Family Friendly Audiology in a Medical Setting

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Investing in Family Support
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Our Team

- **Pediatric Audiologists**
  - Patricia Roush, Au.D., Sarah Martinho, Au.D., Jill Ritch, Au.D.,
    Corinne Macpherson, Au.D., Paula Johnson, Au.D.,
    Shana Jacobs, Au.D.

- **Otolaryngologists**
  - Dr. Harold Pillsbury, Dr. Craig Buchman, Dr. Austin Rose
    Dr. Carlton Zdanski, Dr. Oliver Adunka, Dr. Amelia Drake,

- **CCCDP**

- **CASTLE program**
Who We Serve

- 320 pediatric outpatients/month
- 78 different counties
- 780 children with hearing aids
- 600 children with cochlear implants
- 160 children with unilateral HL
Hearing Care for Infants: A Continuum of Services

- Referrals from:
  - NB screening programs
  - Local ENTs
  - Word of mouth
  - Pediatricians
  - Other departments at UNC

- Components of our program:
  - Otologic examination
  - Diagnostic ABRs
    - Natural sleep
    - Sedated sleep
    - General anesthesia
  - Hearing instrument fitting and verification
  - Behavioral audiometry and readjustment of hearing instruments
Is it possible to provide “family friendly” care in medical center environment?
Emotions Associated with Hearing Loss

- Grief
- Anger
- Denial
- Depression
- Guilt
- Hurt
- Despair
- Overwhelmed
- Fear
- Inadequacy
- Sadness
- Powerlessness
Additional Considerations

- Presence of additional special needs
- Cultural/Language differences
- Personal Hardships/Family Situations
- Coping Styles
What the Literature Shows

- Russ et al., 2004
  - Positive response to neonatal ABR screening
  - Negative reports:
    - Communication difficulties with providers
    - Delay of diagnosis

- Hintemair 2000
  - Recommends social support as a component for institutional programs
  - Parents who meet other parents demonstrate a warm trusting relationship with their child
  - Parents with many contacts with adults demonstrate a strong sense of competence
Our Philosophy

- Acknowledge and recognize the family’s grief while providing a sense of hope and potential
- Affirm family’s feelings and emotions and allow them to express them
- Understand everyone’s reaction and emotional response is unique
- Create openness for communication
Potential Emotions We Can Help Engender

- Hope
- Empowerment
- Calmness
- Capable
- Validated
- Confidence
- Secure
Counseling by Listening & Valuing

- “...[families] are seen as possessing the wisdom to ultimately make good decisions for themselves, and the professionals are seen as people who have the specialized knowledge to help illuminate the possibilities for them....”

Luterman 2001
Communication

- Time allowed on same day as ABR to complete ABR and discuss results with family
  - If this is first time family is hearing the news, may be helpful to schedule a return appointment
  - Some families ready to proceed others need more time
  - Important to determine how best to meet families needs

- Reports sent to:
  - Parents
  - Pediatrician/primary care physician
  - Otolaryngologist
  - Early intervention specialist
Families

- Important to connect families with other families
- Families offered option of connecting with another family with child similar to their child
- Also provided with information about group meetings
HITCH-UP
(Hearing Impaired Toddlers & Children Have Unlimited Potential)

- HITCH-UP CHARLOTTE
  - www.hitchup.org

- HITCH-UP TRIAD
  - www.triadhitchup.com

- HITCH-UP Triangle Area
  - www.nchitchup.com

- HITCH-UP HICKORY
Accommodations

- *Time*
  - Allot adequate time for counseling and discussion when scheduling appointments
  - Requires institutional support

- Include Family
  - Welcome relatives, siblings, and friends during testing and counseling sessions

- Case Management

- Privacy
Sharing Information in Variety of Ways

- Verbally
- DVD/Video
- Written Materials
  - AG Bell
  - CDC
  - Oberkotter Foundation
- Beginnings Referral
- Websites
  - babyhearing.org
  - ncbegin.org
Serving Diverse Populations

Cultural Competence

- Ability to effectively communicate with and understand persons of different cultures
- Requires the understanding one’s own culture
- Four components include awareness, attitude, knowledge, and skills

Martin & Vaughn 2007
UNC Population

- In 2008, UNC provided approximately 5400 Spanish interpreter encounters per month
- Persons of Hispanic or Latino origin account for almost 7% of the North Carolina population*
- 7% of our children with amplification have English as a second language
- Approximately 8% of North Carolina’s population speaks a language other than English in the home*

*according to the US Census Bureau based upon 2006 statistics
National Standards on Culturally Linguistically Appropriate Services (CLAS)

- March 2001 - Recommendations set forth by the Office of Minority Health, U.S. Department of Health & Human Services directed towards health care organizations

- Outline 14 standards pertaining to:
  - Culturally Competent Care
  - Language Access Services
  - Organizational Supports for Cultural Competence
Interpreters

- Interpreters available for many languages either in person or via teleconference
- Sign language interpreters upon request
- Spanish Interpreters are available at all times
- Bilingual staff members
- All team members have knowledge of basic phrases
- Hospital provides courses for acquiring Spanish skills for health care professionals
Counseling with an Interpreter

- Say the same thing you would say to a family who speaks English in the same position
- Allow additional time during appointment
- Periodically check for understanding
- Stop frequently to allow interpreter to interpret as accurately as possible
- Make eye contact with the parent/family
- Children should not be used as interpreters for family members
Summary

- Value families’ experiences and emotions
- Develop cultural competence and strategies for working within a diverse society
- Accommodations can be made to create a family friendly atmosphere even in a busy medical center