

SHARE A SNIPET:

Simple **aNd** **I**nformative **P**arent **E**ducation **T**ools

Presented by Carrie Balian

Objectives

TODAY WE ARE HERE TO LEARN...

1. Analyze at least 3 SnIPET's available to families to help them learn when starting the journey of raising a child who is deaf/hard of hearing.
2. Participants will know where to Locate these SnIPET's for educating families you work with.
3. Summarize at least 3 benefits the SnIPET's provide for families.

WHY SNIPETS?

When you talk, you are only repeating what you know. But if you listen, you may learn something new.

Dalai Lama

What We Heard

1

CONFUSION

Families knew that providers were going to be reaching out, but couldn't remember who or why.

3

OVERWHELMED

Families didn't know what to ask or where to start.

2

UNCERTAINTY

Families trying to understand the diagnosis.

4

UNDERINFORMED

Families didn't have all the information to understand the recommendations.



SNIPET



SNIPETs

Simple aNd Informative Parent Education Tools

- 17 topics
 - 2 specific to Illinois
- Clean, gender neutral coloring
- Bulleted points
- QR codes
- Spanish

SUPPORT FROM THE FIELD



Reached out to experts in the state for guidance
on specific topics, editing and resource
recommendations





Benefits of a SNIPET

Parent Friendly

- Simple
- Concise
- Easy to read
- Ease stress

Shareable

- Online
- Email
- Textable
- Education for all caregivers

Educational

- You don't know what you haven't been exposed to
- Explore as much on the topic as you want
- Conversation starters

SNIPET Topics

All about ASL

Auditory Neuropathy Spectrum Disorder

Aural (Re)Habilitation

Audiologists

Conductive Hearing Loss

CMV Prevention

Communicating With Your Child

Developmental Therapist - Hearing Specialist

Microtia / Atresia

More Than Hearing Loss

Navigating EI in Illinois**

Recommended Tests after HL Diagnosis

Speech & Language Pathologist

Sensorineural Hearing Loss

Unilateral Hearing Loss

What is CMV?

What is DSCC?***

**These SNIPET topics are specific to IL

What is DSCC?

How does DSCC benefit children who are deaf/hard of hearing?

- DSCC stands for the Division of Specialized Care for Children and is an organization out of the University of Illinois at Chicago.
- They have 11 regional offices within Illinois.
- The purpose of DSCC is to help connect Illinois children and youth with special healthcare needs to services and resources.
- DSCC supports eligible children from birth up to 21 years of age.
- Care coordination services are available to all regardless of family income and can include finding more information, help with utilizing insurance/Medicaid, communicating with doctors/schools, and more.
- DSCC provides services that vary in scope based on the medical and financial needs of the family.
- Hearing loss is a qualifying medical condition for DSCC eligibility, but family income guidelines determine eligibility for financial assistance from DSCC for eligible medical expenses.
- DSCC can help with testing for children through enrolled providers, whether families are just starting the diagnosis process or they need further testing with a specialist.
- A professional may refer a family to DSCC, or the family can find and complete the application on the DSCC website.
- DSCC sponsors the Institute for Parents of Preschool Children who are deaf/hard for hearing held annually through the Illinois School for the Deaf. They also coordinate the application process for this

Resources:



[DSCC](#)



[Find a DSCC office location](#)

Navigating EI in Illinois

What does Early Intervention (EI) in Illinois look like for children who are deaf/hard of hearing?

- EI helps eligible babies and toddlers from birth to three years old with disabilities or delays to learn and grow.
- A medical professional may refer a family to EI, or a family can contact their local Child and Family Connections (CFC) office directly to request an evaluation.
- There are 25 CFC offices in the state of Illinois, and each has a number based on location.
- Once you call your local CFC or they receive your referral, you will be assigned a service coordinator who will meet with you to talk about your concerns for your child.
- After the intake meeting with the service coordinator, the team will complete an evaluation and assessment of your child's development with your consent.
- All children who are deaf/hard of hearing are eligible for Early Intervention services from birth to age three, regardless of degree or type of loss. You will, however, still need to complete the assessment to help the team better understand the individual needs of your child.
- After determining eligibility, the EI team (which includes the parents) will determine which services are needed for each individual child and how often as well as which professional will coach the family in implementing the strategies the team develops.

Resources:



[IDHS - Early Intervention](#)



[JCIH summary](#)



DT/H

What is a DT/H and why is it important for my child and family to work with one?

- DT/H stands for Developmental Therapist – Hearing Specialist. DT/H has a college degree in education for the deaf/hard of hearing, holds a professional educator license in the state of Illinois and has met the requirement to be a credentialed Early Intervention Provider.
- A DT/H can provide developmental therapy – hearing services known as aural rehabilitation services.
- A DT/H is different from a Developmental Therapist (DT). A DT is a child development specialist who is knowledgeable about how young children develop age appropriate skills. A DT/H is also a development specialist; however they also have specialized training in hearing loss and how it impacts all the areas of a child's development.
- DT/H's are knowledgeable about the different communication modes used by children who are deaf/hard of hearing and the needs of their families, and are responsible for providing objective, unbiased information about each communication mode. Some DT/H's may specialize in one communication mode over another. Each family should have a DT/H that can support them in the communication mode of their choice.
- Children who are deaf/hard of hearing may struggle to develop their listening and language skills. A DT/H can coach families on how to grow these skills through their daily routines and with the t

Resources:



[Learn more about the various Developmental Therapist roles](#)



[Information on communication modes](#)



MOST FREQUENTLY SHARED SNIPETS

What is DSCC
 Navigating EI in Illinois
 DTH

Taking a Deeper Look



All About ASL

- Where to start
- Encouraging
- Multiple languages is possible



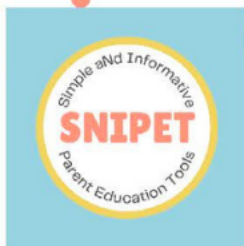
Communicating w/Your Child

- Simple descriptions
- You can change choices
- Tips when communicating



DT/H

- DT vs DT/H
- DT/H role
- Service timeline



All About ASL



All About ASL

- Where to start
- Encouraging
- Multiple languages is possible

Resources:



[What we know](#)



[Free ASL lessons](#)



[How to learn ASL](#)

- American Sign Language (ASL) is a complete, natural language that has the same linguistic properties as spoken languages and has grammar that differs from English.
- ASL is expressed using movements of the hands and face. It is the primary language of many North Americans who are deaf and hard of hearing, and is used by many hearing people as well.
- ASL can help children as young as babies communicate before they can talk. It can help reduce tantrums, teach the ABCs and spelling, communicate feelings, and improve vocabulary while teaching another language at the same time.
- You can learn ASL through apps, books, websites, tutors, classes, videos, deaf groups/clubs, and more.
- Research has shown that a child can learn ASL and another language at the same time. It is suggested that the parent would sign the word and then say the word or have one parent sign and the other parent say the word.
- It is never too early or too late to start teaching ASL to your child. Remember that repetition is key.
- Stay patient and persistent. Don't get discouraged if your child uses signs incorrectly or doesn't start using them right away. The goal is improved communication and reduced frustration — not perfection.
- Common words taught in ASL in the beginning are: milk, water, more, all done, play, sleep, mom, dad, eat, yes, no, help, bath, book, sorry, please, thank you, I love you and drink.
- Keep signs simple. Start with signs to describe routine requests, activities and objects in your child's life.
- Many babies will have up to 5 signs by a year old and up to 30 signs by 18 months.
- Make signing interactive. Try holding your baby on your lap, with his or her back to your stomach. Embrace your baby's arms and hands to make signs. Use signs while communicating with your baby. Try signing while bathing, diapering, feeding or reading to your baby.
- Research suggests that baby sign language (signs for individual, frequently used words that are easy for babies to form) might give a typically developing child a way to communicate several months earlier than those who only use vocal communication.



Communicating with your child



Communicating w/Your Child

- Simple descriptions
- You can change choices
- Tips when communicating

Resources:



[Language & Communication Chart](#)



[More about ASL](#)



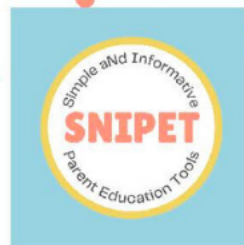
[More about Cued Speech](#)



[More about LSL](#)

What to know about communicating with your baby:

- Early in life, a baby's brain develops very quickly. This time is often called a "window of opportunity" for language learning.
- Children who are d/hh who get language support services before six months of age can often learn language at the same pace as hearing children.
- Families need to decide for themselves what is the right communication option for their child and family as a whole.
- Do not feel pressured to make quick decisions regarding how you will communicate with your child and know that your communication choice now does not have to be your family's choice forever.
- Sometimes families will find a single form of communication works best, and other families may use more than one form.
- American Sign Language (ASL) is a visual language. It is a unique, signed language that is different from English. It is expressed using movements of the hands and face.
- Cued Speech helps children hear and "see" speech. Teachers and parents make special hand shapes, or "cues," near their faces while they are speaking. This helps children tell the difference between words that can sound or look alike.
- Listening & Spoken Language (LSL) teach children to rely on their hearing as they learn to speak. Methods may be called "auditory oral" or "auditory verbal."
- Total Communication combines a sign-language system with spoken language. Children are encouraged to use their eyes, ears, voices, and hands to communicate.
- Here are some tips when communicating with your baby:
 - Hold your baby close so they can focus on your face
 - Place your baby so that you are often within sight
 - Minimize background noises
 - Have good lighting (not too dark or bright)
 - Make eye contact often
 - Imitate your babies sounds and movements and wait for them to repeat them
 - Interact and communicate with your baby throughout the day



DT/H



DT/H

- DT vs DT/H
- DT/H role
- Service timeline

Resources:



[Learn more about the various Developmental Therapist roles](#)



[Information on communication modes](#)



[Early Intervention](#)

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- Children who are deaf/hard of hearing may struggle to develop their listening and language skills. A DT/H can coach families on how to grow these skills through their daily routines and with the toys and resources that they have at home.
- DT/H's are knowledgeable about a variety of hearing devices and can help parents learn how to troubleshoot the devices and to get their child to keep the devices on.
- A child diagnosed with hearing loss is eligible for an initial evaluation for services with a DT/H. The evaluation will determine if a child qualifies for services and when they can start.
- A baby who is born with hearing loss could begin receiving services from a DT/H when they are as young as 2 or 3 months old. A DT/H can work with your child and your family through EI until your child is 3 years old.

Quality Improvement Workgroup

Purpose

To utilize a diverse set of parents to evaluate and share feedback on materials for our program including the SNIPETS.

Makeup

Each QI set consists of 5 parents that represent a diverse group of experiences and races.

Call for participants was blasted and then a form for them to "apply".

Process

They are paid 3 hours a month. 1.5 hours on their own to review and 1.5 hours over zoom to share feedback.

Complete a google form before in person feedback.

Findings

Feedback on language, design, QR codes and

Quality Improvement

FEEDBACK

Google Form

- Which ones were read
- Number of times read
- Shared with family
- Improved understanding
- QR code feedback
- New knowledge
- Name feedback

Look/Feel

- Appearance
- Readability
- Ease of use

Word Choice

- Comfort with chosen words
- Rewording
- Use of HL and DHH

Something New

- New information
- Not heard of
- Surprised by CMV

QR Codes

- Appreciation
- Suggestion of an alternative link
- Reordering links
- Evaluation of helpfulness of the link

Where can I find them?

- Illinois Sound Beginnings website
 - IllinoisSoundBeginnings.org
- IL Hands & Voices website
- Directly from an IL GBYS team member





Help us grow

- Open this QR code
- Pick a SNIPET
- Read through
- Scan the QR on the right to go to a google form
- Suggest other topics, share feedback

Google Form link



Questions?



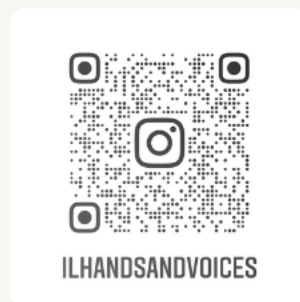
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