



2009 Summer Conference Handout

Date (Sunday, July 19, 2009)

Time (3:30 – 5:00 pm)

Presenter(s):

Donna Fisher Smiley, Ph.D., CCC-A, FAAA
and

Steve Upson, M.S., CCC-A, FAAA
ABA Board Certified, Specialty Certification in Cochlear
Implants

Arkansas Children's Hospital
Little Rock, AR

**Standing in the Gap:
From the Clinic to the
Classroom**

Donna Fisher Smiley, Ph.D., CCC-A, FAAA
Arkansas Children's Hospital &
Conway Public Schools

Steve Upson, M.Ed. M.S., CCC-A
ABA Board Certified, Speciality Certification in Cochlear
Implants
Arkansas Children's Hospital

EAA 2009 Summer Conference
July 19, 2009 3:30 – 5:00 pm

Learner Outcomes

Participants will be able to:

- describe the present model of school based audiology in Arkansas
- list ways that school based audiologists and clinical audiologists can collaborate in order to improve services for students

smileydf@archildrens.org

upsonss@archildrens.org

Arkansas: An example of good intentions, but poor planning

Crossing the Creek

EARS (Audiology)

- IDEA 2004 lists audiology as a related service.
- Our goal is to provide Arkansas' schools/preschools with direct access to audiological services and meet the needs of Arkansas' students.



Educational Audiology/Speech
Pathology Resources For Schools

An outreach program of Arkansas Children's Hospital

EARS Audiology Services

- **Hearing Loss Prevention/Conservation**
- **Screening/Management of Hearing Screening Programs**
- **Audiological Evaluations**
- **Amplification Analysis and Troubleshooting**



EARS Audiology Services

- **Classroom Amplification**
- **Classroom Acoustics**
- **Counseling and Guidance for Students/Parents**
- **Professional Development for School Personnel**
- **Individualized Education Plan (IEP) Development**



EARS @ ACH Long term vision

EARS Contracting Options

- Case by case basis
- Specified amount of time (Example: 1 day a week; 1 day a month etc)



Case Example: Chance

Clinic to Classroom

- 11 year old, male
- Right ear – Moderate to mild sensorineural hearing loss
- Left ear – Moderate to slight sensorineural hearing loss (with normal threshold at 8000 Hz)
- Family reported that Chance has some “sensory” issues and that they were interested in amplification (eventually the family confirmed that there was a diagnosis of Asperger’s syndrome)
- Audiologist decided to fit student with hearing aid on right ear and recommend FM system for school use

Appropriate Accommodations

- Teacher needs to be aware of the hearing loss
- Possible accommodations:
 - Closed captioning for video/DVD
 - Visual supplements
 - Vocabulary lists
 - Maps, charts, graphs etc
 - Teacher check for understanding of instructions
 - Locating student away from noise sources

Classroom to Clinic

- Initially, student was to be in a regular classroom
- Family did NOT disclose that the student was placed in a behavior classroom (6-8 students; individualized instruction)
- Student wore hearing aids for about 2 weeks – and then never showed back up to school with hearing aids or his personal FM

Working together

- Important to know “classroom setting” (self-contained, regular, resource, behavior, etc)
- Sensory issues were important in this case (student really has issues with wearing hearing aids)
- Behavior issues had an impact here (student is allowed much control in the home)

Steve's "Story"

- Calvary
- Technology frustration

Clinic to Classroom

- Seven years old
- Noise notch audiogram bilaterally
- No report of noise exposure outside normal daily activities
- Teachers noticed difficulty following directions
- Recommended to his audiologist that a FM system be tried

Case Example:
Drake

Classroom to Clinic

- He is in a regular classroom
- End of the school year
- Willingly started using the device immediately
- Attention span was increased

Appropriate Accommodations

- Teacher needs to know how to set the transmitting device
- Teacher needs to know how to check the function of the receiver
- Teacher needs to use patch cords when appropriate to maximize student understanding of presented material
- Interact with speech pathologist to determine language and vocabulary growth
- Personal audiologist kept informed about progress
- Teachers know they can call either audiologist for assistance

Case Example:

Marcus

Working together

- Teacher can contact local or educational audiologist if any problem arises or parts needed
- Several school staff need to be trained to insure the equipment is regularly evaluated for function

Clinic to Classroom

- 12 years old
- Severe to profound sensori neural hearing loss
- Monaural cochlear implant and FM system
- Educational audiologist is also programming audiologist

Classroom to Clinic

- Going into seventh grade in a rural setting
- Fully incorporated into regular classrooms with modifications
- Multiple teachers

Working together

- It is important to have the entire team involved including teachers, school nurse, speech pathologist, and personal audiologist
- We must respect the legal rights of each student
- We must be available at all times to insure all needs of the student are addressed

Appropriate Accommodations

The teacher:

- 1) Needs to understand the difference between hearing and understanding
- 2) Needs to evaluate the function of the processor and FM system daily
- 3) Needs to know the options of using FM system with audio sources in the class including computers and video presentations
- 4) Be aware of noise sources in the classroom and avoid them
- 5) Needs to know what each program on the speech processor are for

What do schools need from the clinical setting?

- ✓ **Audiological information**
 - ✓ **Complete (according to state guidelines)**
 - ✓ **Explained in terms that non-audiologist can understand**
- ✓ **Personal hearing aids**
 - ✓ **Compatible with FM technology**
 - ✓ **Program in HA for FM**
- ✓ **Information**
- ✓ **Resources**

What do clinical audiologists need from the school setting?

- ✓ **What other FM technology is being used in the building?**
- ✓ **Feedback on problems and successes with personal amplification (parent can be a big part of this)**
- ✓ **Information on who to contact**

Top 10 Things EARS Can Do That The Clinical Audiologists Cannot

- 10) Schools need audiological coaches to bring the team together
- 9) Clinical audiologists love to hear success stories and we increase the chances of that happening
- 8) All equipment is man made so it is prone to become non functional
- 7) Kids don't like equipment that doesn't work and like equipment that does.
- 6) We do a great job helping kids learn better
- 5) No one ever has enough batteries
- 4) We have tympanometers
- 3) We get to come to New Orleans
- 2) We give confidence to hearing screenings.

Public Relations

- It is the little things
 - Teacher screenings
 - Batteries for hearing aids
 - Patience with staff
 - Principals and other administration
 - School nurses
 - Student's rights
 - Managing Audiologist's needs

And Reason #1 Is:

- 1) School personnel don't know what they don't know

Questions?

Thanks!