

EPISODE TRANSCRIPT

Dave Kemp

All right, everybody, and welcome to another episode of the future, your radio podcast. I am pumped to be joined today by Nell Rosenberg. So Nell thanks for joining us today. How you doing?

Nell Rosenberg, SLP

I'm doing great. Thank you for having me.

Dave Kemp

Absolutely. So wanted to have you on today, I think it's gonna be a great discussion. You know, kind of talking about what you all are doing at Clarke. So why don't we start with broad introduction and just kind of cure about, you know, how you came into this role that you're in. Now, if you want to go kind of back to the start, what was the motivation of pursuing your SLP degree? Usually it's audiologists that I have on so I'm very honored to be joined by an SLP. Today, I think this is the first of the future, your podcast. So thank you so much. And let's hear it. How did how did this kind of, you know your role come to beat? Yeah,

Nell Rosenberg, SLP

well, I'm very honored to be the first speech language pathologist or SLP, hopefully many more to come. And I am currently the National Director of teleservices, at Clarke Schools for Hearing and Speech. And I'll definitely tell you how I got there, I met a speech language pathologist and auditory verbal therapist. So there's a lot of letters after my name, but that means that I work with children who are deaf and hard of hearing, who are learning to listen and speak, using technology such as cochlear implants or hearing aids. You Yes, so that's Clarke's mission. I'll get more into that. But my backstory is that I always knew I wanted to work with children. I was very fortunate to attend fully inclusive elementary schools when I was young, and to grow up with close family, friends who had a son on the autism spectrum. And so I grew up, drawn to the special educators and therapists that I saw in my schools and in

my friend's home. And when I went to undergrad, I pursued my degree in Human Development and special education, assuming I would end up in a classroom. And in fact, I went on to get my master's of education in early childhood and special education. And while I was doing that degree, I realized I loved aspects of it, but that the large group in the classroom was not a fit for me. And I found myself drawn again and again, to what the therapists were doing, and what the early interventionists were doing in smaller groups. I loved doing prescriptive reading interventions. And it kind of clicked for me, this is almost where I belong. The quote, I really should be is an SLP. And I applied to programs. So I was still finishing up my master's of education. I went straight into my Master's of Science in communication sciences and disorders to become a speech pathologist.

Dave Kemp

Wow. Okay, very cool. So where did you go to undergrad?

Nell Rosenberg, SLP

I went to undergrad at Boston College. It's a wonderful experience. Yeah. And then I went to high school in Florida. So I had residency in the state of Florida. So I went back there for grad school. I got my Masters of Education at the University of Florida, and then I transferred to the Florida State University for speech.

Dave Kemp

Okay, cool. All right. So you, you go, you get your master's of education, and then you immediately determined that you wanted to go the SLP route. And so what was that experience, like when you were obtaining that master's level degree and what stands out to you in that part of your career journey?

Nell Rosenberg, SLP

Yeah, well, I had to go back and take an entire year of prerequisites. Because most speech pathologists come straight from a communication sciences and disorders undergrads. So that's what SLPs and audiologists do. It's the same major and then the pipeline is straight into your AUD or your masters for

speech. Boston College did not have that program. I didn't even know it existed. I didn't know how you became an audiologist or a speech pathologist. So I had to spend a year after I got my mid doing full time prereqs I had to go back and get my speech acoustics and biology and all of these things that hadn't gotten so I spent a whole year doing that and nannying, and then I can start the actual six semester SLP program. Okay, so it was pretty eye opening. I knew a lot about kids, but that wasn't enough. SLPs have to know about the entire lifespan, and there's a lot more scientific background.

Dave Kemp

Okay. All right. So when you were in the midst of doing this program, like did you determine that once they get the SOP I'm going to do you know, specific line of work that you kind of already had it in your mind of what you wanted to do once you have obtain that degree.

Nell Rosenberg, SLP

I didn't, I didn't. I knew I wanted to work with kids. But I was open to anything. And I actually enjoyed some of our adult rotations as well. But it did reinforce for me that pediatrics is really my lane. I discovered two primary areas of interest in grad school that weren't necessarily when I was expecting. One was working with children with multiple and severe disabilities. I was fortunate to have an opportunity to be in graduate school on a grant with Dr. Carla Wood where I had a lot of opportunities to get additional experience working with children with multiple and severe disabilities and their families using alternative communication modalities and so forth. And then I had a rotation with Janet Kahn, who is an incredible auditory verbal therapist. And that's where I fell in love working with children with hearing loss. I watched her in our first sessions before I took over the kids. And I saw how she was lending audiology and science and data and the art of teaching all into these auditory verbal therapy sessions. And I thought, I feel like I'm at home. This is what I want to do. I had never worked with a child with hearing loss before. I loved it. So I fell in love with both of those two disciplines, I had a very hard time deciding which route I wanted to go turns out, I didn't totally have to

decide, because 40% of children with hearing loss have additional disabilities. So I still get to blend the two. But Janet Kohn really encouraged me to apply for my final externship at Clarke Schools for Hearing and Speech in Jacksonville, which I did. So my last semester of grad school, I was there full time. And I learned so much from the incredible leaders there. And it really solidified for me that I wanted to dedicate my professional career to children who are deaf and hard of hearing in their families.

Dave Kemp

Okay, that's very cool. So let's talk about Clarke, you know, because I think this is really an interesting program and school system. Can you just give a background on on kind of the history of Clarke and then like its current state?

Nell Rosenberg, SLP

Absolutely. Clarke's Schools for Hearing and Speech has been around for over 150 years. We're one of the first organizations to teach children who are deaf and hard of hearing to listen and speak in our country. And Clarke started off with primarily residential program as most schools for the deaf did in that era. But we have come a long way, we no longer have a residential program at all, we have five locations up and down the East Coast. And we teach children who are deaf and hard of hearing to listen and speak at our five locations in mainstream schools and settings. And the child's natural environments such as families, homes, and virtually and we really focus on empowering children and parents to use technology such as hearing aids or cochlear implants, to learn to listen, speak, read and achieve alongside their hearing peers in the mainstream setting. And our goal is to get them to the mainstream setting with their hearing peers as early as possible.

Dave Kemp

And so what's the earliest demographic or age group that would be part of quark? Is it all the way down to preschool,

Nell Rosenberg, SLP

it is a way before preschool, we sometimes get him at two weeks of age. And that is what I love to see. I love to see your referrals straight from the AVR. But we serve babies as soon as they are diagnosed with a hearing loss all the way through when they go off to college.

Dave Kemp

Okay, cool. And the idea is that, you know, you're basically helping, because like you said, like kind of along that age spectrum, you obviously have different stakeholders, I guess, if you will, right. So when you're a little tiny child, you obviously, you need somebody that's like a guardian or a parent, right? And so your audience is probably a little different to you, then, as they age, they become a little bit more independent, autonomous than they become the stakeholder in there. The person that you're I guess, working closely with so can you speak a little bit about that about like, what, what's that, like, working with this whole age spectrum and all the different kind of like stakeholders along the way?

Nell Rosenberg, SLP

Absolutely. And I'll speak a little bit about clerks in person services to give you an idea of it, and then I'll focus a little more on teleservices, which is my department in my area of expertise, although I will say I were I was at Clarke, New York for seven years prior to assuming this role. So I was on one of the campuses. It's an early intervention and preschool program, as a speech pathologist, and then as the Assistant Program Director for seven wonderful years in Manhattan before I became fully remote and kind of expanded to all Clarke and all teleservices. So our on site or in person services because they're not all on site. A lot of them are in the schools. They range a lot. So we have in person and virtual early intervention or ei for those birth to three year olds, everywhere at Clarke, that's going to focus on a parent coaching model we and I'm going to use the term parents and caregivers interchangeably. Because it's anyone who's important in the child's life that could be a nanny or a grandparent, anyone. And then Clarke does have preschool programs, as well as providing mainstream supports to

preschoolers who don't need to be in a dedicated Clarke program, where the kids are in a classroom with the teacher of the deaf and getting speech every day. Some of the park campuses have some early elementary grades as well, whereas others do not. And then we provide support in the mainstream schools as children get older. So there is really a shift that happens. In terms of teleservices. We also see that shift the difference, there's a few differences, one being that you don't have to live your Clarke Campus. With children who are deaf and hearing, we have something we call the zip code lottery in our field. And it's a huge issue. Wherever that child happens to be born, used to determine what services they got, if there was a teacher of the deaf or an SLP. in their area, they might do really well and have great opportunities. And if there was not, they were out of luck. And that led to huge disparities and outcomes, and still does. But in terms of Clarke's tea, visit teleservices. Those are available to children anywhere. And we provide them to families who live around the corner from Clarke Campus, families who live a plane ride away from a cart, campus and even international families. So we provide those services to a child or family anywhere, but it follows a similar progression. In that, for Birth to Three, roughly early intervention, we're really doing parent coaching, the child is typically present, although they may fall asleep. You know, if they're two months old, they might fall asleep, if they're two years old, they might have a temper tantrum, and not be able to participate in the session. And that's not a problem whatsoever. Because we believe that even say I'm doing a session, I could be the best SLP abt in the entire world if I were magic, right. And I still can't change a child's life in 30 or 60 minutes. So it's not enough time. So we are working on coaching the parents and caregivers to know all the strategies, all the education, all the understanding of their child's hearing loss that they need to provide that intervention across all their daily activities. The child's getting listening and language support all day, every day from their first and most important teachers, their parents. As the children enter preschool, when they're doing TV visits, they're still going to need support, you cannot put a three year old in front of a computer walk out of the room and think it's gonna go great, it's not gonna go great. And here's where we really see tVisits get even more customized, because we

provide the type of on site support that every individual child needs. So in the preschool years, typically there is a teacher, if they're in a preschool, or parents still present, still helping the child participate, and we're still doing a lot of coaching, the child will more and more directly participate with the interventionist, whereas my infants and toddlers, I don't even want them looking at me, it's not appropriate developmentally for them to be staring at a screen for half an hour. So I'm talking to their parent and their parent is interacting with them. I'm going to start interacting more with the child when they're in that preschool age group.

Dave Kemp

This makes sense. Okay. So just to kind of like stick on this before we kind of keep going up the age ladder. So when you are meeting with parents that are, this is really new to them, right? Maybe there's not like any, you know, kind of like family history of hearing loss or something like that. What what are those conversations like? And what are some of those strategies that you're all usually communicating? Like, just kind of walk me through what these sessions look like when we're talking about the parents or the guardians of young children?

Nell Rosenberg, SLP

Great question. For those young children, whether they're babies or toddlers with a bit of a later diagnosis, or, you know, kids that are a little bit older, but their parents did not have access to early intervention for whatever reason. So it's new to the parents, right? We spend a lot of time doing parent education, where we really talk to the parent about what have they learned from wherever they've been either from earlier intervention or from their audiologist and what is still confusing or has never been taught to them or perhaps they simply can't remember? And we teach our parents really the nuts and bolts. I want them to learn. What is normal hearing typical hearing What type of hearing loss does their child have? Where along the anatomy and all that? Where does that occur? Where's the breakdown in typical hearing? And therefore, why are we using this specific technology that your

child has? You know, maybe they're using a Bone Anchored Hearing Aid? Why are we using a Bone Anchored Hearing Aid for your child? If they don't know the difference between a conductive and sensory neural hearing loss, I need to start there. Right. So we do a lot of education on mechanics of hearing loss, troubleshooting and using your devices. Why is it important to wear devices all waking hours? What are strategies for helping keep devices on young squirmy children? The big one? That's, it's a huge one. It's a huge one, we spent a lot of data a lot of time talking about hearing aid retention,

Dave Kemp

little slips and all the like little fun ways that they like to, you know, duck out their devices that are cute and funny.

Nell Rosenberg, SLP

Yeah, and they can be really cute and fun. And it doesn't have to be this miserable battle. But that's often what it is when we meet a family, right? Yeah, and maybe even their audiologist gave them some awesome retention devices, but they didn't fully understand or the baby was having a meltdown at the time. So they weren't 100% hearing the audiologist said, they often will pull out a bag with a ton of great stuff and have no idea how they're supposed to be using it.

Dave Kemp

Totally. Okay, that makes a lot of sense. So those are the kinds of things that you're going through. This just popped in my head, I mentioned I haven't had an SLP on but I the closest I think I've had is Michelle, who mama who hears Are you familiar with Mama who hears I am a little bit familiar. Okay, so she has a really great program that's called My child has hearing loss. Now what, and it's basically dedicated for the same thing that was something that came to mind here. But I do think it's like really important that there are services that are specifically addressing this for, you know, the parents and the Guardians here that because like you said, like, they're the number one teacher, and they're, I think the ones that are going to help to, you know, kind of like make make this something that's so habituated and a part of their

life that, you know, I think that there's so many benefits that can come from all of this early intervention. So it's exciting to see more services geared toward the like, the parents and guardians, I think is super important.

Nell Rosenberg, SLP

Absolutely. I couldn't agree more. It's critical. And we want children and adults with hearing loss to be self advocates, that starts with parents. That starts with the parents understanding hearing loss in order to advocate and knowing, knowing how to advocate and then the children seeing that their whole lives. It's just part of their life, and they will then slowly take it over themselves.

Dave Kemp

Totally. Okay, so moving up into the age spectrum. So then you're dealing with, you know, what is this start to look like with when the child themselves is the stakeholder is the one that you are working directly with? How does this evolve? And like you said, it starts to become more customized. And I definitely want to get more into the tVisits part because I do think that this is a critical thing. You know, it's like we talk a lot about like telehealth, and like you said, the zip code lottery, which is, I think we can all relate to but think of like, how much more devastating that would be if you're a child, right? And you are, you're really set up to fail if you're not like having those kinds of tools and accessories to set you up in a way that you can sort of, I don't know, I just think it's like, even more important and paramount for our younger populations. Yes,

Nell Rosenberg, SLP

and because of the frequency and intensity they need, you know, it's a huge problem that most children and adults with hearing loss don't live close enough to an audiologist, a hearing aid dispenser all those things. But it's more realistic that people will make a trip every few months annually, to go to an audiology center to upgrade their devices. But it's not realistic at all, that people might drive to three 710 hours two or three times a week for therapy and educational services. It's literally impossible. So I agree for our

pediatric population. tVisits are so important, because Audiology for them. It's not enough, you know, we can give a family device and that is incredible. Audiology is one of the most important aspects of my field collaborating with audiologist them programming optimally for the child getting the right device in the parents hands. All of that is step one. But then we need the ongoing intervention for the family to understand how to use it for the child to make the best progress they can. So yes, as the children get older, we see the hand off from the primary stakeholder being the parent and or teaching team, depending on if we're primarily in the school or the home to the child being the primary stakeholder, although we're still very much involving parents in educational teams, somewhere in elementary school, and that is extremely variable based on the child's needs. Some kids are like up and running when they're in early elementary, and some kids are not ready to be independent in a session until middle school. And we do whatever works for the child, that's fine. So they may have an aide present with them, even if they're a little older, to help them with technology, if that's hard for them to help them stay on task, if that's hard for them. But typically, by the end of elementary, they're pretty independent. And our middle and high schoolers are typically working one on one or in small groups with a speech therapist or teacher of the deaf, who's providing those support services so they can succeed alongside their hearing peers. Throughout that time, we are always collaborating with families and teaching teams, because it's the same thing. Still that finite period there with an amazing teacher, Madame. But if their teaching team who they're with all day doesn't know, why do we use an FM system, and we're in trouble. So we use tools like consultations, where you might only be meeting with the teaching team or with the parents, we send very detailed follow up emails after sessions with the take home points. We do in services virtually for schools, and we also work very closely at every age with the child's we'll call it their medical home or their home audiologist. So we're always collaborating extremely closely with audiologists.

Dave Kemp

Yeah, I was gonna say because like, you know, so we've, we've talked about, like, how you work closely with parents, guardians, the children themselves, and then the other I think two big parts of this are audiologists to like your fellow medical professionals, and then the teachers in the schools. So you mentioned like an FM system, you know, let's talk about what, what's Clarke's role? And how does it work where, you know, you've identified a student who through a T visit, you know, they're in, they didn't win the zip code lottery, right, and they so happen to go to a public school that isn't well equipped for to accommodate for them. What does this look like for you all? Are you serving that role to help to kind of like, facilitate the actual implementation and the procurement of the devices? Or is it more of like, guidance on you know, here are the ways in which you would go about getting the kinds of items that you need to accommodate these types of children?

Nell Rosenberg, SLP

Both? Okay, absolutely. So it depends on on the district and the school. You know, we're providing a lot of our services virtually, due to the critical shortage of teachers of the deaf nationwide. Many children, even if there is a teacher of the deaf in their area can't be served, because most Tod spend more than half of their day in the car. Yeah, huge problem. Yep. Right, that's 50% fewer children that they're serving. So we're trying to provide more and more services virtually so that more children can have access to services. It's not a good use of our most precious resources of teaching time, right? So some school districts are really well set up and we consult with the teams and everything's ready to go. A lot of school districts this is their first time working with child who's deaf or hard of hearing, or their first time with a kid with a cochlear implant, or they had 115 years ago. What are we saying they need us? Now this sounds very different, you know. And so we consult with whoever we need to. Because it's not set up the same way. In every state. And every district it's very variable. So we are saying right off the bat, we're talking in the teaching team and saying, Who is the team? Do we need to talk to a special education coordinator? Is there an educational audiologist? Or do we need to talk to a coordinator to contract with one? Because we need that

educational audiologist to dispense any kind of hearing aid, right? So we're figuring out who's there and who can we coordinate with and then we're also helping the parents know how to advocate within those IEP meetings and to know what they're asking

Dave Kemp

for. Yeah, that was what I was going to ask is, you know, who does the onus ultimately fall on in terms of who's advocating for said school district to basically buy the equipment needed to accommodate for that child? It seems like Clarke would be obvious and obvious, you know, candidate for that. But, again, you're probably somewhat limited in the amount of resources and stuff that you have. So, you know, it's almost like the parable of like, you can teach a man to fish or you can cook a fish for him. So Oh, it's like, you know, by helping to give an empower the parents and the Guardians, then they're able to go and really feel confident in what they're asking for. And in the specific requirements for their children more or less.

Nell Rosenberg, SLP

Exactly my vault, my I, even when I have a two week old baby is on teaching those parents to fish, I want them to go to their first IEP meeting, knowing exactly what they want to say, because they know exactly what their child needs and what their child is legally entitled to. So that's our goal with the parents is for them to be fully ready to be those advocates. Now, we often do participate in meetings, and communicate with districts and so forth. It just depends on the situation, it goes back to that customization. Every local educational agency Lea, every one is a little different. And every kid is a little different in what they need. So we take a holistic view, we talk to all stakeholders, and we figure out how do we need to support this child?

Dave Kemp

Yeah, that makes a lot of sense. Okay, so I think the the tVisits is really interesting to me, as somebody that I, I'm interested in like, telehealth as a whole. And I think that the pandemic sort of really put this on full display of like, you know, how badly needed these kinds of services are. But it's

interesting because like, sounds like you've all been doing telehealth before telehealth was in vogue. And yes, so can you talk about like, what just, you know, kind of broadly speaking, like, what have you all learned about, you know, over the course of time about telehealth in general, like, what are some of the things and the challenges that maybe you've overcome over time? And, or even some of the ones that exist today that you're you're trying to overcome, like, what has what has this process been like of, you know, group that has been heavily involved with telehealth for a long time and leading into the pandemic? I'm sure it probably was somewhat validating that you're like, Well, we've already squared A lot of the heavy lifting, you know, already prior to the pandemic, and now we can kind of like use all that we've learned for it. So what's that part of this been like for you?

Nell Rosenberg, SLP

Absolutely. Never have I felt more fortunate to be a trailblazer in the field, this 2020 bark was fortunate to receive a large and longterm grant that was renewed several times in 2011. And the purpose of that grant was that a foundation really wanted us to explore and investigate along with some other schools. How can we do tele services for children who are Birth to Three with hearing loss? And what are the outcomes, so they wanted us to start doing teleservices with that early intervention population, and there was funding for an external evaluator to help us look at actual Child and Family Outcomes. So we started that in 2011. And we trained providers to the best of our ability, which is to say, not much, right? Because there was nothing out there about how to do early intervention for children who are deaf and hard of hearing in 2011, which is why we got the grant. So we started out small, we started with clap Clarke staff who were comfortable with technology, and also very experienced working with Birth to Three, both of those things. And we started out doing hybrid services. So they were kids who came to Clarke who already receive services, and I did some of the very first tVisits back in 2011. And I started them with my kids who I saw for speech in the clinic. So they came to Clarke. I saw them twice a week, and then I would do once a week at Chico State with their family. And I had no idea if it would work. I I was

cautiously optimistic, but mostly terrified, to be honest. But as we learned, and I wasn't very good at it at first, but I got better. We learned we expanded a little bit and a little bit and we started taking kids who could not come to Clarke, right? They live too far away. And that's when I thought, I don't know if this is right. There's no way they're going to do as well as my kids who I see twice a week in person in my little speech room. Yeah. And I was very wrong. I was so blown away and we all were when the outcome started rolling in. And we saw our kids that live you know, I was seeing kids that live six hours away in western New York never came to a Clarke School in their life. We're hitting similar outcomes on norm reference speech and language chest on entree skills measures is our kids who came in person and along this time We were getting better. And we were learning what are the skills that you need that are different, right. And that was a huge learning curve, I have to say, I thought I would have told you in 2010, that one of my strengths as a clinician was parent coaching, I would have listed that as like, that's one of the things I'm better at. And then I started tele services. And it was the most humbling experience of my life. Because when you cannot jump in, and quote unquote, save a session, can't grab the screaming baby can't wrestle their hearing aids back in for the parent. That's when you really learned to coach overweight. And so we were developing protocols and procedures for training providers to fill that gap in skills, right. And we realized they really need to learn to become excellent parent coaches, and also to learn some tech skills, right? Like how, like, how do you screenshare people didn't know that, then now we're pretty good at it. But we certainly didn't know it then. But the biggest area where that we needed to support was in learning about adult learning theory, because we were truly coaching caregivers and teachers, and coaching. So we were pretty well positioned. When 2020 came, we were really good at doing this with the little ones, we switched all our early intervention, virtual trained up any providers that hadn't been doing TV sets, yet we were able to train them in house at all of our campuses, that went pretty smoothly. We had to learn to adapt it to the older kids. We'd done some older kids, but not large scale. And all of a sudden, no one could come to preschool. And no one could go to the main street schools. But what we had going for us is that

Clarke is a relatively large organization. So we had people like me, who knew a lot about teleservices. And not a lot about how to support high schoolers. Then we had people like our mainstream coordinators, who knew everything in the world about how to support a high schooler and nothing about how to do a session on Zoom. And we came together in small groups, we knowledge shared, and we modified existing protocols, I looked at their procedures, they looked at my trainings, we figured out what worked for every different age group. And we were able to pivot much more quickly than we would have otherwise.

Dave Kemp

So this is very interesting. So you, you know when you talk about and kind of like these preconceived notions that you had about, this is what one of my strong suits is. And then now I have to kind of pivot because like, obviously, you're certain there's certain limitations. What are, you know, kind of like where you sit? Now, obviously, one of the biggest advantages is that you can sort of accommodate for really anyone in the country so long as they have, you know, an internet connection and the ability to interface with you. But like, what are what are some of the things that really stand out to you in terms of like, from where you began and where you are now? What are the things that resonate in terms of like, what you've accomplished in terms of the kinds of interactions that you have with people? I know, you named a few there, but I guess just, you know, we're where we are today is I think, it's like you said, like, the technology's there, but I still think that people are learning in their own time about how this all kind of works. And I'm sure there's things that were unforeseen have, like, challenges that you maybe not would have not thought would be challenges or things that you thought would have been major limitations that you realized aren't nearly as big of limitations than you had previously thought.

Nell Rosenberg, SLP

Yes. And the biggest thing that I thought would be a limitation that ended up not being with technology, even in 2011. Like there's very little that can't be

fixed with a tripod. And because easy things like that it's come a long way, but it ended up being such a small barrier, right? What ended up being more challenging than we expected. For me, I'll say personally was walking the walk with coaching. Like I would have told you all about how all my SLPs were parent coaching and I was inherent coaching, but learning how to really do it via teleservices. You realize what a control freak you are, because I can control my little speech room. I cannot control at all what's happening in a toddler's home. But we learned to adapt to those things. Things that most people perceive to be challenges of telehealth like siblings being present, I view as an advantage because the siblings are actually in that child's life every day. So if we see them as a problem, to be overcome, and to be given an activity to be kept quiet during a session, that's not real life for that kid. We need to bring those siblings in because they might be some of the best models and best teachers for that child, they need to be part of the process. So I tried to take everything that we have encountered as a quote unquote challenge and turn it into an advantage for that family. So things like siblings, quote, unquote, ruining this session, now they don't siblings are active participants in the session, reframing it, a problem that I encountered when I first started was children having meltdowns or falling asleep, not a problem. That's a great time to parent coach, that's a great time to do some extra education. And it's also an amazing time to coach parents in behavior management strategies. So all of these things that we perceive to be challenges, we have been able to turn in to advantages, but you have to have a certain attitude of flexibility. That doesn't come easily to all of us, myself included SLPs joke around that we are rigid type a people and we are. So this is this is a great learning experience for us. We also really learned over time of critical importance is setting expectations of all participants before we bring in the kids. So we didn't do that at the beginning, we just jumped on in. Now, before we start tea does it I always do a consultation session with whoever is going to be present, the parents or whatever adult is going to be there without the child present at all, to really explain without the distraction of the child, what is parent coaching? What is your role going to be? And what is my role going to be? And where are we going to do the session? Let's look around the house.

Oh, there's a really loud window unit right there? Can we look at another room and show me what's in your house? What do you like to play with? So that I'm ready to coach them effectively, and they are ready to be the actual interventionist. Without setting those expectations, that's our session can fall apart very quickly. Because you have a parent staring at you expectantly pointing the screen at their baby and saying Go for it. And that's that's not how it works. So setting the expectations before we bring in the kids is one of the most important lessons we've

Dave Kemp

learned. I really liked to that point about kind of like the the in-situ sort of like real world examples of like, what their actual environments are, like, I had an audiologist tell me one time that he really liked the in person visits that he did, because he's like, you know, I can like, see the dogs that he has. And like, I can basically tune their hearing aids and program them specifically for the acoustic environment they spend the most time in, and it's almost kind of like you know, you, if not for that, then when they come into the clinic, they're having to sort of like secondhand, try to relay their actual ambient environment to you. And it's like a game of telephone, right. And so it's like when you actually get to be there, whether you're in person or virtually, I think there's a lot to be said about that, which is this is the going to be the predominant place, you know, outside of maybe school, that they're going to be spending a lot of their time. So why not tailor it to those settings?

Nell Rosenberg, SLP

Exactly. And that audiologists has what a lot of audiologist wish they had, which is the opportunity to do home visits, right? Most don't. And that's where I love partnering with them. Because I can see because a parent has a lot of jobs in the day. And it's very hard to discern, they know the kid is taking the hearing aids off all the time feels like all the time. And it's impossible for them to figure out when and then I'm coming in, I'm seeing Oh, they always throw them off when the bus comes, the siblings come home. And then I can point out a parent and I'm also emailing the audiologist, I think we might

need to change some settings when the siblings are home. They they are always taking their hearing aids out when the environment is quiet. They tolerate them no problem. PS, this family has seven dogs, three of whom have very high pitch loud barks, you know. And who I tell od Yes. And I do tell audiologist things like that because it doesn't even when it's just your life. It's just your everyday life. It doesn't occur to you to tell your doctor or your audiologist that right so of course, the parents not going to think to talk about the dog because the dog has just been their family. But I noticed it immediately and I can tell the audiologist to help inform that. So it helps fill a gap of I wish we could all go right into the child's home but we can't. Since I'm there virtually I'm going to share that information with the team.

Dave Kemp

Okay, which brings me to another I think really important part of this conversation which is kind of a call to arms of how there seems to be a lot of opportunity here for collaboration between you your team and just kind of like this role that you play in the audiologist. And I think that this could be a call to arms a bit of like, you know how Do we increase that collaboration? Because just something that I've noticed anecdotally is that I think I mentioned this, like we were doing prep was that it's almost like there's a, there's like a cohort of audiologists that are really focused on sort of like it first, it was the newborn screenings. And now that's been mandated writ large for the most part, you know, it's like, that's mission accomplished. And it's like now it's kind of like early intervention is a huge theme and a huge focus. And I think that, you know, we could get a lot of a lot of people rowing in the same direction. What are your thoughts on how, you know, we could kind of increase the collaboration between these two worlds of audiology and SLP, for the sake of, of the children?

Nell Rosenberg, SLP

Absolutely. Great question. And I'll give you a two part answer. I'll first kind of tell you how it works when it's working really well. And then what I what I think our call to action is real good. So we have, you know, some individual

audiologists we work with well, but we have some larger audiology centers where we get a lot of referrals from them, because they happen have a lot of kids that travel to them, and so forth. And we've worked with them for a long time. So we have a great relationship with them. With those centers, what it looks like is, we are all gaming's this collaboration. So they might refer a child to me, they'll send the their reports, whatever they have the AVR right over, I'm meeting with the parent when the baby is just a few weeks old. And they're you know, so we're we collaborating from the get go. Now, it's a two way street, the audiologists, I will often get an email from an audiologist or an educational liaison at a Cochlear Implant Center saying, hey, so and so came in for testing. And they fatigued we could only get, you know, X frequency in the sound field. And we're, you know, audiologists are working on really limited time in hard conditions with kids, pediatric audiology is no joke. Nope. And it is impossible to get all the information you need in one appointment with a young child, literally impossible. So they may tell me before after the session, like we only got this, what are your thoughts? Or can you and your sessions, please try to do link checks or LMH checks with the cochlear implants isolated because we can only get to soundfield. And we really can't tell, you know, we have some concerns about the left side, but we're not sure. Or, and or I'm always sending an email, if I know that child has an appointment, I'm sending an email to the audiologist ahead of time, here's what we've been working on. You know, John Smith, always consistently detects UE, at a distance of up to six feet, normal speaking volume, even at one foot, he's not showing consistent detection responses to I'm worried about the highs, then the audiologist knows to start there, because they short window before the child's going to totally lose it and tested anymore. So they know okay, let me start on the highest because we might need some tweaking there, something like that. And then we go back and forth I work on they say, you know, I want to make the switch from vra to play audiometry. I will teach the parents how to play Listen and drop play audiometry games in our sessions, we practice it, they go in for Audiology, and they are like little booth pros, right. So the parents are less frustrated, the audiologists are getting better information, I'm getting better information.

And the child most importantly, is hearing much better, because they can be programmed optimally. So that's what a great collaboration can and does look like we do a lot of this. The call to action is that for all of us, really. We have a major goal at Clarke of doing more outreach to pediatric audiologists, and specifically diagnostic audiology centers. Because as you were saying, there's these multiple places where a child can fall through the cracks. We're doing pretty much really well with newborn hearing screening, and they usually get to an ABR from there. Sometimes it takes way longer than we want. But for a child to have a diagnosed hearing loss. They do in fact, have to interface at some point with a diagnosing audiologist. That that happens at least once. So Clarke needs to reach out to all of those audiologists. Because what can happen from there is there can be a mixup with the referral to AI or it might never happen or there might not be any therapist knowledge in the area where the family might not follow up and come back For the audiologist, they might miss a pediatrician appointment. There's all these places where intervention should occur, but might not. So our call to action is to get the word out about our services to more of those pediatric audiologists. And then the call to action for the audiologist is to refer for tele services to think outside the box. Because for so long, we saw kids in a clinic and audiologist referred them to appropriate services when and if they were available. They usually weren't, or they sometimes weren't. And when they weren't, they said, you know, here's some resources to do the best you can. We'll see you for speech when you come for Audiology, and it was the best they could do. But now we can do so much better as a field. So helping parents see that teleservices might not be what you were envisioning doing with your baby, but here's really how they could help your entire family and making those referrals. So everyone in the field has to step up for all families to benefit.

Dave Kemp

Yeah, I think it's the thing that's kind of exciting about this is it really does feel like these children like the what, what what I think is sort of manifesting is like a team around them, you know, so you have the SLP. And I think that like Clarke is so cool with what you're doing, where you're coordinating, so

much of this is to say like, okay, you know, we've identified a child that needs our services, our collective services as a whole, whether that educating the parents, or it's looping in the school to say, here are the kinds of accommodations this child is going to need. And then on the, you know, kind of in tandem, helping the parents become advocates, and then also roping in some of these allied medical professionals to say, you know, for the audiologist, I just think like, so much of this boils down to, there's only so much resources and bandwidth and time and resources available. So it's like, how do you maximize that, and one way that you can do it is for there to be a lot of efficiency here. And I think like these tVisits are such a great way to gather a lot of information, communicate a lot of information. So that, you know, it then means that the audiologist only needs to spend a small portion of what would have been a lot of the same sort of redundant probing questions and stuff like that you've already sort of gotten to this, the thrust of the main things that this child needs. And for me, it's like, everything that you're saying today is just I think one big reinforcement of like, the name of the game is efficiency and taking this and making it available to as many people as possible, which I think is really welcome. I think we need a lot of that. I think it's a team effort.

Nell Rosenberg, SLP

I couldn't say it better myself, it really is a team effort. And I think that 99.9% of people in our entire field went into this field with the best of intentions because they hear so much about providing optimal quality care in whatever area of the field they're doing. And then you're right, the realities of everyday hit. And you have, you only have so much time and you only have so many resources and you don't know who their audiologists is or the audiologist doesn't know any SLPs who know what they're doing. And reality comes in and kids don't get optimal services. But I truly believe that all of the professionals I've ever interacted with to this point in my career have wanted the best for the patients they serve. And so this is an opportunity for us to actually do what we say we want to do. By working together we can achieve those outcomes for kids and families.

Dave Kemp

I love it. So as we come to the close here, you know for any audiologists that might be listening, or just folks that want to learn more and become more familiarized with how they could work more closely with you and your team. How should they connect with you?

Nell Rosenberg, SLP

Absolutely anyone can reach out to us audiologist school district parents concerned grandparents, anyone can reach out to me. I encourage anyone to go to clarkeschools.org/tvisit that has a lot of information, video testimonials information about our services. There are direct links there anywhere it says contact me it will pop up and an email will come straight to me and I will see it and I will respond to you and or redirect you to the appropriate person and Clarke because it may be that oh you're inquiring about somewhere we have an in person mainstream program perfect. Let me connect you with that person in Philadelphia. Or I may say let's schedule a call so we can talk more. Any inquiries you have clarkeschools.org/tvisit Does it contact us you will get to me. It is my I'd love to figure out how to make it work. So I will work with you and figure out what our options are. And there's a lot there to see if people are interested in more my colleague, Katie Jennings, and I presented a free webinar that was directed for families in May, it is also posted on Clarke's website and goes into tell services across the age span with a lot of video examples. And anyone can view it if they're wanting to learn more. It's great for parents. It's also great for professionals who want to see how does this work before I'm suggesting to my patients that they do it? So we can include that link for your show notes?

Dave Kemp

Fantastic. Yes, I will definitely include those in the show notes. Now, thank you so much for coming on. This has been a really interesting conversation, and it gives me a lot of hope, because I do kind of think that, you know, this is a huge opportunity, you know, you think about like, audiology is such a small fragment of, you know, like, it's, it's dwarfed by how big the SLP community

is. And so I think that it's exciting to think about how the two professions that really are kind of, you know, one big body, you know, it's like, it's like, Asha, how do how do these? How do these roles and and, like, how does it all kind of come together, and I think this is a great example, very noble cause of like, you know, doing it on behalf of, of our, of the kids. Because I think there's some really powerful ways to collaborate. And I think that will just do a lot of good to kind of like fortify and unify the two professions that are kind of within the same family in the same umbrella.

Nell Rosenberg, SLP

I agree. I, there's so much I love about my job, but coaching and working with families, and then collaborating with my professional colleagues that audiologists surgeons and T's these are some of my absolute favorite things I do. And if we all work together and really lean in to Family Centered services, we can break down every barrier that has prevented children with hearing loss from reaching their maximum potential. We have the tools now to do that there is no limit. There are no limits for children who are deaf and hard of hearing. And through teleservices and collaboration, we can help families realize that goal.

Dave Kemp

I love it. And on that note, I appreciate you coming on today. Thanks for everybody who tuned in here to the end. We will chat with you next time. Cheers