SLPs and Early Intervention with HH/D Children and Their Families

Amy McConkey Robbins, MS, CCC-SLP
Indianapolis, IN
www.amymcconkeyrobbins.com
amcrobbins@aol.com

ASHA Position Statement Roles & Responsibilities of SLPs in EI

"Services should be family-centered and culturally and linguistically responsive; developmentally supportive and promote participation in natural environments; comprehensive, coordinated and team-based; and based upon the highest-quality available evidence."

www.asha.org/docs/html/PS2008-00291.html

Agenda

Part 1

5 principles of Early Intervention (EI) for SLPs working with HH/D children

Part 2

Conducting an Early Intervention session for children who are D/HH

TOPIC A: Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize home and family as primary venues for language learning

Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize home and family as primary venue for language learning

Materials for older children (even 4 yr olds) often not appropriate for Under-3's

Even clinicians accustomed to working with 3 to 5 year olds need different approaches and materials with Under-3's:

- Reduced ability to process 2-dimensional representations
- Use of real objects
- Activities focus on the here-and-now
- Limitations discussing past, future, hypothetical situations

Materials for older children (even 4 yr olds) often not appropriate for Under-3's (cont'd)

- Children younger than age 4 - theory of mind (ToM).
- Landmark between ages 3.5 and 4.5 years: ability to distinguish what child knows from what others know.
- Vocabulary, sentence length and complexity used with older children are problematic.
- Confounds speech perception testing

Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize home and family as primary venues for language learning

Behavior and Compliance Issues must be factored into Early Intervention

Behavior and Compliance Challenges

Goal: Document what child CAN do; ultimately, can only observe what child WILL do.

"Competence vs. Performance" gap narrows with age; may be wide in Under-3's (i.e., they know more than they show)

Older child's motivations: Correctness and pleasing adult

Under-3s: mostly motivated by getting what they want.

Behavior and Compliance Challenges - cont

More reliance on parent report and home carry-over with Under-3's

Child asleep, fussy or uncooperative? Use session to demo activities, review materials, listen to family concerns

Parents critical to communication success of Under-3's and parent feedback trusted IF….

Are informed and have been taught to be reliable reporters of child's skills.

Behavior and Compliance Challenges - cont

Need highly flexible clinician; not devoted to rigid lesson plan.

If child has bad day, take listening walk with child and parent - explore sounds

Or, abandon lesson plan; engage child in something completely different. Models to parent how to follow child's lead and take advantage of "teachable moments."

Concern if Child often uncooperative, difficult to structure, or emotionally disregulated

- "Bad days" - experienced clinicians work around them.
- If child repeatedly uncooperative or emotionally upset, may need to address other issues.
- Keep log of child's moods - parents do the same. Success using distractions, special toys, music, certain activities?
- Concern warranted if child only content when is in control – ***even if parents don't see this as a concern.***
- Consider referral to other specialists to explore this.

Behavior and Compliance Challenges - cont

Monumental changes between 2-yr & 3-yr birthdays. "Early 2" vs "later 2-yr old."

Unrealistic to gather diagnostic info in single session

Need multiple visits for patterns to emerge.

Reliable parent report essential.

Clinician adopt flexible, down-to-earth approach.

Arsenal of activities & parent materials available.

Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems are typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize home and family as primary venues for language learning

SLP plays prominent role toward full-time HA or CI Use

- HA or CI: Child's brain gains access to sound – auditory cortical development
- Full-time device use important early milestone
- Research data: Good and bad news
- Collaboration with audiologist
- Ongoing support to parents re: inserting devices, achieving full-time use quickly, responding when child removes devices

SLP plays prominent role in child's full-time HA or CI Use (cont'd)

- Auditory & Speech development data based upon full-time device use
- Queries to obtain accurate use information
- Device Use log/Parent Journal
- Support from other parents
- Listen-up.org

Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize the home and family as primary venue for language learning

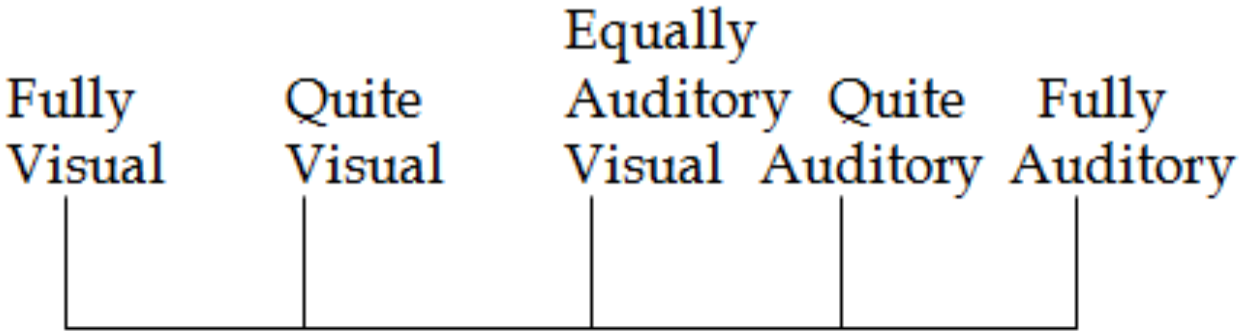
Communication Continuum

- All parents in EI have many competing demands
- Communication choices raise stress levels for families of children who are D/HH
- Clinician be familiar with programs and philosophies
- Encourage exploration by parents, when ready
- Clinician reveal bias
- Informed parent choice respected
- A CONTINUUM of communication options

Communication Continuum – cont'd

- Child's skills and needs change over time – dynamic process
- Groundwork for flexibility established early
- Pre-Cochlear Implant – issue of sign support
- Parent data and reports
- Advantages and Disadvantages, NOT absolutes

A-V Learning Continuum (Robbins)



THE AUDITORY-VISUAL LEARNING STYLE CONTINUUM

Robbins (2001) "A Sign of the Times" in *Loud and Clear*
www.hearingjourney.org

Parents' decision-making in the past has been focused on technical decisions: Amplification Choices, Communication Mode, Educational Options

But, the most important decisions parents will make are :

- To have high expectations
- To give the child autonomy and responsibility
- To be confident in their ability to parent a child with a hearing loss
    - Moeller & Condon, 1988

Five Principles of Working with infants and toddlers who are HH/D

1. Materials designed for older children (even 4 yr olds) often not appropriate for this population
2. Behavior and compliance problems are typical of Under-3's
3. Knowledge of hearing devices needed – help families establish full-time amplification use
4. Need to be informed re: communication options; view these along a continuum
5. Recognize home and family as primary venues for language learning

Parents Essential to EI team:

- Include parents in the evaluation process, including hearing tests (e.g., “Do you think Billy heard any of those?”; “Is this about the way Susie normally communicates?”)
- Praise parents as their observations of child’s skills become more precise
- Families support one another:
- Hands and Voices and Guide by Your Side www.handsandvoices.org/chapters/indiana.htm

Involve parents in EI

- Family-centered therapy: K. Rossi; J. Tracy Home Correspondence Course; SKI*HI; D. Sindrey
- Must be a match between parents' goals and clinician's strengths
- Clinician demonstrates, then passes baton to parent.
- Give parents the short and long-term view of progress
- Teach families to be keen observers

The Challenges of "Natural Environments" policy

- Natural Environments a philosophy, not a location
- Family-centered EI can occur in many locations.
- Federal Law offers guidelines; many states' interpretation has been rigid: "Therapy may only occur in child's home."
- There are NO PUBLISHED STUDIES WITH D/HH showing advantage of intervention in home vs. clinic
- For most Under-3's, the "natural environment" is wherever the parent is

For some families, the home may be an ideal site for EI. For other families, it may not be.

What happened to parent choice??

Critical factor is WHAT happens during intervention, not WHERE it happens.

Potential problems in providing intervention in child's homes

- Controlling the auditory environment
- Transporting auditory equipment
- Low incidence – few trained in EI with D/HH children. Traveling reduces ***by half*** the number of children a clinician can serve. Waste of resources
- In some states: LOCATION of intervention higher priority than the skill/experience of clinician – contradicts JCIH Year 2008 Position Statement
- Thus, parent choices are limited – the opposite of what the law intended

TOPIC B: Structuring the Early Intervention Session

1. The Physical Space/Surroundings
2. Use of a highchair
3. Listening-only techniques
4. The length and number of activities during a session
5. Value of music
6. Professional-led vs. Parent-led…..but always FAMILY-CENTERED

The Physical Space and Surroundings

- Routines useful - a special Intervention spot helpful – maybe just a floor mat that orients child
- Should be room for both seat work and floor movement
- Variability among babies re: handling distractions: Colorful, interesting environment or very sparse?
- In early stages of auditory learning, clinician must be able to control background noise and presence of meaningful auditory stimuli

The Use of a Highchair or Sassy seat

- Pros and Cons
- Use for part of session
- Big advantage for ideal listening
- Most children don’t mind it if they associate it with fun

Under-3's primarily motivated by 2 things: Getting what they want; Doing what is fun

- Clinicians use this to their advantage
- MAKE ACTIVITIES FUN! Children communicate more when they are enjoying themselves (adults too)
- Quick check for the clinician: Does the child laugh and smile a great deal during intervention?
- Incidental learning emphasis does not mean a "free-for-all". But, it allows for a conversational, rather than a tutorial style of interaction with the child.

Listening-Only Techniques

- Rationale for removing lipreading cues
- Listening-only input as ***part*** of training
- Pros and Cons
- Importance of eye contact
- Ways to achieve auditory-only condition
- Acoustic screen vs. hand cue or other methods
- Body positioning is ideal
- Child seated next to, slightly in front of or on adult's lap
- Parent input/choice important

Length and Number of activities in a session

- Repetition and Routines critical
- Novelty is HUGE!
- 5 mins per planned activity is victory
- Allow plenty of time for spontaneous events
- Part child/part parent

Music is a perfect medium for EI in children who are D/HH

- Take advantage of music's large sound spectrum
- Reinforce active listening skills
- Suprasegmental aspects of speech related to music
- Subtleties of meaning conveyed in intonation, rate, pauses
- Easily adapted to age, ability, or culture
- Release and nurture creativity
- Offers a non-verbal/pre-verbal way to communicate
- Music is invitational, not confrontational

Music with Under-3's can save the session!

- May be a distracter for the child who is having a bad day
- Is less confrontation than language, child can watch for a while; decide to participate
- Gives parents a sense of accomplishment when child is uncooperative with other activities

Use of music with Under-3's

- Published songs – traditional children's music or songs for children with hearing loss
- Adapted songs – Take a tune you know and change the words to fit the child's skill level or language goals
- "In a pinch" songs – like opera, you just sing what you'd normally say!

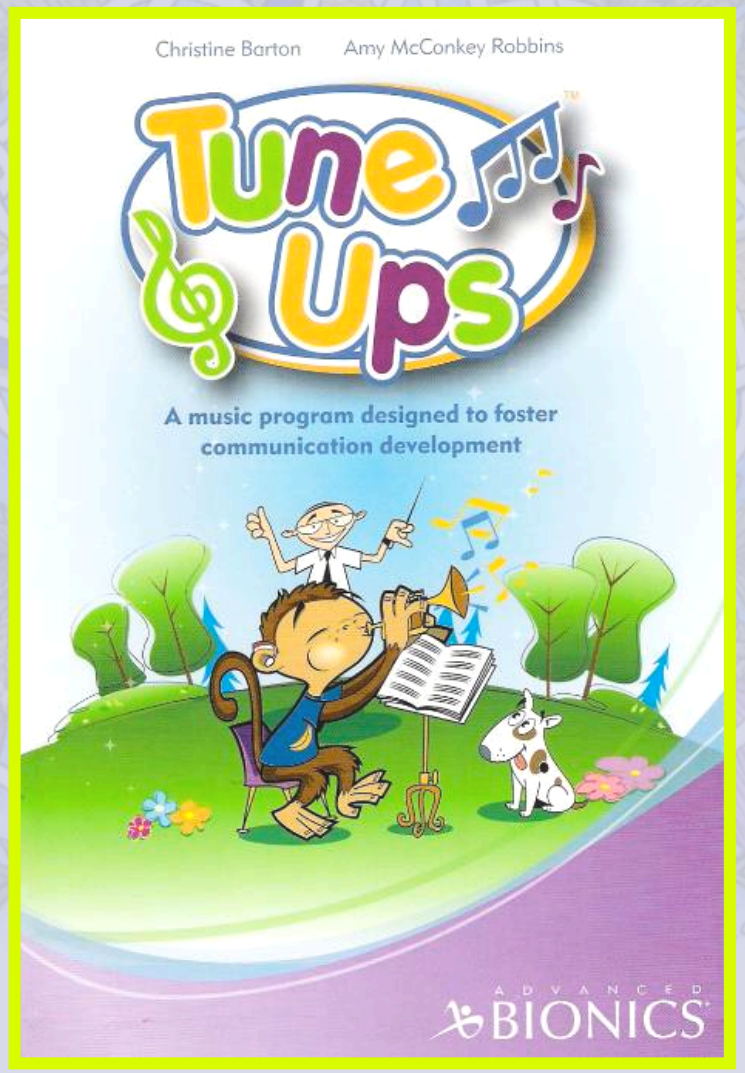
Use of Music as a meaningful signal for Under 3-s

- “What’s in the Bag? What’s in the Bag?”
- Provides structure to session
- Helps children who have trouble with transitions
- Encourages anticipatory comprehension
- Verbs: “Hop, Hop, Hoppity Hop….”
- “Put that beanbag on your head…”
- “Who Wants Snack?” (To “Frere Jacque”)
- “It’s time to say Good-bye….”

TuneUps Approach

- An improvisatory method integrating music, spoken language and listening activities within the therapeutic setting
    - Chris Barton & Amy M. Robbins

Visit The Listening Room @
www.HearingJourney.com
or call
1-800-678-2575



Communication - a Family Experience

- EI and sensory aids are means to enhance communication
- Parents know their child best – but need to be reminded of that
- Incidental learning potential is highest when child is surrounded by care-givers with whom s(he) is bonded

Clinician-Led vs. Parent-Led

- Person who is leading the session doesn't need to be the CENTER of the session
- The session should always be Family-Centered, even if clinician is leading
- By family-centered, we mean that the unique needs and circumstances of that specific family are considered in all the interactions we have with child and parent
- Allow plenty of time for dialogue with parent

Parents may enroll in the John Tracy Clinic Correspondence Course for Parents Of Young Deaf Children

Part A: (Birth - 24 Months)

Part B: (2 -5 Years)

1.800.522.4582

- The free-of-charge lessons may augment other therapies child receives
- Parent is the leader for these lessons – a wonderful sense of empowerment
- Lessons available in multiple languages

Resource for Vocational Renewal and Relationships with Families and Colleagues

Whirlwinds and Small Voices –

Sustaining Commitment to work with Special-Needs Children

Amy McConkey Robbins and Clarence McConkey

Wordplay Publications (2008) www.wordplay.ca

www.amymcconkeyrobbins.com

Whirlwinds & Small Voices

Sustaining Commitment to Work with Special Needs Children

Music as Therapy for the Clinician

"Is it really possible that we can sing when we don't feel like singing, that the singing itself lifts us up from the dark mood of overwork, disappointments and worries? To the mind-boggling renewal of the spirit through the ages, the discovery has been made that after rainy days there flows always a season of clear shining."

AM Robbins, from ***Whirlwinds and Small Voices***

For more resources & information…