

Coaching Caregivers in Early Intervention LSL Practice: Identifying Barriers and Solutions

Abby Brett, M.A., CCC-SLP, LSLS Cert. AVT



Disclosures:

- I am a salary employee of Hearts for Hearing.



eyes open
ears on

Introduction:

- Contact information for LSL, audiologist, ENT, and any other important team members
- Basic hearing information and terminology
- Appointment calendar
- Appointment notes

APPOINTMENT NOTES



Date	Appointment Type
<input type="text"/>	<input type="text"/>
Notes	
<input type="text"/>	

Date	Appointment Type
<input type="text"/>	<input type="text"/>
Notes	
<input type="text"/>	

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

MY HEARING INFORMATION



RIGHT EAR

Degree: _____
Type: Normal Hearing Sensorineural Conductive Mixed
Technology: _____

LEFT EAR

Degree: _____
Type: Normal Hearing Sensorineural Conductive Mixed
Technology: _____

[Insert audiograms behind here.]

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

General

- 46 million words
- It's all about the brain
- Auditory skill development
- Choices in communication
- Learning to Listen sounds
- Routines
- Ling 6 sounds

ROUTINES



Did you know? Routines at home can improve your baby's listening and learning language.

What are routines?

DAILY ROUTINES

Eating
Dressing
Waking up
Going to bed
Bathing

PLAY ROUTINES

Play time with toys
and others
Singing songs
Family time
Playing outside

SOCIAL ROUTINES

Going to the store
Going to relatives' homes
Outside the home visits

Why are routines important?

- We all need a sense of routine, a way to get things done.
- Routines help babies with their "body clock":
 - Able to go to bed at night
 - Eat healthy full meals
 - Regular diaper schedule
 - Healthy play and outdoor time
 - Support a baby to be calm and relaxed during down times
- Routines provide babies and children a sense of security, especially if life seems more stressful.
- There is predictable language that caregivers use during routines and this builds on the baby's listening, understanding and talking.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

AUDITORY SKILL DEVELOPMENT



Did you know? All areas of your baby's growth go through different stages.

Your baby will learn to hold their head up before learning to sit up. The same is true with your baby's listening skills. They will learn these skills in a very predictable fashion.

DETECTION → DISCRIMINATION → IDENTIFICATION → COMPREHENSION

Your baby will progress through the stages of listening based on:

- Age
- The time it takes for your baby to receive hearing technology. The longer the time the longer it may take your baby to respond to sounds and voices.
- How well they can 'listen' with their current technology - maybe baby will need other technology such as a cochlear implant.
- Added findings may change your baby's progress. By working with your Listening and Spoken Language (LSL) provider, you will be able to understand the stages of listening that are happening with your baby.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

Audiology

- Parts of the Ear
- How the Ear Works
- Types of Hearing Loss
- The Listening Brain
- Data Logging

THE LISTENING BRAIN



Did you know that hearing loss is all about the brain? We listen with our BRAIN! Our ears are simply the way in.

The part of the brain that processes sound for us to hear and understand is the **AUDITORY CORTEX**. Think of your brain as a muscle. Like the muscles in your arms and legs, if you don't use it, you lose it. The hearing nerve and the hearing part of the brain can become weak if they're not used, which will make it harder to make use of hearing aids or cochlear implants later.

Why is getting sound to the brain important?

Age 0 to 3 years is your child's most important time to develop the brain. That is why it is important that they can hear well. When a child can't hear well, activity in the hearing part of the brain is cut off. This means the brain will not develop correctly and the child will not learn to listen and talk or go on to learn to read well.

As a parent, I can

- Eyes open, ears on! The child should be wearing the hearing technology during all waking hours. This will give the child the chance to experience hearing sounds and listening to speech and language all day.

HEARTSFORHEARING.ORG | OKC 405.548.4500 | TULSA 918.592.7600

Age	Hours Awake (Average)	Wear Time Goal
Newborn (0-3 months)	7-10	8 hours
Infant (3-11 months)	9-12	9 hours
Toddler (12-24 months)	10-13	10 hours
Preschooler (3-5 years)	11-14	11 hours
School-Age (6-13 years)	13-15	12 hours

Literacy

- Creating a goal of 30 minutes of reading per day.
- Reading/writing key terms and vocabulary.
- How to read with babies.
- How to read with toddlers.
- How to read with preschoolers
- How to read with emergent readers
- Book recommendations in age groups

READING WITH BABIES



Did you know? A baby starts learning to read in their first year.

Babies will explore books by: touching them, placing them in their mouths, looking at books, and listening to books.

AN INFANT...

- Recognizes happy and sad faces by 4 months of age.
- Understands that pictures represent objects by 12 months of age
- Believes words in books are a part of the picture

WHAT CAN I DO?

- Read aloud to baby for at least 30 minutes a day
- Place books within reach for baby
- Choose books for baby to explore

NEXT STEPS

- Set aside a time each day for reading together
- Put books in diaper bag and in easy to reach areas
- Find books that are interactive
- Use songs and fingerplays



HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

TOP 5 FAVORITE BOOKS



0-12 MONTHS

READING ALOUD: READING TO THE CHILD

Runaway Bunny by Margaret Wise Brown | Harper Festival / Harper Collins Publishers
I Love You Through and Through by Rossetti-Sinatra | Cartwheel Books/Scholastic Publishing
I Went Walking by Sue Williams | HMH Books Publishing
Barnyard Dance (and others in the series) by Sandra Boynton | Workman Publishing
Pat the Bunny by Dorothy Kunhardt | Penguin Random House Publishing

READING ALOUD: READING WITH THE CHILD

"Instructables"
First 100 Words (and others in the series) by Roger Priddy | Priddy Books
Where's My Baby's Bellybutton? (and others in the series) by Karen Katz | Little Simon Books/Simon & Schuster Publishing
Dear Zoo by Rod Campbell | Little Simon Books/Simon and Schuster Publishing
Interactive books: touch & feel, slides, flaps, cloth, both books

SONGS AND FINGERPLAYS

Row Your Boat by Anthony LaHak (out of print)
Five Little Monkeys by Cottage Door and Sarah Ward Cottage Door Press
We're going on a Bear Hunt by Helen Oxenbury | Little Simon Books/Simon and Schuster Publishing
Baby Shark by Cottage Door Press | Cottage Door Press

EARLY EXTENDING

Pete the Cat: I Love My White Shoes by Eric Litwin | Harper Collins Publishers
Spot's Birthday Party by Eric Hill | Penguin Random House Publishing
Rocko & Spanky Go to a Party by Kara LaReau | Houghton Mifflin Harcourt Publishing
No David by David Shannon | Blue Sky Press/imprint of Scholastic Inc
Love & Kisses by Sarah Wilson | Candlewick
All Better! by Henning Lahlein Kane Miller | EDC Publishing

REPEATED LINES

Counting Series: *10 in the Bed*, *5 Little Ducks*, *5 Green & Speckled Frogs*, *10 Little Ladybugs*
Bear Snores On by Karma Wilson and Jane Chapman | Little Simon Books/Simon & Schuster Publishing
★ *Very Busy Spider* by Eric Carle | *The World of Eric Carle*/Penguin Random House Publishing
Brown Bear Brown Bear by Bill Martin and Eric Carle | MacMillan Publishers
We're Going on a Bear Hunt by Michael Rosen and Helen Oxenbury | Little Simon Books/Simon & Schuster Publishing

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

Speech and Language Milestones

- What are milestones?
- Why are milestones important?
- Lists of speech and language milestones for various age ranges between birth-48 months

SPEECH & LANGUAGE MILESTONES



Did you know? Babies and children grow and develop at different rates. While growing most babies and children gain identifiable skills as they grow. These identifiable skills are “developmental milestones”.

WHAT ARE SPEECH AND LANGUAGE MILESTONES?

Milestones build on each other, from simple to complex during predictable periods of time. Beginning at birth, speech and language milestones lay the foundation for a child’s listening, talking, and reading skills.

WHY ARE SPEECH & LANGUAGE MILESTONES IMPORTANT?

Milestones are important to track your baby’s growth and help you understand the skills your baby should have at their age.

As you identify your baby’s milestones, you will work with your LSL provider to grow your baby’s listening and talking skills.



HEARTSFORHEARING.ORG | OKC 405.548.4500 | TULSA 918.592.7600

SPEECH & LANGUAGE 6-9 MONTHS



MILESTONES

- Babbles more often such as “ba ba ba ba.”
- Uses the sounds “m”, “n”, “b”, “p”, “t” and “d” in babbling.
- Uses sounds such as raspberries or pretends to cough.
- Begins to imitate speech sounds.
- Begins to recognize the names of family members.
- Responds to “no.”
- Looks at pictures.
- Uses arm movements and sounds to protest.

WHAT CAN I DO?

- Be sure your baby wears hearing technology during all waking hours.
- Attend regular LSL and audiology appointments.
- Use routines like play, bedtime, mealtime to talk with your baby.
- Share your baby’s new skills with your LSL provider.
- Share questions and concerns with your LSL provider about your baby’s growth.



HEARTSFORHEARING.ORG | OKC 405.548.4500 | TULSA 918.592.7600

Play

- Importance of Play
- Playfulness By Age
- Examples of Age-Appropriate Baby Games based on a variety of age ranges from 0-36 months

IMPORTANCE OF PLAY



WHY IS PLAY IMPORTANT?

- Play helps you to be closer with your child.
- Play helps with listening and talking.
- Play helps them feel better about themselves.
- Play helps with physical health.
- Play helps with learning how to solve problems on their own.
- Play helps with confidence.
- Play helps your child learn how to be a good friend.
- Play helps children make their own ideas and imagination.
- Play is good for caregivers also.

- You are your child's favorite toy!
- Play games with your child.
- Use toys that are best for your child's age.

WHAT CAN I DO?

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

BABY GAMES 6-9 MONTHS



Telephone Talk

- You will need your telephone turned off.
- Sit baby on your lap and hold the phone to your ear as you talk. Say a short sentence: "Hello, ____ (child's name)!"
- Hold the phone to the baby's ear and repeat the same sentence.
- After you have done this a few times, pretend to have a longer conversation of two or three sentences. Use the baby's name in the conversation and other words that he understands like "daddy," "bye-bye."
- Next, put the phone to the baby's ear, and see if they will talk into it.

Roll the Ball

- With the baby seated facing you take turns rolling a ball back and forth and in a sing-song voice, say:
.....
You roll the ball to me,
I roll the ball to you!
.....
- Help baby roll the ball if needed.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

Programs

- Baby and Me
- Listening for Littles
- Bridges Preschool
- Hear-O Teen group
- Summer Camp
- Closed Family Facebook page
- Educational Consultants

BABY AND ME



Did you know? Hearts for Hearing offers a monthly group for babies (ages 0-2 years) and their families.

Baby & Me is led by a speech-language pathologist and a pediatric audiologist. The goal of Baby & Me is to provide families with helpful info on important topics related to babies and hearing loss. Baby & Me also provides a time of connection for caregivers of babies with hearing loss.



WHAT CAN I DO?

You can attend Baby & Me to learn about your baby and hearing loss.

You can also meet other families who have babies with hearing loss. Watch for messages on email and social media for the next meeting.

NEXT STEPS

You can tell your Listening and Spoken Language (LSL) Specialist that you want to attend Baby & Me. Make sure we have your email and you will receive a monthly invite with more info.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

FACEBOOK GROUP



Did you know? Hearts for Hearing has a private Facebook group that is for caregivers of children with hearing loss.



This private Facebook is only for families who receive services from Hearts for Hearing. It is a place for families to connect with other families, share their hearing journey, and find resources. Families can also participate in Heart to Heart events through the Livestream feature through this group. We reserve this page for immediate parents and guardians only.



Use the camera feature on your smartphone to go directly to our page to request to join!

NEXT STEPS

Ask to join the page. You can find the link on our website under: "Children" → "Support for Families"

You can also tell your LSL specialist or audiologist you would like to be to added. You will need to give your email address.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

LSL Strategy Handouts

AUDITION FIRST

HEAR IT BEFORE YOU SEE IT



EATING

SHAKE YOUR BABY'S BOTTLE BEFORE SHOWING IT TO THEM, OR TELL THE BABY, "YOU'RE TELLING ME THAT YOU ARE HUNGRY. LET'S GET YOU SOMETHING TO EAT!" BEFORE BREASTFEEDING.



ROUTINES

CRINKLE THE BABY WIPE PACKAGE TO ALLOW YOUR BABY TO HEAR THE SOUND IT MAKES BEFORE SHOWING THEM THE WIPES. TELL YOUR BABY, "I AM GOING TO WIPE YOU, AND YOU WILL BE ALL CLEAN!"



SOCIAL

WHILE PUTTING YOUR BABY IN THE CARSEAT, USE THIS FACE TO FACE TIME TO TELL THEM WHERE YOU ARE GOING AND WHO YOU WILL SEE ON YOUR TRIP.



PLAY

TALK ABOUT GETTING ONE OF YOUR BABY'S FAVORITE TOYS WHILE IT IS OUT OF SIGHT. TELL YOUR BABY, "I BET YOU WANT YOUR RATTLE SO YOU CAN SHAKE, SHAKE, SHAKE IT. LET'S FIND YOUR RATTLE!"



COMMENTING/ PARALLEL TALK/ SELF TALK

TALK ABOUT IT



EATING

PARALLEL TALK: DESCRIBE YOUR CHILD'S EATING ROUTINE, USING THEIR SENSES: TOUCH, TASTE, SMELL, SOUND, SIGHT. SELF-TALK: TALK THROUGH FOOD PREP: "I'M MAKING A SANDWICH, FIRST, I'LL SPREAD ON THE PEANUT BUTTER. NOW I'LL GET SOME JELLY."



CONNECTING

PARALLEL TALK: IMAGINE YOUR CHILD'S "THOUGHT BUBBLE" AND EMOTIONS. SPEAK THOSE WORDS OUT LOUD. - "YOU WERE HOPING TO STAY AT THE PARK. YOU SEEM SAD TO LEAVE". SELF-TALK: TALK OUT LOUD ABOUT YOUR FEELINGS AND LABEL YOUR EMOTIONS TO BUILD YOUR CHILD'S SKILL OF EMPATHY.



PLAY & LEARNING

PARALLEL TALK: NARRATE YOUR CHILD'S PLAY WITH POWERFUL PREPOSITIONS: IN, ON, UNDER, NEXT TO, BEHIND, BETWEEN. SELF-TALK: TALKING OUT LOUD HELPS YOUR CHILD REACH THE GOAL OF HEARING 40 MILLION WORDS BY 4 YEARS OLD.



ROUTINES

PARALLEL TALK: TALK THROUGH DIAPER CHANGING- "I AM GETTING OUT THE WIPES. THEY ARE COLD AND WET. WIPING, WIPING, WIPING. YOU ARE CLEAN!" SELF-TALK: TALK THROUGH DAILY ROUTINES. - "I'M LOOKING FOR YOUR WIPES." "I'M BRUSHING MY TEETH."



ACOUSTIC HIGHLIGHTING

EMPHASIZE TO RECOGNIZE



VOICE

ADD A SINGSONG QUALITY TO YOUR VOICE! WHILE TALKING, PLAYING AND READING WITH YOUR BABY, USE A MELODIC QUALITY WITH EMOTION, LONG VOWELS AND RISING AND FALLING PITCH.



LANGUAGE

USE REPETITIVE LANGUAGE. WHILE PLAYING WITH YOUR BABY, USE FAMILIAR PHRASES WITH EMOTION OFTEN, SUCH AS "UH OH!", "AROUND AND AROUND" AND "UP, UP, UP, DOOOOWN!"



SINGING

NO MATTER WHAT YOU SING TO YOUR BABY, HAVE FUN! WHETHER IT'S A CHILDHOOD FAVORITE LIKE "ROW, ROW, ROW YOUR BOAT" OR A NEW SONG THAT YOU MADE, YOU'RE HELPING YOUR BABY'S BRAIN GROW.



LEARNING

DID YOU KNOW YOUR SINGING IS BETTER THAN LISTENING TO MUSIC EARLY ON TO HELP YOUR BABY LEARN TO LISTEN AND TALK? EVEN IF YOU DON'T THINK OF YOURSELF AS A SINGER, YOUR VOICE WILL BE YOUR BABY'S FAVORITE TO LISTEN TO!





- After implementing this new program, it was highly successful with some of our families and led to better education and buy in.
- All families were receiving the same education, handouts, support, however, many were still failing to meet EHDI 1-3-6 benchmarks as well as speech and language milestones.
- What pieces were still missing?

What is recommended for optimal LSL outcomes for children with hearing loss?

- Hearing screening
- Diagnostic evaluation with audiologist
- Enrollment in early intervention services and receiving regular intervention sessions
- Follow up appointments every 3-6 months with audiology (possibly more often for new earmolds)
- Medical evaluation with otologist
- If a cochlear implant candidate: MRI/CT scans; device selection appointments, multiple activation and mapping appointments
- Hearing technology wear time of 8-10 hours per day depending on age of the child
- 2-4 Listening and Spoken Language therapy appointments per month.
- Parents understanding and using LSL strategies in daily, play, social routines (and possibly teaching other caregivers/daycares)



-
- In Oklahoma, significant unmet needs persist in achieving timely hearing healthcare and meeting EHDI 1-3-6 benchmarks.
 - Nearly half of these delayed diagnoses occur in rural communities, where access to pediatric audiology is limited.
 - Once these families enter the system, they encounter fragmented follow-up care.
 - Referrals to medical specialists, early intervention, and therapy services are often inconsistent due to insurance requirements, provider availability, and the fact that services do not exist under one roof.



Additional barriers:

- Families often lack a single point of contact who can explain screening results, next steps, and timelines.
- Education gaps (limited health literacy, misunderstanding the urgency of follow-up, and distrust of healthcare systems) can further delay care.
- Need for culturally and linguistically appropriate support
- Many families have limited awareness of available resources in their communities.





-
- These combined geographic, socioeconomic, cultural, and systemic barriers prevent many children from receiving a timely diagnosis and early intervention during the most critical window for language development.
 - In 2025, Hearts for Hearing established the role of “Family Support Coordinator” who serves as a key staff member guiding families from newborn hearing screen referral through enrollment in early intervention and beyond.



Common barriers:

- Transportation
- Mental Health
- Postpartum Depression
- Work-Life Balance
- Scheduling
- Childcare Concerns
- Bilingualism
- Foster Care/DHS

Transportation Resources

- SoonerRide (for families on Medicaid)
 - Families often need assistance setting up the program and troubleshooting difficulties
- Coordinate appointments with audiology, LSL, ENT, etc. the same day to reduce multiple trips
- Having gas cards readily available
- Helping patients navigate public transit options
- Shelter transport assistance



Mobile Clinic



Mental Health/Postpartum Depression Resources

- Connecting families with community mental health agencies
- Encouraging coordination with primary care providers for screening and referrals
- National Maternal Mental Health Hotline (English and Spanish)
- Support groups
- Peer-to-peer support





Childcare Recommendations

Many families express fear of sending their child to daycare or in the care of an extended family member due to their hearing technology or additional medical needs.

- Family support coordinator and/or educational consultant can have discussions with families on coaching childcare providers on device basics and safety.
- Scheduling multiple services on the same day if possible, to prevent caregiver needing to take off work multiple days per week.
- Connecting families with early intervention providers who offer flexible hours, in home services, or teletherapy services.



Bilingual Recommendations

- Connecting families with bilingual providers in the area
- Connecting families with parent mentors
- Providing translated resources and visual supports
- Allotting extra time in appointments to accommodate translation and assurance of accurate understanding of care
- Advocacy is important for bilingual families. Ensuring they don't fall through the cracks when pursuing outside therapies and care since service delivery with these families can be more difficult.

Foster Care/DHS support

- Educating DHS case workers on a child's hearing loss and recommendations that are associated with caring for a child with hearing loss.
- Working along side case workers, foster parents, and biological parents in providing the best care for the child.
- Helping make sure no services are dropped following transitions into different homes.



Family Support Coordinator Role

- All families have access to our Family Support Coordinator whether that be by appointment or pulled into a speech or audiology appointment if the family expresses a need that could be met by her services.
- All newly diagnosed families will meet with the family support coordinator as a part of their audiology and speech care at these times:
 - Initial meeting is scheduled soon after hearing technology is fit/LSL services have been established
 - 6 months after initial meeting
 - 12 months after initial meeting
 - Continued sessions if concerns remain after the 12-month check-in



SPISE-R

- Scale of Parental Involvement and Self-Efficacy- Revised
- A parent questionnaire that gives insight into parent's perceptions of their own beliefs, knowledge, confidence, and actions pertaining to supporting their child's auditory access and spoken language development.



A. BELIEFS: These items describe things that some parents of children with hearing loss may believe or be concerned about. Please indicate how much YOU share these beliefs or concerns.

	Not at all		Somewhat			A great deal	
1. "If children are given the right supports, they can overcome the effects of hearing loss."	1	2	3	4	5	6	7
2. "How my family talks to and interacts with my child will have a big impact on how my child develops."	1	2	3	4	5	6	7
3. "No matter what we do as a family, my child's development will be delayed compared to children with normal hearing."	1	2	3	4	5	6	7
4. "My child's hearing devices help him/her learn to communicate."	1	2	3	4	5	6	7
5. "If people see my child wearing his/her hearing device(s), they will judge my child or family."	1	2	3	4	5	6	7
6. "If I keep my home too quiet, my child won't learn to listen in noise."	1	2	3	4	5	6	7
7. "If children wear their hearing device(s) all the time, they will become overly dependent on them."	1	2	3	4	5	6	7

Ambrose, S. E., Appenzeller, M., & DesJardin, J. L. (2019). Scale of Parental Involvement and Self-Efficacy- Revised [Assessment Instrument]. Omaha, NE: Boys Town National Research Hospital.

B. KNOWLEDGE: Parents must learn a lot of new information and skills when their child has a hearing loss. This process takes time. We are interested in how much you currently **know** about each topic.

	A little		Some			A great deal
1. How to manage my child's hearing device(s)	1	2	3	4	5	6 7
2. Strategies to use to keep my child's hearing device(s) on him/her	1	2	3	4	5	6 7
3. What my child can and cannot hear <u>without</u> his/her hearing device(s)	1	2	3	4	5	6 7
4. What my child can and cannot hear <u>with</u> his/her hearing device(s)	1	2	3	4	5	6 7
5. How to do the Ling 6-Sound test (ah, ee, oo, m, sh, s)	1	2	3	4	5	6 7
6. The sounds, words, or sentence types my child should be learning to say	1	2	3	4	5	6 7
7. How to help my child learn to communicate	1	2	3	4	5	6 7
8. How my child's learning is affected by his/her hearing loss	1	2	3	4	5	6 7
9. How to share a book with my child in a way that helps him/her learn to communicate	1	2	3	4	5	6 7
10. Strategies the interventionist recommends using to help my child learn to communicate	1	2	3	4	5	6 7

Ambrose, S. E., Appenzeller, M., & DesJardin, J. L. (2019). Scale of Parental Involvement and Self-Efficacy- Revised [Assessment Instrument]. Omaha, NE: Boys Town National Research Hospital.

C. CONFIDENCE: Knowledge alone doesn't always make us confident or comfortable doing something. We may need more time or practice to build confidence. Please indicate how **confident** you are in your ability to do each thing.

	Not at all		Somewhat			Very	
	1	2	3	4	5	6	7
1. Determine if my child's hearing device(s) are working okay	1	2	3	4	5	6	7
2. Put and keep my child's hearing device(s) on him/her	1	2	3	4	5	6	7
3. Help my child hear by making changes in his/her environment	1	2	3	4	5	6	7
4. Help my child hear and understand new speech sounds or sounds in his/her environment	1	2	3	4	5	6	7
5. Find out if my child is hearing okay by using the Ling 6-Sound test (ah, ee, oo, m, sh, s)	1	2	3	4	5	6	7
6. Help my child learn to say new sounds, words, or sentences	1	2	3	4	5	6	7
7. Help my child communicate what he/she wants and needs	1	2	3	4	5	6	7
8. Communicate with my child in a way that is appropriate to address his/her hearing needs	1	2	3	4	5	6	7
9. Share books with my child in a way that helps him/her learn to communicate	1	2	3	4	5	6	7
10. Do the things I learned during intervention sessions when the professional is not there to help me	1	2	3	4	5	6	7

Ambrose, S. E., Appenzeller, M., & DesJardin, J. L. (2019). Scale of Parental Involvement and Self-Efficacy- Revised [Assessment Instrument]. Omaha, NE: Boys Town National Research Hospital.

D. ACTIONS: We know daily lives are busy. There are many responsibilities that parents have. It is not possible to always do everything we would like to do each day. Given other responsibilities, we are interested in how often you are able to **do** the following things.

	Never		Sometimes			Always	
1. Daily listening checks on my child's hearing device(s)	1	2	3	4	5	6	7
2. Make sure other people caring for my child know how to manage my child's hearing devices	1	2	3	4	5	6	7
3. Make sure I, or someone else, puts my child's hearing device(s) on immediately <u>after he/she wakes up</u>	1	2	3	4	5	6	7
4. Make sure I, or someone else, puts my child's hearing device(s) on immediately <u>if they fall off or my child takes them off</u>	1	2	3	4	5	6	7
5. Make sure my child's environment makes it as easy as possible for him/her to hear	1	2	3	4	5	6	7
6. Draw my child's attention to sounds in speech or the environment that he/she is still learning or might not have heard	1	2	3	4	5	6	7
7. Daily check of my child's listening with the Ling 6-Sound test (ah, ee, oo, m, sh, s)	1	2	3	4	5	6	7
8. Use strategies during our daily activities to help my child learn to say new sounds, words, or sentences	1	2	3	4	5	6	7
9. Use strategies to help my child communicate his/her wants and needs	1	2	3	4	5	6	7

Ambrose, S. E., Appenzeller, M., & DesJardin, J. L. (2019). Scale of Parental Involvement and Self-Efficacy- Revised [Assessment Instrument]. Omaha, NE: Boys Town National Research Hospital.

4. How often does your child usually wear his/her hearing device(s) when he/she is awake in these situations?

	Never	Rarely	Sometimes	Often	Always	Doesn't apply to us
a) At home						
b) In the car						
c) In daycare or school						
d) When cared for by family or friends outside the home						
e) Playing outside						
f) On outings (e.g., store, zoo, children's museum)						

Ambrose, S. E., Appenzeller, M., & DesJardin, J. L. (2019). Scale of Parental Involvement and Self-Efficacy – Revised [Assessment Instrument]. Omaha, NE: Boys Town National Research Hospital.

E. H4H SUPPLEMENT -- CAREGIVER-CHILD INTERACTION: We know caregivers have an important role in their child's development. It takes time to learn strategies that work for you and your child when interacting and learning. Please indicate how often you implement the following strategies. Note: We recognize that not everyone uses these all these approaches at once as caregivers use different strategies for different situations.

		Not at all		Somewhat			Very	
		1	2	3	4	5	6	7
1.	Follow my child's lead in play	1	2	3	4	5	6	7
2.	Help my child calm down when they are upset	1	2	3	4	5	6	7
3.	Read my child's nonverbal cues (e.g., knowing when they are done eating or engaging, when they are tired, etc.)	1	2	3	4	5	6	7
4.	Supporting my child during transitions (e.g., finishing playing and going to bed, moving from one activity to another)	1	2	3	4	5	6	7
5.	Know when to help vs. when to let my child try on their own	1	2	3	4	5	6	7
6.	Share delight in my child based on enjoying each other's presence rather than delighting in what they are doing or their accomplishments	1	2	3	4	5	6	7
7.	Describe my child's emotions and experiences to them	1	2	3	4	5	6	7

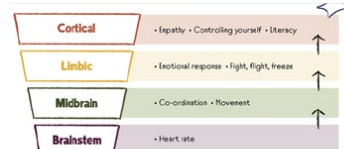
Caregiver-Child Relationship

- Knowing how the emotional brain is regulated
- “Being with” big feelings
- Following your child’s lead in play
- How to be attuned to your child
- Fostering resiliency

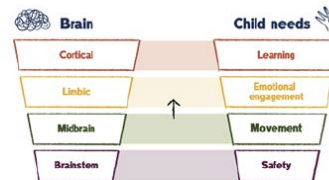
KNOWING HOW THE EMOTIONAL BRAIN IS REGULATED



Did you know? The brain organizes in 4 layers that help shape how your child responds to their everyday experiences. Each layer is important for regulating feelings and behaviors.



From: S.L. (2003) Brain Structure and Function: A Guide to Dyslexia. Adapted in part from "Nurturing Children: Experiences, Brain Development and the Next Generation" (W.W. Norton & Company)



Adapted from: McCash, M. & Weaver-White, N. Relationship-shaping: Teacher candidacy and implications for brain development. The First Years: Age Two Through Five. Second Edition and Toddler Edition, 133-137-23.

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

"BEING WITH" BIG FEELINGS



Did you know? Children with a secure relationship are better able to regulate and focus, have higher confidence, be creative, and have healthier cognitive and social skills.

Maintaining and establishing a secure relationship will look different for caregivers as children get older.

- For babies: rocking them when fussy, playing peek-a-boo, copying the sounds they make.
- For toddlers: picking them up when they fall, narrating what they see, taking pride in what they show you, following their lead in play



Video Resources



HOW THE CIRCLE WORKS



WATCH THIS WITH YOUR LSL!

HEARTSFORHEARING.ORG | OKC 405.548.4300 | TULSA 918.392.7600

Where are we going next?

- We're still in the early stages of our Family-Support Coordinator Role and excited to see the data we obtain as this first class of babies grow. We are hopeful that by providing support for those facing barriers, it will lead to better hearing and speech and language outcomes for our families.
- We would love to continue to grow in our behavioral health and mental health programs and resources and are actively dreaming about how we can grow our support team.

Questions?