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Counseling in a Way that Fosters Resiliency

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>> Hello, everyone. Good afternoon. We're ready to start the next presentation. We have Allison Cunningham here and Cheryl to present our next presentation. Each table has papers on the table, evaluations, rather, if you could fill those out and turn them in at the back, enjoy your presentation.

>> Okay... can everybody hear me okay? All right... I hope to some day be on a one name basis as well. Allison Cunningham and Cheryl.  
[laughter]

>> So... as you can see, the title of our presentation is called Counseling in a Way that Fosters Resiliency. We have a lot of representation from Colorado, that's awesome. Thanks for coming. I just want to talk about my journey going into audiology. Which started when I was age 4. When I was finally identified with bilateral, moderate to severe hearing loss. And... I grew up hearing the story of my journey and my parents journey to finally getting the answers that my parents needed.

And after many appointments with some providers that were really good and some providers that weren't so good, they finally got the answers they needed, but along that, there was a certain messaging that was happening to expect negative outcomes. Because... I was identified late.

So... I think, from there, my parents, as well as myself, my story, from there, was all about how can I overcome those negative expectations of me? And so... kind of sets a path of what I'd feel like was a more positive outcome.

So... 30 years into the future, now, I'm a Pediatric audiologist, I've been practicing about ten years and have been in the shoes now, of a provider, provider of delivering some news to help my parents, when my parents were given news as well. And... I really have made a lot of mistakes. I think we all, as audiologists think of better ways to deliver the news about their child's hearing loss.

About two years ago... I had the opportunity to go to EHDI and not meet, but hear a talk with Elizabeth [indiscernible], who is amazing. She's doing a lot of work, as far as counseling with audiology and then about a year ago, I became a Court‑Appointed Special Advocate. A CASA is assigned to a child that has been abused or traumatized in some way and they're in the court system. My role is to help them through that process. My role came with a lot of training that was unbelievable. It made me think about how some of the training I received was applicable to the field of audiology and specifically counseling. That's why we're here.

>> So... take Allison's story and I was the parent. So... when my daughter was diagnosed many years ago, she was probably 5 before she was accurately diagnosed, but as a parent, I had totally different stories depending on the audiologist I went to, the speech therapist, so that journey, was difficult. But from that, you know... I changed my major in college and... went into audiology and Deaf Ed administration. I work on state systems work and do consultation with other states and work with a number of states trying to improve their early intervention and education systems through deaf and hard of hearing children.

But... what's also interesting is Audra, who introduced, I was also early intervention provider in Colorado and Audra was one of my babies in early intervention. It's so exciting to see our children grow up and she's gone through the Gallaudet early intervention program and we're just very, very proud of you, Audra. So... so... full circle, and what I tell my students and colleagues along the way is you better always say something nice because... this field is so small that we all come back together. At some point in time. Just remember that.

>> Okay... all right... so... when you think about counseling in audiology, we have to also think about why does this matter? It should be obvious, but I think it's good to actually conceptualize why it matters that we practice good counseling, with our families. We know that newborn hearing screening, early diagnosis and identification has significantly improved outcomes, that includes language, cognition, as well as social, emotional development.

And... social emotional development, as we know, is really impacted by what we consider our parental factors, as well as another way of thinking about it, our protective factors which we'll talk about later. We'll define some of those.

There should be... a picture up there, but it's not. I don't know what happened to it. I had really cute pictures of little kiddos I see in clinic, but they're not going to be there, that makes me sad. Imagine a picture of a baby with hearing aids.  
[laughter]

>> Oh! There's a picture.   
[laughter]

>> So... many Pediatric facilities, as well as early intervention providers do practice what we call family‑centered care and... I feel very fortunate to be at an organization who really believes in this philosophy. And we just recognized that family support is crucial to achieving the positive outcomes we want to see. A lot of times, when a child comes into the clinic, I'm talking to audiologists now, they come to us with certain ideas or news they've already delivered to them. When you think about a baby who was first referred on their hearing screening... "it's probably just fluid." "Oh, the equipment wasn't working today." Or something like that. Or in some cases they say "don't worry about it" for whatever reason. That still happens.

So... by the time they get to us, we as audiologists are usually the first person to tell them that their child is in some way different. And so... we, I feel, that we have a very big, big responsibility to break the news in a way that is compassionate, family‑focused and positive.

So... fact. Audiologists, in general, are under‑prepared to council families. And I think that's something these audiologists all feel. You know... when we go through a graduate training, I think at most, we got a semester on counseling and a lot of it is more based on different theories of counseling, which is all really important things to understand. But... it's not always practical. And so, it, it just ‑‑ so recently, in just last February, someone published an entire issue on counseling and audiology. (?) The key takeaways I just mentioned, graduate school programs and trainings have come a long way, but we still have a ways to go. Some programs include more training and instructors, if we're tasked with how to train future clinicians, we need to know how to train them, I guess is the best way to think about it and how can we better‑evaluate counseling skills?

And... just kind of getting back to my work with CASA, I think it's important to look at other disciplines. Particularly social work. How can we, as audiologists, stop, just becoming the fixers? I think we all have that hero complex. There's a reason we went into this field. And how can we look beyond just our diagnostic and technology skills and solutions?

So... just really, quick definition of social work. Definition of social work is work carried out by trained personnel with the aim of alleviating conditions of those in need or help of welfare. It seems really, really similar to what we do as Pediatric audiologists. Have you ever felt like, I feel like a social worker? I know I said that myself. A lot is just because we absorb so much of the stress and anxiety of families. We feel really underprepared to help them at times.

So... social work, works within the paradigm of social justice. A strength‑based approach. The recognition that they're working with a person within their environment model. It's not just that person is in your office, but we had to think about within the context of their broader family environment and their life.

And... they have a lot of specialized training and trauma and abuse. So, the difference, obviously, with social work is all of these, but they spend a lot of their training on counseling.

So... for this next part, Cheryl and I will talk about things we can add to the audiologist counseling tool box and some of the themes that we'll be talking about include resilience, that protective factors. That we were talking about earlier and talk a little about what trauma‑informed care is. Some of you are already familiar with that. How can we think about trauma‑informed care within the context of audiology?

Quickly, I feel like resilience has been talked about a lot today, I'm not going to spend a lot of time on it, but you can look at the beautiful picture of a flower coming out of the cracks there.

So... really quick... protective factors... now... this is information that is used and discussed quite a bit in the context of child abuse and trauma. And... in thinking about what are protective factors, how do kids come out on the other side survivors? And... that includes resilience, social connections, knowledge of parenting and child development. Some of this refers to parenting, obviously, as well. Concrete support in time of need and social, emotional competence. And so, Cheryl's going to talk about some of these protective factors.

>> Your slides aren't up there.

>> Ooh. Are they layered?

>> No... that's interesting. Um... so... what I have is a model.   
[laughter]

>> I know you can't get online here, but... it's from the Collaboration for Academic Social Emotional Learning and I like adapting the wheel that's already been invented. This is a program that many schools have adopted to infuse social emotional learning in their curriculums. And... I look at it as sort of the building blocks. There are five areas that include self‑awareness and self‑awareness would be recognizing emotions and for our deaf and hard of hearing children, understanding who I am. And... why I'm different. I think those are really important discussions that families need to have, so... when I talk about these building blocks, under the social emotional learning clusters, it's things that parents need to know as well as us who are intervening or providing audiology services or supporting them so that we can point out when families are already incorporating them and... also, help them understand what they are. These are the building blocks that I feel are really important to end up with children who have resiliency, who can have self‑determination skills, who can self‑advocate for themselves.

And one of the reasons why I got here is we've had so much discussion in the last few years about self‑advocacy skills and how important they are in their children and I feel like we kind of got the cart before the horse and there's building blocks that have to occur before a child's able to advocate for themselves. We can't just say "you need to advocate for that".

So... self‑awareness, responsible decision‑making. This would impact both parents and children. Social awareness. How you fit into your family context, how you fit into the community and your school community. Being able to ‑‑ self‑management is being able to manage your emotions and behaviors and the other one is relationship skills and this is the area that I tend to really focus on, because... this gets into a lot of the language and really pragmatic aspects of language that helps their children know when they can enter a conversation, how to enter a conversation, how to say something that's relative to the conversation they're entering and how to leave conversations.

And that social awareness, relationship aspects are things that if kids don't have those skills, they really look different and then, we have another whole issue that may arrive in terms of targets of bullying and self‑concept and other things that can evolve that are problems. I think these building blocks are really, really important.

And... really, I think they're the precursors to, to learning. So... in this particular picture that I use, a pie‑shape thing, it has those five areas. You can go to the website which is www.casel.org.

And... I want to ‑‑ I'll just point out one other article and it's around resilience and well‑being. I think as Allison has said, the focus really needs to shift to well‑being and I don't like using the word disability. It's unfortunate our kids have to be disabled. It's really just a different way of acquiring and using language and communicating, but... if you go to the World Health Organization, they actually move us out of the medical model of disability into talking about just the differences that we all have amongst us.

And there's a really nice article called parent to parent support for parents of children who are deaf and hard of hearing, a conceptual framework. It's by Johnson and Moody in 2014. Hands & Voices was involved in the review and changes and development of this. The things it points out, which, as I interviewed parents in my own work that keep coming up is how important parent to parent support, conversation, exposure is.

Parent to parent support is essential and... access to other deaf and/or hard of hearing role models. Whatever would be desired by a particular parent.

And that really comes out in this model. The model also really looks at learning parents and... parents with lived experience. And how we connect those two. Back in the day, when Audra was in our program in Greeley, we made an intentional connection between parents of older kids in our program to parents of the new families coming in. So... they'd learn from each other. In this model, they found that was really an important connection for families. So... I don't know what happened to our slides... I thought we uploaded the whole package, we did and so, I don't know what happened. Anyway... I apologize, we'll try and replace it and see what happened with technology so that you can download the rest of it.

So... we don't have too much time left and I'm going to let Allison talk now.

>> Okay... I'm going to talk about what we know as trauma‑informed care and... TIC or trauma informed care is the organizational structure in treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma.

It's a strength‑based delivery approach. It's the treatment of the entire family, just not that one parent and child that's in the visit. It's recognizing that parents come to us with trauma. They come to us with a life experience, already, when they come into our office and I think it's really important to recognize that when we're delivering the news, we're somehow retraumatizing and that their reaction to the news will certainly ‑‑ is related to the news you just delivered. There could be something else going on. I think we need to take that to heart.

I think it's also the consideration that we, as audiologist providers not only bottom trauma‑informed, but think about your clinic. Think about your staff that does the check‑in. Think about scheduling. Think about all the people that our families come into contact and how can we make them trauma‑informed? As well as the supports that are needed in place afterwards.

So... the five guiding principles of trauma‑informed care includes safety, trustworthiness, choice, collaboration and empowerment.

These are all things we're already familiar with when we work with our kiddos who are deaf and hard of hearing, but it's nice to see some of those terms in a little bit different field. It's always nice to see how they conceptualize these terms and again, apply it back into our field, which I'll talk about in the next couple slides.

So... trauma‑informed audiologists. This is how I think a trauma‑informed audiologist will look like. So... trauma‑informed audiologists will set the stage for a positive relationship, with parents, this is a long sentence, so... bear with me. With parents and the child and can help foster a healthy relationship between parents and their child. Does that make sense?

Trauma‑informed audiologists provide an emotionally and physically safe place to complete testing and discuss results.

Trauma informed audiologists immediately establish trust by being warm and communicating openly throughout the appointment. Trauma informed audiologists do not say "I'm sorry but..." even if we don't say it, you can't do this. That's still saying "I'm sorry." Okay? We have to check our face. Okay? Trauma informed audiologists give space for parents to feel a variety of emotions and encourage the normalization of said emotions.

Trauma‑informed audiologists don't dictate, but rather, discuss choices, centered around technology, communication, early intervention and just everything. Parents have so many choices, opportunities, that it can get really overwhelming. I think it's really important that we step back and discuss those choices, but... don't dictate. Don't tell them what to do. Trauma‑informed audiologists collaborate quickly and effectively.

I think it's really important as a provider that we take the time to build really good relationships with other providers in the community, and that includes our EI providers, Hands & Voices, parent support groups, medical home, educational audiologists and beyond.

Because... when those relationships are there and strong, and you have to move quickly, it's just so much easier and you really have to think about it. Trauma informed audiologists will not fix, but rather empower. We arm the parents with the resources that help them feel in control of their journey of raising a child who is deaf or hard of hearing. And finally, trauma informed audiologists recommend they may be the first person that told the parent that his or her child is different. We set the tone for their journey and it's really important that we make it a positive one. That's it.   
[applause]

>> I think we have a minute or two for questions? Three minutes for questions.

>> Three minutes to think of the capsule version of my experience. I'm Dan Moore, the chapter champion for Illinois. I have three boys, two of them are deaf. I know I only have a couple minutes. The first one ‑‑ my wife's a speech pathologist, I'm a pediatrician. But... several hours after our first was born, a nurse told us that he referred on his hearing test just fine. So... we, we got the whole thing, bring back, rescreen, I went to a Pediatric ‑‑ an audiologist did Pediatrics and we did the audiogram, it's sloping, middle of the audiogram, sloping downward. She said "well... the short version of this is he might get a job one day."

>> Oh!  
 >> So... that's the short version. And... the other version, well, we moved, we kind of took that you know... and ran with it and then we ended up, long story short, moved to St. Louis. Institute for the Deaf. Not an audiologist there, but the head of the Parent Education Center, we called, panicked, you know, we know there are deaf resources in St. Louis, so... I left a random call, they called us back July 4, 2002, said, come in. The parent center educator said... bring the audiogram, I'll look at the audiogram.

She looked at it and said "he has a lot of hearing left." You know... so... that's the thing ‑‑ I tell people that, the worst way you could give news and the best way you could give news. You know? And then... I had, our ‑‑ fast‑forward, fast‑forward, three minutes, our second child can hear, great.

Our third child ‑‑ our first was moderate to severe, our third was severe to profound. Referred on his screening and... crying, all that crying later, went to St. Louis Children's Hospital, the audiologist comes in, had a look on her face, not the sad look, but just a look. She shook her head and said "there was no response." She shows us the audiogram. I said... turn that thing upside down... if you turn the audiogram upside down, it looks pretty good, so... she said, how do you guys do ‑‑ how ‑‑ we both laughed. My wife and I laughed and she laughed. She said, you have to ‑‑ you know, you have to talk to other people about how to take this news. It's, it's like... how could you have humor? I'm like... you have to put a little humor in it, you know? I mean... just to go off this again, just... one thing they showed us was this thing called Holland. Do you guys ever hear this? They should probably bring a copy of Holland to anyone that refers or fails a hearing screening. Just give it to them.

[Indiscernible] goes on the wrong plane, it doesn't end well (?) It's all about people that want to go to Italy, excited their whole lives to go to Italy and we were excited about having a baby and then we had the baby and the baby's deaf, so... it's like you're getting ready to go to Italy and then the flight attendant says "you're here, in Holland." Now you have to ‑‑ then they leave. The plane leaves. So you have to get used to it. You learned Italian, you took all these things. You dressed for Italy, you know... and now ‑‑ that's what hearing loss is. You know? I try to tell kids in my practice too... you know, it's ‑‑ I've told people about CF, Down Syndrome, you know... preterm babies that were like 22 weeks, it's just like that, you know... probably not going to live part of the ‑‑ that whole talk, I sat and talked while she was in preterm labor, long story and she ended up having a stillborn at 36 weeks, so... she got through 22 weeks and then... it's multiple discussions, I mean... doctors do it all the time. Audiologists do it all the time. If they'd just ‑‑ not everybody's going to pass a hearing screening. There's not going to be all nice, flat, you know, audiograms. There are going to be sloping ones. So... anyway... I'll shut up. Was that like six minutes?  
[applause]

[Presentation concluded at 4:47 p.m. ET/2:47 p.m. MT].

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