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Welcome, everyone.

My name is William Eiserman and on behalf of the early hearing detection and intervention national technical resource center or the EHDI NTRC at Utah State University, I would like to welcome you to today's webinar.

Plugged in, continuity of services.

Before we get started I have a few logistical issues to share about today's webinar if you need closed captioning, click on the CC at the top of your screen.

The captioning will then appear below the presentation slides. I want to give you a special shout out to our captioner today.

That's a real live person who is doing our captioning and we very much appreciate your time and skills and offering this service to us.

So thank you very much for that.

To our participants today, do not select full screen mode as that will actually reduce what you will see in today's

presentation.

I realize that is a little counter-intuitive but do not select full screen mode.

If you need to step away at some point during today's presentation, you can just do that without indicating to us that you are doing that.

When you do indicate that you are stepping away, it ends up being kind of disruptive as it flashes a message on to the screen.

Do not worry about doing that.

After our presenters have completed their presentation, we will open up the floor to questions.

We will put a questions box on the screen into which you will be able to type your questions for our presenters to respond to. So jot down any questions or ideas while you listen to them and we will give you an opportunity to express them if they haven't already been addressed.

Today's presentation is being recorded so if anything disrupts your full participation in today's webinar, know that this will be available to be streamed on infanthearing.org in the next couple of days.

Keep that in mind also if there are people that you know who are not attending today who perhaps would benefit from this content that you could share with them at a later time.

So without any other delay, let me introduce our presenters to you today.

Once they wrap up their comments, we will open up the floor to questions.

Michelle and Cheryl, I will allow you to introduce yourselves.

>> Hi, everybody.

This is Cheryl.

I'm the Executive Director at St. Joseph Institute for the Deaf and the iHear teletherapy program.

We are in beautiful rainy St. Louis, Missouri, today and we are very grateful to have you.

A little information about myself, I have been a teacher of the Deaf for many, many years.

Became an executive director a couple of years ago.

And have been responsible for the iHear teletherapy program since its start in 2009.

>> I am Michelle.

I am a teacher of the Deaf listening in spoken language percussional.

I currently provide services both in homes for our early intervention population and on-line services using our iHear program for children both early intervention and school age.

>> So Michelle and I, when we were asked to go and not go to work and stay at home after awhile we started to worry about our families.

So we thought it would be a good idea to look at data and look at some of what our therapists are saying to us about the families who are -- who have pivoted to teleintervention.

So we came up with this plugged in continuity of services.

So with this we hope that you will be able to define the coaching process as it applies to virtual service delivery.

We are hoping you will be able to define self-efficacy and discuss the impact on family participation in early intervention services and we will talk about some of our case studies of service delivery, family involvement and quality of life during a global pandemic.

As I said earlier I'm the expectative director of the St. Joseph institute for the Deaf.

Our focus here at St. Joe's in St. Louis is our 0-3 program which is early intervention that we see kiddos in-person typically with.

Very a clinic here for audiology.

With a pediatric audiologist.

We have a toddler classroom that's age two to three and a preschool classroom that's ages three to four.

I'm also the Executive Director of iHear which is our internet therapy program.

I wanted to talk today a little bit more about the Malloy family center.

That's the children that we see 0-3 because this is -- this conversation today is really about this population of families and their little ones.

We have been doing early intervention since 1980 and we serve them as a family centered intervention and prior to the pandemic our early intervention we would drive to the child's natural environment.

It could be hope, grandma's house, day care, wherever the child was and the family would meet us there or we would work with the daycare providers.

Typically our sessions were 60 minutes when we first started early intervention in the 80s the children were seen every week for an hour.

Now we are seeing more and more of our little ones in person 60 minutes every other week.

We see a couple of little ones 60 minutes once a week.
And we have audiology here at St. Joe's.

The iHear teleintervention program was started in 2009. We started the program to meet the needs of the pro-- who may not have access to a Deaf educator trained to develop spoken language through listening.

Our goal was to serve children in rural areas across the country.

We have provided thousands of sessions since we started in 2009. St. Joseph's made it not a -- St. Joseph's decided to make it a robust program with its own budget, its own outcomes, and all of the bells and whistles that are in a program itself.

50% of the kiddos with 0-3.

Early intervention is that we see kiddos in-person and virtually.

So amid the concerns and changes that resulted from the COVID-19 pandemic, EHDI programs had to find creative and successful ways to find technology for access to the resources needed for the children and families they serve.

For those of you who are on here, we lost the poll.

Can we put that back up again, William?

To see how many early intervention --

>> We can and I will do that here.

While we do that, would you mind moving your mic a little bit away from your mouth.

>> Yes.

How is that?

>> I think that might be better.

>> I was leaning in.

>> I'm not having success bringing that poll back up.
I'm sorry.

>> Well, prior to it going off it looked to me that most of the folks who were engaging in this conversation and this webinar were early interventionists of for those of you who were early

interventionists I think you can understand how hard it was for us to pivot to seeing kiddos that we were seeing in person virtually.

Luckily for us at St. Joe's we already had the iHear program. So our therapists were not pivoting.

They were already seeing children across the country virtually who had to pivot where the families we were seeing in person. So our conversation today is really about this group of families.

How did they handle?

What do we feel they are thinking today?

And I think we had to be extremely creative and understanding of those families and what they were going through.

What were we wondering?

we were wondering what was the percentage of families that we were seeing in person who chose not to be seen virtually?

So our biggest question at the time and it continues today as we are still seeing many families virtually who we would typically see in person is that how many kiddos did we lose?

How many children's families said no, I do not want to do any teletherapy at all.

And when you are going through a crisis and you are worried, the number looked big in our faces.

It was like, I think we are not seeing many children at all. We lost too many and when I did the data we really only lost 2% of the children.

And mostly it was because the families were in rural areas where they felt like they didn't have the technology and they just chose not to do teletherapy.

We were also wondering what was the percentage of families who missed sessions or wanted to decrease sessions as the pandemic continued?

So that has also been a concern for us.

We were seeing the children in person.
We would drive to their home and you have a captive audience and
we are asking the families to join on-line and our concern was
there a decrease in the number of times we were seeing the
children and we did see a slight decrease at 28%.

Not as astronomical as it felt at the time that we were
looking -- before we looked at the data.

I think it was helpful to put a box around the data and say,
it's not as bad as it feels.

We are actually are seeing children, a lot of children.

That made us feel a little better.

Then the next question we had was: Was there a difference
between the children that we were typically seeing at iHear than
we -- who are now in the pandemic and those that we are seeing
in person and had to pivot to teletherapy.

We did see -- we did not see a decrease at all in the families
we were seeing originally -- before with the COVID pandemic
using iHear technology.

So those families stay consistent and stay consistent
throughout.

They were used to teletherapy and they were already invested in
the program.

So there was no difference in decrease due to the pandemic for
the kids we saw in the iHear program.

That wasn't good enough for me.

I need to make sure I wasn't missing anything so I went to our
unit's build and was this consistent?

Can we compare this over years?

Was this really the pandemic?

Or were these families had made decreased their services anyway.

We all know as early interventionists that happens.

We what we saw was the comparison of person -- sessions per

month was pretty consistent over the last three years. And actually I continued it this year also.

So I think the families are getting a little bit more comfortable in teletherapy because you can see in 2021 that bright yellow bar we are doing more sessions per month for families that we would normally see in person using the virtual technology.

So pivoting and adapting service delivery.

So what happened when we were asked to stay home prior to when the pandemic started, we had all in-person sessions turned virtual.

So that meant all of our little ones we were driving to were done through the iHear program.

The therapists were on campus -- originally they stayed at home and we were able to get them better equipment.

We were able to provide them with the technology that would make them as stellar as in person as on campus as it would be at home.

Today most sessions are still virtual for us here at St. Joseph's.

We are easing into families coming on campus and we are easing into seeing families at home, but I would say the majority of our children 0-3 are still being seen virtually.

Because of the time of the pandemic, we were able to then see kiddos virtually because the system was firmly established, and that really helped us a lot.

We were able to do -- also able to do in-person and virtual. Some of our families were seen virtually and some on campus and that has increased to an 89% which prior to the pandemic there were very few kiddos that we saw both in-person and virtually. They were either all virtual or all in-person.

So that's been a big difference for us.

The nice thing is that our payments have been able occur without disruption during the pandemic.

The state of Missouri already had qualified teletherapy for reimbursement and they were able to offer that to all of our families when the pandemic occurred.

That was helpful for us.

We believe now that teletherapy is way more comfortable for our families.

So their acceptance of teletherapy has been a -- teletherapy has been a factor in the increase.

>> So this is Michelle talking now.

We didn't have an instruction manual.

So COVID happened.

We all started changing families from in-person sessions to virtual sessions and trying to figure out what that looked like and how to do it.

Luckily here at St. Joe's we had the iHear program established and so we relied on our history and the innovation that we already had to help guide families as we were facing these new challenges.

So we relied on family center intervention.

And the premise of empowering the family to gain that knowledge and develop skills and maintain confidence as they were learning the new skills and beginning to implement them.

The challenge came when we thought about helping families pivot as Cheryl used that word, from we are in your home and can physically help you manipulate toys or demonstrate an activity or help physically with whatever activity we are in the process of doing.

So while we are not there any longer and we are on the computer providing these services virtually in many ways we shifted as a therapist and we have been doing therapy now for awhile now

on-line where we've become a little bit more of a more effective efficient coach with families because we've been learning how to use our coaching strategies to help the family along.

I think it is really helpful to share the process with the family and give them the steps that we go through as far as planning together and collaborating with the family to figure out what are our targets and what are we working on and how -- what are you seeing at home?

Giving that observation piece which is -- you know when you are in-person, it's sometimes hard as a therapist to not jump in versus on-line it's easier to kind of sit back and take it in and observe it.

And then the practice piece is a little bit of the opposite.

How do we practice when we are virtual and not there to demonstrate for a family.

So helping a family work through some of that as far as shifting from this change and how they were used to seeing us coming into their homes and helping them reflect and giving them some feedback so we can continue the cycle and start with the joint planning and keep moving forward.

During this time it was so important to us that we thought about our families and how they were doing.

It was a very stressful time.

A lot of uncertainty.

A lot of change.

Many were impacted financially.

Many were impacted emotionally or mentally.

And so it was important that we really assess -- not assess, but really took that into consideration and listened empathetically how families were doing during this time.

And so with that the -- early hearing detection come out with an article of well being.

I found it so fitting even though it was not specific to COVID, I found it really specific -- or fitting because if we look at even the second sentence, when people have higher levels of

well-being, they are better able to manage typical daily routines.

So we know that through coaching we are trying to help families help their children through their routines and building in strategies and all of the different things that we are working on.

That is more manageable if you have a higher level of well being and we know that during COVID at this point in time parents were maybe not having their highest level of well being.

So how is that impacting how they were able to follow-through with sessions.

So it was really important that therapists were taking that into consideration and listening empathetically with the family.

And then knowing or listening to parents and what challenges they are facing and how that could have implications on your clinical practice.

And then thinking about how we can support them and find solutions to help them kind of manage those daily practices and to kind of come up with a plan to keep plugging along so that their children can be the most successful and meet their potential.

The other thing is to think about helping parents become advocates by understanding their potential to influence child outcomes.

While we were trying to recognize our parents and the families' well being and everyone's quality of life was and everybody was doing, we also wanted to think about helping them develop their own self-efficacy.

So when we think about self-efficacy is that notion of having the knowledge, knowing how to help your child how to implement some of the strategies that you have been learning and then feel confident with that development.

Confident in working with your child throughout the day and throughout your routine.

So those were two things we were really looking at was the well-being of our families and the self-efficacy of how our families are doing as far as their confidence in implementing some of the things we were working on through teleintervention.

This also was in the journal of early hearing detection.

And it again is referring to that notion of confidence in skills and the early intervention as professionals obtaining the parent perception of the constructs and the professionals identifying with the parent's strengths.

So I think all of this is really important in moving forward and relying on some of those known factors that can really help build partnerships and collaboration with the families and continue to strive for helping children meet their outcomes.

Adaptability.

Everyone has had to be adaptable during this time.

That's for sure.

We are continuing to adapt and try to modify services and how things look and how they feel and how to make the best of any situation.

So we are continually trying to adapt and work with families and understanding that families are different and family dynamics are different.

And having those conversations with family.

Some of the processes that we really put into place to allow for this change or this shift from in-person to virtual are that we have -- if you are trying to do a parent session on your phone while you hold your phone and play the game or, you know during mealtime holding a phone and feeding your baby, it gets tricky.

So we -- that was important to us that we had devices available to -- I don't know, make life a little easier on a family.

Hey, here is a computer for you.

Let's get you all hooked up.

We also helped families give them some resources on finding internet options.

If we had a family that maybe wasn't -- didn't have the internet.

Many internet companies were giving discounts to families that needed to use the internet for educational purposes or therapy purposes.

We were helping our families find those resources.

We were adapting the frequency and length of our sessions.

So when we go to see families in-home, like Cheryl said, we would typically see them once a week or every other week and those sessions in their home are about 60 minutes.

We drive to the home.

We are there for 60 minutes for a therapy session and then we drive back to campus.

That did change with COVID and now being virtual.

What we were finding was 60 minutes is a long time on a computer for some families.

Some families can -- the 60 minutes still felt comfortable for them.

Some families it did not.

Some families had other children at home or they were trying to work from home.

And so there were a lot of different factors and so as program and per therapist we were adapting those frequency of the sessions and the length of the sessions.

Maybe instead of seeing a family every week for 60 minutes, we would see them twice a week for 30 minutes.

Or once a week for 30 minutes and just break it up into what was going to work best and be the most productive for that family

We were also able to collaborate with professional team members.

So maybe when we were going out to the family's home depending on scheduling and how many people the family wants in their home at the same time.

We may not do joint sessions with OT, PTs or vision therapists.

When you are on-line, we can all kind of log in and collaborate together.

So that was a very positive thing that came from this new service delivery model that I think we had many families kind of appreciate that more collaborative team approach.

The other thing that is not on this list but I think is really important is many time Wednesday we go out to family's homes there is one parent available or one care giver and the other parent or the other care giver might be at work or might be taking care of the other children or whatever it might be. And so with the new virtual service delivery model we were finding that we were able to reach more care givers and more parents and have more people available for the session.

So maybe even if one parent is at home and one is at work, they could still log in to the session from work which we were not doing when we were going out to their home.

That is a change that we've kind of seen.
I will talk about changes down the road.

But now that we have been a little bit more fluid in our service delivery, as Cheryl mentioned, we went to all virtual. And now we are easing back into in-person but we are finding that some of those virtual aspects are really good and useful and beneficial.

So we are trying to keep the valuable parts so that we can have the working relationships with the families and meet outcomes for the kiddos.

So we are still -- have one family I'm thinking of that I can -- I'm going to their home in person now and dad is at work and he can call in for our sessions using either mom's computer or my computer, whose ever, and he can participate in our session even though he is not physically there.

And is that something that we hadn't done prior to COVID.
So I think that is a positive change in helping everyone feel included and collaborating.

So now that we are in this more fluid model, like I said,

we have given loaner computers out and monitors.
The masks.

I feel like it's a continual debate or continual discussion which mask is better for sound quality and which mask is best -- is it better if they can see my lips and is it better to wear this one or that one?

And we tried many different masks and we've also done -- tried to look at, well, what if we do sessions outside. Do we need a mask if we are outside and trying to think outside of that box of how do we help families get access to us as the professional so we can really work together and that we are decreasing the amount of barriers.

So the computers and the masks can both be a barrier.

The other thing that we were finding was as we shifted to this virtual service delivery and using our iHear internet program, families, even though myself may have been comfortable with the technology and the platform of doing a virtual session, the family -- it was new to them.

So what I quickly found was that as we were talking and I was typing notes, I felt a little self-conscious of that.

I did not want the family to hear the clickety clack of my keyboard and think I was typing something about them that they didn't know what I was typing.

So we did a couple of things with that.

We were able to share our screens during our sessions so that a family could see the notes in realtime while we were typing.

And also we purchased a quiet keyboard and mouse for each therapist so that it's not making that clickety clack noise and being disruptive to a session or bothering the other person, trying to figure out what you might be typing.

So that was really important.

I think that was a good purchase on our part.

The notes during the session when you are virtually are so thorough for us.

It's really easy when you are sitting at your computer to take

notes and to document data and to come up with ideas and then at the end of the session pull it all together and send it off in an e-mail to the families so you really are working collaboratively through e-mail and they have a copy of all of your notes.

What we found is that when we went back to in-person we were missing that part of it because it's really hard to take notes when you are in person.

I don't know how many early interventionists you have here, the second you pull out a pen and paper they are all over it. They want to scribble and draw which is awesome and all of my file folders have scribbling all over them. We went the next step and we purchased iPads for all of our therapists.

So this way we can still continue with that, take your notes in the moment, type up your notes.

Send them to the families so that they have a copy and keep a running record.

So this also helps with that fluidity of services because we have some families that like Cheryl said we are seeing both in-person and virtually right now.

So whether that be planned or unplanned -- you know, planned maybe, coming out once a month but the other session a month let's do it on-line.

Or maybe it's unplanned where in the past a family member was sick the family would have canceled our session but now because we have the virtual option, we can still have the session. I will see you on-line and I will come out next week when everyone is feeling better.

So that is certainly a change that has happened and this electronic keeping of progress notes has been really helpful in being able to switch back and forth between virtual or in person now that we are trying to switch back and forth and meet everyone's needs.

So what we did find as parents are more comfortable in choosing teleintervention and open to a working partnership with

the therapist but it has certainly taken some thought on our end as the therapist and the program to stand on as a platform.

So when we think about all of this, ultimately we are here for our families.

So we are wanting to create that positive alliance with our family.

I think this list is just so applicable to those working relationships that we have with families and trying to build that partnership.

At the top of the list knowing yourself, Cheryl and I were just talking about this yesterday and how during COVID or even -- I think any time in your life I think it's important for a therapist to think about how are you doing.

We are always thinking about our families and what they are bringing to the sessions as far as participation goes, but what about us as the therapist?

Are you bringing your best self?

How are you doing?

During COVID it was stressful.
It still is stressful.

And how are you doing?

How are you doing emotionally?

How are you feeling?

How are you invested into this relationship with your families?

Honoring cultural diverse team when you work with families, honoring that family and their culture and their choices and how they work as a family unit.

The other piece that I think fall -- I think falls into that honor culture diversity is technology.

So recognizing that, yes, we shifted to virtual, but not

everyone is comfortable with technology.

So recognizing and honoring people's strengths and weaknesses or challenges or questions about technology and how to kind of move forward.

Affirming and building on family strengths.

So important during COVID.

Everyone was at home.

We got to meet many family members that maybe we haven't met prior which is really nice.

And how to learn about the families we are working with and help them.

Family choice and knowing those families and how they are feeling and how they are coming to the sessions and what they need from the sessions to move forward.

I think having high expectations, that one right there I think is -- I think was important even when I think back to myself during COVID and it was hard.

It was stressful.

It was lonely.

And isolating, anxious.

A lot of emotions going on.

And so while we are thinking about someone's well being and all of these things, it's kind of nice, I think, to have someone come in and say, okay, well, we still have hope.

What's our hope here?

What are we aiming for?

Let's come up with one thing.

Or just meeting wherever they are.

Whatever that expectation is, just continuing to have a goal, a purpose.

Something to work towards with that family.

Then communicating positively with them and trying to foster trust and respect with the family.

And when I think of fostering trust and respect with a family virtually, one of the things I really think about is it kind of goes with communication is e-mail communication with a family or phone communication with a family.

Scheduling appointments.

Valuing time and respecting another person's time.

Having some of those things already established.

How are we going to schedule this?

How are we going to make sure you are not having a hard time getting on-line.

If you don't show up, I'm going to call you because I want to make sure you are okay.

I want to make sure you aren't having trouble or logging in.

But also as the therapist don't show up late.

Sometimes we get busy and if you don't log into your session, that doesn't show respect for the family that you are working with who has set aside time to be there.

I think all of this little list here is really important in helping families and creating that collaboration with them positively and having an alliance with them.

So right now I was thinking it might be a good time to have you all share.

If you could just share a way a provider can help create a -- provider can help create a positive alliance with a family. You should be able to type into the bottom text bar.

It doesn't need to be anything profound.

Maybe you have an example or even one from that list that really stands out to you as an important feature.

Celebrate their successes.

So important.

Acknowledging something they said is relatable.

Completely agree.

Active listening.

Setting goals together with their family that connects to their priorities.

They are coming in so fast I can hardly read them.

I love this.

Thank you.

Listen openly without offering an immediate suggestion.

Just let them vent if they need to.

Ready and responsive to their needs.

Yes, find out what goal parents want to meet.

That is really important.

Sometimes as a therapist we go into our session with a plan and, you know, we are there such a small amount of time and the family is with the child all the time.

And so it is important that we know what do you see as a need?

What do you need to work on?

Connect on every day topics.

Lately it's helpful to relate to a busy start to the school year.

Yes, be relatable.

Be relatable to your families.

Let them know you are a person also and building that rapport with them because ultimately it's a trust and a reciprocal relationship.

Communicate openly.

Call them by name.

I like that.

Call them by name.

Not mom, dad, grandma, grandpa.

Et cetera.

We are working with families that are working really hard and we are building relationships with them and I really like that.

Call them by name.

They do have a name.

Acknowledge possible additional family stresses.

During COVID I think it was important to think about how many people are at home right now trying to use the internet?

How many people are you trying to work from home and your other kiddos are in school from home.

And what is that dynamic and what are the other stressors that might be going on right now.

Or even we had one situation where it was really exciting ultimately because both parents were at home and able to participate in the session except the reason that both parents were home was because one of the parents had lost their job. That's a big stressor.

So, yes, we will not celebrate they are with us because that's awesome that we get to work together but that's really stressful.

That's hard.

Learning families and adapting to them.

Yes, all families are different and learning the different dynamics within a family and even different parents have different view points.

When we think about this coaching, we have done a lot of work with adult learning theory and thinking about maybe one parent really, really likes all of the e-mails we send with the information and the handouts and the examples.

And the other parent is like, it's just too much for me. I just want to see you do it.

I want to see it.

I want to watch it so that I can understand and observe and try it on my own.

Understanding even within a family where people are coming from and what will work best for them.

I like this one, explain your therapy to them.
I had patient's families tell me I was playing and they didn't know what they were working on.
I like that I think that also goes back to that coaching model and looking at the components that go with it and helping families understand.
They are a part of this, too.
Here is what we are working on.

It's not me coming in with the ultimate goal and doing therapy.

We are doing this together.
I love that.

These are great examples.

Thank you so much.

Ask what about the child makes them smile, laugh.
Proud, totally.

Able to scroll up and down.
I know I wasn't able to read all of them.
I love it non-judgmental.
Show empathy and active listening.
Very, very important all the time.

So we looked at -- Gunnar, if you could take the poll down.

That would be great.

Thank you.

While we were going through COVID, we did use a family participating rating scale where we really looked at -- like Cheryl said, we were worried, gosh, this is going to be very

impactful and how are people doing and are they still participating in sessions and if not how can we recapture them?

So we did use a family participation rating scale that we had the therapists look at the beginning of COVID.

Kind of in the middle when we were coming back in person and we did another one here in the last month which I haven't actually collated yet.

It really kind of captured that families were -- we had a couple trail off here and there with real reasons behind it.

And for the most part families were remaining engaged and participating.

And like Cheryl said, now we are seeing that huge increase with the -- doing a bit of everything and getting their needs met which is awesome.

Cheryl, do you want to talk about this so we can have a couple of minutes for --

>> Sure.

I'm the person who looks at all of the data.

I think -- I have to think -- I always think, oh, gosh, it seems worse than it is and it's better than it is and then I look at the data.

I wanted to look at the quality of the program over the last three years and this is just a survey we do every year for our families we see in person.

We do one for the iHear families.

We do one for the audiology program.

And I wanted to just look at the families that we see in person and over this last year did they feel that quality of the program had stayed good?

You can see by the gray bar the quality of the program stayed pretty consistent.

You know we look at the overall experience.

We look at the responsiveness of the administration.
We look at the responsiveness of the therapist.
We look at the child's responsiveness to their therapy.
How does the coaching model work.
We do homework assignments which they are like homework?

They don't realize we given them a task.
And then how are the outcomes for their child for listening in
spoken language.
You can see over the three years they have stayed pretty
consistent mostly extremely satisfied in between 4.5 and 5.0.

So we are going to open up for questions.
We are more than willing to answer if you have any.
I think there is a place to chat.

There we go.

>> So this is Will from the national center on hearing
assessment and management.

I have just moved the questions box over -- whoops, that's not
the right one.
Hold on a minute.
That's the right one.

So you will be able to type your questions in there and I will
read your questions aloud so everybody has a chance to think
about what questions come in.

I found your presentation really refreshing and
encouraging because I know this past year and a half or so has
been so challenging for everyone.
It's always nice to be able to point to how many things have
been learned that do not need to stay in the past.

That you're pointing out what things you want to be able to keep
and move forward.

Perhaps that might be a good question to begin with is: As you
think about it in general terms, what are some of the most
salient lessons that you learned about the use of technology

that you do want to continue to incorporate to the greatest extent possible once you have more freedom to provide in-person intervention services.

>> I'll answer this as an Executive Director look at it. One of the things that happened right away was I noticed that the therapists were doing -- were consistently increasing their daily logs or their individual logs as they would see a child and so as they went back into the homes, we decided we really wanted to keep that up so buying each of the therapists an iPad and data plan so that they can connect for us, Missouri first steps to put in their daily log while they were with the child was I think extremely important.

And then that was -- they were able to share then in a safe way what their therapy strategies were to the family. We did that seamlessly and I hear it was easy to take notes and not as easy when we were in the parents home. Because everybody who works with babies, the minute you get a pen and paper out, they absolutely are going to start using the pen and paper to play with.

So that was one thing I can share as the Executive Director. It took a little money but it was worth it.

>> Michelle, do you have a response to that question?

What elements you would preserve?

>> I think -- you know I think I agree with the iPads.

That has been really nice.

I like the notion of being flexible with our families.

So I think that is something that we certainly will be preserving, even moving forward.

Before we were set in in-person drive to their home, do your session.

And now there is that flexibility to it.

Hey, if that's not going to work, okay, hold on.

We don't have to cancel everything.

We can still do this.

Let's think outside the box here and how we can -- because sometimes if you think about if you were to have someone come to your home, you have to make sure you are there ahead of time. You have to probably make sure -- I know I would want to make sure it's a little tidy.

And you don't have to be present to them in the sense of, you know, you are there.

You have to recognize someone is actually in your home.

And so now thinking through, okay, maybe if that's not going to work today, I will see you on-line.

Let's take that stress out of it because it's a little more manageable to say I'm going to pull my laptop into the kiddo's room today and we will do it in their room but I don't have to worry about my pile of dishes and the family room laundry or whatever it might be.

I think that element just the flexibility of it is going to be nice to keep.

>> Was there a noticeable -- was there a noticeable difference in your either last minute no-shows or cancellations in comparison to when you were seeing families entirely in person?

>> Yeah, that was the one data slide I showed.
I thought there was.

But when I did the units there really was not.
There was not a difference.

I'm just going to tag on to what Michelle just said.
So as the Executive Director, I'm always looking for how do we pay for this?

And we can be as flexible as long as the state of Missouri allows us to be.

Prior to the pandemic, if a child -- the rule was if there was a person to see the child in-person, that was the way they would pay.

Teletherapy was just only for the children who had no -- early interventionist to see the child.

Right now Missouri is still flexible.

Hopefully it stays that way.
You never know.
It has been a truly gift to the families to be able to do both
in-person and virtual as they need it.

>> So one of our questions reads: Do you have any tips or
strategies on encouraging parents to try teletherapy?

>> I think if we think about the conversation that we are going
to have with families and keeping it positive and upbeat and
recognizing all of those components that we looked at for
positive alliances with families, you know, recognizing why
might they not be so open to trying it and let's talk about that
and having honest conversations with them about is it
technology?

Is it this?

Is it that?

What is it?

I don't think that we are here to convince someone you have to
do teletherapy.

It's a choice and if it means no therapy or therapy here at
St. Joe's, we tend to go back to what are your hopes and dreams
for your child and what do you want for them and how are we
going to get there and talking through that with them about how
can we get to that point and is therapy important and if so then
how can we make that happen?

>> So I will tag on to this question.

>> Sure.

>> I will tag on to this.

One of the things we did notice as I interview every family that

enrolls in St. Joe's for either iHear or our in-person therapy Malloy family center, more and more families are accepting of teletherapy prior to the pandemic I had to do more talking and explaining.

Now when we say we have a teleoffer for your child are you comfortable with that, they are typically fine with it.

It's been amazing to me that the change in attitude with the families.

>> How about one more question.

We have wonderful questions but here is a question for you. How do you help parents select the appropriate toys to use during practice portions of teletherapy coaching visits?

This individual says I struggle with asking parents to get up and hunt down toys mid-session to follow their lead in trying out new strategies together.

>> So I get to observe a lot of sessions and every therapist has a different strategy.

So one of the ones I love the most is when the therapist asks the family to bring a toy to the session and then they discuss together prior to the session what the outcome is for that toy and I am laughing because I recently watched a therapy session where the therapist said to the mom, well what do you call this toy?

And the mom had no idea what to name it.

And so I think having those honest conversations are actually kind of fun.

It takes a logical fast therapist to think about what's my language target?

How will I embed into this awesome toy that doesn't have a name.

But I think it's quick thinking.

And it is okay to say: Gather the toys -- if you know what you are thinking about working on prior to the session, gather those toys together.

More than likely those are not the toys the child will be playing with.

>> You want to finishes Michelle?

>> I think it's nice ahead of time if you -- the thing, too, is it's interesting once you start doing teletherapy more, even though you are not there in-person, I can tell you what all of my family's homes look like.

Because we explore and I take mental notes of, okay, I know that they really play with these toys.

And if something is not working, yeah, maybe you feel uncomfortable saying to mom, can you go get this?

It could be more in the sense of you have all of those toys in that toy box over there.

Is she playing with any of those right now?

Sometimes the way we engage parents pull them in a little bit and they want to participate and show us what their kiddos are doing and playing with and how they are interacting throughout the day and that gives us more insight

I did see one of the questions on there about the kiddos do they engage with the iPads and try to grab at them and whatever?

Are they distracted by them?

The ones we purchased, they have the keyboard on the bottom and they close so it's really helpful where I can just close it. So it's like I open it and I can take my notes and just close it.

So I have become pretty good at taking notes quickly.

>> Well, everyone, I am sorry to have to cut this short because there are so many other I think topics for this to expand into.

We have reached the top of our hour and I want to say thank you to Cheryl and Michelle.

Thank you to our captioner and to all of you who are participating in today's webinar.

This has been recorded so if you are thinking of anybody --

viewing this webinar in another time knowing it will be on infant hearing.org in the next couple of days.
So be sure to share that with them.

Thank you, everybody.

Before you run away, if you wouldn't mind clicking on your screen where it says click here to give us feedback, you will also get a certificate of attendance for today's webinar if you go there.

So we encourage you to do that -- thank you so much for your excellent presentation today.