

WILL EISERMAN:

We are at the top of the hour and I would like to welcome everybody to today's webinar entitled 'Decreasing the Delegating Dilemma: Ensuring Quality Implementation of Programming from Every Team Member.'

My name is Will Eiserman, and I'm the associate director of the National Center for Hearing Assessment and Management at Utah State University, also known as NCHAM. We serve as the national technical resource Center for EHDI and hosts a variety of different webinars on topics related to the EHDI system, the Early Hearing Detection and Intervention system.

And today is one of those webinars. We are delighted to have everybody with us today. If anything disrupts your full participation in today's webinar, or if you think of anybody who is not attending live whom you think might benefit from today's webinar, know this webinar is being recorded and will be posted on our website, [infanthearing.org](http://infanthearing.org), in the next couple days.

You can always go back to the website to review the content of today's information again. It's a good way if you have a curiosity of one of the slides that was shown to just go and look at them there.

I want to give a shout out of thanks to our interpreters and to our captioner today. We really appreciate your time and skill and availability to help us make these kinds of learning opportunities as accessible as possible so thank you for helping us achieve that.

After our presenters today have completed their remarks on this topic, we will open up a questions field into which you can type your questions or comments to which you would like our presenters to respond.

I will read your question, and then they will have a chance to respond and we will go from there. So, without any other delay, I would like to turn the microphone over to our two presenters today and I will allow you to introduce yourselves. Thank you.

KAYTIE COOK WARD:

Thank you, well! We are excited you guys are here. My name is Kaytie Cook Ward and we are happy to have you guys with us. I'm currently visiting from Alberta, Canada where I teach a yearly running program at Raven and elementary school in the western school division I will be presenting with one of my great friends and colleagues called Lauren Smith Munkondya who is currently teaching in the US TB program in southern Utah.

With the support of our programs we look forward to presenting. Today we are representing ourselves and our own experience and we are excited to share them with you.

LAUREN SMITH MUNKONDYA:

Alright, this is Lauren and I will share with you our objectives for today. We will talk about recognizing

supportive communities. We will also discuss developing strategies for delegating skill practice to other providers or parents.

We will discuss reviewing some methods you can use for data collection that can be shared across team members whether you are the parent setting that up with the provider setting that up so we can ensure quality programming and targeting of goals.

So this is the order in which we will target things today. We will start by talking about how to identify communities that you can delegate to. We will talk about how you can recognize both the success of delegation and the barriers to delegation.

Then we will review some delegation strategies and we will analyze some reporting strategies for the data collection.

KAYTIE COOK WARD:

This is Kaytie again and am excited to share with you guys one of my favorite things that made me laugh out loud when I was scrolling through social media during one of those necessary adult brain weeks we sometimes take during stressful school year in September for style of hard because it says "my toxic trait is not letting anyone else clean because it's not clean and as I clean it, then and getting angry when no one else helps me clean."

I sent this to my husband and he said "that's you!" Please know when we are talking about a child's development and clean home we know they are two very different things. However, when I first think of why getting support is hard, I think of the sentence that encapsulates why.

We can find ourselves on either side of this, the person who is struggling to keep up with everything, or the person who wants to help but cannot quite do so in a meaningful way. Spreading out responsibilities and enlisting resources can feel like its own full-time job.

That is true for both professionals and caregivers and parents on these teams. Just like the maintenance of our home revolves around our family's deal activities and the people most in and out of doors, early intervention teams have the same focus.

We know that children whose daily routines as their base for developing communication that is meaningful to them and because of this we invite the people who are part of those routines to help. I remember visiting with a parent who had a child reason they diagnosed with hearing loss and she jokingly asked if she could, if the child could stay with us permanently, meaning she would lock him in our schools intervention program full-time so she could make sure they were getting everything they needed and she would not have to feel any guilt about missing out on anything.

As I reflect back on that, I laugh because I know she was kidding. But I also know although it is a tempting strategy it would not work because a child with hearing loss need support in all of their settings to see success, not just at school or at home with their primary professionals or at the doctor's office.

These daily routines with the people they love most are irreplaceable, and invaluable. And a child caretaker is their best advocate and the most needed professional and an interdisciplinary team.

We would never want to block that person from being involved with intervention by leaving it all behind closed intervention doors. While we know that to be true, that is what puts a lot of pressure on caregivers, the proverbial mop holders in the cleaning analogy. They are getting all the strategies and being and all the cleaning supplies to be used in their homes.

Often times there are multiple specialists giving several tips and tricks and you are feeling like you are stockpiling cleaner and Windex with no hope of getting to clean or use them. This becomes the delegation dilemma. We cannot do it all around, even if we want to.

LAUREN SMITH MUNKONDYA:

This is Lauren again. I thought I should give you my sign name, so that is mindful talking about delegating dilemmas specifically, delegating sounds really good in theory but like Kaytie said, it's hard to identify who we can trust to be part of that delegation and do it because, because they won't do it the same way we would do it.

From a primary caregivers perspective you might feel like you are finally getting an idea of your child's needs and where you want to go and that deserves a moment to celebrate but it is still very overwhelming and you need that support and might even want that support in targeting these goals.

As providers and team members, you might have programs and really amazing activities that are embedded in your teams but now you've got to be in charge of sharing that with others. Neither one of these team members can do it on their own. They got to bring in some other people.

And you want those people to feel empowered to bring other people in so we can have a big group to get the work done.

KAYTIE COOK WARD:

This is Kaytie. Just a quick note for how we will discuss people in this presentation. When we think of delegation, it is usually a top-down process. We start with a boss, then tasks are delegated down the chain of command. We see relationships with other members as one directional.

But when working in a multidisciplinary team with a caregiver and child is the lead, caregivers are both the boss and the person being delegated to. They are constantly navigating the code switching on being in charge but then also on the receiving end of all of the heavy loads of information and strategies that they need to execute.

But also being expected to train others to help them. It is an incredibly tricky balancing act that adds to the delegation dilemma. And because of this, caregivers throughout this presentation may see themselves in many roles as both the delegator and the delegated.

We hope that all caregivers in this room feel supported and find the strategies helpful to them in both roles. Because of this, some of the verbs and phrasing we will use will code switch depending on what each side is focusing on.

LAUREN SMITH MUNKONDYA:

This is Lauren again. We want to know how much difference it makes to do things so many more times. So we have borrowed this math from the book *Listening and Spoken Language Therapy for Children with Hearing Loss: a Practical Auditory Based Guide*, the first edition by Sylvia (Name) and Mara (Name).

Kaytie and I love this math and the way it shows us why it's so important to pull multiple people in for practice of language targets with students. On the math you will see these are activities of daily living.

They picked two different kinds for us to look at, we have mealtime and just getting in and out of the car. Then we've got how many times a day does this happen, what are the number of days the activity is performed, and the P's potential language repetition in the daily activity. Then X is exposure to language structure.

So it's got three meals a day, and maybe we are targeting our child using more to get more food. This is a really , when we see in families. We have three meals a day, 365 days a year, and maybe they will do it 10 different times during a meal.

That adds up to 10,950 opportunities for students to practice new language skills. And if mom and dad is not at every meal, maybe daycare is doing some of the meals or grandma or whoever it might be, we could potentially lose thousands of opportunities to work on a new skill.

So that is why we really care about delegating and pulling these people and because those opportunities just cannot be replaced in therapy or target practice at home.

But this brings up a lot of questions. Who can I actually delegate to? And how do I help those I've asked to support me to do it correctly? And how am I going to track all of this communication and shared with the professional team members so that we can make the quality adjustments that we need to to make sure this child is making the progress they need?

Where are we even going to start?

KAYTIE COOK WARD:

This is Kaytie again. I love the question: where do we start? That is the question I asked the most and what I'm currently asking myself. Where do we even start?

We want to know that. We want to talk about these things and hopefully our families we service no they have that support of the professionals they are with. But who do we add to that? I suggest as soon as it feels appropriate, encourage your caregivers and guardians to make a list.

A physical list with a pen and paper of whom they can rely on for about their own emotional support and those who may be able to support their child's language development. I find the questions on this slight helpful and using this thought process.

Some of these include: who do I enjoy spending time with? Who do I confide in? Who has a vested interest in my success? Who does my child enjoy spending time with? Who is my child motivated to converse with? What professional support do I have with my child? I want to focus on the question: who does my child naturally spend time with as part of their daily routine?

Don't dismiss the beloved soccer coach my favorite daycare provider or the grandparent they FaceTime every day with. As a professional, though very much on your team and most likely not helping with your carpool.

But I can help you identify needs and create meaningful goals and strategies to share with the drivers in your carpool. Once we have that written out, we will go through and highlight the people who you and your child both feel comfortable connecting with.

Whom you find your child spending a lot of time with command whom you know is invested. This becomes your target list of those so you can delegate and practice with.

Look at where those lists overlap and we will go from there.

LAUREN SMITH MUNKONDYA:

Now what? We prioritize the team, we are ready to take on the target and are working on it across important daily routines with different important people. But we do have to track those goals as well.

Because it could get really messy between people. Do I feel comfortable with what my child's goals are to share them or explain them to someone else, and what does that look like in settings that are not home?

KAYTIE COOK WARD:

A friend of mine once said "if you can name it, you can tame it." I like to write it out. You will see a lot of repetition in this presentation.

What are the biggest things we can see in this dilemma? We don't know how to track what we've delegated. We don't know the goals well have to ask people for help and we want to know if it is appropriate to ask for help.

I want to tell you that I promise you it is. But we will take a quick little detour and Laura will tell you about where we pulled some of this information from.

LAUREN SMITH MUNKONDYA:

We want to see who are the people who delegate the most and what the barriers are and what works

the most. Kaytie did a survey with some teachers and educators at her school, in Canada they call them educational assistance we will go back and forth between calling them para educators.

So Katie did the survey to find out what they learned as they accommodate students every day and students of all different kinds, many with atypical neurodevelopment, maybe they have a syndrome or other identified needs for special education.

And the list on the right includes many of the people who do that delegation each day in order for quality programming to work at school. It can be very hard some days but it is always going to be necessary.

As a caregiver, you may see yourself both as the person responsible for identifying and sharing strategies with your child support team as well as the one who is struggling with feeling removed from the specialists with not enough time to communicate. Kaytie will you share with us what you found in the survey?

KAYTIE COOK WARD:

yes. I will tell you a bit about these two surveys. I sent one to teachers and support staff. Teachers were asked to identify when programming for a student who requires a one-on-one educational assistant or support member how confident are you and what you need to be targeting or working on?

I gave the examples: what activities they should be doing, what schedule a setting up for them, what standards are we trying to reach, and what adjustments am I making based off of other needs or diagnoses? Followed up the question with: what makes designing the program easier or harder? And how confident are you in communicating accurately what is happening with your support team that you are delegating to?

We follow that with again, what makes that easier or harder. In our support staff survey, we asked a very similar question: when working with a student 101, how confident are you and what you need to be targeting or working on? Are you comfortable in knowing what activities you will be doing, what schedules you should be following and what goals you should work towards? There also is to review what made this easier or more difficult, and how reporting back to the teacher was going.

On the right side, we see things that made this easier and on the other side, we see the things that made it difficult. These are just some of the responses if you're interested in all of them, I'd be happy to share.

We designed these questions to help get insight to our daily support teams, how daily support teams might feel the they have been enlisted to help but are not meeting with a specialist directly and are relying on somebody else to help them know what to do. Specialists rely on accurate information to know when to tweak programming or call-in additional support.

Let's take a minute or two to reduce these responses. The ones that stood out to me the most because I felt the most guilty about doing them (Laughs) Was over on the helpful side when it said "it is nice

when the person I'm reporting to is actively listening. They're not doing something else on their computer and that is a huge help. When you can tell they are listening it tells me they care about what I have to contribute and I want to stay on that team."

I'm famous for trying to multitask. Have so many things going on, a lot of paperwork to do and a lot of things to move forward with that when someone takes the time to come in and chat with me I want to make sure I'm giving them the eye contact and dedicated time to know that what they are saying to me is valuable.

Then on the difficult side, there was a lot of difficult. What I really appreciated was the honesty that is tricky. "It is tricky trying to recognize patterns in reporting in a timely fashion before I forget, before they forget. Kids will act differently depending on who they are with so it's challenging because some of the strategies I'm getting are not working when there with me and I'm frustrated that they are working when there with someone else."

So there's a lot going on with this and I don't want to spend too much time here because we want to get to the good part, the helpful part. (Laughs)

As we talked about some of these things that are in there but if you want more information on this let me know I would be happy to share with you the full results.

After reading through each of these responses, we have identified my will say about six common barriers that seem to really block effective delegation which we will outline with Lauren.

#### LAUREN SMITH MUNKONDYA:

The six barriers are: people felt like maybe they did not know the child. People felt unsure of their qualifications or stated that they were just not a specialist. People said they were unsure of where to start or they felt overwhelmed by the amount of work to be done .

Overwhelmingly, people said that communicating was just difficult. Many people identified they felt a lack of trust in their team or they felt undervalued by their team. And then last of all, people were frustrated when they did not see success and they felt unmotivated to continue to try.

We are going to identify, we will continue going through these barriers we have identified and we will discuss how we can solve these things and what are three strategies that might help.

#### KAYTIE COOK WARD:

We will jump right in to the first barrier, this is Kaytie again. We just don't know the child. And sometimes that sounds odd because we are like "Kaytie, you just told us to identify support team so in theory every buddy a support team would know and love my child!" (Laughs) And that's true, we want to!

But that does not always mean we do right off the bat. Caseloads are changing, support staff turns over, sometimes we even get new siblings or we have move ins, new neighbors, new people in

the carpool.

Constantly our support teams are changing which is why I encourage doing, identifying your support team consistently. Do it a couple times a year and see if it changes. That is honestly one of the biggest barriers as we want to know this child, which is did not have time to get there yet.

LAUREN SMITH MUNKONDYA:

Sometimes you might know the child in one situation but there are so many other pieces of them you do not know. You do not know what the struggles they were having with their teacher last year, even though you've gotten to know them really well this year.

And you don't know what kind of medical problems they have been having at home. So even when you are familiar with the student and you know they love Paw Patrol and that will get them chatting with you you might not still know everything you need to know about the families.

KAYTIE COOK WARD:

So knowing that we want to jump to one of our biggest solves and it sounds simple and easy but it is to give the background. When we have the back of the child, that can be really helpful. Even knowing there will still be some nuances we need and some can vacation the needs to happen but one of the ways to do this but I love seeing students come in with his having a get to know you, I know that sounds cheesy but it is really helpful and you want to know if somebody is using them, I do. I love them.

Research is showing that with respect to cooperation and a goal, a child's level is directly related to the degree of how connected the child feels to his or her caregiver and teacher. We can build that connection to safe people by breaking up of pamphlets, creating get to know you sheets and inviting children to share the information and become their own advocates.

You can also invite people on your team to do the same for the child. I really enjoy writing that get to know your teacher, we talk about Mrs Ward loves tacos and the color blue as well and that helps them feel comfortable telling me things they are going through also.

LAUREN SMITH MUNKONDYA:

The next thing we would like you to encourage you on, this is Lauren, is to actually share some of the medical forms that you have received from doctors.

You never know when having that specific information if it will really help your team member understand, especially when we are talking about the professionals that you work with.

They may not know what all of your child will need without some of the information they will see in those medical reports and discussing them together can help you as a parent understand the medical reports better as well.

KAYTIE COOK WARD:



One thing I encourage you to do, I don't mean this to sound aggressive as a parent, but when you are going to a new setting you can ask them "what is your system ensuring forms? How do I know your teacher has access to these? Is there a filing system I contribute to?"

I promise you it is not passive-aggressive, just helpful. On that note (Laughs) We are going to ask for previous notes and insights from other providers as a professional provider can actively ask for the insight from others about what is going well. And what might need to be addressed.

When working with a new child you may not know, have the time to cover the meaningful details that can create smoother transitions and services. Taking the time to read previous notes respects the investment that other caregivers and providers have put into the files being shared with you.

I love when someone says "I've read that before!" It makes me want to put more effort into writing those notes down. So sharing that is credibly helpful. Lauren, do you have anything to add before we move on to the next barrier?

LAUREN SMITH MUNKONDYA:

I think that there's been several times when I've gotten notes from previous providers that has really helped me know what parents have tried already because sometimes a provider comes in and they've got this list like "we need to discuss all of these different strategies" and maybe the parent is already discussed them with another provider six or seven times before that.

So going in and not just assuming the parent has not heard anything before can be really helpful in building a good team relationship to look at what they have done, how you can help them from where they've already been.

KAYTIE COOK WARD:

I love that. So thinking of our next barrier, I'm unsure of qualifications and I'm not a specialist, that is probably the one I hear the most. In my early learning team I'm lucky to have five wonderful support staff members that come in every day and the number one thing they tell me is "I don't get paid enough for this" (Laughs) Or "I'm unsure how to help " or "that's great but I don't have the background you have. Can you help me out?"

I think that is a very valid barrier when you are unsure of your altercations and you don't feel like the specialist you want to be to help the child commit might be easier to be like "I'm going to step away and pass this to someone else with more experience." That is a large barrier we face, especially in a school setting.

LAUREN SMITH MUNKONDYA:

This is Lauren. Even those that have qualifications sometimes feel like they just don't know what they need to know to work with the student.

I've talked with lots of different SLPs and teachers and even teachers of the deaf who said "of never worked with the kid with this diagnosis before. I've never worked with a kid who just got their cochlear

implants before. I've never worked with a kid with hearing loss before, and I just don't know how to do this. This is not my specialty. I can't."

And I think this is a barrier that really can hold some people that come even when they have qualifications and when they feel very comfortable and confident in other situations with other students.

KAYTIE COOK WARD:

I would like to clarify, Lauren and I are by no means saying practice outside of your scope. That is not what we are saying! We are saying is that when we empower parents to know the goals, I will switch over to the next slide, then we can simplify and clarify to have people help where they can when they can and when it is appropriate.

Our first strategy is really simplify and clarify. When reviewing and writing goals in a team, make sure you can state them in terms that are clear, make sense to you, and are free of any technical jargon.

If you as a parent or you as a professional cannot state the goal this way, I promise you they are not getting worked on by you or anyone else on the team that might need them. We have to be able to clarify what that goal actually means and how we would work on it.

LAUREN SMITH MUNKONDYA:

This is Lauren. When you've gotten to that point and you are ready to delegate, you need to be able to help someone know whether you want them just to let you know if the child did that thing, you are just looking for the skill, or if you want them to help them get to the skill.

Prompting can be really challenging for people and we will talk about that more in a second, but I want you to start thinking about already what happens most of the time when you tell someone "can you see if the child knows what this item is?" Like maybe do they know what the baby doll is, what to call it.

Most of the time that person will hold up the baby and say to the child "what's this?" And they will hold up something else "what's this?" And we get into quizzing mode and kids get very tired of quizzing mode.

And when you actually do need to get a quiz done or something to see how they doing, they will not perform for you anymore. So be really conscious of what does prompting look like and what kinds of things they can do.

Some resources for that might be the listening and spoken language strategies that include lots of different ways to prompt. If you need some resources on that, you can send us an email and we will point you to some great ones.

I know there are some on this website that people have talked about before in these webinars.

KAYTIE COOK WARD:

Love that. Our next strategy is: share the when and where. I will argue the most overwhelming part of having a goal shared with you is not knowing when it's supposed to be targeted or where it is most likely going to be successful.

Without sharing this information, your delegated team member might learn lean to the extreme of over targeting to exhaustion or under targeting to no effect.

I like to give the example, a very proud auntie of a brand-new baby who is three days old, really excited, and their older brothers are my neighbors and they get to come over all the time.

We were talking about requesting, we were working on advocating for our voice and having those wonderful skills in place, his mom very politely told me that even though we want to acknowledge that he is advocating and requesting in full sentences, not allowed to give him a gummy snack every time he does because he was going home with like 15 bags of gushers. Not effective.

However we found this was an effective strategy and goal to work on when we were playing with toys like Legos. The more pieces he requested the more we could play and that avoided the bellyache. That was helpful for me is the anti-who wanted to give him everything for when we wanted to see this strategy effective in a way that does not hurt him.

LAUREN SMITH MUNKONDYA:

This is Lauren. The next barrier we will discuss is being unsure of where to start or feeling overwhelmed. We address this a little bit of knowing the where and when.

But we feel like there is still a little bit more to this. Kaytie, do you want to tell us the story of the client you worked with a few years ago and what the mom told you?

KAYTIE COOK WARD:

I love this moment is quite so much! I remember sitting at the table with her and I just come out of grad school, they taught us to be inclusive and to involve the parent in setting goals and making sure we were viewing that perspective and valuing that home life.

So I very eagerly jumped in and said "what do you want to work on? Let's figure this out together!" And this sweet mom turned and looked at me with tears in your eyes instead "I was hoping you would tell me where we start."

And I thought "I really appreciate that." In an effort to be collaborative I took away the opportunity to give her a starting point and show her where we can go. That is one of the biggest barriers we face as it is very overwhelming and we don't know where to start and I'm unsure how to get going.

LAUREN SMITH MUNKONDYA:

I think that is the opportunity for the professional to really chunks this into pieces. Instead of giving them the whole goal we will start pie-in-the-sky, high goals, high success, we will really start at the bottom.

What is the first step? What will be the second step? And sometimes even talking through with the parent what each step is going to be ahead of time so they can see we have a plan. We know how we will get there. It is not that far away because we know all of the things we need to do in order to get to that end.

(Multiple speakers)

LAUREN SMITH MUNKONDYA:

Of starting the next one. This phrase we came up with for this is to share the how. Share successful strategies. I talked about prompting a bit before, this is where this comes in.

As a professional, you can share what is working and what strategies you have seen from your experience as a professional working with other students. How do you get this target met?

And then, as a parent, you can share what you did with the other people that you bring in. Wait a second for the interpreters to go over. If self talk has gotten your child talking a lot, you could share with grandma how to do self talk so when she is playing with the child she can get the child talking to her as well.

Or maybe your child really loves auditory closure and really loves the idea of jumping into help you know how the song ends. You can share that with the carpool so they can sing a song on the way to school and note to wait for the last word.

KAYTIE COOK WARD:

I love that! The next strategy is to provide materials and helps. This seems obvious but I will throw it out there because sometimes that is what we miss the most. (Laughs)

If you are asking for help that requires a specific object or material, send it or make an extra set. Include clear instructions on how they are to be used. This is relevant for itinerant teachers, helping mainstream teachers, parents helping daycare providers, and school audiologists helping learning support teachers.

If you are helping grandma will watch the child practice the handcrafted pan flute from Botswana please assume you need to send the flute.

LAUREN SMITH MUNKONDYA:

The last strategy we have for sharing the how is embrace the questions. Sometimes it can be really overwhelming when someone starts to ask you questions about something that is new to you. A few years ago, I was working with the family had just gotten their cochlear implants.

And mom called me in a panic because two days a week, grandma was the person waking the kids up and grandma had tons of questions about these cochlear implants.

She wanted to know how expensive they were and why the child needed to wear them first thing in the morning. And what was really happening when she put them on and what was the goal and how was everything going to work.

Mom was so overwhelmed by these questions that at first she called me to complain that grandma just was not on board and she was never going to be able to get grandma to help and it was all going to be bad.

So I shared with her the idea that maybe instead of grandma being against what was happening, grandma just wanted to know more because she cares so deeply, both about her daughter and her grandson, that she just needed more information so she could be a functioning member of our team.

So we talked about the answers to all of the questions that grandma had and of course mom share those and it brought up more questions. So then we made a plan for us to sit down together so grandma could ask me the questions and I could help mom feel more confident in her answers.

Come to find out grandma's most important thing to her what she wanted to know was this child going to call her "Mimi" just like her other grandchildren because she felt that was so special. "Mimi, "M-I-M-I." The southern grandma named everyone has to come up with their own.

That is what was the most important to that grandma. We were able to share with her that that could be one of the goals as we went along but the first step to getting to that point was he needed to put the cochlear implants on in the morning when she was waking him up so they could have that special communicating time together when she was at their house.

KAYTIE COOK WARD:

Love that. Beautiful. Coming in honestly, I think that leads into the next barrier. Communicating is difficult. It just is.

It is a skill that we will be trying to navigate as adults, as children, our entire lives through relationships, friendships and work, communication is just hard. (Laughs)

I don't mean to say that lightly but it's a skill we will have to work on but it is a very real barrier when we are talking about delegating skills. And I love that. Sometimes we have to look at if it is an issue of trust, an issue of mutation, of not understanding? And they all boil down to an issue that communicating is difficult.

LAUREN SMITH MUNKONDYA:

I want to add that just finding the time to communicate can be really difficult. Because parents are busy, and professionals are busy, and how do we really carve out enough time that we can be clear in our communication?

So that was what Kaytie and I came up with when we tried to come up with solve phrases. For communicating is difficult, the solve phrases to communicate.

KAYTIE COOK WARD:

(Laughs) I think that is very funny.

LAUREN SMITH MUNKONDYA:

I did too! There is really no way around it. We just have to communicate. Our first strategy for communication is this KISS. Which both Katie and I heard when we were growing up and if you have not heard before, it stands for Keep It Simple, Stupid.

That might not be very polite but it is a good acronym for helping us remember that we do just need to be simple. We don't need to beat around the bush, we can be direct, we can tell people exactly what we are talking about and we don't need to be complex either.

You don't need to hand over all standardized assessment because not everybody needs to look at that and analyze it. They might just need to know the student is struggling with the endings of words and the past tense and the present tense, so that is all the person really needs to know to help out.

KAYTIE COOK WARD:

I love that. Our next strategy is to set clear expectations. And we talked a little bit about this with some of my colleagues as we were going over some barriers and they said it's tricky because often times when you are delegating to people we respect and you have a lot of experience so we want to respect Lacey something like "it's up to you. You got this! I trust what you will go with."

But you might not feel comfortable, you can feel is not validating, it's actually more difficult. It makes me feel unprepared and unsupported. So after sharing goals instead of saying "it's up to you. Do what you want with Apple stock" you can say "do you have any insight or ways you suggest we target this?" One is respectful and one is overwhelming so try to watch that phrasing of "it's up to you! I trust you! Go with that!" And you might, that's good to say. There's a difference between I trust you and I value your insight and I trust you, go forward without me.

One is overwhelming and one is endearing. Try to lean on the other side of those (Laughs).

LAUREN SMITH MUNKONDYA:

I feel like, this is Lauren again, data is one of the places where this really comes into play and we promised you we would talk about how to share data across team members and this is where we will bring that in.

We really encourage you to get very creative in how you are sharing data and to be specific because that will really help the other people on your team know what you want.

Kaytie in the past has done a running Google Doc with families so that the parent could ask specific questions and she could check into it when she had the time during class. I have used Google Forms where I could be more specific about what I was looking for so my educational assistance knew they were supposed to be counting how many times the child does this skill, we could use the multiple-

choice button so we could say he did it five times in 10 minutes so I need to select five times, I need to select 10 minutes and then submit then it comes straight to my email.

And I can also share that with the parents and other support staff that need to see how the students are doing. With parents, you have more options because you don't have the same restrictions that we do for making sure we are using something that protects information carefully. I have parents use Marco Polo with babysitters or grandparents.

So they could take a video during therapy of what they were targeting and how they were targeting at, and when grandma has the kid, they could look back and check how that went and they could take their own video to show mom or dad it was successful as well.

And don't forget the super easy thing of just a notebook. It can go back and forth, you can write in it what you are looking for, what you need, and it can just stay in the diaper bag.

KAYTIE COOK WARD:

I love that. Thinking of our next barrier, I wrote this down not hesitantly but it is odd to put lack of trust. A very trusting person. I want to feel that everybody is in there and everybody is doing well.

What I think it comes down to is, it's not that I don't trust that person's skills, it is I don't trust this to stay safe. I work in a very small and wonderful time but there is nothing that happens without it being discussed at the grocery store which has its perks and downfalls.

Sometimes we hesitate to delegate and invite people into our space to help support our child because we are unsure of how that information is going to be perceived by others or if it will be spread in ways we are not comfortable with.

That is a very big fear that some families and workers are worried about coming in as we don't know how this information will get out to others.

LAUREN SMITH MUNKONDYA:

This is Lauren. I wanted to talk about the flipside of that is that when you are part of a team, there are times that you can feel very undervalued. And that maybe you don't belong as part of the team.

My first job out of college, I joined a very big trip of teachers of the deaf and on my first day everyone went around and talked about what their specialties were and it became very quickly apparent that all the teachers of the deaf on the team I was working with specialized in ASL development specifically.

And that there were no other teachers on that team who worked on listening and spoken language. And I felt a little bit like a fish out of water. I thought... I have not experienced anything yet about the two sides being somewhat opposing at times.

This was my first experience working closely with teachers who use ASL for teaching and language development and I did not think I really was meant to be part of this team.

So I was very quiet. For quite a while. And I was so appreciative of one of these team members who came to me outside of the group meeting and she said "Lauren, we were all part of the group that decided that we needed to have a listening and spoken language teacher as part of our team so that we could have a whole range of options for parents. So we are going to need you to speak up because we need your voice because you don't know what we know but we don't know what you know."

And I really appreciated that because up until that point I just felt like I did not belong. When we are feeling undervalued, that can be a time when we try not to collaborate when we really should be collaborating.

KAYTIE COOK WARD:

Thank you for sharing that. On that side, when we are collaborating, we want to do it with care. Thinking about what that is, it means we need to be respectful and sensitive of some of those pieces of information we receive.

I like to joke that secrets are phrases that we share with one person at a time. And that is not the case, that should not be the case. This cannot be true when entrusted to help on a child's care team.

Caregivers and professionals alike need to set clear boundaries with other team members on what information can and should be shared with others outside of the support team. Just knowing that boundary has been communicated and that rule has been set creates trust and respect that is necessary for support.

Before (indiscernible) sensitive information I asked people around us to ask: is this necessary to help their care and what I say this if the primary caregiver was present?

LAUREN SMITH MUNKONDYA:

I love that, Kaytie. This is Lauren. I want to talk about assuming competence as a strategy for collaborating with care.

Collaborating can be so hard when we are not sure how competent the people are that we will be working with. Can they really do what we can do?

The answer is yes and no. But you have to assume the adults around you are quite competent and they can handle the challenges that come up, especially as you work together. And as each person feels that you trust their competence, they will become even more competent -- as they will take on more responsibilities they will be more committed and increase the spirit of cooperation.

KAYTIE COOK WARD:

This also feels simple but if you are unsure, ask. Asking questions and listening to the answer is a sign of respect or than a sign of incompetence. Take the time to ask and clarify and learn more.

Especially as time goes on and you have been a part of the team longer and longer.



LAUREN SMITH MUNKONDYA:

The last barrier we want to talk about today is the barrier of not seeing success or being unmotivated to continue trying.

KAYTIE COOK WARD:

Guys, this is just hard. It really is. (Laughs) We love it. It's beautiful work and we are happy to be a part of it. It is something we will not change but that does not change that sometimes it's hard.

We do not see the progress we want to see or we do not see how our part of the puzzle is fitting into the bigger piece of what is going on with these families and children we are servicing.

And that makes us sometimes unmotivated to try. So when we come over to this next side, it seems simple, but it was probably one of the ones that moved me the most when we look through strategies that were helpful. That was to celebrate success. Take intentional time to do that.

LAUREN SMITH MUNKONDYA:

When you see extra practice is paying off, share that with somebody. Tell them you know their efforts are making a difference. I was so pleased yesterday to run into a client from the previous year, I ran into the parent.

And she said "wait! I have to tell you this story about my student in his new class. Last year we spent a lot of time working on his ability to recall what is going to happen, and to predict what is going to happen next in his classroom.

And now he is in a new class, we are not working on that goal anymore," but she went to visit and saw him using that new skill to help another student adjust to the new class. I was able to share that with my educational assistants as well and it was a long slog to try to fix that last year and now he's doing it so independently and well and we were able to celebrate that together and I'll feel uplifted.

KAYTIE COOK WARD:

And in that, that almost feels like a thank you. When you have someone celebrate the progress with you, even if those words are not said, it sure feels that way.

When I was reading through the survey results I was reminded that although we choose to do it, it's not easy. Hearing "thank you" and what you are doing well as a team member is incredibly helpful for Morel and keeps you involved and invested. So keep those close to your sleep. And with that thank you for coming in. We always appreciate sharing the experiences that we have.

LAUREN SMITH MUNKONDYA:

These are references if you would like to look at them and we always hope that you will reach out if you want to continue the conversation. We have both of our emails as well. So you can reach out if you've got any further questions.

And I think we've got a couple minutes left to look at the Q&A and see if there are any questions today.

WILL EISERMAN:

This is Will Eiserman again from NCHAM. If you want to turn my video on you are welcome to do that. Everybody, you will notice there is a Q&A field at the bottom of your screen. You are welcome to type in some questions there.

You already received a thank you. Lauren and Kaytie. For the handout. The handout they are referring to is the one that is posted in the chat. So if you have not seen that, go ahead and download that so you can have the benefit of that.

If folks have some questions and are trying to compose them, one of the questions that came up for me, and is coming from a US context, and it has to do with how to formalize some of what you are saying in terms of the IFSP or IEP.

What are your thoughts about that? In terms of making sure that team members who are key at a particular point in time when their input will be valuable is in fact included in that formal planning process.

LAUREN SMITH MUNKONDYA:

You did say US so I will take this one. I really encourage my parents to think about the people that are a daily basis type of person that is working with their student and invite them to the IFSP or IEP.

Is one of the parental rights they have to include anyone in that meeting that they want. So even if a person is not part of the formal team at the school, you can bring your private speech therapist to a school meeting.

You can bring a grandma. You can bring a neighbor. You can invite a daycare provider. I think a lot of parents don't know that specifically as part of their rights, to have that person part of the team, to have the person sign the document and be part of the discussions.

WILL EISERMAN:

Yeah.

KAYTIE COOK WARD:

Although we have a slightly different system here we have similar feedback, how do I make sure these are being represented on the document that is protecting my child at school? That is probably one of the best questions we get so glad you posed that. Something that is helped us here is we make sure if it is not included in our school divisions template to have it there, that I take the time to train my staff and teachers to either send out a survey, talk with the parents in informal or formal conversation, to invite someone to come or to have them write a letter or their insight on the child.

Then we upload it into extra documentation that stays with the child's file so if you want to have a

perspective on how the child is doing somewhere else or other insight they have that it's documented as if it was a medical record or something similar. It is all easy to find in their files.

(Multiple speakers)

LAUREN SMITH MUNKONDYA:

That is true in the states as well.

WILL EISERMAN:

Have either of you had any experience strategy kind of like this where you might suggest to the parent you know, being in a meeting like that, I will do my best as the teacher or interventionist to make it as comfortable for you to share your thoughts.

But it can be a little overwhelming for a variety of reasons. Is there somebody in your life who would be good to have beside you who knows how to make sure that what you have to say is said?

LAUREN SMITH MUNKONDYA:

Oh yes. I have done this personally as well because I have a nephew who has an IEP and my sister was very nervous that she was not going to get up the guts to say things she wanted to say.

So I went to the IEP and my only job at the IEP was to say "excuse me, my sister has something to say." and it was very effective. And I love when parents bring something like that to the team meetings.

WILL EISERMAN:

And how to convey the invitation or encouragement or legitimize it, do you have suggestions on how to make that feel like an authentic invitation?

LAUREN SMITH MUNKONDYA:

Yeah. You have to send out as a teacher, you have to send out a notice of meeting before the meeting. But you kind of have to talk to the parent about when the meeting will be before you send out the notice of meeting.

When I send out my notice of meeting, I will ask the parents: these are the official people that must be invited. You are right is to invite anybody else that you might want to be there and I will give some examples of the types of people that have been at these meetings in the past with me. And just say "can you think of anybody like that that you would like me to include on the notice of meeting?"

Then it's very official.

WILL EISERMAN:

I'm really glad to hear that. Another question here: how often do you see acute speech being used or have parents even ask about it?

LAUREN SMITH MUNKONDYA:

I have either been in the field with my license or been an aide in the field for 15 years now and I've only seen one student, myself.

WILL EISERMAN:

Kaytie?

KAYTIE COOK WARD:

I got excited and went down to the next question and I'm going to pause and let you pose that and then I will defer to Lauren. I liked what she said. I don't see it very often up here. I'm in a fair role community so not that it is not a valuable way to communicate, we just don't have the specialty to use it here so we see that other modes of communication are utilized more just because that is the access we have up in this area.

WILL EISERMAN:

So, the next question, then. What you do when you are part of the team and the child is very involved? The child may be at a profound level but keep the child, keeping the child alive is more important? What do you do to provide support to the parents? I struggle with this, this person says.

KAYTIE COOK WARD:

Lauren and I had the opportunity to develop something called functional priorities. It is designed to be, it is written in a conversational format where it poses different questions to decide what those are.

But we specifically designed it for a couple of kids that I had in my caseload that are very similar although hearing loss is profound, it is definitely something that is on their list. It is not the highest priority because there are other things happening to them that are taking higher priority.

When that is the case, you involve even more specialists. You involve even more voices that are coming in and I can start to feel incredibly overwhelming.

So this actually, that very question is what posed this offshoot of the delegation dilemma but at the very core it started with functional priorities. We had a whole presentation on that that I would love to share with you because I could talk about it for hours so I'm just going to invite you to reach out via email and Lauren and I would love to meet with you and talk about that all day.

(Multiple speakers)

WILL EISERMAN:

The emails on the screen so make sure to drop those down if you need them.

LAUREN SMITH MUNKONDYA:

We've even created a guiding form, a chart if you will, that will walk you through some specific questions to ask to parents to really get down to what is the heart of what matters in your therapy.

Because there is so much going on for some of these kids we work with.

WILL EISERMAN:

One final question as we approach the top of the hour already, if you can believe that. It is a question about healthcare providers. We are talking today largely about all that goes on outside of the context of healthcare provision.

But healthcare providers are a touchstone for families. What role do you see for them in either a member of this team overlearning about the importance of this team and supporting the family in assembling that team for the context that you are describing?

LAUREN SMITH MUNKONDYA:

I think that is a really tough question. We know healthcare providers everywhere are stretched very thin and the pandemic made that only worse.

So some of these healthcare providers, although they want to be a big part of these teams, don't always have the time to do some of the back-and-forth communication that we are talking about and that is where we think that simple thing communication really comes in and empowering parents to be the middle.

Even though being the middleman can be so hard. But when parents really get the information from professionals on both sides, from the healthcare provider as well as for the school professionals, they have the ability to share that information back and forth, to share data back and forth, I think that is one of the reasons why I'm very passionate about putting data in parents hands. So they can see what the data actually shows themselves and can walk that to their doctor the next time they are there.

So they can feel more empowered to tell the doctor what they need support in. And whenever possible, getting people in the same room or at least on the phone together, especially when we are talking about audiologists and good cochlear implant fit. The cochlear implant can be really finicky and spending time actually discussing what is happening with a child's speech with the audiologist and really change how those maps are made.

WILL EISERMAN:

Thank you, both of you. We are at the top of the hour and thank you to everybody who has been in attendance with us today. It has been a rich and important conversation.

And what wonderful providers you are! Your energy is really awesome. By way of reminder, this webinar has been recorded so if you can think of others who might benefit from the information presented today or if you want to review it again, you can at [infanthearing.org](http://infanthearing.org) in the next couple of days and you can get any time there.

Thank you to our interpreters and our captioner today as well. And thank you everybody. Have a good afternoon!

LAUREN SMITH MUNKONDYA:

Goodbye!

WILL EISERMAN:

Before you go! Note that in the chat box there is a quick survey to complete that will also generate a certificate of attendance for your participation in today's webinar.

So click there in the chat and you will be able to have, give us a little feedback as well as get a certificate for having been with us today. Thanks, everybody!