, I would assume this could fall under that category. I can't imagine that there's a black-and-white line of saying absolute not. I would think that there are obviously, requirements within any grant of specific things that you need to do, but I would believe that this would fall under the category of outcomes, successful outcomes for children.

But in terms of if you were asking, is there other HRSA funding, specifically for this topic, I don't know either. We can find that out.

>> HAROLD JOHNSON: Thank you, Janet. Glad you read question for clearly. Next question is from Sherry also working with mental health individual -- I will tell you right now not many of us working on this topic so yes, we are trying to, but only a small cadre working. I am retired now, but also I tell you people in the field of child abuse neglect and mental health so farther overwhelmed with their task and so many people they are currently working with the idea of working with people with disabilities -- and that includes the child advocacy centers or CAC centers that do the forensic interviewing. Even in the remarkable service throughout the United States, there's really no requirement although CACs, personnel are trained specifically in how to interview or give forensic information in court for kids with disabilities. I will tell you there's very little crossover between the field of special ed and child abuse neglect or mental health. There are some -- individuals very, very few. Janet next question about Hands & Voices question.

>> JANET DesGEORGES: Does Hands & Voices have -- survivors and preventing abuse within the deaf community. The answer to that is yes and yes.

We have begun to gather different organizations that are already working on behalf of this topic that are specifically

for deaf and hard of hearing individuals. We have done some presenting about the work that we're doing at a couple of conferences that we're specifically within the deaf community. We, I think, as collaborators, we could continue -- for sure open to continuing that, as well as for me personally, some of the things that I have learned from the organizations surviving and preventing abuse, have been really helpful in my enlargement of understanding the issue the prevalence, and the impact of the stories, of survives within the deaf community so absolutely we are interested. Thank you for that question.

>> HAROLD JOHNSON: Also a question about will the transcript the interest closed captioning be available and Will said yes they will be available and I assume sharing with them to get access to the transcripts as well? Another question asked is person saying they are having trouble approaching parents about incorporating safety and social emotional skills for their child. Lot of parents refuse or deny there are any issues or concerns. Do you have any suggestions or resources? I think it might very well be the Hands & Voices Guide By Your Side working directly with parents may be better at this than me maybe Janet you can help out as well? I would say to you one is maybe approaching it a little bit indirectly talking about how the parents can enhance their kids' success.

And along the way you are invariably talking about how to enhance safety, because that is topic of child abuse and neglect to it's really taboo in our society if you approach it directly they will probably be turning you off. Janet can you add?

>> JANET DesGEORGES: Yes, I also believe if we think about places where families receive support, not just from the professional-to-parent relationship or the parent-to-parent Deaf and Hard-of-Hearing adults to parents or information resources, I can tackling it in different ways from different potential sources and one the reasons we think parent-to-parent support is to important there's conferences among themselves they may not necessarily bring up in the professional-to-parent relationship. So I think parental stress, sort of losing it, I remember one day when a parent called today and it was just at her rope's end, this area of parental stress is natural for conversations. Are there other avenues of support that they might be more open to that conversation.

The next question is would you be bring up the topic of potential bullying in the future with parents of birth-to-3 children? Great question, of course, I have been to lots of

parents workshops and retreats in talking about all kinds of things in lives our children and families who have just been identified and you open the floor for questions, and it doesn't if it hasn't come up once in your daylong presentation, they will start asking about, will my child be bullied. When what will their life look like? How can we create safety around that? While bullying is not under one of the categories of sort of the legal definition of child abuse and neglect what we have done as an organization is understand the passion it needs for parents to address and have some good working knowledge and skills around how to address it, understand it, help build their children's self-awareness and advocacy around this issue. So yeah, parents already in the early years are asking -- you can't tell them don't worry about it when they have a baby in their arms. It's something they want to understand and know more about so we talk a lot about, about that parent to parent in the early years as well as real life situations as kids moving forward. Harold did you want to add more.

>> HAROLD JOHNSON: No, that was great. I thank you. Just we got word from Will, though, that today's presentation is available at infanthearing.org, recording on it indicated on the left-hand side of your screen. Those of you asking about the recording of the video. I will go to the last slide and this is really our ask of you. Janet and I and Will and other colleagues at NCHAM. We appreciate the opportunity, but we also want something back. I want you to do three things. We would like for you share the conversation can a Colleague sit down and watch it with them the hyperlink. We have to break the taboo of talking about this.

>> Recognizing reporting to preventing. Ask you guys to incorporate at least one safety element into your students' educational and planning documents shared some of those with you more in the appendix, for example, of this website.

I'm sorry this presentation, this general information. And we also ask you to email either Jan or me what happened either in terms of when you initially incorporated the safety statement into the educational documents people being happy or pushing back and also what difference did it make in terms the children's performance. Three things, share the presentation, incorporate at least one safety element into educational documents of the children you are working with and share with Jan and I what happened. Become part of this community of learners working so hard to establish, because none of us can do it alone the safety you are kids depends on us. Janet final words you would like to say to the group?

>> JANET DesGEORGES: I just want to thank you, again, for taking the time today to be a part of this conversation. We want to invite and welcome you to O.U.R. Children's committee that meets once a month. We ask ourselves do one thing in between those monthly calls that can be as little as reading one article or as Harold talked about talked to one person about this conversation. We believe that the more we talk about it, the more out into the light and out of darkness this issue will become in our society.

So thank you, again. I want to thank, again, NCHAM and for sure, both their willingness to do this as well as the technical support for bringing this to you today by webinar so thank you again.

>> WILL: Janet and Harold, thank you for your time. Everyone again you can go to infanthearing.org in the next week. This will be posted there for you to review again. And/or to share with your colleagues. Thank you, everyone.

[End of File]

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