



Co-Treatment

IN PEDIATRIC AUDIOLOGY

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CHILDREN'S HEARING PROGRAM

DISCLOSURES

Employed by the University of Miami

CO-TREATMENT

When practitioners and team members from different professional disciplines effectively address treatment goals while a patient is engaged in a single session

What does this look like in current practice?

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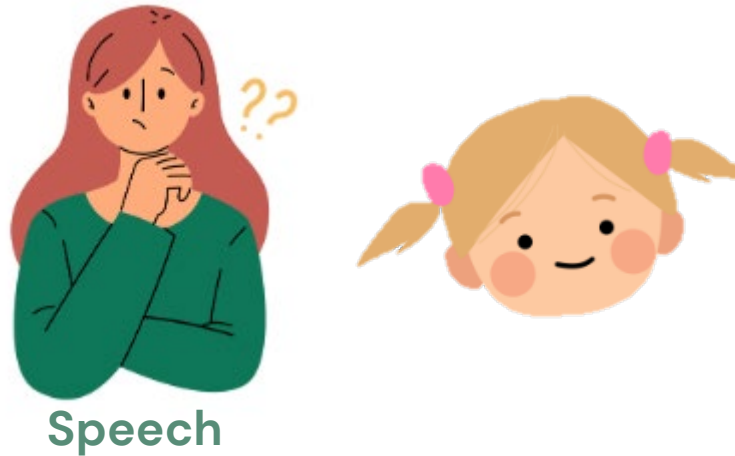
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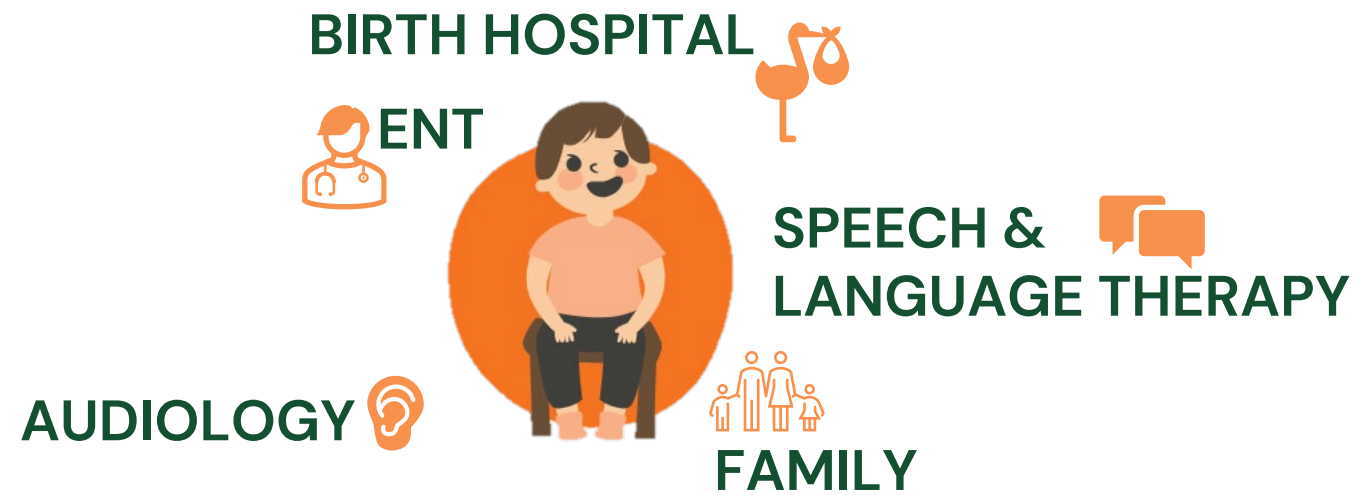
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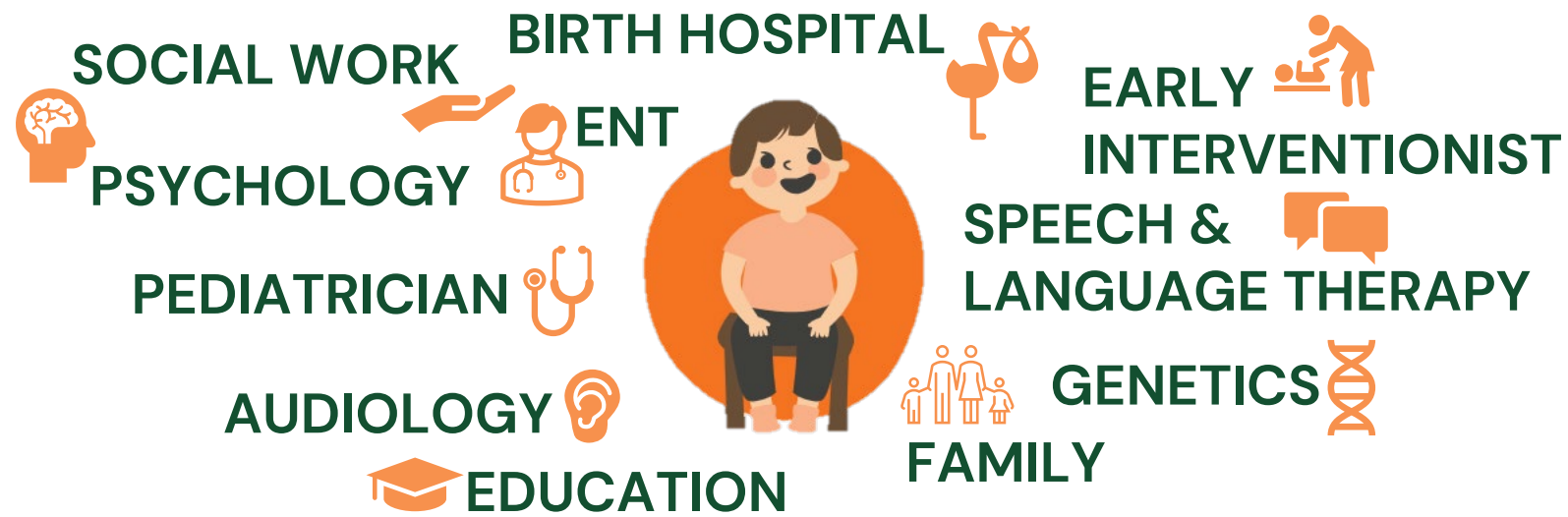
Co-treatment is appropriate when coordination between at least two disciplines will benefit the patient, not just for scheduling conveniences

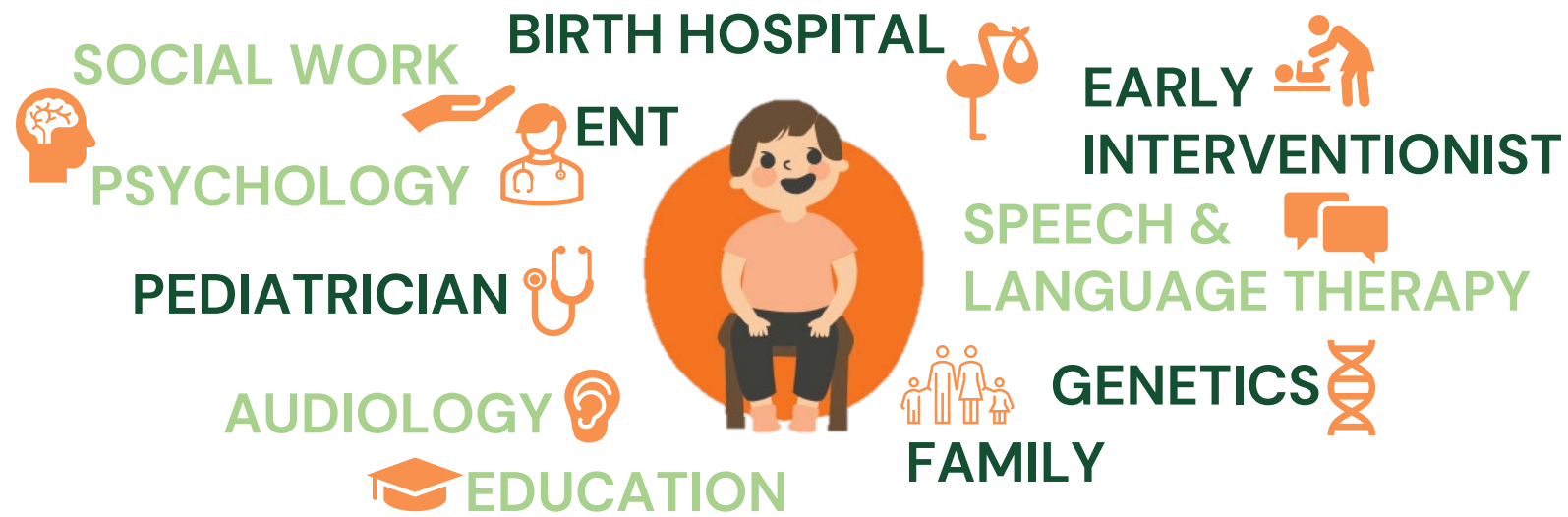
Reasonably, only 2 clinicians can provide intervention and any additional specialty can provide observation and other recommendations

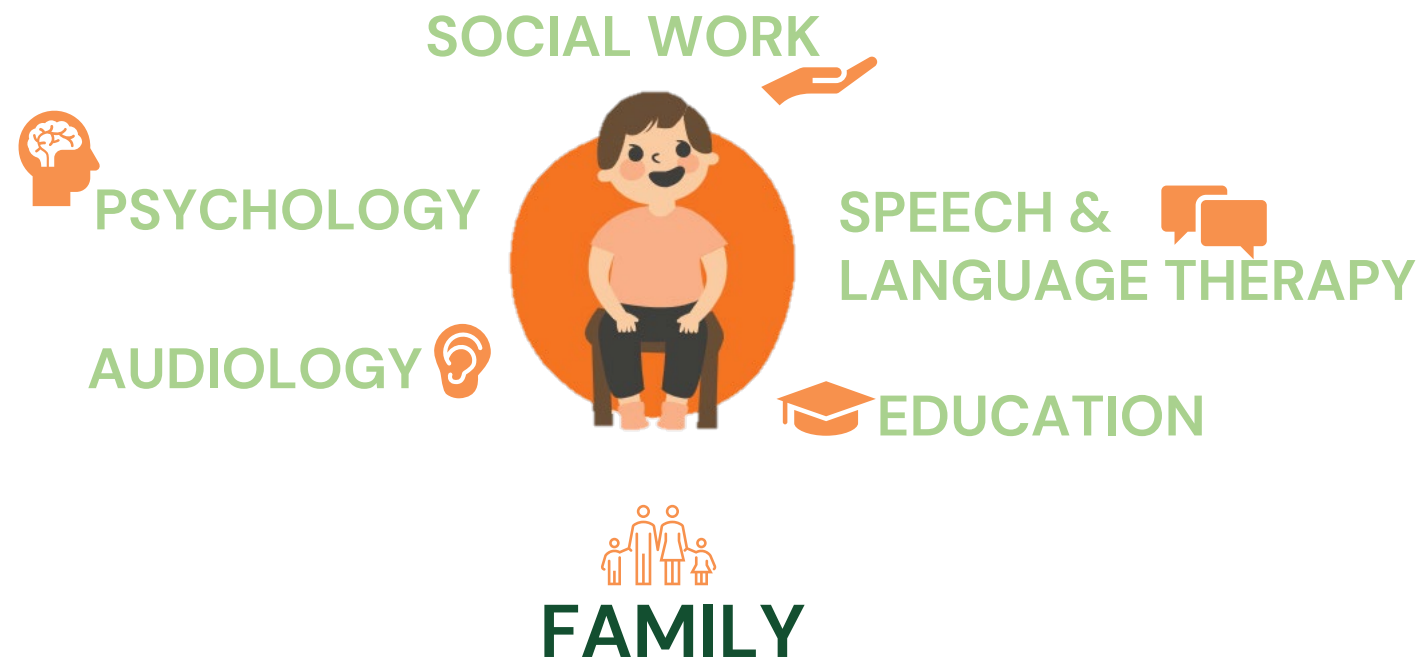
THE AUDIOLOGY VILLAGE











Children's **Hearing Program**

OUR TEAM



PSYCHOLOGY



SOCIAL WORK



FAMILY NAVIGATOR



DEAF EDUCATION



**AUDITORY VERBAL
THERAPY**



AUDIOLOGY



Children's *Hearing Program*

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----- DISCIPLINARY CARE

Multidisciplinary:

Involves people from different disciplines working together, each drawing on their disciplinary knowledge. Multidisciplinary work often maintains the boundaries of the disciplines involved.

Interdisciplinary:

Involves integrating knowledge and methods from different disciplines to create a synthesized whole. Interdisciplinary work relies on shared knowledge and collaboration between disciplines.

Transdisciplinary:

Involves combining more disciplinary contributions to create a more comprehensive understanding by applying a larger systemic framework. Transdisciplinary teams work using a shared conceptual framework, drawing together discipline-specific theories, concepts, and approaches, and they also share skills in addition to goals.

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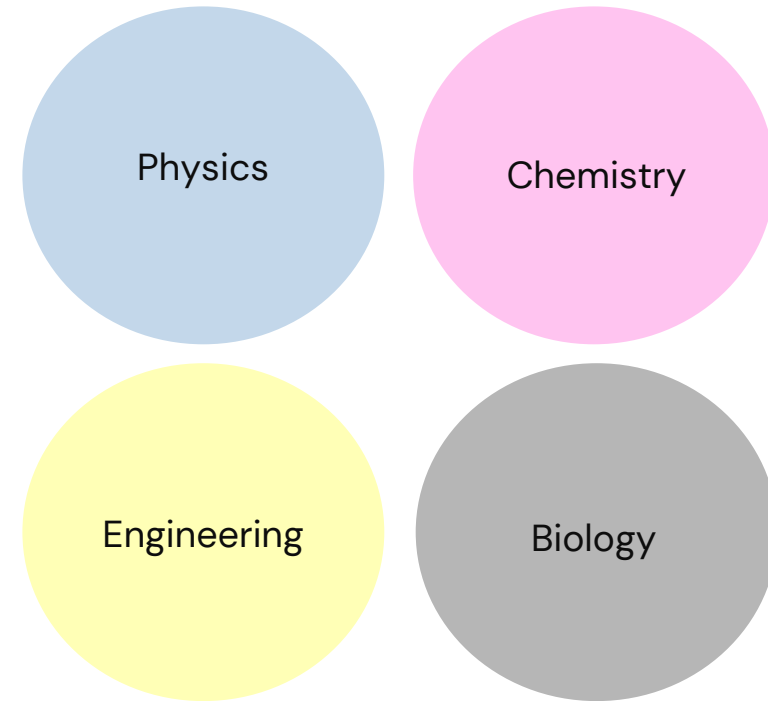
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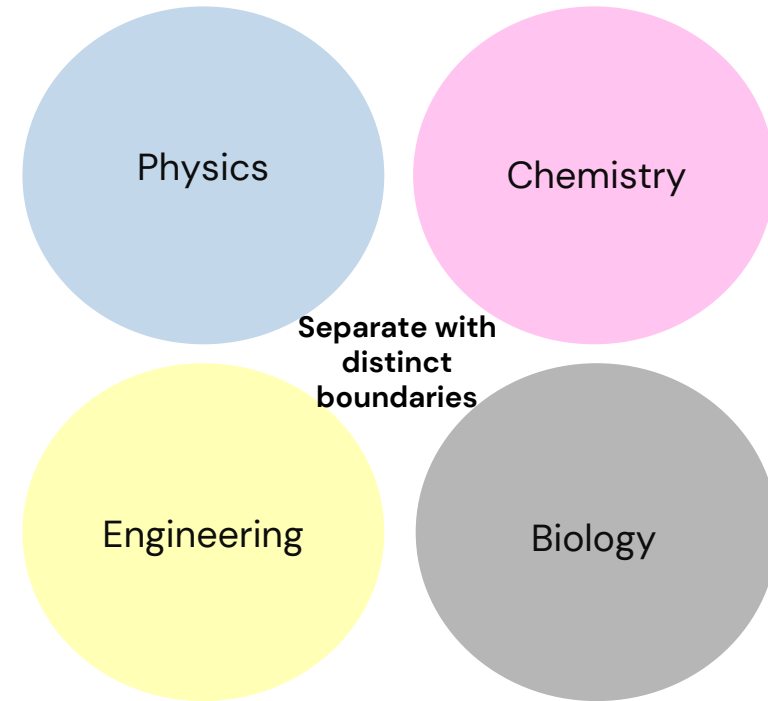
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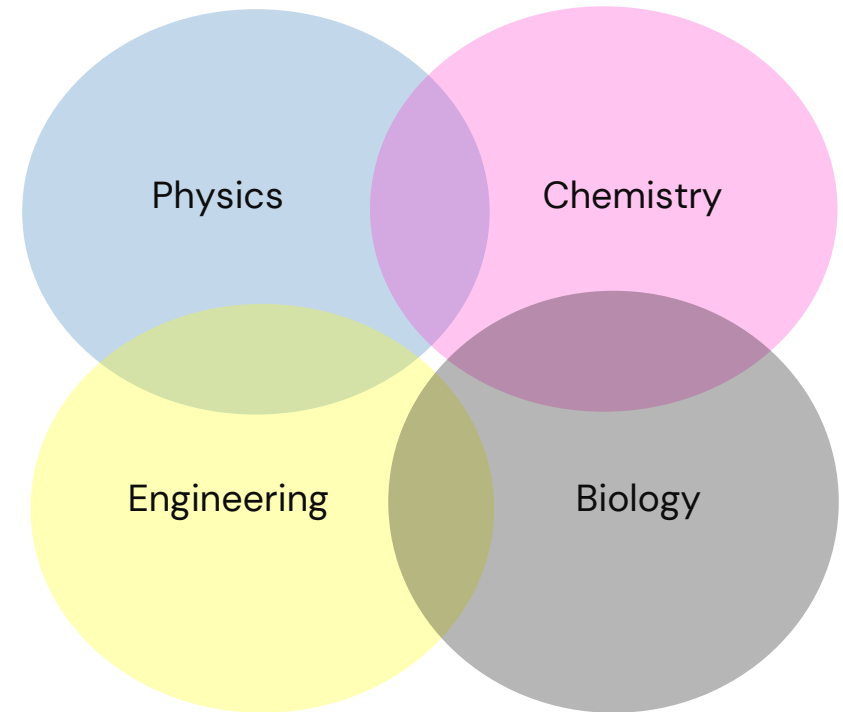
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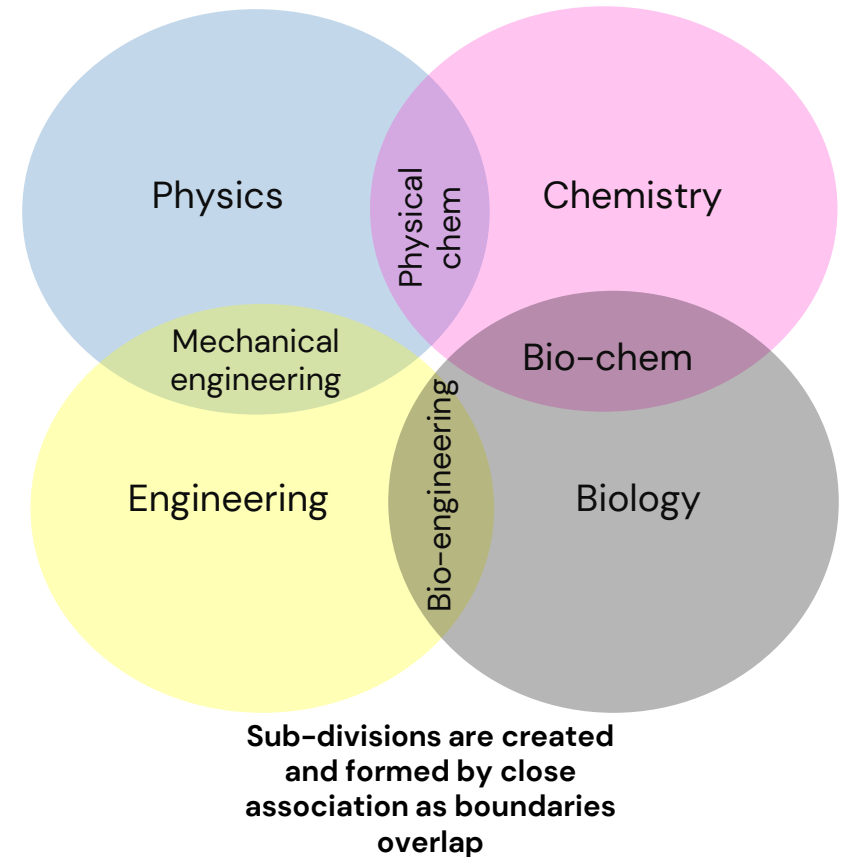
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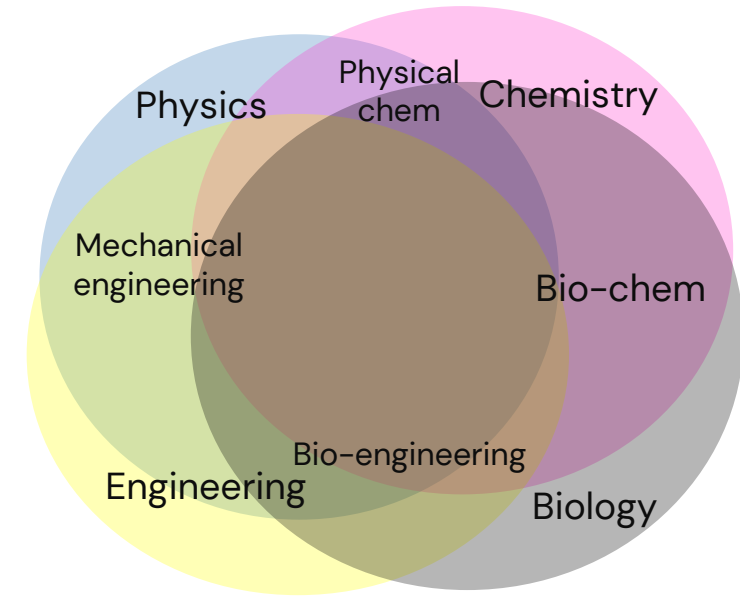
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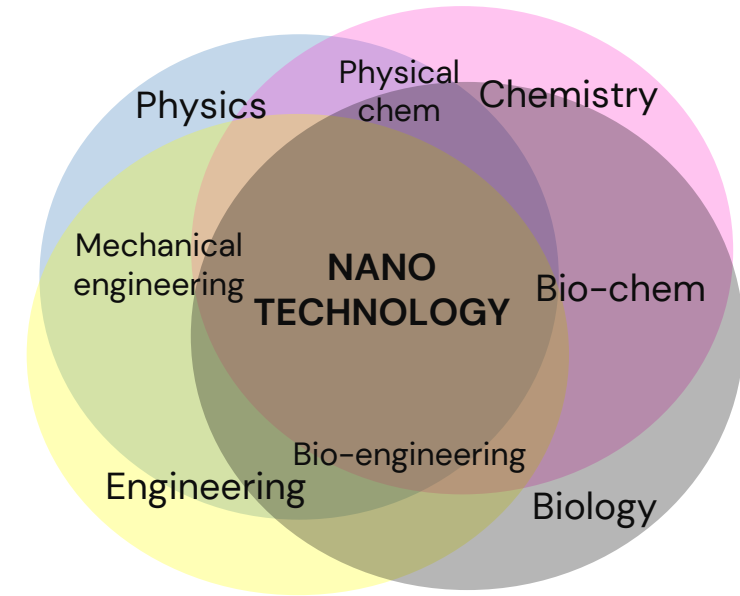
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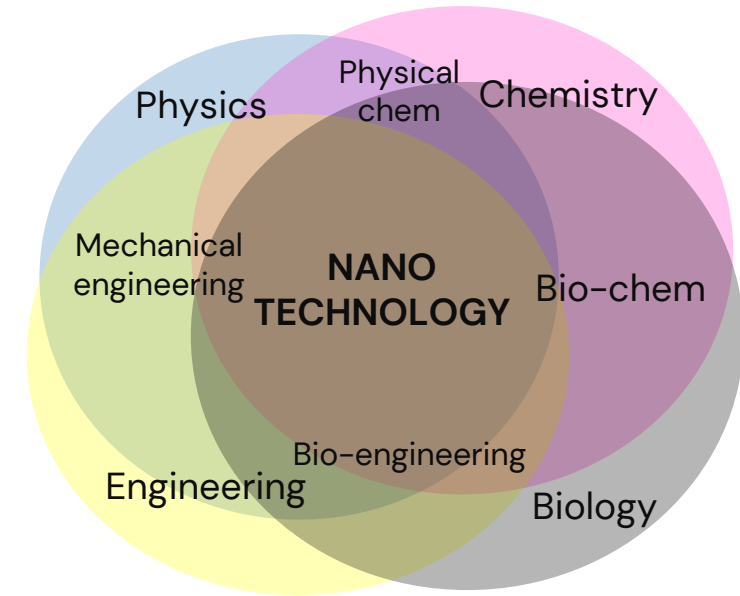
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Transcends the bounds of the original discipline to create its own discipline



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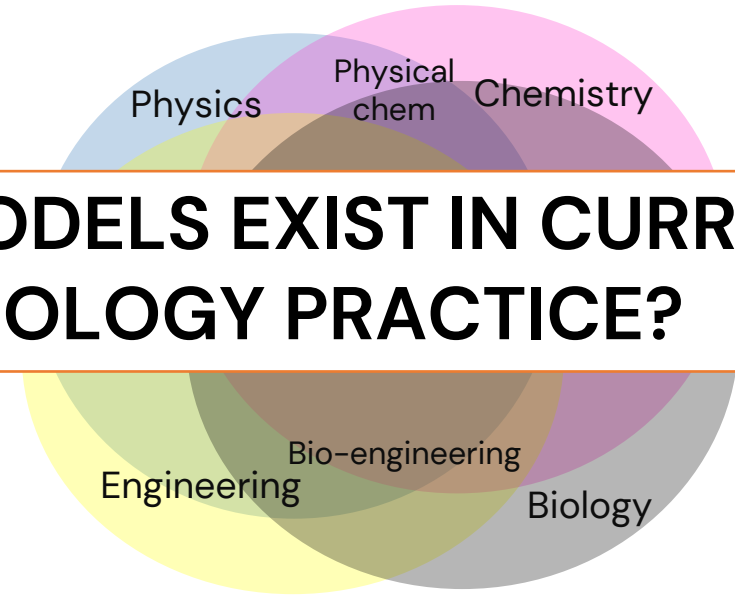
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WHICH MODELS EXIST IN CURRENT AUDIOLOGY PRACTICE?

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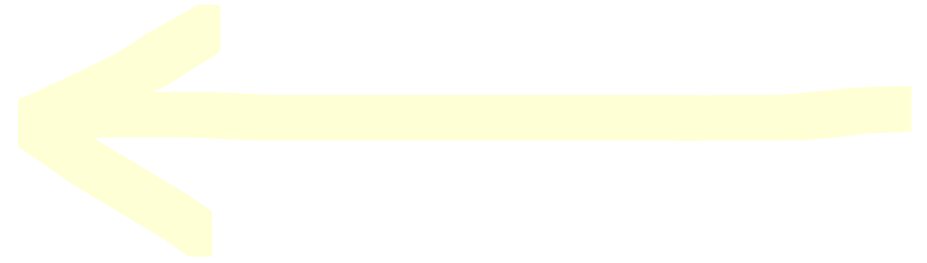
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AUDIOLOGY & THE I/MDT

Multi & interdisciplinary care can exist in different capacities for audiology –

- Hospital system
- University clinics
- School
- ENT office
- Private practice

Survey by Landsman and colleagues in 2020 revealed: 100% of audiologists felt they should be included on multidisciplinary teams, but <24% were currently participating on a team.

Where are the opportunities?

Teams that work with children with –

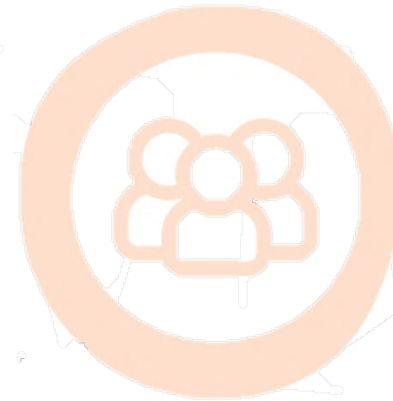
- **Autism Spectrum Disorder**
- **Down syndrome**
- **Fetal Alcohol syndrome**
- **Complex NICU follow-ups**
- **Oncology teams**
- **CHARGE programs**
- **Complex diagnoses**

AUDIOLOGY & THE I/MDT

CRANIOFACIAL TEAMS

AUDIOLOGY & THE I/MDT

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AUDIOLOGY & THE I/MDT

Collaboration with specialists to develop treatment plans to provide optimal care to children

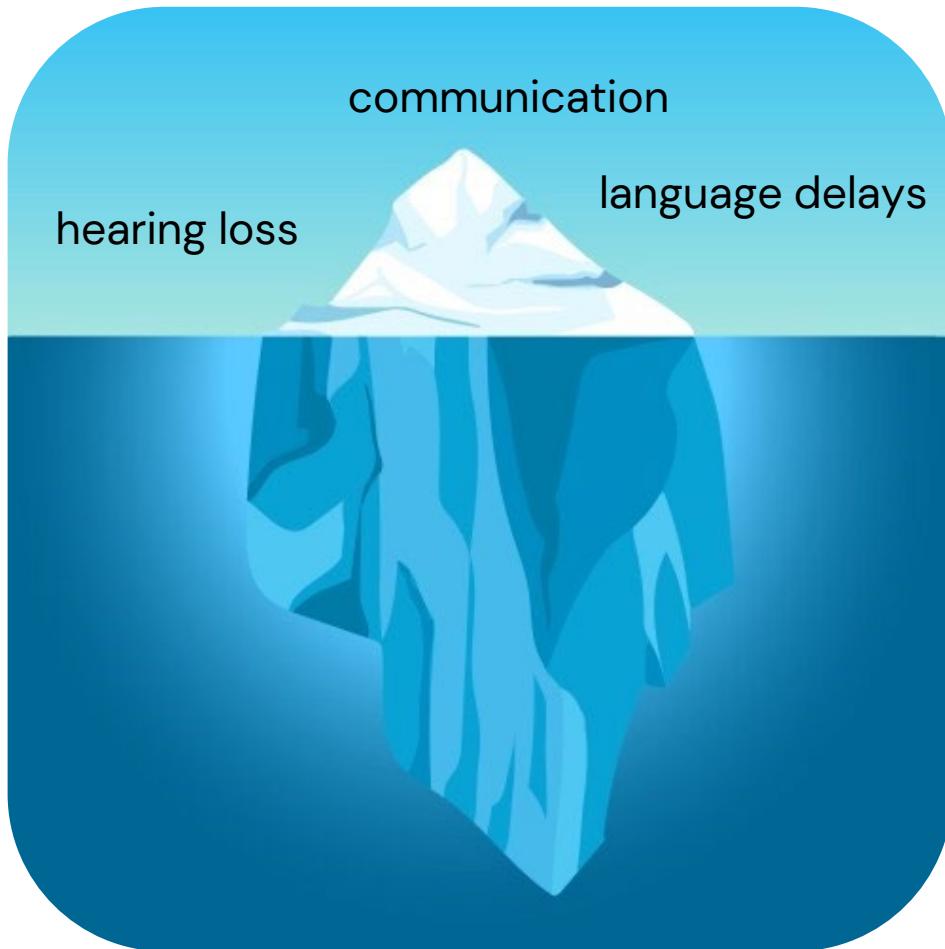
Why does this matter?



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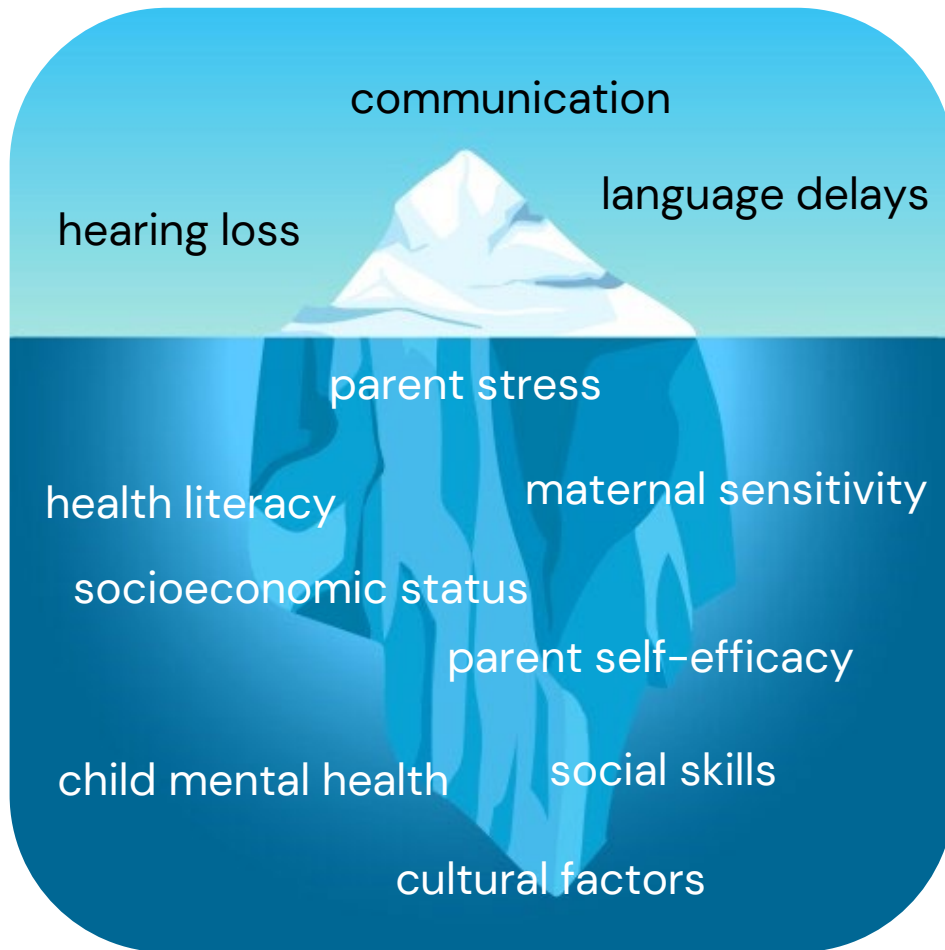
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The families who need it the most!

AUDIOLOGY & THE I/MDT

Collaboration with specialists to develop treatment plans to provide optimal care to children

Collaboration is essential

CO-TREATMENT

Co-treatment is the clinical care model rooted from the integration of an **interdisciplinary team**

AUDIOLOGY &

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*AUDIOLOGY &
SPEECH THERAPY*

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AUDIOLOGY & SPEECH

The OG co-treatment model

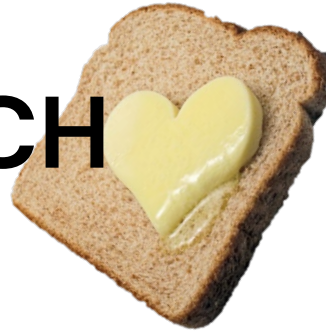
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AUDIOLOGY & SPEECH



AUDIOLOGY & SPEECH

Audiologist role:

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- Functional testing
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- Cochlear implant programming
- Counseling



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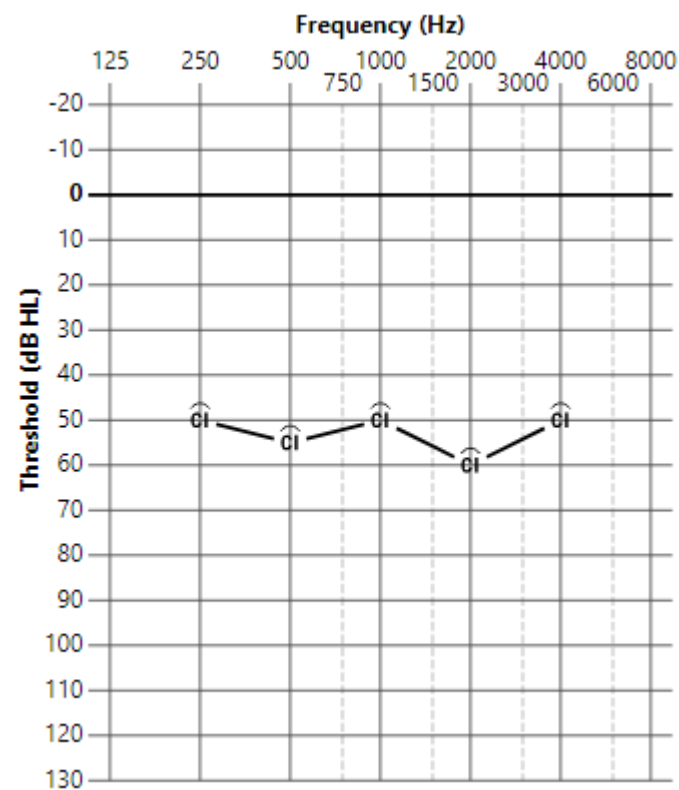
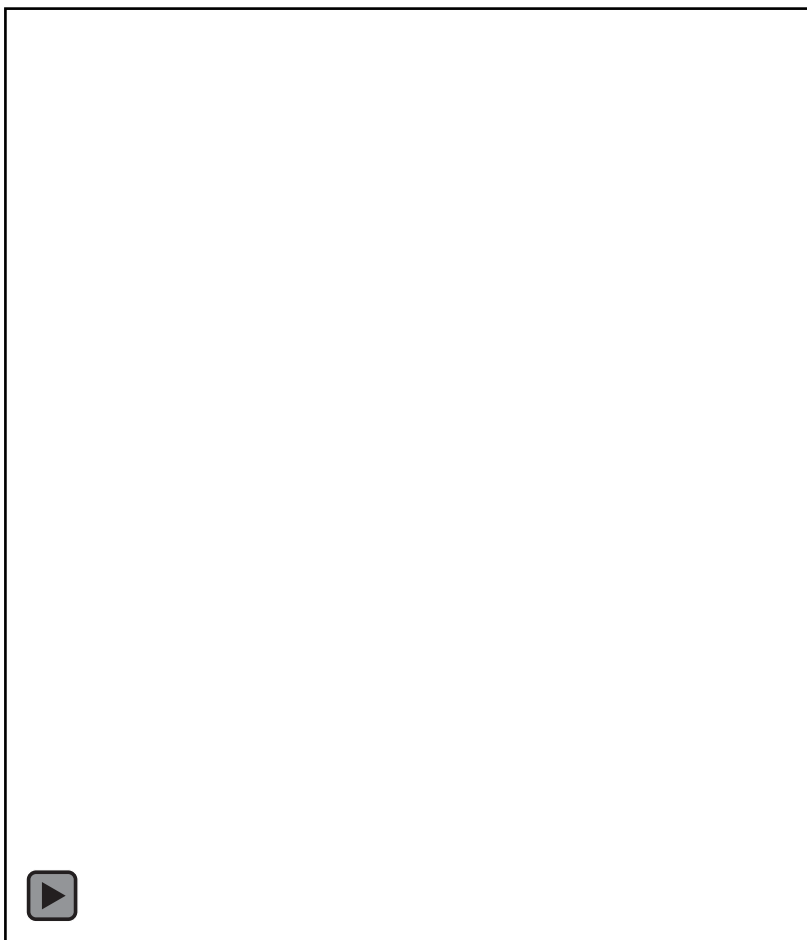
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Speech therapist role:

- Language sample
- Assessment of speech through validated measures
- Speech and language therapy activities
- Second testing/assist with familiar games for child
- Validation with parent reported outcomes





AUDIOLOGY & SPEECH

Benefits of speech collaboration:

- Understanding speech input vs. output in a different context
- Pick up therapy strategies that are effective intervention options and can be used for audiology testing
- Incorporate familiar members and familiar skills to better engage with patients
- See what the therapist sees – validate results that we are getting in real time



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Psychologist role:

- Behavioral therapy/management
- Psychoeducational evaluations
- Family support and counseling
- Mental health support
- Counseling and support



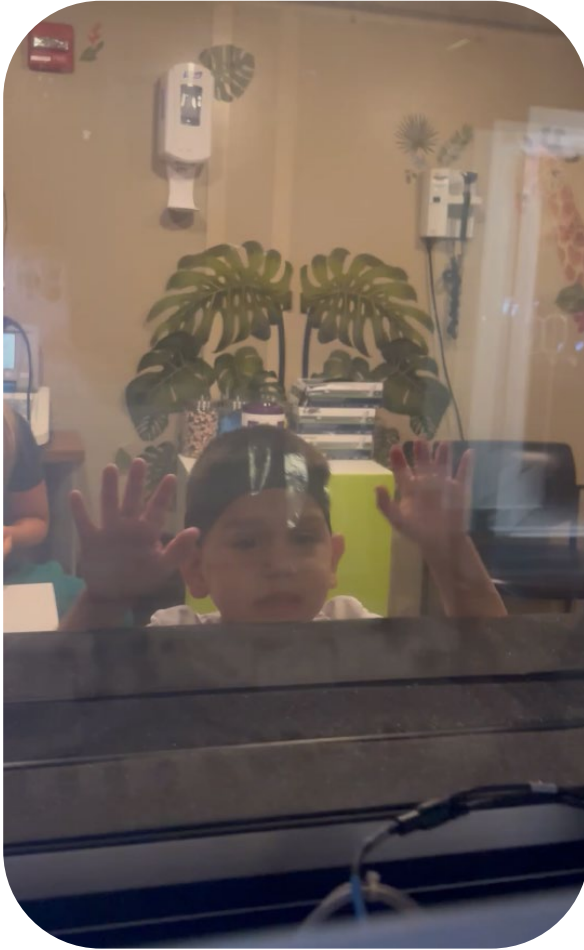
AUDIOLOGY & PSYCHOLOGY

Psychology can be an invaluable support – and one we don't take for granted!

Large majority of support is utilized for behavioral strategies and modifications

- **Device retention**
- **Patient non-compliance**
- **Difficult to test children**
- **Difficult families to work with**

AUDIOLOGY & PSYCHOLOGY



AUDIOLOGY & PSYCHOLOGY

CASE STUDY

8 year old female

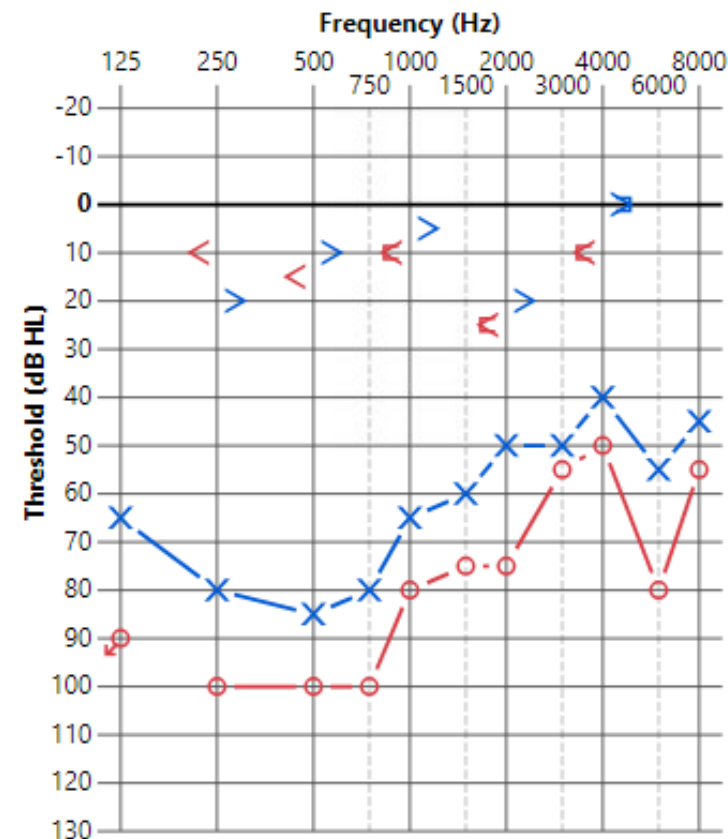
Birth & Medical History:

- Complex birth and medical history significant for CHARGE syndrome

Audiological History:

- Fit with bilateral hearing aids at an outside clinic
 - Fair benefit with issues related to earmolds and ear shape
- Mom concerned about retention given her low set cupped ears

Discussed at great lengths the benefits of BC implant technology

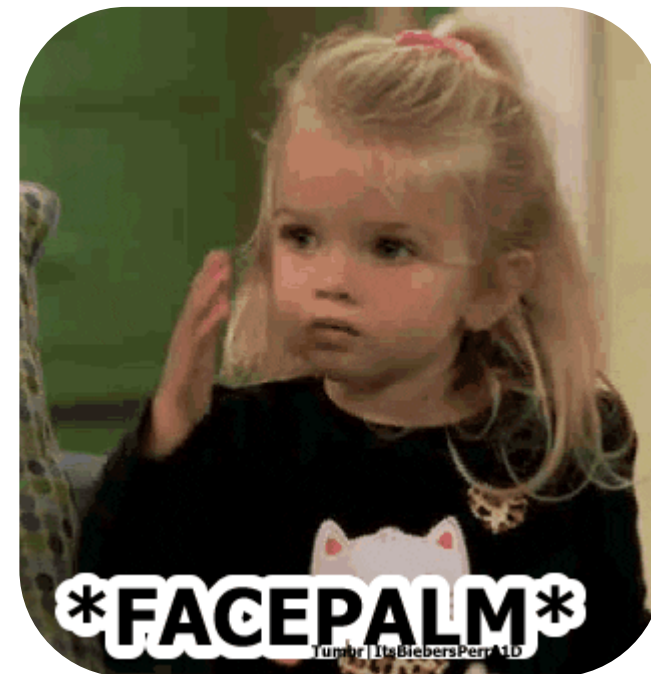
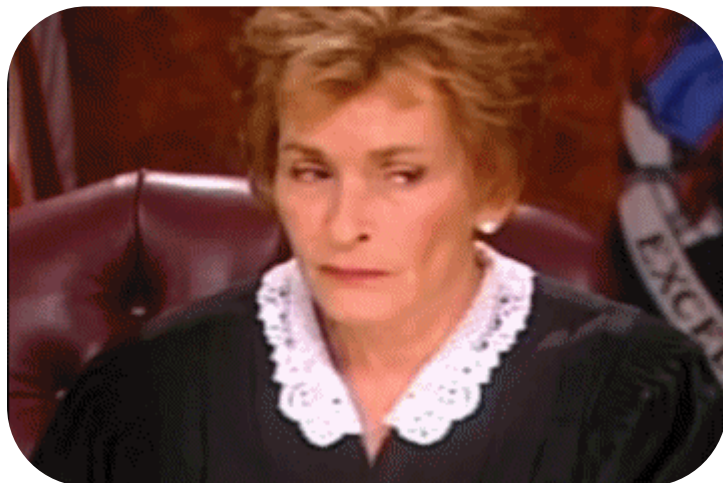


AUDIOLOGY & PSYCHOLOGY

Implanted with bilateral Cochlear OSIA system

On activation day:

Mom asks patient – Do you like these or the hearing aids more?



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AUDIOLOGY & PSYCHOLOGY



Co-treatment approach:

- Psychology linked to audiology encounter
- Will review the concerns
- Provide counseling and family support
- Reassurance and reprogramming if needed
- Functional testing and validation
- Counseling with the child and the mother (both separate and together)

Co-treatment outcome:

- Re-programmed devices (no significant changes)
- Determined: lacks independence with the devices because she cannot manipulate her hair clip
 - Causes frustration
- Individual session with mom revealed: parents are getting separated, child is having outblown tantrums for small inconveniences, mother does not know how to talk about these matters. Mother just gave birth to twins which have also taken attention from the child and overall, mother needs support.

So... we're definitely not removing the implants.

AUDIOLOGY & PSYCHOLOGY

Benefits of psychology collaboration:

- Behavioral management
- Level expectations with families
- Understand the social and emotional impact of hearing loss by providing families a safe space to express their concerns
- Understanding of cognitive/intellectual capacity of the patient
- Extra set of hands and help!

Sometimes we have an idea of how appointments will go, and utilizing co-treatment allows us to understand the needs of our patients through a completely different lens



AUDIOLOGY & FAMILY SUPPORT

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Social Worker role:

- Assess needs
- Address barriers related to:
 - Language and culture
 - Health literacy
 - Financial
 - Social and emotional needs
 - Transportation
- Overall **access to specialized care and services**



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Educator role:

- School support
- Navigate intricacies of the school system
- IEP meetings
- Weekly session and student sessions
- School placement discussions
- Training and support for schools



AUDIOLOGY & FAMILY SUPPORT

Resources are imperative because they improve overall access to care!

Co-treatment intermingles with all support services to generate the best outcomes.



CO-TREATMENT WITH FAMILY SUPPORT

Co-treatment may not always occur during audiology sessions, but **making the referral for support is the first step to comprehensive care.**

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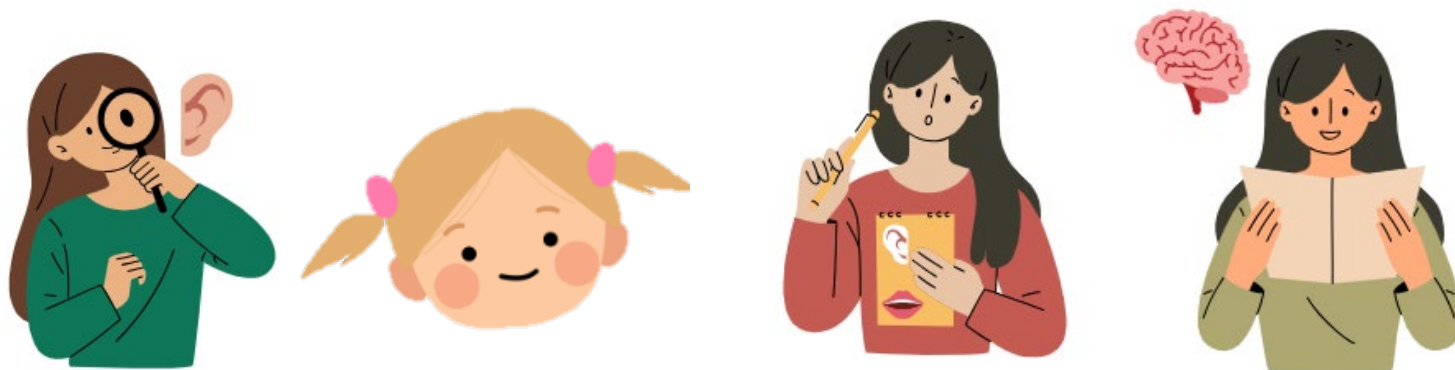
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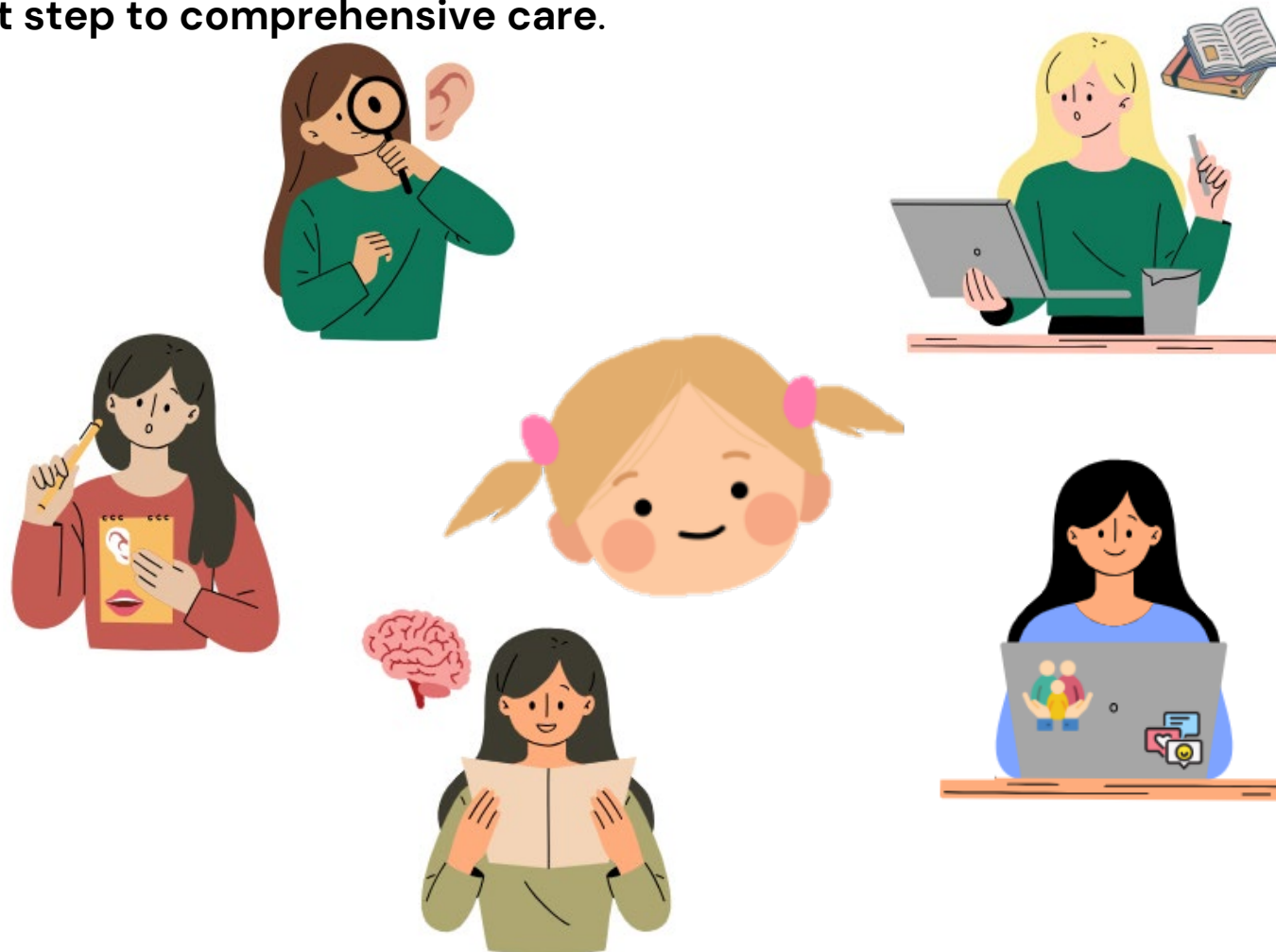
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BILLING

This biggest question asked in the realm of co-treatment



BILLING

This biggest question asked in the realm of co-treatment

CAN WE BILL FOR THIS SERVICE?

The answer is **yes!**

Specifically, speech therapy & psychology –

Time based codes requiring 31+ minutes of treatment

Thus, appointments have to be scheduled long enough to warrant time-based codes

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Still working on reimbursement for social work services!

CONCLUSION

Co-treatment in pediatric audiology is possible – with the right resources in place!

The end goal: improve outcomes and access to specialized and comprehensive care

We can't do everything on our own!



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THANK 
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Children's Hearing Program



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