



Part C providers continue to support language development through teletherapy



Kimberley Griffith

Educators names and titles: Kimberley Griffith, a speech-language pathologist, and Emilie Mulholland, a deaf and hard of hearing educator.

Program and location: The Infant and Toddler Connection of Fairfax-Falls Church in Virginia.

Activity: Rapidly transitioned to support the language development of infants and toddlers when their Part C program suspended in-person therapies as a result of the coronavirus outbreak.

Story: When a toddler speaks or signs her first words, it is a memorable moment for the child's family and for the early interventionists who helped guide that development. The administrators and educators with the Infant and Toddler Connection of Fairfax-Falls Church in Virginia worried about children losing progress in their language development when the program suspended in-person therapies in March due to the coronavirus outbreak.

"The thing we're specifically sensitive to here in early intervention is that time is of the essence," said Susan Sigler, the program's director.

Within a week, the Part C program's 110 providers had undergone training to provide comprehensive and quality services online. Although the providers had support from vendor agencies, local program leadership, and the state Part C agency, providing services virtually was still brand new to them.

Kimberley Griffith, a speech-language pathologist in the program, wondered how she would be able to connect with families and children from a distance. "I wanted to continue to be able to express my care and concern and genuine authentic support for them even though I am just a face on the screen," she said.

Griffith quickly found a rhythm, taking advantage of online programs to share resources and visual supports with parents and continuing to coach parents on prelinguistic gestures to guide their child's language development. She discovered that she follows up with families more often between sessions due to the sharing of resources.

For example, she has shared with families the First Words Project's 16by16 resource that explains 16 gestures children should learn by 16 months old as a prerequisite to verbal communication. "Parents are noticing their children are using their hands, their bodies to communicate," Griffith said. "It's been very empowering for the families."

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Administrating assessments online for infants and toddlers to determine service needs was one of the more difficult challenges when the program transitioned to teletherapy. Emilie Mulholland, who is a deaf and hard of hearing educator with the program, was one of several providers to practice the online assessment with the support of her 18-month-old baby, using a laptop and phone to understand how parents might experience the different formats.



Emilie Mulholland

Mulholland, who is deaf and uses cochlear implants, said providing services virtually has forced her to do more coaching of parents as opposed to working directly with a child. "Families need that confidence that they can do it," she said.

As she did during in-person therapies, Mulholland has continued to coach parents on supporting their child's gesturing as a method to communicate before their child speaks or uses sign language. When in-person sessions resume, Mulholland said she plans to ask parents what worked well during teletherapy and why, and will continue to use those strategies that were effective for families and children.

One activity that can't be modified for teletherapy is physically helping families fit or adjust a child's hearing aids, Mulholland said. "I can't troubleshoot as well with helping parents listen to the hearing aids because I can't hear the [hearing aid] feedback as well over the screen," she said.

Sigler said the program added 191 children between March 23 and May 18. Only one family declined virtual services, she said.

In total, 10 percent of the program's families have declined services since in-person therapies have been suspended. The early interventionists continue to reach out to those families to see if they are willing to try teletherapy.

"Now we have stories to share and real-life examples," Sigler said.

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