

# BC Early Hearing Program

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## Integration of Intervention Services in the BC Early Hearing Program

Susan Lane, Provincial Intervention Coordinator  
Ann Marie Newroth, Director

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Dallas, Texas



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## Session Overview

- Facilitating collaboration and coordination between a wide range of providers of different communication approaches and educational backgrounds
- Developing an effective process for obtaining input from stakeholders
- Developing and implementing BC Early Hearing Program (BCEHP) standards for intervention services
- Understanding the family path concept

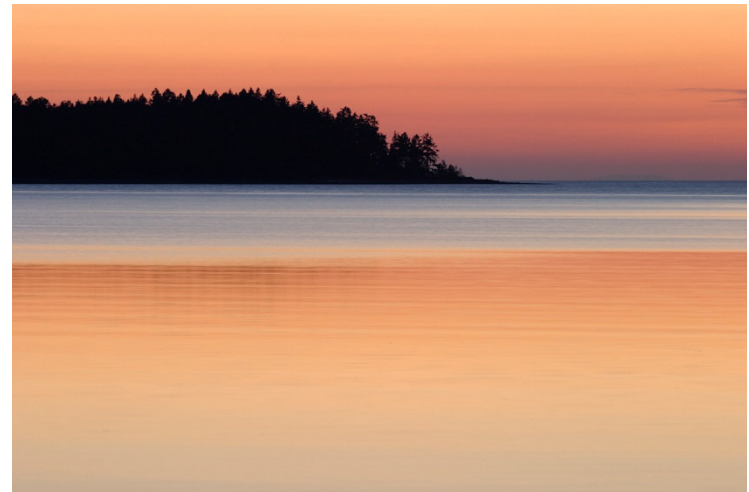


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## Introduction to BC

- BC - nearly 370,000 square miles; larger than Germany & France combined
- Population of BC - over 4 million; about 2.2 million in Greater Vancouver area



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## Introduction to BC

- 42,000 babies born each year; 2-2.6 per thousand diagnosed with hearing loss
- Linguistic & cultural diversity; especially in urban areas (Over 65 languages spoken - Vancouver)
- Over 200 distinct First Nation communities with different languages, nations, culture, traditions
- 75% of BC is mountainous; some communities accessible only by boat or plane



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## Key Considerations/Assumptions

- Audiology & early intervention provided through government services & non-profits
- Public system contributed to integration of services & provincial standards
- Differing beliefs & practices between service providers and agencies
- Facilitating collaboration & coordination between providers from different communication approaches and educational backgrounds



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## Facilitating Collaboration and Coordination

- Steering Committee
- Advisory Groups
  - Hearing Equipment, Diagnostics, Screening, Medical, Intervention, Parent
- Intervention/Consumer group-wide representation
  - Parents
  - Deaf and Hard of Hearing Adults
  - Educators of the Deaf, Speech-Language Pathologists, Auditory-Verbal Therapists and Infant Development Consultants



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## Building Relationships

- Research
  - parents experience decreased stress when professionals collaborate effectively
  - parents find discussions & decisions related to communication options particularly difficult (*Meadows-Orlans, Mertens & Sass-Lehrer 2003, Jamieson 2007*)
- History in B.C. - competing agencies and communication methodologies
- BCEHP started by focusing on building relationships over a period of two years



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## Building Relationships

- Established rules – “How to play in the sandbox together”
  - State opinions honestly and clearly
  - Assume responsibility for moving the process forward
  - Provide input which facilitates problem-solving
    - Asking questions
    - Staying on track
    - Calling for a decision
    - Summarizing
    - Listening to others
    - Ensure that recommendations incorporate research, technological advances & best practice





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## Framework for Coming to Consensus

- Voting system to achieve consensus
- Group agreed - individual views would be respected and there is value in each point of view
- Discussions always considered:
  - What does the research tell us?
  - What have stakeholders in BC told us?
  - What is the view of the parent advisory group?



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## Intervention Advisory Group Building Relationships

- **Provided unique opportunities for learning**
  - Professionals & Deaf/HH adults with diverse views worked together on common projects
- **Started with non-threatening discussions & tasks**
  - Experts external to BC provided review of the literature & facilitated discussion
  - “Operationalized” family-centred care; which was independent of communication methodology
  - Developed standards for critical elements to be included in IFSP for families with deaf/hh infants
  - Organized first BCEHP provincial intervention conference



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## Consensus: Two major achievements

- 100% agreement that no *one* method of communication would be promoted in BC
- Move to consistent evidence-based decision programming
  - Use of a standard assessment protocol at set intervals that provides the data to plan the IFSP, including communication approach
  - Required Provincial Data collection (tied to funding)
  - Use of the 21 month check-in



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## Relationships: Where we are now

*“We have moved beyond competition, that is old history. We want others in the province to know that we collaborate with each other.”*

*Recent quote from Intervention Advisory Group member*



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## Developing and Implementing Provincial Standards

- **Process**
  - Extensive review of the literature
  - Reviewed programs in other jurisdictions
  - Stakeholder input
  - Summarized findings & developed recommendations for BCEHP standards & family path
  - Agreement from advisory groups
  - Approval by Steering Committee and different government Ministries



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## Review of Other Jurisdictions

- **Washington D.C.** - Kendall Parent-Infant Programme & Gallaudet University Deaf Ed
- **St. Louis** - CID, MOOG, St. Joseph's Institute, Missouri EHDI program, Fontebonne University Training for Early Stream (TDHH)
- **Colorado** - Home Intervention Program
- **Alaska** - EHDI program
- **Utah** - SKI HI
- **England** - Ear Foundation, Early Support
- **Ontario** - Ontario Infant Hearing Program - Intervention & York University Teacher Training, Deaf Ed



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## Effective Stakeholder Input Process

- Held 14 stakeholder sessions - included providers and consumers (rural and urban)
- Focus - unique strengths and challenges of each community
- Following review of results - themes developed
- Results shared with advisory groups and served as a guide for decisions around family path



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## Common Themes & Potential Barriers

- **Flexibility**
  - Model must work in remote & rural areas as well as urban cities
- **Potential barriers**
  - Travel & weather (winter roads, long distances)
  - Language & cultural differences
  - Attitudinal barriers: “alternative” communities mistrusting government & government services
  - Poverty (families concerned about food & housing)
  - Oil & gas communities (parents working long hours)





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## Developing and Implementing Standards for Intervention Services



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## Intervention Highlights

- Intervention initiated by or before age six months
- Intervention services - family centered (training on family-centered care “operationalized”)
- No specific communication method promoted through BCEHP
- Training on “informed choice” provided to early interventionists & audiologists



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## Informed Choice

*“**Informed Choice** means that families can make knowledgeable decisions which reflect their own culture, values, and views. It is based on access to comprehensive, unbiased, and evidence-based information about the full range of options”*

*Early Support Project, U.K. 2005*



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## Intervention Highlights

- Moved away from decision making based on “beliefs” or “program philosophy” to evidence-based decision making
- Evidence-based decision making is encouraged through the BCEHP procedures and protocols, which require:
  - Standardized assessment protocol
  - IFSP based on assessment results



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## Intervention Standards – Highlights

- Evidence includes information from current research, assessment, as well as family observations & values
- Assessment results track child's progress through recording in the BEST (provincial information system) and allow for child – program - outcome - impact evaluation



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## Assessment Tools Background

- Involves parent in administration
- Standardized on hearing population
- Asks lots of questions to provide incremental measurement that is sensitive to changes over short periods of time
- The results are useful for monitoring progress, setting goals, and choosing appropriate therapy techniques



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## BCEHP Assessment Protocol

- BCEHP Core Assessment Protocol includes:
  - Kent Inventory of Developmental Skills
  - Child Development Inventory (CDI)
  - Macarthur-Bates Communicative Development Inventories
- Arlene Stredler-Brown from Colorado worked with BCEHP on this protocol



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## Next Steps - Assessments

- Select **Functional Auditory Tool**
- Identify changes needed in assessment protocol for **specific populations**
  - ESL children
  - Dual Sensory Loss (and some other groups with additional needs)
- Identify changes needed for **aboriginal children**
  - Aboriginal members linking with other programs across Canada
  - Identify any bias in assessments





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## Individualized Family Service Plan - IFSP

- Standardized BCEHP required elements considered important for families with infants with hearing loss
- Reviewed at least every 6 months
- Provided training to early interventionists – developing IFSP for this population



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# Family Path



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## Baby born

### First hearing screening

- Can be in either the hospital or community
- If results are not clear, baby is sent for second screening
- Babies who are known to be at risk for later childhood hearing loss have hearing checks at local public health hearing clinics

### Second screening

If hearing status can't be confirmed in one or both ears, baby is sent for further hearing assessment

### Diagnostic hearing assessment

More comprehensive tests are used to completely assess baby's hearing

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## Before or by 3 months of age

- BCEHP contacts family & provides initial information and support and unbiased information about services
- BCEHP sends family parent kit
- GBYS contacts family
- BCEHP assists family with initial coordination of services
- BCEHP sends team kit to community



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## Between 3 and 6 months Family begins early intervention services

- Family meets early intervention specialists
- Parents, early interventionists and audiologists make observations about baby's development and share information
- Initial planning for services is completed



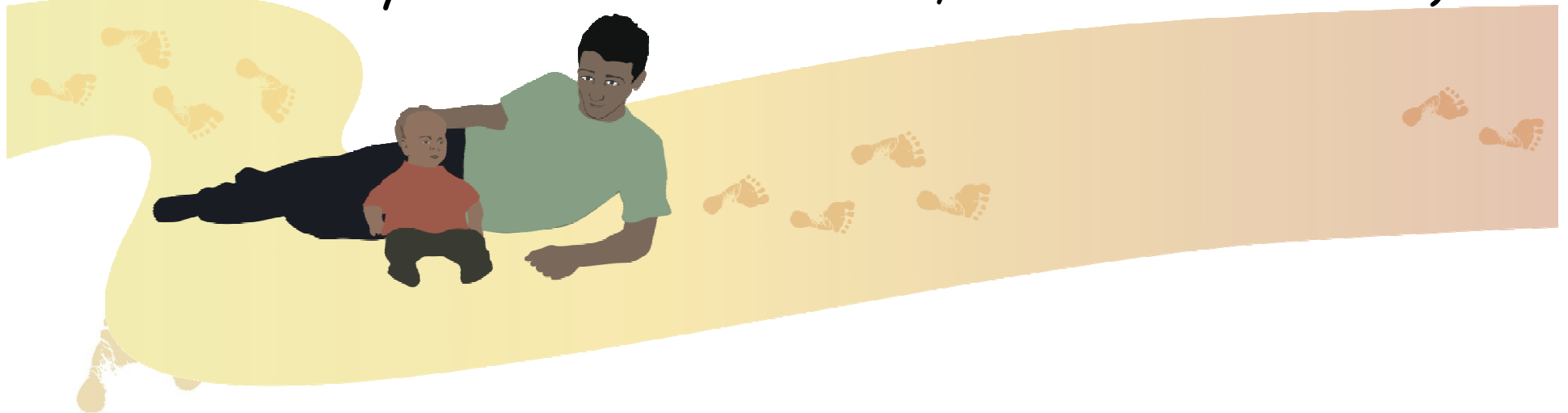
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## Between 3 and 6 months *(continued)*

### Ongoing

- Audiology appointments (monitoring, ear molds, further testing, etc.)
- Appointments with early interventionists (support, information about hearing loss, how parents can help their baby learn to communicate, choices to consider)



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## Between 6 and 9 months First IFSP Meeting

The family, audiologist and early intervention team meet to develop the plan, which includes:

- Which service providers will be involved
- How often services will happen (frequency)
- What areas of development - focused on (e.g. listening, communication, language, etc.)
- What progress the family & team expect to see at the end of the six months for baby and family



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## Beyond 9 months

- Parents continue to learn new ways to help their baby learn to communicate and develop in all areas
- Parents and team continue to make observations about baby's progress
- IFSP is reviewed every six months or sooner and changes are made to goals and methods as needed





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## 21 month check-up

If baby is not making expected progress family and team will consider possible next steps:

- Changing frequency of service
- A trial period of a different communication approach
- Review of hearing device - Is it working properly? How often used?
- A change in hearing aids or a cochlear implant?
- Referral to other services, Sunny Hill Team for assessment, Well-Being program for counselling etc.



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At any point in time the family and intervention team may consider:

- Referral to Sunny Hill Hearing Loss Team for more in-depth developmental assessments
- Referral to Well-Being Program for family support from professional counselors
- Referral to BC Children's Hospital Cochlear Implant Team



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## Summary

- All families receive full and unbiased information
- All families experience similar levels and standards of service
- Service providers have experienced enhanced training and education opportunities
- Increased coordination and collaboration between service providers
- BCEHP is making a difference for families with infants who are deaf or hard of hearing in BC



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## For More Information

- Visit the BCEHP website:  
[www.phsa.ca/earlyhearing](http://www.phsa.ca/earlyhearing)
- Susan Lane, Provincial  
Intervention Coordinator  
[slane@cw.bc.ca](mailto:slane@cw.bc.ca)
- Ann Marie Newroth, Provincial  
Program Director  
[anewroth@cw.bc.ca](mailto:anewroth@cw.bc.ca)

