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Clarke – Webinar Series
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>> The Clarke “Partners in Learning: Supporting Parents of Infants and Toddlers who are Deaf and Hard of Hearing ” Webinar will begin in five minutes. We look forward to speaking with you then.

>> Good afternoon everybody. I’m Jan Gatty and I’m here to welcome you to our lunchtime Webinar from Clarke Schools for Hearing and Speech. The topic is “Partners in Learning: Supporting Parents of Infants and Toddlers who are Deaf and Hard of Hearing”. I’m going to introduce our speakers today, we have Barbara Hecht on my left who is the Director of the campus in Boston and she’s also President of Option Schools International which is a consortium of private schools that look at listening and spoken language in deaf and hard of hearing children and she’s also the co-director of our tele-practice project that we have had at Clarke in collaboration of CREC Soundbridge in Connecticut.

>> Hi, everybody, and for those who are on the west coast, good morning!

>> I’m Jan Gatty, the Director of Services for Children and Families at the Clarke School for the Deaf. I also teach courses in family centered practice, counseling in child development at Smith College. I wrote a book that has some of our content in it today. It’s really for pre-service professionals and some parents who are interested in getting information from readings so you can consult that if you’d like to and I with Barbara and the co-director of the Clarke/Soundbridge , telepractice project. I would also like to welcome today, Martha deHahn as our guest speaker. Martha is the parent of two young adults who are deaf.

She has prior experience in working with the newborn hearing screening program in Massachusetts before she came to Clarke where she now works as the outreach coordinator with really all of our campus at Clarke. Martha, do you want to say hi?

>> Yes, hi, thank you for inviting me.

>> For people who don’t know, the Clarke schools for hearing and speech is an oral

school. We provide children who are deaf and hard of hearing with listening, learning and spoken language skills they need to succeed. We realize that parents have many choices in the approach they want to use with their children and the people at this table have expertise in this area.

Just a little bit of a way of introduction, this Webinar series is designed for professionals who are interested in the development of listening in spoken language with children who are deaf and hard of hearing. It's the last of a series of Webinars this year. I hope that you maybe attended some earlier ones, we had one on mainstreaming, one on preschool parent involvement and one on building professional networks and those are available on our website if you have missed any of those.

The last of today - - the topic for today, which is the last in our series, is partnership with parents of infants and toddlers and because we're good teachers at this table we have some behavioral objectives. By the end of the hour, you should be able to cite reasons supported by evidence of the importance of parent-professional partnerships. You should be able to identify the roles of the practitioner in developing and sustaining relationships with parents in your work. You should be able to list specific strategies or practices that serve to connect parents and practitioners and you should recognize at least intellectually, the impact of loss on parent behavior.

I'd like to say we don't - - well, we probably won't have time to entertain questions during the course of this Webinar but we're very glad to get them and we'll answer them by e-mail and an address will be provided at the end of the Webinar so write them down as you think of them and then send them to us and we'll answer them in the near future.

So the topic for today, why partner with parents? There's a growing body of research that demonstrates the significant impact of parent-caregiver interaction on the ways that kids turn out, with or without hearing loss. We partner with parents because it improves child outcomes measurably and I'm going to turn it over to Barbara who is going to talk about some of that.

>> Hi, again everybody. It's now been almost 20 years since a seminal research study was published by Hart and Risley looking at the impact of parent-child interaction on the language and cognitive development of very young children. They were not looking at children with hearing loss. They were looking at typically developing children in the state of Kansas and they looked at these children initially when they were infants and toddlers and then they followed up to see what their language development was like at later ages, up until the age of nine. What they found is there's a very strong relationship between the parent language input and child language abilities years later.

And see here are their key findings. The language and IQ abilities of children were very strongly related to the amount of child-directed language. The more the parent talked to children, the faster their vocabulary grew. And these differences held up over years so very early input, very early interaction to children was linked to academic success many years later.

They actually looked at three groups of families - families with disadvantaged backgrounds economically, families where the parents were professionals and families who were sort of classified at that point as middle class families.

They actually saw that there were differences related to socio-economic status in terms of the number of words that children heard throughout the day addressed to them. What's interesting isn't so much the economic backgrounds of the families but the impact

of the language input. So the children from the most advantaged homes heard over 2000 words per hour on the average whereas children from homes where people interacted with them less, heard around 6 to 600 words per hour. So when they began to sort of look at the impact of this, it looked like, if you extrapolate it from the type that the children were birth to about age three, children whose parents talked to them a lot heard 30 million more words than children whose parents did not talk with them very much. You might have heard of projects going on in the Chicago area or the Rhode Island area that is really aiming to bridge that gap. Because if you look at the Hart & Risley study, we see that the gap just continues to widen for children. Children who hear a lot of words early on continue to hear more and more words as they grow older and so we want to really do something to reduce the gap or to bring everybody sort of to that steep language learning trajectory if possible.

Much more recently we have technology that allows us to do this kind of research a lot more quickly and efficiently with a device called the LENA which records and analyzes auditory input to children. It looks at words and background noise and utterances and terms and a number of studies using this LENA device have actually confirmed the initial Hart and Risley findings.

They were really looking at, the people who were doing these more recent LENA studies were looking at parents who were described as more talkative versus those who interacted with their children less and were referred to as taciturn.

It's important though to recognize it's not just the number of words that children hear but it's really the quality of those interactions and very recently this year, actually, at the White House there was a gathering on bridging the word gap and a number of people including Katherine Hirsch Passaic reminded us all that better predictors of language skills than a sheer number of words is the quality of the interactions involving those words and the kind of ongoing conversations that parents have.

Hart and Risley certainly noticed it as well but it's not just a matter of quantity but a matter of quality. So the bottom line, really from this research with hearing children and typically developing children is that the amount and quality of language addressed to those children is much more predictive of their language skills than other measures that have shown to be associated with language development in the past.

So what does that mean for children with hearing loss? If this is true of children who have full auditory access, it's even more true that parenting engagement and involvement turns out to be a major predictor of child outcomes when children have hearing loss. In 2000 so we're talking almost 15 years ago, Mary P. Moeller published a study looking at the impact of early intervention on language outcomes for hard of hearing children and children with a range of degrees of hearing loss and she found that the degree of hearing loss was not as predictive as they would have thought. In part because they didn't have a very wide range of degree of hearing loss.

Age of enrollment in early intervention was a very important predictor but most important, actually, was family involvement which had explained most of the variance in the language outcomes. The earlier the families entered early intervention, the more times parents had to gain confidence and skills and to be able to interact with their children. And then just last year, Alexandra Quittner and her colleagues published the first of a number of studies. This was a national NIH study following children with cochlear implants and they found that again, that parent behaviors predicted language

gains, four years after they looked at the parent behaviors. They looked at measures like parent sensitivity and by sensitivity, they really meant that parent's responsiveness to conversational openings from children and following up on children questions - and also, greater linguistic sensitivity and stimulation. Those were very strongly associated with outcomes for children with cochlear implants. And now Jan.

>> So this is Jan again. I'm going to talk about the language learning environment of children who are acquiring spoken language. We acquire a native language with someone who adores us. And we do that by natural informal interaction with a fluent user of that language. We do it in the course of play, care giving routines, diapering, washing dishes, putting a child in a car seat and anything done in day- to- day life. We talk to the children when we're engaged in the activity. We do it during all waking hours if conditions are optimal and it's important that language is adapted to the child's needs and interest.

We also know that the conditions are rarely optimal and there's a difference between child directive language and just being present during another interaction. Overheard language incidental language is far less available to young children and it's not enough to just bathe the child in language. The language has to be meaningful. They have to get the child's attention and really needs to speak to their level of engagement with the activity.

I'm going to call your attention to this graph. If you did attend the earlier Webinars, Meredith Berger from our New York campus talked about parent relationships with preschool children because when children become 3 years old they usually leave the home and are involved in some kind of preschool activity and that's a time when other adults are interacting with them but even the preschool child is still involved for 71 hours a week with individual kind of interactions with a caregiver. Did you want to talk about that Barbara?

>> The length of the school day or the preschool day can vary but what's important to note here is how big that brown part of the pie is. That's the time when the child is awake and available for interaction and that's the time that we have to think about it when we're thinking about the outcomes for children.

>> Thank you. So the next graph is really depicting the waking and sleeping time of an infant toddler's week. So these are children 0 to 3 and you should focus on the little red wedge because for many children, that's what their early intervention time looks like. An early interventionist will come to the house or they go to an intervention center for two hours and there's a clear directed focus to language acquisition. If that's the only time that the children experience that, it would really be insignificant in terms of their learning. So the goal during this time is to really help the parents figure out how to best adapt their behavior to that big blue chunk of time so that children are aware of language and available to learn language during that period of time.

Those - - the implications for children with hearing loss is that language intervention really should happen during all waking hours. It's the caregivers who are the primary agent in helping the children to interact and acquire language. So our work as early intervention practitioners really has to focus on teaching the parent, giving the parent information, teaching them skills and also looking at their engagement with their children and helping them capitalize on that.

The next two slides represent a list of challenges that were from a survey of early

intervention providers. These are one of the things that you face in your day-to-day work that you have to think about overcoming or at least, addressing because they're potential barriers to efficacy. So the first one is you want to have an effective communication with the parents, a consistent system with communication with reciprocity and trust and a good/clear conveying of information and feelings.

Counseling parents through the assessment and diagnostic process. This is an emotional process and also filled with a lot of content so really helping them understand that intellectually and assimilated in an emotional way. Getting parents to follow through on recommendations of the intervention. This is a difficult time for them emotionally and following through requires a lot of agency so helping them be able to garner support for that.

Encouraging involvement at home and carry over at home. Involving the parents in EI sessions in any kind of group session, treatment. Encouraging buy-in or follow-through. So we're really looking at the parent's commitment to any decisions they have made in helping them carry out the decision. Parents of young children are seldom just dealing with one sort of challenge in their life. They might have a child with a disability which is until they get an understanding of it can be a challenge but there's other children, there's work, there's adjusting your time so supporting them through those other challenges as well.

Working effectively with families from different cultures and language backgrounds. Barbara is going to talk a lot more about that later on in our presentation.

And developing a personal relationship but a professional relationship so the relationship should be characterized by intimacy. Reciprocity but it also has boundaries in it so everybody feels safe.

>> This is Barbara again. I was just thinking that collectively, behind the screen, in front of the microphone we have many many years of experience, probably approaching 100 and that's because we started this work when we were just children. But over the years we have learned quite a bit about how to face, how to address the kinds of challenges that early intervention practitioners mentioned when we surveyed them.

We often keep finding ourselves turning back to and looking at and learning from three Pioneers really who have addressed these issues in various ways. The first is Louise Tracy who founded the John Tracy clinic in 1943. She was the parent of John Tracy who was born profoundly deaf and she founded the clinic which was a parent to parent education support group and she recognized very early on that one of the ways of dealing with these challenges is to provide emotional support for parents. She knew it as a parent herself and she really put that into practice.

A generation later, basically, Ken Moses who is a psychologist and a parent of a child with a number of developmental disabilities. Ken Moses developed a frame work for working with parents and supporting parents through grief and we'll talk a little bit more about that in a moment.

And David Luterman, an audiologist who practiced audiology but in his whole being was really a counselor and psychologist, he has really emphasized the importance of psychological support for families and trusting parents.

So how do we address the challenges we face when we're providing early intervention? We certainly have learned there's no magic bullet but there's certain approaches that have developed a strong evidence base that are effective. The first is

that we need to find a way to provide emotional support and education to parents. The more that the parents feel supported and the more knowledge they feel, the more effective they can be.

That involves re-framing traditional parent roles and we'll talk more about that in a moment as well. We also need to address the culture and diversity. David in one of his publications talked about various tenants or sort of guidelines and one of the guidelines that I have actually printed out and put up on my wall is if you take good care of the parents, the children will turn out fine.

This is very hard, actually, for us to follow through on and truly believe sometimes. But what David is really saying, if we can provide emotional support from the beginning and parents feel we're there with them in the journey and there for a resource to them, that they will actually be able to be effective with children.

A huge part of that taken care of parents comes from connecting parents with other parents and providing support groups. Ken Moses had a very different kind of take but one that dove tails very nicely. Ken worked with families whose children had a variety of challenges, developmental challenges and disabilities and he really was, I think, one of the first to say that parents grieve the loss of the child they had anticipated. That hearing loss like other differences can really shatter parent's dreams if the parents are hearing themselves, if they have no experience with hearing loss. Everything they dreamed about for their children is suddenly turned upside down and that actually causes kind of a grief that's in some ways, feels a lot like the losses we would associate with death.

And the morning process that goes along with, really, that involves the recovery from grief is a positive one that allows parents to move on. And eventually develop hope.

Grief is a very loaded term and it sounds heavy and weighty but one of the things that Ken pointed out is that unlike what we may have initially thought from Ross's early work, grieving feelings don't really occur in stages. They're more like states. It's a messy, uncomfortable, unpredictable process but it's also a healthy process and very central to the growth of the child. But part of what we have to recognize as professionals is that we can't fix the feelings that parents have. We can't really rush the process.

If we think about the various states of grieving that I think we're all fairly familiar with, it's important to think about these grieving states as potentially important and positive feelings that families have. So when I keep saying these are positive feelings, they're sometimes hard for us to deal with as practitioners and so that brings us actually to a pole, we would like to ask you now, when you are working with a family or a caregiver that is really experiencing one of these grieving states, which of these is the hardest for you to deal with as a practitioner? Is it denial? Anxiety? Depression? Guilt? Or anger? So we'll give you a short while to think about these and let us know which of these you find most challenging in your work. So while you're thinking this through, we're watching it and we thought this might - - it might be worth doing this on a larger scale and doing a little bit of a research study on this. Do let us know what you find the most challenging.

And the results are coming in. It's a very appropriate post- election day process.

So the results are quite split but one of the most difficult, the most difficult by far, can I read it? 65, 66 percent of people said that denial is one of the toughest to deal with and following that is anger, guilt, depression and then anxiety.

So let's talk about denial for a moment. I think one of the reasons and I'll just speak for myself, but one of the reasons that denial is so hard for us is that we see what's - - we know now what is possible for children with hearing loss. We want parents to get started right away. We want them to get the hearing aids on and sign up with early intervention and come to the appointments and when they don't, when they seem to not even be recognizing the importance of these things, we're even more truly recognizing their child has needs, it's really really tough for us. We want to jump in and sometimes do it for them.

Anger, I wanted to mention anger also because it is sometimes easier for us to comfort a parent who seems outwardly sad but when a parent is kind of expressing anger and it's not necessarily even anger about the hearing loss but just sort of blasting, it's very hard for us to remember as practitioners it's really not - - it may be directed at us but it's really not just about us. It's really - - it's part of the process of coping.

If we think about denial as a time that parents sometimes need to gather their resources and find the external support and to just be able to move forward, then our job is to kind of support the families through that process and make sure that they don't get stuck there but also understand, it's part of the process. Nobody wants to hear you're in denial or you're anxious but it does help when we remember it's a healthy part of the process as long as it's part of a process. Families have also told us that grieving doesn't get resolved exactly because it kind of reemerges and one parent said to me she thought her grieving and her feelings about sort of went into remission and some of them caught her off guard when she started to think about the transition to preschool or the transition to their public school program or when they went to Thanksgiving dinner and all of the cousins were running around without hearing aids and talking away. So sometimes these feelings, these difficult feels can reemerge and there's times that are predictable that we really need to be there and ready to support families and other times that we can't always be there because they're relatively unpredictable. One area that's I think sometimes surprising is that parents who have had a deaf child and then have another child with a hearing loss, we sometimes as practitioners think that second time around is going to be easier but Jan is going to talk about some experiences she's had working with families where there's more than one child with a hearing loss.

>> Jan: And just looking at the slide and I think the title should have been one more time with feeling instead of second time around. This is my 40th year at Clarke and in north Hampton, it's a rural setting and I have been doing most of the work at that time and there was a time when there was a number of families and when you're a rural setting you just capitalize it.

So a number of families who had a second born with hearing loss and they were definitely more confident about their parents abilities but what I was observing when I was working with them is they would seem to be more emotionally devastated than I thought they should be. They sort of had the experience. Their environment was already adapted to meet the needs of children who were deaf and hard of hearing and they had a sibling who was helping out or at least a distraction so I formed a group and we called it one more time with feeling because what I realized is the coping behaviors that were around with the first time child, they had already done that.

What they were left with is really any kind of unresolved, a sense of loss about the adjustment about having a child who had special needs. And also the professionals and

extended families members were less of a support particularly if the first born child was developing well. There's a sense of, you can do it, you have done it before. Look at how happy he is and so they weren't there talking about - - well, you still have these appointments and more sensory aid so I guess what I would say from that is that the adjustment to loss isn't just, it's just not a onetime thing. It happens periodically through life.

So how to support parents who are going through this adjustment to loss? Take time to listen. Listening is a very active process that Martha is going to talk more about. But you should practice by offering parent support by being non judgment, unconditional in your acceptance of these people as individuals, and helping them focus. So what the behavior looks like is that when you're working in a group like this and you realize, I'm the one who is talking and that's not really good, the other parents should be talking but you want to ask a few questions. Those questions should be open ended. You're not there to give advice.

You are there to accept and to also help parents maintain a focus when you're going through a period of grief or loss, you get distracted internally by emotional issues so to help them stay focused.

The professional need to be a psychologist. This is just a really normal adaptation to having a child who you don't know much about and may need special kinds of support and it will come up in your sessions in ways that you may not expect. You can help by listening to and respecting parents if they're having a hard time. Kind of put aside your lesson plan and be available to them. If you can acknowledge what you have observed to be painful feelings or frustration or fatigue directly, you can touch them. You know, we know that touch is a very compassionate strategy when people are suffering. Remain nonjudgmental and continue to think of yourself as support, as an aid but not to rescue so when we were chatting around the table, we were coming up with examples. If the parent was saying, I can't get to the audiologist. I can't make the appointment because I don't have transportation and I don't know how to do that so your approach would be, well, let's look at your support system. Who is in it, what can they offer and let's look at transportation particularly because you're going to have a lot of transportation issues going to appointments so let's see if we can help you with that.

And then you can say, would it be helpful to have somebody like me there at the appointment to listen with you? And be they say yes, you say, fine, I'll meet you there at the appointment and we can process that together.

Martha is our next speaker and I did introduce her briefly in the beginning but for those who were still pulling your lunch out of the microwave, that is on the east coast, you may not have heard the introduction so I'm going to ask Martha to tell more about her background.

>> Yes, as we're all talking about our experience, I began my relationship in Clarke. I came here over 20 years ago and one of the first people I did meet was Jan and now I have worked here for close to seven years and it's really an honor for me to be able to speak today about what helps for parents and what parents say and speak on their behalf, not just from my experience but what other parents have to say also. As we have mentioned quite a bit today, we talk about professionals who listen.

Parents are really smart. They know when professionals are listening and it might begin by their body language as Jan said, you know, touch. And also, they'll know if the

professionals really know where they are at emotionally and by knowing that, the parents will hear that the professionalizing will give them advice about the next steps they suggest that might work for them.

Something else that parents say help are support groups. I can say some of the support groups that I attended, I found valuable of course, but some of them that were right in my local early intervention support groups, right in the early intervention program I attended and it - - the support groups are not just for families of children with hearing loss, they focused on all disabilities and I found them to be very beneficial. Now, there's a number of online forums and list serves.

I and a lot of other families and parents participate in those. It's a comfortable place. You can choose to participate or not. There's no pressure. Some that I anticipate in are CI circle, listen up, and some parent blogs so it's always useful, I think, to suggest to parents some of those forums they can look at. Participating in support groups is a great way to meet parents and some deaf adults.

While attending groups, you know the parents will have their children. So it's good for parents with newly diagnosed babies so see other children with hearing loss. They can give parenting hope and see what the possibilities are for the future. Of course, attending workshops, reading and learning from others, it's all more knowledge. It's all helpful because we know that the majority of parents who have children with hearing loss have no history of deafness in their family. So the knowledge of the acquired will breathe confidence. As Jan mentioned, I worked with the newborn hearing program here in Massachusetts for over seven years so while I was working there, I would call families who were going through the process of diagnosis. They were learning about their communication choices, their enrolling in early intervention and with a specialty service provider so I was hired because of my experience of being a parent of two children with hearing loss, but it really wasn't about me.

It wasn't about sharing my story. I believe it's truly about listening and as a listener, you can learn about a lot about the parents. They may be confused and they may need clarity. They may need information about the next steps as I mentioned earlier and you can learn about their choices they need to make. So as a participant then turned professional, I really wanted to reassure parents they were doing the right thing. Don't we all want to know we're doing the right thing and making the right choices? So when parts shared with me where they were at in the process, I always tried to find something I could compliment them about just to let them know, they were doing something that was probably really good and the right thing. There was always something positive.

It might be they started their appointments on a regular basis or they went for the second opinion or that the child wore their hearing aids just a little bit longer that day. So as a parent to parent connection, I wanted families to know I was there for them, to connect with them because I understood with they were at. I had been there before. I had gone through a lot of the same steps but I also felt reconnecting was important so during that initial phone call I would make with families going through newborn hearing screening, I would take notes and during those notes I would be able to write down a few things that maybe were about the next steps they were doing or where they were at in their process. So when I made the follow up call, I would be able to refer to the notes and I always felt it was a true reconnect if I could refer to something in my initial call.

It's no different from when you're reconnecting with a friend, it's funny when my kids

were first diagnosed, it said a sign of success for a professional is when the parent feels that the relationship is like a friendship.

It's true, the early intervention provider came into my home. We sat on the floor, we played with the kids and the last day she came to visit was really a sad day because she really became a friend because I shared so much with her. So because families are going through this difficult time, again, the reconnecting contact is a good time to remind them of the available resources and services for them and their child because it's such an emotional time for parents. Sometimes they don't hear everything the first time so it's really worth repeating.

So lastly, parent challenges. We can't disregard there's always challenges and there's things that were never anticipated for these families. Parents are now facing the fact their child wearing hearing aids and people are going to see them. And they'll need to explain it to their family, to their friends, and even to strangers. When I was preparing for this Webinar with Jan and Barbara, I shared a story with them about how parent to parent connection, we hosted a family in our home one night for dinner and their child had just been diagnosed with a hearing loss. When we were having dinner, the mom made a comment about the framed pictures of our son in our living room and she says, do you always take pictures with his hearing aids on? And I was struck about where she was emotionally with our diagnosis of her child so clearly, it's hard.

Other challenges may be pressure from professionals. Some are promoting different opinions and different communication options such as sign language versus spoken language. I always say that families are really thrown into a field of controversy. They feel the intensity of having to make the decision about the communication option.

And during this adjustment phase, I guess we'll call it of learning their child has a hearing loss and they have all of these fears and concerns for their child, they have lots of thoughts going through their mind about, you know, we need to purchase hearing aids, which ones do we purchase in do we get cochlear implants? If so, which one? Where will the surgery be done? Who should do it? Where will they go to psychological? And they're even thinking and worrying about the future such as, will they drive? Will they have friend? Will they date? Will they get a job? So there's lots of unknowns and uncertainties about their child's future. But regardless of the challenges with this disability, hopefully parents gain support and knowledge and partnership on what we're talking about today and the partnership can be from other parents or professionals. Thank you Jan!

>> Thank you Martha. So Barbara talked earlier about pre-reframing parent roles. This is a little adapted slide to explain that. When you're forming your relationship with a parent, we have different roles. The professionals are the experts on content on hearing loss. They know about that intellectually, academically and experience wise. They know about the effects of hearing loss and the development of children. They know about the technology associated with it. They know about language acquisition and the risks when you hear imperfectly.

So that's what they bring to the relationship. They're also a coach to the parent. They're a mentor to the parent and they're the parent's teacher.

The parents on the other hand, are the experts on the child. They know them better. They spend more time with them. If they don't know them, our job is to help them learn about them because that's really what they bring to the table. And they take

on an active role as a facilitator in the child's development. This ten and two goes back to the list of tenants that David came up with. This is a direct quote from David.

You cannot go any faster than the parent is ready to go.

You can't save children from their parents. I feel like that's a little judgmental in this statement so I wanted to expand on in a little bit. I think when people enter this work and especially if they're experienced, they sort of look at the children and see the potential. They don't see actually the risks as much and they see the potential and what's possible and they're worried. They get worried if a parent is at a certain stage of coping where they're very limited in their ability to support the child. The professional doesn't want to see that potential not met.

So I think that's where it comes from. But really the kid is going to develop fully with the parent so you need to stay in step with the parent and to want something that's different at a different time than the parent wants it, is kind of a recipe for failure for all parties, the child doesn't make the progress that's possible. The parent feels incompetent and not confident and the professional doesn't feel like they're doing their job very well.

The role of a professional and I'm collapsing some of these. We have talked about this throughout but the professional is a counselor, someone who supports. They're a coach. They observe parents and they make suggestions based on what they feel is within that parent's kind of scope of parenting a behavior. They're teachers. They do model strategies that they know work for them and to see if the parents, if that's the comfortable thing for the parents to do and then this mentor and facilitator speaks to. They have to collaborate with the EI team and then the preschool team and then there's the medical home team and then the docs. So as a professional, you're a counselor, a coach, and a collaborator and that's what we help the parents to do.

Excuse me, so the setting for EI, the home visit expectations. I think the expectations from the parents may be they're going to see a certain kind of change in behavior in the children so it's really incumbent on the practitioner to talk to the parent about being an active learning and the primary focus is the interaction between the parent and child. You're very interested in the observations. Help the parents observe. Give credit to it. If you see things they don't see, help them to observe that and emphasis should be on everybody, natural activities. Diapering, washing dishes and preparing food and not something that's staged so the parents think that's the only way that the children are going to acquire language.

I want to talk a little bit about coaching. The coaching is sort of different from just teaching in that the parent really takes the lead for carry over. The professional may demonstrate a kind of strategy or behavior but they very quickly give that back to the participant and see how the parent does it. If they're comfortable with it, what it looks like when the parent uses that information. They observe the parent. They encourage the parent. If they see a way that is sort of a missed opportunity, they make that suggestion very judiciously and then they go back to the role of observer.

So I'm going to turn the microphone over to Barbara who is going to talk a little bit about diversity in the families we work with.

>> Hi, again. One of the areas that a number of EI practitioners really talk about as a challenge is when the language and the culture of the family is quite different from their own. This is reality for all of us who engage in early intervention because as we

look at this statistic on this slide, in many parts of the country more than 40 percent of the families are actually speaking the language other than English at home. Spanish is the fastest growing. It's the language of about half of the non-English families in the United States. In some urban areas, there could be up to 80 different languages spoken. In other parts of the country, so called minority groups are really in the majority so what do we do if we don't share our language and a culture with the family that we're partnering with?

First we certainly have to find a way to bridge the language barrier and it's sometimes very challenging to do that but if we don't have a way of communicating directly with the parent and we just end up working with the child, we're not as effective as we can be.

This is a list here in descending order of importance or effectiveness I would say rather than importance. It's wonderful if you have bilingual, bicultural professional staff who can work with the family in their own language and culture but that's rarely the case and so we have to bring interpreters, use language banks, phone based interpreting, even written translations, sometimes pulling in family or friends in a pinch but it's important to find some ways of communicating with parents so they really do feel they're part of the early intervention process.

It is certainly the case also that it's not just about the language barrier. Very often there's a cultural barrier. There's a wonderful book if you haven't read it. I strongly recommend it. It's called the spirit catches you and you fall down by Ann. And we'll actually add it to our resource list so you'll have some information about that book but that book actually nicely captures system of the difficulties that professionals have when the belief systems, the religion, the values of the family or even the way that the family interprets disability or diversity is different from our own.

The challenges for early intervention providers especially come up with child rearing practices are different or if a family feels their child's hearing loss will seriously disadvantage them in their community.

That's often the time that we see families pulling off the hearing aids, not wanting to acknowledge the hearing loss but there's a variety of cultural beliefs and differences that can potentially be a barrier for the relationship that you develop with parents. So one of the things we have learned is it's wonderful if you can find not only a language translator but a cultural translator. Even if that's not the case, parent to parent support and finding ways to get parents together is so much more powerful than we could ever imagine. When parents discover the things they share in common, parent support can greatly transcend cultural difference.

And can support from their professional also, can transcend lots of differences. When we're trying to bridge this gap, effort is greatly appreciated. You don't have to do it perfectly. You don't have to cover everything. Affect is more important than content. Explain this to me. I really would like to learn about this.

Really using the parents as resources for you so you can help bridge that gap. Another lesson we have all learned in many years working with families where English is not the primary language and certainly not the only language is for many families, having the child use the language of the home and the community is extremely important as well as learning English.

So if we can develop a language plan where we actually talk with the parents about

the fact this might not happen just automatically, we really might have to plan for who is going to use what language, when, and under what circumstances and what the goals are for learning each language in the home and community.

>> So in lesson four, they're not as simulated in - - religion and other cultural rituals can be a source of comfort but if you have a child who doesn't fit comfortable into your culture initially, that could be a source of stress. Observe the parents and help them educate you. Barbara said about being very direct about that and I would also say, know who you are. Know your culture and your beliefs because if you're acting authentically, it's much easier to have a close relationship instead of trying to be someone else.

At all times, you should avoid stereotypes. I think it's irrespective of human culture, human beings have some basic beliefs when they raise their children. The great thing about this job is I have done this work all throughout the world and irrespective of culture, I find all families want to nurture their children to adulthood and want them to grow fully. They want them to be able to survive after they're gone. They want to pass on their culture to them and they want them to know what they know about the world and pass that on to their children. How they do that depends on their history, their experiences, their temperament and their cultural beliefs and it's really just a joy to observe that when you're doing your work.

Connecting families with the 21st century. When I first came here, we did face to face interactions with families and that's it. Now we have many many other venues and medium. There's face to face interaction. There's texting, e- mailing, chat groups that are formed online, phone calls, video conferencing, and so all of these have a lot of open avenues for contact and interaction. I wanted to just mention a word about boundaries. Martha talked about the importance of a practitioner feeling like a friend and I think that's important. I mean, it implies there's warmth, reciprocity, there's trust and acceptance. Those are really good characteristics in the relationship but we don't want to be friending parents on Facebook because that's a different relationship and not as nearly boundaried and it won't be as saved.

>> Good point Jan!

>> Thank you, I'm going to pass the microphone back to Barbara who is talking about a project we have been doing at Clark.

>> So in the beginning Jan mentioned that we're both involved in a project we called teen visit project and that's a project where we're using virtual platforms sort of like Skype to reach families and expand the access of the families to early intervention sources using video conferencing technology.

So we actually refer to these as virtual home visits. This is just one example. We actually had a Webinar all about tele- practice and if you look online, you'll see it archived if you need more information. But one of the things I did want to mention is that we have learned from doing these tele services for a little more than two years but although face to face interaction is terrific but sometimes being separated by a TV or a computer screen actually can improve practice. That was a surprise to us, I think, in some ways, but it really does make some sense.

If you're not there in person, you can't reach in and fix it with a child. You can't put the hearing aid in that fell out. You can't pick up on the story time that the mother is having difficult with.

What you can do and have to do is coach the parent where they're the primary

interacter so we're finding that when early intervention practitioners use this kind of technology, it actually teaches us how to be better coaches and also gives us opportunities to observe a little bit more than sometimes feels comfortable when we're face to face.

We have discovered that when you develop a relationship, a relationship can be developed online and over the video conferencing air waves and it is possible if we use all of the these strategies, especially supporting parents, understanding that emotion and motion interacting in interesting ways.

If we apply all of the techniques, the medium is really less important than we had initially feared our wondered about. And so today we would like to leave you with another wonderful quote from David, another set of his wonderful words of wisdom. David said that there are no intervention techniques more powerful than those that serve to build parental self-esteem.

It's another one if you want to print out and put on your wall. It really is helpful because when we get stuck and when we worry we're not doing enough or we're not doing the right thing or how do we correct that speech sound, with can get very lost in the details and forget that huge chunk of time that parents have with their child when you're not around is really the most important time.

If they feel good about themselves, if they feel they actually have the skills and the knowledge to be a parent to a child that was not the child they expected, then the outcomes will be so much better.

>> Thank you, Barbara! So if you have questions, I hope you wrote them down during the presentation and you can send them to this address and we will respond to them directly. Thank you for coming! It's a pleasure to do this! Glad when people come back and we look forward to talking to you some more in the future. Have a good day.

>> Bye bye, everybody!