Teletherapy Early Intervention

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Introduction

There is a growing need for teletherapy services for children who are deaf or hard of hearing. Programs are faced with decisions regarding patient criteria and implementation for evidenced based practice. Many families have restricted access to listening and spoken language services due to financial limitations, an overwhelming family schedule, the COVID-19 pandemic, or distance. Early Intervention for families and children can be challenging to navigate in order to produce the same outcomes as traditional therapy. The Case studies demonstrate our protocol for teletherapy implementation and materials/resources utilized in order to produce effective results. Our Center has established a protocol for identifying eligible candidates for teletherapy and documented resources and outcomes in order to meet patient/family needs remotely.

Questions:

- Who are eligible candidates for teletherapy?
- What resources are available to be utilized for teletherapy services for the birth-3 population?

Eligible Candidates

- The parent must be willing to prepare the environment for each session including necessary toys and objects, household items, and be an active participant
- The family must have stable Wi-Fi connections and a camera ready device
- Consider if the patient's long and short term goals are achievable via teletherapy.
- Consider access to the proper resources to achieve goals?
  - Assess considerable distractions in the home environment that detract from teaching listening and spoken language skills?
- Consider the families' needs or limitations for accessing traditional clinic-based therapy
 - Consider distance and cost to travel.

CONSIDERATIONS

EQUIPMENT	WiFi	Home Environment
• Camera • Virtual Meeting Platform (HIPPA) • Device Used (phone vs iPad vs Desktop	• Strength of signal • Multiple users	• Resources/Materials available • Environmental distractions • Seating arrangement

Participation from the child not optimal?
TRY
1. A new approach
2. More sessions
3. Different materials
BE FLEXIBLE! DON'T GIVE UP!

References:

[SCAN ME]

CASE #1: 9 MONTH OLD UNILATERAL SNHL

- **THERAPY RESOURCES:**
  - Nursery Rhymes/Songs - YouTube videos
  - Child's Toys & Books
  - Animal Manipulatives
  - Song Box & Props
- **PARENT GUIDANCE:**
  - "Top Ten Strategies for Parents" – by Jill Bader
  - Hearing First Website https://www.hearingfirst.org/
  - Cochlear Americas- "Track a Listening Child"
- **GOAL PROGRESSION:**
  - Wear technology all waking hours
  - Respond to Name
  - Attend to Songs and Learning to Listen sounds
  - Vocalize early developing speech sounds
- **OUTCOME: CONTINUE TELE-THERAPY**- Decision based on - No sibling distraction, baby was happy in high chair, no environmental distractions, optimal Wi-Fi

CASE #2: 2 YEAR OLD BILATERAL SNHL

- **THERAPY RESOURCES:**
  - Nursery Rhymes/Songs - YouTube videos
  - Toys (Child's & Clinician's)
  - Books
  - Stuffed animals
- **PARENT GUIDANCE:**
  - Developmental Norms
  - Learning to Listen sounds &songs
  - Make Your Point Strategy – by Jill Bader
  - Ling 6 Sounds
  - Auditory & Language Treatment Strategies
- **GOAL PROGRESSION:**
  - Auditory Awareness & Identification
  - Receptive & Expressive Vocabulary Words
  - Receptive & Expressive Syntax
  - Object/Sound Correspondence
- **OUTCOME: TRANSITION TO IN-PERSON SERVICES**- Decision based on distracting siblings; poor attention to screen; lack of guardian assistance
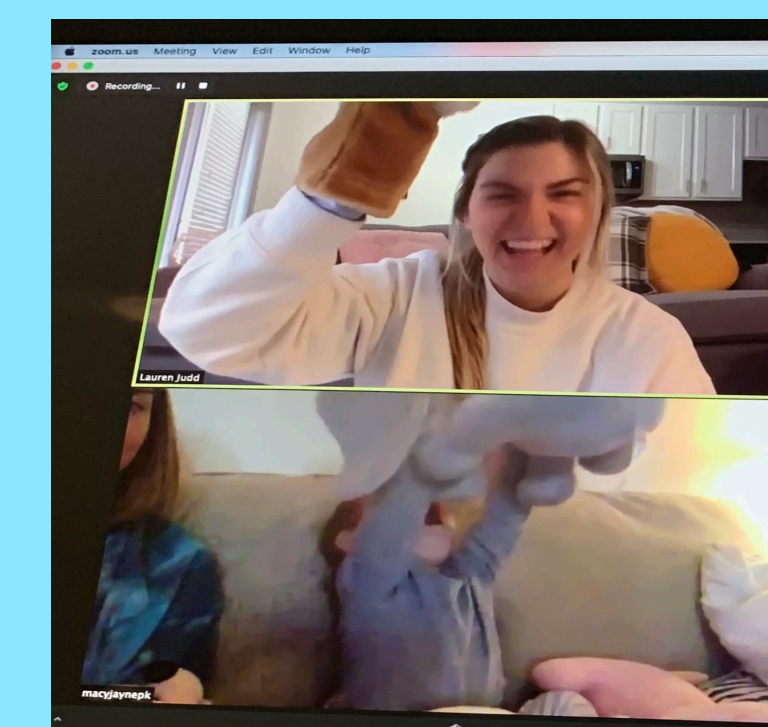
CASE #3: 3 YEAR OLD BILATERAL SNHL

- **THERAPY RESOURCES:**
  - www.PBS.org
  - YouTube books
  - Thematic Manipulatives
  - Boom Cards
  - Child's toys
- **PARENT GUIDANCE:**
  - "Top Ten Strategies for Parents" – by Jill Bader
  - Cochlear Americas -"Track a Listening Child"
  - Language Strategies
- **GOAL PROGRESSION:**
  - Wear technology all waking hours
  - Receptive and Expressive Identification of Learning to Listen Sounds
  - Exposure to vocabulary and syntax
  - Follow one-step directions
- **OUTCOME: CONTINUE TELE-THERAPY**- Decision based on optimal child participation, optimal parent involvement, plenty of toys and rich language environment.
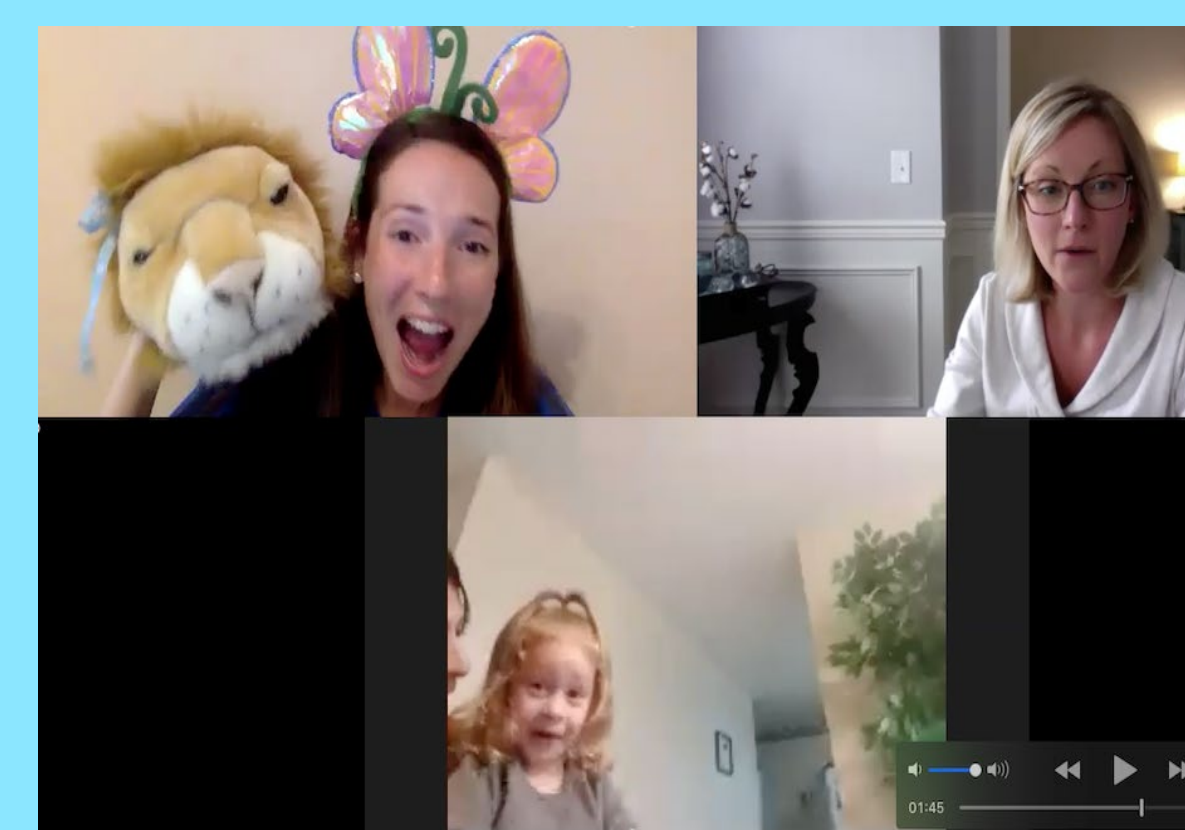
PARENT CARRYOVER

Least Restrictive Environment
- Immediate carry-over of strategies and goals in the home

Amplification
- Guardian independence to troubleshoot and maintain amplification

Intervention with multiple family members and caretakers
- Encourage use of strategies and provide feedback to immediate and non-immediate family
- Optional asynchronous video models

TELETHERAPY RESOURCES

- **LITERACY-**
  - Epic
  - YouTube Books
  - Reading Rockets
  - Scholastic Learn at Home
  - Vooks.com
- **LANGUAGE**
  - BOOM Cards
  - Thematic Units
  - Age-Level toys
  - PBS kids
  - ABCya.com
- **AUDITORY SKILLS**
  - Hearingfirst.org
  - MEDEL Soundscape
  - Cochlear Communication Corner
  - Advanced Bionics Listening Room
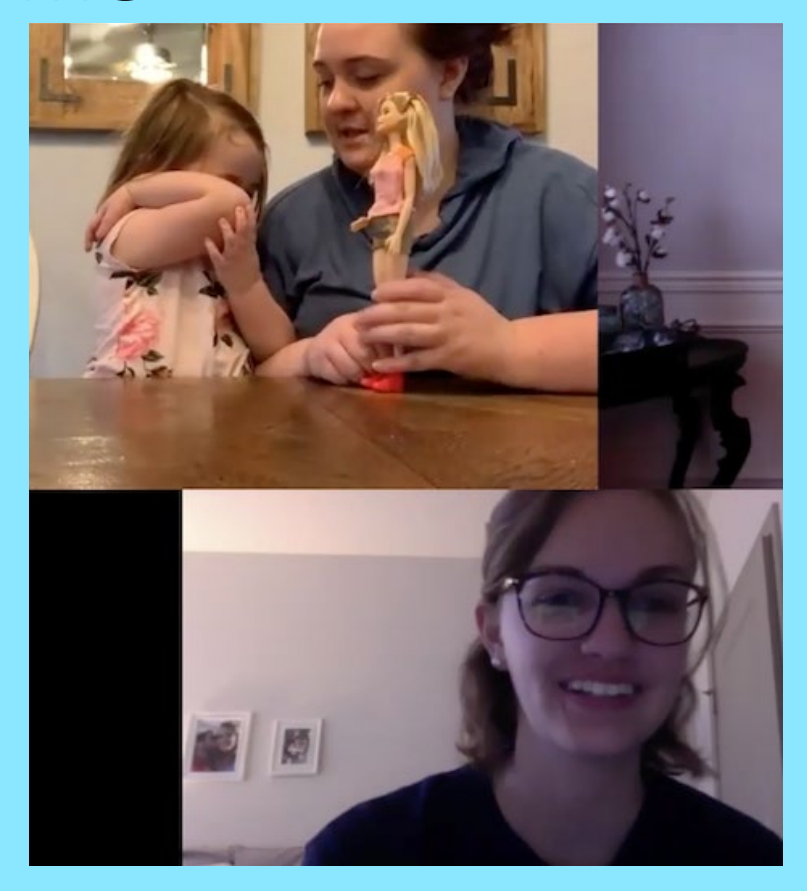
TELETHERAPY PLATFORM

- ZOOM virtual meetings
- Screen share & remote share capability
- HIPAA compliant use of passwords and meeting lock feature
- Use of Virtual Private Network while working remotely

PARENT SATISFACTION
Overall, responses from parents have been positive with the ability to receive teletherapy services.

"My child has adapted to teletherapy much better than I expected. It has allowed him to continue to participate and move forward in the safest environment. I think it has also allowed us to incorporate various items and techniques we may have been limited with in the past. Teletherapy has allowed us to introduce different options."

"The provider does a great job at keeping my child engaged in therapy via ZOOM meetings. We have been so blessed by telehealth. When my child gets distracted we take time to fill out questionnaires or answer questions I might have. There is no awkward down time and we've been pleased with our experience."

Take Home Points

- Patient attendance increased with the option of tele-therapy.
- Carryover of the child's goals into the home environment
- Parent Empowerment - parents demonstrated a better understanding of their child's goals and strategies and how to implement them.
- Increased ownership of parent and less reliance on the clinician.