Integration of Intervention Services in the BC Early Hearing Program

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Session Overview

- Facilitating collaboration and coordination between a wide range of providers of different communication approaches and educational backgrounds
- Developing an effective process for obtaining input from stakeholders
- Developing and implementing BC Early Hearing Program (BCEHP) standards for intervention services
- Understanding the family path concept
Introduction to BC

- BC - nearly 370,000 square miles; larger than Germany & France combined
- Population of BC - over 4 million; about 2.2 million in Greater Vancouver area
Introduction to BC

• 42,000 babies born each year; 2-2.6 per thousand diagnosed with hearing loss

• Linguistic & cultural diversity; especially in urban areas (Over 65 languages spoken - Vancouver)

• Over 200 distinct First Nation communities with different languages, nations, culture, traditions

• 75% of BC is mountainous; some communities accessible only by boat or plane
BC Early Hearing Program

Key Considerations/Assumptions

• Audiology & early intervention provided through government services & non-profits

• Public system contributed to integration of services & provincial standards

• Differing beliefs & practices between service providers and agencies

• Facilitating collaboration & coordination between providers from different communication approaches and educational backgrounds
Facilitating Collaboration and Coordination

- Steering Committee
- Advisory Groups
  - Hearing Equipment, Diagnostics, Screening, Medical, Intervention, Parent
- Intervention/Consumer group-wide representation
  - Parents
  - Deaf and Hard of Hearing Adults
  - Educators of the Deaf, Speech-Language Pathologists, Auditory-Verbal Therapists and Infant Development Consultants
Building Relationships

• Research
  - parents experience decreased stress when professionals collaborate effectively
  - parents find discussions & decisions related to communication options particularly difficult (Meadows-Orlans, Mertens & Sass-Lehrer 2003, Jamieson 2007)

• History in B.C. - competing agencies and communication methodologies

• BCEHP started by focusing on building relationships over a period of two years
Building Relationships

• Established rules – “How to play in the sandbox together”
  – State opinions honestly and clearly
  – Assume responsibility for moving the process forward
  – Provide input which facilitates problem-solving
    • Asking questions
    • Staying on track
    • Calling for a decision
    • Summarizing
    • Listening to others
  • Ensure that recommendations incorporate research, technological advances & best practice
Framework for Coming to Consensus

• Voting system to achieve consensus

• Group agreed - individual views would be respected and there is value in each point of view

• Discussions always considered:
  – What does the research tell us?
  – What have stakeholders in BC told us?
  – What is the view of the parent advisory group?
Intervention Advisory Group

Building Relationships

- **Provided unique opportunities for learning**
  - Professionals & Deaf/HH adults with diverse views worked together on common projects

- **Started with non-threatening discussions & tasks**
  - Experts external to BC provided review of the literature & facilitated discussion
  - “Operationalized” family-centred care; which was independent of communication methodology
  - Developed standards for critical elements to be included in IFSP for families with deaf/hh infants
  - Organized first BCEHP provincial intervention conference
Consensus: Two major achievements

– 100% agreement that no *one* method of communication would be promoted in BC

– Move to consistent evidence-based decision programming
  • Use of a standard assessment protocol at set intervals that provides the data to plan the IFSP, including communication approach
  • Required Provincial Data collection (tied to funding)
  • Use of the 21 month check-in
Relationships: Where we are now

“We have moved beyond competition, that is old history. We want others in the province to know that we collaborate with each other.”

Recent quote from Intervention Advisory Group member
Developing and Implementing Provincial Standards

- **Process**
  - Extensive review of the literature
  - Reviewed programs in other jurisdictions
  - Stakeholder input
  - Summarized findings & developed recommendations for BCEHP standards & family path
  - Agreement from advisory groups
  - Approval by Steering Committee and different government Ministries
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Review of Other Jurisdictions

- **Washington D.C.** - Kendall Parent-Infant Programme & Gallaudet University Deaf Ed
- **St. Louis** - CID, MOOG, St. Joseph’s Institute, Missouri EHDI program, Fontebonne University Training for Early Stream (TDHH)
- **Colorado** - Home Intervention Program
- **Alaska** - EHDI program
- **Utah** - SKI HI
- **England** - Ear Foundation, Early Support
- **Ontario** - Ontario Infant Hearing Program - Intervention & York University Teacher Training, Deaf Ed
Effective Stakeholder Input Process

• Held 14 stakeholder sessions - included providers and consumers (rural and urban)

• Focus - unique strengths and challenges of each community

• Following review of results - themes developed

• Results shared with advisory groups and served as a guide for decisions around family path
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Common Themes & Potential Barriers

• **Flexibility**
  – Model must work in remote & rural areas as well as urban cities

• **Potential barriers**
  – Travel & weather (winter roads, long distances)
  – Language & cultural differences
  – Attitudinal barriers: “alternative” communities mistrusting government & government services
  – Poverty (families concerned about food & housing)
  – Oil & gas communities (parents working long hours)
Developing and Implementing Standards for Intervention Services
Intervention Highlights

• Intervention initiated by or before age six months

• Intervention services - family centered (training on family-centered care “operationalized”)

• No specific communication method promoted through BCEHP

• Training on “informed choice” provided to early interventionists & audiologists
Informed Choice

“Informed Choice means that families can make knowledgeable decisions which reflect their own culture, values, and views. It is based on access to comprehensive, unbiased, and evidence-based information about the full range of options”

Early Support Project, U.K. 2005
Intervention Highlights

• Moved away from decision making based on “beliefs” or “program philosophy” to evidence-based decision making

• Evidence-based decision making is encouraged through the BCEHP procedures and protocols, which require:
  – Standardized assessment protocol
  – IFSP based on assessment results
Intervention Standards – Highlights

- Evidence includes information from current research, assessment, as well as family observations & values

- Assessment results track child’s progress through recording in the BEST (provincial information system) and allow for child – program - outcome - impact evaluation
Assessment Tools Background

• Involves parent in administration

• Standardized on hearing population

• Asks lots of questions to provide incremental measurement that is sensitive to changes over short periods of time

• The results are useful for monitoring progress, setting goals, and choosing appropriate therapy techniques
BCEHP Assessment Protocol

- BCEHP Core Assessment Protocol includes:
  - Kent Inventory of Developmental Skills
  - Child Development Inventory (CDI)
  - Macarthur-Bates Communicative Development Inventories

- Arlene Stredler-Brown from Colorado worked with BCEHP on this protocol
Next Steps - Assessments

• Select **Functional Auditory Tool**

• Identify changes needed in assessment protocol for **specific populations**
  – ESL children
  – Dual Sensory Loss (and some other groups with additional needs)

• Identify changes needed for **aboriginal children**
  – Aboriginal members linking with other programs across Canada
  – Identify any bias in assessments
Individualized Family Service Plan - IFSP

- Standardized BCEHP required elements considered important for families with infants with hearing loss

- Reviewed at least every 6 months

- Provided training to early interventionists – developing IFSP for this population
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Family Path
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Baby born

First hearing screening
- Can be in either the hospital or community
- If results are not clear, baby is sent for second screening
- Babies who are known to be at risk for later childhood hearing loss have hearing checks at local public health hearing clinics

Second screening
If hearing status can’t be confirmed in one or both ears, baby is sent for further hearing assessment

Diagnostic hearing assessment
More comprehensive tests are used to completely assess baby’s hearing
Before or by 3 months of age

- BCEHP contacts family & provides initial information and support and unbiased information about services
- BCEHP sends family parent kit
- GBYS contacts family
- BCEHP assists family with initial coordination of services
- BCEHP sends team kit to community
Between 3 and 6 months
Family begins early intervention services

- Family meets early intervention specialists
- Parents, early interventionists and audiologists make observations about baby's development and share information
- Initial planning for services is completed
Between 3 and 6 months (continued)

Ongoing

- Audiology appointments (monitoring, ear molds, further testing, etc.)
- Appointments with early interventionists (support, information about hearing loss, how parents can help their baby learn to communicate, choices to consider)
Between 6 and 9 months
First IFSP Meeting

The family, audiologist and early intervention team meet to develop the plan, which includes:

• Which service providers will be involved
• How often services will happen (frequency)
• What areas of development - focused on (e.g. listening, communication, language, etc.)
• What progress the family & team expect to see at the end of the six months for baby and family
Beyond 9 months

- Parents continue to learn new ways to help their baby learn to communicate and develop in all areas.
- Parents and team continue to make observations about baby’s progress.
- IFSP is reviewed every six months or sooner and changes are made to goals and methods as needed.
If baby is not making expected progress, family and team will consider possible next steps:

- Changing frequency of service
- A trial period of a different communication approach
- Review of hearing device - Is it working properly? How often used?
- A change in hearing aids or a cochlear implant?
- Referral to other services, Sunny Hill Team for assessment, Well-Being program for counselling etc.
At any point in time the family and intervention team may consider:

- Referral to Sunny Hill Hearing Loss Team for more in-depth developmental assessments
- Referral to Well-Being Program for family support from professional counselors
- Referral to BC Children's Hospital Cochlear Implant Team
Summary

- All families receive full and unbiased information
- All families experience similar levels and standards of service
- Service providers have experienced enhanced training and education opportunities
- Increased coordination and collaboration between service providers
- BCEHP is making a difference for families with infants who are deaf or hard of hearing in BC
For More Information

- Visit the BCEHP website: www.phsa.ca/earlyhearing
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