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Addressing the Unique Challenges of High-Risk Families Through a Teletherapy Program
A joint partnership between Stanford University and the Weingarten Children's Center, a Redwood City, Calif., school for children who are deaf and hard of hearing. Funded by a $260,000 three-year grant, the program can serve up to 30 children at a time. It's a test case for how telemedicine can make patient's lives easier, save money, and bring specialized medical care to underserved and remote communities.

Thank You BabyTalk Team Members!

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Parent/child

iPad/FaceTime

Parent-Coaching Model
- Birth to 3 years
- Significant Hearing Loss
- No equivalent services within 1 hour drive
- Consultative services
1 Social Worker  
Bilingual

1 Audiologist

8 Speech-Language Pathologists  
2 Bilingual

6 Teachers of the Deaf/Hard of Hearing  
2 Bilingual

2 Support Personnel
Demographics

From 7 CI Centers in California
Population Served

- 96 total since the program’s inception (10/2012)
- 48 Teletherapy
- 48 Counseling/Consulting (5 from out-of-state and 3 from outside the US)
- 65 Families enrolled in California Children’s Services (CCS)
- 26 Monolingual Spanish speaking families

87% of the families enrolled in BabyTalk are “High-Risk”
High Risk Families

**Characteristics/ Barriers**

- Low SES Level
- Language/Cultural
- Complex Medical Dx
- Behavioral Issues
- Lack of Social Support
High Risk Families

Characteristics/ Barriers

58%  Low SES Level
30%  Language/Cultural
10%  Complex Medical Dx
10%  Behavioral Issues
13%  Lack of Social Support
Implications

• Flexibility

• Teamwork and Collaboration
  o Therapists/Social Worker
  o BT Team/Early Start Providers
  o BT Team/CI Teams and other Hearing Healthcare Professionals

• Social Work Component Increased
Interventions

Low SES
• Comprehensive psycho-social assessments
• Orientation visit
• Tangible resources
• Ongoing social work support

Language/Cultural
• Utilizing bilingual therapists and social worker
• Developing culturally appropriate therapy techniques
Interventions

**Behavioral**
- Team Analysis
- Close partnering with Early Interventionists
- Participation in IFSP meetings

**Social Support**
- Facilitate parent-to-parent support
- Connect parents to local resources

**Medical**
- Partner with Medical teams
- Supportive counseling
- Empowering and educating parents
• Highly positive family response
• Safety net created for families
• Increased parent participation (questions asked, prepared for sessions)
• Increased engagement between parent and child
• Positive feedback from medical team members and Early Start providers
• Increased and improved collaboration
Tele-Intervention Learning Community Event sponsored by NCHAM

Training Needed by Therapists & Administrators involved with Tele-Therapy:

- How to coach?
- How to handle “unexpected events”?
- Recording sessions
- Behavior management
- Helping families prepare for sessions
- How to handle tech problems?
- How to assess the effectiveness of TI – rate ourselves, observations by administrators/peers, other ideas?
Conclusions

• Providing tele-therapy services to families who are low-income and reside in rural areas requires a collaborative approach.

• For high-risk families, best tele-intervention practices should include psychosocial assessments and ongoing support services.

• With support, families are empowered to become successful partners with their educational and medical teams.

• There is still room for improvement when it comes to effective tele-therapy delivery to high risk families.
BabyTalk

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