

Deciding on Disclosure at Home

Talking About Diagnostic "Labels" and Understanding How it Impacts Your Child & Family

Tracey L. Stoll, MEd, BCSE, ACAS

Executive Director

Agenda

- Introductions
- Should you tell your child they have a diagnosed disability?
- How/When can you talk with your child about his/her disability?
- Who can help you talk with your child about his/her disability?
- Related Resources, Q&A and Discussion



https://www.merriam-webster.com/dictionary/disclosure

Definition of disclosure [for English Language Learners]:

- the act of making something known;
- the act of disclosing something;
- something (such as information) that is made known or revealed.



oIn short: YES

- Most children sense if they are experiencing life differently than their peers
- Those around your child sense he/she is experiencing life differently than their peers

Benefit



 You have more control over the "messages" your child and others' receive and understand about your child, if you explain his/her experiences.



oIn short: YES

- Others know that a child may have special needs. It is not something that can be, or should be "hidden."
- People often interpret "hidden" information as something that is negative, or a secret to be ashamed of.

Benefit



 Telling your child introduces a positive tone early on to think of differences as a unique part of his/her self that adds to any classroom/community. Not to think of differences/challenges as something to be ashamed of/embarrassed of.

oIn short: YES

- If you don't tell your child, you risk someone else (peers, doctors, members of community, etc.) telling your child.
- Not telling your child does not change who he/she is, whether he/she has a diagnosis, what challenges may be, etc.

Benefit



 Telling your child allows them to explore, develop and be open to learning self-advocacy needs and strategies.



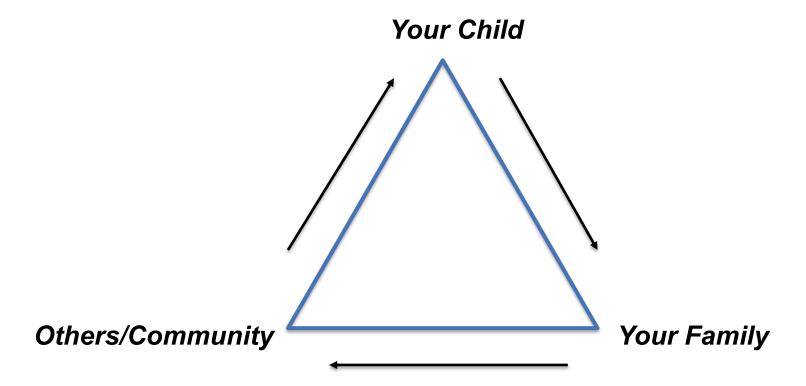
In short: YES

- Not telling your child leaves cognitive and emotional space for your child to misinterpret why he/she struggles, and may fill in the "blanks" with self-deprecation.
- Not telling your child increases the chance of low selfimage, low self-esteem and related side effects (depression, anxiety, etc.)

Benefit

 Telling your child empowers them to choose whether or not share their information with others, and how to answer uninvited questions that may come their way from others.

OWHO does this matter to, and WHY?





- Every child is different.
- Case-by-case basis driven by individual development (intellectual capabilities, medical needs, physical needs, language needs, social needs, etc.)
- Children often ask direct questions at different times/stages.
- "Double Digit" Rule of Discussion



OAges 2-4 years old:

- Do not need to use "label" vocabulary. (Not necessarily diagnosed in early years.)
- Use concrete explanations of observable behavior.
- Answer questions short and simple, if asked.
- Model expectations and reinforce successes.
- Provide love, nurturing, care and patience.



- Ages 5-7 years old:
 - Answer questions simple and concretely when asked.
 - Give only necessary information if/when asked.
 - Always emphasize strengths, and support challenges positively
 - Describe behaviors versus categorize with "label."
 - Talk about the way "people" grow; "brains" grow.
 - Do not use negative or deprecating vocabulary.



- Ages 8-9 years old:
 - Similar to earlier ages.
 - Provide a little more relative detail.
 - Consider leaving related "literature" or "role model" examples within environment.
 - Often will begin to ask "why" need to see doctors, therapists, different schedule, etc.
 - Most children by this age have begun to notice and "feel" different than their peers. Peers have noticed too.
- * Be careful not to mistake/project your emotions, thoughts, fears about your child's challenges (diagnosis), onto your child.

- Ages 10-12 years old:
 - "Double Digit" Rule of Discussion
 - Typically an appropriate time to introduce "label" or diagnostic vocabulary (if have not prior).
 - Most likely child has realized their challenges and experiences are different than those of their peers. (emotions high and vulnerable.)
 - Some children have experienced peers commenting on their different experiences, strengths and challenges.



Ages 10-12 years old:

- Continue to emphasize strengths, and support challenges positively – but be honest and acknowledge challenges truthfully
- Introduce role models or people in history that have battled and succeeded with a disability.
- If you have not already, seek outside professional support and help privately and/or through school.



Ages 10-12 years old:

- Keep lines of communication open. Encourage questions.
- Remember, children are savvy to the Internet!
- Talk freely with family members in a positive manner.
- Remember your child will go through multiple stages of emotions, understanding, denial, conflict, acceptance, etc. This lasts for years, not days.



Ages 10-12 years old:

- Consider finding/identifying an affinity group (if have not already; the earlier the better).
- Help your child set small, obtainable goals of growth, and acknowledge when gains made due to perseverance.

"______ is not an excuse. It's a reason to work harder. You can do this."



OAges 13+ years old:

- Similar to earlier ages.
- Child typically identifies as having different experiences than his/her peers and will continue to ride a roller coaster of emotions and thoughts about personal strengths and weaknesses.
- Don't wait much longer. It may become more difficult to discuss/hear, and seem like a "secret" just learning.
- Puberty has set in! Add this to the mix.



OAges 13+ years old:

- Remember YOU are the adult mind. Your child may become more resistant to talking, participating in services, being around peers.
- Remember, they may have an emerging adult body, but they are thinking with an immature, vulnerable mind that continues to NEED adult boundaries and guidance.



Who can help you talk to your child?

- OProfessionals/Community:
 - Educators
 - Therapists
 - Service Providers
 - Community role models
 - Doctors/Specialists
 - In Home Therapy teams/Therapeutic Mentor/Support and Crisis teams
 - Community Associations, religious affiliations and/or support groups identifying with specific diagnosis/disability.

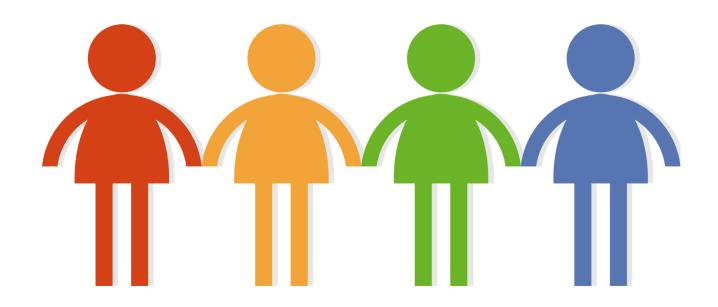


Who can help you talk to your child?

- Family/Friends:
 - Parents/Guardians
 - Siblings
 - Extended Family
 - Trusted, close friends



Additional Resources, Q&A and Discussion





Thank You!

Tracey L. Stoll, MEd, BCSE, ACAS

Executive Director

Learning Solutions, LLC

49 Walpole St., Suite 5 Norwood, MA 02062 781-762-3750

info@learningsolutionsforme.com www.learningsolutionsforme.com

