Reframing Challenges as Opportunities in Family-Centered Intervention

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Hello Attendees!
Instead of the presentation slides, we are providing you this guided worksheet to help you think about key points and take notes. The various references and links mentioned throughout the presentations are included. At the end of our session you will have a document that summarizes your learning and provides an action plan.

You can access this document as a google doc [link], it can be used in three ways. It is a view-only document so you need to take one of the following steps to be able to use it.

1. Download the **.pdf** by going to “File” and then “download”. You can use it as a reference and take notes in some other way.
2. Download the **.docx** by going to “File” and then “download”. You can use it to take notes during the presentation. All the links should still work.
3. If you use google documents and google drive, go to “File” and “**make a copy**” and save it in your google drive. You can type your notes in this copy. Please do not ask for “edit access”. Also, if you would like to **translate this document** in the language of your choice, once you copy the document click on “File” then “Language” and then choose the language you want.

We look forward to connecting with you!

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Learning Objectives

1. Engage in collaborative problem-solving using a case analysis framework to integrate clinical practice and evidence-informed strategies for intervention with a range of complex children and families.
2. Describe the child's/family's "language landscape" and identify needed support and intervention to facilitate the family's desired outcomes.
3. Identify possible modifications to traditional auditory verbal practice that may support children who are deaf/hard of hearing, with disabilities, and childhood adversity.

Setting the Stage: Factors Affecting Child Outcomes

- Child factors
- Caregiver factors
- System related factors / Social determinants of health
- Intervention factors

Challenge --> Opportunity - Trauma and Adversity

Defining the terms: Difference between adverse childhood experiences and trauma

- Adversity –
- Toxic Stress -
- Trauma – negative outcome of adversity (and could include toxic stress)

ACEs Test - https://acestoohigh.com/got-your-ace-score/

Intergenerational trauma: https://youtu.be/Y-RaB19D13E

Positive Childhood Experiences which Promote Resilience (Bethell et al, 2019)

1. Feel able to talk to family about feelings;
2. Feel family support during difficult times;
3. Enjoy participating in community traditions;
4. Feel a sense of belonging in high school;
5. Feel supported by friends;
6. Have at least two non-parent adults who genuinely care;
7. Feel safe and protected by an adult in the home.

Social Determinants of Health - Are there opportunities for high quality education, health care, economic stability and connected environments? For whom? Or not so much (for whom)?

Promote Relational Health

"**Relational health** refers to the ability to form and maintain SSNRs, as these are potent antidotes for childhood adversity and toxic stress responses." (Garner & Yogman, 2021, pg 6)

A public health approach to prevent childhood toxic stress is a public health approach to promote relational health. Many of the components of a public health approach to prevent, mitigate, and treat toxic stress responses (see examples) are also components of a public health approach to promote, identify barriers to, and repair SSNRs. The examples provided are illustrative and not intended to be comprehensive or exhaustive. See the Appendix for full descriptions of the abbreviations. BStC, biological sensitivity to context; PTSD, posttraumatic stress disorder. Adapted with permission from Garner AS, Saul RA. Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health. Itasca, IL: American Academy of Pediatrics; 2018

When we focus on bolstering **safe, stable, and nurturing relationships (SSNRs)** we can buffer children from adversity and build resilience. Recent advances in developmental science informs our understanding of how early life experiences (*nurturing* AND *adverse*) are biologically embedded and thus, influence outcomes in health, education, and economic stability throughout one's lifespan.

"SSNRs are biological necessities for all children because they mitigate childhood toxic stress responses and proactively build resilience by fostering the adaptive skills needed to cope with future adversity in a healthy manner." (Garner & Yogman, 2021, pg1)

Reference: Garner, A., Yogman, M., & COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, S. O. D. A. B. P., COUNCIL ON EARLY CHILDHOOD. (2021). Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics*, *148*(2), e2021052582. https://doi.org/10.1542/peds.2021-052582

Five Modifiable Resilience Factors (Traub et al 2017):

1. Addressing maternal mental health
2. Encouraging responsive, nurturing parenting
3. Building positive appraisal styles and executive function skills
4. Teaching children self-care skills and routines
5. Using trauma-focused interventions and educating families about trauma

Reference: Traub, F., & Boynton-Jarrett, R. (2017). Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice. *Pediatrics*, *139*(5), e20162569. https://doi.org/10.1542/peds.2016-2569

Three factors associated with **flourishing**, per parent report (Bethell et al, 2019):

1. Child shows interest and curiosity in learning new things
2. Child works to finish tasks he or she starts
3. Child stays calm and in control when faced with a challenge

Reference: Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Affairs*, *38*(5), 729–737. https://doi.org/10.1377/hlthaff.2018.05425

Restorative Questions from Partnership for Resilience

- What was your role in what happened?
- What were you thinking at the time?
- What have you thought about since?
- Who do you think has been affected? How?
- What do you need to do to make things as right as possible?
- How can we make sure this doesn't happen again?
- What support do you need?

We aim to advance our own skills to better serve our clients by Identifying effective systems of support and models of resiliency.

Thoughts & Reflection Reflect on the information shared today. How does this resonate with you and your practice? How do you want to incorporate this in your practice?

Challenge --> Opportunity - Linguistically Diverse Home Environments

What is the role and purpose of language within a child and family's life?

How does having more than one language impact/change that?

What is the impact when a child's home language is different than the majority community language?

Key Concepts in Bilingualism

- How and when a person becomes bilingual
  - Simultaneous bilingualism – review this fact sheet and take notes. Bookmark as a reference.
  - Sequential bilingualism – review this fact sheet and take notes. Bookmark as a reference.
- Level of language proficiency - Prof Jim Cummins made the distinction between Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP). These concepts refer to the level of language proficiency as well as the length of time children might need to develop academic proficiency. Note that these timelines might be different for different children based on the input and intervention they are receiving. Short reading in the link.
- Copied from the American Psychology Association Dictionary of Psychology –
  - **Balanced Bilingual** - a person who has proficiency in two languages such that his or her

skills in each language match those of a native speaker of the same age.
    - **Unbalanced bilingual** - a person who speaks two languages but is more proficient in one than in the other.
    - **Additive bilingualism** - the sociolinguistic situation in which a second language is adopted by a speech community without threatening the status of the first language. For example, most English-speaking Canadians learn French in order to gain access to prestige jobs that require bilingualism but continue to use English as their main language.
    - **Subtractive bilingualism** - the sociolinguistic situation in which the second language comes to replace the functions of the first language. The bilingualism of many immigrant communities is considered subtractive, resulting in language shift within one or two generations.
- First language / mother tongue / Language of the Home and Heart – the language that individuals feel most comfortable expressing their feelings in. I think of this as the language(s) you dream in.

Common scenarios regarding intervention with linguistically diverse families

1. Family uses English and another language equally
2. Family has a home language different than English, but is fluent in English
3. Family has a home language different than English,and has limited proficiency in English
4. One caregiver uses a language other than English
5. Family uses a language other than English at home

*dialectical variations should be taken into account when considering the languages that the child is exposed to.

Intervention Strategies and Principles to Keep in Mind

- Language of the home and heart - addressing the conundrum of "choosing a language"
    - Review of language samples
    - Using language sampling for caregiver coaching *(training from Listening Together coming soon!)*
- Language is learned while living life
    - One person one language strategy
    - Minority language at home strategy
    - Time and place strategy
- A-E-I-O-U of Bilingualism from Listening Together
    - A - Access
    - E - Exposure
    - I - Interaction
    - O - Opportunity
    - U - YOU

Tools and resources

- Family language interview (available through Listening Together)
- Activity suggestions for bilingual and multilingual families from Raising Children
- Phonemic Inventories and Cultural and Linguistic Information Across Languages from

Thoughts & Reflection
Reflect on the information shared today. How does this resonate with you and your practice? How do you want to incorporate this in your practice?

Challenge --> Opportunity - Additional Disabilities

Statistics, demographic characteristics, and trends in deaf+ children

Comparing trajectories for children who are deaf vs. those who are deaf with additional disabilities

Reframing our conception of "success"

Take-away message: what will you change about your practice tomorrow?

Final Thoughts & Reflection
Reflect on the information shared today. How does this resonate with you and your practice? How do you want to incorporate this in your practice?

Thank you for your participation today. Let's apply what we have discussed to a few cases. Review the cases below and see how you might apply what we discussed to these cases. As you are reading consider the following questions

Case Study Analysis

1. What are the child's and family's strengths and resources? (use the facilitators and challenges worksheet)
2. What child challenges could you reframe as opportunities?
3. What family/caregiver challenges need reframing as opportunities?
4. What social determinants need systemic intervention to support child and family outcomes?

Cases developed by Voss (2021) with some adapted from:

Guardino, C., Beal, J. S., Cannon, J. E., Voss, J., & Bergeron, J. P. (2018). *Case Studies in Deaf Education: Inquiry, Application, and Resources (1 edition)*. Washington, DC: Gallaudet University Press.

Tasha is an 18-year-old single mother of a 13-month-old baby girl, **Isabelle**. Isabelle was born prematurely and spent 27 days in the neonatal intensive care unit (NICU) to treat a congenital infection. Isabelle referred on her hearing screening, which was conducted prior to her NICU discharge, and has been enrolled in early intervention services since she was just 3 months old. She experiences some global delays, most visible in the areas of language and motor development and receives support from a team of early intervention providers including an occupational therapist, educator of the deaf, and social worker.

Tasha and Isabelle currently reside with Tasha's mother and her boyfriend in a modest two-bedroom duplex while Tasha saves money in order to afford a rental of her own. Tasha has tried her best to balance her part-time job as a waitress while still managing to bring Isabelle to numerous audiology appointments and other early intervention services. She's working to understand her daughter's hearing loss and what impact this will have on Isabelle's education and future. Tasha has decided that she'd like Isabelle to receive a cochlear implant (CI) since the hearing aids are not giving enough access to sound, but the medical team who is responsible for determining CI candidacy is concerned about her ability to maintain the appointment schedule, as she has missed two sessions and an audiology visit in the past 3 months. They are also concerned about Tasha's ability to manage the CI technology and numerous required appointments with her limited family support. Isabelle's father is not regularly involved in her life, but Tasha is hoping he might become more involved given the pending implant surgery.

Santiago is a shy and eager to please 2 year 9 month old who attends Early HeadStart in a rural community about a 75 minute drive from the closest urban center. He comes from a home where Spanish is the primary spoken language. His family earnings have fluctuated between 'low income' and 'extreme poverty'. Contributing additional stress into the home, Santiago's parents are consistently concerned about their immigration status as they moved to this country on a temporary visa before Santiago was born. His mother is employed and holds a current visa that allows her to work full-time. She speaks sufficient English to communicate with her employer. Santiago's father's visa has expired. Further complicating the situation, Santiago's family has limited access to the public health care benefits given his parents visa status. Santiago's father has done seasonal work in the past and has limited English skills, consisting of limited vocabulary and simple phrases used for greetings. In general, Santiago's father is leery of engaging with public systems where someone in authority might question his immigration status.

While Santiago had a newborn hearing screening, he was lost to follow-up testing. Santiago's mixed bilateral mild to moderate hearing loss was identified at 2 years, 2 months after a pediatrician completed an in-office developmental screening and indicated concern about his auditory responsiveness. He was fitted with a loaner set of bilateral hearing aids, but has not yet established consistent use of his hearing aids.

Santiago's family did not receive early intervention services but finds the Early HeadStart program to be a supportive environment for their family needs. This program is situated in a part of town with a strong

community of other Spanish speaking parents, and early educators who use spoken English and spoken Spanish in the classroom. A Speech Language Pathologist (SLP) who had no background working with children who are d/Deaf and hard of hearing (d/Dhh) comes to Early HeadStart to complete screenings, so she may be a helpful resource within the community. However, the staff has not yet received any in-service or support on the importance of providing consistent access to sound. Thus, they are not vigilant about promoting hearing aid use as they don't fully understand the need or value the benefit technology might provide relative to Santiago's general development. As Santiago's hearing loss is mild to moderate, he should, theoretically, receive sufficient access to spoken language with his hearing aids.

We will break out into groups and discuss these cases.

Review the case your group has been assigned. Complete the facilitators and challenges using the worksheet.

Reflecting on Process:

- Were you able to identify both strengths and challenges?
- Were you able to identify opportunities for both service and systems improvement?
- How did discussion amongst your team (ie varied expertise and perspectives) advance your reflection?
- What felt good about this process of reflecting?
- What left you feeling uncomfortable?

Application in Action:

- Where might I find collaborations and accountability partners in my own professional community?
- How can I engage others in a conversation about my opportunity to promote resilience? Who do I work with, or who do I influence, that might also benefit from this information?
- What can I alter or implement in my next interaction with a child and family?
    - What practices might I implement that will enable a caregiver to make actionable change in his or her own life?
    - What systems-level changes can I advocate for in order to better promote resiliency?