

Please stand by for realtime captions.

>> Good morning. We will be getting started at the top of the hour. The title of today's presentation is they won't remember myths about child abuse and neglect in very young children with Doctor Catherine Corr. >>

It is the top of the hour right now and we will wait a minute or so. When we began we will record this conversation today for those who could not make the call. Are there any other regular attendees for the O.U.R. committee that are here with us today?

This is [Indiscernible] Washington.

Hi Christine. How are you?

Good. >> Thank you for joining us. I have heard a lot of beeps so that means people are coming on. Harold we will wait one more minute.

I think so. So maybe a little bit like 12:02 PM .

Thank you for those of us -- you for joining us. We will get started here in just a minute. This is Janet DesGeorges. We are giving another minute as people are coming onto the call. When we get started, you will hear a short pause and as we are going to be recording today's conversation, we had several people who were not able to join us today and would like to hear this. So we will be starting in just another minute. Those who are coming in on the call now, we will be starting in just a minute. This is Janet from Hands & Voices. We are glad to have you with us today for the special presentation. Just as a reminder if you could remember to mute your phone on this conference line you can press start six to mute and pound and then the six to unmetered you can mute your own found however you want we are not meeting the hot -- entire conference as he will have time for comment and question and answers at the end of our presentation. So I will go ahead and you will hear a brief pause as we begin. The recording and then Doctor Harold Johnson who is our team leader for the O.U.R. project will be introducing our guest speaker today. So hang on just a second and we will get started. >> This is Harold Johnson I am the codirector of the O.U.R. project and I work with the team who work in this project. It's a pleasure today to introduce to you Doctor Catherine Corr. She has a rich and varied background. She is not only been a teacher but also [Indiscernible] professional. She received her doctorate in 2015 from the University of Illinois at Urbana-Champaign and the [Indiscernible] fellow she now works as a research associate in the Department of special education at Vanderbilt with focus on the well-being of infants and toddlers with disabilities and their families were experiencing poverty toxic stress and trauma. This summer very pleased to tell you that she has accepted a track position at the University of Illinois Urbana-Champaign in special education department. In addition she is in a leadership with special education where she is one of the leaders for a new [Indiscernible] created entitled protecting and well-being special interest group. In addition she was a member of the interdivisional caucus of the CEC prevention worker. Today's presentation is entitled they won't remember, myths about child abuse neglect in very young children. The focus is to help us all better

understand the indicators response an impact a child maltreatment is experienced by children with disabilities, division of early childhood physician statement regarding child abuse neglect and trauma and particularly how families could be supported in establishing [Indiscernible] and supportive environments from birth to three. Today's presentation is a remarkable match with the Hands & Voices mission statement which is we envision a world where children who are deaf and hard of hearing have every opportunity to achieve their full potential. That potential can't be experienced if children are experiencing maltreatment and today's presentation with Dr. Corr is to help us be better informed and prepared and to recognize some response and maltreatment. Thank you for being with us today, Dr. Corr, and I will turn it over to you.

Great. Thank you Harold and Janet. I am very happy to be here. This is a topic that is near and dear to my heart like Harold mentioned. I'm a former early intervention provider and preschool teacher and this is sort of where this topic really arose in my interest and where I really felt like I needed to do back and start to think about that are supporting families who are experiencing some of these complex situations. I have prepared a little bit to chat about today in terms of thinking about missed and I will talk through three common myths that I use when I work with early childhood teachers and other professionals who work with children with disabilities were individuals with disabilities. I will talk to a little bit about my line of research and how that ties into how we better support these families and then I will share with you about the statement on child maltreatment and abuse. And then I would love to answer questions

and sort of there some responses from all of you. I am a fairly interactive presenter, so this will be a little bit tricky for me but I will do my best to sort of give you some good content and then leave lots of times for questions and back and forth. I will go ahead and get started with three common myths about child abuse and neglect. The first I will talk about is the connection between age and maltreatment and from the title of the presentation, you may try to guess what this is. Oftentimes we hear when working with young children that if they had experienced abuse and neglect, it may not really matter because they won't remember it. As an infant or a toddler they may not have the words to tell you later on down the line what happened to them. And I am here to tell you today that it is absolutely false. It is an incredibly important period of time and critical not only of brain development but also social and emotional development and I also want to kind of think about the connection between age and maltreatment. So when I talk with people cut they think that people may be between the ages of five or 10 as the most frequent victims of abuse and neglect. I am actually here to tell you that the most vulnerable part -- population or most frequent victims are children ages birth to three years old. When we think about that Those are very young children who oftentimes don't have words yet to tell us what is going on so we have to be extra sensitive to what is going on in their world as well as being sensitive to what is going on with their caregivers. So that is myth number one that young children don't experience abuse and even if they do they won't remember it. The second piece of that I would like to talk a little bit about is the perpetrators of abuse so often times we think

about really young children people don't really think about who the perpetrators of abuse are and actually in all cases of abuse and neglect the perpetrator is typically somebody that the child knows so whether that be a parent or a teacher or a teacher's aide or whether it be [Indiscernible] it is typically someone that the child is familiar with. So that is not to scare you or to put you on high alert but it does change of perspective in terms of how we think about partnering the family and how we think about supporting families as well as protecting children. The third method that I will talk a little bit about is the connection between disability and maltreatment.

I will share a statistic with you that I think oftentimes opens people's eyes to this topic a little bit. If an individual has a disability at any point in their life span they will have a higher level of a -- experiencing abuse or maltreatment. If you experience abuse and neglect or maltreatment across the lifespan you are at a higher likelihood of developing a disability. So there is this relationship between disability and abuse that we can't really ignore it at the same time at least those of us in special education we haven't necessarily paid attention to the so there is a strong relationship in my perspective from an early childhood professionals since there is a strong connection the young children are the most frequent victims of maltreatment and perpetrators tend to be people that the child knows and there seems to be this natural point in time where we can intervene and prevent child abuse and neglect. So that leaves me to telling you about my work and how this ties into early childhood in general. And sort of span special education as well.

My work focuses on three different pillars. The first is thinking about how do we create high quality early childhood environments for young children with disabilities who have experienced abuse. And that means how do we set children up for success in preschool or child care or home visiting scenarios and in order to do that we have to think about practice so what are evidence-based practices to do that. The second pillar is preparation. If we know what the evidence-based practices are to support these families how do we support professionals to do this really tough work. And so that means thinking about preservice opportunities as well as in service opportunities for early childhood professionals. And that can be anyone from home visitor to a child care worker to a kindergarten teacher. It's really a broad span of people. Third, is thinking about systems responsibilities so how do we create robust systems of report for not only families but also for the professionals who work in them. So when we talk about young children with disabilities who have experienced abuse are often being served is supported by multiple systems whether that is special education and child welfare and whether that is regular education special education and child welfare so there are a lot of different systems that play. And we think about supporting both professionals and families we have to think about how those systems play together. And I will give you an example from each of these to highlight how these look in the day-to-day early childhood world. I will start from an example with practice and this is a real-life example. I was supervising student teachers who were sort of in their first five weeks of doing student teaching and preschool classrooms and I had a student teacher come to me and say she

was working with three girls and she had this one three-year-old who was one -- really needy. And so I asked her to reflect and think about what was going on with that child as she started to reflect. And she told me more about the fact that this child would come in and need to sit on her lap and she wouldn't fit and do her work independently and she didn't want to socialize with other kids in the classroom. In many ways she was very needy she explained this in the context that her and her teacher, decided to have an intervention where they would if they sat on her lap they would remove her from her lap and put her into an independent work area part of the reason I tell you this is because we think about some of the best practices we used in early childhood classrooms, they don't necessarily if trauma or abuse have taken place so in this instance the young child this child had a domestic violence

incident with her mother and her father was taken to jail. Part of the scenario makes us think about how we are supporting young people in the classroom so if our first thought was to remove the child from an activity or take her out of a teacher's lab in terms of thinking about how to get her engaged in the classroom that can very well be traumatizing for her when we think about early childhood practices and when we think about how we are preparing

early childhood professionals to create supportive and responsive environments, it's important to think how best practices or what is practices look like especially for the population. In terms of preparation we prepare early childhood and I think we prepare special educators to be good observers of behavior. So thinking about this behavior and we pride ourselves on teaching children social behaviors and I will share with you an example of how an early childhood may prepare folks but not necessarily take into account maltreatment or prominent this trauma perspective. And this is a scenario where he had a teacher in the classroom working with kids so right around three it preschool age and they were doing some dramatic plays fill in the dress of area they were playing and they had all kinds of doctors equipment and there was one child who regularly had some challenging behavior or a learning behavior

as a student teacher put it. So there was a three-year-old young girl who would act out these really traumatic experiences so she would take a knife from the dramatic play area and pretend the split her throat and say things like I will hurt you or she would insert a child's name and the teacher's response was to intervene and really we work that behavior so she would say things like knives start for hurting or knives are for cutting food or knives are for an get her examples of how they can really be used in a preschool classroom. However, no one really address the trauma or the abuse situation that was going on so for that child when she was acting out in dramatic play there wasn't social support their for her to work through some of that. Another example is sometimes they would engage in dramatic play around that instance so teacher's aide would say oh she cut herself and why do we call the ambulance in some ways we would think we like to build off the child's experience and support their behavior and in other ways I would say it's a little learning because they want to support the child's social and emotional development and it seems like the child who is particularly dealing with some common abuses need to be directly addressed. Finally, I will tell you a little bit about some systems and issues that come up when we are supporting young children with

disabilities have experienced abuse. So often times these young kids are served by multiple systems [Indiscernible] and often times

there is some competing priorities for different systems so I will give you an example. If a child

is experienced abuse and neglect is on the return home have meaning a parent is trying to regain custody of that child often times that parent is required to sort of prove that they are responsible enough to have their child back in custody and in order to do that they will complete child development courses and they will complete anger management courses and that depends on the court system and the individual family situation. The trick is that oftentimes these families are completing these courses that may not necessarily meet their needs. So for young kids with disabilities, this is particularly important because if there is a child who has a disability a parent will be attending a child development class and that child development classes really all about typical development and so technically this parent is attending that class to sort of give the stamp of approval that they are ready to take on the responsibility of supporting their child and in reality that class doesn't necessarily have the concept that they needed to be successful in supporting their child with a disability. So when we think about [Indiscernible] active separation and cost systems there are a lot of good things happening so we have a huge focus on social and emotional development in early childhood now which is great but we are missing [Indiscernible] maltreatment and we are missing the piece on trauma. So there are a lot of places where we need to fill in the gap. And that brings me to talk about the position statement on child maltreatment we recognize that this was an area that was really untapped and that needed some attention and focus and we also recognize that different organizations or different disciplines sort of took responsibility for different pieces. And child welfare they would say I know all about child abuse and neglect because he covered that but I don't

cover disability. And in our special education community we heard a lot of people saying I know I am a mandated reporter but outside of that I don't know what to do for the child has experienced neglect. So I focus on the disability piece. We are arguing that by focusing just on those pieces and not on the whole child and family often times supports are fragmented. We decided to write a position statement on this to really raise awareness and to make some improvement

on some long and short-term goals so the physician statement which was shared with you was written over the course of the year with a group of people who were practitioners researchers as well as policymakers and our goal was to focus on how can we as an organization think both in terms of prevention and intervention in terms of child maltreatment for young children with disabilities. By doing that we decided that we really didn't want this to be just a piece of paper that lived on the Internet somewhere we wanted it to be a reason to take action so we wrote long and short-term goals for the [Indiscernible - audio interference]

statement. In doing so we started to think about well, that was really responsible for these long and short-term goals. And so because we wrote these goals we created a special interest group which Harold mentioned earlier in the call which is the protection and well-being special interest group and this group is made up of individuals who

have an interest in child abuse and neglect in promoting  
[Indiscernible]

and this focuses on how to we improve taxes and how do we improve personal preparation and how do we improve research and how do we improve collaboration in terms of thinking about young children with disabilities who have experienced abuse so I will give you a little bit

of some things that the group is currently working on in terms of practice. We are currently taking the DC recommended practices in doing a crosswalk to look at trauma informed practices to see which of our DC recommended practices could qualify as trauma informed her how we can enhance these practices by adding these and our goal there is to really get the field to think about if we have these solid foundational practices how do we make them more inclusive of families are experiencing more complex scenarios. In terms of personal preparation, we are thinking a lot about pre-and in-service opportunities for people. We are thinking both long and short term about how do we enhance personal preparation opportunities that already exist. So we are pushing people to think about how do you incorporate this information into families and classes and child development classes rather than having standalone classes on child abuse and neglect in terms of research we are -- one of the tricks of that research with this population is that they are vulnerable populations so if you are researchers sometimes that takes a longer amount of time and a lot more energy to do a research study specifically with this population.

However, [Indiscernible - audio interference] important and so our research

arm is writing recommendations for researchers in terms of how do you ethically and responsibly engaged a population like this in the research so we can push the field to push rigorous research around us so we have an evidence base to work from. And then in terms of policy we have been doing a lot of work around [Indiscernible - audio interference] who are having successes in terms of thinking about how the systems work together so we talked a lot with Alaska and Colorado. They are two states that have done a really exciting things in terms of sort of systematizing the approach to families who are in multiple systems and so our policy group is having, we want to highlight successes from the field to show people that while this topic can be overwhelming that there are people who have had successes and that we can build from those instead of reinventing the real -- wheel.

Finally in terms of collaboration, we see this effort as multidisciplinary and while we are engaging the community we recognize there are other organizations that really need to be a part of this. So we have reached out to other organizations in terms of thinking about endorsements and thinking about ways that the DEC and CEC communities can collaborate for more proactive [Indiscernible]. [Indiscernible - audio interference] Excuse me . If you are on the line can you please mute your phone. There is quite a bit of background noise. Thank you.  
>> That is actually a perfect stopping point. I have given you a lot of information and we talked about three myths that are perpetuated not just in early childhood but I think in education as well. We talked a little bit about what this work really looks like in the early childhood population and then we talked a little bit about

the physician statement as well as the new special interest group that is taking on some of this work. So I would love to open it up for questions or comments or discussions to see if I can answer or expand on anything in what you all are doing.

This is Harold. In one of your handouts you shared information about these protective factors that those factors I think are interesting to our members who are part of the guide by your side program which are experienced parents with kids who are deaf or hard of hearing who have additional training to go in with working with early interventionist specialist. And in working with those guides and remarkable individuals they are. The Hands & Voices has been involved in this topic for at least 10+ years. So a lot of information has been shared but there are still concerns and they don't want to do anything that would alienate the parents or make them feel uncomfortable and not want to be involved with early intervention so if you have that pressure between recognizing and supporting families and maybe there is some degrees of stress as opposed to simply accepting and welcoming parents regardless of where they are. Can you talk about maybe that and not only for Guide By Your Side but particularly these protective factors?

Yes I think that is a great question, Harold. You are right. There is a tension in the field just in terms of how do we go about supporting families without alienating them or stigmatizing them. In order to think about

this I will have you think about families in general who have young children with disabilities but if you think back to that statistic that I shared with you if you have a disability and you are at an increased likelihood of abuse and maltreatment, when I think about that one of our roles in early intervention is to really build a protective factor of young children in their family. So we are doing work not only with children in isolation but with their families and part of our role and responsibility is to think about how we build those nurturing relationships and attachments and how we think about building parent resilience and how we think about connecting that parent to other resources if they need it. I would actually recommend that you think about building protective factors across all families in early intervention and then I think specifically when there has been child abuse and neglect that has taken place it gets more complex. So whether that parent is going to regain custody of that child or if there is a foster parent involved, that will sort of change your approach. But I think building protective factors are something we should be doing for all families and it seems like a great way for professionals to really reach out and say this is information that is relevant to all parents. I think oftentimes, I think in our attempts to focus on certain families we kind of stigmatize them, which is difficult. And while we want to have targeted support we want to be sure we aren't stigmatizing certain families over others.

Thank you. I think one of the things, one of the things I think the hands and voices does particularly well is this whole idea of establishing social connections which is one of those factors you mentioned and extent to which parents have more than just people around

them that they can ask questions and see if they are done and not done having someone be present

and someone who is a good listener as well as server to know whether the family is in trouble and may need some additional assistance and who to contact but are you saying also that most of the early intervention professionals they know that the occurrence and indicators, are they also well-prepared as to what to do in response to a kid or a family who has experienced this,?

So I would say that early intervention providers are really skilled and focused on strength-based family centered practices, which I think are really important, and I think when children are involved in abuse and neglect scenarios, that becomes harder and oftentimes what we hear from early intervention professionals is that they don't know how to do strength-based family centered approaches with families who have been involved in abuse and neglect scenarios. Not that they don't apply, they just don't know how it would work. So I think that comes back to Harold thinking about well, if we recognize our role as really building protective factors for family and it is your job and responsibility to think about how you are building that nurturing relationship and building that attachment between the parent and the child, that sort of will change how you work with that family and saying these aren't the families that I know how to work with. We have been pushing this a little bit and I think we, a little ways to go we have in being prepared and ready to support families who have experienced abuse and neglect and maltreatment.

Thank you. We are aware we have a rich and diverse group of people on this call with very different contexts. Are there other questions ?

My name is Chuck Ludwig. As you are talking about families, and our preparedness to deal with those things, I think we also have to take a look at the fact that many of these families that as parents also have it experience with the kind of trauma we are talking about. I think that has to be factored into is there looking at preventative approaches with the families.

Yes, absolutely, Chuck. I think that is what we hear from people in terms of what trips them up when they are trying to do strength-based approaches is that they will say she has serious mental health issues and I am not sure where to begin what we are trying to challenge people to start thinking about is that your role as an early intervention providers not just working with the child it is working with the parent and child and how you build that relationship when there has been sort of multigenerational maltreatment or abuse or even neglect. >> This is Chuck again. I understand there are things out in Washington where they have incorporated some of this in terms of looking , not just the behavior but the why of that behavior. So I am not sure if that is a model that people are looking at as well.

Thank you. >> This is Janet. I have a question. The scenario you gave earlier of preschool teacher in the classroom who does with a student in the classroom acting out with a knife. In the perfect world if the teacher had been trained appropriately in the school had a system in

place, could you walk us through a little bit about what would it look like an a really good situation when someone encounters something like that? What would they be doing and who would they be talking to and would they be calling?

Yes that is a great question. In that scenario what we would really want to happen and I do want to say this isn't only early childhood preschool teachers responsibility but what we would really want happening is classroom teacher talking with the school social worker and really talking through what is happening with that child and when talking with the school social worker they may make a plan for free play and they called a child herself, may have questions with the social worker. But what we would like to see in the early classroom is have the teacher be more aware of those red flags and signs that this child needs more social and emotional support to for instance instead of necessarily build leading in -- building that into dramatic play there may be an opportunity for the teacher to talk one-on-one with that child so the child can still get that feeling out to those teachers without it going into a classroom routine were other children are building off of it.

So there are lots of different opportunities in early childhood classrooms to talk about emotions and read books about emotions, to really draw and think about your emotions, and what we don't want to see happen is that child be stifled and be able to share those things in a safe place but I do think in a perfect world we would see more of a collaboration between the early childhood teacher and the social worker in the school. And then we would see some of that morph into what happens into the regular preschool classroom.

This is Janet. I think that is great and the applicability of parent support is just a reminder that we are not alone when we encounter something and we are not sure that we have somewhere else that we can go to talk about it like you said but also I think in our community of learning we talk a lot about one 804 a child witches and phone number you can call anonymous people and get advice. A lot of times it is in black and white and we are not sure what to do. So I like your response that talk to somebody else about this and not just yourself.

Yes, I think that is a good point. Janet, oftentimes we hear from early childhood professionals who see soft signs of abuse and they don't necessarily have physical markings or it isn't very blatant behavior that is triggering a response from a teacher but it is sort of these things happening on a daily basis whether it's uncontrolled crying in certain parts of the day or children who are regressing in terms of potty training and so there is sort of some of the soft signs that people need assistance and help to walk through or talk through about what to do and how to make a plan or a next step forward.

Are there other questions ? >> This is Sarah Kennedy and Colorado. I am the director of the chapter and we have a parent guide system that meets with new families so I wanted to ask we are referred to families by professionals who feel like there is some concern about the parent adjusting to the child hearing loss or other difficulties in new baby land like feeding or financial concerns with buying hearing aids or

anything that may disrupt attachment. And I think we are kind of sat in with the idea that we could discern whether or not this mom or dad is really having difficulties. I love what you said about we just want to build protective factors across all families. So we do the same regardless, make sure they have social connections and more resources and ask questions. But I wonder if there are tools that we people may be able to use just to help us think through all the areas we want to observe when we are at a home visit, especially when we have this caveat like please check the family out.

Yes I think that is a great question.

So I think, especially when doing home visits, because you are in the families most natural environment, it becomes a lot trickier. I think being a home visit here you have to understand how to observe well and on top of that how to reflect what just happened after a visit.

So I think in terms of thinking about some skills that home visitors should have, I would say being able to observe really well and then reflect on what happened is really important. In terms of tools for thinking about if families need more support, I can't think off the top of my head about kind of a toolbox or anything off the top of my head but when I think about ways that I would look at a family and see if they need more support, I would probably spend a lot of time looking at that parent-child interaction and looking at sort of attachments and how the regular routine is looking.

We hear a lot from early intervention providers about how they will go into a home and a family may have dirty dishes everywhere and the kids are in dirty clothes but the parents have a loving responsive relationship with the child so the early intervention provider is less concerned because there is an overall response does responsive relationship that is happening. For me, I would really focus on that relationship. I think the hard part begins when a child is in the foster care so building that relationship can be hard. It may not be the child first foster home and it could have been a traumatic experience for that child to leave their biological home. But I think that is the place that I would start to think about what is going on with the family and what kind of support may they need on top of our regular support.

Great. Thank you.

This is Harold. A few things that Hands & Voices is a series of documents that silence is not an option and those documents are geared toward the age of the kid but they are things to look for in between kids and families safe and successful. We have also developed a safety checklist which are a series of simple questions and the answer is no to any of those then suggest some activities used to support families and kids but when a particular effort and [Indiscernible] on the telephone call right now but leading an effort to identify children's literature books that parents can read to and with their children that just kind of reaffirm a loving and supportive homes and the use of language and feelings

and what happens in homes where people care about each other. Are you aware of any other efforts that are using children's literature or

parents reading to their kids as a way to both inform kids and also to reinforce the bond between parents and children?

That is a great question. There is a lot of focus on shared story reading in early childhood , just thinking about overall promoting social emotional development but not necessarily focused on kids to experience abuse or neglect. So there are efforts to get parents Especially parents of children with disabilities to think about how their child is sharing their promotion

or displaying their motions but it doesn't necessarily take into account if there has been abuse or neglect. But I would be really interested to hear about the book sharing you are talking about, Harold. That sounds very interesting.

Hello this is [Indiscernible]. >> I am on the call and Harold I was getting ready to say something so I am so glad you spoke up. This is Krista Brinkmann from Colorado Hands & Voices and I would love to connect with you. One thing I was thinking about is in the back of one of the books we just did have you heard of a book called they had a really nice graph of how to identify concerning [Indiscernible] for sexual abuse verbal abuse and also I can't remember if it was also neglect but there were certain flags to watch for and they liked how they outlined it for the caregiver or the provider or the teacher or the parent who is reading that book to look at and watch for those [Indiscernible] abuse and I feel like for a lot of people it would be helpful to kind of clear up that ambiguity and the nice story I think was a great example of okay if there's somebody who has a creative imagination or maybe they were helping their parent cut something and they cut themselves and realized, who knows older siblings or is this actually a situation that is really not typical so I always love that in our children project it's obviously a universal message, it's not yours to discern whether or not it's abuse if you have a concern that you feel that there might be abused even if you call one 804 a child and you need to reported especially if you are specifically about an abuse situation. But I really like that just small little clean chart in the back of the book and I thought that if nothing else is that could resonate with the somebody who takes is a looks at this book that would be helpful for so many children.

That would be wonderful. I would love to get a copy of that.

I will connect with you.

I was just going to say please do that. We are just about up with our time but time for our last question.

This is Chuck again. You were talking about children in foster care. And I am wondering if there is any policy or practice in terms of involving the parent of that child when that child is in foster care. I know there are times when the parent can be because of the child isn't a threat. And I also know there is an emphasis in having a parent participate so I am wondering if that is built into any policy and should that be looked at in terms of trying to move ahead the relationship between parent and child. >> Chuck, you brought up a big

issue. I will give you some examples from early intervention. It will very a little state-by-state but you are right it depends on the family scenario. If a parent is on track to regaining custody , in an ideal world I would say from an early intervention standpoint, we would want sessions to be taking place not only with foster parent but also with the biological parent. Because the want that biological parent to be involved and we want them to feel prepared for when that child transitions back into their care. However, right now, that doesn't take place or it doesn't take place regularly. And part of it is because of system barriers so we hear a lot of early intervention providers around diffusion and around whether or not they can talk to biological parents because they are concerned about hip but in their oftentimes not clued in as to what is going on with the child where Phil -- welfare case. From our perspective only think about setting parents up for success in creating smooth transitions we think it's a no-brainer . You have early intervention providers involved in supporting that biological parent. However, right now I would say there is confusion between systems or across systems that doesn't happen regularly. I have been working with a group in Illinois to start thinking about when biological parents are granted supervised visits that those visits if the child has a disability, that the early intervention provider can be there to sort of support those supervised visits.

One so they can have a chance to see what early intervention looks like and get familiar with that but also so that early intervention providers can really create a strong environment and a supportive environment so that parent and child can feel successful to start building that attachment again. But I think we are a long way from that happening regularly. I do think you are right. With children who are in child welfare we are often trying to do with both biological and foster parents and sometimes we don't know where the child will end up. And sometimes the child will move between foster homes. So that will also make it complicated. Nevertheless, we still think that approach is applicable to families and it will require a set of sensitivity and flexibility in order to be able to do it well.

This is Krista from Colorado again. I also know in some situations where supervised visits have a guardian ad litem there as well as the foster parent and sometimes even a physician and enough opportunities, sometimes when it is an instance of neglect it becomes a -- apparent in those visits the things the parents aren't privy to. This is in terms of basic safety I can think of a specific example that had to do with the snacks that were bought and the biological parent didn't act in a way to protect the child and the Guardian

ad litem and the foster parent had to step in and at that time it was them taking notes to say okay this is clearly something they are unaware of the they realize that sometimes in that situation it was just the fact that that parent was not privy to the sick safety precautions for that child at that age.

I think that is a great example of a small scenario that can go a really long way. If you're able to set up a supportive environment or are able to share those safety strategies we can build that parents competence and confidence and often those

supervised visits may become unsupervised and that parent can be more successful versus sort of just not doing that with those type of activities with leaving the parent to figure it out on their own.

I would like to thank Dr. Corr for sharing the information with us today. I will tell you all that I consider Dr. Corr to be one of the individuals I am looking forward to watching and working with and learning from and suggest that she be identified as one of our bright spots for our community so we can continue to follow her work during the course of her career. Also, next month, Doctor Paula Crowley from the University of Illinois college education will talk to us about preventing child abuse and neglect as it occurs with kids, school age kids particularly. This will follow along with the 2016 text that she just published entitled preventing abuse and neglect in the lives of children with disabilities. I would ask that everyone please consider suggesting to Janet in myself and other individuals and other bright spots People that we cannot only learned from but also hopefully recognize and work with in some way to help keep our kids safe and successful. So, Dr. Corr, thank you.

Thank you Harold and thank you so much, Dr. Corr, for that very interesting conversation. For those of you who don't regularly attend this meeting We are a community of learners. A lot of us are involved in the leadership of Hands & Voices although there are other people who certainly join us. Typically our committee consists of our own learning -- so one thing we often do in our community would we are sharing with one another about what we are doing in our own roles if we have a mantra where we said last month I did this towards our children's safety and this month I will do whatever

we were working on. I would encourage everyone on the phone today as we go through this conversation, think about the world you are and how whether you are part of an established early intervention program or school or a parent support program. One of the very first activities we did as a group when we started our learning in this was to start to break the silence. In other words, to talk about this important issue. So I want to encourage you today, especially on this wonderful day of Valentine's Day, a day of love, thinking about all the children that we have the opportunity to intervene and provide protection and safety to. But if you are part of a program that has not had a conversation or you are not sure what you are supposed to do, think about this month that you might commit to taking this information and sharing it with your colleagues and the work that you are doing in the programs that you are a part of. We learned a long time ago that if we were willing to just step out and to start having the conversation, even though it is difficult at times, we will begin to create a safety net for the lives of children who desperately need to know what we are doing around this. Hands & Voices is passionately committed to the idea that everyone in our organization would have the basic understanding and information of knowing how to respond in any situation that they are involved in if they have any questions or concerns and even taking it to the next step of prevention and ensuring the safety and success of all of our kids.

I would like to publicly again thank Doctor Harold Johnson who has really been our leader in this topic and as he mentioned earlier on, it

is a project we have been a part of for over 10 years and we feel in some ways we are just getting started. We are committed to this. If you go to Hands & Voices there is a front-page section that will lead you to more information about this. Again, thank you so much, Dr. Corr. I learned so much and it has been really good and this year our committee has been committed to bringing in some new thoughts and expertise in this area for learning and growing. With that I want to wish you all a very happy Valentine's Day and think about the kids today in our world and we have the opportunity to provide safety and success for. Thank you all for joining us. We will be sending out the recording and the transcript for the captioning if anyone is interested. If you are on the committee list, you will be getting that. Otherwise, feel free to email janet@handsandvoices.org and we will make sure we get that to you. Any final comments, Harold?

It's exciting the fact that we are continuing and we know unless we step forward cut kids are not going to have the safety and success they need and so I thank you for everyone being on the committee and again if you would share with those people that you know about People we can all learn from. It would be great that the people we asked to speak to us as a group reflect a broader sense of who are the experts out there in the bright spots. Please send any suggestions to Janet or myself, and we will follow up with those. We thank you all of us.

Have a wonderful day.

[Event concluded]