



Episode 9: Medical Model: A Nurse's Care

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Audio commercial: Kim Meyer

This is Kim Meyer host of choose to rise. Thanks for listening to the following broadcast on Public House media.

[Upbeat Intro music]

Sarah:

Hey! Hello Welcome to Disarming Disability. This is Sarah Tuberty.

Nicole:

I am Nicole Kelly. We're so glad that you joined us again for another week Sarah and I we've realized maybe like just how old we've become because we both we both had our 30th birthday and it's just like just and it in that and then our excitement while we are so excited about our plans and we would just love to tell you about them. Hmm.

Sarah:

Well, I think this is fun too because we both got cool plants related birthday present. So I um, yes so fun. So my best friend from high school growing up. Her name is Emily and she sent me a "dirty thirty" gift like she kept she kept texting me like "I'm sending you your dirty thirty gift" and and Emily's one of those people that like you really have no idea what it's going to be

I was still staying at my parents house when she was mailing me this gift. So she's like should I mailed to Philadelphia or mail it to Arizona and I was like, you know, it doesn't matter either way like here's both addresses and she's like, okay. I'm just going to be able to Arizona.

So when it arrived my parents like, okay, what is it was like "Mom, I honestly don't know if she kept saying "dirty thirty". I was like, I really don't know what this is.

She's like "well do you want to go in your room and open it up and like maybe if it's appropriate like bring it out here?" I was like, I mean, you know who Emily is like, she knows she sent it here. Like I'm not that worried about it.

So then I opened it up and it's literal dirt and there's like all of these little succulents in there. She has her this like huge wonderful beautiful supply of all these houseplants. So she had like taking little clippings from them and had like kind of whatever like curated them or like sprouted them or whatever. The right way is a root them??

She had them all kind of like laid out. And then she when they were at a good point then she kind of wrapped him up in paper towels and mail them to me. So she was just like it made me giggle so much and she knows that I love house plants. So it's just so fun to be like "you were the coolest" like you said me actual dirt for my dirty 30.

Nicole:

You got literally a diiiiirty 30, Emily you did so good A++.

Sarah:

Right?! She's fantastic. So uh! and then you got a really great birthday present related with plants, right?

Nicole:

I did yes. Yes. Yes. Yes two of my best friend also an Emily, Emily and my friend Matt for my 30th. They surprise me they came over and not only did they make me a delicious cheesecake which already like they showed me the cheesecake and I started crying I'm so easy.

But then like from that they like ran back down to their car because they said, you know, we were like having a day, where were I'm going to eat food and play games and they're like, oh we have more games in the car more stuff to get and they came back and they presented me with a tiny lemon tree a lemon tree an actual you guys lemon tree and I love, I love lemons.

So I sent then it's been a couple of weeks since my 30th birthday. I have, you know, actually put it in a beautiful little pot so it can start to really root and grow in its own little pot. And last week it actually sprouted it's flowers and I got to learn how to pollinate a lemon tree. So you have to like take a little Q-tip and get the pollen and then actually like put it in the little center which has a little sticky ball. And so you like put the

pollen with the Q-tip on the sticky ball and and the internet tells me that because I did that it's actually going to produce fruit.

So I might actually have limits on my living tree

Sarah:

You are Bee!!! That is so cool!!

Nicole:

I know I'm so excited. I'm so easy to please just give me a living thing that I can keep alive. It's like next we maybe we'll want to like grow tiny humans. Okay. Okay.

Sarah:

Ok Wow! that was real big leap. [laughs hysterically]

Nicole:

Sorry. Sorry. Sorry

Sarah:

I mean we are 30, so that's where we're at now. Was absolutely not expecting that
But

Nicole:

I mean, it's the next logical leap, isn't it? If were- Ok ok, I digress I know I'll stop.

But speaking out like tiny humans. Actually, I feel like this is a great transition. So im going run with it Sarah,

Sarah:

Great

Nicole:

You know, I'm "tiny human" this ties really well into our guest today. We're really really excited to have an amazing guest on our show who really really cares for tiny humans and cares for tiny humans in the best way. Yes, Sarah, Do you want to give a little bit of an intro of how we found Sally and and yeah your kind of personal relationship with her?

Sarah:

So I've had the amazing pleasure of working with Sally for the past couple of years. She is on my hand team at Shriners there and is has been a part of the planning team for Camp winning hands for the past couple of years. So she is totally on board like just loves kids so much and just once they're like development to go amazing and so much so that she's in school right now to get her PhD in nursing and is really intently studying the sort of like Psycho Social relationships of children that have any type of difference and so she's been looking at them specifically the tracks of their peer relationships score. So like how how are their peers when they're younger like at what ages do they feel that they're wanted to hang around their peers that they feel like they are friend.

They feel they have friends like those types of questions and it's just really looking at how do Orthopedic conditions or spinal cord or Burns or any of those types of

Those types of things really impact how the child perceives themselves and how the child can perceive their ability to make friends and feel like they're they're here to be value in the world. So she's really just starting to Deep dive into all of this information.

She just sent me this really beautiful article on belonging and sort of like what it means to belong and it just is so cool. So I'm so excited to bring Sally to share her information so that we can dive a little bit deeper into all these topics and just know that like these are conversations that need to happen and that just knowing that medicine and Healthcare is really taking on these topics and integrating them into just standard Healthcare delivery and standard Healthcare practice, which just makes me so excited.

Nicole:

Let's hop right into it.

Sarah:

Great. Sally Marten's work with in Pediatrics spans more than 10 years and she is currently a nurse practitioner at Shriners Hospital for Children -- Northern California where she specializes in pediatric burn.

Drink and Trauma previously. She specialized in pediatric Orthopedics focused on congenital conditions, trauma, fractures, and brachial plexus birth injuries affecting the upper extremity and hand. During her work she recognized a need to identify and support children with low psychosocial and mental well-being and designed a practice-based intervention aims at early detection of depression and anxiety in adolescents. Her

passion as a nurse practitioner lies in promoting maximal psychosocial well being for children and adolescents and has inspired her journey to pursue a PhD with the University of Arizona.

Her research focuses on identifying psychosocial challenges and improving mental well-being of children with visible differences using patient-reported outcomes and artistic expression. Outside of her academic and career Pursuits. She is also a military spouse, a mother of three incredible children, a vegetarian and avid animal lover.

Sarah:

All right, Sally. Thank you so much for being here with us. I'm really excited. You have worked with children who have disabilities and differences and as an RN, what is your role in working with these children and these children's families?

Sally:

I think that we have a pretty unique role being nurses whether it's the registered nurse or the nurse practitioner that we really get to form these emotional bonds with the family and with the children themselves. So we get to have these conversations that are pretty you know, "what's your favorite color? What do you like to do" and form those bonds? So they're not patients.

They're really people to us and in doing ,so informing those relations relationships- you really see the subtle changes as they grow over time, you know, this happy-go-lucky kid, maybe now isn't making eye contact and it just helps us see how they're developing especially when they have a visible difference - it the subtle keys that sometimes maybe they won't tell you they're hurting emotionally, but you can pick up on.

So I think being nurses that's something that we are very fortunate to be able to dive into with our patients and our families.

Nicole:

We heard a little bit about your bio before we hopped on here, but I was just wondering if you had quickly kind of tell us why what passionately led you to the area care that you're in and kind of what? Yeah. What was the reason for kind of focusing and on on us?

Sally:

And the reason I guess I landed so I'm very lucky and working with this amazing team at Shriners and in working with these kids. I've worked with these beautiful people

including Sarah at Hand Camp and I've come to appreciate that our kids with physical differences really faced different challenges than say the "typical kiddo" does some of it doesn't have a difference of visible physical difference.

And you can see it in these kids and we noticed when we these screening questionnaires is that their peer relationships for tend to like plummet at certain turning points in each development, you know when they're hitting Middle School when they're transitioning into high school and they're really looking for that peer acceptance and that forming that self-identity.

We see these kids not per se "in crisis," but hurting and I think being able to see these kids that you absolutely love and seeing them hurt. You want nothing more to figure out how to empower them.

And to help them so my my journey into my PhD and to discovering what there is out there kind of came from seeing these kids and asking our team. Well, what's up with this? Why are they hurting? and then searching and finding out that there's nothing out there. So obviously we have questions. We need to answer because we need to be able to help our kids.

Sarah:

Sally, when you when you say hurting like what what does hurting mean what are some of the things that you're seeing in the rooms with the kids and families?

Sally:

It's so what it's a subtle things. They were talking about, you know.

The kids that are happy and I don't want to make eye contact or the ones that tell you. "Yeah, I've you know answer the question and I think I would this world would better would be better without me."

Those are kids to me that are emotionally and mentally hurting, you know, they can't they don't see their worth. They're having difficulty finding that self-acceptance and in a period that's so important to their later development- every red flag in me tells me we need an intervention. We just don't have one yet. I want to be able to empower them to feel better and when you can see that physically they're fine, but emotionally they're hurting they need something.

Nicole:

What points. Are you seeing that particularly spike? Is there is it random from Kid to Kid or is research showing that there is a pattern related to age and when this happens?

Sally:

There there is an early pattern. Usually it's when kids are starting to transition from elementary to middle school that change in schools change in peer groups. They went from being really accepted to now trying to find acceptance and that's a very very difficult and it's kind of like the 8 to 10 range especially for girls and then you hit it again in late like 8th grade into high school and you notice it a little bit more in boys here when they're starting the puberty starting to hit and they're really trying to fit in there really trying to find out "who am I you know, how do I see myself?"

It's these almost like little mountains and valleys and it's the valleys that we're seeing where their scores are dropping its points.

Nicole:

It's fascinating to hear you say that because just like person on a personal note. The last time that I really wanted- growing up in the world, to go to a prosthetist- my parents, I always had a an option of it growing up and never used I was one of those kids of course, but the last one that I wanted- it was in Middle School at the end of middle school- I wanted what I call the "Barbie Hand" which is just the passive hand.

And that is just such a like looking back at it just like such a cry of pain and help in exactly what you're talking about where I just don't wanting to fit in period. And if statement and just trying to blend in whatever way I can and if that means literally buying a fake Barbie hand at Shriners then that's what it means.

So that's definitely reflected in my experience. Sorry, just had to share.

Sally:

We see it a lot. Dr. James one of the docs I work with, we can see it coming. We haven't seen a kid in four years all of the sudden they are in that age group and they're back. We almost know before we actually open the door and talk to that kid what's going on.

So it's cool because I can look at those scores and see that their peer relationships are low, and I know where this could where this conversation needs to go. We need to talk about. How are you feeling? Let's talk about this because functionally they're fantastic.

And they can do everything they want to do but it's not about the function. It's about how they feel and the questions and the stares.

Sarah:

There was a summer research article. I remember that I was reading and preparation for the Capstone project that I'd done at Shriners this summer and it was talking about how there's like the physical functioning of the hand and maybe a child is able to do, you know XYZ tasks by incorporating both of their hands, but their ability to use their hand was really limited by the fact of the like social scores to so even though a child had the capacity to use both hands in a specific activity the child was often electing not to and wasn't performing as well if you want an activity because they didn't want to incorporate their hands as much because they sort of felt that that sort of social presence.

And that I think similar to what you were talking about Nikki to is very illuminating for me to be like, "oh like this is real" that this like social component isn't is incredibly real.

I know in my own my own story and my own narrative I switched schools when I was in third grade and sort of at that moment. In that crisis that I was going to be having anyway then having this huge transition of an entirely new group of people. So these are children that didn't know me when I was, you know, baby growing up that that I started hiding my hand and and and I started engaging in these types of behaviors and even though my left hand could help me in bilateral tasks where I was using both of my hands. I would, I would choose not to use my left hand and wouldn't give my left hand tasks to do on its own because I didn't want people to look at it.

I didn't people to see it. I didn't want people to talk about it. I didn't like the way that it looked so I really limited myself and what I was able to do because I was feeling those social pressures.

Sally:

Yeah. Absolutely. It's very it's very real. It's those kids that just don't they don't want to be different and we get those questions "Why am I different?" because they are so they're becoming so self-aware and a lot of that awareness is coming from those around them.

And our parents can be great. Our providers can be great, but it's navigating that social and that peer interaction that's tough especially at that age. That's tough.

Nicole:

So what are what are some strategies or ways in thinking about this big picture if we know that this this kind of this pocket of an age as a problem. What kind of solutions can we think about or talk about or how do we how do we start to positively impact that I guess maybe is the question. What do we do to fix it? How do we fix it?! I wanna know??

Sally:

There's so many changes, Sarah and I have a lot of conversations about the language that we use about the person first language and really changing the tone and the culture around disability. I think it starts there with the larger group. So it starts with me talking with my kids about how do we interact with other kids it talk it starts with everyone around the kids.

And then from the kids, I think we kind of have to anticipate that this might be they might or might they may or may not be, you know, one that struggles with this but it is starting early and trying to figure out. All right, let's talk about interventions. How do you control this situation? How do you control this the conversation?

And letting them take the lead but that empowerment and that self-acceptance. I think those skills really have to be fostered before they hit those years and it's hard but still in a phase of I want to say medicine, but just of understanding what we don't quite know exactly what they need yet.

And it's going to take research and time to delve out what really are they feeling leading up to this? And what do they think they need? And that's going to drive how we fix it. Its I think it's going to tell it's going to take a lot of kids being brave enough to tell their stories.

Sarah:

Yes, and I think also just giving all of us and I think all of us meaning our children our parents our Healthcare Providers are adults the permission to have these conversations and acknowledging that this is a conversation. Because I think for a while it was like, "oh like get over it. Like you're fine. Like this is an issue like you can do whatever you want to do and you're big and you're powerful and whatever you're amazing",

But I feel that that there hasn't been that permit. I'd really just like that like permission type word that it's like, nope. We can absolutely talk about this and this is very real and it is negatively impacting a lot of us, and I know my own journey took me like 20 years to get over.

And that's a significant amount of time in my life. And I would really love that children don't need 20 years to process some of these, you know, pretty negative experiences, but that shame that goes along with it and that like, "oh, well, I'm not allowed to talk about this because I can functionally do the things that I need to do" or feeling that people don't want to listen to it or don't know how to process it or don't know how to talk about it.

So I feel like that just that having the conversation itself is yes, a step.

Sally:

Yeah, no opening it even with your Healthcare Providers opening it with everybody, you know, so the kids feel good about the conversations are going to have they feel good about talking to know whether it's doctors or nurses about it and being honest with the way they feel because we're the people that are supposed to really listen and help them

And you know, there's some thought that and I've heard people say, you know, "you just got to be tough. You got to be resilient." Well, that's not that's not everybody's capable of that. Like I'm not even capable of that on some days.

So it's how do we cultivate the skills that they need? Instead of telling instead of telling them to be something that maybe they're not. So it's powering them in the ways that they need to be empowered and I think that helped them navigate this train a little bit smoother.

Nicole:

Yeah, I love that and I feel like the role the the people who surround us, you know, really are- that the people when I think growing up who were the people really giving me the messaging about myself and it was my parents and it was the doctors that I was going to see so, you know, those were the people who who were like the important messages, of course, I was getting messaging from every person I encountered with the looks that they gave me and whatnot.

But I mean as far as sitting me down and talking to me and and sharing with me the toolbox of what I may be needed to know or they thought I needed to know. And so I guess I guess my question is in in your work then as a healthcare provider and in being in that space of kind of medical authority I guess is the word?

What importance does that side of it play? Like when you I'm sorry. I'm trying to I'm trying to formulate what I'm trying to get. I'm not asking it clearly - the parents the parents maybe have one messaging. So how do you come in and be the medical care provider giving the messaging that that maybe isn't exactly what the parents are saying, you know maybe the parents want to live in some denial or the conversation maybe a little different.

How do you how do you use your role as a healthcare provider to benefit a child that? Sorry that as a confusing question!

Sally:

No, that's all right. That's a great question. So when you have parents that come in and they have these questions or those messages are being portrayed. We even had a kid that came in that said, my teacher told me I needed a prosthetic, you know and in my head, I'm like, "OHH" Oh, but this is the chance where we give the kid the tools to go have a conversation with their teacher to say "no. I'm perfect the way I am and this is why I don't need a prosthetic and this is why"

So it's taking that moment to hear them and to hear the parents and really break down what they're thinking because even if they say "I need a prosthetic it'll just make things easier." Well what things like you really have to look at the bottom line to see what they're trying to say, because lots of research is out there that unless it's activity specific the Prosthetics don't help it actually limits a lot of functions.

So if you come to me and tell me that you want to play field hockey. Okay, we can have a conversation. But if you tell me I was just going to make everything easier. We're going to have a different conversation. And having that, opening that really just takes time. It takes time to say this is what the science has shown. So let's talk about how that fits with you. And I think that's where the medical team can translate that research and what we found in practice to help them see that there isn't a perfect fix their kid is perfect the way they are and taking that message to them. They can embody it the kids can feel it and see it and then they can take it out but it does it comes it starts with those conversations.

Sarah:

I really like how you put the emphasis on the child to that. It's like how can we really sort of put the child at the center of this care and really sort of fielding things through the child that it was how like what what is it that the child wants to do? How can we best support that child and sort of navigating all the external messaging outside of that too.

And I just think that's really cool because I know I know OT we talk a lot about like who is the person that were working with like who's our client? And then sort of the client can kind of extend to like Partners or parents or caregivers and we know that they're all part of that system but really like that what is best for the child and how can we make sure that everybody's on board for what that child needs regardless of how old that child is.

So maybe maybe the child's 2 and doesn't necessarily have the words to form to be able to identify what they need or maybe the child is 12 and maybe they are formulating the things that they need, you know, but we're sort of picking out like so what these based on the questions that you're asking me or the things that they're talking about. I can tell that the child wants X Y and Z things and how can we make sure that we are all on the same page and and sort of helping parents and caregivers and teachers or whoever else is in their lives, be sort of on that same page and really giving the child the the tools to be able to take on those conversations later I think is is amazing.

Sally:

It's really interesting. Sometimes when the kiddos come in. They have this idea of what they want and their parents kind of have an idea and sometimes you almost are you are like like an intermittent - intermittent. Whatever you call that. How do you say that --?

Nicole:

Mediator?

Sally:

Yes! Beautiful! Thank you. This is what you're thinking. This is what your parents are thinking. So let's talk this out. And it's pretty cool to be able to get there and kind of watch them merged together what they're thinking what their parents are thinking because sometimes the parents are like "she loves to bake and she can't hold things"

and the kid's like, "oh, yeah true. I totally like I do my hair", you know, all that great OT stuff that we talked about that their parents are great resources for.

But it is letting that kind of guide that conversation and what you're ready for too, there might be some things they are not ready for either and that's ok.

Nicole:

I just I love stopping to think about the medical provider as almost the translator of the needs. I've never paused to think. Yeah, when I went in or whoever goes in that I may be saying one thing but just because I'm saying "yeah, I'm in the eighth grade. And now I want a Barbie hand" like what is that actually saying and the fact that the Medical Teams job is really to translate what that need actually is that's that's so cool.

And I've never paused to realize that. I knew that you had the toolbox and I knew that you had the options but but this is my first time really realizing what an important part that translation is and that understanding of what the options are once you know what the translation is. That's so cool. That's a comment not a question. But so cool.

Cool. Yeah,

Sally:

I don't think I've ever thought of myself as a translator, but I'm going to use that, that's pretty awesome.

Nicole:

That's really that's just what I'm hearing from you!

Sally:

I love it. I like to be the one- and it's when we have clinics with our hand difference kids- I love to go in there and be like, "what do you want to do? Let's have a conversation." It's the best thing because it's one of the few times. I'm like, "how can I help you?" Like, "how can I help you be the awesome you?" because they are and it's just so much fun.

It really is fun to be there.

Nicole:

Will you tell us about clinics and camps perhaps that do happen because that's a very very real resource and Community for people?

Sally:

Yeah. We have a wonderful clinic at Shriners that is a limb different clinic. It happens once or twice a month, where we just see kids that are coming back in active kids kids that are thinking I want to play the drums, I want to play sports, is there something that can help me hold my drumsticks, ride my horse- anything.

So there are clinics that we have for kiddos here at Shriners. We work with the POPs team the Prosthetics Orthotics team and they actually help create Prosthetics at no charge for kids.

And then as far as camps go Sarah and I are involved with Camp Winning Hands which will be in August. This year is a wonderful five-day Adventure in Livermore movie will have a blast and it's all kiddos with hand differences and having fun for five days.

And I loved it. I loved every minute of it and you see them explore you see them just be comfortable it is it is an amazing week that I look forward to every single year.

Nicole:

It's amazing. It's amazing! and all of these places are what I'm going to call "safe places" because I feel like another piece of the puzzle in especially when I think again I just keep personalizing it to myself because that's the knowledge that I have right now in this conversation- when I think back at myself like all I was wanting to do was not have the eyes on me and just wanting to like it like if I could go in a corner and learn how to do whatever activity it was by myself first.

Then I can come back with confidence to whatever group it was and then I would be fine with people watching me. But if I had to like learn it in real time with other people watching I was very uncomfortable- with that and to a certain degree as an adult person. I'm still still the same way and that and that respect actually but much more so then.

So I just feel like these are such magic spaces for for you to be in a corner, but you're not in a corner alone. You're in a corner with the people who get it and who who do it the same way that you do and you know, so you can you can learn in real time but not have to be I guess embarrassed by it? I guess that's what the feeling is and real-time.

So yay!

Sarah:

Yay, and they love the camp is and we're going to talk about camp for one more second because I love it. Um, but I just really appreciate the intentionality of all of the camp directors as yourself Sally, and like the program staff and everybody who's really kept this a safe space that is all about the kids.

It is all about the kids. There isn't anything else about the kids. You will not see these kids on any social media like it is so private

Nicole:

So important!

Sarah:

Just like saved like this is a magic space for them to be them that no one is ever going to watch any of this stuff anywhere and it just is so like it's very intentionally magic in that sense and I just really am grateful for that because it's about the kids and it's about what's best for the kids and done and of story.

Nicole:

Could not echo that more. In a community where there are a lot of other options that is one of my reasons why it is absolutely my favorite. It's only all about the kids.

Sally:

Yep. It truly is all about the kids - making sure it's messy and crazy and they're up late. Yeah, it's just supposed to be this week of fun. And I I probably love it as much as they do. Although I'm a lot more tired at the end of it same thing.

Sarah:

Like I have to take a week off now to recover from this.

Nicole:

So Sally this chapter specifically we're talking through the medical model. So, you know part of disarming disability is to bring bring information to our peers who are like us who aren't experts in the field and who are kind of starting to wake up to their disability pride and when you start to wake up to the Disability Pride you start learning that there are different disability models. Right?

And the one that is talked about a lot Sarah, you know had mentioned the the social model which really is talking about coming together as a community and we are seen as people and we are not broken and we just need to have barriers on our life kind of pushed down for us. So we have equal access to things.

But right now we're talking about the medical model and a lot of times in kind of activism type spaces when we talk about the medical model. It's talking about it in a way where you're going to meet a medical professional and the idea is that this medical professional thinks of you as kind of a specimen that is broken and can be fixed. And so I would love for you to kind of speak to that and what you feel like your role is and what your colleagues roles are and kind of give us a beautiful taste of what what Healthcare is and what the medical model can be?

Sally:

Okay, it's everything opposite. My goal with any kid that comes into our Clinic is for them to understand that they are beautiful and perfect the way that they are and it's not for me to look at them and be you know crazy in my white coat and just look down on them. Like I'm going to sit on the ground and play we're going to talk about school. We're going to talk about what I can do for you. It's not you coming to see me. It's how can I help you?

And I think the beauty of the place that I get to work every day is that I work with a team including surgeons and nurses, medical assistants, or you know, prosthetic guys their whole goal is "how can we help you? What do you want to do?"

So it shouldn't be an US versus them. It's a how do I support you? How what can I do FOR you? Because that's that's really what we're here to do is Empower and lift up whether that's helping you physically or emotionally or socially- that is all of what should we should be doing.

And we do we have our own stigma that were trying to change and make it so we're not that negative model, but I think we're getting there were trying

Sarah:

Sally. Can you share with us? What is sort of lead to your want to tackle a Ph.D program and sort of where you are in your PhD journey and sort of what you're finding out at this moment?

Sally:

So a lot of it came from our work with the kids and seeing a need to look at psychosocial growth in children and what it means to have a visible physical difference and how that impacts their growth whether it's their self-acceptance their self-concept their peer relations. I started noticing these trends and started asking a lot of questions. Then I went to the research like we've talked about it wasn't there and then I quickly found out that a lot of my cohorts don't like to talk about feelings and emotions.

[All speakers giggle]

I'm not always the best at having them but I think they're exceptionally important to really look at the inside as well as the outside. I'm a firm believer in that. And that's kind of led my journey to I know we can help with function- but how do we help with what we can't see all the time?

And it's there's any there's a big need there and it kind of inspired my journey back to PhD and now it's just kind of growing and I love what I'm finding early research is already showing a great need. So now that I prove there's a need then we get to start focusing on interventions, but

I'm hoping that we can open up- this is I say, "holistic", but I just need more more kids center to care really looking at the kid as a whole.

Nicole:

Amazing. Thank you. Thank you for the work that you're doing

Sarah:

YESS!

Nicole:

and for having finals and hanging out with us still even after

Sally:

I wouldnt have it any other way.

Nicole:

Yay! Thank you so much for joining us. Seriously.

Sally:

No, I think thank you guys. I definitely don't feel like I'm by any means an expert. I just I love kids it literally boils down to that. Like I just love our kids.

Sarah:

Thank you! Bye Sally!

Sally:

Bye ladies!

Sarah:

Thank you for spending part of your day with us. We want to give thanks to our Network Public House media. And for intro beats Jason Barnes with cybernetics for logo art. We want to remember Patrice. You can find his work at [normal person's.com](http://normalperson's.com).

Nicole:

Be sure to follow [disarming disability](#) on Facebook and Instagram. and lastly be sure to check out our website [disarming disability.com](http://disarmingdisability.com) where you can find all 13 Episodes of Season 1, links to resources, transcriptions, and discussion questions for each episode. Check out our blog where we feature amazing Disability Advocates.