

"Incorporating Personal Perspectives into Professional Roles" panel at the 2023 Peer to Peer Exchange

Video transcript

>> FELICA: Good afternoon, I am Felica Turner-Walton and I am the mother of our moderator today, Markayla, who is 11 years old and has autism, and does not need my help and I am just here for moral support.

>> MARKAYLA: We are excited for the panel "Incorporating Personal Perspectives into Professional Roles" where we will have several panelists...bear with me (laughter).

We have several panelists who will share their reflections on why they do the work they do and the importance of hearing from people with lived experience.

First we will hear from Ida Winters and her sons Brushon and Burron.

Then we will hear from Brittany Prince, Dr. Jessica Simacek, Dr. Laura Sorg, and Laniyah Alexander.

Then we will open for questions from the audience for any and all of our panelists.

Now I will turn it over to Ida, Brushon, and Burron.

>> IDA: I am Ida Winters and I am here with my sons Burron and Brushon and I work with the Waisman Center (cheers from audience) in Wisconsin, where I work with Laniyah's mom, Lakeeta, and Felica on family navigation for parents of children on the spectrum and other special health care needs.

I am also the parent of 3 young men, these are 2 of the 3, and they all have 3 different genetic conditions.

I then joined Family Navigation with an official title about 5 years ago but I didn't realize that I had been doing Family Navigation for our own family for almost 18 years.

In my community, I have the nickname as "Google" because I have all of the information (laughs).

And I gotta say the work in North Carolina, I gotta say you guys rocked family navigation and how important it is

We are sitting at the table talking to Lakeeta and Felica about our experience and how important family navigation is and was for our experience.

and getting our children diagnosed and assessed for things like that.

It doesn't cost us or take anything away from us to do the navigation for a family to help make sure they get through the system with their challenges that they need to support.

>> LANIYAH: Hi everyone, my name is Laniyah Alexander.

I have siblings with neuro diverse disabilities.

It's kind of mixed emotions because at first

I was overwhelmed because I didn't understand why my siblings were always stimming or super loud and couldn't sit down

and then 30 minutes later it was so quiet

and they didn't want to be touched.

When my sister got (what is it called, bear with me) evaluated, I was just listening and hearing a question and how she responded, and I understood how all my siblings reacted in the same way in different situations.

And I became an advocate for my little brother when, at first we didn't know he had autism, and so I would record him in situations where I felt he was doing the same things my siblings were doing. and that caused my mom to get him evaluated and we soon found out that he had autism as well.

So all in all, I love all my siblings and they are super intelligent.

It helped me have more patience and be a better communicator.

and be in tune with my emotions as well.

It helped me help my mom with her business and support other children with their experiences.

So I am glad to be a sibling of kids with autism.

(applause)

>> BRUSHON: Okay, I am Brushon Moutry and I'm a sibling of someone with autism.

Basically, it has helped me navigate while working with other children with autism or

developmental disabilities while at summer camps.

Because at summer camps a lot of people don't know how to deal with those kinds of children and sometimes just assume they are bad or acting out, or sometimes it can be a different underlying problem.

Also, whenever they find out it is autism, they usually tell me so I can work closer with them since I kind of understand to support my younger brother with day-to-day things from reminding him to do stuff or different kinds of stuff like that.

>> BURRON: My name is Burrton and I actually have autism.

I wasn't diagnosed until I was close to turning 14.

All my life in school I was in trouble a lot because they thought I wasn't listening.

I wasn't getting what I was told or supposed to do

or the support I needed until

I got evaluated which happened when we were out of school because of COVID.

But now that I am getting more supports, it has worked.

(applause)

>> MARKAYLA: Thank you all so much for sharing your different perspectives

and lived experience.

Remember we will have time at the end for

Q&A with

our panelists so think about jotting down

questions that you want to ask.

I will turn it over now to Brittany Prince.

>> BRITTANY: Hello, I'm Brittany and I'm from Ohio.

I'm the oldest sibling of Jacob,

and he is 24 and also on the spectrum.

If my sister Kristin was here, we would actually

have two different sphiels but I will speak on mine.

My brother was born when I was 11 and was diagnosed

when I was probably 13 or 14 years old.

This was the late 90's early 2000's so when we were

sharing with neighbors and when friends would come

over for sleepovers, the reaction is always "Oh like Rain Man?"

that's what everyone always thought he would be like.

As he grew up, he was not.

That is something I was shocked by that they already had this idea of

what my brother was supposed to be like or something they saw in a movie.

My brother has never needed, to this day,

to speak to me for me to understand him.

It's almost like this weird sixth sense and

I don't know if you have ever felt this?

I have a strong connection to Jacob and I don't

know what he's thinking but I know why he's

doing what he's doing and I understood that as a

young teenager and it built a strong connection

and relationship with him at a young age. That made me
turn into this advocate and interpreter and middleman for Jacob.

This protector.

So if anybody was frustrated or thought he was being
annoying or noncompliant, I was there to explain

"Now actually he's doing this because blank"

and I did that a lot for my parents.

I didn't know the terms and interventions

but I knew him and that stayed with me my whole life.

Being a sibling and my career path definitely intertwined at a young age.

I always wanted to be a teacher,

and when I learned more about the services my brother experienced,

I would get him into speech therapy and at the time,

I was working at a daycare and the woman came into the toddler room

and I asked what she did and she said I am a developmental specialist.

I am an Early Intervention, she told me her role. That is what my family needed.

My brother got early intervention but he had to get on a bus

and go 45 minutes away. And we would put things in his backpack

and my mom would try hard to do these things and when they didn't work,

we would give up because we didn't know what to do.

I knew that is what I was meant to be here for and help people.

A big part of myself as a professional is to make sure

families don't have to go through what my family has gone through,

that if that makes sense? Not only the parents but for the child.

I don't want the child to feel like no one understands them

and cannot connect and doesn't support their uniqueness and embrace that.

I also don't want parents to feel frustrated or

don't understand or doesn't know what autism is.

Gets on the waitlist 10 years too late and waiting
for this waiver, or whatever it is, because nobody told them about it.
We grew up, and as my mom got older and her health declined
so I went through guardianship with my mom
and I took on the family navigator role as well.
When I got my first job at a DD (Developmental Disabilities) board,
I learned about services my brother was eligible for that nobody told us.
My brother went from the ages of 3 to 13 without any service coordination.
Not until I got that first position was I able to tell my mom to do this and go here.
I got her connected to SSA and we were able to open doors.
When I think of the work I do, even though I'm not providing direct services,
how can we help make this lifelong impact past the age of three?
That is a big part of who I am.
A lot of times as a sibling, you guys might hear this too,
oh "you are so brave or strong". I don't do it because I think I'm the best.
You do it because you are their sister and you
love them and you know that is the right thing to do.
I want to be included in these conversations because
you know what is best and you want to fight for it
and there is still a lot to fight for.
It's important to include autistic voices and people
with lived experience because that is going to be where the change comes from.
You can be a professional, you can know about the resources,
and know you care about the field, but when you live it, it is different.
Everyone is nodding their head and
I've met so many people who could be up here with us.
A guard comes down when you are next to someone,
like "I'm with my son on the spectrum or my brother" and it's like okay.

It's just important to be involved in those conversations.

(Applause)

>> MARKAYLA: Thank you, Brittany. Next, we will hear from Jessica Simacek.

>> JESSICA: Thank you for having me here today and invited me to speak as part of the panel.

I'm Jessica and it's great to hear from the other panelists so far and thank you for being here.

I'm at the University of Minnesota and I will go chronologically and I promise not to ramble too much and stay on track.

I had a family that was navigating special education and that is how I got to my professional path.

My PhD is in special education, educational psychology from the U of M.

Probably 15 or so years when I entered the program to provide early intervention to children with autism related disabilities in schools and center-locations.

I decided to pivot and be a little focused on research, so I joined the Telehealth Outreach Center where

I am currently the Director at the University of Minnesota Institute on Community Integration

and involved in the LEND programs and some other great projects and I enjoy working with my team, some of who are here.

I was writing my dissertation with my middle child.

And he was diagnosed with autism when he was just about to turn two.

That was an interesting experience as a professional in the field for a long time, because he was doing some things and not doing other things, and one of my focuses is children on waitlists and supplemental support and the last thing I wanted to do was take a spot on the waitlist.

So I consulted with people I was lucky enough to know

and that was the important part of my journey when I was talking to my son and it's not my job to diagnose him with autism. I found people that could evaluate him, that I trust, so we could take the next step. That is what we did.

When he was diagnosed, I was also seven months pregnant with my daughter, which the universe works in interesting ways.

And my other focus areas of research is supporting families and siblings developing autism. Is a surreal experience.

I'm sure we had a much easier path but it was really challenging that period of time was so stressful and using the information going forward has been powerful and so much of my job had been to support the child. But the family needs support too. Sorry.

>> MARKAYLA: Thank you, Jessica, and our final panelist is Dr. Laura Sorg.

>> LAURA: Thank you so much. My name is Laura Sorg and I've been a family physician for the past 16 years.

I was born and raised in southwestern Ohio and

I am a farmer's daughter, so you will hear me talk a little bit about.

But my claim to fame was that I was the Ohio Beef Queen at the state fair in 1999. (cheers and applause).

I was a farmer's daughter and many of us had people we went to school with and I was introduced to the world of intellectual and developmental disabilities when I was in the hospital system. So many said you have that sixth sense and helping kids in gym class and not knowing that I was ever going to end up as a mom and my kid just turned 12.

I was going to say 11, He's not so little anymore, and he's on the spectrum.

Throughout my career, I was interested in the field of developmental disabilities and really interested in rural medicine and I thought I was going to go back home and help the community in Ohio. and it's really close.

There are like two doctors, maybe 1, in my county, but I was (Indiscernible).

But life happens and There are a lot of things happening in my life.

(Indiscernible)

Through our time and I have a son who will be 15 this summer and a few years later, we had my son Jake, and a few months after he was born and I was asked to consider practicing closer to home because Dr. Applegate, who is now the Ohio Medicaid medical doctor, was stepping down in her role in family practice and they were like do you want practice.

I was like sure, and I have this four-month-old and a three-year-old and life all of a sudden changed.

Again, never knowing that I would have a child on the spectrum. About that time, I knew Jake was different.

If anybody has children, kids are different so. One of my brothers is a truck driver and the other is a farmer, and I am a family doctor, right?

So here I have this little four-month-old and

I realize that his breastfeeding sessions are really short and as he is learning to crawl he is kind of (Indiscernible) and everyone is saying he will be okay.

About age 15-18 months we put two and two together.

He's actually very verbal and he would just sit at church and say the shapes and looking at the stained-glass window and I was a patient

before I was a doctor. so I look at my partner and we do the MCHAT and said he only failed by one we will wait and see again.

How many of us have heard or said "oh we'll wait and see again".

Once we started getting involved in early intervention and the rest is history.

I'm really fortunate and I mentioned this to Brittany, really fortunate that as a doctor I have a different worldview and a privilege and I really realize. and really wish because not everyone can see it from that point.

The longer I'm a physician, the more direct you become.

And so what I want is for doctors and medical students and residents to know what I know.

For them to have that perspective.

Long story short, my kiddo had a million different therapies.

I said he would need therapy for all the therapy.

Last year he said "hey mom can we not do OT and social group"

so he started to make that choice and that

hurts my heart as a mom to figure out the

preteen or adolescent part of him and allow him to

(Indiscernible).

And from the sibling side of things, trying not to

get on my 15 year old every time he is big brothering him,

because this makes me want to cry, is my almost 15-year-old said

"you want me to treat him normal this is how I would treat any sibling".

It is hard because I want to have that protector role and

buffer him from bullies in school.

So this past year, my kiddo comes home and says

"I'm going to run for student council or run for office".

So I am like "okay" and getting him prepared

for if and when he loses, but he gives a speech in front of the whole school

He nails it and wins.

(indiscernible)

But I also realize a lot of that is him and a lot of that is putting him through EI and so many therapies.

Knowing the road and knowing the road map.

Fast-forward, to becoming medical director. I wish I had

something great to say like this has been my life's dream,

but no, Dr Applegate in Medicaid calls me during the pandemic

and says there are people that need help and I'm worried

about those folks and COVID and the

disparities for individuals with fragile health needs.

So I said, sure, I thought it would be on a committee

So the then-Director calls and said I want you to meet some people

and I think you will help them out.

I walked into a job interview and had no clue I was interviewing for a job.

When they ask me to be medical director I started crying

and told my husband I have to do this.

He looked at me like I was nuts.

Our family practice is big. We have 11,000 patients with all the doctors and a chunk of them are neuro-diverse.

(Indiscernible)

But people that others did not believe in are now adults

so the first thing is if you tell me that I cannot see my patients,

then I have to say no because that defeats the purpose.

My husband said I was nuts and he looked at me like I was

nuts because he worked in state government for years and thought I was

insane but I had to do it. So I've now been the Director for 3 years.

It's not without challenges and trying to navigating the room. And I mentioned that because

I am a farmer's daughter. My dad has 7 farms.

Land rich and money poor.

(Indiscernible)

I mention this because I also realize my dad is neuro-diverse.

(Indiscernible)

And how do I help this 70-year-old with cancer navigate this? And I am a person with great privilege.

So I have to tell my dad "hold on, I am going to talk doctor".

And it's great for my dad but not people with nobody to advocates for them, but it's not fair.

I mention all of this because the little girl from the farmer from Ohio

(Indiscernible)

But I am still that girl from Southwest Ohio, just trying to help the people in rural America,

And the folks in inner cities in the folks that don't look like me
or see the same language as me (Indiscernible) I'm sorry for rambling.

I got in at 2 in the morning, but thank you.

>> MARKAYLA: Thank you to all panelists for sharing your experiences.

Thank you for insightful ideas about how can we engage people with lived experience.

Now we will take questions from the audience.

>> PAIGE: I will be repeating into the Webcam.

If you see me sitting on the floor, that is why.

>> (Question from the audience to be repeated)

>> PAIGE: We have a question for Ida and Burron, could you talk to us about what led them down the road to getting a late diagnosis?

>> IDA: I always notice something different with Burron.

First I thought something was wrong but it was something different.

He was advanced in everything so you know those things were easy for him.

But it's just, he is number 3 of my kids and so you are watching closely.

And 10 fingers and 10 toes but I counted 12 fingers and 10 toes.

Things like that and school was always an issue.

We were trying to get diagnosed, and he got wrong diagnoses,

but they gave medication that basically tranquilized him

so we went through this for years and tried IEP's

and every six months reevaluate.

But because he's hindering his learning so he didn't qualify for IEP.

Until he was facing expulsion.

There was a project that started with UW-Madison Waisman Center and Marquette University

and I wound up working for the project

and was in training on screening for autism

and when I got trained I just burst into tears because all of this is him

and I had to work in the system in order to get him

an evaluation and diagnosis 2 days before his 14th birthday.

>> CYNTHIA: Thank you for sharing.

I would love to know more about once you got the diagnosis,
what did that mean in the school setting?

What did that mean for you and just how did you process through that?

And how did you get to the other side, and were you in ninth grade?

>> BURRON: I was in eighth grade.

>> CYNTHIA: Tell us more about that, I am just curious.

>> BURRON: After getting the diagnosis, it didn't change much honestly. It was the same in terms of support.

>> IDA: So he got the diagnosis around COVID time. So he was at home.

Nothing changed but once you are over the age of eight,

really there is no support service available unless you are already receiving so there was nothing that changed.

They couldn't say it was a bad decision he made.

"Well he has autism so we will look at it differently".

When he was younger, autism started looking at things

and I told him they would say he was (Indiscernible)

because he took everything literally.

I would say your brain just processed things differently than others.

He thought about it and took it literally and told people at school.

He took that and didn't feel bad about it.

So, when he got the diagnosis, he looked up autism

so he could educate himself about it and able to work better with it.

He had a support team in school and he had a plan where certain things take place,

he could go and talk to a person and you sort things out.

>> Thank you.

>> BECKY: Thank you to each of you for talking to us today.

My question is for the siblings.

Have you found that you need to explain autism to friends or to neighbors?

How did you answer questions others ask?

>> BRUSHON: I would explain what autism is and more so the aspect of them thinking in a different manner than other people because a lot of people don't understand that part of it. It happens quite often where you have to explain it and also explain not all people are the same with autism, it's a wide spectrum. People tend to generalize them into one category. That is completely not true.

>> LANIYAH: I would say the same thing. I do have to explain it a lot to friends because they are like "why are you always doing this or that?" And it's because she has autism and she don't like when that happens and so yeah.

>> BRITTANY: I would agree. A lot of times there are follow-up questions they are curious and want to know more. What does this mean? Can they do this? So then it becomes an info session and not just about my brother but autism in general.

>> (Speaker too far away from microphone, question will be repeated)

>> PAIGE: We have a question for the siblings asking if they ever felt that there was a time where they needed support and if so, where did they get it?

>> LANIYAH: I asked my mom because she had more knowledge than I do, so I always go to my mom with questions or support with my siblings.

>> BRUSHON: I asked my mom because she was knowledgeable about it but it is more so when working with other people with autism and not just my siblings. Like at summer camp or something. Or if I have a feeling when someone who hasn't been diagnosed and I have a feeling they might have it, I ask everyone to explain it to her since she has the history of doing screenings. And then I'm like, well maybe that makes more sense like with younger children work so I can work with them and help other people how to work with them too.

>> BRITTANY: I think it depends on the support I need.

A lot of times if I'm feeling guilt or worry,

I will talk to my mom because she has the same worries.

My husband and closest friends all knew what was going on with Jacob's life.

If it's to the point of exhaustion and caregiver fatigue I will call my sister

and say "hey sorry I know you aren't involved in this but you better get involved right now."

(laughter)

It depends on what I need in the moment. But yeah, quite often, I do need that support.

>> We have questions for all the young people including the moderator.

What are your dreams and like a dream job or something and if your life experiences have guided them?

>> We have a question for all the young people about what are their dreams and what they hope to do with their lives?

>> LANIYAH: I don't have a dream yet, but I would say I'm doing good right

now because I am being put into a better situation to better support my future.

So I would say yes.

>> BRUSHON: I'm thinking about pursuing a career in neuroscience

because I always found it interesting and every person processes differently.

And like every person processes differently, so I was thinking about neuroscience and psychology.

>> BURRON: I want to study psychology.

>> MARKAYLA: My dream is to be the CEO of my mom's company

Her job means a lot and everyone understands and even she knows.

>> BETSY: In terms of the early diagnoses, what were the most helpful support services at that time?

>> LAURA: The question is regarding support. What was the journey?

I mentioned my partner who was our doctor and I was a patient in the practice.

So again, serendipitously, Mine was the first kiddo through the country of Ohio ADEP.

Not because he was on the list but it was a brand-new program and he happened to

be the first three-year-old for early intervention.

That was a great moment for myself and my business partner.

He looked at me and said I can't do this and I said you can do this for any kid, you can do this for Jake.

(Indiscernible)

And we did a follow-up 9 months later at Nationwide Children's Hospital and we knew what the diagnosis was.

The team said you are willing, we would like to have the confirmation.

That was huge for us because it allowed us to access services a lot earlier.

Honestly, the other thing was probably the speech and social kids groups.

I call my practice kids because I see them through their life, I see all of my kids.

I was in speech from second to sixth grade. So to me speech is just a part of life.

Speech was really difficult for Jake. He has this thing where his first speech language pathologist was intimidating for him. That was the first time.

I don't want to say it forced (Indiscernible) but it helped him realize I can get through this.

Also, he started to, I will never forget it.

When he was touring the preschool,

and he said "I feel funny" and that was huge.

I think from the occupational and speech therapy standpoint

and as a mom it was totally ADEP (Autism Diagnostic Education Project)

>> Can you say what that is?

>> I'm going to mess it up. Autism diagnostic education project.

I always mess it up. The thought is when the diagnosis standpoint (Indiscernible)

and the thought is the trainers train others and you have amazing EI teams already out there in logistic teams.

You can work with a community-based partner and pediatrician or psychologist and have people with amazing skills.

And you can get a diagnosis done early. We were discussing earlier with Minnesota and the overwhelming centers with waitlists.

If you have people that are knowledgeable that can go ahead and do the assessment, it makes a huge difference.

That was interesting as a mom and a psychologist mom to watch.

>> JESSICA: He did start early intervention, early ABA, when he was pretty young.

We had pretty short wait compared to most people.

We were able to get him in within four months and that was huge.

I wanted to get it going as soon as possible.

And they were able to go at our pace,

And then that was the biggest thing for him.

Then COVID hit and our community preschool was willing to have his therapist go in and work on social things. That was great.

And for my youngest daughter, I was worried she would get lost in the shuffle.

We enrolled her in a study where she would have an annual evaluation

for autism so we just kept in mind that she always had a spot there for diagnosing.

and I can turn that part of my brain off and try to watch for anything I need to act for.

And the University just happened to have a wonderful pediatrician

and she shared with me that her son had autism and that connection was really meaningful.

>> FELICIA: My question is for the siblings, and I guess more of a question for everyone.

I am the mother of a child with autism and

I am always mindful of my other child who is a little bit

older and feels like she gets lost in the background.

My question to the siblings, is what made you decide to be a leader and advocate for your siblings?

And for the moms how do you manage that with your children?

And then for Burron, how does that make you feel that your sibling takes on that role?

>> BRITTANY: I will go first since I have the mic.

For me, it was just innate, nobody asked me to step up or help out.

I just wanted to do it. I naturally took on that role.

I don't know where it started and how it turned into what it turned into now.

It is always a part of me that developed from there.

I think it's just part of being a family and having a supportive family.

My mom always like "I feel so bad and so guilty, you are just supposed to be the sister".

and says you shouldn't be doing this.

Nobody forced me to do this. If I didn't want to do it then I would have to set the boundaries.

I think that's important for parents to hear too.

If there is a sibling that feels they want to step up,
don't feel like they are doing it out of guilt or forced to do it.

There is probably something in them.

I don't think that is something that is talked about enough.

>> LANIYAH: I did because I know older siblings always want to be the protector,

but I also do it because I don't want my siblings to feel

like they are always by themselves, like just a shadow in the dark with no light.

I let my siblings know I'm there for them and we do it together.

>> BRUSHON: For me, it wasn't too much advocating for my brother,

because he speaking for himself, he is one of those that talks.

It was more so like with other people our age who would say "Why do he does this?"

Or "why does he do that?" and "That is weird", and stuff like that.

He has autism and that can be the reason why. And then they are like "Oh, that makes sense".

Somebody started asking follow-up questions but he also advocates for himself.

>> IDA: For me, like I mentioned they have a genetic condition.

We started at the beginning and Brushon, he was the child always in the hospital.

So it was like focus on him and the others were kind of invisible the first few years.

Then the focus shifted to him [Burrton] and we had COVID

and my son turned 18 and he got COVID so then the focus shifted on

him when he became sick and in the hospital and all of that.

Each one of them had their turn where they had to step up

and be an advocate for each other.

They got good practice because they got to see it for the whole family.

So it is kind of ingrained in them, this is what we do.

>> First of all, thank you, everybody. It has been nice to hear this.

For those of you that are family navigator or researcher or clinician,

what are some examples of ways you take your experience into your work?

do you ever think it is harder that you see both sides of it?

That is two questions, but I'm curious of your thoughts on it.

>> JESSICA: One of our big studies right now involves working directly with families of children that are newly diagnosed.

Through the study, these are kids who have been referred are waiting for intervention and working with families with new information and they are using all kinds of things they are trying to set up.

I definitely think now after my son's diagnosis, that I can better help them in understanding what that feels like. and just understanding more now.

I will say, although I know this sounds cliché, but of all the families I did work with, before my children were diagnosed. like I took so much from that in my journey and that was helpful for me. and now I feel like I am more empathetic

That has changed and connecting with families until me on a deeper level.

I think it is a good thing.

>> LAURA: I'm trying to think of a way to answer this.

So I am going to be just very transparent.

So I always had anxiety and over thought things.

It was all ADHD diagnosis.

The interesting part is I would say there was this really intense mom guilt, and really intensive knowing all that I know as a professional and all of the microcosms and all of the lists and things that are tangential.

Like "I shouldn't have taken that tylenol?" or

"What if I had this exposure or too much stress because of working in the ER?"

We were going through all the things.

And as my position as Medical Director that is probably a lot of meeting people and to share with others.

To normalize to a degree. And sharing that

perspective of its okay to to get help and okay to do therapy.

I did that for 20+ years. And that was starting in med school when

There was test anxiety.

and so being able to share that perspective that

it is okay to get stressed out and embrace

that guilt and then let it go. We can all

say that but it makes someone more anxious.

They think you are legitimizing your feelings.

I think allowing yourself to be vulnerable like

Jessica mentioned, and make that be a real journey

for them and more comfortable with where they are sitting.

The perspective I don't have is that I am

not a dad and I am not a guy, so I think

that I want to mention that because that

is an important perspective and something

gets lost in the shuffle. We are really lucky.

They are vulnerable in sharing emotions and sharing their stories.

Sometimes there are kids with different complexities

and those voices are not always heard. So that's

the part that I think that I can't change, again, Because I'm a mom.

I think it provides perspective and for clinicians allowing others to realize it's okay to get help.

>> MARKAYLA: Let's thank our panelists one more time.

(Applause)