

Audiologist knows best? Self-Awareness of counseling strategies to improve family-centered communication

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NSLHA September 2019



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What does family-centered communication...

- Sound like?
- Look like?

Journal of Deaf Studies and Deaf Education

Theory/Review

Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement

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Received June 4, 2013; revision received June 4, 2013; accepted June 6, 2013

1. Recognize their own areas of expertise, comfort, and discomfort when working with families from similar or different cultural backgrounds and seek support when needed.
4. Foster family investment and effectiveness, which, in turn, benefits the well-being and development of the child.
5. Implement processes that are flexible, individualized, and responsive to changing needs, preferences, and learning styles of families.
6. Implement participatory help giving, focused on family involvement in achieving desired goals and outcomes.
8. Provide both informational and emotional support.
9. Recognize the boundaries of their role and expertise and provide referral/access to specialized professionals when needed.
11. Assume all families as responsible, trustworthy people and treat them as such.
14. Listen actively to family members and understand the relationship between their expressed concerns and the real needs that the family is identifying.
15. Support families to feel optimistic about the child's future and to establish and maintain high expectations for the child's development.
16. Support families in ways that match their distinctive nature (e.g., configuration, culture, beliefs, values, emotions, coping skills, and family dynamics).

Recent research shows missed opportunities in audiologists' counseling

Transcribed 30 patient-audiologist conversations

- Not validating patients' emotional concerns
- Providing technical responses to emotional concerns
- Providing information without determining patient desire for the information
- Not engaging the patient in a shared planning process

Coleman et al 2018

Recent research shows missed opportunities in audiologists' counseling

Use consistency

30% did NOT receive from audiologist
31% received from B-3 provider
15% not given any information



Audiologist?

HA mgmt

40-65% were NOT taught by audiologist
~25% taught by B-3 provider



Birth-3 provider?

Munoz 2014



Why is FCC important?

- Addresses information-emotion counseling gaps
- Promotes adherence to treatment/advice
- Increases family-clinician trust
- Improves self-efficacy, QoL



HEAR TO LEARN

Wearing Hearing Aids
improves language skills
IF WORN 10 HOURS OR MORE EACH DAY.

Put hearing aids on

- In the car
- When awake
- At play
- Every day

Talk to your audiologist about how best to meet the needs of your family

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HEARING AIDS MATTER!

Results from the Outcomes of Children with Hearing Loss Study

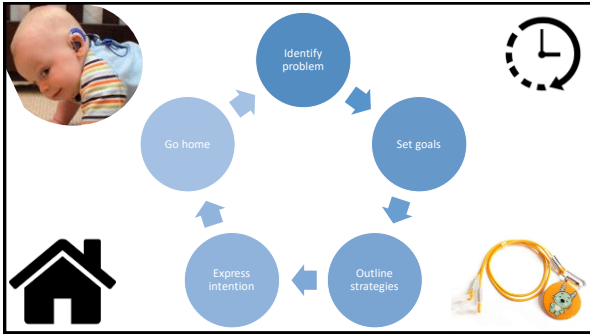
WEARING HEARING AIDS SUPPORTS LANGUAGE DEVELOPMENT

Language Skills of Children with Mild Hearing Loss and Children with Normal Hearing

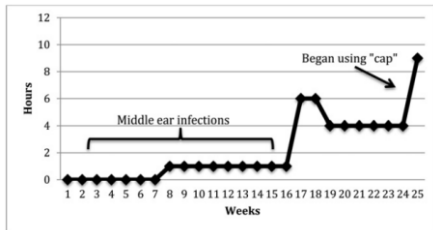
Language Skill	Normal Hearing	Mild Hearing Loss
Receptive Vocabulary	High	Low
Expressive Vocabulary	High	Low
Grammar	High	Low

Children who are hard of hearing and wear hearing aids full-time have grammar and vocabulary skills similar to children with normal hearing. Children who do not wear hearing aids consistently, regardless of degrees of hearing loss, are at risk for poorer language abilities.

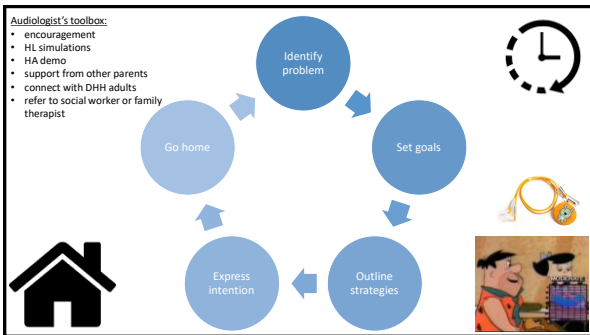
If children wear hearing aids at least 10 hours per day, they are more likely to learn language faster and have age-appropriate skills by the time they enter school. Be persistent in encouraging hearing aid use for younger children!



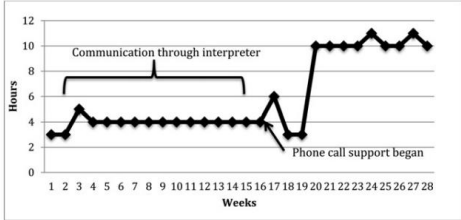
Device use increased with retention strategies



Munoz, K., Preston, E., & Hicken, S. (2014). Pediatric hearing aid use: How can audiologists support parents to increase consistency?. *Journal of the American Academy of Audiology, 25*(4), 380-387.

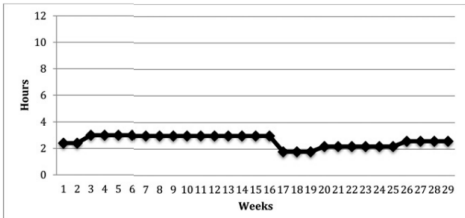


Device use improved with awareness of impact of nonuse periods during the week



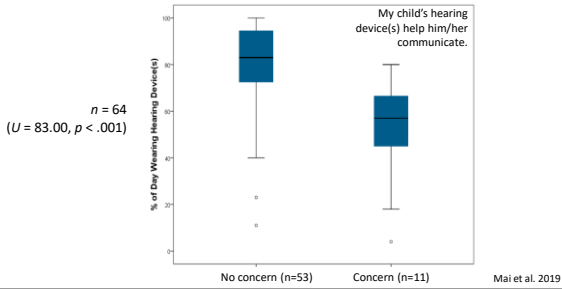
Munoz, K., Preston, E., & Hicken, S. (2014). Pediatric hearing aid use: How can audiologists support parents to increase consistency?. *Journal of the American Academy of Audiology, 25*(4), 380-387.

Device use did not improve when benefit was in question



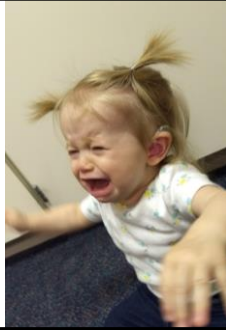
Munoz, K., Preston, E., & Hicken, S. (2014). Pediatric hearing aid use: How can audiologists support parents to increase consistency?. *Journal of the American Academy of Audiology, 25*(4), 380-387.

Invisible barriers to adherence



How can we help parents adhere to treatment during challenges?

- Child cries when devices put on
- Child pulls out devices
- Child responds without devices
- Caregivers don't know how to put devices on
- Child singled out due to devices
- Child loses devices
- No early intervention support
- Parent has mis-beliefs about dx or intervention



Adherence to treatment depends on

- How treatment goals are internalized by patients
- How patients perceive choice-situations
- The emotional feedback that is given



Case study

7. Current use time: 2.5-3 hours

8. How many hours a day does your child currently wear the aid(s)?
 Monday-Friday 7
 Saturday-Sunday 0

Put an X in the boxes below to indicate how consistently your child uses HAs in the situations listed:

Situation	Never (0)	Rare (1)	Sometimes (2)	Often (3)	Always (4)	N/A
10. Car	X					
11. Preschool/School					X	
12. Day Care	X					
13. Meal Time	X					
14. Playing alone	X					
15. Book Sharing	X					
16. Playground	X					
17. Public (store, zoo, restaurant)	X					

18. Describe any other situations when the child does not typically wear the hearing aid (not covered above): @ home

19. Has your child been without her/his hearing aid(s) for an extended period of time (>7 days) in the past year? X Yes No

20. If yes, please estimate how long your child was without hearing aid(s)
X < 3 months 3-6 months 6-12 months >12 months

21. Were one or both ears affected? One ear X Both ears

Challenge: Intervene *before* non-commitment is entrenched

- How?
- Interviewed 13 colleagues from 9 professions:
 - Social work, Pediatric medicine, Pediatric psychology, psychiatry, Professional clinical counseling, Marriage and family therapy, Early Intervention, SLP, AVT
- Interview format:
 - Does this situation present itself in your profession?
 - How does your profession work with it/Your advice?

Unanimous: Yes, a common situation
Advice: Actively intervene

- “Engage with family”
 - Talk with them, draw them out
 - Explore issues
 - Develop strength-based approach to change...



Goal: New tool, minimal stress

Familiar practices: counseling with “communication aids”

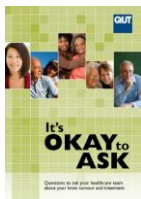
idaInstitute
THE COMMUNICATION NETWORK

Tools

Motivational Engagement <small>Assess client motivation and encourage people with hearing loss to take action.</small>				Communication Partners <small>Work with clients to identify the most important people in their social network and to develop a shared strategy for communication.</small>	

Communication aids: Question Prompt List (QPL)

- QPLs used in med specialties > 20 yrs
- Resembles FAQ, *but*
 - Only questions, no answers
 - Invitation to choose question(s) *patients or parents* want to discuss, in any order, revisited as desired at each appt
 - Pts often forget to ask their questions
 - Pts may get impression that only some questions are welcome
- Epitome of pt-/family-centeredness

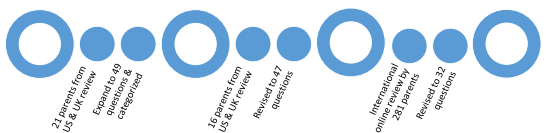


Which is better?

- Use questions developed by clinicians?
 - "patronizing, paternalistic" (Wells, 2004)
- Use patient-generated questions?
 - Useful identifying unexpected questions clinicians would not have thought to address



QPL 1.0 QPL 2.0 QPL 3.0 QPL 4.0

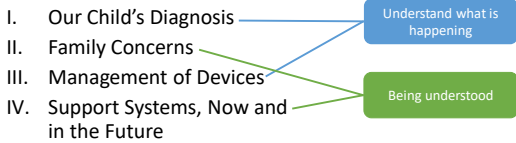


Only 1/13 of the initial expert questions survived the parent review process!

Online review by parents from 11 countries & different communication modalities

Open-Ended Questions	N	Responses
Child(ren)'s age	184	2 mo to 31 yrs M = 7.3 yrs, SD = 5.43
Year child(ren) HL identified	162	1997 to 2017 M = 2010; median 2012
Amplification, if any	164	Hearing aids: 51% CI: 33% Baha or bimodal or none: 18%
Primary comm modality	165	Spoken language: 56% Spoken language + sign: 38% Sign only, Cued Spch, Gestures: 6%

QPL 4.0



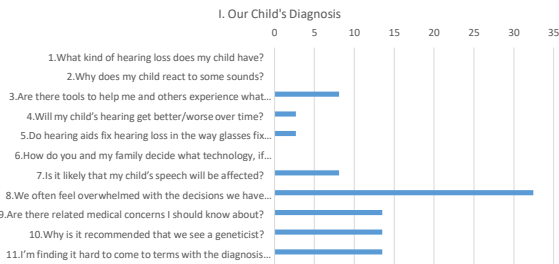
Intro: (Flesch-Kincaid reading grade level: 3.9)

- Many parents have questions or concerns about their child's hearing loss that they want to discuss with their audiologist. During busy clinic visits, parents may forget to ask their questions. Parents like you helped create this question sheet to help parents get the information and support they are looking for.
- The questions on this list are organized by topic. Some questions may matter more to you than others. **If you find it helpful**, you can use this list to help you remember what to ask. For today's appointment, circle 2-3 questions that interest you most, or write down your own questions before your clinic visit. We hope you use this list for each appointment to make sure we eventually discuss all of your concerns.

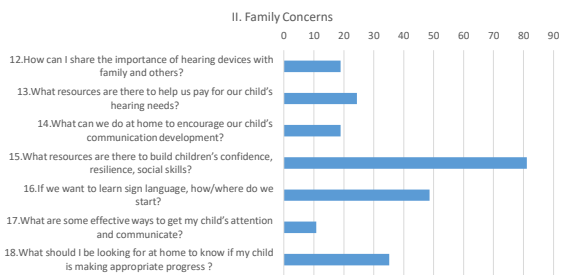
How do I use the QPL?



Audiologists reporting a need for more support

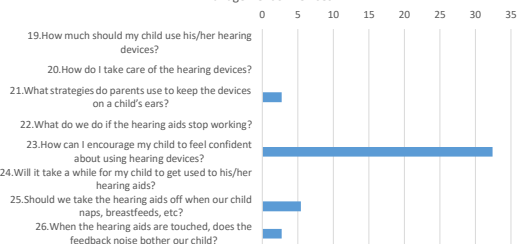


Audiologists reporting a need for more support



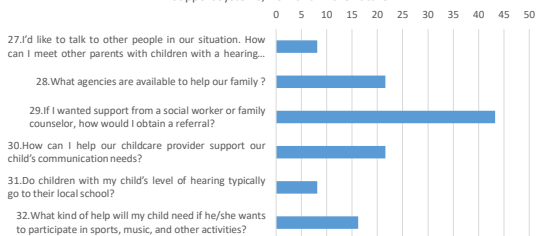
Audiologists reporting need for more support

III. Management of Devices



Audiologists reporting need for more support

IV. Support Systems, Now and in the Future



Feedback from parents in UK

None of the parents reported it was too much information

- "[incorporated] questions we wouldn't have thought to ask"
- "Questions I never thought about"
- "Within a few weeks I'd read up on most of the questions/answers so not needed [to use in future appointments]"
- "Useful to consider issues of Audiology more holistically"
- "This was helpful as I have never had to consider Audiological issues before"
- "I felt the QPL was aimed for older children but helped influence our questions"
- "Was really helpful especially during a week when we had to take a lot of new information on board"

Parents like it. Do audiologists?

- Time constraint—remember engaging with family’s interests/agenda will be a valuable use of time!
 - Administer during earmold impressions
 - Give QPL at beginning—will help set agenda
- How to tackle areas where audiologists desire more support
 - Refer to expert (part of family-centered care is knowing your limitations)
 - Use tools to increase your own knowledge and confidence re: PCC
 - IDA institute Time & Talk
https://idainstitute.com/fileadmin/user_upload/Downloads/Time%20and%20Talk/Competency%20Skills%20List%20-%20Time%20and%20Talk.pdf
 - Motivational Interviewing <https://www.audiologyonline.com/articles/20q-effective-counseling-information-22476>
 - Online QPL resource guide (email Meredith.Spratford@boystown.org)

QPL resources: online working document

14. What can we do at home to encourage our child's communication development	https://www.bahyhearing.org/language-learning https://www.cdc.gov/ncbddd/earingsloss/freematerials/early_intervention_questions_eng.pdf https://www.cdc.gov/ncbddd/earingsloss/freematerials/Speech_language_pathologist_Questions_EI_Q.pdf http://heartolearn.org/tutorials/index.html Many tutorials on listening & language promotion strategies. http://www.hearlearn.org/mg@iaku/index.html
15. What resources are there to build my child's confidence, resilience and social skills?	https://heartolearn.org/tutorials/family-wellbeing/social-development.html http://heartolearn.org/tutorials/family-wellbeing/teaching-self-advocacy-to-children.html http://www.hearlearn.org/interactive-tutorials/50gma%20and%20Self-Advocacy_ENGLISH/index.html http://www.handsandvoices.org/needs/pdf_emgs/socialization.pdf http://www.childmind.ne.gov/ http://sun-sebraska.org/ https://www.cdc.gov/ncbddd/earingsloss/freematerials/planforyourchild.pdf https://www.agbell.org/Portals/26/Family_archives/Family%20Resources/Socialization%20Tips%20for%20ParentsSelf-empowerment_04_09_2016.pdf https://www.cndefchild.org/news.asp
16. If we want to learn sign language how/ where do we start	http://deafchildren.org/know/edge-center/parents-and-families/learning-as/ http://www.deafblind.com/ASL/ASL.html https://www.gagazine.com/

https://docs.google.com/document/d/1nrx6K0v-NoeshB_kXSB_aLapAgM98Xow8PIWHT_plc/edit?usp=sharing
 Email Meredith.Spratford@boystown.org for link or to add/update resources

Use the information to learn or as follow-up support for families

- Alert pediatric audiologists to potential “non-commitment” before it becomes established family routine
- Help audiologists develop confidence with difficult conversations (English et al., 2016)
- Provide a parent/family-centered platform to support these conversations
- Increases understanding & being understood
- Web links support audiology report comprehension
 - Donald & Kelly-Campbell (2015 JSLHR)—but needs to be good/unbiased info

You down with FCC?

CDC QPL	Phonak QPL
How much hearing loss does my child have? Please explain the terms: sensorineural, conductive, mixed, mild, moderate, severe, profound, and auditory neuropathy.	What kind of hearing loss does my child have?
Does my child need a hearing aid? What are my choices? Should he have a hearing aid in both ears?	How do you and my family decide what technology, if any, is right for my child?
What should I do if my child does not want to wear the hearing aid?	What strategies do parents use to keep the devices on a child's ears?
How much do hearing aids cost? Where can I get help to pay for the hearing aids?	What resources are there to help us pay for our child's hearing needs?
Do you have tips for my family about how to communicate with my child at home?	What are some effective ways to get my child's attention and communicate? What can we do at home to encourage our child's communication development?

QPL example 1



QPL example 2



QPL example 3



Horizontal lines for writing or notes.

Case study

7. Current use time: at school

8. How many hours a day does your child currently wear the aid(s)?
 Monday-Friday 7
 Saturday-Sunday 0

Put an X in the boxes below to indicate how consistently your child uses HAs in the situations listed:

Situation	Never (0)	Rare (1)	Sometimes (2)	Often (3)	Always (4)	N/A
10. Car	X					
11. Preschool/School					X	
12. Day Care	X					
13. Meal Time	X					
14. Playing Alone	X					
15. Book Sharing	X					
16. Playground	X					
17. Public (store, zoo, restaurant)	X					

18. Describe any other situations when the child does not typically wear the hearing aid (not covered above): at home

20. Has your child been without her/his hearing aid(s) for an extended period of time (>7 days) in the past year? Yes No

21. If yes, please estimate how long your child was without hearing aid(s)
 ___ 8-14 days ___ 15-21 days ___ 22-30 days ___ 1-2 months
 >3 months ___ 3-6 months ___ 6-12 months ___ >12 months

22. Were one or both ears affected? ___ One ear Both ears

Horizontal lines for writing or notes.

Childhood Hearing Loss Question Prompt List (QPL) for Parents

Lista de preguntas para padres sobre la pérdida auditiva infantil

<https://www.phonakpro.com/us/en/resources/counseling-tools/family-centered-care/fcc-children/family-centered-care-qpl.html>

PHONAK

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