

Building Family- Provider Relationships via Tele-Intervention

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Purpose

- **Introduce coaching model for EI service delivery**
- **Demonstrate tele-intervention**
- **Share pilot study experiences**
- **Present family and provider perspectives**
 - **Strengths**
 - **Challenges**
 - **Recommendations**

What is “Tele-Intervention”?

(ASHA uses “telepractice”)

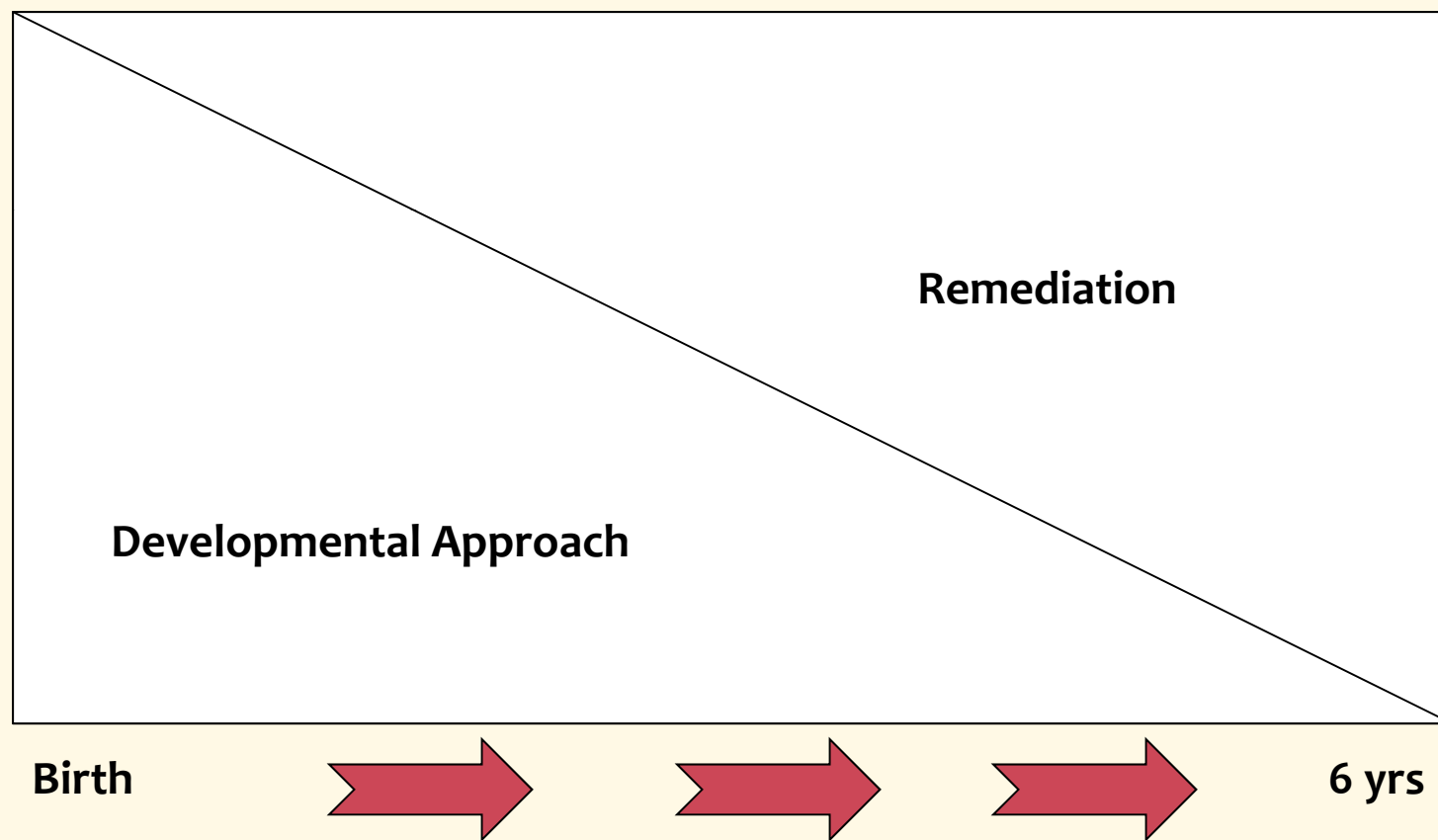
- Providing services via telecommunications technology
- Used to overcome access barriers due to:
 - Distance
 - Unavailability of specialists
 - Impaired mobility
 - Culture/linguistics



Service Provision Goal

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

The Promise of Early Intervention



JCIH 2007 Key Concepts

- Informed family choice
- Decision-making process
- Range of options
- Unbiased presentation
- Dynamic process (family needs, desired outcomes, assessment guided)
- Providers w/expertise in childhood hearing loss



Two Factors Predicted Language, Vocabulary, and Verbal Reasoning Skills at Age 5

Age at enrollment in EI and family involvement

- Family involvement explained most of the variance

Mary Pat Moeller (2000). *Pediatrics*, 106, p. 3

Therefore.....

- How do we facilitate Family Involvement?

Support Family Decision Making

by... (adapted from Roush & Harrison, 2009)

- **Recognizing family challenges at identification/diagnosis of hearing loss**
 - Respond sensitively to feelings, respect family decisions
- **Using a family-centered team approach to encourage family participation**
 - Listen to learn parents' priorities, interests, and concerns
- **Providing unbiased information on communication approaches**
 - Assist the family in exploring community resources to learn about communication approaches
- **Communicating in culturally sensitive and understandable ways**

Family EI Tele- Intervention Sessions

Families – *the primary facilitators of language*
(adapted from Rush & Shelden, 2008)

Parent Role

Active parent participation is key *and required!*

- Parents identify activities, strategies, learning opportunities, and practices that will enhance their child's learning and communication development
- Parents are able to demonstrate strategies modeled and/or discussed during the session
- Parents can decide which strategies and activities work best for their child/family
- Parent reflection on activities improves overall child participation

Practitioner Role (Teacher, Clinician, EI):

(adapted from Rush & Shelden, 2008)

- **Primary person/coach – using current evidence-based practices to facilitate listening and spoken language**
- **Focus of Intervention**
 - Identify activities, learning opportunities, and current practices with the parents
 - Demonstrate and model practices discussed
 - Discuss which strategies/activities work well and discuss what we might want to do differently

Sharing Knowledge and Skills with Families

- **Fluent implementation (based on knowledge and experience)**
- **Teach parents to do the intervention**
 - **“By focusing on their children’s needs and creating support for the children’s development, we place parents’ learning of new skills in the context of their goals for their children and families.”**
- **Manage the parent teaching process**

(Adapted from Kaiser & Hancock, 2003)

Family EI Sessions

- **Areas typically covered:**

- **Audiological Management**
- **Communication**
 - **Auditory Learning**
 - **Language Development**
 - **Speech Development**
- **Development of Inner Discipline/Behavior Management**
- **Cognition/Pre-Academic skills/Pre-Literacy**



Examples of Tele-Intervention to Deliver EI Services to Families of Children with Hearing Loss

Sound Beginnings and USDB Pilot Project

Birth to 3 year olds and families

- Tandberg Video conferencing equipment w/dedicated internet connections in family's home and provider office
- Families of 2 children w/hearing loss
 - 1 w/ bilateral cochlear implants
 - 1 w/bilateral hearing aids
 - Middle-class, college-educated 2-parent families
 - Little tech experience beyond email/internet search
- Received language intervention for 1 hour/week via Tele-Intervention
- Received HV's for general developmental issues 1-2 hours/month via USDB



Family Interview Findings

based on external evaluation

What's Different About T-I?

- **It's hard to describe...but it's different!**
- **Parent is the main person interacting with child (vs the provider)**
- **Child is more responsive to parent**
- **Therapist provides specific direction to the parent (vs the child)**
- **Provider has high level of expertise otherwise not available in the community**
- **Provider is very specific in direction, reinforcing, encouraging**

Would Families Choose T-I over Traditional HV's?

- Yes, definitely!
- Predictable format, schedule, materials
- More control of family routine: Gives us our lives back...
- Child “stranger anxiety” not a problem
- Can hold sessions when child/family member has minor illness
- Recordings allow other family members to be involved
- Can involve other providers (i.e., audiologists)

Family Perspective: What are the Benefits of T-I?

- Stronger parent knowledge of language development process
- Increased skills and confidence in promoting child's language, listening
- Increased child responsiveness to parent
- Enhanced child language development, listening skills
- Increased skills of family members as coaches themselves

Family Recommendations for Organizing Sessions

- **Dedicated equipment and room w/door**
- **Tech support person for training in home**
- **Send materials, lesson plans ahead of time**
- **Involve children in preparing for session**
- **Let child interest direct activities**
- **Reinforce parents frequently, specifically**
- **Have recordings uploaded quickly for others to view**



T-I Session Routine

- **Discussion of goals from the previous week**
 - Update on new communication milestones, new behaviors, sounds, words that have emerged
- **Review of goals for current session**
- **Demonstration of new or ongoing strategies, techniques with appropriate activities**
- **Coaching the parent as he/she performs the activity**

T-I Session Routine

- Discussion of continuation of goals or selection of new goals based on present performance
- Discussion of integration of goals into the daily routines of the home
- Summarizing of the session and goals for the coming week
- Allowing questions from the parents about next steps, goals, short- and long-term outcomes

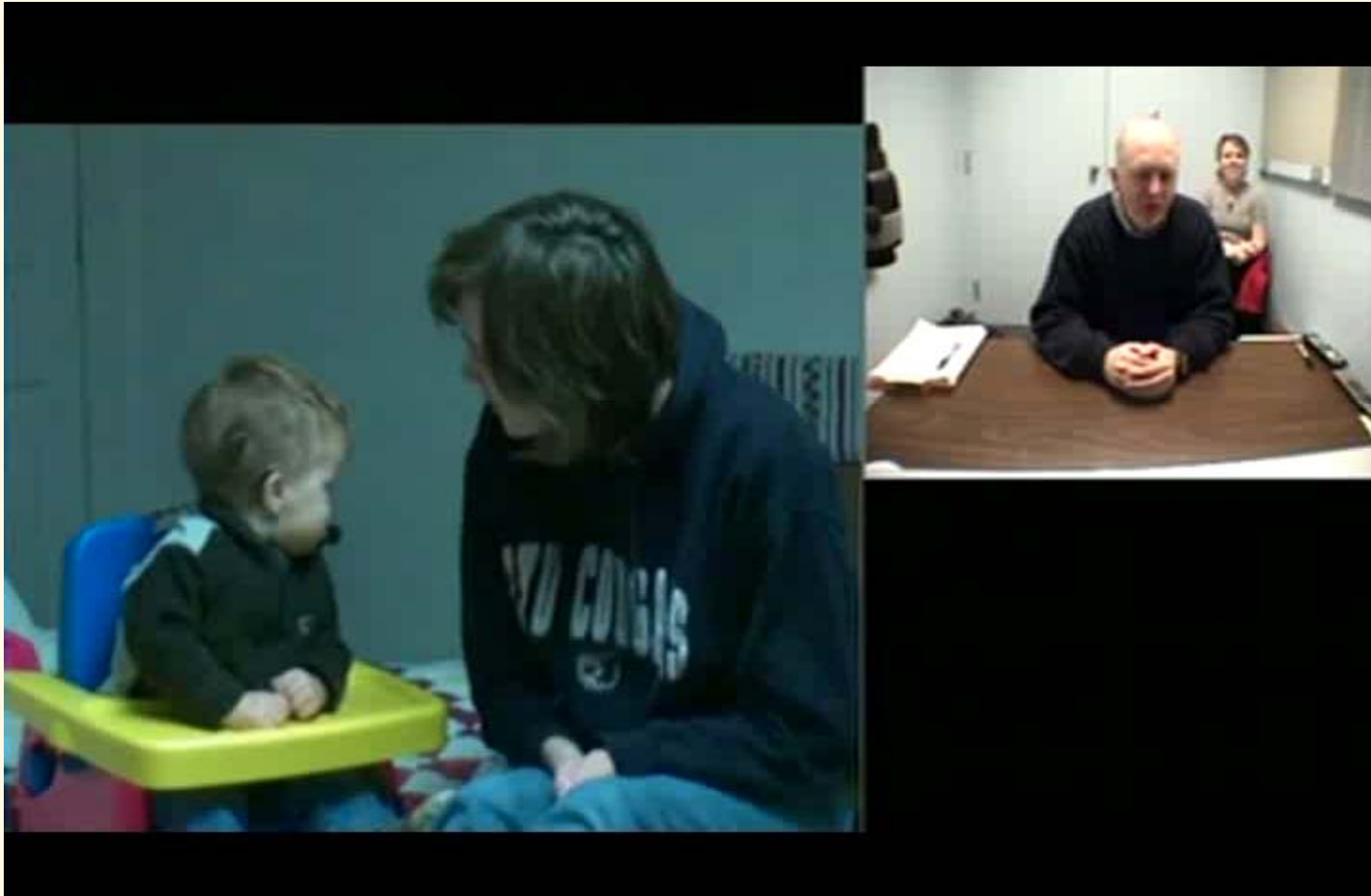
Nancy & Alex



Nancy & Alex



Nancy & Alex



Provider Perspective: Logistics

- **Use of Static IP Address – Essential**
- **Broadband connection or higher**
- **Use of “high-end” videoconferencing equipment – placed in the home**
- **Equipment training with the parents – needed, but brief**
- **DVD Recorder for capturing the sessions and sharing with working parent**

Provider Perspective: Logistics

- High-quality microphone – at both sites
- Use of a document camera – to show smaller toys, books
- Planning therapy sessions – requires more time, logistics due to a pure coaching model
 - Gathering of toys/activities and communicating in advance with the family
 - Bigger toys!
- Sending activities to the family to have

Provider Perspective: Logistics

- **Challenges:**
 - **High-speed internet connections not available everywhere**
 - **Cost of ‘high-end’ videoconferencing equipment**
 - **Units are stationary in a designated room – all of the activities must be in that room**
 - **Clinicians/practitioners who are “techno-phobes”**
 - **Coaching parents/family members doesn’t come naturally to some professionals**

Provider Perspectives: Outcomes

- **Children are acquiring communication milestones that approximate or are equal to their hearing peers**
- **Families/parents are more confident in their own ability to facilitate listening and spoken language goals**
- **Fewer cancelled sessions and more overall intervention being provided over time**

Potential for T-I Expansion

- **Training University students:**
 - Unobtrusive observations
 - Recordings for targeted feedback
 - Decreased travel time = more clinical hours
- **Bringing expertise to rural areas**
 - Greater frequency of intervention
- **Coordinating with other providers**



**Questions?
Comments?
Ideas?**

Thank You for Listening!

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