A New Generation of Children

- Identified at or near birth
- Hearing aids in the first months of life
- Enrolled in Early Intervention by 6 months of age
- Implanted in the first year of life
- Bilateral Implantation
- Bilingual families
- Some with additional learning difficulties
- Most families choose listening and spoken language.
Early identification, intervention and family involvement...

- For children who are identified in the first few months of life and receive appropriate hearing technology (e.g., digital hearing aids and/or cochlear implants), numerous studies have shown **language outcomes that are comparable to their same-age hearing peers when appropriate, well-coordinated early intervention services are provided** (Houston, 2009).

- “Without family involvement, intervention is likely to be unsuccessful, and what few effect are achieved are likely to disappear once the intervention is discontinued.” (Bronfenbrenner, 1974).

- The best outcomes are attained when families become involved and when intervention is initiated early (Moeller, 2000).
A new generation of children calls for changes in professional practices.

.....a paradigm shift
Family-Centered Intervention

collaborative rather than dependent

• …a systematic way of creating a partnership with families that (a) treats them with dignity and respect, (b) honors their values and choices, and (c) provides supports that strengthen and enhance their functioning as a family (Dunst, Trivette & Hamby 2007)
Engagement...

- To be truly family-centered we must “walk-the walk.”

- The ultimate goal is for parents/caregivers to become the primary teachers, decision makers and agents of change.

- How do we do this?
Engagement during the diagnostic and amplification fitting process

• Most parents are not prepared for the diagnosis of hearing loss.

• Parents usually report that it is challenging to process information following the diagnosis.
  » Strategy: Have parents and other caregivers present at the time of diagnosis.
  » Strategy: Parents/caregivers as test assistants.
  » Strategy: Utilize tools such as the ELF to engage parents in the discovery process of how the child functions (Anderson, 2002).
Getting Started in Early Intervention…

• Parent-to-parent support

• What are the parents’ goals and expectations for the child?

• What mode of communication do they want their child to utilize? Parents should have information regarding ALL communication approaches.
  » www.ncbegin.org

• AG Bell Academy for Listening and Spoken Language Principles of Auditory-Verbal Therapy

• “What It Takes” (Walker 2008)
Principles
(AG Bell Academy)

Promote early diagnosis of hearing loss in newborns, infants, toddlers, and young children, followed by immediate audiologic management and Auditory-Verbal therapy.

Recommend immediate assessment and use of appropriate, state-of-the-art hearing technology to obtain maximum benefits of auditory stimulation.

• “What It Takes”

Extra time for audiologic management. This may mean more trips to the audiologist than parents who choose a different approach.

Commitment to establishing full-time use of optimal amplification.
Principles
(AG Bell Academy)

Guide and coach parents¹ to become the primary facilitators of their child's listening and spoken language development through active consistent participation in individualized Auditory-Verbal therapy.

• “What It Takes”

At least weekly early intervention therapy sessions.
Travel may be necessary.
On-time attendance.
» Entire family must support the communication choice.
At home, daily individual time with child in a quiet environment.
Getting Started...

- What questions and concerns regarding their child’s audiogram, communication development, and services?
  
  » Strategy: With parent, administer assessments in speech, language, audition, cognition, play/social skills, etc
  
  » Review with parents:
    - What tests were given, why, what each score represents, where child’s scores are in relation to chronological peers
    - With the parent(s) use assessment information to develop a plan including both short and long term goals.
Engagement in Early Intervention Services

• Parents/caregivers are with the child all those hours when the professionals are not.
  » Strategy: Parent PARTICIPATION in sessions

• What happens during a Parent Participation session?
  » Parents describe what they have been practicing at home/child’s progress.
  » New goals are introduced and strategies are modeled.
  » Parents practice. The early interventionist coaches.
  » At the end of sessions, ways to carry-over goals at home in the coming week are discussed.
Adults are not big babies… or are they?

• Some of the same rules of engagement that we apply to our intervention with children also apply to adult interactions.

• Strategies:
  » Listening
    • The support provider creates a safe learning environment for family members where feelings are as valid a topic as are knowledge and skills (Hanft et al., 2004).
  » Follow the adults lead
  » Repetition
  » Wait time
  » Understand the adults learning style.
  » Eye contact is critical (with all family members)
Engaging Parents & Family Members in the Transition Process

• Families need a game plan.
• We can support families by
  » beginning the process EARLY
  » ensuring parents know their rights
  » helping parents understand assessment results
  » visiting preschools
  » providing placement checklists
    • (www.handsandvoices.org)
  » continuing home visits
It has been said that hearing a story is the single most neurologically engaging experience that a child can have.
Conclusions

• Early identification in combination with early & appropriate technology, and appropriate intervention by parents, family members & professionals during the period of maximum neural plasticity optimizes potential for the achievement of high levels of speech, language, reading, literacy & success in school.

• Family-centered intervention is collaborative and recognizes that parents are the key decision makers and primary teachers.

• Early intervention services for infants with confirmed hearing loss should be provided by professionals who have expertise in hearing loss, including educators of the deaf, speech-language pathologists, and audiologists (JCIH 2007).