

152. Gabriel Lomas: Working with Deaf Children in the Playroom

Welcome to lessons from the playroom. In this podcast, Lisa Dion will help you explore the little things that make a big difference in play therapy. Lisa is the founder of Synergetic Play Therapy.

You know, sometimes therapists get all caught up trying to study big theories and mastering techniques to help children like me. But sometimes it's the little things we show you along the way that make the biggest difference. Join Lisa as she teaches you some of the little lessons that children are trying to communicate to you so that you can help us in the best ways possible.

And on behalf of all the kids you work with, thanks for listening and believing in us. Let's get started. Hi everyone.

Welcome back to this next episode from the Lessons from the Playroom podcast. I have with me a very, very special guest and we are going to be covering a topic that has never been addressed on this podcast series before. And honestly, I've never actually heard addressed even at a Play Therapy conference.

So when I think about the topic and the conversation we're about to have, I am so blessed to have our special guest with us. So let me go ahead and get us started and for those of you that are like, what's the topic? We are going to be talking about working with deaf children today and I have with us to help us out with understanding this population, I have Gabriel Lomas. And for those of you that are not familiar with him, let me share a little bit.

He's a professor and program director of counseling programs at Galvade University in Washington, DC. He's been an RPTs for many, many years and is the immediate past president of the New York branch of the association for Play Therapy, which is where we first cross paths. Gabe performed assessment and treatment in over 2000 child welfare cases, including hundreds involving deaf children or deaf parents.

He is the co editor of the book Deaf People in the Criminal Justice System selected topics on Advocacy, incarceration and social justice, as well as many journal articles and book chapters in the field of counseling and psychology. He is a popular expert witness in courts across the nation where he consults on issues related to assessment and deaf people. Hi Gabe, thank you so much for joining for this conversation.

Yeah, hello Lisa, thanks for having me. Yeah, thank you, first of all for being a voice for this population and for joining me so that we can educate play therapists around deaf children. And I'm curious with that, how did deaf children come to hold a place in your oh, well, thanks for asking.

I am what they call a coda. Akoda is a child of a deaf adult. So I mean, technically my mother is not deaf.

But codas embrace people. If you're raised in a household where somebody is hard of hearing. My mother was profoundly deaf in one ear.

And so I was raised by a hard of hearing mother, Codas. There's actually a professional organization for Codas, and they are typically people who are very fluent in sign language. So I did not initially grow up with sign language, but my oldest brother had a deaf daughter.

His first child was deaf, and she really needed sign language. So when I was just, like, in my preteen years, I began to learn American Sign Language. And now, as an old man, I am very fluent in sign language.

Typically, most deaf people would say that I have native fluency, but I don't know that I quite always hit that target every time I'm in communications with deaf people. But that's kind of how I grew up with it, my background with it. I'm fluent in it.

And I never really thought it would help to define my career. But in some of my early work, early jobs, people said, if you know sign language, you need to be working with deaf kids, like, there's a need, and it just a light went on, and I began to do that work, and I've kind of made it my career path. Well, thank you for making it your career path.

And with that, will you educate us a little bit? What do you feel like we need to understand or know about deaf children before we even get into how to work with deaf children? What do we need to understand? I'm glad you asked, because I think that there's some foundational pieces that people do need to know before they really consider. Sign language in and of itself is not really the end all, be all for being a play therapist to work with deaf kids. There's so many other components to it.

So I just wanted to kind of share a little bit about what is it like to be a deaf kid. And I think some important facts to know are that 90% or greater, I mean, there's research on this, and sometimes the statistics vary. Sometimes you'll see.

But in general, at least nine out of ten deaf kids are born to hearing parents. So why is that important? It's important because most parents are expecting a hearing child, like, typically developing without any kind of disability or challenge, and so they are shocked oftentimes. Sometimes deafness is identified late.

There are newborn hearing screenings that are done in every state, and so with efforts to try to identify early, but sometimes those are flawed, and it is improving the identification. But if you just imagine, like, having a deaf child and not really knowing where to turn so what happened historically is that a lot of deaf kids really experience what we call in the field language deprivation. So if you can only imagine Lisa being a young child, wanting to communicate, feeling this drive to tell people I'm hungry or I'm upset or I hurt and not having any way to say how you feel.

So that has been sort of like the challenge in the field historically, and it continues to be a challenge in the field. And I hate to .1 of my biggest loves in the field is integration of behavioral health with medicine.

But really, the field there's so much misunderstanding in the field. A lot of healthcare providers who work in the hearing industry audiologists, ear, nose and throat physicians often misinform parents and tell them they should not be exposing their child to sign language. And when parents hear that, they take that to heart oftentimes and have this hope that the child's going to learn speech.

And there's just so many complications around that. With what kind of stimulation does your brain get? Even with the hearing aid? It doesn't always get the stimulation it needs. And so what happens is it delays language access and it has really horrible consequences for deaf children.

I've seen deaf children before who have no language when they're young and they need stimulation. And so they will often become aggressive. They may pull your hair, pull their hair, assault you.

And so a lot of times when people ask about behavior dysregulation, I want to see the medical workup. Is there hearing loss? And especially if the behavior dysregulation is accompanied by a speech impairment or something like that. We think my first instinct is like, do we have an audiogram? Do we know if the child is hearing everything? Because if they're not, that may be the source of the dysregulation.

So there's a lot of complications that kind of come with the early experiences of young children who are deaf. I'm curious, what do you think is going on with the recommendation to not support these children with sign language? Well, I think that there's political pieces to it. There's people sort of develop camps.

We need to have an oral and oral camp. And that's where most of the medical industry resides. And then you have Deaf and Hardy hearing adults and their national association, the deaf, different interest groups who say there's nothing wrong with using sign language and we should be endorsing that.

So they've got this visual or manual camp. And I think for me, as a professional in the field, my camp is where the child is at. I want to promote language development in all children.

And I just know from clinical experience that when a child learns to hear, they will begin to develop speech and they will drop the sign language. The sign language does not impede the growth of spoken language at all. But there is this myth in the field that it does, and they use that to sort of weaponize the field a little bit.

And parents who are unknowing feel like that I should listen to my physician, and it has really harmed children overall in their ability to develop. Yeah, well, I'm even imagining as a child there's just the felt sense of how come someone's not just seeing me for who I am right now and what my ability is or isn't right now? And why is someone expecting me to be different versus joining me in my world as I am? Right. At least you can probably imagine.

Also attachment, parental attachment. Moms and dads and family, they want to just connect so much with that baby. And that's part of human development, right? Attaching and I think there's a lot of anxiety associated with like am I communicating? Am I attaching to my baby? There's a lot of, I guess, some effects that are direct and effects that are sort of secondary and tertiary that we don't always think about.

Psychological impact of having a deaf child. So these children that are deaf, where do they go to school? Where do they get their supports as they grow up? That's a really great question, and it may take a little bit of an extended answer. Historically, deaf kids have gone to residential schools.

Every state has at least one residential school for the deaf, and they are exposed to really a beautiful community where they've got teachers, dorm, supervisors, school administrators, coaches. These children have gone from not being able to participate in their community to have full language access to a community. So historically, residential schools for the deaf have been really just havens of deaf culture.

So I think that has really been a wonderful place. Ever since the passage of Public Law 94 142 for establishing special education in public schools in 1975, we have seen the diminishing of residential

schools. Public schools are required to offer service is to all kids, regardless of ability, and there's funding that's attached to that.

And so school districts tend to want to hold back kids if they can manage to do so. So enrollment at residential schools has declined. And on some levels perhaps that makes sense if they're doing a really good job with it.

But on the other hand, they're mostly not doing a good job with that. We see a lot of deaf kids who are the only child in the school. And so what happens is a sign language interpreter follows that child around all day long.

And you can only imagine, Lisa, that this child has no friends, doesn't really have the ability to reach out to people, has a hard time having access to any kind of extracurriculars. I think that while that's perhaps wonderful that they can gain access to their local school and have access to that curriculum in the long run, psychologically and socially, we're doing a disservice by not putting them into a natural community. So today there's still this controversy in the field because we still have residential schools that are alive, they're not thriving in general.

Some of them might disagree with me because some of them are doing okay, but most of them really are declining in their enrollment. And public schools are increasing their enrollment. And the models they're using kind of varies a lot.

Some of them do cluster their deaf kids together, and I'm a big advocate for that. So if you've got a public school that has 30 or 40 deaf kids, now you've got a peer group, right? And now deaf kids can have friends, and they can learn jokes, and they can learn humor, and they can learn how to navigate difficulties in the world. Like, oh, somebody's bullying me.

So now there's vocabulary that goes with that, and there's social emotional learning that can occur in a natural sense. When you don't do that, when you push them into public schools with interpreters and they're alone, I think that there's greater risks that are associated with that. But you're asking whether it's kind of mixed.

It's kind of mixed. Lisa, if you can allow me to expand on that a little bit too. Residential schools, I think are wonderful, and I would support them to the end.

But in general, residential schools and I'm not talking about deaf schools, I'm talking about all residential schools. So think about military schools and higher socioeconomic private schools and very specialized schools, behavioral schools. When you have kids sleeping at the school, then you also have staff that are there at night.

You have less professional staff there than what's typical in the school day. And so you have greater risk, greater risk for abuse and bullying and other challenges. And so some of the residential schools have closed their dorms, the deaf schools, because they have had those experiences of abuse.

And it's very sad. And that sort of paints part of the picture of the deaf experience as well, because when there's only one school in the state and these kids have to attend that school, and there is violence at that school or there's perpetrator at that school, it's really difficult to escape that. They can't move you.

And sometimes they have very limited options on moving a perpetrator, especially if the perpetrator is a child. Yeah. Yes.

I'm sorry. It's getting heavy. Well, I'm so grateful that you're sharing this because I think as play therapists, we need to be thinking about this and we need to get more curious.

As you were speaking, one of the curiosities that really hit me was, oh, my goodness, what COVID the pandemic must have been like for this population. Just an even potential greater degree of isolation in many ways on many fronts. Is that something that's my mind making an assumption, so I want to check that out with you.

But I would imagine pandemic would have been really challenging for this population. Yeah, I mean, I think for deaf kids, getting to school is usually a place where it's rewarding for them, the social piece. That's their only place where they can really sort of have these conversations.

And you think about at least that they're learning values from their peers and sometimes from the school staff, values that maybe they agree or disagree with their parental values, but their parents can't have some of these tabletop conversations and so at home during the pandemic. I think that the kids who are in the secondary grades and who just had hearing loss and are just deaf and don't have additional disabilities, I think they may have sort of had a similar experience to those who were nondisabled. Like, oh, I'm kind of enjoying being at home because I can get on my social media too, and I can see my deaf friends.

But the younger kids really suffered a lot because they don't have that peer group and they're just alone at home. And you can just imagine those teachers trying to go up on the screen trying to get their attention. And it was really, I think, challenging.

And I think that the consequences are still being waived right now. Well, that's what I was thinking of. Even someone who has formed a relationship with an interpreter or someone that's a support system to them and then all of a sudden not being able to have access in the same way.

I mean, I know there's access through the computer, but that would have potentially been challenging as well, right? Absolutely. Yeah. So are there any other pieces before we move into as play therapists what we need to think about or we need to consider with deaf children? Are there any other pieces that you want to make sure that we understand? Yeah, I mean, this can also kind of go towards therapy part if we want to talk about that a little bit in a minute, but maybe it'd be a good transition.

And Lisa, I don't mean to be a downer, but I want people to know. And so that's why I love that you have me here today so that I can talk about some of the dangerous sides and some of the things that people should be looking. And what comes with language deprivation is also this lack of information.

And now there's no research on this, but there is publication where we use this term flood of information. And just think about it for a minute, Lisa, you and I are hearing without disabilities, and so we are constantly being bombarded with know, perhaps we have devices in our home technology, and it's taking in material, and then it feeds us back what it thinks we want. So on your phone, in your car, out at a restaurant, at the mall, information is just coming at you left and right.

So much so that we, as in the behavioral health field, we encourage people to disconnect a little bit because it's better for your mental health not to be so bombarded with information. On the other hand, deaf kids, really, that's the biggest challenge for them is they do not get any of that information. Let me just kind of give you a quick scenario.

If we go back to that typical kid who I mentioned before at the beginning, 90% of deaf kids are born to hearing parents. So let's say that they're at home and the family is having a family dinner like we hope families do, right? And so then they've got two parents and they've got kids around the table, and one of those is deaf. So all kinds of things are happening at that family dinner.

Maybe there's an adult conversation about planning for a vacation and maybe planning for a purchase of some sort. And maybe there's a car honking outside and maybe a bell goes off to signal that the food is

hot enough or there's all kinds of auditory stimulation that you and I sort of tune out, but we recognize that it's there to give us cues. The deaf child is missing all of that.

And embedded in that are our values. Like mom and dad are talking about a vacation. So I'm learning that I have to meet deadlines, I have to plan, I have to save money.

And so how do I live my life? I live it through a lot of that secondary communication, just listening to mom and dad talk and make decisions. And deaf kids really don't have that research. Scientists in the field of deafness often call that a lack of fund of information.

Our fund of information is lower now because we can't measure how much information you and I have. There's not a lot of research that would support all that. But I think just anecdotally we don't really need research.

Anecdotally you can just get the sense like, wow, you're lacking a lot of information. And so that plays into decision making down the road. Like, how am I going to handle this conflict? Or I just got into trouble and how am I going to handle navigate talking to the police or talking to a security guard or disagreeing with my teacher? Hearing kids, typically developing kids get this from their peers, they get this from their parents.

They talk about it at home and then they go and they act. Deaf kids don't really have a corpus of information to tap into to make those decisions down the road. So I think that's a huge challenge.

So we wonder sometimes, why would that kid do that? Why wouldn't they do this? They're missing a lot of information that should help them make decisions. So I think that's a big piece. Yeah.

You had said earlier on in the conversation you were sharing too, that in the attempt to express also to communicate some, you might get like anger outbursts or things like that. And I'm imagining also in there that there's a potential missing of what do I do with my emotions, how do I understand my emotions? I'm not hearing someone talk about their emotions. I'm not hearing someone process through and normalize emotions.

I imagine that that could also be an impact too, just on emotional development as well. Absolutely. I'm a parent, I go through my challenges as well.

My kids have reactions, too. And when they have reactions, sometimes I have those nice play therapy conversations for therapeutic conversations, and we say it's okay to do that. It's okay to be angry.

It's just not okay for you to do that. And if you do that when you're angry, you're going to have a consequence. Having those, like, okay, how can I express myself? And what do my parents expect of me when I'm angry? All of that really has to come from their deaf peer group and their deaf teachers, and it should come from parents.

Like, parents should not be discouraged from learning sign language, and they should be encouraged to communicate with their kids and try to use signs as much as they can. And I think overall, Lisa, I mean, when I look at deaf adults who are raised by hearing, parents who are well adjusted, you see that oftentimes the kids are smart and they're able to make up for it later, but they most of the time will look back with some regret. Like, I wish I was closer with my mom and dad.

I wish I knew them better when I was a kid, I was so confused. But there is hope because a lot of them do recover from some of those troubled times, but some do not. So how do we support? How do we help? And I'm asking this as a person that has access to my hearing.

So I guess that'd be the first question. Is it appropriate for a play therapist who's hearing to be the support for a deaf child? I think that's just I want to hear your opinion about that. Well, Lisa, you're giving me an opportunity to say something that I usually bite my tongue on, and I don't say it out loud because oftentimes I'll do workshops, do trainings to people who are hearing.

And really, to me, the bottom line, the lesson is native language is so critical. You have to be able to communicate in someone's native language to do treatment, right? And it's just sort of common sense, right? If I was in another country and I needed help, I would want to be able to speak English, right. I wouldn't want to go to a therapist in another country and have to use an English interpreter and just hope that the message is getting across and hope that I'm understanding that person.

So direct communication is so critical, and it's no different here. American Sign Language is its own separate language. It has its own dimensions, and it is a validated language.

It is not an English representation on your hands. So what happens is sometimes people will say, well, okay, well, I'll be ethical and I'll use an interpreter. And so they'll use an interpreter.

But a lot of times the interpreter is, well, first off, in testing, they're basically giving the answers to the person. So all of your test results are invalid. In most psychological tests, your results are not going to come back valid.

So you really need to have people who specialize in doing psychological testing in sign language to have valid outcomes. When it comes to therapy, I think the dimension of having a third person in the room really causes miscommunications and misunderstandings. So having direct communication with the client, I think is just critical and foundational.

I think every one of the theorists in the field would say, like, communication is foundational. So I think if you have a deaf child, the best thing for you to do is to start to look for resources, like contact your state office of disability services. Most states have a vocational rehabilitation office where they typically have deaf people who have master's or doctoral degrees in counseling and work for the VR system.

And deaf people tend to have their own networks, so they'll say, okay, I don't do that work, but I know somebody who does. Or you may have to take that person to a university, an academic medical center or something like that to get some support. But they will know.

Every state has people who know. And I think it's our ethical responsibility as play therapists to be able to find those places and those people so that the kids get the support that they need. So if I'm hearing you correctly, that yes, that the most ethical approach would be that if I'm going to work with a deaf child, that I am able to communicate with them in their language.

Exactly. That would be the most ethical way of doing it. Second to that, for me to find resources, or in addition to to find resources for this child.

What if I am in a part of the country or part of the world where there isn't help or there aren't resources? Is there a way to do play therapy from your perspective, where we don't need to rely on spoken language, where it can still be helpful? I'm just curious your opinion about that. Well, it's funny because earlier in this conversation, you brought up COVID, and really COVID changed things for all of us. I'm an online professor today because of COVID and I never imagined that I would be teaching fully online therapy.

Telehealth has really expanded quite a bit in the creativity of play therapists is really endless. It's just so impressive, so amazing. So I have been in touch with people out in the field who are competent, skilled, played therapists who work with deaf kids, and for the most part, they have found creative and effective ways to work on the screen.

I wouldn't say that it's the ideal situation. I think probably all play therapists would agree that it's so much better when you can see your client, your patient, in person and be able to work in a playroom. But as an alternative, it's not a bad one to be able to do some distance play therapy.

Okay, so let's go into the therapy process. I'd love to hear more of your insights into the specific therapy work with deaf children or what are some of the pieces that therapists really need to be paying attention to. And then the family I imagine the family system is a really critical part of treatment for deaf.

You know, I'm going to share a little bit about some of the experiences that I had early on, and then I'm going to give you a case example, if you don't mind. I would love that. I grew up in Texas, even though I live in the Northeast now.

I grew up in Texas, and I got a lot of my play therapy training there, really kind of spread out in East Texas and Northeast Texas. So it's probably no surprise to you that I have a child centered orientation. I went to many workshops with Gary Landreth and some of the other legends at University of North Texas, and I got a lot of my foundational training there.

And so I really wanted to use that with kids who I served. And I was a contractor with Child Protective Services. So I had both deaf kids and hearing kids.

But once they realized that I was fluent in sign language, I got pretty much all the deaf kids in like a four or five county region. And child centered play therapy uses a lot of communication with the child tracking that I think is so germane to the model. It's so critical to the model.

And I used to sort of struggle with how am I going to do child centered play therapy with a deaf kid? Because I really need to pull their attention away from their play so that they can see me and understand my communications. So it was really hard, I think, initially to try to make sense. So what I would do is I would not track them at first, and then when they would sort of look up from their play, then I might try to give them tracking comments and statements.

So there are adaptations, I think, that need to be thought out. And I think a lot of the play therapists who are using who know sign language and are working with deaf kids are not embracing child centered play therapy. They're embracing other models of play therapy because of the challenge of tracking deaf kids.

There are challenges for sure. And I think also it's critical for the play therapist to kind of have a sense of the deaf community, the deaf world, like, what is it like to be a deaf kid, identifying the culture and highlighting what might be more culturally laden or maybe rooted in trauma or maybe very typical for a deaf kid. So let me give you a case example, if you're all right with that.

So this was back when I was working as a contractor for Child Protective Services. I got a phone call and a fax, we don't get faxes so much anymore with a case where it sounded urgent.

And there was a deaf child who was wandering the streets of a small town and the police were called. A local single gentleman found her walking by herself and called 911. And a day or two later, they brought her to me to get my opinion.

And I asked them if they had any data, and they said, well, we need to put her in a foster home. We don't have any records. She doesn't talk.

She doesn't communicate. And so I was anxious, nervous that maybe she has other disabilities. If a single male found her, was she sexually assaulted? Was she sexually assaulted prior? Like what was her history? And so they sent me the police records and I had found out that her parents were charged with abuse and neglect.

They were both on drugs and so they were binging and did not care for her for several days. So she left her home to go look for food. And so when she came into my office I had a very traditional kind of office.

It was in a medical tower with a waiting room and the typical sliding glass window and different therapy rooms in the back including a playroom, a dedicated playroom. And it was not surprising to me because here's this little girl who's about six or seven years old, she sees me and I say come on back. And she wasn't signing with me and she was very anxious, she was worried about taking steps to go down.

So sometimes what I would do is I would go back and get puppets and other toys and try to get them to be in a more positive mood as I asked the adult who was with her, can you give me a little something? I'm a CPS employee who is just a driver, I don't know anything about her case so that left me a little scrambled. So I bring her to the back, I get her back to the playroom as she sort of hesitantly makes her way back there and when she sees all the toys, immediately she does what all children do, right? Her eyes get big, she's very happy, very excited and she looks around and Lisa the instinct from the social worker was that she might be intellectually disabled, that she doesn't communicate well. Immediately she starts to sign to me and say what do I do? Can I play? And I'm like this girl knows sign language, she's got good cognitive ability, like she can talk to me.

So oh my know got a big smile and I began to tell her here we play and let's play. And so she was not at all what CPS had described of her and in fact I clearly remember her gathering like some family toys and sitting on the floor and she had this cute dress on and her taking a moment to adjust her dress for modesty. And I thought she's been around some adults who have taught her exactly what she needs to do to be a young lady, you know what I mean? Like she's careful about covering herself, she begins to play, she begins to talk.

And as time goes on, she's talking more and more and more and she began to retell her story. And I'm just a curious adult saying, well, what happened? And all of these little light bulbs are going off. These are my own lessons learned, right? At that point I wasn't really so clear, but it's very clear that removing a child from parents, even though that's a terrible situation and we're helping them, the kids have no idea what's happening to them and a deaf kid has even less information, right? So she's thinking she had done something horrible and they put her in a shelter to sleep and she had no idea where she was and why she was there and what was going on.

And she stayed in that shelter for a couple of nights. And I think she was smart enough to sort of self regulate a little bit, but she was scared. She was scared.

And I had not booked any other clients that morning. It was kind of an emergency session for me. So I stayed with her all morning from maybe 09:00 a.m.

Till about 01:00 p.m.. So we were together about 4 hours. So she played, she drew, we talked and oh my God, she began to open up more and more and more and more and then she began to tell me jokes.

And then at some point about 1130, she says, I'm hungry, do you have any food? Now, we used to keep apples in our office and I said I have apples. And she said I'm hungrier than I had the luck of being in a real, like a medical building. And so on the first floor there was cafes and restaurants that people used to frequent for lunch.

So I said, well come on, let's go downstairs. So we had pizza together. And she opened up to me in ways that I don't think she would have opened up to if I couldn't communicate effectively with her.

So I got this beautiful case history. I had this new picture of a kid who's very bright and very resilient and is probably like a great advocate for herself. So I was able to make recommendations to CPS to get her on a trajectory.

And I feel like it was the effective communication on my part and it was the toys through the play therapy medium that kind of helped build that bridge of greater understanding so that I could get her the support that she needed and she could build a connection with someone who she trusted. Yeah, what a heartfelt story and what a gift you were to her that day. Oh, my goodness gracious, and such a beautiful story to just highlight how easily these children can be misunderstood and how assumptions can be made about these children.

And I think just highlighting that piece that you were saying well, you've been saying throughout, which is that these children deserve to be spoken with in a language or in a way that makes sense to them for who they are and not expecting them to try to adapt to another way of being. Lisa, I want to underscore what you I mean, thank you for reflecting back what I was just saying. That's really but one of the things that I think is so important is we focus as therapists on that piece.

And it's important, right? It's important that we focus on that piece like being a good therapist and kind of knowing what I need to do. But I think for me, as a professor and sort of a consultant at the national level, I have to try to make change in the bigger ways now. And so I try to always advocate for foster parents who are deaf or foster parents who are hearing like me and use sign language parent education program.

And it's accessible. When you look at parent education programs, they're often fairly academic. Sometimes they come with books and workbooks and things like that that may not be accessible to deaf parents or other parents with disabilities.

So making the world an accessible place is really important to me. If you think about child welfare play, therapists work a lot in that field. But there's a whole continuum of services that goes along with, know, CPS, DCF, ACS, whatever your state calls it.

And you've got all these services where there's so many opportunities to be misunderstood, and we want to minimize that. We want to make sure that there's all those opportunities or places where you're understood. We want social workers who can interview parents in sign language.

One of the big problems is law enforcement will sometimes show up and they will say, what's happening here? And the deaf child or deaf teen has no ability to say what just happened. So they look at the other person and they say, well, can you interpret for me? So what they're asking is for the perpetrator to tell the story for the child. And it happens so often, and it's so disturbing to think that this other person who has harmed somebody gets to choose the words for this other person.

And there's so many problems like that in the field that can be addressed, I think, through strategic efforts. And so that's where I want to be now in my career, is behind those strategic efforts to help improve law enforcement and forensic interviewing foster parenting, parent education. So I kind of have my hands in lots of different pots at this point in my career.

Thank you so much, truly, thank you so much for being an advocate out there doing all of that. I have one final question. As we start to make our way towards closing the conversation, as we're sitting here talking about yes, what are the challenges and what we need to be sensitive to and how we see these children hold these children.

I am curious what you feel deaf children's superpower is. What is something that the deaf child has that is one of their strengths that the hearing child maybe doesn't have quite so much. A couple of things come to mind, I think about I feel like silence is my superpower, you know what I mean? Because I can communicate in a way that's silent and yet very effective.

And I think so the same has to go for deaf kids. I have a unique way of being able to communicate with other people, but the problem is there's not a big enough group of people who can engage in that. But I still think sign language is a superpower.

It's amazing. I think also, Lisa, if you think about people who are marginalized, I wouldn't say deaf people are alone in this. I would say people with disabilities, minority groups, to some degree, women in our country.

I think anybody who's suffered something where they've been marginalized throughout their growing up years and they emerge as well functioning, well adjusted young adults or adults, I think that that's a superpower too, because you have no idea. I have no idea what it's like. I mean, I can tell you what it's like to grow up Hispanic in our country, but I have no idea what it's like to grow up black in our country.

And the same, I would say to grow up deaf. So to come out the other side and to say, like, I am strong and I am resilient, I think that's powerful. And we don't know the struggles that they go through, and yet they come out okay on the other side.

So, yeah, just sort of like a deeper sense of resiliency and adaptation to their environment. That's powerful too. Thank you for answering that.

I just felt like that was a I felt I felt called to ask that question just in the midst of all of this because I just couldn't imagine that there wasn't something really profound being developed inside of these children or just something in them that is just really beautifully unique to them. So I so appreciate answering that question. I think deaf kids kind of have to learn that early on.

Like, they're in schools where they're, oh, really? Everybody else can talk and I have to sign. So when they're little, they begin to learn how to adapt to a world that's not like them and that becomes like a strength for them. Yeah.

Beautiful. Gabe, do you have any final words for us as play therapists with regards to how we are thinking about deaf children? Final words? I think be smart in your approach here. If you are learning sign language, then kudos to you.

I want you to learn sign language, but it's not just a matter of learning a few signs, really. Therapy is done at a deeper level. Become fluent, make some deaf friends, go beyond the class, and really learn the language well.

And if you're not there, then I think if there's something that you can take out of this podcast and you want some homework, find out where these people are at. Connect with your state disability services offices or contact a school for the deaf or the state vocational rehab office. Find people who are specializing in deaf and hardy hearing and add those people to your resource list so that you know where to turn to when you get that client.

Awesome. Thank you so much for being you, for doing what you're doing out into the world, for helping so many. Truly, Gabe, on such a deep level, thank you so much.

And thank you for educating us and for being a voice for deaf children on not just educating us, but everything that you are doing. Thank you. Truly, truly, truly.

You're welcome, Payne. Thank you for having me today. I appreciate being here.

Yes. Okay, listeners, my hope is that this really makes you pause and think and consider and reflect. And as always, wherever you are in the world, be well.

Take care of yourself. You're the most important toy in the playroom. Until next time, for more information on our courses and our classes, please go to our website@synergetictherapy.com.com

and check out what we have available to you. And as always, remember that you're the most important toy in that playroom.