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>> Okay. Hi. My name Michele Graham. I'm with the St. Joseph Institute for the Deaf in St. Louis, most movement I am the lead early interventionist there and I provide early intervention services to our families in St. Louis and I'm also providing teletherapy ‑‑ come on in. Teletherapy services to families with ranging from 0 to 18, both in their homes or through school districts, internationally, we have a couple of international kiddos.

 So just to kind of get a feel for who is here with me this afternoon. How many teachers of the deaf? How many speech language pathologist? Audiologist? Parents? Awesome. Okay. So what I want to talk with everyone about today is some things that we've been trying and that I kind of came up with and really started implementing with our families, especially the families that I'm working with, and it keeps coming up in our conversations as we're triaging other early interventionists are coming up to your table and saying, hey, I have this family and I'm struggling with. So I keep coming back to the notion of technology.

 So as a variety of different professions in here and even parents, you know, thinking about I'm coming at this perspective as a teacher of the deaf but thinking, you know, through your perspective of how you're interacting with families or as a family how the providers are interacting with you.

 So I really like this. If you want to go fast, go alone. If you want to go far, go together. So thinking about this journey that professionals are taking with families. And using that coaching family centered therapy. So in a definition of coaching, and I just kind of pulled out and bolded a few of the verbs mostly to kind of say, hey, as a therapist, when I'm working with the family and coaching them, trying to support them, refine their own knowledge and skills, develop competence levels and some skill development for them so that they can support their child and then providing that structure so that it is meaningful for them and they're able to take the information that we're discussing or learning or strategies and then implement that in meaningful ways in their routines.

 So this actually, this little image came off of CDC's website, and I just thought it was interesting, you know, on the one side you have the therapist meeting with the family, monitoring progress, providing support, and then on the right side, between sessions, the parents go home, they practice, using the skills that they've learned, that their therapist has worked on with them. And so having that continual relationship with if I'm going to coach you, we're going to work on this together, we're going to do observation, feedback, and go home and practice.

 So I have a couple of little clips in here because I figure it's the last day and the afternoon. So I don't know if you can see this or not, but over on the left, it says, I would like a hamburger and fries, and the guy working says, well, would you like fries with that? And the person is like didn't I just order fries? So at the bottom, it says, don't be like a zombie and just go through the motions. So I think sometimes, especially as a professional, we kind of get stuck in that rut of this is how I do it so kind of encouraging everyone to think outside of the box a little bit, maybe think of a new way to try something. Especially to work with am so of the families that are maybe struggling to make the connection with or having a rapport with or a family that is struggling to gain that knowledge or to feel that support from your professional.

 So when we think about coaching, we think about early intervention and this family center practice, we have our provider's behavior and their skill level, and we're adding that to family behavior and the skill level that they're developing and increasing. And then from that, we're going to get our child outcomes, that is the ultimate goal.

 So how do we, as a provider ‑‑ sorry, I'm getting warm. How do we, as a provider, take all of this knowledge information or even as a parent, what we're learning in these conferences and in these presentations and share? How do we share with one another and how are we learning?

 So you know, if we think about learning, are you a visual learning, a kinesthetic learner, a auditory learner, a combination. And oh, there's supposed to be a line at the top of that slide. Basically it just said how are you a learner, how are you working with others, or trying to share information with others. I'm a very visual learner so I like to share visually with other people. But that may not be your learning style. So as a professional working with a family, thinking through what is my learning style, what is their learning style, and how can we get these two things to meet up. Or as a parent, thinking about my provider is not providing information in my learning style, how do I ask that we kind of relook at the way we're doing things so that I can better learn this information and hold on to it?

 So if we think about adult learning, so as an adult, the parents that we're working with as professionals actively involved, real life experiences, things that are relevant to your real life and practice driven. That's how we're gaining information as adults. And so thinking through these aspects of link as an adult, thinking about the aspects of how you're taking in information and then applying that as a provider and parent working collaboratively, how planning your sessions? How are you coming up with what your goals are? What are your targets or your outcomes that you're working on together? How are you providing observation to reflect those targets, that practice time, if it's a specific skill that you're working towards, reflection and feedback which go with the coaching, and adult learning.

 So this little guy over here on the left said, how did you do on the history test? And his friend said, well, I aced it, I've been playing Romans speakers us Spartans on my eye iPad all week. That's how people are learning these days. I have three children. They're on their devices all the time. That's how skill is being taught these days. It's very technology driven, very visual, kinesthetic, and auditory. So they're getting all modalities coming at them and they're processing that information.

 And so are we. Have phones, right? Does everybody in this room have some sort of device on them right now? We all have phones. And we all have access to some sort of a communication mode. There's TVs in the hallway. We've been seeing the news that's happening. We're always connected. And our families are always connected.

 So this cartoon says, do you know how easy it is to order a pizza, you can text, use Facebook, Twitter, Amazon, Alexia, use your smartphone, you can order from your TV or you could just use the old school phone.

 And then down at the bottom, this little clip came from like a customer service type provision. So how easy do you make it for your customer to connect with you? So do you have all of these ways that they can connect? So what I want us to think about is our families are connected, they have all of this access to technology, we, as professionals, have access to technology, access to information. How are we sharing that? How are we connecting with them? So connect with them. So what I've been working on is how do we better support our families using how this access we have to information available to us to help them so that they can take strategies, skills, and carry those over in to their every day lives and have continual access to them. So let's start using that technology that is at our fingertips and so that it is being I remember complemented.

 This picture is actually from several years ago. I was not thinking about this any, it was nowhere on my mind at this point in time several years ago, but looking back on a picture like this, I'm thinking, I remember this day exactly. And how could I apply some of these new things that I'm thinking about to this so that that dad could have gone home. Or this was actually at St. Joe's, that's why I'm saying go home, so that dad would have had access to that information that we were talking about and working on and whatnot throughout his time at home and share it with mom. So I think that's the other part that is crucial to this technology piece, if we are sharing information technologically, everyone has access to it. So just because one parent or you're with a caregiver and both parents are at work or I'm at daycare, everybody can access the same information and then share across collaboratives.

 So just some ideas of, you know, what kind of information do we have at our fingertips, we have on‑line resources, YouTube videos, we have make some therapist video demonstrations, pictures, different audio recording, things like that, things that I've been kind of thinking about or come up. And I feel like almost on a daily basis there's something new that kind of comes out of a conversation that we're having or just kind of pops up, like, oh, my gosh, why didn't I think about this, I should be sharing this information in this manner.

 So what do I mean by that? Basically what I mean, this is also a former child from several years ago, and I think this is kind of when I started thinking about this. So I was at this little one's daycare. And the daycare provider was having a hard time just figuring out how do I put this device? Where am I supposed to put this device on her? And so I started kind of thinking, you know, I'm obviously, like, okay, let's place it right there and, you know, she's trying to get it just right and I started thinking through, okay, well, what if we just took a little picture of it behind her ear and then you have that. So then maybe it's you or maybe it's your friend who is coming in later on in the day because your shift is over and everybody knows, hey, this is where ‑‑ this is right where it should be sitting. It really is like the simplest thing and but yet something we don't always think about. How can we just very simply give access to everybody using that technology, here's a picture of the device, sitting where it should be, it is on your phone, it's on mom's phone, it's on whoever's phone, I don't keep those, and then they have access to those.

 These are a couple of or ideas of things we've done, condition play, I've done a couple of videos for parents, if we, you know, they're in the booth, working on a condition play test, kind of struggling, so we'll say, okay, at home this week, I want to you practice this type of an activity and so I'll have mom actually take a video of me doing the activity. So it kind of puts me in a little bit vulnerable position because mom has access to the video and it is her video, but I'm giving her access to that information all week long. I'm only with her for this short amount of time.

 Another idea is the link 6 sounds. I have one of my families could not remember all the sounds. And so the simplest solution, all did I was make a little audio recording for her, sent it to her, it's on her phone, at her fingertips. All she has to do turn on her phone, press play, oh, those are the sounds, that's right. And so I could have done that visually and typed them out, given her a text and but this was kind of her learning style. So really benefitted from having that little audio blip of me doing ao, eu, e.

 The hearing aid trouble shooting, one comes up quite a bit with us, so kind of like I was saying, you know, where does ‑‑ where to position that hearing aid. I also, I'll get things, random text that is say oh, my gosh, the hearing aid is broken. I'm like, okay, send me a picture. So then I get the picture of the hearing aid, it's like, it's okay, the tube just came off the hook. So then we go through the whole talk, so I could walk them through that, if that was an auditory learner, or take a picture of it or I could do a little video demonstration really quick if I'm in the office, with a hook and a tube, just send them back a little video, here's what you need to do, reattach those two‑pieces, it's not broken and reassure and reaffirm. Affirm. But having that rapport established that the parent feels safe to say, hey I think this is broken, this is what it looks like, and then I can reply and using that technology to really facilitate that conversation. It's at our fingertips. So all we're doing is using what we already have. And we're using for many other purposes, but I had never really used it before for therapy in that sense. So now I'm seeing a lot of benefit starting to kind of implement this in to my practice.

 FM usage, kind of the same, I have a family who is just really struggling to use the FM because she forgets how to turn it on. And I mean, it's really a streamer so there's, you know, a couple of buttons here, make sure this light is green, you know, whatnot, and, so again, a very simple I can walk you through this when we're together but if I can give it to you so you always have access to it, it is much more powerful and long lasting. So then I've kind of empowered that parent, and I've given them the skills that they're going to need. So one of the things that I kind of want to do, we have, I think, about, okay. We have a couple of minutes still.

 One of the things I want to do is encourage you all to maybe kind of think of this notion and you know, maybe talk with a peer or jot something down, maybe a target that either you've had with a family, something similar, something that you're thinking, oh, this might work or something that you're kind of running across right now in your practice or with your therapist if you're a parent and thinking about how could I use technology, is there a way that I could use this technology piece to provide that collaboration and to provide that additional support.

 So the other piece of that, I'm going to give you a couple of minutes to kind of do that, and then I would love for anyone to share or ask any questions. So here, as I was doing this and I was thinking oh, yeah, we do that all the time. So here's my technology brain going to it. Nobody has to do it unless you feel comfortable. But I do want to show you what I mean by this. So I'm saying talk to your peer or write it down on a paper but really what I could be saying is just open your phone, open up an e‑mail, type your friend's e‑mail address, type my e‑mail address, type up, hey, here's one of the targets and here's what I'm going to do and kind of like that the presentation we had the other day, what can you do by Tuesday, you know, what can you, thinking through ‑‑ oops, thinking through what I've kind of talked about, how could you say oh, yeah I could try something by Tuesday. And so using this technology system, it is that easy, and then you have a peer that you're talking with saying yeah, let's talk about this, let's try something.

 So I'm going to give you guys a couple of minute just to think through, if there are any ideas you can come up with and then we can kind of chitchat for the last couple of minutes.

 Give you about one more minute.

 Okay. All right. So there seems to be some good discussion going on. I mean, just kind of a show of hands, has anyone ever thought of this notion before or is already kind of using this in their practice? A little bit? Maybe a couple? Okay. Does anyone want to share an idea that they came up with? Or a question that they may have?

>> So I think that there's power in the photo, and one of the ways that we've used it is when the parent has had a concern about the surgical site that they're trying to describe it to the audiologist over the phone, and the photo is way more powerful than you your description of that. And then also then the audiologist now has the photo to forward on to the surgeon and the surgeon seems to respond really quickly when you send a really icky photo.

>> There you go.

>> And if you just e‑mail and say, I have this really icky situation, they don't really know what icky means, but if you're sending the photo, that can make all the difference, so I think there's a lot of power in the photo.

>> Yeah. That's great. Yep. Hold on. Wait for the mic.

>> I will also do that for ear mold remakes when they're not fitting well and I can forward that to the company so I can show explicitly where it is not fitting and then I'll make notes for the remake.

>> Perfect. Yeah. And

>> Kind of on that same hand, if you're a parent and you're calling the audiologist, this is not fitting, you know, you can send a picture and then the audiologist knows, I just sent you home that last week, how is it not fitting, and so you can kind of look and see, you know, what's going on with that. Anyone else? Someone up here?

>> I live in rural Vermont, and a lot of times the audiologist will ship the new molds that were made with the tube and so take a video of that to show parents, because it's scary, a rot of times they wait for me to come and do it, but that could be a week.

>> Have you already done that or you're thinking about trying it?

>> I'm thinking about trying that.

>> I think that's a great idea. I would love to hear how it goes.

>> I think it will go really well.

>> Just tell them little bits at a time.

>> I haven't tried this yet but as I was listening to you speak and listening to your ideas, one of the things that I see is that I will usually only work with one parent and I'm only coaching one parent, so video recording the modeling and even the parent doing the activity and then saying, okay, show this to dad so that dad can see what's happening.

 One thing I have done is helping parents when the kiddos don't want to put their devices on, a prerecord ed video of me saying, you need to put it on or I'm not going to come play with you again.

>> You're the bad guy.

>> And it usually works, and that's all it is. Or sometimes parents will Skype but that tends to work as well.

>> Yeah. That's great. Not just saying oh, she said have you to wear it.

>> Oh, no, it's a video of me.

>> It's ‑‑

>> With my eyebrows.

>> I love it.

>> You better.

>> She's following me.

(Laughter)

>> Anybody else?

>> I'll make a comment.

>> Yeah.

>> I grew up with a deaf sister who got a cochlear implant at age 4, she's now 27, but it would have been extremely helpful to have this kind of stuff, you know, back then, and that was the 90s so of course we didn't have cell phones, we didn't have that technology, but I remember how panicked it was when we couldn't figure out how to get the implant back together when she'd take it apart. So fantastic, I love the ideas.

>> Yeah. Good. And I think, like I said, I think something that comes up weekly, if not daily, where it's just a little bit change in our mindset where we encounter something and if we just kind of think about it a little bit differently how can we solve this problem, how can we better support our families and be accessible when we already have that technology at our fingertips. So fell free to e‑mail me with anything else. Do you have something else?

>> One more thing that coaching, live coaching ‑‑ oh. Live coaching and just encouraging a person but they're so engaged with their child that it's hard for them to get that dual information, like how you're encouraging them and what they're doing to maintain the contact, the connection with their child, and hear that. So just doing a one to two‑minute video of something and then giving the child something to play with and then have you that time to just look at that video with the parent and say, see, that is what you did, right then, that was perfect, you know. And to really ‑‑

>> Yes, that reflection piece.

>> Reflection. But on little snippets, just on little things, and say, and just they can see themselves while not having to think about what they're doing with the child and really you can point out the good stuff. Or you could say something like, you know, if you have ‑‑ if you just grabbed that card or if you just held that toy up a little bit longer or hid it on, you know, whatever it, is you can coach and they're not distracted at the time. And then you send the video and they can watch it as much as they want to.

>> Yeah. Exactly. Yeah, thank you. It's very powerful, technology is very powerful and it's accessible. So using it to our benefit is. Oh, we have one more up here. I think we have one more minute. Okay.

>> I have a granddaughter that has a congenital limb difference and so she gets first steps but my daughter works full time and her primary caregiver is her other grandmother, so she video tapes all of her OT sessions so that my daughter ‑‑ she did that on her own. So that that my daughter can see and understand exactly what she and her husband also need to be doing when she's not there. So has been a real help.

>> Here's one question I have, does she watch the whole video?

>> My daughter.

>> Oh, yeah. Oh, yeah.

>> Okay. Thinking through the previous comment, the little snippets.

>> It is kind of snippets. It's like more of the demonstrations.

>> Great.

>> Then it is ‑‑

>> That's great.

>> That kind of thing. But it has really helped Laura feel like she's kind of there because she's kind of guilty, you know, but she works but now she's like oh, I see why they put that sock on that good hand to force that nub to do what nodes to do. Oh, that makes more sense now that rather than Sandy just trying, okay, you do this and then, you know, Sandy gets real flustered like did I do that right is this I don't know. So now they just started doing some videotaping.

>> And sometimes we're engaged in that therapy or we're engaged in a conversation and we're talking and then you leave and you go, what did they just say? I forgot what they just said. So this is a way to still have that information so.

>> One more.

>> Okay. One more quick, right behind you.

>> One of the things is kids love to watch themselves.

>> Mm‑hmm.

>> And so if you videotape and they will get the repetition and they'll go through the lesson like a hundred times more just sitting and being totally captivated by themselves and hearing all of the things that you just did with them, whether it was a book or a game or whatever it was, they're hearing it, they're getting that imprint of language over and over and over again.

>> Yes.

>> And ‑‑

>> And you don't even have to tell them to do it.

>> I've been using ‑‑ I do teletherapy with older children and I've been using those video clips a lot with the older kiddos and typically when we're working on that notion of auditory feedback loop and self‑monitoring their speech and language, and because they will argue no, I did not say that. So we will play back the video and they will be like oh, maybe I did drop my S. So it is nice to use. And yeah. All right. Good. Well, thank you. Enjoy the rest of your day

>> Be sure to leave the evaluator forms on the chair or the tables up‑front or you can hand them to me. Thank you.

>> I'm here.