

REALTIME FILE

NCHAM-Attachment and Trauma in DHH Adopted Children
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>> WILLIAM EISERMAN: Hello, everyone. This is a webinar and, I'm sorry for my delay. I was dealing with a technical issue. Let's see if our presenters are on today. Jon and Shelly, are you on?

>> SHELLY BERGERON: We are here.

>> WILLIAM EISERMAN: I'm sorry for the delay. This is Will Eiserman from Utah State University. I need to check one thing before we proceed. There was a problem uploading your slides. There was a problem that Adobe Connect got all confused by. I need to try to fix something before we proceed. Everybody, if you could be patient for just one moment, that would be great.

Technology is not as friendly as we wish it was. Today seems to be one of those days.

I'm seeing that your slides are missing. All of your photographs. So I'm going to be reloading your slides right now. I'm sorry, everybody, for the delay. I'm coming as fast as I can to fix this.

>> SHELLY BERGERON: Do you want us to go ahead and get started? Jon doesn't have a lot of time afterwards. We could go ahead and start talking.

>> WILLIAM EISERMAN: Sure. Why don't you do that? I'll be working on the slides in

the meantime.

>> SHELLY BERGERON: Okay. Will we have access to switch those? Or will you be doing that

>> WILLIAM EISERMAN: You will. Let me go ahead and start the recording of this meeting, and then we'll get you started.

>> SHELLY BERGERON: Okay.

>> Audio recording for this meeting has begun.

>> WILLIAM EISERMAN: I would like to welcome everybody to today's webinar entitled Attachment and Trauma in Deaf and Hard of Hearing Adopted Children. Today's presenters are Jon and Shelly Bergeron. And I'm William Eiserman from the National Center for Hearing Assessment and Management. We're having a little technical problem, but our presenters are going to get started and I'll upload their slides as they continue to speak. Once they've wrapped up their comments, I'll open up a question or comments field so you can type in your questions and comments to the presenters. I'll hand it over to you as the presenters.

>> SHELLY BERGERON: Good afternoon, everyone.

>> JON BERGERON: Good afternoon.

>> SHELLY BERGERON: We're Jon and Shelly Bergeron. We're coming to you from Austin, Texas today.

And we wanted to thank Hands & Voices, and NCHAM for the opportunity to talk to you today. We're going to be talking about trauma in deaf and hard of hearing adopted children. There will be a picture coming up. I'll tell you briefly a little bit about us. I work at the Educational Resource Center on Deafness in Austin at the Texas School for the Deaf. I work with families who have deaf and hard of hearing children all over the state of Texas. And Jon is a clinical psychologist who works with families in Austin and around the state, and has been working for 12 years now. And we have two sons who are both adopted and both deaf. Our youngest son, Tanner, came to us when he was almost 4. And he didn't have any language. CPS called us and asked if we had availability to take two children. We had originally said we would take one. We said after a while that we would accept him. And they said well he is deaf. And then we explained we don't know any sign language. And they said it's fine, he doesn't know any sign language either.

So he came to us. We learned to communicate with Tanner through sign. He is profoundly deaf. That started us in the world of deafness. We didn't know anything about it before then. And then a few years later we adopted a son from China, and he

was 14 years old when we brought him home. He knew Chinese Sign Language and could read and write Chinese, and has since learned American Sign Language and English. He is now 22. His name is Jian. And he graduated from high school and he is out in the world trying to figure out what to do with himself. And Tanner is 17 years old and in high school. So that's kind of a brief update on us. And where we're coming from. I'm going to let Jon tell you a little bit more. There's a picture of us if you can see that now. It looks like that is working.

>> JON BERGERON: That's our family. I want to share a little bit more about my background and experience. Professionally, as Shelly said, I'm a psychologist. When we began fostering Tanner 11 years ago, I started working with a lot more foster and adoptive families at that time. At the same time we were learning about deafness and sign language and deaf education, and beginning to interact with other families who have deaf children through our school district where our kids were getting served. So we've learned a lot, both for me in kind of a professional setting, as well as probably even more so in our personal experience as parents of deaf and hard of hearing kids. Both of ours, as Shelly mentioned, were adopted.

So we wanted to talk today what are some of the additional challenges that adoption brings into the picture on top of some of those challenges that many of you are aware of that comes with working with a kiddo that has hearing impairment or deafness.

I wanted to introduce this -- can you go to the next slide? Do we change slides, or do you do that?

>> WILLIAM EISERMAN: You can. It's in that lower left-hand corner of that screen where there is an arrow pointing to the right. I'll do it.

>> SHELLY BERGERON: Thanks. We don't see it.

>> WILLIAM EISERMAN: Okay.

>> JON BERGERON: Sorry about that, folks. I'm going to show a couple of slides from a large, longitudinal study from elementary-age kids. Pre-K and elementary. To make a point, so bear with me for a few minutes. What this slide shows is it's a comparison of three different family types. On the left you have two adoptive parents, in the middle you have both parents, and on the right you have other family types. Living with one parent or living with grandparents, things like that.

What this graph is showing is the number of behavior problems seen in children in each of these groups. And it's pretty obvious that there is a significantly larger number of behavior problems seen in kids of two adoptive parents versus the other family types.

Now on the next slide we'll look at academic performance. That's behavioral

performance. These two slides show early reading skills on the left and early math skills on the right. And again, you have the three groups of family types with the two adoptive parents on the left. Both birth parents in the middle, and other family types on the right. And what you'll see is what research has shown for many, many years is that when kids are in a home that's stable and has both birth parents, that tends to be the most conducive to both behavioral functioning, as well as academic functioning. You see the middle columns there are highest.

What you'll also see on the left side is the two adoptive parent families are the lowest. I'm not trying to pick on adoptive parents here, us being some of those. But with the next slide, what I want to kind of show you is when you put in the factors we typically think about that helps children succeed, whether that's behaviorally or academically, we see things such as parental resources. So financial resources and other community resources. Parents' level of education produces positive predictability to functioning, and so does the parental involvement or effort. And in adoptive parents, these are things that are in most cases very high. Much above the average when you look at students across the spectrum. And so you have kind of an opposite effect that typically you'll see when these things are high, education, resources, and effort, kids do really well in school. But when what those previous diagrams or graphs showed you is actually for adopted kids, that's not true. So today we're going to try to answer that. Why is it when you have parents generally two parents together who have significant resources, high level of education, and are putting a lot of effort into parenting, why are those kids struggling more both behaviorally and academically?

>> SHELLY BERGERON: I'm going to throw in one thing that I meant to mention in the beginning. When we're saying adoption today, and talking about adoption in general, we're also talking about foster families, adoptive placement, and kinship placement. All of that is encompassed in the word "adoption" today.

>> JON BERGERON: Definitely. When answering this question about why do we see more academic and behavioral problems, when we go to the next slide, this is what we're going to talk about today. Trauma and neglect and attachment. And as Shelly mentioned, these are the things that are part and parcel of the experience of kids that come into families through adoption or in our foster care system. And so we're going to talk about these things and the impact on a child's brain and their development in an effort to understand why these kids tend to struggle behaviorally and academically.

So on the next slide we see a definition of trauma that is succinct, and I think very helpful to understand what we mean when we're talking about trauma. And that is the experience of a distressing event or events that overwhelms an individual's ability to cope. So when we're talking about foster and adoptive kids, this is one of the primary reasons that they find themselves in need of an adopted family or in need of the foster care system. That there has been some trauma or typically traumas, multiple, that overwhelm a child's ability to cope with those, and ends up affecting their functioning

and brain development.

So on the next slide, I wanted to show you just the idea that trauma exists on a developmental curve. It's not a very curvey arrow.

>> SHELLY BERGERON: It looked different when we sent it.

>> JON BERGERON: Lost in translation. But the point I'm making with this slide is that trauma can begin in utero. There are a number of studies that show certainly the introduction of chemicals such as drugs or alcohol in utero can affect development. But so can excessive stress in the mother affect the development of a child's brain. Following that course at birth often if birth doesn't go the way it was designed to go, there can be trauma at the point of birth or shortly after in those medical settings if something goes wrong that also affects brain development.

And then what we tend to think of in terms of trauma are the things that occur in infancy when children are hurt or abused and in childhood and up into adulthood. Those experiences of either abusive behavior or witnessing overwhelming situations that they're not capable of handling. So that's kind of when trauma occurs. So on the next couple of slides, I'm going to show you kind of what trauma does to the brain and just give you a quick overview. There's actually in the last decade or so a tremendous amount of research that's helping us understand that trauma is not just a psychological injury, it's a physical injury. That it actually causes damage to the brain particularly in the developmental sense.

And so this slide shows where that damage tends to occur when children are exposed to trauma and adults, as well, we see changes in these regions of the brain. There's some big names there. The anterior cingulate cortex. The medial prefrontal cortex, the amygdala, and the hippocampus. I like to split these four areas into two major parts of the brain. The ones on the left, the prefrontal cortex and the cingulate cortex are parts of the frontal lobes of the brain. And this is the area of the brain that controls planning, organization, problem solving, inhibition of behavior, and initiation of behavior. And so when you see damage in these areas, you see a lot of behaviors you associate with ADHD, lack of attention, lack of impulse control, and things like that. And this is what exactly you see with kids with trauma in their history.

The other two areas, the amygdala and hippocampus are part of what we call the limbic system. This is primarily in the learning and emotional realm. The hippocampus more for learning.

As you look at some slides coming up, you'll see that in these areas we see diminished development or damage that ultimately affects learning and kids' emotions, as well. I wanted to give you that understanding because I think it's a big-picture view of trauma really does affect the brain.

Let's look at a couple more slides. I wanted to look at brain activity. So this is a representation of scans that are called an MEG, which looks at electrical activity in the brain. And these are in adult PTSD survivors. I believe they're all soldiers. And what you see is in this study the subjects were asked to look at just a point of light while they ran the scan and then look at brain levels of activity. And what you see on the left is a person with active PTSD, and on the right a person without a history of trauma. And what you see is a lot more activity in several areas of the brain in comparison to a normal control. We would expect when you're just staring at a dot very little brain activity. But with a person with PTSD, you see a revved up action in the brain. And this is what we see functionally in kids who seem to be, with trauma, who seem to be kind of revved up and overactive much of the time, or hyperactive. And this is one of the reasons they're often diagnosed with ADHD.

Let's look at the next slide. That's brain activity. This one looks at brain chemistry. This is a study again of adults. And the reason we're looking at adults is because we don't have many of these types of studies with children, because it's much harder to study kids with trauma in their background, particularly with these kind of brain studies, but we're getting there.

So this one looks at brain chemistry and specifically a brain chemical called serotonin, which is one of the neurotransmitters in our brain that is highly important in emotions, as well as learning. So on the left you see a normal control, and on the right someone with PTSD. And the orange and red areas are areas with high levels of serotonin. And green and blue, less activity. So what you see is there is less serotonin in a person's brain with PTSD. And what we would expect to find we actually find, which is more depression and anxiety, which is associated with low serotonin, as well as learning and attention difficulties, as well. It also affects things like mood, appetite, and sleep, as well. That's brain chemistry.

The next slide allows us to look at brain structure.

And on this slide, again the normal controls on the left side, PTSD on the right side. And on the bottom you'll see a close-up view of each of those CAT scans of the brain. And encircled is the hippocampus in each of those individuals. And what you see is a radically different size of the hippocampus in a person with PTSD, much smaller than the normal control without trauma. So this is in an adult. And our general understanding of neurological development is that in an adult brain our brains are much less influenced by learning and environment because it's thought to be already developed, whereas in kids, because they're still developing, it has an even greater responsiveness to the environment. So it's striking to see that even in an adult, trauma ends up radically changing the structure of the brain, particularly in this case the hippocampus. And as I mentioned earlier, the hippocampus is very important in learning and memory. So you would expect for a child who has trauma in their background, that's had this kind of impact on the brain, you would see trouble with

memory and learning new things, which is exactly what the research shows.

So I just wanted to give you all kind of a quick overview in those slides to make the point that trauma again isn't just a psychic injury. It's actually a brain injury. And it changes the electrical functioning of the brain. It changes the brain chemistry, and it changes even brain structure.

On the next slide, I also wanted to just list just kind of the general areas where we see trauma impacting function. So when the brain is doing what it's doing and turning thoughts and emotions into behavior, that's what we're talking about in terms of functioning. So with kids with trauma, what we see when they have, when they function in life, we see learning and attention problems are significant in kiddos with trauma. We see impaired impulse control. Many of these kids have sensory issues. We also see a lot of relational or attachment problems, which we're going to talk about in a little bit. We see a lot of emotional dysregulation. So their ability to understand and particularly control their emotions is much diminished when kids have trauma in their background.

And then one of the more problematic things we see both at home and in the school environment is an increase in aggression and self-destructive behaviors for kids who've experienced trauma.

So that's kind of the brain impact and the functional impact of trauma that I just wanted to help folks understand, whether you're a parent or a teacher, that when adopted or foster kids who've had this in their background are having these kind of difficulties, it's not just that they're not trying or that they're spoiled or just that they've learned bad habits. There are some actual brain changes that drive many of the problems that we see. And my hope is that that helps us understand them better and have more compassion for those struggles.

So the next thing I wanted to talk about is neglect. A lot of people when you think about on the next slide, when we think about neglect, what we're talking about is basically a failure to adequately provide for the needs of a child. Most often, this is in the realm of their physical needs, so either providing enough food, environmental safety, or medical treatment. But also emotional needs. When those needs aren't met, that's what we call neglect.

What a lot of people don't know is that neglect is actually the primary reason that kids find themselves in the foster care system for sure. So in this next slide, I wanted to show you some data that was collected back in 2010 and 2011 from across the country about why children enter foster care. And what you'll see is that top bar represents all the kids that neglect was the primary reason they entered foster care. And it's 4-5 times greater than even physical abuse or sexual abuse, which is the things we often think about when we think about why kids need a new home, whether it's foster or adoptive. But actually neglect tends to be the bigger issue. That's why I wanted to spend some

time talking about how neglect affects a child both in terms of brain structure, as we talked about before for trauma, but also in terms of functioning.

So to introduce this topic, I actually wanted to show a video. And I'm hoping it's working on the next slide. There should be a link to the video. Can we try to run that? It's called the still face experiment.

>> WILLIAM EISERMAN: I don't think that's going to work. I'm sorry.

>> SHELLY BERGERON: Can you try to just click on the slide? On the still-face experiment? It should bring up a play button.

>> WILLIAM EISERMAN: Yeah, it isn't working. I'm sorry.

>> JON BERGERON: That's okay. What I would encourage you guys to do is when you get a chance, Google that. It's called the "still face experiment." It's done by a guy, Dr. Tronic, who was looking at the impact of reciprocity of responsiveness between mother and child. There is a video of a mom who is bringing in her well-adjusted child, who is taken good care of, and what she is instructed to do is just not respond to the baby's actions. Just to have not an angry or a depressed face, but a flat, unresponsive face.

And what you see is child begins to react quickly and becomes very very disregulated in a very short amount of time. They only do it for a couple minutes in the video actually. It's tough to watch. Even though the mother isn't doing anything mean to the child, it feels really mean. The poor kid is so upset just because he can't get mom to respond to him. To me, I would like to show that video, and I would like for you guys to look at it because it gives us a good feeling for what these babies and ultimately as they get older what they experience in neglectful homes, which is an unresponsive parent, which puts a tremendous amount of stress on their developing brains.

So on the next slide, these are some scans for children that have experienced severe neglect. These are from a study of kids in Romanian orphanages back in the '80s or '90s, I believe. And the brain scans are of children around 3 years old. On the left is a normal brain, and on the right is a child who experienced extreme neglect. By neglect, we're not talking about a lack of feeding or medical care. Because these kids were often raised in hospitals or medical wings of orphanages, and got plenty of food and medical care. But they weren't held or talked or picked up and rocked. What we see is a significant impact on brain development. The brain is significantly smaller than a child who gets the normal interaction that a baby gets from being in a family where they're talked to and picked up and held and moved around and responded to.

The next slide is kind of a similar message in that this looks at brain activity. And on the top we have the top row is different frequencies of brain scans. And on the top are institutionalized kids, and on the bottom are kids who have never been in an institution.

And what you see is the red and the orange representing brain activity is a lot less than in those institutionalized kiddos, which is part of what helps the brain wire itself. In a child the more brain activity, the more brain development we see. And this is why stimulation is so important, talking to and playing with kids, having a rich environment. So when those kids are neglected in the institutions, what we see is a significantly diminished brain activity. And therefore brain development.

So I just wanted to again show you a couple of pictures to help you get an idea of this kind of experience that affects brain development and brain functioning is what our kids from foster situations and from orphanages and other adoptive situations often experience because of the trauma and the neglect that they experience.

So let me move onto attachment. And give you kind of an overview of that. And what we're talking about here in attachment is what we call the afunctional tie that one person or an animal forms between himself and another specific animal or human, and a tie that binds them together in space and endures over time. That quote is from Mary Ainsworth, who is one of the early and premier researchers in attachment. And this is another area where research has really exploded in the last 10 or 15 years. It's helped us really understand what's going on with kids from tough places.

>> WILLIAM EISERMAN: Jon, I think I'm able to possibly play that video now if you would like to try that. Or if you would like to proceed, that's fine, too.

>> JON BERGERON: That fits in well. If we could go ahead and play that, that would be great.

>> WILLIAM EISERMAN: Let's just see if this works. If it does, it does. Let's see.

>> JON BERGERON: Give it a try.

>> Babies this young.

>> JON BERGERON: I hear the audio.

>> WILLIAM EISERMAN: Are you seeing the video, Jon?

>> JON BERGERON: No. I'm seeing just a still of it. I heard the audio for a second.

>> WILLIAM EISERMAN: Okay. All right. Never mind. Sorry.

>> JON BERGERON: (Chuckling) No problem. Thanks for trying. If we can go to that next slide that talks about attachment and its legacy, I wanted to give you a quick overview. It looks like the text is a little messed up. But there are a couple of things to know about attachment and its impact on children. Number one is these early

attachments, these connections between child and caretaker, typically mom, they lay the groundwork for later development. So in a lot of ways, the things that we saw in those brain scans are also affected by attachment. And this is one of the reasons that we see so many problems in kids that have been moved from foster home to foster home. Because even if they've had good, generally healthy situations in foster homes, if they have to break and reform attachments, it ends up interfering with their ability to develop. Because attachment is one of the key factors in healthy brain development.

Secondly, the legacy of early attachment is reflected in children's relationships with others, their self-regulation, and their emotional openness. So meaning the quality of attachment and their attachment experiences lays kind of a grid for future development of relationship and even their own relationship with themselves and ability to handle emotions and understand emotions and others. Which is one of the things we see in kids even when cognitively they function at a very high level often on an emotion and relational level they have much more difficulty than their peers when they've had these early attachment issues.

The third thing I have on that slide is children form internal working models of their attachment relationships. And so on the next slide I'm going to talk a little bit about what I mean by internal working models. So in a securely attached kid, the kind of working model, and what we're talking about is kind of their structure or basis for how they understand themselves and other people. And for a securely-attached individual, what they see around, and the way they see their world is that they expect to have a responsible and loving relationship with a reliable person in their life, their caregiver. This is kind of what they expect to happen. And they expect this as an infant and that grows into other relationships and situations as they get older.

They also have kind of this internal sense of the fact that their self has a worth. They're worthy of love for others to care about, be attracted to, and enjoy being with them. That's a typical child without trauma or neglect in their background with a healthy attachment.

On the other side, we have kids who are insecurely attached. And so what they end up developing is this model of the world around them as dangerous. That instead of seeing other people as generally responsive, loving, and reliable, they see other people as potential dangers or threats in their life. Secondly, because of that, they tend to treat others with great caution. And so their willingness to connect with and engage with others is much less than kids without trauma and neglect and attachment issues in their background.

Thirdly, what they develop is a sense of self that is ineffective and unworthy of love. So even when they're in situations like a foster home where they're loved and cared for, they have a hard time receiving that, because it doesn't fit this model. They see themselves as not worthy of being loved and that they're not going to be able to

accomplish anything in life. They're going to be ineffective. So you often get kids who are resistant to loving interactions and are convinced that because they can't succeed they don't even try.

And then finally, part of this internal working model for insecurely attached kids involves the fact that these assumptions that we've been talking about are stable, enduring, and difficult to modify. While a lot of us might think is that love is all it takes, that is a key component to helping these kids heal, but it tends to take a very long time and many, many experiences of safety and love and care to begin to change these beliefs that they have internally.

Again, I know this is a quick rush-through of a lot of complicated, but I think important research. But I wanted to give you an overview again of what trauma, neglect, and attachment issues affect the developing brain, which brings us kind of to the next slide and the intersection of this particular talk. How does that then intersect with dealing with deafness?

And so one of the ways I like to think about this is this kind of progression that I've put on this slide where in children with trauma and neglect and attachment issues, we know that healing from that comes through learning to trust the caregivers and the people in their life. And so this is one of the primary, if not the primary, goal and challenge for foster and adoptive parents, as well as school staff, teachers, and administrators that work with these kiddos.

Secondly we know that trust is built through connecting with these important people in their lives. And so for trust and development, these kids have to get to the place where they can connect and feel a connection and beginning to attach to the safe people and the loving people in their lives. So where deafness comes in is in this last box where connection comes primarily through communication. Some of that communication is certainly non-verbal. So physical affection and touch and sight. But a lot of that communication generally comes through verbal interactions. So when you have a deaf child who is struggling to learn to trust, communication becomes even more important for developing that connection that allows them to begin trusting the individuals in their lives, which is the key component to the healing process.

And so on a practical level, my encouragement to parents is that the time and energy you spend in doing whatever it takes to communicate with your child so that you guys can connect is the most loving and best thing you can do for your kid. And that can be tough as parents who knew nothing about deafness or sign language but went through the process of learning over many years, it's hard. I think it was a lot easier for my wife because she's probably smarter in language than I am. But we both struggled at times. And we had to deal with, you know, a lot of feelings of embarrassment and feeling dumb a lot of the times, because when we were around deaf people they could communicate and we were the ones who couldn't. But that struggle was a key component for both of

our boys, because it allowed us to communicate with them and therefore connect with them in ways that I know families who weren't able to communicate really struggled. I want to encourage parents if you're going to address all of those issues that we talked about earlier, communication and language is a key component of that.

So the next slide, I also wanted to kind of talk about some of the unique challenges that we see when you add deafness to the picture of attachment and trauma and neglect issues. Number one, teaching language in the context of that disordered attachment gets more challenging. Because, you know, in a deaf child one of the key things we're wanting to develop and build is their language. And for a child who doesn't have a healthy attachment, they're far less motivated and often very resistant to the very basic things that allow language to develop, such as focus and attention and interaction.

Secondly, stress levels in kids in with trauma and attachment issues makes teaching them and helping them learn very difficult. They often experience a lot of confusion and frustration. And then thirdly, these kiddos can get very isolated, but so can their families when those struggles, particularly those behavioral struggles come up.

So that's just a quick overview of some of the things that as a professional and personally I've seen that deafness and foster care add to the picture. I'm going to hand it back over to my wife and she's going to talk about how we can address some of those challenges.

>> SHELLY BERGERON: Yeah. If you could go to the next slide. Sorry for the technical issues. At the end we'll give you our e-mail, so if you would like to see copies of the slides, let us know. We've just got a few minutes left.

Developing partnerships is one of the things in working with families, whether you are a family or you are a professional right now that's listening, you need to be aware and recognize these unique experiences in a family who is fostering or adopting. It is not the same thing as having a biological child. It is ideal and best if you do not say that you do understand if you have not fostered and adopted, because you don't. We would really encourage you to say we're trying to understand. Or I had a child who was really colicky, and trying to assume that is the same kind of thing. Because the connection and feelings are not the same.

Also to recognize as you're working with these families that some of the ways you typically work with a child or work with a family is not going to work. Often working with these foster and adoptive children is different. And sometimes you need to come up with new ideas. Often that means asking the families what do they think will work. What do they think will work to connect with that child. Because they probably know and have experienced some different ways that are going to be successful that have already been working with that child. Don't be afraid to ask them. Also, you're probably going to need to listen a little more to the families. They might just need to vent or

express frustration. It can be very tiring. And sometimes you need to do it the other way and push them to talk because they may not be able to communicate everything that is going on. Being a parent is tiring and then you add in these other things, it gets a little more exhausting. And sometimes they might just be burned out and they don't know what to ask. They don't know what to ask for. So feel free to take the initiative to try and connect and maintain a relationship with those families, because they might not have the energy. And if they seem to be pushing you away, I would keep trying. Don't give up on that.

So on the next slide, our last slide, it's talking about support. There is a lot of different ideas and ways of support of course. Here are just a few of them. Obviously events. If there are events in your area for families that are deaf-focused events. Hands & Voices And Guide By Your Side, EHDI, deaf resources, whatever you have available, I would encourage you. If you have a guide that is also an adoptive parent, that is really an ideal situation because they can understand a little better. And that fits a lot of the categories of support that we're talking about.

There is also adoption-focused support. So depending on where the child is adopted from, if they're adopted from the state, they might have resources for children with disabilities. They might have respite support, family support, and so trying to get the family familiar with adoption-focused resources is really helpful. You might try to check in with the state, with the family, if they know any. And if they don't, that might be something you can try to help them with.

Also, deaf focused, like we just talked about, deaf mentor, guide by your side. There are also just support groups in general. Here we help to do a support group in Austin for families who have deaf adopted children. And we also through our church have done some support groups with families who have adopted children, not necessarily deaf. But these are things that really are very helpful to the families. These are things you could encourage the families with, as well, to try and research and find some of these. And sometimes they're again, they're just too worn out. So if you have the time to do some of the research, to give them access to some of these options, these are a huge help to families practically.

And you also can look for if the child is adopted through the state, there are state post-adoption resources, and these are things you might be able to find on your local state website.

So I think, we tried to get through that pretty quick. In the last slide here are e-mails, if you would like to contact us. If you want a copy of the slides or have any questions, please let us know. We've got a few minutes left if there are some questions.

>> WILLIAM EISERMAN: Thank you. I have just posted the slides in that window that you see on your screen now. So anybody who would like to download those can.

They're posted as a PDF. And I'm opening up a questions link right now so that if any of you have any questions or comments that you would like to add to today's presentation, now is a great time to do that.

Janet DeGeorges is asking a question. Can you share from your own experiences some of the primary differences between adopting internationally and within the U.S. or domestically?

>> JON BERGERON: Sure. I think I can field that a little bit. For us, the international system, the whole process is actually one thing is it's more expensive. Way more expensive. But also, depending on the country kiddos come from, you can have a wildly different environmental setting. There are some countries where kids are in their adoption systems taken really good care of. Probably the best example is Korea, because they're a much more developed country. And some organizations got in there early and they do a good job. And most of those kids are in foster homes rather than in institutions. Some of the roughest places that I've seen and heard is kind of some of the African countries or any country that is just really poor, when there is little infrastructure, those kiddos end up in really tough situations. And what we see is that the longer a child is in an institutional setting, often the more of those brain impacts that we were talking about earlier occur.

So comparing that to the U.S., on average, we do as good a job as about anywhere. Maybe the best in the world. But it's still not a family. And so you're still going to see some of the similar effects, but probably not as severe in many situations.

>> SHELLY BERGERON: I'll also throw in is intonation is so different from our own experience. Our oldest son came to us at 14 and he had been institutionalized his entire life. The information they provided to us from China was not as accurate as what we got from the U.S. There are much better resources available in the U.S. than compared to what is available internationally.

>> WILLIAM EISERMAN: The next question is do you have ideas of what to request when helping families find therapies or therapists?

>> SHELLY BERGERON: Good question.

>> JON BERGERON: That's a great question. I encourage parents to interview counselors any time. But especially with kids with these kinds of issues. You want someone who has specific training and experience if they're available. Because the internal dynamics and psychological functioning of these kiddos really is fundamentally different, and I've seen a lot of really well-meaning counselors and therapists who either don't help much or can actually make the situation worse when they don't understand, especially the attachment issues and how those things play out. So I would say experience and training specifically in trauma and attachment and experience working

with foster and adoptive kids are things you want to look for in a counselor.

>> WILLIAM EISERMAN: We have questions coming in at a fairly rapid pace, so I'm going to keep us moving forward until we get to the top of the hour. The next question is I am curious to hear what types of resources are used for addressing the damages in the brain.

>> JON BERGERON: Well the primary resource that we use to address that is actually the family. Of all the progress and advancements that we've made in medicine, you know, healing the brain is one of the things we don't do well. But in a developing brain, the best thing you can do is put that child in a stable, secure, and I would say equipped and trained environment. And so that would be my number one thing. The family is the healing agent. And secondly, educated and experienced counselors and professionals that can help and equip that family would be the other thing that helps these kiddos heal and develop and sometimes catch up in development.

>> WILLIAM EISERMAN: The next question is I'm looking for resources for my internationally-adopted child who has Usher's. Do you have any suggestions?

>> SHELLY BERGERON: I suppose it depends on your state. We have a program here in Texas that we work with the Texas School for The Blind and Visually Impaired. They have some great resources. If you contact me, I can get you in touch with them, and they might have some help depending on what state you're in.

>> WILLIAM EISERMAN: Let's see. Then the next question. I'm sorry, it's very long and it's going off my page. (Chuckling) I'll try here. It reads I provide youth transition service to deaf youth as they prepare to leave school and go to work or additional training. We frequently have students who are in the foster care system who are adopted. Do you have any suggestions for how we can best approach services for them?

>> JON BERGERON: Yeah. I would imagine those kiddos, as we talked about in this talk have some additional challenges from the rest of that population because of the long-standing relational issues. That it's hard to make those relationships and it sounds like these are kiddos who have not made it in a family and are therefore back in the foster care system. So one of the things to look for, I know here in Austin, and I've heard of a number of cities around the country is a greater focus with non-profits working with that particular population of kids. Particularly, what I think is helpful for those kids is if they can find some pseudo adoptive parents or a family that could kind of take them under their wing and mentor them and be that safety net that most kids have as they try to launch into adulthood. So that would be one thing to look at the non-profit world and see if there is a non-profit that is working specifically with connecting kids or families or mentors for them.

>> SHELLY BERGERON: Sometimes that is called wrap-around care. You can try and search that. I would also just add in extra compassion. Sometimes it seems like these kids are doing things purposefully or really trying to push your buttons and irritate you, which is also possible. But I would just say as much compassion and extra time with them as you can is going to make a difference. And to be consistent with them. Because consistency is showing that you're going to stick with them and be there for a while.

>> WILLIAM EISERMAN: And that is a perfect segue into the next question, which is how do you help schools and their staff understand that some of the function issues may be trauma related and to be able to get assistance for that?

>> SHELLY BERGERON: Also a good question.

>> JON BERGERON: Yeah, a really great question. One of the opportunities I've had actually as a professional is to do some training here at Texas School for the Deaf, and even in our other school district. So if you know of a professional or if even you've educated yourself in a way that you could help do some of that training, offer that to administration can be a way that you can help equip those teachers with just some background information similar to what I've shared that helps them, yeah, make that leap from hey this is just a behavior issue to there is more behind it. And hopefully get them interested and curious about educating themselves further.

>> SHELLY BERGERON: Yeah. I would also say to locate information about trauma in adopted children to provide them. One other thing that I actually used to do every school year for our sons, both of them, is to kind of write up a letter about them. When our son, the youngest one, I would write it as if he were the writer, the author. And say here is who I am, here are some of my issues. I was adopted when I was four. I didn't write everything. But it just kind of talked about some of the struggles that he has been through. And we would provide those to all of the teachers and the staff to help them be familiar with some of the things going on with him and how maybe they could work with him. And we've had staff come back to us and say we pulled that out occasionally through the years. That might just be another option to provide to staff, as well.

>> WILLIAM EISERMAN: Great. The next question is are you aware of any resources for families of young adult adoptees who are struggling emotionally and relationally?

>> SHELLY BERGERON: We've had that question before, too. We've had some adoption groups and tried to get some of the kids together. We're not aware of any, I don't think.

>> JON BERGERON: Other than what I mentioned before about some of those organizations that are targeting those, but those are typically for kids aging out of the foster care system. But certainly any type of mentor program would be helpful for these

kiddos. With deafness, that adds an additional challenge. But if there is a program that is about mentoring, that could be really helpful.

>> SHELLY BERGERON: I would even throw in even if there is not a specific program and you know a family or a child that is struggling, if you're willing to jump in and take the kid out once in a while and spend time with them, that's huge for us. We had friends who were willing to take our older son out and that was a huge help for all of us.

>> WILLIAM EISERMAN: Can we do another question?

>> SHELLY BERGERON: Sure. We can do one or two more.

>> WILLIAM EISERMAN: The next one is more of a comment. And this comes from an individual who says that we adopted our son at 4 years of age. We were his 8th home. And he was deemed unadoptable. He had no language and bilateral CIs and no ASL. We have found EMDR therapy amazing. So that's their comment about EMDR.

>> JON BERGERON: Maybe to let folks know who don't know, EMDR is an approach for dealing with trauma that stands for eye movement, desensitization, and reprogramming. A lot of folks have found it helpful. I haven't heard of any particularly deaf or hard of hearing kids that have used it, but that's good to hear.

>> WILLIAM EISERMAN: The next question is a brain-related question. Are you ready, Jon? I'm interested in the brain information you shared. Is everyone's amygdala and hippocampus the same size when they're born?

>> JON BERGERON: No. Like all parts of our bodies, there is some variation there. But like everything, there is a range of kind of normal to abnormal. And in those studies, what we see is the size is out of the normal range. So it's not just a little bit smaller, they run the statistical tests and find it significantly smaller than it should be. And it is in 99% of the population.

>> WILLIAM EISERMAN: And for a final question, how do you help a child cope with attachment issues when their ASL communication is not developed yet?

>> JON BERGERON: Well, I think in the question is my first answer. You keep working really hard to develop their language. Because that is going to be one of the keys in terms of helping them cope. And then outside of that you use all of the other tools you have of non-verbal communication.

So using picture books and just non-verbal communication that expresses connection and whatever method you can use. Touch. Are the ways that you try to connect with that kid. There's a lot to be said about just being with and being responsive to the child as that language is developing. And so your presence and your not just physical presence, but your emotional focal presence is really important.

>> SHELLY BERGERON: It's definitely good to go back and see if you can watch that still faced experiment. That will really show you why that is important.

>> WILLIAM EISERMAN: I would like to ask one final question of my own. I know that when we talk about children with various challenges, we can often emphasize so much the challenges and hard parts and not the unique joys. And I would like to see if you have any remarks about what has been particularly unique about your life experience that you attribute to having adopted children who are deaf that you want people to know about, as well?

>> JON BERGERON: I would say one of the things that I really appreciate is that it's brought us into worlds that we would never be a part of. So one would be the obvious we're now very much a part of the deaf world, and love this culture and the language and the people that we've gotten to meet through that, because we've adopted deaf children. The other thing is just the cultures they come from, particularly our son from China. So we got to appreciate and learn about China and Chinese culture. And so those are just really fun, neat experiences that we wouldn't have had otherwise.

>> SHELLY BERGERON: And to be honest, we often say that if our boys were not deaf we would never have had them. So we love who they are and that's what makes us a family. So without them being deaf, we would never have even met them. So we love the adoption world, is the Deaf world, and both of those are things we never would have been a part of if we hadn't jumped in.

>> WILLIAM EISERMAN: Yeah. Thank you for all that you have presented today. This webinar has been recorded and will be posted on the Hands & Voices website in the next few days. The presenters' e-mail addresses are on the left there. If your question wasn't adequately addressed, they would be happy to answer you that way. And in the center of the screen you'll find a downloadable file with the slides from today, as well. I apologize for the technical glitches and some of the ways that the slides were not exactly accurate to what they had prepared.

Thank you to our captioner for your services today. And I wish everybody a good day.

>> SHELLY BERGERON: Thank you, good-bye.

>> JON BERGERON: Thanks.

(The presentation ended at 2:07 p.m. Eastern Time)