Virtual “Hear” 2 Talk Program: Achieving Optimal Spoken Language Outcomes by Increasing Parent Self-Efficacy and Collaborative Practice in a Family-Centered approach

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Introduction

Virtual “Hear” 2 Talk (vH2T) is a family-centered program for children newly identified with unilateral or bilateral mild/moderate permanent hearing loss (PHL) in the better ear, and whose parents have chosen spoken language outcomes. Many studies indicate that this population is at risk of experiencing language, academic, and psychosocial difficulties (McCreery and Walker, 2020) and often receive limited early intervention (EI) services (SAC, 2020). vH2T promotes collaborative practice among the child’s team and was created at parents’ request to meet with a Speech-Language Pathologist (S-LP) shortly after PHL identification. The initiative was also developed to ensure the Toronto Infant Hearing Program meets two essential predictors impacting spoken language development: EI no later than 6 months (Grey et al., 2021; JCIH, 2019) and active participation of parents (Moeller et al., 2013).

Aim

- Briefly describe vH2T program
- Summarize results of online survey describing parents' perspectives about vH2T
- Analyze impact of an EI program on parental self-efficacy

Virtual “Hear” 2 Talk Program

- Began as in-person service in November 2019 and transitioned to a virtual model in March 2020
- As primary facilitators of maximizing their child’s spoken language potential, parents are the main client. Their questions and concerns are addressed throughout the appointments.
- Initial and Follow-Up Assessments are provided by an S-LP with specific knowledge and skills to serve the vH2T population.

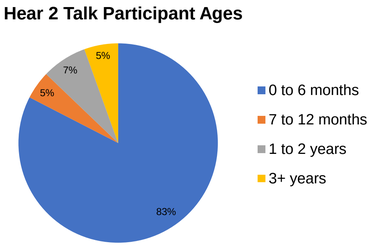
vH2T Initial Assessment:	vH2T Follow-Up Assessment:
• Takes place by 5 months corrected age or no later than 3 months after PHL is identified • Parent/ caregiver education about child's PHL and impact on communication development is provided • Importance of using prescribed hearing technology all waking hours is discussed • Listening and spoken language facilitation strategies are reviewed • Resources are shared (e.g., research articles, videos, parent groups, parent mentorship, community play groups, public health nurse visiting program) • Referrals to community child and family services are initiated based on needs or parents’ request	• Takes place 3 months after the Initial Assessment • Communication assessment is conducted by S-LP to determine if the child is meeting milestones • Assessment results are reviewed with parents • Additional recommendations and next steps regarding speech and language services are discussed

Material and Methods

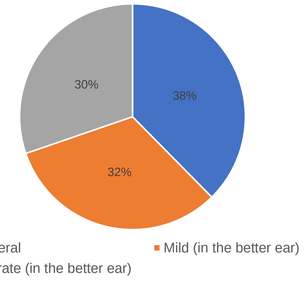
- Online survey was sent to parents after Initial and Follow-up Assessments
- Data from March 2020-January 2022 was analyzed with focus on descriptive statistics and qualitative methods (text analysis)

Preliminary Results

Hear 2 Talk Participant Ages

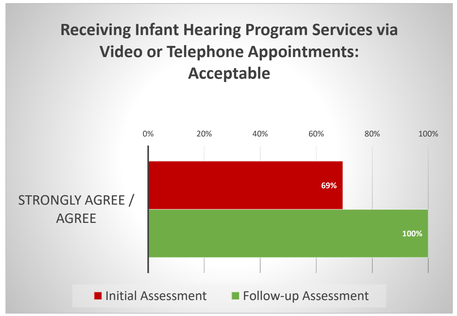


Children Accessing H2T Virtually



- vH2T Initial Assessment met JCIH recommendation for providing EI to children with PHL by 6 months of age (82.6%)
- Eligibility criteria regarding hearing loss (i.e., unilateral, mild, moderate) was represented equally across all children who participated in vH2T

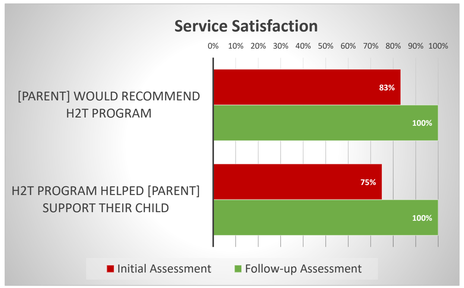
What Parents Liked About Virtual Appointments:
- "The convenience of being at home and not having to travel“
- "Accessibility: could log on from home and receive 'face to face' support“

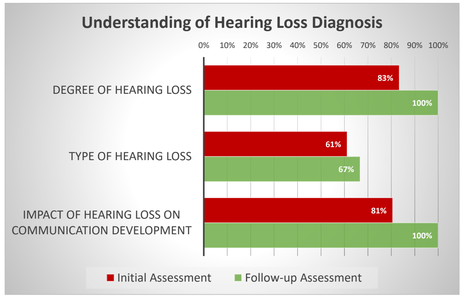


- 69% of parents who attended initial assessment and 100% parents who attended follow-up assessment agreed or strongly agreed that receiving services via telepractice was acceptable
- This finding is in agreement with current research regarding the effectiveness of virtual services (Pollard and Hogan, 2021) and is very encouraging as transitioning to a virtual model did not appear to affect the quality of the service from parents’ perspectives.

What Parents Learned:
- “This *[hearing loss]* is unfamiliar territory and the professionals have already shared direct guidance on things to do at home."
- "The importance of having the support and strategies to help my baby in this journey"

What Parents Liked Most:
- “I got some confidence and motivation."
- "Not only are we taught how to better help our child with her hearing loss but also how to maintain it and most of all to understand the importance of wearing the hearing aid“





- The majority of parents would recommend vH2T to others and stated that vH2T helped them support their child
- These findings are in agreement with publications that promote increasing parental self-efficacy skills as they improve communication outcomes (Watkin et al., 2007). This concept can also be observed in parental testimonials from the survey.

How vH2T Has Helped Parents To Support Their Child:
- "We as parents have a better understanding about our child's hearing loss, everything about the hearing aid, and how to better help our child in her day-to-day using hearing aid.“
- "It has given us a roadmap of what we need to support our child in her development"

Conclusion

Preliminary results indicate a self-perceived significant growth of parental knowledge, skills and confidence following participation in a virtual EI program soon after PHL identification. Future studies should ensure that surveys are also provided to parents prior to vH2T and that all surveys are completed by the same parent in order to more accurately compare parents’ insights and progression of expertise over time. Additionally, the implementation of a hybrid H2T model, and professionals’ perspectives regarding the benefits and challenges of providing a virtual EI service and vH2T’s impact on facilitating collaborative practice among team members should also be explored.

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