

# Innovative Training Models for Early Intervention: Identifying the Trends

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*Our goal is to navigate the gap between  
content and experience*

# The Roles & Responsibilities of EI Providers

1. Provide information to the parents
2. Offer emotional support
3. Support parents (and other caregivers) as they learn specific strategies to facilitate and enhance each child's development

# 1. Giving Information

- Cognitive approach: Effective for some as it can alleviate stress & anxiety
- Does not, in and of itself, demonstrate sensitivity to the parents' feeling states
- Often interpreted as following the traditional medical model of "fixing the problem"

# How to Deliver Information

- ◉ Written materials
- ◉ Videotaped information
- ◉ Web-based information
- ◉ Person-to-person contact to promote discussion & personalize the delivery
- ◉ Tips:
  - > Jargon-free
  - > Keep repeating

*Work would be so easy if I could correct a situation by giving information, but....*

**Janet Dean, 2000**

## 2. Personal Adjustment Counseling

- Develops relationships (between professional and family members)
  - Collaborate with the parents as they make their decisions
  - Engage family members in problem-solving as they adjust to having a child with hearing loss
  - Employ active listening strategies
- Helps family members to acknowledge their feelings

# Reflective Listening

(Rogers, 1965)

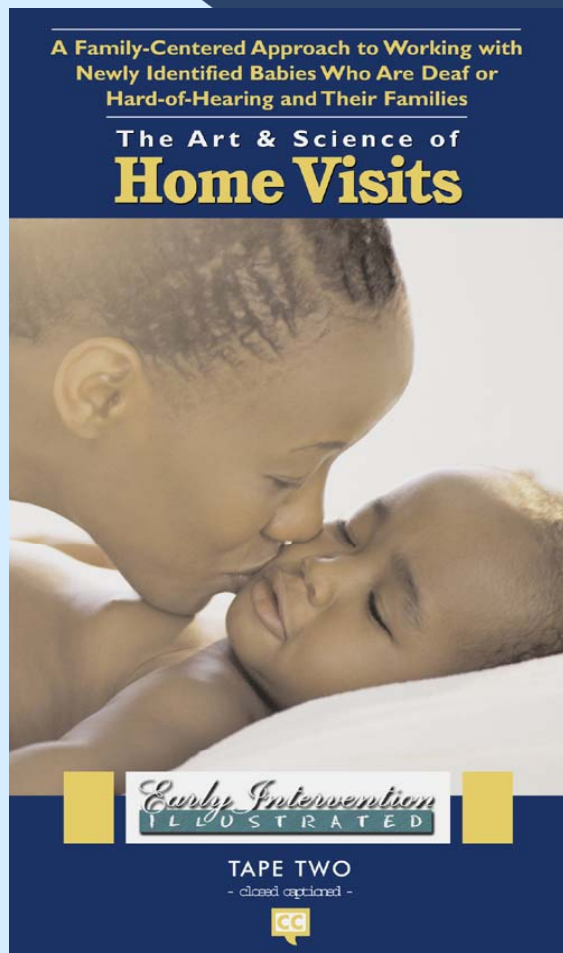
- ⦿ Restatement of feelings; helps the individual access their own feelings
- ⦿ *Unconditional positive regard*
- ⦿ Encourages problem solving using one's own personal resources
- ⦿ Enhances professional-family cooperation
  - Shows respect
  - Shows understanding
  - Demonstrates the values of each family member above and beyond the opinion of the professional



### 3. Supporting the Parents as they Learn Specific Strategies

- ① Help parents to learn to observe their child's behavior
- ① Systematically demonstrate specific activities and practice together
- ① Integrate strategies into typical routines
- ① Monitor successful use of specific strategies

# Early Intervention Illustrated Series



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# Identifying Competencies

2007 - Present

# Interdisciplinary Practice

- ◎ Best practice guidelines reinforce need for interdisciplinary training (JCIH, 2007; Marge & Marge, 2005)
- ◎ Knowledge and skills come from multiple disciplines including:
  - › Audiology
  - › Counseling
  - › Deaf Education
  - › Early Childhood (Special) Education
  - › Psychology
  - › Social Work
  - › Speech-Language Pathology

# Document Review

(Stredler-Brown, Moeller, & Sass-Lehrer, 2009)

1. CENTe-R Competencies
2. ASHA-CED Technical Report
3. NAD Position Statement
4. CEASD Position Statement
5. Marge & Marge Consensus Document
6. JCIH 2007 Position Statement
7. ASHA Core Knowledge & Skills for SLPs
8. AG Bell Competences (LSLS)



# 9 Core Competency Areas

1. Family-Centered Practice
2. Socially, Culturally & Linguistically Response Practice
3. Language Acquisition and Communication Development
4. Infant and Toddler Development

# Core Competency Areas

5. Screening, Assessment and Evaluation
6. Technology: Auditory, Visual, Tactile
7. Planning and Implementing Service
8. Collaboration and Interdisciplinary Practice
9. Professional and Ethical Behavior



Are we doing what we say  
we are doing?



# Pre-service Training of Early Interventionists

(Stredler-Brown & Arehart, 2000)  
(n=188)

- 76%: Speech/Language Pathologists
- 71%: Early Childhood Special Educators
- 48%: Educators of the D/HH
- 38%: Audiologists
- 26%: Other

*There is no assurance that the professional, irrespective of the discipline that awarded the degree, has sufficient pre-service coursework and practicum experience*

Compton, Niemeyer & Schroyer, 2001; Harrison, 2004;  
Jones & Ewing, 2002; Lenihan & Rice, 2005



The responsibility for training  
of early intervention providers  
often rests with  
the early intervention  
program

*Each early interventionist  
can be a life-long learner*



# Training Models

1. Certificate programs
2. Distance-learning modules
3. Group instruction
4. Grand rounds
5. Mentoring practices (Daloz, 1999; English, 2007, Tiberius, 2008)

# Certificate Programs

- Listening, Speech, & Language Specialist (LSLS)
- The Early Education Professional Development Leadership Program: Burstein Leadership Institute at Gallaudet University
- Professional Preparation in Cochlear Implants (Children's Hospital of Philadelphia)

Language Speech and Listening Specialist  
(LSLS)  
with Certification as an Auditory Verbal Therapist  
(Cert-AVT)

<http://nc.agbell.org/NetCommunity/Document.Doc?id=298>

1. Academic Requirements

- › Master's degree: audiology, speech-language pathology, education of the D/HH

2. Graduate or post-graduate coursework in:

- › hearing and hearing technology
- › auditory functioning
- › spoken language communication
- › child development
- › parent guidance
- › education and support
- › history, philosophy and professional issues
- › education & emergent literacy

# LSLS with Cert-AVT

## 3. Licensed or Certified

- › Certificate of Clinical Competence (CCC) in audiology or speech-language pathology from ASHA
- › State/provincial license in audiology or speech-language pathology
- › State/provincial diploma in Education of the D/HH

## 4. Post-Graduate Study

- › complete at least 80 hours of post-graduate study in strategies for listening and spoken language development after receiving their professional degree
  - at least 40 hours of instruction in auditory-verbal techniques
  - at least 10 hours of observation of at least two different LSLS Certified Auditory-Verbal Therapists
  - up to 30 hours of instruction in the related content areas



# LSLS with Cert-AVT

## 5. Professional Experience

- 900 clock hours of professional experience in the past three years
  - At least 750 of these hours must be in direct therapy
  - A maximum of 150 hours may be in related activities such as communication assessments, parent conferences, in-service of and consultations with school personnel, school visits and assistance with audiological evaluations

## 6. Supervised Practicum

- Over a three year period of professional experience, the candidate must be supervised (live or video technology) for a total of 18 hours by a LSLS Cert-AVT

# Distance Learning Models

## ◎ Content:

- › Children's Hospital – Boston (Terrell Clark)
  - funded by Foundation grant
  - [www.childrenshospital.org/buildingblocks](http://www.childrenshospital.org/buildingblocks)
  - Offer early intervention competency education CEUs
- › Gallaudet certificate program
  - 4 courses
  - hybrid approach (1<sup>st</sup> & last course on campus + online coursework)
- › HOPE (Cochlear Corporation)

## ◎ Listservs & Discussion Forums

- › AG Bell Shared Interest Groups
- › A program can establish this through appropriate use of technology

✓ *Learning is enhanced when there is discussion accompanying the presentation*

# Group Instruction

- ◎ Traditional formats
  - > Lectures
  - > Workshops
  - > Conferences
- ◎ Provide critical networking opportunities
- ◎ Catchment area:
  - > Regional (covering an area of a state)
  - > Statewide
  - > Multi-state trainings
    - W. states
    - SE region
    - NE region
- ◎ Example: SKI HI

# Institutes

- ⦿ Longer/more intensive
- ⦿ Examples
  - › Carolina Summer Institute in AV Therapy
  - › Alabama Ear Institute in AV Therapy
  - › TCU Listening & Spoken Language Summer Institute

# Grand Rounds

- Present clinical problems by focusing on current or interesting cases
- Originated as an integral component of medical education wherein new information was taught and clinical reasoning skills were enhanced
- Preparation
  - Reading the research
  - Attending a webinar
  - Reading specific chapters, articles, books
- Includes opportunity to question, discuss &/or critique ones observations about the case

# Mentoring

(Tiberius, Sept/Oct, 2008)

- Re-examine one's own ideas
- Forming an **alliance**: includes mutual trust & respect; a shared responsibility for learning

# Peer Mentoring Practices

- Uses an interactive process of observation and reflection
- Shifts the service delivery model from expert-driven to learner-focused
- Focuses on supporting those involved with the child and the family: Both peer mentors gain confidence and competence as they review, learn, & implement strategies
- Dynamic exchange of information based on peer mentors' skills and needs
- Provides guided experiments (e.g., "I wonder what will happen if we....")
- Reciprocal process –series of conversations focused on mutually-agreed-upon outcomes

# Common Themes

- ◎ Making resources available:
  - > Curricula
  - > Books
  - > Professional Journals
    - In the field of hearing loss
    - Typical development
    - Parent-centered intervention
  - > Evaluation tools
  - > Research
- ◎ Discussion
  - > Phone
  - > E-mail
  - > Skype



# Evaluation

*We know that "...Practitioners are more likely to rely on their professional experiences and on the advice of colleagues than on research evidence when making practical decisions"*

*(p. 266 in Practical Approaches to Early Childhood Professional Development*

# Evaluation

- ◎ Self evaluation of competencies
  - Based on competencies identified by a clinical program, state guidelines, &/or certification requirements
    - ID strengths
    - ID weaknesses
- ◎ Peer evaluation
- ◎ Supervisor evaluation

# Efficacy

- ⦿ Need to assess efficacy of various training models
  - What approaches bring about changes in professional behaviors?
  - Do these changes translate to improved interventions for child/family
- ⦿ Current lack of research that systematically examines the relative efficacy of various training approaches

# Fiscal Benefit

- ◎ We have a need for this kind of information
- ◎ Potential areas to study:
  - > Acquiring competencies
  - > Longevity in positions
  - > Stability of a program



*As we work with young children and their families,  
let's develop collegial relationships to support our  
efforts.*