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Creating Effective Professional‑Parent Partnerships using Evidence‑Based Counseling Skills

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(The CART writer is standing by.)

>> KAREN MUNOZ: All right. Thank you all for coming, I'm looking forward to talking with you about effective professional‑parent partnerships, and we have a tech person coming to help us with our slides. How many people in the audience are parents? Hold on, I didn't look. Thank you, sorry, I had to look at my thing, do that one more time. I apologize. How many people are a service provider of some sort? Okay so we have a really good mix of both. Is there anyone in another category? Learning to be service providers, right? Okay, great! And? Physician, all right, providing services in the medical setting. Great.

I wanted to give you a little bit of a glimpse of our team. We have a really great team that's looking at research focused on audiology and counselling and I work with Mike Tuick here as a psychologist. We have had a collaboration going for a number of years tackling what dowe need to do to create effective partnerships, because I think everyone in this room has that as a strong driver to have effective partnerships with the person they're working with, whether you're a parent or professional, I think we all really want that to happen. Turns out there are some important ingredients for that to happen and a lot of the focus they'll have is what the professional can do within that partnership to help it work better with parents. So when we are thinking about children who are deaf or hard of hearing, Windows 10 there are a number of outcomes, this conference is well aware that early identification, access to the testing so we can identify if a hearing loss exists is critically important to outcomes. We also know as a found addition evidence‑based practices are critical, whether you are an audiologist, an early interventionist, a physician, what we need to do needs to be best practices so we are providing comprehensive care in a nice continuum of care. We also know that parent engagement is critical so this is where we are going to focus our time today because parents need support for copy be, learning how to advocate for their child, teaching their child to become an advocate for themselves and also teaching other primary caregivers when we're thinking of these early years with a diagnosis at birth there is often more than one primary caregiver that needs to understand what to do and the mother often falls in the role of teaching these other people. So parent engagement, caregiver engagement is important. And we also know that how a provider communicates with parents and families can influence how they're copying, how they're engaging and how effective that partnership really is. Because we can be in a partnership together at services and not have it be super effective or we can be in a partnership and have it be effective in ways that are moving things forward that are meeting family desires and goals and helping them achieve the things that they are seeing you for.

So this is an example. We did a study a few years back and I'm an audiologist so I guess I should have told you about myself, I'm an audiologist and I've worked in pediatrics for a long time so a lot of the examples I'm going to give you are focused on more audiologist‑related examples.

In this study we were looking at hearing aid use because we had discovered a lot of issues even in a very supportive, interdisciplinary practice that we were having a problem with hearing aid use when data logging came about we were honestly shocked to find out how variable it was for the very young children. It got more predictable for school age but we were shocked.

So we wanted to understand more about what support needs do people are have when they had that. We were looking at the thought of tele support because as audiologists, limiting when they're coming to our office to be the only time we could provide support was somewhat of a limiting factor because appointments weren't so close together and we wanted to focus on the ‑‑ kind of the things that affected that technological part of wearing the hearing aids, what got in the way for parents. So we took four families that were struggling, two English speaking and two were Spanish speaking and of the four kids there were seven hearing aids involved. They started out with lower hours of hearing aid use and they all needed a different kind of support over the six months, hearing aid use went up and stayed up for these families.

The things that we found were that we had to connect with the underlying problems that were existing in each of these cases. For one, it was behavior management, the child not so surprising was ripping the hearing aids off a lot and it was challenging to figure out how to get over there and the audiologist needed to work on some behavior management techniques and within three weeks that child was wearing his hearing aids more than 10 hours a day but she needed to know how to support mom and they did that together.

Another was a grandmother, primary caregiver and couldn't come to the appointments and another a father was a primary caregiver and couldn't come to appointments so it was doing teaching that helped them when they were with the child and that made a huge difference.

So part of the message of this example is that the support that we provide within that partnership extends a little bit beyond that moment that you're in that session or that appointment with them. It's what kind of supports do they need so that their day‑to‑day challenges can be addressed and they can figure out how to handle that. Some things we found as it relates to hearing aid management that parents are challenging with a whole array of things. This would not be an all‑inclusive list but these are things that bubbled up to the top. There is not always a predictable way of what kind of a challenge a parent is going to have. That's part of the counselling aspect, to be able to find out what that particular parent's needs are.

We also found that audiologists have some challenges and they were having trouble with feeling like there is not enough time to talk about how parents are feeling or having parents respond defensively if they talk about hearing aid use or lacking confidence in addressing uncertainty and feeling uncomfortable talking about what their emotions are and confidence in it but what was interesting is these were all reeled to communication.

So there were a lot of challenges on the part of the audiologists in how they enter into that communication that wasn't focused on technical things, it's about how people are feeling. So we're going to talk about now for a little bit the importance of looking below the as far as and matching what you're doing, whether you're an audiologist, a speech language pathologist, deaf educator, physician, to the values of what the parent is seeking, what they're looking for and it's having conversations that we might not be used to having. Some of us might be but I bet you all of us aren't used to having these conversations to find that out.

Now this is my first time trying to show a video. Let's see if that works. Just an example from palliative care.

>> I want to live, I think I said something like I want to live but I don't want to be sick all the time trying to live.

>> Clinicians think it's going to take too long to talk about values because they think I'm going to have to step back, have this long conversation but, you know, as this shows, asking people about what's really important can get people right to the point.

>> I want them, if they didn't understand kind of who I am, I want them to ask me about that, so what are you doing right now? What's your life like? What do you enjoy doing? What do you look forward to doing? It's, again, kind of getting a sense of the person I am because for each person I think it's so different. I have a list of items that I want to hear at least once. So I'm kind of working down that list. So back in March, for instance, I went to see Bruce Springsteen. My friends were impressed and surprised to hear I was there. In fact a couple of my younger colleagues saw me there and said, Toline, you're at the Springsteen conference! I said of course!

>> KAREN MUNOZ: Now I've got to get back to my PowerPoint. I'm not the best tech person. That's not where I want to be.

I was worried about putting videos in here for you but I decided to go for it. It's from "Vital Talk" it's palliative care and it applies to things so much broader and I have one other thing in here and we'll see if I can show it to you but they're excellent in talking about these nuggets of communication. Talking about values is, um, something that gets at the core of being able to know how to help people. As you're engaging and working with families, there are different parts of a session that you've got and you want to align with their values and weave that into the conversations, because what people care about at their core is what's going to motivate them and if they're working on things that's going to motivate them as an individual, that's going to give them the not strength and the focus that they need to work through the harder times. There are challenges that will come up. It's not a matter of if they will, it's kind of when and how often and how hard. When people can connect to what's really important to them, that gives them a certain strength to work through that. Being able to talk about that is pretty therapeutic in itself. It takes away some of the strength and power of that concern or fear that someone has, so just having that moment to listen to them is helpful in and of itself. And as a provider, it can help you know how to guide someone by pulling back to recognize where they are headed, what's important to them and getting you kind of on that same page.

So if you think about a session, you go through an assessment of barriers, so really what we're talking about comes up the most when someone is having a harder time, when they're struggling with something rather than when everything is going great.

But you want to have a comprehensive assessment of what's going on with them, not just the focus of what your particular area of expertise is, but people can have challenges in all these contexts that can be emotional, it can be psychological, it can be environmental. You can think of the different directions that these challenges can come from.

So, see, I remember where I was headed! So, you know, when you're assessing barriers, it's a strategic, important aspect being comprehensive and looking at where those things might be coming from because if you don't ask you really aren't going to be able to address things you don't ask about. People tend not to bring up all the things they're concerned about. So asking matters. Then when you ask, you can incorporate their priorities in what you're talking and what you're doing and then as you address barrier and look at action plans that you take with people, you can bring what's critical and important for them throughout that whole process. These are things that help make it effective. Some other aspects are kind of highlights or points, just really be present with them. When you are multitasking, looking at other things and even if you're sitting there looking at them, if your mind is ahead saying what am I going to say next, do next? You're not present opinion so thinking about your presence. Entering into that conversation openly and not assuming when people are having challenges, it might be tempting to say we have talked about this, maybe I need to give you more information.

You don't want to assume what's getting in someone's way and it's not always about having more information or different information. It connects back to, you know, understanding really what's under the surface there. Open‑ended questions are critical. That's how you can find out things that you may not know or may not even think to ask. From some research we have done with one of my students sitting here, Corinne, we found out audiologists rarely ask open‑ended questions, at least in our sample, so it's easier for us to ask closed‑ended questions and the downside is it puts the provider in control of what's happening so rethinking how we are finding out information and validating emotions. Another thing that we are seeing happening is that when people bring up their emotions, how they're feeling, oftentimes the provider comfort level is in their area of expertise which tends to be the technical aspect, they're going to want to come back with an expert‑focused, technical response when oftentimes someone just needs to be heard, like, wow, that sounds frustrating, I bet that was hard for you this week, something that acknowledges how they felt is equally powerful for moving that conversation forward.

You need to know what kind of barriers are happening and are in play in order to target how to treat them or how to support them and help them and barriers can kind of fall into two camps, internal or external. If they're internal it's about the thought process, cognitive process, if it's external, make logistics, skill information needs, and there are different ways that you can approach each of these which we don't have time to go into today, but what the take‑away is depending on the kind of barrier will influence how you go toward that to support that and, again, it ties to assessing it so that you know.

You need to be on the same page and agree on where you are headed because that helps put you on the same team. You're partners in guiding in knowing where you're going. If that's not clear it that makes it hard. So mindfulness is based on values‑guided action. It comes from cognitive behavioral therapy a newer version of that is called acceptance and commitment therapy, but basically they really are grounded in where a person wants to go, it's values driven.

It's talking about how people feel and being present sort of with those feelings and still being able to do what's difficult to do even though you may have a fear of it or concern for it, but acknowledging this thought is here and I can still act. So if that's something that's interesting to you that might be helpful to look into a little further.

If we don't address the challenges and barriers that are existing for parents as they're working within their families and other family members, it will influence outcomes so by not acting on these things they're still at play and still happening, the barriers and challenges are still going home with people even if you've talked it through, if you're not looking into what's going on. Helpful questions parents can ask themselves or providers can ask to help look at internal barriers, when are these thoughts showing up, helping them to think about the thoughts that are getting in the way of that, so the example I put here, no one knows about his hearing loss, not even my family. I'm afraid he will be treated differently so I don't put the hearing aids on him. This would be an internal barrier and it's a very real one. It can last a long time if you're not working through what's happening with those thoughts and what to do with that.

Motivational interviewing, another thing you might want to check out. It's about how to help people talk through what they ‑‑ what's getting in their way, change talk is basically when people will say out loud ‑‑ they're voicing and saying things that are important to them. The writing reflex is the opposite, what we tend to do is tell people how to fix their problem and the natural human tendency is going to be to push back on that so motivational interviewing turns that conversation around so that people are literally talking themselves into things they need to do.

So that would be worth checking out. Smart goals, I think a lot of you know about smart goals. I don't want to spend too much time on that but action planning is ‑‑ if we're helping someone through a barrier, having a component where you are using smart goals to help people action plan will get you through that so a really quick example would be, you know, someone wants to check how hearing aids are working in the morning but they're forgetting to do that, so let's try to do that three out of seven mornings a week it's a measurable goal, and it's achievable. It needs to be something that is not so grand and big that someone really can't capture or do it. Relevant to the person they need to want to do that, how does that help their child, how will it help me. Time bound, that means you have a time frame that you're checking in with them on so you've got to go back to that say hey are you doing with that and how is it working in I'm getting my two‑minute warning and I'm going as fast as I can! The problem solving part remember to look at what happens before and what happens after. Those are the things that you can modify. Someone is busy, maybe they can stick a reminder on their phone to ding them, and that would be an antecedent approach, a consequence approach is when it goes well you're acknowledging, hey, good job, we remembered to do this today and modifying goals when they don't work. That's going to happen and it's okay. If you start out with a goal that isn't working for a family, that's not a failure it's an opportunity to say hey let's shift this and do this differently opinion I won't get to show you this it's called "Not a Goal" and it's a neat clip because in this example he changes the language in saying, hey, are you doing well and this was working for you? What does that look like? That's kind of a nice language for someone to come back and say this is what I see. This is what I want. And takes it away from a more, I don't know, technical language of goals and everything. It's a neat example that shows that.

Monitoring progress. It's you do it once and you're done and everything ought to be okay. It's a process. Thank you very much. I'm sorry we don't have time for questions.   
(Applause.)

(End of presentation.)

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