Frequently Asked Questions about Receiving Tele-Intervention Services

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Abstract

Resources related to parent perceptions and needs in receiving tele-intervention (TI) services are provided through Frequently Asked Questions.

Keywords: tele-intervention, deaf, hard of hearing

Acronyms: DHH = deaf or hard of hearing; FCEI = family-centered early intervention; NCHAM = National Center for Hearing Assessment and Management; TI = tele-intervention

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A need existed to help parents[1] and providers understand the benefits and challenges of tele-intervention (TI) for families of children who are deaf or hard of hearing (DHH). As a result, a group of stakeholders came together to form a TI Learning Community sponsored by the National Center for Hearing Assessment and Management (NCHAM). The Learning Community began in early 2010 with six program leaders and has expanded to over 40 individuals across the United States (Behl et al., 2012; NCHAM, n.d.). The focus of the Learning Community was to identify and disseminate evidence-based practices that support TI (Behl et al., 2012). The culmination of the Learning Community's compilation of knowledge and lessons learned was the creation of the "Tele-intervention Resources Guide" (http://www.infanthearing.org/ti-guide/index.html). Additionally, group members produced other publications to further the knowledge base regarding TI (Behl & Kahn, 2015; Cason et al., 2012; Cole et al., 2019). The Learning Community partnerships also served as a foundation for an important efficacy study demonstrating the effectiveness of TI (Behl et al., 2017). Out of concern for a lack of voice related to parent engagement in TI, the community engaged parents in presenting their perspectives through a series of video-recorded interviews. In this current article, quotes from

some of these videos are embedded to support responses to questions frequently asked about TI by either parents or professionals.

Frequently Asked Questions

How are issues related to connectivity and technology managed?

The parent and provider will work together to create a plan for addressing issues related to connectivity and technology. In 2020, 90.3% of North America had access to and used the internet daily, including mobile internet access (Broadband Search, 2020). However, since high-speed internet continues to be a challenge in more rural or mountainous areas, consider alternatives for connecting such as using a mobile hotspot on a smartphone. Although technology may not fail as often as thought, any failure at all may be disruptive to a session. Therefore, it is essential to have a plan to manage technology issues (e.g., screen freezes, call is dropped, poor connectivity, video delay). It is recommended that providers and parents restart the session or provide another means by which to communicate, such as by cell phone, landline, through text, or email.

There are several video-conferencing platforms that are HIPAA-compliant and offer end-to-end encryption. These secure programs can be easily installed on home computers, tablets, and even smartphones. The number of available video-conferencing platforms has increased

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[1]The definition of parents, caregivers, and families encompasses a rich variety of circumstances, cultures, and individual details. To improve readability, the term *parents* is used throughout the article, but is inclusive of all caregivers and family construct.

dramatically since the COVID-19 pandemic. One parent shares her experience using technology to access TI services:

> We've had some providers come in-home and it's wonderful to have in-home care services provided, but at the same time I feel like the tele-therapy that's provided through FaceTime through an iPad is very similar to an in-person model. And so for me, I see very little, if any, difference in it.

How do the parents establish a meaningful relationship with the tele-therapist?

Teletherapy sessions will be conducted using a family-centered early intervention (FCEI) model which includes joint planning, observation, coaching, reflection, and feedback. These components are explained further in the first article of this monograph (Rudge et al., 2022). The implementation of the FCEI model will aid in the development of a meaningful relationship. The provider will apply FCEI techniques during virtual sessions in much the same manner as during in-person sessions with a few adjustments.

To aid in the relationship building, the parents will work with the provider to determine whether conversations outside of the TI session may be beneficial, since conversations can sometimes be difficult to have when the child is present. This dynamic, the parent working with the child and the provider coaching the parent, helps to develop a meaningful relationship as illustrated by the following quote:

> I had some reservations about [if] you could make the same kind of connection with a therapist [via TI]. You know, when you're in the room with [the provider], it is easy to develop a relationship, especially with a little girl [child's name]'s age. I had reservations about being able to make some sort of connection, but, I mean, it was just as easy as if they were in the home and in-person.

Another caregiver describes his experience with TI:

> We've had some providers come in-home, and it's wonderful to have in-home services, but at the same time, I feel like the teletherapy that's provided through an ipad is very similar to an in-person model. And so for me, I see very little, if any, difference. And as a matter of fact, if you were to ask me what differences there are, it would be really challenging for me to come up with a difference because it's so strong through technology by utilizing the ipad.

How do the provider and parent work together to manage the child's behavior?

Research supports coaching and parenting programs delivered via telehealth to manage challenging behaviors and to support positive behavior (Rush & Sheldon, 2019).

This research has shown that programs delivered to parents via telehealth help manage behavior and result in improved parenting efficacy and reduced challenging behavior. This means that, although challenging behavior can occur during sessions, there are a number of strategies that can be used to support parents managing the behavior in their home environment. Below is the perspective of a father of an 18-month old:

> Oftentimes, challenges are minimal... because it is like having someone in person. With that being said, I think regardless of whether it's through teletherapy or whether it is in-person, when you are working with an 18 month old; keeping attention will always be a challenge. And so, there have been times during the teletherapy session that she has lost focus or she's just wanting to be finished. There were helpful guidelines provided to me about how to keep her engaged in activities. She wasn't wanting to look at a book, so instead of me just trying to get her to look at this book by turning pages, we came up with a way. The therapist suggested 'You can do [a countdown], say, 'Three, two, one…' and open the book. Then, in that way, it engaged her, so she was excited to open the book. It kept her attention, and we were able to keep the therapy session going a little longer as a result of that suggestion.

How does the parent prepare the learning environment for a tele-intervention session?

The success of a TI session will increase when the parent considers the learning environment. As a parent is learning new techniques and strategies, it is beneficial to be in an environment free of distractions (e.g., television, toys which aren't used for the session, people passing through the room, etc.) Additionally, the optimal learning environment is free from interruptions (e.g., from non-participating family members, visitors, phone calls, etc.). Another consideration is the placement of the child in relation to the parent and the camera. However, it is important to remain flexible in this regard, because there are many times when it could be appropriate to be mobile depending on the activity (e.g., going on a walk, playing outside, cooking in the kitchen). A TI provider shares how she coaches parents to prepare for TI sessions:

> I talk with parents about the space they will use for TI sessions. I remind them to limit noise and other distractions so that both the parent and child will be able to focus on the session. I tell parents to gather together some activities that their child would be happy to participate with. It could be books or toys that they typically play with. They can also gather something that they have had trouble playing with or not yet played with that they would enjoy having my input to use. I recommend parents have the activities near them to

have them ready. If the parents gather these activities together before the session, have them nearby, and have thought about how they will do these activities with their child, it will help the child stay engaged. With a virtual session, the parents may need to prepare several activities depending on the length of the session in order to keep the child's interest. If the child starts to lose interest, the parents need to be able to change activities quickly.

How does the provider provide feedback to improve interactions with the child?

Providers will provide feedback in real-time during the session, as a part of reflection at the end of a session, or at another time after the session. Feedback in real-time during the session may include comments of affirmation, suggestions for adjusting one's technique, ideas for vocabulary or language to use, other strategies to implement, and introductions to new techniques. At the end of the session, feedback may occur as a part of "Reflection and Feedback," the final component of a coaching session (Rudge et al., 2022). At this time, feedback from the provider will be based on the parent's reflections about the session, including what strategies went well or did not go well, and which techniques the parent would like to practice or implement more often. Feedback may also occur at another time after the session ends, and could be received in a variety of ways, such as through text messages, phone calls, email, or virtual video conferencing. Ultimately, no matter when the feedback occurs, the goal is to improve parent-child interactions, much the same as during in-person sessions. A father describes how he perceives real-time feedback during the session:

Oftentimes, it's just positive reinforcement when we're having a session. It may be, "[Parent], I really like how you just did that with [child]. I really like how you use that phrase. I really like how you identified those objects. I really like how you gave her choices." And also supplementing it so there may be sessions where I would feed [child] a banana and to be able to incorporate her helping me peel the banana, cut the banana. So it's modeling those behaviors and using those behaviors to gain spoken language and for her to better understand that process of learning.

How does the provider describe or model techniques and strategies?

The provider will describe and model techniques and strategies at different times: before the session, during the session, or after the session, in much the same manner as during in-person sessions. Together, the provider and caregiver will identify a strategy to be practiced (e.g., wait time, eye contact, joint attention, expanding an utterance). Then, the provider will describe the selected strategy by labeling it, defining it, and giving examples of how to implement it during activities with the child. During the parent-child interaction, the provider will give feedback in real-time related to the implementation of the selected strategy. Modeling of the strategy may occur through the suggestion of specific vocabulary and language to use during the parent-child interaction.

As necessary, alternative modeling of strategies may be presented to the parent to further explain the technique and allow for a better understanding of the expectations, such as:

- Using props to represent the child (e.g., baby doll, stuffed animal, puppet)
- Using props to demonstrate the strategy (e.g., book, toy, food item)
- Show a short video of the strategy during the session
- Using real-life photo examples to model the strategies
- Using a digital whiteboard to draw pictures representing the techniques

A parent describes how she receives descriptions of techniques and modeling of strategies during a TI session:

When my daughter and I are reading a book, my provider will stop me, and say, "Why don't we ask her this question on this page to help her increase her communication?" Then, we'll go to that page and I'll ask her the question that my provider suggested, "What do you see?" My daughter will say what she sees, and then she might say things that she didn't say when we read the book before, because the last time I was giving her all the details. When I followed her directions, my provider said, "I really noticed she was saying these things because of the way you asked the question to her." It really helps when my provider stops me as we are doing something to give me feedback and focus on what we are doing well.

Another parent comments on how she receives instruction about techniques and strategies:

I think tele-intervention, for us, worked better when there was something going on that we needed to work on, because it forced me to be a leader. [Provider] would be like, "Okay, now do this," or "I want you to try to make your voice go higher," or something like that. She couldn't step in and physically do it. She would model it or direct me to change what I was doing in order to help [child's name].

When is time arranged to allow for the parent to ask the provider sensitive questions and to have discussions?

The parent and provider together will arrange a mutually agreeable time to have conversations. These conversations may occur before, during or after a session, and may happen in a variety of ways, such as through text messages, phone calls, email, or virtual video conferencing. Due to the nature of the TI session, it is sometimes difficult to have significant conversations with one's child present. When this is the case, the provider can work with the parent to schedule a specific time for having an uninterrupted conversation at which time sensitive questions may be asked. A TI provider shares her strategy for engaging in conversation during a session:

> I recommend that parents have a snack or drink available for the child, so they can talk with the provider at the end of the session while the child is enjoying the snack. Parents can also have a highly preferred activity available, such as play-doh, that the child can engage with independently while the parents and providers are talking.

How is the parent supported as my child's first and best teacher?

The provider's goal is to provide enough direction and guidance to empower the parent to be able to help their child on their own. The provider will work to integrate evidence-based strategies into a family's typical routines (e.g., making a snack, getting dressed, getting ready to go outside). As a result, the family is more in control of the session and develops greater ownership of what they are doing to support their child's development. A grandparent describes her appreciation of the provider's effort to incorporate strategies into the family routine:

> I always appreciate the interaction that I have with the provider on those suggestions. One example would be, there are times where I may be talking too quickly. And that would make it challenging for [child] to learn or be able to process what I'm saying. And so, suggestions like "just slow down a bit," . . . Many times you just need someone to remind you to just slow down so she can better understand. Or use short sentences, use words and sounds that she would be able to understand.

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