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INTERVENTION MEETING

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AGATE A‑C

INDIVIDUAL KID MEETING: A COLLABORATIVE INTERVENTION FRAMEWORK AT THE CARLE AUDITORY ORAL SCHOOL

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>>: Hi, everyone. I'm Joanna. I will be the room moderator so I will hand you evaluations if I haven't already. So if you don't mind leaving those on a chair or handing them to me or leaving on a table that will work just fine. Your exits are to your left and that's about it. Great. I'll see you out there.

>>: Thank you, Joanna.

I apologize for my crackling voice but I'm just having too much fun making new friends and catching up with friends I've known for a while. So thank you all for coming.

I'm going to be talking about a framework for collaborative interprofessional conversation discussion so that the entire educational team is working towards the desired outcomes as expressed by the parents.

The way I would like to use my time today is 25 minutes I have, I would like to spend the first 15‑ish talking about what we are doing, and then the next ten talking about what this would mean for your situation, for your context in reality.

So I am presenting by myself today but with input from Sarah, Mary and Danielle who have been developing an engaging in this model for many, many years.

So I'm at the Carle Auditory Oral School which is a listening and ‑‑ let's see if I can make this move forward.

There we go.

Got it.

So Carle Auditory Oral School is a listening and spoken language program that is mostly birth through eight. We work with children whose parents have chosen a listening and spoken language option for their child or children and support them in developing auditory cancels, speech skills, language skills as well as literacy if the children are with us from the four to seven age range.

So I want to start by talking a little bit about interprofessional education. This is how ASHA defines it so take a second and read.

Okay. And I interprofessional practice. Also take a second and read.

And again right it's not rocket science. They're not saying anything we haven't heard before. What the emphasis is, is we as experts in certain areas of development can be learning from each other and working together in a team to provide the best possible outcome for the children and families we serve. So we'll talk a little bit and get back to that and what it means in your situation in a few minute.

So let's talk about the Individual Kid Meeting. IKM model that we have.

We're an option school with the goal of helping children catch up in all areas. What that means is for many children we see, there is a lot to do to catch up. We do have a good chunk of children coming to us before six months and were there and not really having a to work a ton to catch them up. They might need us for another year or so but they are well on their way.

And then we see children who come to us for the first time at three years of age. We're in rural, central Illinois, and that's our reality. We also have a large number of children interest foster homes who have been internationally adopted, and they're just coming to us at a later time.

Having missed a good year or two years in their early development with the need to catch up.

So the goal is to provide them an opportunity to develop age appropriate skills to function alongside their hearing peers, and that requires a lot of efforts. So the way the model is set up ‑‑ and know that we are a private preschool with a total number of 46 children. Six teachers of deaf or hard of hearing, six speech language pathologists. One outreach coordinator and an director. Three audiologists who also see other people and two ENTs. So I will put it out there. There's about 36 people for the 36 children. Only 18 of whom have hearing loss. The other 18 are typically developing.

So I fully recognize when I'm saying we have a ridiculous adult or expert, professional to child ratio. So keep that in mind and then we'll talk about what this means for you.

So once a week, the educational team of the child meets for 15 to 20 minutes to discuss the progress of this child. There is a conversation about what has happened in the last week. There's a conversation about what the monthly goals are, what the progress is that has been made and once a month the parent joins this conversation where there is a sharing of, okay, this is what happened last month, this is what we're working next month. What would you like to add to the newsletters ‑‑ oh, newsletters. Each kid ‑‑ we'll go this.

So the team requires ‑‑ involved a minimum of the teacher, the speech language pathologist and almost two because children are getting an hour of individual speech language, listening speech language therapy every day from at least two different SLPs across the week. So the smallest team possible is four. Teacher, two SLPs and Danielle, our director.

The largest team possible and I'm on one of those, is about nine of us. And this is a child with multiple needs. So we have to bring in the enrichment teacher, the occupational therapist, outreach coordinator as well as the audiologist and sometimes it's not all these people in person and notes scribbled or e‑mails sent beforehand, but it's sacred time. We show up and we talk for 15 minutes.

What do we use when we're talking about this. Every child has a clip board. On this clip board is the current audiogram, current information about hearing technology and benefit. Speech perception for the kids who can, the ones who can't, you know, records, anecdotal, whatever is needed. Calendar of upcoming events for this child. So it could be as simple as parents are going on a Disney vacation. For one of our kids, one of the events was Dad is getting out of prison. Because, you know, that's the reality and we know this will impact how the child progresses that week, that month and so on. Any communication from parents, you know, I'm really struggling to keep the implants on later in the evening when the child like after bath, nothing is happening. And then the most important data monitoring tool we have is the newsletter. We use criterion referenced norms like the calf to look at the child's speak and auditory development. We have it. It's there.

So if we had 45 minutes, at this point I will have shown you a video in which you will have seen two SLPs and a teacher talking about a child, and discussing, okay, the child is doing well on this, this and this and one of the SLPs reporting, you know, I know he has this structure "and" in the spontaneous spoken language, but I was in centers the other day and this child struggled to use the instruct appropriately in that context. So now the conversation is let's talk about generalization about goals mastered in the classroom to a larger group and that's the whole conversation. They talk about social skills. They talk about the benefit or the use of language in a social setting.

So an IKM can take any form.

Another video I would have shown you would have been about ‑‑ this is a larger team. This is a seven‑person team. This is a child who came to us really late. Definitely has some mental health issues going on potentially an additional learning disability on top of the severe hearing loss and one of the SLPs is reporting about what happened at the developmental pediatrician appointment she was able to go to with the parent because we're in a hospital setting. We can walk over to these things.

So an IKM takes the form of whatever is needed for the child. We have a template but it truly is an individual kid needed.

So the guidelines are it's a meeting time set every week for a limited time. So in the recess break which is about 40 minutes there are three IKMs that happen for a teacher. You start and stop on time. You only talk about that child. And even though there might be other children who are keeping you up at night, you don't talk about them because they all have their own IKMs.

I feel like we've all been in a position where we have five children that we're working with or maybe 50 children we're working with, and three of them continue to take up a lot of our brain space. And what happens to all the others? Are we giving them equal attention, equal opportunity?

Sometimes it's hard because there's only 24 hours in the day, and there's only one brain, and so on and so forth, but having an IKM makes sure that every child receives the same amount of attention. We do have kids whose IKMs every week are scheduled for 25 minutes because they have that many needs.

We also have started adopting the strategy of wait. Why am I talking. Which is from the coaching literature. You know, you want to share the cool, fun thing the child did at recess. But does that anecdote add to the conversation about progress and service delivery, intensity and frequency. And maybe not. So if not, then we save it for lunch when the teacher tell the other teacher the cute story from the playground.

So all right. I'm doing well on time.

This is when I want to hear from all of you because I doubt that most people in this room have the setup I have. So let's start with this. What is your current status of interprofessional collaboration? Is it a walk in the park? So wonderful. Is it a work in progress? Is it a danger zone? Or is it just a fantasy?

So show of hands, tell me ‑‑ raise your hand if it's a walk in the park for you?

Oh. No hands. Okay.

Let's back up. How many of you are providing direct services or are on a child's team? Okay. So I expect some hands to raise at some point.

How many of you are managing teams? Excellent.

And how many of you are preparing students to go be parts of teams? Any parents in the room who would like to be parts of these teams? Excellent.

So starting over. For ‑‑ raise your hand if interprofessional collaboration is a work in progress? Nice, nice.

Raise your hand if it's a danger zone. You just don't want to go there. All right. A few. You know. Shy hands.

This is a safe space. So feel free to raise your hand.

And is there anybody for whom it's just an utter fantasy? Okay.

Okay. All right. This is great.

Not that you don't have interprofessional collaboration, but that we have an opportunity to communicate.

So do we need to collaborate. Joanna this is where I might need you as people respond.

Tell why ‑‑ what is one benefit of collaboration?

>>: I would say primarily to support the family because when there's a variety of providers needed for a child's development, collaboration decreases stress hopefully for a family and they're able to gather as much information as needed.

>>: Absolutely. Thank you.

>>: When I think about your question, I think about it on many levels.

>>: Go ahead.

>>: So I work at a School for the Deaf and I think about my team there. It's probably more a walk in the park, work in progress. I think it should always be a work in progress. We can always improve. I think about our state outreach team. Definitely a work in progress. Then I think about our relationship on a state level with like our Children's Hospital and other big players and stakeholders and I feel like that's more of a fantasy. But I would like it to be a work in progress.

>>: So what do you see the benefit? Is it worth the effort.

>>: Oh, yeah it's definitely worth the effort for the child to have care and consistency of terminology and less confusing for parents.

>>: Excellent, excellent. Anybody else?

>>: I'm not on a direct service team at this point but I'm preparing professionals where it's a necessity of the job. What we preach is certainly we have overlapping scope of practice and we can have a mutually agreed upon goal for our children, but we will never be experts in all things. And so preparing people to recognize their scope of practice and be able to name what they offer the team is important.

>>: Definitely. Thank you. I think there was one more.

>>: I think ultimately if you can't collaborate as a team, especially I also work at a School for the Deaf, and within, like, speech and occupational therapy and audiology, we tend to kind of be on the same page but when that branches out into the classroom setting and what that functionally looks like, there can be a lot of breakdown and disagreement. And it's ultimately the detriment of the child if there's disagreement and you don't take that time to sit down and hash it out together and come to a consensus about how to move forward.

>>: Definitely.

>>: Uma, sorry. I would add also there's a term in politics that ‑‑ called team of rivals and the idea sis no, the fighting per se but the idea is whatever your idea is is the beginning stage and process and it's only through the discussion and really push back in some ways that you get the best possible idea or recommendation at the end. And so I would say the same thing. That sometimes that conflict among people who come at it from different perspectives is absolutely necessary for us to consider things we didn't think of through our limited piece of that child's team.

>>: Yeah, definitely. Thanks for sharing that. So I put down a few points.

>>: One of the ones I want to talk is multidimensional instruction and what I mean by that is say we're working on "and." So is the SLP knows this is a target. If the teacher knows this is a target and if the enrichment teacher knows this is a target, the enrichment teacher who is serving snack knows to hold the child accountable for "Ann" when the child says I want crackers and juice. And when the teacher is talking go get the red and blue crayon, auditory only, or if it's through sign, then receptive sign. Or when the SLP is working on the find "d" in and and the articulation of the word. So it's important so you have the same target that is targeted multidimensionally.

If everybody is working on and, you got three times the intensity off that target rather than just in one‑on‑one therapy.

I did this presentation at a state conference and one of the inputs from the audience was, shared resources. If you all know you're worked on the same thing, a team member could say, hey don't go and make a community helper's bingo game. I already have it. Then you're moving forward together.

Challenges.

So I'm looking at the time. Joanna how much time? Six minutes. Okay.

I'm putting these up here and I want you to add to it if you have any thoughts. So time, motivation, buy‑in are obviously challenges. A term I have recently learned in doing some work is professional centrism where one member of the team is thinking their role is the most important. We've all been on teams like that. I see some giggling. Some shaking shoulders. So I think you all know what I mean when I say professional centrism.

I have recently been on a few teams. So I go on you into the mainstream setting to talk with teachers who are not teachers of the deaf but have children who are deaf or hard of hearing in their classroom, and I've gotten a little bit of the been there done there. I have kids in my class who were deaf or hard of hearing. I know what I'm doing. I'm thinking yeah, that child had a moderate hearing loss with hearing aids. You have this new kid with profound hearing loss, bilateral implants and appear six month language delay. These are two different kids. You could not have been there, done that, but again, you can't say that. You have to couch it in a way that is going to be better received. And then just fatigue. I think there are a lot of professionals, especially in public school systems who are being asked to do more than they have time, resources and energy for. So the fatigue of coming to a meeting, getting together is just too much.

So what might be some solutions? Thoughts? We have five minutes so we can actually talk about this.

I don't have a presenter view so I'm a little ‑‑ okay. We're good. Joanna, would you pass the microphone, please.

>>: I think the point you made much earlier about prioritizing the time and keeping to task on the specific child, thus every child will have an opportunity to be staffed in this way is pretty critical because it seems like in my own practice we sort of go the high need and everyone has a need so that I think is profound solution. Lock it in and don't just build these meetings to react so something but proactively.

The other piece I think is a challenge is the idea of parity and power, and the power structure and who ‑‑ it's a little bit ego but it's also if ‑‑ so I'm really curious if you can speak to having the program director in these individual kid meetings and how that facilitates or might impede.

>>: We have the best program director one could ask for. She herself is deep in the trenches with any kid who needs to be supported extra, whatnot.

Again, I wish I had time to show you videos because you can see how she's keeping everybody on track. She has an immense capacity and an absolute ability to not talk. She can stay quiet and listen, and just ask guiding questions. And I think you bring up a good point where nobody's agenda is being operated on. Nobody's coming with an agenda other than did we make progress last week. What is our goal for the next few weeks.

So having the program director, she basically serves as the moderator. In terms of power and parity, I think there are areas where people have more power than others. So in terms of literacy, the teacher is the more powerful one. Whereas in terms of articulation, the speech language pathology is the one driving this goal but it's expected we're all ‑‑ we're all going to work on the same thing towards the same end point, and one of the things our director does really well is helps us make the hard decisions in terms of, okay, you've tried x, we've tried y, we've tried z. These are the data we have from x, y and z interventions. What next? And she will step up and go do the homework and bring it to the table the next time. She will initiate. She will bring it together. She's the master mind who gets all 18 kids scheduled in five, 40‑minute blocks. So I've been saying if we could just somehow monetize your brain, we would never be in the red.

So the idea of power. Parity and agendas is an important one for this.

One of the solutions I have thought about for this is, you know, when you write an IEP, you have direct, indirect consultation minutes. Write in your consultation minutes as this thing. 15 minutes per week. And again is it possible for every team member to get in a room to talk about it? Probably not. But it gets the conversation going.

Even for us realistically if we have six IKM's scheduled over six weeks for a kid, we miss one because something happened. But that's fine because we just talked five times and if we missed one, we're in okay shape. Somebody's coverage needs to be moved around or whatever it may be. So one of the solutions I have for everybody who has the ability to add minutes to an IFSP or IEP to actually put in that consultation time.

The other thing I would suggest is look at innovative ways of getting together. Maybe it's a zoom call. Maybe it's an e‑mail chain. I work with some trainings in India, and one of mentees was talking about to me about grandma brings a child to therapy. Then another center for and another center for feeding. Mom and Dad are both lawyers. They only see the kid two hours at the end of the day. I have no communication with anybody. I have no clue what's going on.

Start a group messaging thing with permission from everybody. Initially nobody is going to respond. That's fine. I just want you to keep putting the information. Three weeks later she said oh, my gosh, the feeding therapist said to me, when you're working on articulation as L with the tongue tip, I notice she has a weird tongue movement which doesn't let her lift her tongue all the way. I don't think we should be worked on that until I get the precursor down. Right. Brilliant. The child is not frustrated now. The therapist isn't frustrated and the feeding therapist now know what she needs to be working on.

So there's many ways to make this work if you sort of find what works for you.

And find what feels good for the team.

So try it out. Again if we had more time, I would want you to write your action plan. These are the things I want you to think about.

What needs to be changed? Start with super, low‑hanging fruit. I need to know the name of the teacher who is working with this child. That's good. That's fine. Sometimes we have to start there.

Which partnerships do I need to foster to make this change? I'll also say this. When I was in Tennessee doing a lot of rural work, it was right when the teacher evaluation where your scores would depend on your kids scores was rolling out. Teachers in Tennessee were burned and they hated the idea of one more person coming in to watch them.

So I started going there just to catch them at lunch. So I would eat launch with them. We would talk about oh, try these new chips. They're only two points on weight watchers.

Then we would transition to the class and it was way less stressful for anybody involved. So think about the partnerships you need to foster and honestly think about the friendships you need to foster because if you're asking them to change something, it will be better received coming from a friend than somebody from high atop the ivory tower.

Also think about what resources you need. Knowledge, materials, as well as policy support. Again this goes back to writing in your IEP what consultative minutes you can have. Talking to your LEA about what supports you can build into an IFSP plan to really address this.

So in the note time we have, think to yourself and think about what you will do next. I want you to leave this meeting as you get on your flights thinking about what your action plan will be. The handout associated with this presentation has, like, a guide, a template for writing an action plan. So take a look at that when you get a chance. Questions? Comments? And there's my contact information.

Tada!

[Applause]

>>: Thank you.

>> MAIN SPEAKER: Evaluation form for me. I have some more back here so feel free to stop by and grab one and you can leave it on the chair or the desk.

(End of session )