

Parental Efficacy and Barriers to Learning in Early Intervention

Background

Thanks to Universal Newborn Hearing Screening the average age of diagnosis of a hearing loss has dropped from between 2 ½ to 3 years old to between 2 and 3 months of age. Because of this, enrollment in early intervention (EI) programs has ballooned. These early intervention programs work with parents to help them gain knowledge about their child's hearing loss as well as learn strategies to facilitate their child's language growth.

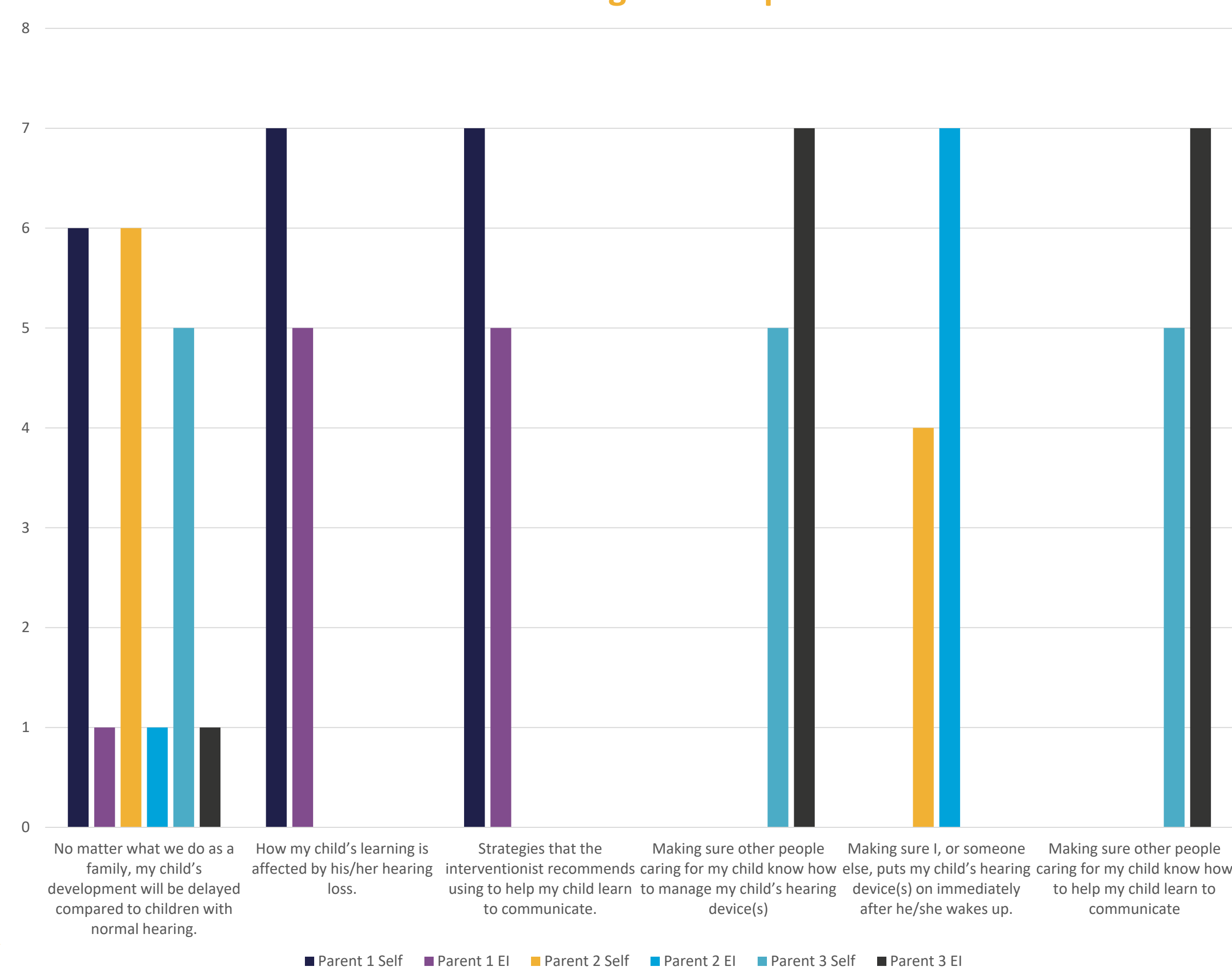
Research has shown that children with hearing loss enrolled in EI are more likely to have age-appropriate speech, language, and vocabulary outcomes than those who enroll later or never receive these services (Ching, 2015; Meinzen-Derr et al., 2011; Yoshinaga-Itano et al., 2017). Programs in which parents are taught and empowered to be their child's primary language model are considered best practices and the children with hearing loss whose parents who master these skills have better speech, language, and listening skills when compared to those who do not.

Melissa Jensen M.A. CED, LSLS Cert. AvEd

Faculty Advisor: Dr. Jaime Doronkin

Results

Differences in Ratings on Adapted SPISE-R



Themes Discovered

Parental Reported Barriers to Learning

- Covid
- Emotions
- Disagreeing with professionals

Learning in Early Intervention

- Support
- Outside Perspective
- Strategies for parents
- Activities with child
- Outside resources

Problem of Practice

While parent education can improve child outcomes, there still remain great variations in speech and language outcomes for children with hearing loss, including those enrolled in EI. In order for these programs to be as successful as possible, the parents should take the information they have learned and apply it to their interactions with their child. This is what leads to improved outcomes in children with hearing loss. Yet not all families enrolled in these services are able to make these modifications to their behaviors. Why are some parents able to successfully change based on their learning in early intervention and others are not?

Methodology

This study used a convergent parallel/mixed methods research approach, using both qualitative and quantitative data. The qualitative data came from in-depth interviews with three parents of children with hearing loss currently enrolled in an early intervention program. The quantitative data were obtained from an adapted version of the SPISE-R answered by the participating parents as well as their early intervention provider.

Conclusions

The data collected through these interviews with parents of young children with hearing loss and their experiences in early intervention uncovered themes of emotional support, the importance of an outside perspective on development, and connections to outside resources. The families did mention strategies that they learned from their early intervention provider as well as ideas and activities they did together, but that was not an area emphasized by any of the respondents. Additionally, none of the parents identified barriers that precluded them from using the knowledge they had learned in their daily life. Therefore, for at least this small group of parents, the learning in their intervention sessions was able to be carried over into their daily lives and routines and they were successful in changing their interactions with their child.

Research question two found that the revised SPISE-R indicated a high level of agreement between parent-reported skills and provider reporting on the same skills. This would indicate that parents are likely able to accurately reflect on their own efficacy and would be reliable reporters in future research.

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If I ask parents of children with hearing loss under age three to describe their learning in early intervention sessions and the ways that learning did or did not impact their interactions with their child with hearing loss, in what ways, if any, will that inform my knowledge about parental reported barriers to learning in early intervention?

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If these parents and their early intervention provider complete a modified version of the Scale of Parental Involvement and Self Efficacy (SPISE), in what ways do the parents and professionals agree on parental efficacy and in what ways do they differ?

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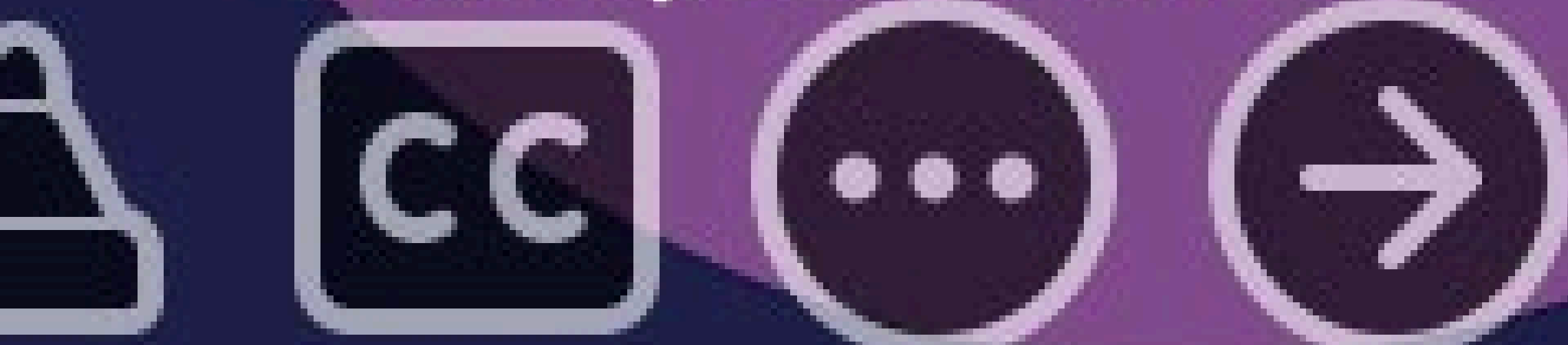
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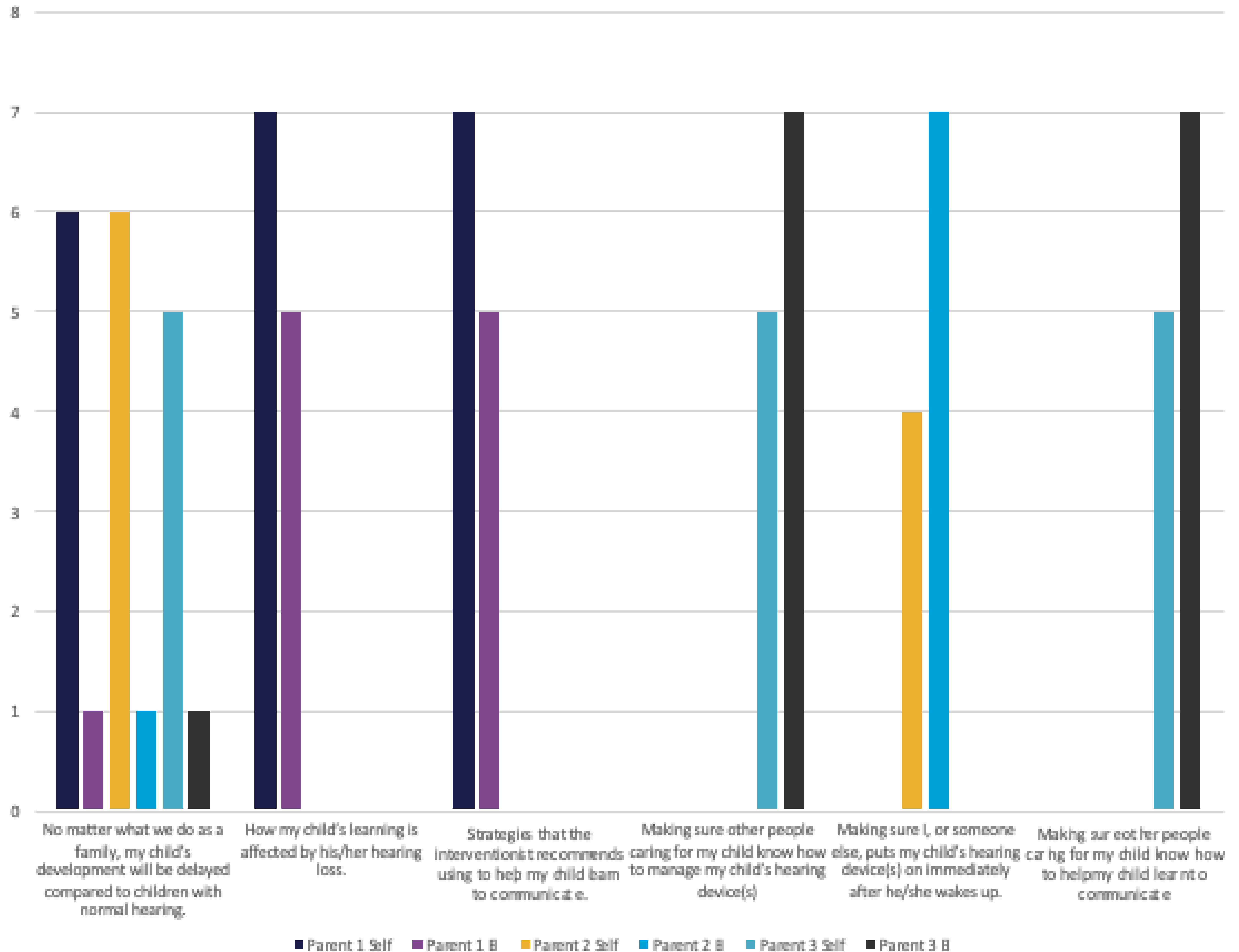
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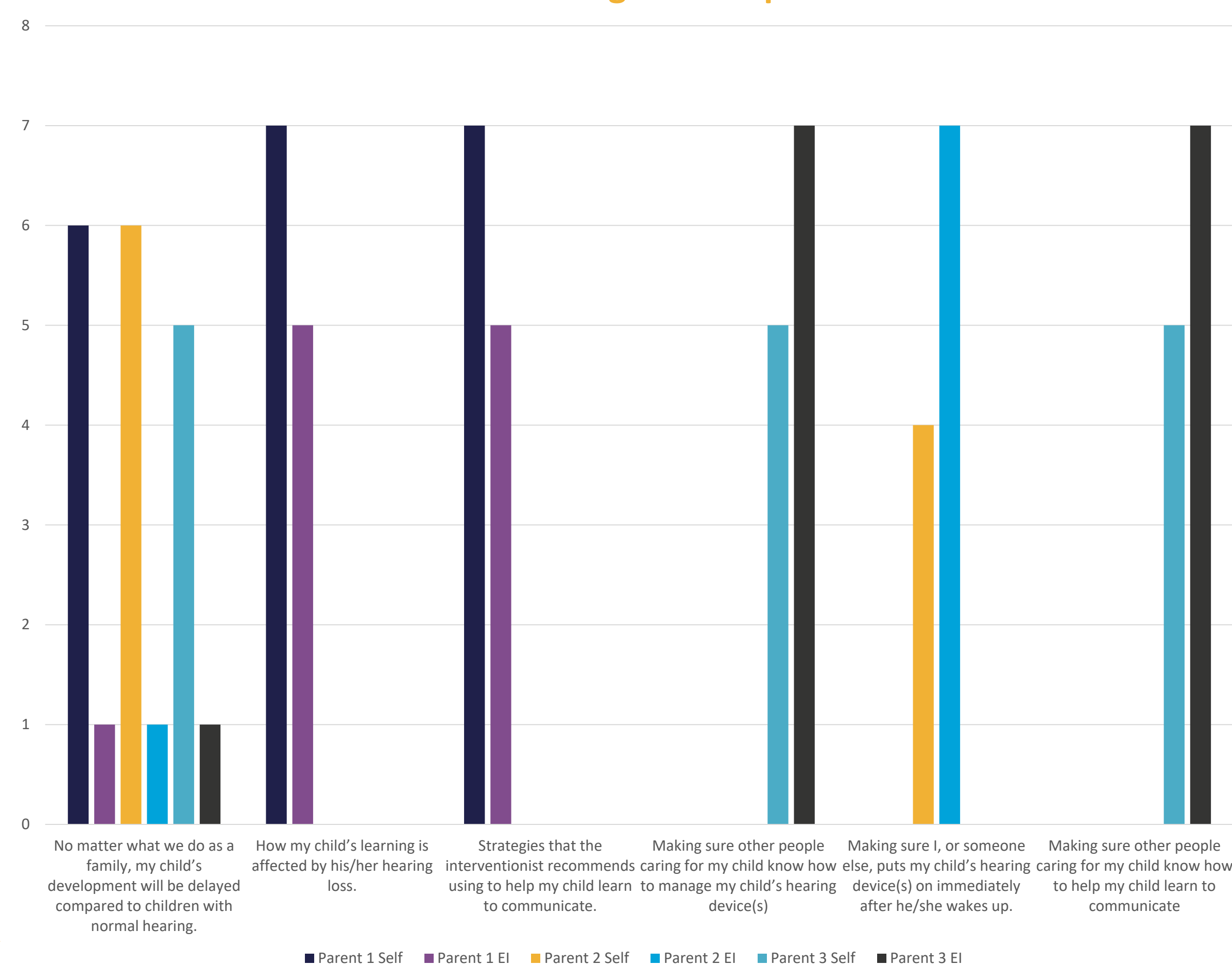
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