

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

#### The Power of Yet: Strengths-Based Coaching & Co-Treating

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IMPLANT CE

## Our Mission

To maximize hearing access for optimizing communication potential.

- Provide quality services to children and their families regardless of their ability to pay
- Empower parents and families to be primary teachers and advocates
- Coach professionals in the skills and knowledge to serve children with hearing loss





# What is the Power of "Yet"?

#### "Failure is an opportunity to grow" **GROWTH** MINDSET

"I can learn to do anything I want" "Challenges help me to grow"

"My effort and attitude determine my abilities"

"Feedback is constructive"

"I am inspired by the success of others"

"I like to try new things"

#### "Failure is the limit of my abilities" FIXED MINDSET

"I'm either good at it or I'm not" "My abilities are unchanging"

"I don't like "I can either do it, to be challenged" or I can't"

"My potential is predetermined"

"When I'm frustrated, I give up"

> "Feedback and criticism are personal

"I stick to what I know"



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I can't do this...yet. This doesn't work...yet. I don't know...yet. It doesn't make sense ...yet. I don't get it...yet. I'm not good at this...yet.









#### Pediatric Hearing Programs at UNC

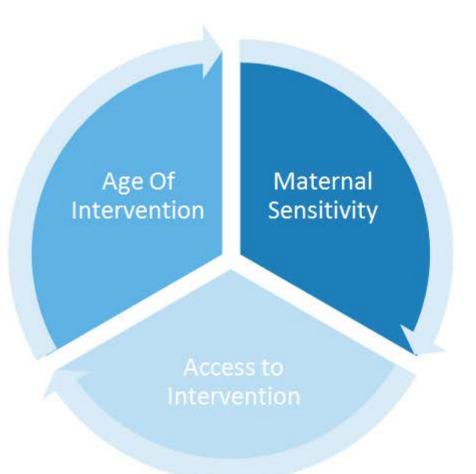


- 500 diagnostic ABRs
- 2000 pediatric hearing aid patients
- Over 1200 children implanted
- 130 new implants a year
- 803 active CI pediatric patients





#### Getting to the Next Level of Outcomes







#### How Can UNC Expand Patient Care?

#### •Co-Treat Model

# Engaging Parent Task Force Strengths-Based Coaching with Professionals







## The Use of Strengths-Based Coaching



#### Adult Learning Theory



Appreciative

Inquiry

Non-Violent Communication

Positive Psychology





r understand 5 Say something back in return.

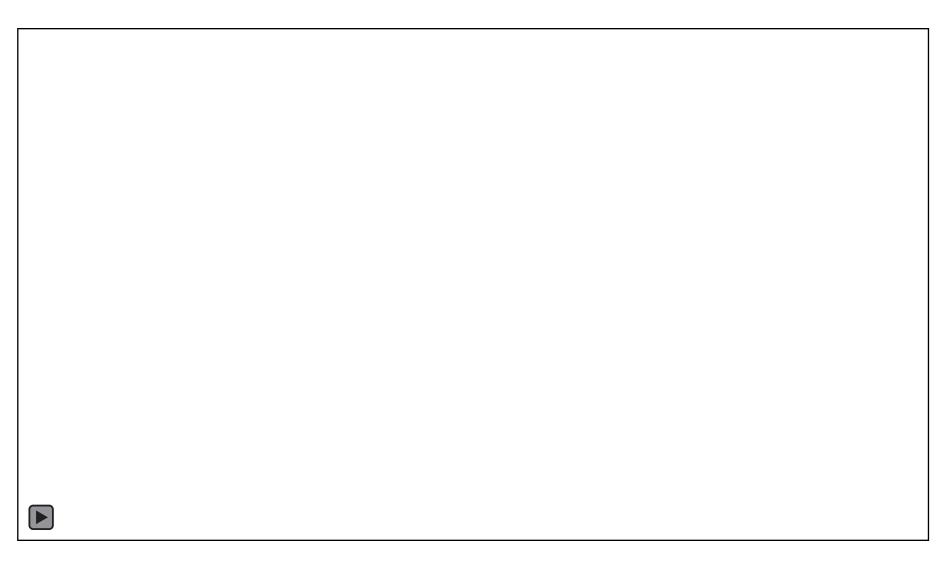


#### What Would Happen If We Listened?

"Being heard is so close to being loved that for the average person, they are almost indistinguishable."

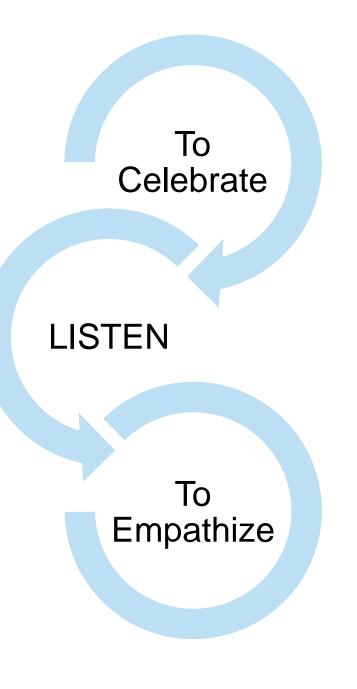
- David W. Augsburg





https://www.youtube.com/watch?v=-4EDhdAHrOg







#### How Can UNC Expand Patient Care?

#### •Co-Treat Model

# Engaging Parent Task Force Strengths-Based Coaching with Professionals







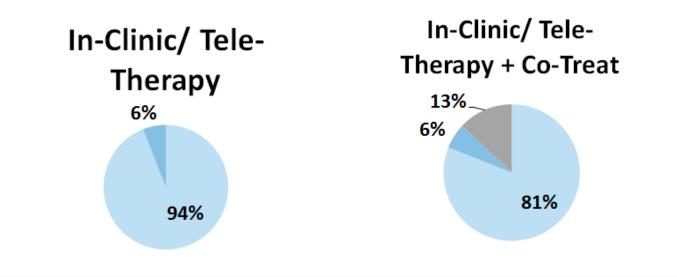
#### What is Co-Treating?







#### **Expanding Patient Care**



803 Active Patients/ 51 Receiving Direct Therapy / 120 Co-Treat/ 166 Coaching

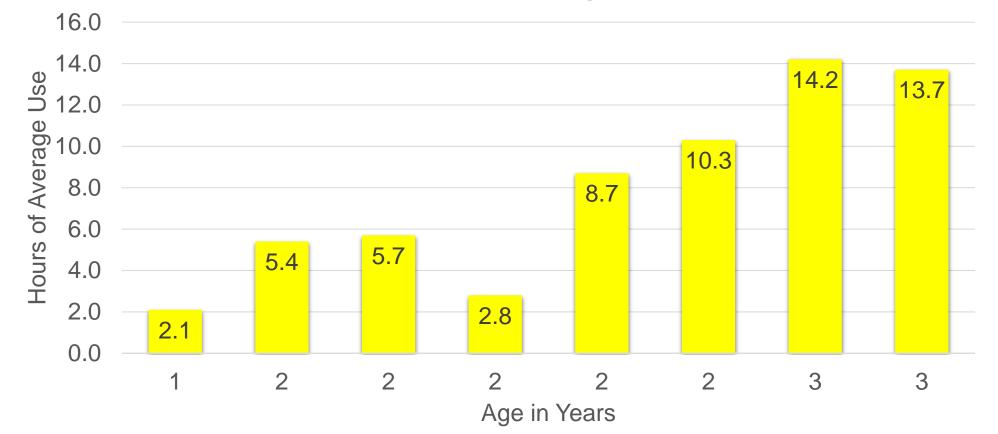




- 12 month old, normally developing
- No Response ABR (no measurable thresholds)
- Normal MRI
- Unilateral cochlear implant at 14 months
- After 9 months, average wear time 2 hours
  - Limited progress with speech & language development
- Co-treating implemented in appointments
  - Listening goals identified
  - Wear time discussed
  - Speech evaluation recommended
  - Co-treating emphasized the need for EI services



Wear Time: Age



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Gagnon, 2017

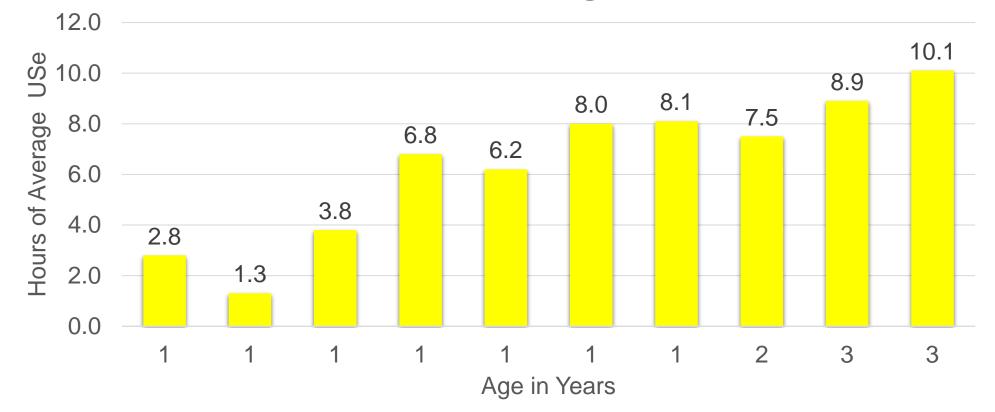
- Female born at 27 weeks
- Prolonged NICU stay with ototoxic medications, hyberbilirubinemia
- Normal MRI
- While motor control is delayed, trunk and head control is strong



 In addition to co-treating during visits, tele-therapy services were established



Wear Time: Age





Gagnon, 2017

#### How Can UNC Expand Patient Care?

Co-Treat Model
Engaging Parent Task Force
Strengths-Based Coaching with Professionals







#### How Can UNC Expand Patient Care?

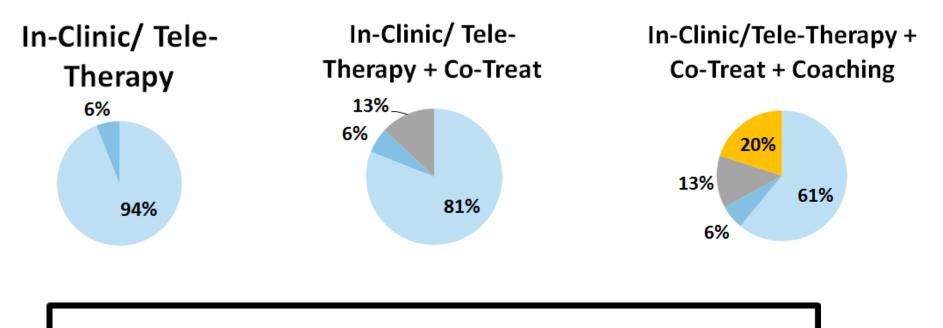
# Co-Treat Model Engaging Parent Task Force Strengths-Based Coaching with Professionals







#### **Expanding Patient Care**



803 Active Patients/ 51 Receiving Direct Therapy / 120 Co-Treat/ 166 Coaching







**Professionals** 



#### Functional Listening Index- Pediatric 1.1 (FLI-P)

#### The Shepherd Centre; Sydney, Australia

**The Shepherd Centre** 

Giving deaf children a voice



#### **Functional Listening Index**

Child's First Name:

Birth Date:

Staff Member:

| Phase 1: SOUND AWARENESS  |                       |
|---|-----------------------|
|   | Record Date           |
|   | Consistently Observed |
|   | (if date is unknown,  |
|   | record date of birth) |
| To wear hearing devices during all waking hours   |                       |
| To show an involuntary response to sound  |                       |
| To search for the source of a sound   |                       |
| To attend to voice with interest  |                       |
| To begin to localise sound, although may be inconsistent                                      |                       |
| To attend to talking/singing for a couple of minutes  |                       |
| To consistently detect all The Seven Sounds at close range                                    |                       |
| To show an awareness response to a range of Learning to Listen Sounds through listening alone |                       |
|   |                       |

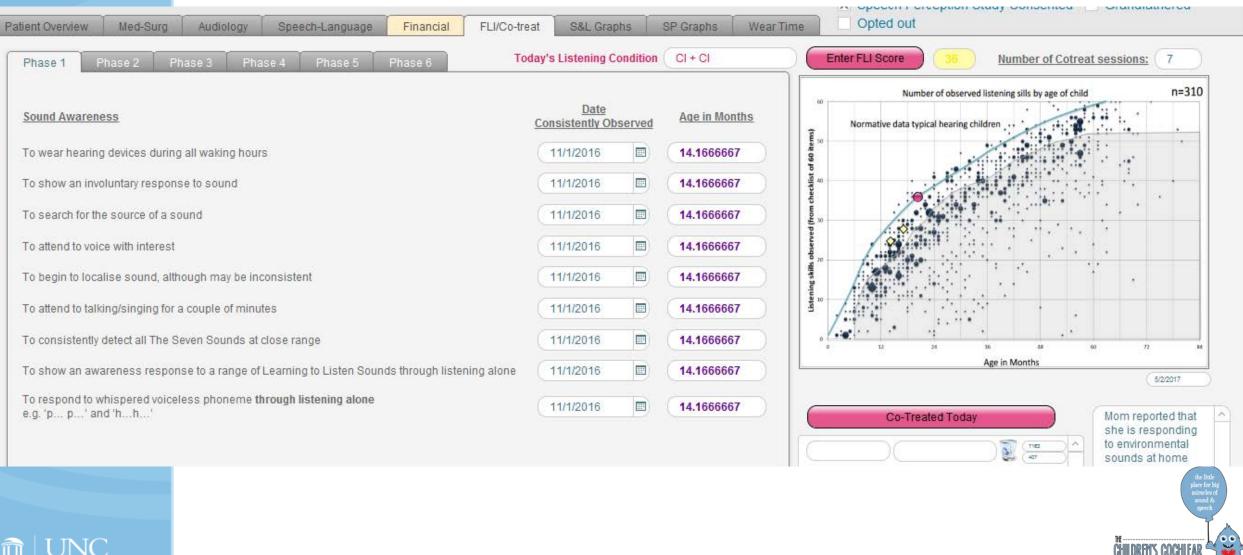
Surname:

Gender:



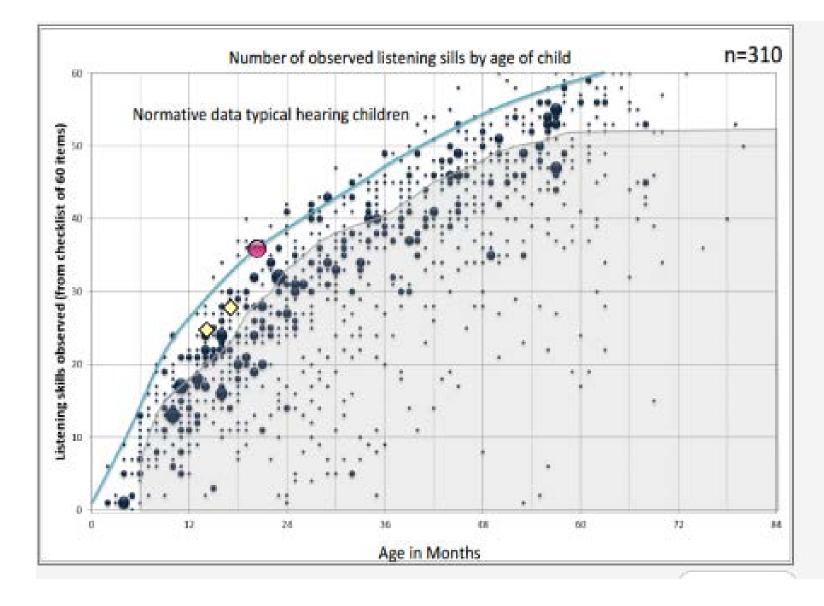
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#### Functional Listening Index (FLI)



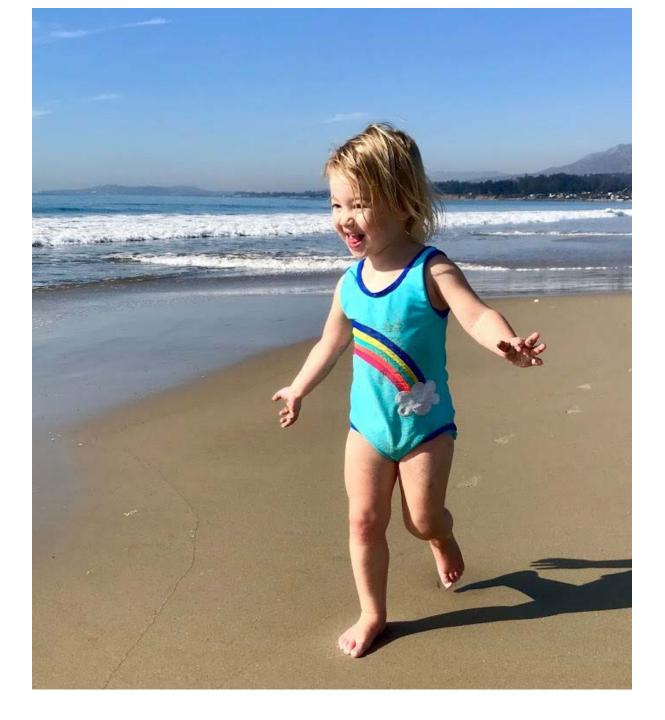
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#### Functional Listening Index (FLI)





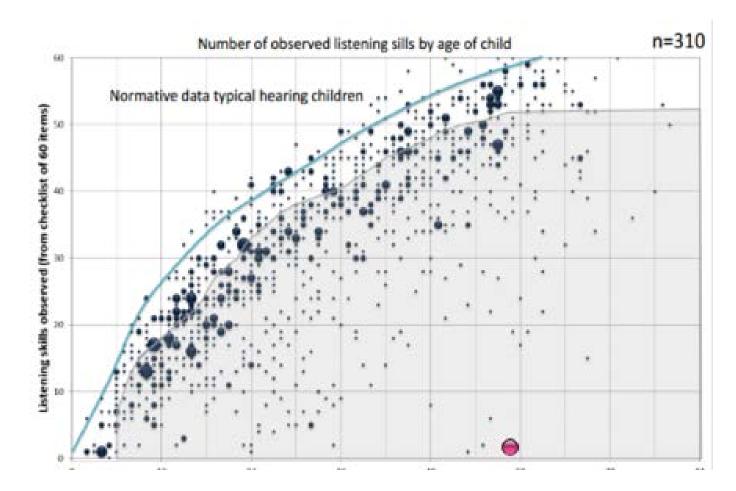








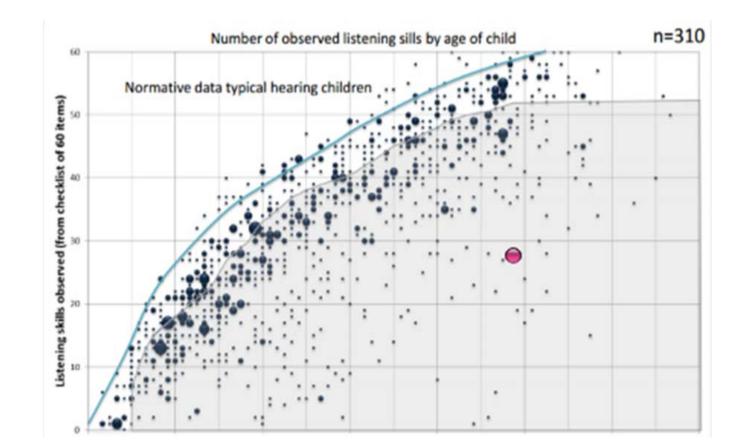
## Case-Study Baseline Before Coaching







## Case-Study 8 Months Later







#### Resources

- Gagnon, Erika. Using Strengths Based Coaching with Parents to Impact Device Wear Time in Pediatric Patients. Poster presented at: American Cochlear Implant Alliance Annual Meeting; 2018 March 7-11, Washington, DC
- Houston, K.T., Munoz, K.F., & Bradham, T.S. (2011). Professional development: Are we meeting the needs of state EHDI programs? *The Volta Review*, *111(2)*, 209-223.
- Houston, K.T. & Perigoe, C.B. (Eds). (2010). Professional preparation for listening and spoken language practices. *The Volta Review*, *110(2)*, 86-354.
- Joint Committee on Infant Hearing. (2007). Year 2007 Position Statement: Principles and guidelines for Early Hearing Detection and Intervention programs. *Pediatrics, 120(4),* 898-921.
- Mclaughlin, J. E., Roth, M. T., Glatt, D. M., Gharkholonarehe, N., Davidson, C. A., Griffin, L. M., . . . Mumper, R. J. (2014). The Flipped Classroom. Academic Medicine, 89(2), 236-243. doi:10.1097/acm.00000000000086
- Moeller, M.P., White, K.R. & Shisler, L. (2006). Primary care physicians' knowledge, attitudes and practices related to newborn hearing screening. *Pediatrics*, *118*(4), 1357-1370.
- O'callaghan, A. M., Mcallister, L., & Wilson, L. (2005). Barriers to accessing rural pediatric speech pathology services: Health care consumers' perspectives. Australian Journal of Rural Health, 13(3), 162-171. doi:10.1111/j.1440-1854.2005.00686.x
- The Shepherd Centre (Ed.). (2015). *The Functional Listening Index*. Sydney, Australia.
- Tschannen-Moran, B., & Tschannen-Moran, M. (2010). *Evocative coaching: transforming schools one conversation at a time*. San Francisco, CA: Jossey-Bass.
- White, K.R. (2008). Newborn hearing screening. In J.R. Madell & C. Flexer (Eds), *Pediatric audiology, diagnosis, technology and management* (pp. 31-41). New York: Thieme.



#### LET'S BRAINSTORM







the little place for big miracles of sound & speech

HE CHILDREN'S GOGHLEAR <sup>2</sup> Implant center at unc



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