

The Gustatory System aka Taste – Video Transcript

JENNIFER: I'm Jennifer Tarnay with the Hawaii and Pacific Deaf-Blind Project. Also with the CSC and I am going to be presenting to you today. I have the rest of my Hawaii and Pacific Deaf-Blind Project team here with me.

I'm going to let them all introduce themselves.

I'm going to popcorn it over to Mellanie so she can say her hellos.

MELLANIE: Hello everybody.

Thank you for joining us today. I am Mellanie Lee.

It's great to be here and see everybody. I'm excited. Please stay on for the end because we're going to be sending a link for the evaluation.

Of course, you know that's important for us.

That will be at the end.

Good to see everybody.

Thanks Jen.

JENNIFER: Ginger, do you mind saying hello?

I don't know if everybody knows you as the newest addition to our team.

I'd love for them to know you.

GINGER: Aloha.

Hi, I'm Ginger Knowles. I'm your Family Support Specialist.

Good seeing everyone.

JENNIFER: Somewhere there another window is Miss Roz Kia. Do you want to say hello?

ROZ: Hi, I'm Roz.

It's really nice to be here and meet all of you.

Thank you for coming.

JENNIFER: That is the Hawaii Pacific Deaf-Blind Project team.

Sometimes you might get emails from all of us. From one of us.

You'll see all of our names in the newsletters.

We all over the course of this Seven Senses series, will be contributing different areas of our own expertise and experience to the series.

I'm ready to get started.

Are you guys ready?

All right.

I'm not sure if you folks were able to join us for the very first workshop we did that was in introduction to the Seven Senses.

We do have that recorded and that is accessible if you missed it and wanted to watch it.

It was just a brief overview of all of the senses that we have.

Sight, sound, smell, taste, hearing, proprioception and interoception.

I'm missing one.

We'll figure it out along the way.

ROZ: Vestibular

JENNIFER: Vestibular system.

Thank you. Important one too.

How did I miss it?

Vestibular system.

There were eight.

Today, we're going to talk specifically about the gustatory system, which is a fancy word for taste.

Gustatory system actually involves chemical receptors on our tongues.

You probably all saw the flier that went out.

There's different parts of our tongue that are responsible for different tastes.

Salty, sweet, sour, and all of those chemical receptors that are on our tongue work alongside with our olfactory system, which is our sense of smell, to provide us with information about different tastes.

Now, this is important not only because food is good and we like good food.

We like to taste things that are yummy.

But also because it helps us to know if things are dangerous or not.

Those two senses work together to let us know perhaps if something smells really bad, like bleach, maybe we shouldn't put that in our mouth.

It lets us know if there is danger nearby.

If we smell a fire nearby we know that there is something that is dangerous.

Our sense of taste does the same thing.

As babies are growing and learning and exploring they often put things in their mouths to learn more about them.

It's a very important system for growing and learning and developing.

Interesting things about taste as well is that it can actually really impact our behaviors and our mood sometimes.

We're going to talk more about foods and how that comes into play later.

In our first meeting we talked specifically about individuals that have sensory processing struggles, specific to taste and what that looks like.

We talked about children who have a hyposensitivity meaning that they need more.

They need to get more input in that sense.

What we see is that kids are constantly putting things in their mouths.

Not necessarily food.

It can be anything that is near them.

It might even be their shirt.

Their fingers, their hands.

At meal times, you might see those kiddos just stuffing everything in their mouth because they get feedback from filling their cheeks.

They tend to like extreme flavors.

When we have kids that like really spicy foods, or extra salty foods, that is kind of atypical.

We will see our kids with hyposensitivity in the sense of taste, eating very spicy, extreme flavors.

We might see them licking or tasting or smelling everything.

I had a student a few years back. When he first started school, he had a hyposensitivity of his taste sense and he explored the classroom by licking everything with his tongue.

The walls, the chairs, the floors. As you can imagine, it's not entirely sanitary. It's not healthy for anybody.

We need to find other ways to help support that need, that explorative need that they have, that keeps them safe and keeps their peers safe as well.

Particularly the peeling paint, that was something we're really worried about.

Don't want kids eating peeling paint. We also see kids that may salivate or they drool excessively.

When young kids are having their teeth break through the surface, we see a lot of teething and we see a lot of saliva and that's typical.

Once their teeth are in, if we have kiddos that have excess saliva or drool, and it's not a child who has cerebral palsy or weak muscle tone, like Down's syndrome, cerebral palsy—we see some sort of drooling or salivating.

But if the child is otherwise muscularly tone and within typical limits and see salivating, it could be due to this hypersensitivity of taste.

What do we do when we have these kids that are hyposensitive?

We help them by giving them things to put in their mouth that is appropriate.

It's safe for them.

We let them have objects that they know – “this thing is mine and I can put this in my mouth and it's safe and appropriate” - and it will help to support that need to chew and explore.

One of the things that we talk about often is Chewelry.

Nice play on the word of jewelry.

Chewelry can be necklaces, pendants. These are all pendants on the screen.

They do make bracelets.

I have seen rings.

But typically, we see pendants and necklaces.

Those are made of a safe, nontoxic, very durable silicone where the kids can pick them up, chew on them, explore them in their cheeks, suck on them. They're easy to clean.

They come in different densities. Some are harder than others.

Because some kids when they have all of their teeth, they want that chewing experience.

So sometimes you might want a harder one.

These have been beneficial to all types of children with sensory struggles. Teens and adults as well.

Sensory processing disorder, children with autism that have sensory processing disorder are where we often see these.

They come in a variety of colors.

Variety of styles and shapes.

Like I said, different textures and resistances. They can be cute and unicorns for girls or they can be baseball bats for boys.

All different kinds.

The mouth itself is made up of joints and muscles that receive that input in addition to the tactile input.

Many of the children that we're talking about will chew in order to get that stimulation in their mouth.

That helps them to calm down.

The nice thing about Chewelry is that it's on their body all the time.

Whenever they need it, they can grab it.

It decreases the chance that they're going to pick up a pen, it decreases the likelihood that they're going to chew on things that we don't want them chewing on because they know it's easy access, it's always on them.

There's a lot of parent's service providers that try to eliminate this behavior altogether.

We don't want my child chewing on things.

But when we're able to redirect this behavior instead of eliminate it all together, it helps to support the child in their needs and also, helps the parents and the rest of the peers to feel more comfortable. Which in turn helps that child feel more comfortable as well.

If ever you have a child chewing on something and you have the Chewelry present, we always redirect to that.

The question I'm sure you were thinking of is, where do I get it?

Great Jennifer, you told us about Chewelry.

What do I do with that information?

There is a number of places that you can get it online.

It is well priced.

Does not have to be expensive.

I think on Amazon, if you put in the word Chewelry, you'll find, usually, like how this picture has four pieces.

You'll usually find a package of multiple items for between ten and fifteen dollars. If you want real fancy stuff, it can get more expensive of course, but it doesn't have to be.

There's also some links here for different shops that you can find them.

You can also make your own.

As long as you find food grade silicone, you can make your own.

There are kits that are available online that you can put beads together and have kids make it with you.

There are food grade silicone you can find.

If you can't find Chewelry or cute beads you might be able to find a spatula, silicone spatula that's used for cooking.

End of that spatula can be used for kids to chew on and it's safe.

There are cupcake holders, some of them that are silicone. You can use those.

As long as the edges are nice and clean and not going to be able to bite through it and risk swallowing it.

That's the one thing we worry about.

It needs to be strong enough they're not going to chew it and risk swallowing it.

What else can we do to support our kids that have that hyposensitivity to taste?

In addition to chewing, encouraging different oral motor games is very helpful for them.

What that looks like are blowing bubbles in that first picture.

We're blowing bubbles on a cookie sheet, we took water and dish soap, mixed it up on the cookie sheet, and they're using a straw to blow bubbles.

That will help encourage and support that need to do stuff with their mouth and it's appropriate.

Second picture we know regular bubbles with a wand that you can blow.

Not everybody has those.

The third picture is probably the most easily accessible.

Which is just a straw inside a cup of water.

So, allowing the child to explore this blowing activity prior to meal time can really, really help them to calm down.

It can help them to be ready to then explore foods as well.

Blowing bubbles is another fun one. It can be incorporated throughout the day.

It is a great one to do in school with their peers because their peers, I'm sure, like to blow bubbles as well.

It serves a purpose that everybody enjoys.

When it comes to foods and children or individuals who are hyposensitive to taste, crunchy foods are the way go. We encourage eating of crunchy foods.

Thankfully many crunchy foods happen to be healthy foods.

Carrots, Apples, celery, crackers, ice cubes.

Ice cubes are another one that is crunchy food, it's not food.

Crunchy that is edible that will help support that needing to bite and chew on things.

That is all of our kiddos who are hyposensitive.

We're going to talk a little bit about our hypersensitive kids.

I'm sure all you know a child who has a hypersensitivity to taste.

What that looks like are kiddos that gag easily.

Sometimes just at the thought of a certain food.

Maybe they're fearful of foods.

They don't like their foods on their plate to mix or touch.

Or maybe they don't even like to have different textured the foods in their mouth at the same time.

They can have difficulty with those food textures and even varying temperatures.

Maybe they don't like their food very hot.

Or they don't like their food very cold.

Or maybe they do like it very cold.

They tend to be labeled as fussy eaters or picky eaters as what we hear them called often.

They also tend to not like having teeth brushed.

Now, toothbrushing is not the easiest thing for all kids, in general.

We have some exciting videos that are going to be coming out about toothbrushing in the coming weeks that we hope to share with you.

Stay looking out for those.

We have some other things that we're going to talk about here for how we can help with kids that don't like having their teeth brushed.

What do we do when we have these kids?

What are some of the activities that we can do?

Well, more oral stimulation exercises.

More and more oral stimulation exercises.

You may hear it called non-nutritive stimulation protocols.

Meaning that we're going to put stuff in the mouth and it does not serve a purpose of providing nutrition to the individual at all.

I have a giant list here.

I'm going to kind of talk on them.

Then when we send this out you'll have this giant list of activities that can you try.

Our slide shows some of the things we can use.

Mirrors are wonderful for playing with kids.

They can explore their mouths.

Have them open and close their mouth while looking in the mirror.

Moving their tongue all over.

Sometimes taking, if they do tolerate food, taking a little chocolate syrup or peanut butter and sticking it on the outsides of their mouth so they have to try and reach it.

Being able to see themselves in a mirror or any kind of reflective surface helps give them that feedback.

The second picture here is actually a vibrating oral STIM device.

There're all different textured pieces that can be placed on top of this stick that vibrate.

That stimulates everything inside of their mouth.

Kind of wakes up all of the muscles and everything in their mouth.

The different textures provide different feedback for the child.

Again, there's that Chewelry that is there.

It can be used for either under or over stimulated.

So hypo or hypersensitive individuals.

This here is another type of toothbrush.

Just to play with and put inside and massage on inside of the cheeks, on the tongue.

Then in the middle, a bunch of Kazoos, more of that blowing.

The thing with the kazoo, which I'm actually really bad at blowing the kazoo, I don't know what I do wrong.

But it's supposed to have a little bit of vibration that goes when you blow it.

Light of time there's a paper in there so they get the blowing coupled with the vibration they feel on their lips provides them with some feedback.

Then ChapStick. Chapstick is a nice, easy one.

There're different flavored.

Different scented ChapSticks out there kids might like.

That's also with the scented ones that stimulates their olfactory. Their scent sense.

Mirrors.

Doing song time.

When we sing to our kids, singing and tapping at the same time, stimulating but gently on the different parts of their mouth and their face.

Making funny faces at each other or in the mirror.

Fish lips.

Just playing with the muscles in the face.

Puffing up your cheeks.

Along with the funny faces.

Whispering the sounds of the alphabet.

Or just singing the alphabet.

Singing in general also is another way to really move the mouth around.

Popsicles or ice pops or ice cakes.

Any kind of cold or hot stimulates the oral senses as well.

I think my list is like 50 different ones. I will make sure you all get that activities you could do with your kiddos to help stimulate and give them the feedback they need.

Another thing we can do with these kids is sensory food play activities. So, we've seen bins that have sand, bins that have rice.

Beans that we can play with.

The sensory bins.

We can also do sensory play with food.

So pasta, letting kids touch the pasta before they get to eat it.

If you're making spaghetti or making macaroni.

Letting them with clean hands, letting them kind of explore that food before they get to eat it desensitizes them.

Having plates that have sections in it to separate the foods.

Sometimes just that is enough to help a kid feel better about what is going on and what is going to happen when they put foods in their mouth.

They know the foods are never going to touch, so they're never going to be overwhelmed when those foods go in their mouth because they know exactly what they're getting.

It also helps to avoid any pressure.

You can take a plate like that and put one thing on it.

Sometimes having too many options of food can be overwhelming for that child that has sensitivity to taste.

Maybe just giving them one thing at a time.

Then music.

We're not talking about our sense of hearing today.

But sometimes our senses overlap.

Having comforting, calm music.

Having their favorite song.

If they love it when mom sings, or they love it when teacher sing, singing during sitting down to have meal time, because it will help calm them down.

They don't have that anxiety of there's these things that are going to go in my mouth and I don't want to do it.

They have a comforting thing that is present there for them to help prepare them to move into the next moment of eating.

Which brings me to eating.

Are we doing good out there?

Eating.

This is probably the number one question that I get as a professional that works with children with sensory processing disorders, as a speech language pathologist, as somebody who specializes in feeding and swallowing, eating, picky eating, disordered eating is probably the number one question that I get.

How do I get my child to eat? What do I do? I'll give you an example.

I have a patient here, little boy, super cute, super sweet, very bright.

Has some sensory struggles.

Has some pretty severe sensory struggles.

He's on point, grade levels, all those things.

Developmentally doing great.

When he is in his house with his family and the parents cook chicken, and he smells the chicken, he will gag.

Because he has this hypersensitive reflex to the sense of smell and subsequently taste.

His parents brought him to me and said, "What do we do?"

When I started working with him, he had three word foods that he would eat. He would eat McDonald's French fries. Only McDonald's French fries.

They tried French fries from other places, didn't matter.

They tried making French fries.

Didn't matter.

Only McDonald's French fries.

He would eat the Ramen bowl, the noodle from inside there, but only dry and not with any flavor packets on it.

Just the noodle.

Then he would eat the wheat bread that his grandmother would make.

That was the only three things they could get him to eat.

Any time they tried to feed him anything else, he would gag, he would cry, he would drool a lot.

All of these things.

They were worried because he started not growing as much as he should.

He started being undernourished. Malnourished.

They were really worried.

They had tried hiding chicken inside his French fries.

Or rolling up making rolls of grandma's bread and hiding food inside there.

What ended up happening is he stopped eating those things because when he tried them and found out there was -

(Lost audio)

So he stopped eating those safe foods.

He completely stopped eating those safe foods.

He had to go to the hospital and get alternate nutrition because he was getting sick.

We started doing sensory based feeding therapy. It's basically six steps to eating.

Kids that have feeding disorders, usually have less than 20 foods in their diet.

We are lucky if they have 20 foods in their diet.

Sometimes like I said, it's very brand specific.

It's only the French fries from that one place.

Or it's only the Ramen that is in that one colored bag.

Or it's only the Vienna sausage that is low sodium Vienna sausage.

It's very specific. If we try to give a different type of Vienna sausage, they're not going to touch it.

First thing we do is to expose those kids. We just want them to be able to tolerate having a new food around them.

That they can look at it.

It can be in the room.

That can be near them.

That can be on the table.

And it's okay if we put that food there and the kid gags.

Or starts salivating.

That's okay.

The goal is for them to sit there, have it be there, and just learn to be comfortable with it.

And that could take a day. That could take a week.

In the case with my little boy, it took us six weeks.

To be able to mom and dad could cook and he could be present.

For about a year, they would put him outside of the house if they were going to cook.

So, bringing him back in the house and saying no, you have to be in the house when we cook.

Just tolerating physical presence is a very first step.

Once the child can do that, we want them to interact with the food.

They don't have to touch it.

They don't have to taste it.

They just have to interact with it.

We're going to talk about it.

Maybe we're going to use a fork and we're going to poke it.

Or we're going to scoop it.

Or maybe we're going to push it away from us.

That is the second step even.

Just pushing that food away from us.

The third step after they have interacted with the food, is to be able process and manage the smell or odor of it. So they do smell it from a distance.

But now we want them to be able to, they don't have to pick it up, but have it close to them where they're actively smelling what it is.

Because there's a connection between our smell and taste.

We want to smell it and be able to tolerate it.

They might go back to gagging.

You might see the (gagging), it's okay. It's okay.

Gagging is a developmentally appropriate step when we're talking about feeding and swallowing.

Gagging is a safe thing.

Gagging is a person's way of protecting their airway. When you gag, not that I want you all do it, when you do, your airway is covered and nothing can get down there. It keeps them safe.

Also, when you gag, anything that is in the back of your mouth is going to come forward.

So it helps keep them safe.

We don't need to worry about gagging as a bad thing.

It's a little uncomfortable. It's a little uncomfortable for other people to watch.

But it is a step in the process that helps us get to the next step.

After we've been able to smell the odor of a food, and we're successfully doing that, the fourth step is to be able to touch the food with your fingers.

First, usually it's fingers and then our whole hands.

Some of you picking it up.

The body.

Sometimes we just need to touch it with another part of our body

And then we move to the face.

And then the mouth.

We don't have to eat it.

We just need to touch it.

Just need to touch it.

And tolerate that.

After we're able to tolerate it, we move from out here, to here, to our chin, to our mouth, and after we can do that, I like to have my patients kiss their food (kissing) because it's a natural thing that we do.

They're comfortable. They know a kiss is just brief.

Once my kiddos can kiss their food successfully, kiss it and put it down, then we move on to tasting.

We might wonder, how do we get the kid to kiss it so they don't throw a tantrum?

We do all of these things while having a positive reinforcer present.

What I did with my little boy was that he loved to bowl, like he had little pins, wooden pins and we had a small ball, and he loved to knock all pins down.

We would bowl and the food was there with us, while we played a game.

We got to the point where he would, when he was touching it with his face, he would pick up the food, (kiss it) and then he got to go and throw the ball.

He learned okay, I can do that.

I want to go throw my ball. (kissing the food)

We don't just sit there and go, kiss it, kiss it, kiss it.

We kiss it and then we move on to the positive thing that the child wants to do.

The next thing is tasting.

That can be the tip of your tongue.

It can be putting the whole thing in your mouth and spitting it out.

It can be having a spoon and touching it.

It doesn't have to go in their mouth.

If they're comfortable putting it in their mouth, that's okay.

The final step is, I break up step 6, depending on how the child is doing.

Practice chewing and swallowing.

I separate those two out.

So now that we've tasted it, it can go in our mouth.

We can chew.

I let my kiddo spit it out.

If they have to spit it out.

Eventually we work towards swallowing.

Those are Six steps to eating. That's a lot of information.

I'm sure you feel well that doesn't help me.

I want more.

I want to see pictures.

I want to see videos.

And the good news is I have an amazing resource I want to share with you guys.

Solid Starts is a company, a business specifically focused on what is called a child-led weaning of foods, baby-led weaning.

They focus all on foods, eating, swallowing, and picky eating.

Whether it's picky eating because a child has a limited amount of things they like to eat, whether it's what we identified as disordered eating, which is that sensory processing struggles of taste, whatever the reason, the way that we address it is the same and this website is fabulous.

We're going to explore that in just a second.

This is their logo.

They also do have an app, so if you have a tablet or a phone, you can download the app.

The app is free.

But all the information that is in their app is also on their website.

So you don't have to get the app.

This is just an example of how we can approach our kids that have some struggles eating.

If they're picky eaters, they say, you always have a safety food on their plate.

Always have a food that we know the child likes.

You know the child is going to eat successfully.

You don't have a ton of it.

But have you it there as an option.

And then we provide other foods that we want to encourage them to eat.

We do it in multiple ways.

So this here is salmon.

And it's salmon two ways.

One, they made into a little patty.

And one, they kind of ground or flaked, made the fish flakey, so it's all loose.

It's visually different on the plate.

When they put it in their mouth, it will feel different.

They did the same thing with an egg here. A hardboiled egg.

It's two different ways.

So, it looks very different. One is just the yolk and one has the white of the egg.

We know that those are two different textures as well.

Pickles and I think those are beets.

This is just a sample of how to introduce new foods when we are introducing new foods.

This is the website.

Of the Solid Starts website.

Solid Starts.com.

You come over and you look at their database.

You can search for foods by name.

Or you can go ahead and look through all of their database of foods and they have everything from all over the world in here.

It provides you the different information for how you can prepare it for a child based upon their age, what age that you can introduce that at, prep time, if it's a common allergy, talks about when you can feed it.

What I love most, they do have, look at these little guys eating whole strawberries. They're so little.

One of the foundations of the child-led weaning is that we don't feed babies baby food.

We feed them the same foods that you or I or any adult would eat, we just feed it to them differently.

We cut it up differently so it's safe for them.

There's no reason that babies have to have baby food.

They have videos where you can watch how they explore.

When we introduce foods at young ages like this, it helps to expose those kids, so those picky tendencies don't develop or have a less likelihood of developing.

Aren't they so cute?

That one is six-month-old little girl.

They talk about the best way to cut different foods to keep them safe, to keep the babies safe so they're not choking hazards.

If you are on Instagram. Solid Starts is also on Instagram.

I would recommend you go follow them for the picky eating information.

Or the troubled eating information.

Because they do have videos here and advice here specific to picky eaters.

For example, 10 things that parents say that are worse than picky eating.

They have videos about that.

Oh that is too much.

We don't want to tell our kids that.

Telling them, you'll really like that.

These are recommendations that come from a team of pediatric nutritionists, of occupational therapists, of speech pathologists, of pediatricians.

They've all come together to come up with this information they want to share with the world.

There's a bunch of videos that they have specifically to picky eating and how we can help those kids who may be picky eaters to learn to eat and enjoy food better.

They do have stuff about gagging like we talked about.

Then they have some just foods specific stuff.

This little boy's actually woman's who is the founder, own kids ending up having very, very difficult feeding struggles.

Great resource for you, for your families, to explore different activities, foods, ideas, around taste, around exploring taste, and around helping our kids that have difficulties related to taste.

I have successfully just been a talking-head for about 40 minutes. I'm going to stop sharing my screen and see if anybody has any questions.

No questions?

If anybody watching this in a review, I believe we are recording this, and you have questions, you are encouraged and welcomed to reach out to anyone us on the Deaf/Blind Project, somewhere in an email I'm sure is our contact information.

Make sure you get it and you can email me, call me, Facebook message me, I'll be more than happy to talk more with you about specific students struggles you have, with a student or child.

We can brainstorm troubleshoot some ideas how we can help you out.

That's all I got.

Miss Mellanie or Roz or Ginger have anything?

Olive: Thank you Jen

JENNIFER: Thank you, Olive!

Good to hear you!

MELLANIE: Nobody has questions?

I'm surprised.

Olive: I just want to say something about the gagging.

A lot of the teachers here, they're very scared when a child is gagging.

They have this uncomfortable feeling of dealing with our students especially when it's the feeding part.

Most of our students are on the G tube feeding.

And not so much of the students are being fed through their mouths.

But when a child is experiencing the gagging, that's what I see in the teachers.

They are still uncomfortable in how to handle students when they're like that.

JENNIFER: Yeah.

Olive: I believe it's just saying that is there a lack of professional development trainings for these teachers.

Because now, there's a lot of our teachers resigning at this point when everybody is on remote learning.

I just finished a Zoom meeting and knowing that a number of our teachers are resigning and say a couple of them are from the resource rooms which this presentation will benefit them a lot.

I want to say that.

I don't know about our other neighboring islands with the feeding.

But that is what I experience with our teachers here.

They tend to step back.

They don't want to deal with it.

They don't want to deal with the student when he's gagging, but now that I found out, it's safe.

It's a safe, it's not something that it's just like similar, having a student looking at the screen so close, teachers are scared of that too. They're always saying it's not good for the eyes.

When actually, if that's how a student going to be able to see things, just let the student be.

I just want to put that out how it is here in American Samoa.

What I experience and what I'm seeing.

But thank you so much, Jen, for the presentation today.

I am sorry, I don't know, something is wrong with my video.

JENNIFER: Because everybody is on the internet in Samoa.

It's almost 4:00 everybody is at home.

Olive: Yes. Everybody is remote learning.

Everybody is on the internet.

I think the internet is really getting more worse than before.

But thank you.

JENNIFER: We can, Olive. You and I can work on trying to set up, I can do training specific around feeding and gagging with some of those teachers.

I would be happy to do it. I'm here.

Olive: I would be happy too. They're doing trainings right now.

They're asking we do Zoom training with our parents.

I have been delivering supplies to the parents.

At the same time, I do a one-on-one with the parents.

JENNIFER: Good.

Olive: For our very severe multiple disabled population, we really need to do that, Jen.

JENNIFER: Let's plan it. Let's plan it.

I'll call you tomorrow.

I'm here. I don't know if you know or if you heard, I'm here.

Olive: You're here?

JENNIFER: I'm here. Let's do that.

Olive: I'll do that. Jen, I'll get that going with Lani at the office.

JENNIFER: Perfect.

Olive: Thank you.

JENNIFER: Like Olive said, a lot of people, as an adult, when I gag, I get scared. I don't want to be sick.

I know what that feels because I'm past that point of being developmentally appropriate, if I'm gagging it's because there's something wrong.

But in our kiddos, that's not the case.

It is a lack of awareness. Lack of awareness and understanding.

That it's a safe thing.

We should talk more about it.

Anybody else?

I do believe in our chat box, there is a link to a short little survey.

You all know whenever we do these, we say, hey, can you please take our survey because we need to report back to the Feds so we can keep our funding so we can keep doing fun stuff with you guys.

If you can take a minute, to fill out the survey.

There's a spot in the survey that you can put down anything else you want to learn more about.

If there's any questions you have, if there's an area of interest that, is like, hey, I want to know about this, put it down.

It helps us to know what we can plan future training and workshops around.

It also helps us, maybe if it's super specific, we can go ahead and we'll reach out to you specifically and we can do some one-on-one conversations around your needs and your kiddos.

I'll hang out for a little bit if anybody wants to ask any more questions.

Otherwise, thank you all for joining and lesson listening and letting me ramble.

Look forward to seeing you guys in our next session. Ginger, can you tell me the date?

GINGER: May 26th.

JENNIFER: May 26th.

And we will be talking about?

GINGER: Sight.

JENNIFER: Sight.

That's a good one.

We got some good guests coming on.

It's not going to be me talking.

You guys will get somebody different on the next one.

Look forward to seeing you all then.

Thank you.

MELLANIE: Bye everybody. Thank you.

HENRY: Thank you very much.