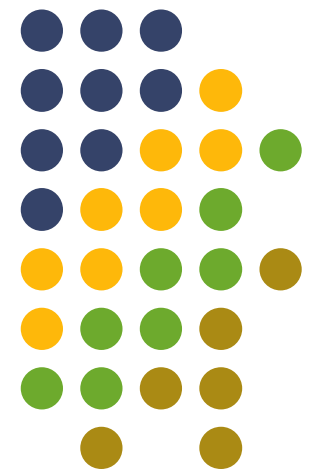


Sound Beginnings: An Integrated Model for Educational & Clinical Services

K. Todd Houston, PhD
Assistant Professor
Director, Graduate Studies Program in
Auditory Learning & Spoken Language
Dept. of Communicative Disorders &
Deaf Education
Utah State University



Acknowledgement



- Children with hearing loss are NOT a homogeneous group. Therefore, due to a number of factors, a single communication methodology isn't appropriate for all children with hearing loss.
- *HOWEVER*, because of changes in the field of deafness and enhancements in hearing technology and intervention/educational strategies, an increasing number of children with hearing loss are now learning to listen and talk.
- This presentation will focus on these trends.

Learning Objectives



- Discuss the challenges to deliver integrated, family-centered services to children with hearing loss and their families.
- Discuss the needed competencies for practitioners working with young children with hearing loss and their families.
- Review an overview of the Sound Beginnings, a transdisciplinary model to provide services to children & families AND train graduate students in Audiology, Early Childhood Special Education/Deaf Education, and Speech-Language Pathology.



Definitions

- Multidisciplinary
 - Separate evaluations & assessments; independently set & implement own intervention plans.
- Interdisciplinary
 - Interaction among team members to assess & implement plan; team determines best method for service delivery.

Definitions



- Transdisciplinary
 - Interventionist fulfilling multiple roles; careful coordination & ongoing communication with other service providers; performing tasks collaboratively by sharing not only information, but roles.
- *Reality*: Most programs of excellence will use a combination of these teaming strategies to meet the individual needs of each child & family.

Service Provision Goal



- To provide all infants and young children with hearing loss and their families with services that are:
 - Timely
 - Comprehensive
 - Coordinated
 - Effective



EHDI Service Continuum

- Newborn Screening
- Diagnostic Assessment
- Medical Referrals
- Amplification Fitting
- Cochlear Implantation (*If applicable*)
- Early Intervention Services
- Early Childhood Education/Preschool

*Parent/family education, support, and involvement
is embedded throughout the process*

Stakeholders

- Family/Parents/Caregivers
- Hospital nursery staff
 - Screening
- Physicians
 - Medical home/assessment/monitoring
- Audiologists
 - Screening/assessment/amplification/intervention
- Early interventionists
 - Developmental intervention (e.g.; PT, OT, DT)
- Educators of the Deaf/Early Childhood Educators
 - Intervention, education
- Speech-language pathologists
 - Speech-language intervention





Current Status

- >95% of infants in the United States are screened for hearing loss prior to hospital discharge
- 41 states mandate NHS

60% of infants referred from newborn screening may be lost to follow-up (CDC)

Service Delivery Challenges



- Availability of professionals with appropriate knowledge & skills
 - SLP, AUD, DE/EI
- Communication between stakeholders
- Stakeholder knowledge of best and/or current practices
- Timeliness of service delivery
- Frequency & intensity of service delivery
- Knowledge of family-centered practices from EHDI through EI and into preschool

Personnel Preparation - Challenges



- Knowledge and Skills in working with Infants and Young Children with Hearing Loss
 - Shortage of professionals with specialized expertise, especially in auditory learning & spoken language
 - Few university programs providing specialized training
 - Few university programs incorporate interdisciplinary or transdisciplinary teaming

Implications for Graduate Training – Retention in Field



- Lack of family-centered training
- Meeting the needs of infant/toddler population
- Disconnect between education and practice
 - Self-contained vs. itinerant and/or resource teaching
- Multicultural & diversity needs of families
- Multiple disabilities/varying learning needs of the children
- Understanding & integrating current hearing technology
- Disconnect between “teaching speech” vs. facilitating language through listening/audition (developmentally)
- Need for ongoing staff development/lifelong learning/mentoring



sound beginnings of cache valley

listening for language and learning

Philosophy



- *Sound Beginnings* recognizes that each infant and family is unique, and parents are their child's primary teachers. As such, family-centered services are guided by parent needs and choices. An interdisciplinary team working in a coordinated effort supports the family by providing timely, comprehensive, and effective services.



Service Components

Sound Beginnings offers a full range of services:

- Audiological assessment
- Amplification & cochlear implant mapping
- Speech-language assessment & individualized pull-out therapy
- Parent Participation & Training Sessions
- Instruction in Listening & Spoken Language

Educational Service Components



- Parent-infant program
 - Home-based
- Toddler group
 - Twice per week
- Preschool
 - Five days per week
- Parent seminars
 - Monthly



Educational Components



- Practicum Site for Graduate Programs
 - Audiology
 - Speech-Language Pathology
 - Early Childhood Special Education/Deaf Education
- Center of Excellence/Model Program to be replicated in other areas & at other universities
- University – provides a range of resources
 - Lab School on campus (music, art, library, PE)
 - College of Education & Human Services – continuous improvement model



Integrated Practicum Site

- Intensive practicum experiences
 - Home-based Services
 - Language Groups (Teaming)
 - Pull-Out Therapy
 - Individualized listening & spoken language intervention
 - Parent Participation & Training
 - Push-In Teaching/Intervention
- Cooperative Learning
 - Teaming with AUDs, SLPs, ECSE/DE
- Transdisciplinary/Cross-Training

Sound Beginnings



Successes

- Recruiting children/families
- Space – contained in Edith Bowen Lab School
- Range of related/support services, including CI programming onsite
- New building
- Growing reputation in region

Challenges

- Space – “guest in someone else’s home”
- Staffing – finding qualified teachers/clinicians
- Only 1 CI program in state
- Scheduling – managing multiple factors impacting all schedules

Guidelines & Position Statements



- Joint Committee on Infant Hearing Year 2007 Position Statement
- State EHDI Guidelines
- American Speech-Language-Hearing Association (2004). Guidelines for the audiologic assessment of children birth to 5 years of age
- American Academy of Audiology Pediatric Amplification Protocol (2003)

Guidelines & Position Statements



- *American Speech-Language-Hearing Association (1992). Sedation and topical anesthetics in audiology and speech-language pathology. Asha, 34 (March Suppl. 7), 41-42.*
- *American College of Medical Genetics (2002): Genetics evaluation guidelines for the etiologic diagnosis of congenital hearing loss. Genetics in medicine, 4 (3), 162-171.*
- *Academy for Listening & Spoken Language, Alexander Graham Bell Association for the Deaf & Hard of Hearing*

Guidelines & Position Statements



- *Alexander Graham Bell Early Intervention Best Practice Model*
- *The National Agenda: Moving Forward on Achieving Educational Equality for Deaf and Hard of Hearing Students (April 2005) Goal One: Early Identification and Intervention*
- *Report and Recommendations of the 2004 National Consensus Conference on Effective Educational and Health Care Intervention for Infants and Young Children with Hearing Loss*

Our Motivation!



Thank you for listening!



K. Todd Houston, PhD

todd.houston@usu.edu

www.auditorylearning.usu.edu

Graduate Studies Program in
Auditory Learning & Spoken Language
Department of Communicative
Disorders & Deaf Education
Utah State University



Facebook Group:

*Graduate Studies Program in Auditory
Learning & Spoken Language*