Pathways to
Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Working with Parents and/or Caregivers with Disabilities

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(she/her/hers)

Pathways to Professional Development

Pathways to Professional Development; Building Foundations in Infant and Early Childhood Mental Health was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 30 webinars focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules

- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually.

  - View all offerings here→ https://www.mcsilverta.org/special-initiatives/pathways-to-professional-development/

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.

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Who we are

These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

NYCCD and McSilver also run the **NYC Perinatal + Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

https://ttacny.org/

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Disclosures

- I have no conflicts of interest to disclose for this presentation.
- I have received an honorarium for this presentation.

- My work has been funded by a number of state and federal agencies by private foundations including: the NIH, SAMHSA, ACYF, the MI Department of Health and Human Services, the MI Health Endowment Fund, the Gerstacker Foundation, the Flinn Foundation, and the Perigee Fund

Overview

- How can providers effectively, and respectfully, support parents with a range of disabilities from pregnancy through early parenting?
- Strategies for delivering inclusive support, identifying strengths and support needs, and nurturing early relationships.

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Learning Objectives

After this presentation you should be able to:

- Understand the importance of recognizing disability and parent support needs in our work.
- Describe the impact of ableism, intersectionality, and disparities in parenting and caregiving experiences for parents with disabilities
- Identify key research findings related to risk and protective factors for parenting and child outcomes when a parent has a disability.
- Discuss strategies for inclusive, accessible, and supportive care

Note on language used

I will use the term “parent” and “caregiver” interchangeably, recognizing that young children have many important relationships.

Also, I will use terms “mother” or “father” only when describing specific individuals who identify with that term, and will use self-designated pronouns to describe individuals in case vignettes or participants in research studies.

Definitions

Disability refers to a wide range of conditions that may impact how individuals interact with the world around them.

- **Apparent disabilities:** mobility disabilities, limb differences, some neurological conditions, etc.
- **Non-apparent disabilities:** mental health conditions, intellectual and developmental disabilities, learning disabilities, chronic pain, chronic illnesses

Disability Prevalence

- More than 1 in 4 adults report having some type of disability.
- Approximately 10% to 15% of reproductive-aged people report having a disability.
- Disabled people are just as likely as nondisabled people to plan pregnancies and become parents.

Focus of this presentation

- I will include information about parents and caregivers with apparent (physical) disabilities, but was asked to emphasize work with parents and caregivers with non-apparent disabilities

- There are many different “types” of non-apparent disability

- I will be focusing on two today– intellectual disability and autism

Intellectual Disabilities/Developmental Disabilities

An intellectual disability (ID):

- Occurs before 18 years of age
- Significant limitations in intellectual functioning and adaptive behavior in cognitive/conceptual, social, and adaptive (practical) skills

Mild cognitive limitation:

- May have been diagnosed at some time in their lives.
- Lower than average learning, communication, judgment and understanding abilities
- Eligibility for service varies by state

Autism Spectrum Disorder

- While attention is paid to the numbers of children now diagnosed with autism, there are many parents with autism
- Sometimes their diagnosis is “discovered” as a result of learning about their child’s autism diagnosis
- 5,437,988, or 2.21% of adults, in the US have autism (CDC, 2017)
- Youth and adults with lived experience of autism have been strong advocates for their experience- raising awareness and challenging many of the common labels, definitions, and assumptions

Wet Paint Story

Ableism & Intersectionality

Checking our biases

Introducing the “Curb Cut” Framework

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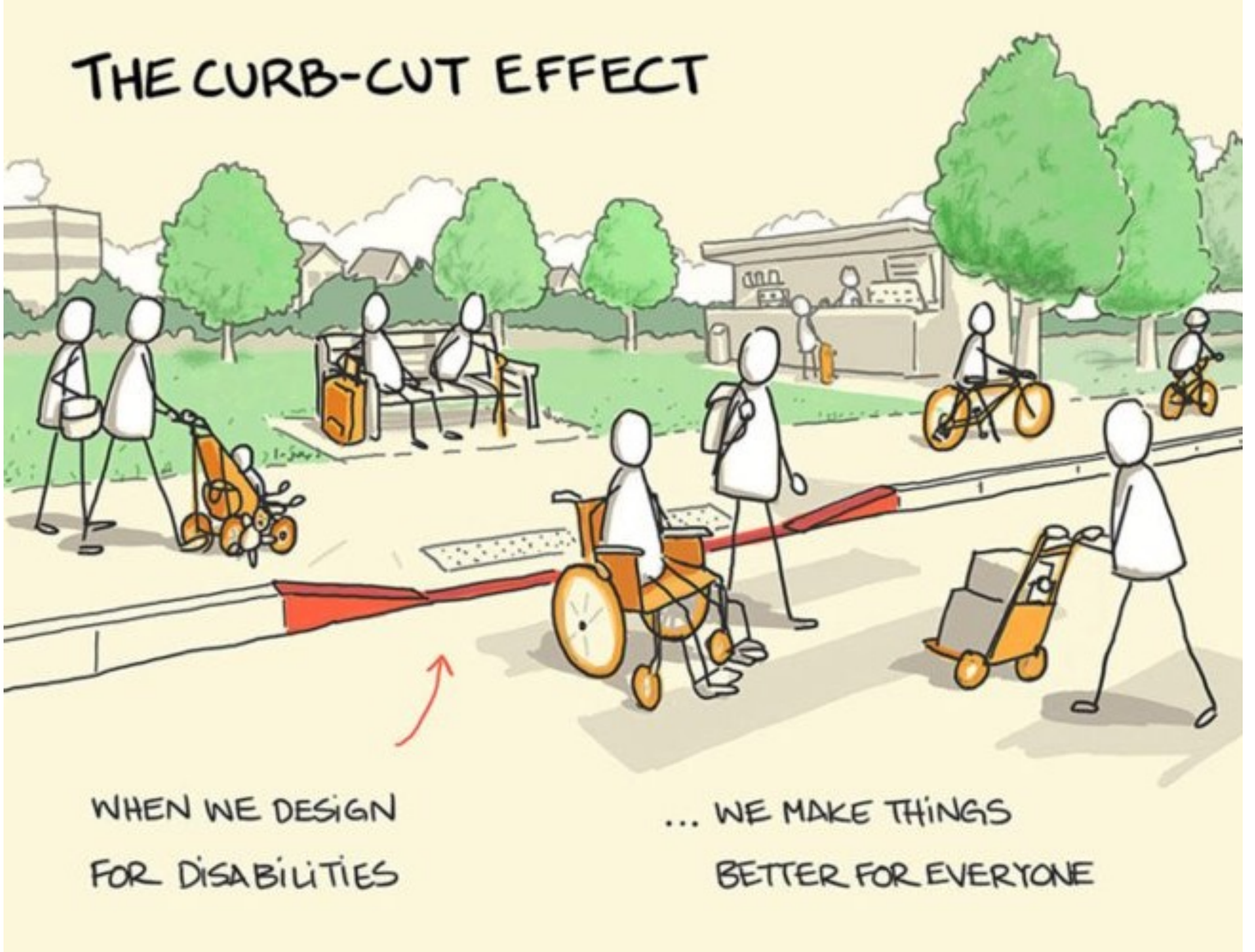
The Curb Cut Framework…

- Describes how sidewalk ramps (“curb cuts”) were installed to make communities more accessible for wheelchair users
- These became universal only because of :
    - Tremendous activism, and
    - Pressure to comply with the ADA
- Led to tremendous value (including safety and ease) for *all people*..

Angela Glover Blackwell

Image Credit: Sketchplanations (https://sketchplanations.com/the-curb-cut-effect)



What are some other examples of “curb cuts”?

Some ‘curb cuts’ that may affect our work..

- Closed captioning or live-captioning for talks and trainings
- Flexible-height workstations / standing desks
- Hybrid work and telework
- Text-to-speech and voice-to-text technology
- So many more…

Disability and Intersectionality

- **Intersectionality** (Kimberlé Crenshaw, 1989)

- Offers a way to understand how multiple identities intersect to shape experiences of privilege and oppression.
- Inclusive of the broad range of identities (e.g., race, gender, gender identity, class, etc.)
- Disability as a category of identity is frequently overlooked

Disability and Intersectionality cont'd

- Furthermore, people with disabilities have noted that their other identities may not be recognized by others
- Attention to structural and systemic racism, ableism, and bias is critical, as these have important implications for equity in our work with families, including equitable treatment by child serving systems, including child protection

"There is no such thing as a single-issue struggle because we do not live single-issue lives."
- Audre Lorde

(from "Learning from the 60s" in *Sister Outsider*)

Medical & Social Models of Disability

- Medical models define disability as a deficiency or abnormality
- Person with disability is the “recipient of care”
- The ”change agent” is the professional or medical “expert”
- The expert role is to diagnose and treat

- Social models make a shift towards focusing on institutional barriers, accommodations, and increasing accessibility

Cultural Models of Disability

In contrast, cultural models place an emphasis on *the value of human diversity*

- A cultural lens sees disability as socially and culturally constructed, and the “cause” of problems is rooted in ableist ideology
- Challenges the concept that disability is inherently a problem
- Centers the lived experience of people with disabilities

Person-first vs Identity-first Language

- Increasing use of identity-first language– e.g., “I’m autistic”
- Others prefer person-first language– e.g., “I have autism” or “Person with autism”
- Some studies suggest that younger adults are more comfortable with identity-first language than parents or providers

- Which one is “better”?
    - Ask! Only the person you are referencing can tell you what they prefer.
    - Respecting that both are preferred by some, I will use these interchangeably in my presentation

Personal example

- "We all have support needs, mom"

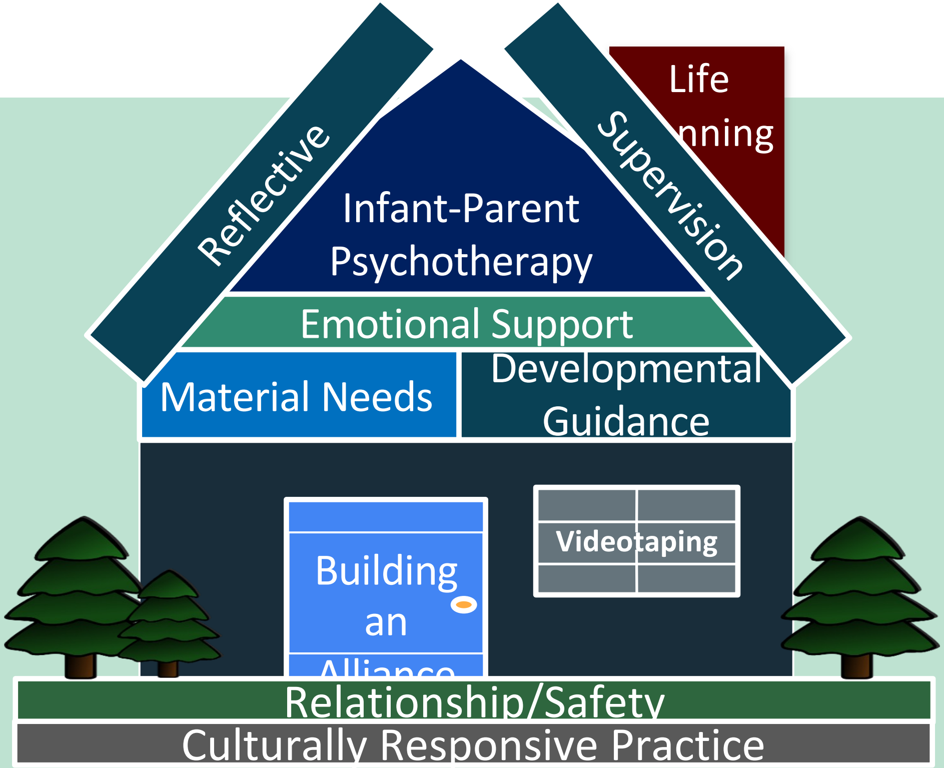
Personal Example, cont'd

- Frameworks and language:
- In a conversation with my adolescent autistic son I made a comment about "high functioning" autism
- He challenged my language, noting that *all people need support*
- "People have higher support needs in some areas, while others may have lower support needs in that area"

Personal Example -- Frameworks and Language

- Simple explanation, but important
- He shifted the focus from a “deficit in the individual” to a context that labels and constrains, or supports, people
- He offered a way to describe needs that allowed for universality (“we all have needs”) and for valuing diversity
- Placed the responsibility on others (people/institutions), to offer all people the support needed to achieve their full potential and thrive

How is this relevant to work with parents and families?



Reflective Supervision

Life
nning

Infant-Parent Psychotherapy

Emotional Support

Material Needs

Developmental Guidance

Videotaping

Building an Alliance

Relationship/Safety

Culturally Responsive Practice

- Attending to our own biases (e.g., ableism and intersectionality) is critical for decision making and care
- Developing strategies that are inclusive and responsive strengthens our work with **ALL** families we serve

"House Model" – IMH-HV

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What Does the Research Tell Us?

- Research can help us understand more about the experiences of parents and caregivers with disabilities
- Empirical (quantitative) studies – but also qualitative research and first- person narrative accounts
- *Learning from those with lived experience*

- Will include data reflecting the voices of people with apparent and non-apparent disabilities

Ways to Learn More About Parenting with a Disability?

- Personal and narrative accounts offer valuable learning!
- Read books, watch movies, follow blog posts written by people with experience of disability
- Asking parents about their experiences
- Seek opportunities to learn from people with disabilities
- Review the research

- Be wary of leaning only into ‘expert opinions’ (including mine!) and expect a diversity of perspectives, opinions and experiences!

Disparities for People with Disabilities

Exist across the spectrum of perinatal to early childhood

- Pre-conception/Pregnancy
- Labor and delivery
- Postpartum
- Parenting/Early Childhood

Preconception

- People with disabilities report a desire to have children at similar rates to those without disabilities
- People with disabilities experience less validation for these wishes
- Bias and invisibility may preclude opportunities for pre-conception counseling or supporting family planning

Reflective Question:

- *How can you support family planning with your clients?*

Pregnancy

- People with disabilities experience disparities in prenatal care
- These include delayed or missed care, as well as experiences of physical and/or systems barriers
- Higher rates of utilization of emergency departments

Reflective Question:

- *How might you address barriers to responsive and effective prenatal care with your clients?*

Pregnancy Experiences of Mothers with Physical Disabilities

Women report a range of (mostly negative) reactions from family and friends in response to their pregnancies, including:

- Initial negative reactions
  - e.g., one mother reported being "really sad" after telling her family she was pregnant because their first response was "I'm sorry."
- Concerns regarding the mother's health
- Questioning parenting capacity
- Negative perceptions of disability
- Some women described more positive attitudes and reactions

Powell et al., 2017

Pregnancy Experiences of Mothers with Non-Apparent Disabilities

- Challenges navigating complicated healthcare systems
- Too short visits with doctors
- Limited time for explanation and discussion or to ask questions
- Resources and materials are often not accessible
- Experiences of judgment
- Distrust and concerns regarding child protection involvement
- Overstimulating exam rooms (e.g., bright lights, loud noises, ”crackly paper”)

Pregnancy

Reflective Question:

- *How might you address barriers, increase accessibility, and/or partner with your client to advocate for more responsive and effective prenatal care?*

Labor and Delivery

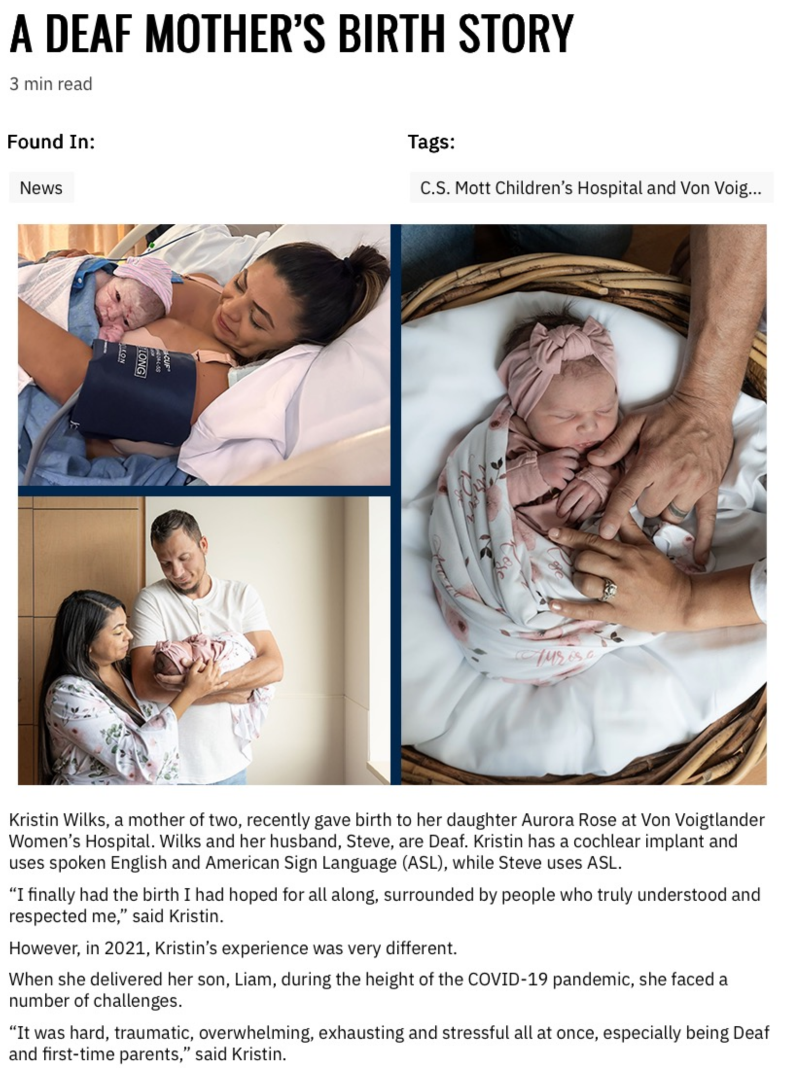
- People with disabilities experience higher rates of medical interventions, have longer hospital stays, and more experience more complications
- People with disabilities are often given less voice in their care
- Relatively few materials to help prepare for labor and delivery

Reflective Questions:

- *How might you help clients prepare for labor and delivery?*
- *How might you help advocate for greater involvement of disabled persons in medical decision making around birthing?*

One family's story:

What a difference a *doula* makes…



A DEAF MOTHER'S BIRTH STORY

3 min read

Found In:

News

Tags:

C.S. Mott Children's Hospital and Von Voig…

Kristin Wilks, a mother of two, recently gave birth to her daughter Aurora Rose at Von Voigtlander Women's Hospital. Wilks and her husband, Steve, are Deaf. Kristin has a cochlear implant and uses spoken English and American Sign Language (ASL), while Steve uses ASL.

"I finally had the birth I had hoped for all along, surrounded by people who truly understood and respected me," said Kristin.

However, in 2021, Kristin's experience was very different.

When she delivered her son, Liam, during the height of the COVID-19 pandemic, she faced a number of challenges.

"It was hard, traumatic, overwhelming, exhausting and stressful all at once, especially being Deaf and first-time parents," said Kristin.

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Postpartum

- Mothers with disabilities are more likely to experience postnatal depression and anxiety disorders
- Higher utilization of ERs
- Few accessible resources to support newborn and infant care

Reflective Questions:

- *What resources and supports do you offer to new parents with disabilities?*
- *How can you help parents advocate for their own mental health needs, (particularly in the face of realistic worries about child welfare involvement)?*

Perinatal depression (Brandie Bentley et al, 2025)

- Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) including women without (93%) or with 1+ disability (7%) (N= 33,854)
- Women with disabilities more likely to report antenatal (43%) <u>and</u> postpartum (33%) depression (vs 14% and 12% for women without disability)
- Non-Hispanic white disabled women reported higher antenatal depression, while Non-Hispanic Black and American Indian/Alaskan Native (AI AN) disabled women most likely to report postpartum depression
- *Intersectionality point: Non-Hispanic Black and Non-Hispanic AI AN disabled women more likely to have PPD than women with only one of those identities*

The first 3 years: Parenting Stress

- 15 year longitudinal study N=2,333
- Parenting stress highest for parents with ID (n=89) or borderline IF (n=346)
- Highest from birth to 3
- Risk factors:

  SSI, material hardship, more children
- Protective factors:

  Hispanic/Latino, married, social support, employed

(Zeng, et al., 2025)

Journal of Autism and Developmental Disorders

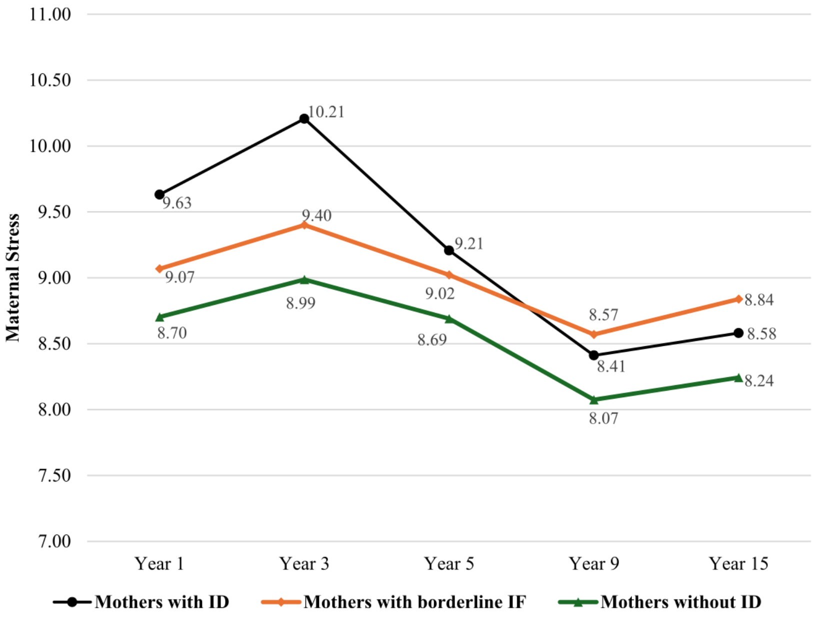

Fig. 1 Unadjusted means and differences in maternal stress Years 1–15. *ID* Intellectual disability, *IF* Intellectual functioning

Support for Parents with ID/DD

https://www.youtube.com/watch?v=QZx8dGG7Oys

"When my children were very young I always would like to have that extra hand, have that extra support, but I was always so afraid to call for that extra support, because I felt like if somebody thought I needed help they would automatically assume that I wasn't a good parent. So instead of coming to help me, they would come to take the children away."

parents with developmental disabilities

Prevention: Supporting Parents with Developmental Disabilities

Prevention: Supporting Parents with Developmental Disabilities

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Child Protective Services Involvement

- Parents with disabilities, including ID/DD, are more likely to experience scrutiny and monitoring by CPS or other mandated reporters, elevating the likelihood that their children may be removed
- Indeed, parental rights more likely to be terminated (“TPR”) -- sometimes solely because of ID
- 42 states include parental disability as a grounds for TPR
- This often happens *without a meaningful assessment* of parenting capacity, ability, or possibility of success in parenting with appropriate supports

Child Protective Services Involvement cont'd

- Despite challenges faced people with disabilities, including physical and intellectual disabilities, can be good parents and provide adequate, safe care
- The capacity for adequate nurturing, responsive relationships and safe care *cannot be determined on basis of intelligence alone*
- IQ is not necessarily predicative of parental competency when above ~55-60
- Decisions about parenting capacity must rely on a case-by-case judgment of abilities relevant to the rearing of children rather than IQ level alone

(*Rosenblum & Kay, 2012 ;* Tymchuk, Adron & Unger, 1987)

Loneliness and Social Isolation

- Parents with disabilities report lower social support and more isolation
- People with disabilities are 4x more likely to report feeling lonely
- Recent US Surgeon General report highlights the critical public health need to address loneliness and social isolation- and parents with disabilities are more likely to experience both!

Sparks et al 2022; US Surgeon General, 2023

Support for Parents with ID/DD

https://www.youtube.com/watch?v=QZx8dGG7Oys

- I think if parents with disabilities could talk to other parents who have been through it successfully their fears may subside to a point where they will reach out and get the help that they need, which will in turn make their family life stronger and less fearful.

Prevention: Supporting Parents with Developmental Disabilities

Prevention: Supporting Parents with Developmental Disabilities

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Modifiable Factors that Predict Adequate Parenting in Context of ID

(Note on language -- adequate= 'good enough')

- Support from service providers
- Good physical and/or mental health
- Low financial strain
- Low stress
- Education
- Connection to other parents/support systems

(Booth & Booth, 1997)

Association of ID with Child Outcomes

- Study of 30 adults brought up in a family headed by a parent(s) with intellectual disabilities
    - Half had intellectual disabilities as well
    - Children’s destinies not determined by parent ID
    - Experiences they reported were similar to others in their communities.
    - Little support for concern that they may bear inappropriate responsibility for parenting their parents

(Booth & Booth, 1997)

Factors that Predict Positive Child Outcomes

- Protective factors: ***RELATIONSHIPS***
    - ***(we know this from <u>all of our work!</u>)***
- Parent personality (outgoing, responsive)
- Family warmth, mutuality, and stability
- External supports including supportive relationships outside the home and involvement in wider community

(Booth & Booth, 1997)

Where do we go from here?
Implications for Practice

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Key Elements

- Detect (strengths/support needs)
- Adapt (materials/increase accessibility)
- Spend more time
- Stay flexible

- Each of these requires agency, program, and systems level work!

Overarching Principles

- See the whole person, not defined by disability
- Respond to the individual's specific, and unique, needs
- Attend to entire family –attention to child, parent/caregiver, partners, extended family
- Solicit and address questions and check for understanding
- Support self-advocacy and agency
- Consider disability as a source of strength and resilience

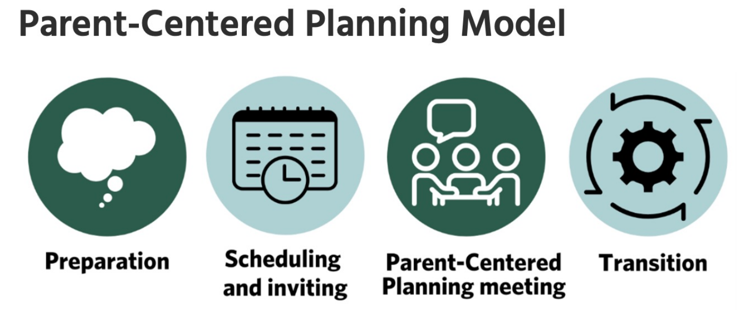
Support Needs Identified by Mothers with Physical Disabilities

Qualitative study of mothers with physical disabilities – top five themes around support needs for caring for infants and toddlers:

- acquiring or modifying baby-care equipment,
- adapting the home environment,
- accessing information and supports,
- developing communication strategies to facilitate safety, and
- receiving assistance from others.

Powell et al., 2019

Partnering with Parents/Caregivers with ID/DD



Parent-Centered Planning Model

- Preparation
- Scheduling and inviting
- Parent-Centered Planning meeting
- Transition

Parent-Centered Planning: A New Model for Working with Parents with Intellectual and Developmental Disabilities

Elizabeth Lightfoot and Sharyn DeZelar • March 2022

Preparation and Scheduling/Inviting Phases

- Meet with parent and 1-2 support people (respecting parent desires)
- Explain parent-centered planning
- Identify other supporters to invite for to the planning meeting(s) using a relational map to identify possible supporters from various contexts of parents' life
- Decide when/where to meet, send invites

Parent-Centered Planning Meeting & Follow Up

- Identify parents’ goals, dreams, visions for their family, and any strengths or difficulties they may have already encountered
- Break down goals– attainable, short-term focus
- Identify ways supporters can help parent achieve these goals
- Determine if additional resources are needed goals
- Create a visual map / flowchart of the plan

- Follow up phase- meet with parent and supporters to initiate steps; problem solve; not to do *for*, but to support and guide the process

Support for Parents with ID/DD

https://www.youtube.com/watch?v=QZx8dGG7Oys

I think if we could educate everybody about, people with disabilities can be wonderful parents too! They might just do things a little different to achieve the same thing as able-bodied parents.

parents with developmental disabilities

Prevention: Supporting Parents with Developmental Disabilities

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“Support Needs” May Include … (and more)

- Transportation
- Playgroups
- Crisis intervention/support
- Advocacy/self-advocacy
- Physical and Mental Health care and support for substance abuse and additions
- Developmental guidance
- Adaptations to training curricula to make it accessible
- Help with life course planning– money management, school/training
- Coordination of services
- Childcare

Support Needs May Include…

- What else?

Parenting on the Spectrum… Advice from a Mom

- Adapted from: https://musingsofanaspie.com/aspergers-and-motherhood/
- Infants can be stressful, unpredictable, loud, & need lots of physical contact
- This can lead to ‘sensory overload’.
- A keys to surviving the first months is support
- All new parents need time for themselves to “de-stress” or regroup, but this can be especially important for parents with autism.
- You don’t have to feel guilty- needing a timeout doesn’t make you a bad parent. Plan ahead! It’s okay to ask for help from a partner, sitter, etc., so that you can take a short break. Getting help can make you a better parent in the long run.

(from a Mom, cont’d)

Being an autistic parent can hold advantages, too…

Many of things that babies/toddlers find calming may also be soothing for parents on the spectrum, for example:

- **A rocking chair**: Lots of autistic adults still find rocking to be soothing-- and when you’re doing it with a baby in a rocking chair, no one looks at you funny!
- **Music**: Singing to your baby, dancing around the living room with your toddler, or just enjoying a favorite song together can all be soothing.
- **Pets**: Lots of autistic adults relate to/feel comforted by animals. Petting or playing quietly with a pet is a way to spend time together *and* de-escalate.
- **Walking**: A quiet walk combined with fresh air and sunshine is a good way to head off a potential meltdown for both you and baby

(from a Mom, cont'd)

More potential advantages - toddlerhood..

- Parents with autism may have a big advantage in parenting a toddler: **loving routine!**

- You may find nothing wrong with reading the same book every night before bed, six weeks running!
- Your child needs to have one special toy with him everywhere he goes? Or to wear clothes that are all the same color every single day? *No problem!*

(from a Mom cont'd)

Young children and socializing

- Young children benefit from time to play and socialize with other children
- This can occur in daycare, playgroups, at the park, etc.
- Parents in playgroups are often there as much to make friends for themselves as they are to socialize their children.
- If your inclination is to avoid social situations, you may find playgroups unappealing, and want to find other ways to support your child socializing with others
- But-- this can be a great way for you to make friends around a shared interest (your toddlers!). Still, it's not required

What Stood Out to You in that Text?

- Anything you saw as a strength?
- Anything a concern?
- Anything you would add?

Talking with Parents about their Support Needs

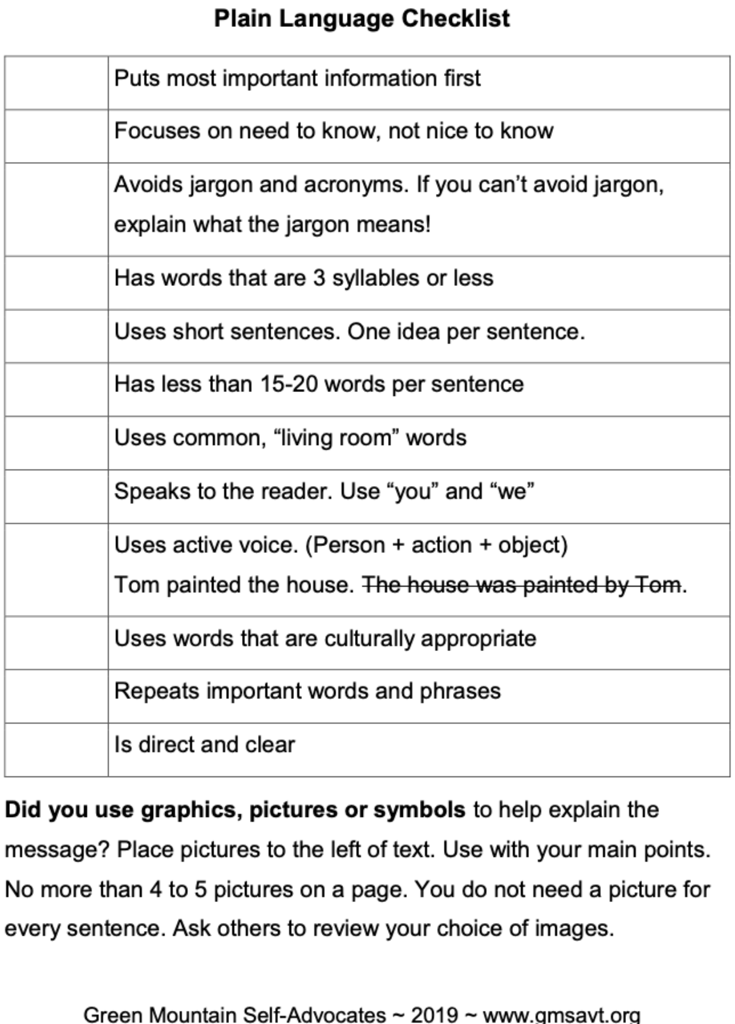
Self Advocacy Resource and Technical Assistance Center

RESOURCE

Plain Language

By Self Advocates Becoming Empowered | August 22, 2019

Using Plain Language



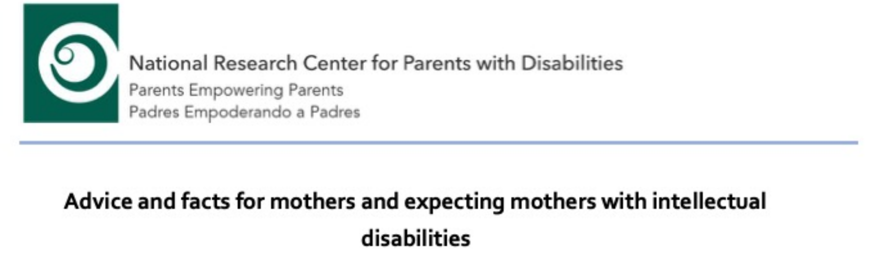
Plain Language Checklist

	Puts most important information first
	Focuses on need to know, not nice to know
	Avoids jargon and acronyms. If you can't avoid jargon, explain what the jargon means!
	Has words that are 3 syllables or less
	Uses short sentences. One idea per sentence.
	Has less than 15-20 words per sentence
	Uses common, "living room" words
	Speaks to the reader. Use "you" and "we"
	Uses active voice. (Person + action + object) Tom painted the house. ~~The house was painted by Tom~~.
	Uses words that are culturally appropriate
	Repeats important words and phrases
	Is direct and clear

Did you use graphics, pictures or symbols to help explain the message? Place pictures to the left of text. Use with your main points. No more than 4 to 5 pictures on a page. You do not need a picture for every sentence. Ask others to review your choice of images.

Green Mountain Self-Advocates ~ 2019 ~ www.gmsavt.org

“Advice for Expecting Parents”



National Research Center for Parents with Disabilities
Parents Empowering Parents
Padres Empoderando a Padres

Advice and facts for mothers and expecting mothers with intellectual disabilities

(Resource available online)

"Some mothers have intellectual disabilities (ID). Having an ID means it is harder to learn and understand things. But everyone can still learn new things. Sometimes it just takes longer. Having an ID can also mean it is hard to do some things by yourself, so you may need extra help. Mothers with ID can still be good parents and raise their children.”

“Advice for Expecting Parents” cont’d

“Facts about parents with Intellectual Disability (ID):

- Just because you have ID does not mean your child will too.
- Having ID does not mean you are a bad parent. You can be a good parent.
- Parents with ID sometimes have a hard time getting healthy food. They may also deal with stress and worry.
- Raising children without help can be hard. It is important to look for help at the beginning, even before your baby is born.
- People with ID may need help understanding pregnancy and childbirth.”

- Anything you saw as a strength?
- Anything a concern?
- Anything you would add?

“Advice Regarding Pregnancy and Childbirth…”

“It is important to ask for help. Everyone needs help when they are getting ready to have children. There is help you can ask for while you are pregnant:

- *Extra time with the doctor.* This will help the doctor explain things to you about your pregnancy.
- *Ask your doctor lots of questions.* Ask again until you understand the answers!
- *Advice in clear language* to help you understand what it is like to give birth
- *Tools to make pregnancy easier.* An example might be a phone app to track your pregnancy. You can share information from the app with your doctor
- *Community support.* Reach out to other parents with ID to see what they did when they were pregnant or raising children.”

- Anything you saw as a strength?
- Anything a concern?
- Anything you would add?

“Advice Regarding Parenting …”

- If you are having a hard time helping your toddler with tantrums, you could ask your child’s daycare teacher.
- You could also ask your partner or friends for help.
- Lots of parents- with and without disabilities- have a hard time with tantrums.
- Talk to other parents with and without disabilities to see what they have done well to raise their kids.
- You can find parenting groups in person or connect online.

- Anything you saw as a strength?
- Anything a concern?
- Anything you would add?

“Advice Regarding Legal Advocacy”

- IT IS IMPORTANT TO KNOW YOUR RIGHTS.
- Sometimes child welfare will try to take your child away from you just because you have an intellectual disability.
- You can talk with people who can help you know your rights

- Anything you saw as a strength?
- Anything a concern?
- Anything you would add?

Reflective Practice

Reflective Practice: “Turning the Gaze In”

- Reflective Supervision and Consultation
  - Attention to parallel process
  - Space to go beyond “what to do” and to consider how it feels to ”be with” a parent/caregiver and child
  - How that might help us to better understand their experiences?
  - *This can include- H*ow do we understand power dynamics in our relationship with parents to help us understand and address experiences of stigmatization, discrimination, and oppression?

Reflective Practice: “Turning the Gaze In”

- “Critical reflexivity”:
    - Brave space to consider our personal and professional identities and how these influence our praxis,
    - Space to interrogate systems and practices that reinforce marginalization
    - Examining our personal social identities and issues of power and oppression in our work with families

Returning to the Learning Objectives…

- Understand the importance of recognizing disability and addressing parent support needs in our work.
- Describe the impact of ableism, intersectionality, and disparities in parenting and caregiving experiences for parents with disabilities
- Identify key research findings related to risk and protective factors for parenting and child outcomes when a parent has a disability.
- Discuss strategies for inclusive, accessible, and supportive care

…and of course, the learning always continues!

Thank you!

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