

A Multidisciplinary Approach to Pediatric Audiology

Jordan McNair, AuD

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Learning Objectives

- **Identify key members of a multidisciplinary team for pediatric hearing loss management**
- **Understand when multidisciplinary referrals are necessary for pediatric patients with hearing loss**
- **Describe the benefits and potential challenges of multidisciplinary care for pediatric hearing loss management**



Terminology:

- **Multidisciplinary:** *combining or involving several academic disciplines or professional specializations in an approach to a topic or problem (independently)*
- **Interdisciplinary:** *combining or involving several academic disciplines or professional specializations in an approach to a topic or problem (collaborating)*
- **Collaboration:** *the action of working with someone to produce or create something*

Multidisciplinary Approach in Audiology...

Craniofacial

Cochlear
Implants

Tinnitus
Management

Vestibular

Pediatrics



Where else is this approach effective?

- Cancer treatment (Fennell et al., 2010)
- Heart Disease (Kasper et al., 2002)
- Obesity (Carriere et al., 2016)
- Diabetes (Simmons et al., 2016)

Who can be on a multidisciplinary team?

Audiology	Otolaryngology	Speech Language Pathology	Psychology	Education
Social Work	Genetics	Pediatrics	Art/Music Therapy	Physical Therapy
Occupational Therapy	Auditory Verbal Therapy	Case Managers	Caregivers	Behavioral Therapy

Who can be on a multidisciplinary team?

Audiology

Otolaryngology

Psychology

Social Work

Education

Genetics

Caregivers

Speech Therapy/
Auditory Verbal
Therapy

Audiology

- **Diagnosis of hearing loss**
- **Hearing needs assessment/ device evaluation**
- **Treatment of hearing loss**
 - Traditional Amplification
 - Cochlear Implants
 - Bone Conduction Hearing Aids (surgical/nonsurgical)
- **Device management/ programming**
- **Hearing assistive technology**
 - FM/ DM
 - Remote Microphones
 - Accessories

Otolaryngology

- **Medical work-up for hearing loss**
- **Imaging order/review**
 - MRI vs CT Scan
- **Surgical placement of auditory implants**
- **Medical/surgical intervention for mixed/conductive hearing loss**

Psychology

- **Assess, diagnose, and treat mental, emotional, and behavioral disorders**
- **Management of personal problems ranging from short-term personal issues to severe, chronic conditions**
 - Trained to use a variety of approaches to help individuals
- **Cognitive testing**
- **Behavioral Assessment/ Intervention**
- **Counseling**

Social Work

- **Assist in coping with challenging situations in their lives**
 - Adoption
 - Chronic medical conditions
 - Substance abuse
 - Physical abuse
- **Can provide some therapy depending on state and licensure**
- **Community outreach and resources**

Education

- **General Educators**
- **Deaf Educators**
- **Auditory/ Oral Education**
- **Educational Consultants**
- **Special Educators (ESE)**
- **Tutors**

Speech Language Pathology/ Auditory Verbal Therapy

- **Speech and language evaluations**
- **Alternative and Augmentative Communication Device evaluation**
- **Assessment and treatment of speech, language, voice, and fluency disorders**

- **Auditory Verbal Therapy**
 - Facilitating optimal acquisition of spoken language through listening by newborns, infants, toddlers, and young children who are deaf or hard of hearing (ASHA)

Genetics

- **Results of genetic testing can inform outcome counseling**
- **Syndromic vs non- syndromic hearing loss**

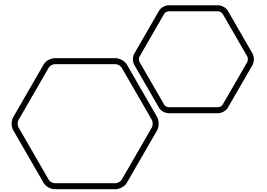
- **Examples:**
 - **Connexin 26**
 - **Otoferlin**
 - Auditory Neuropathy Spectrum Disorder (ANSD)

Caregivers

- **Extremely important member of any multidisciplinary team**
- **Many parental or caregiver factors influence outcomes**
 - Socioeconomic status
 - Parental education
 - Overall adherence to recommendations
 - Multiple caregivers



Pediatric Audiologists





Family Support Team



CHP Psychology

- **Family and individual counseling**
 - **Behavioral intervention**
 - **Psychoeducational evaluations**
 - **Autism Spectrum Disorder evaluations**
-
- **Final Device counseling/selection for CI process**
 - **Consultations from failed mental health screeners**

CHP Social Work

- **Financial and insurance assistance**
- **Support with navigating community resources**
- **Addressing treatment barriers**
- **Family and individual counseling**

CHP Education

- **Individualized Education Plan (IEP)/ 504 Plan support**
- **Educational consultations**
- **School/ Teacher trainings**

CHP Auditory Verbal Therapy

- **Auditory verbal therapy sessions**
- **Speech and language evaluations**
- **Alternative and Augmentative Communication Device evaluations**
- **Co- treatment with Audiology**

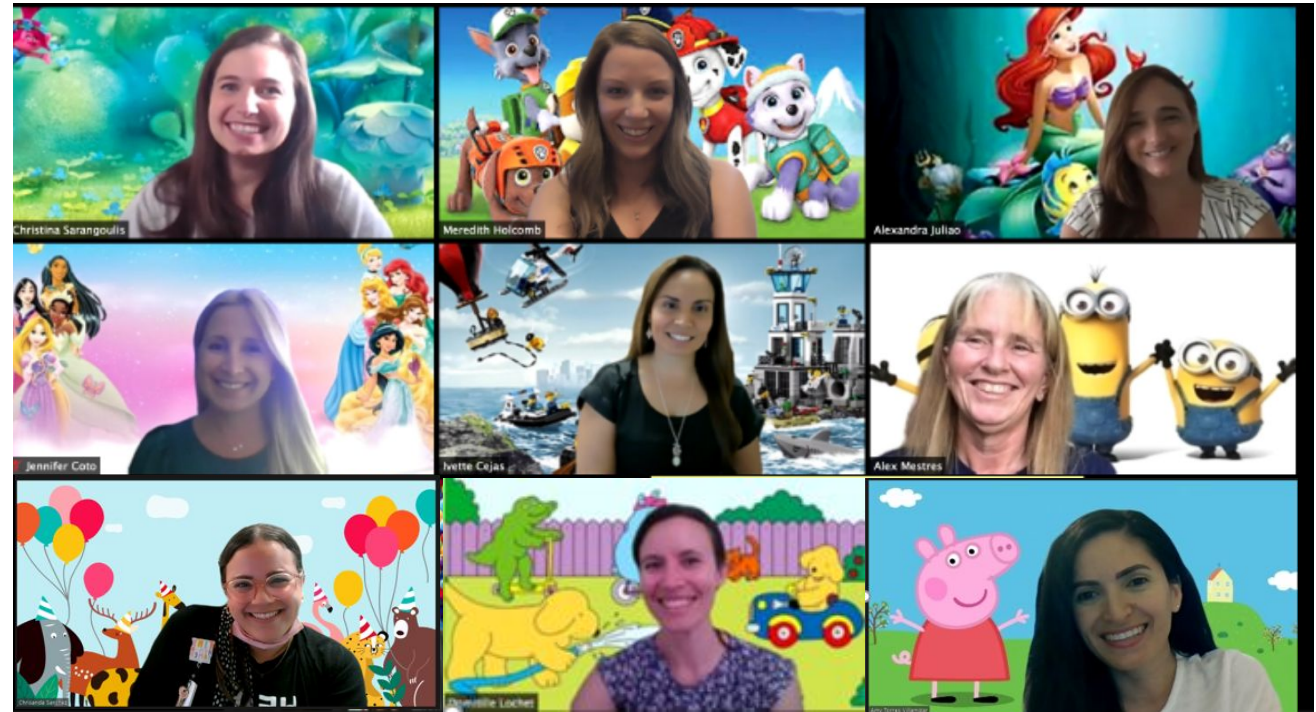
- **Available in *English* | *Spanish* | *French***

Innovative Delivery Models

- **Telehealth services available for all family support services**
- **Telehealth appointments available for counseling-based audiology services**
 - Device Evaluations
 - Device Selections
 - Troubleshooting
- **Remote Cochlear Implant Programming**
 - Being investigated presently by Chrisanda Sanchez, AuD and Meredith Holcomb, AuD

Innovative Delivery Models

- Remote cochlear implant programming
- Investigating use of multidisciplinary team meetings (including caregivers) in the candidacy evaluation process



Community Collaborations

- **U-Miami Debbie School**
 - Auditory/ Oral Program
- **Miami Children's Hospital Craniofacial Clinic**
 - Audiology Support
 - Educational Support
 - Amplification/ Treatment referrals
- **FL Medicaid and Hear USA**
 - UM to provide service to pediatric patients regardless of this
 - We are Hear USA providers in order serve the Medicaid pediatric population

Case Presentations



Case 1: Maxim

- **12-month-old male born and still living in Russia**
 - Seeking care in US for second opinion
- **Reported concerns:**
 - Failed newborn hearing test in Russia
 - Parents reported bilateral profound hearing loss based on ABR
 - Abnormal Behaviors
 - Global Delay
 - Speech Delay
 - Vision concerns
- **No formal diagnosis at initial intake other than hearing loss**

Case 1: Maxim

- **Audiogram:** inconclusive due to patient inability to condition
- **Sleep ABR:** Confirmed bilateral profound hearing loss

- **Referrals made:**
 - Hearing Implant Program
 - Neurotology
 - Genetics
 - Psychology
 - Neurology/Developmental pediatrics

Case 1: Maxim

- **Neurotology:**

- Recommended sequential cochlear implantation (due to insurance) pending results of MRI
- Ordered genetic testing
- Medically cleared for CI

- **But.....**



Case 1: Maxim

- **Social Work to the Rescue:**

- Assisted the family in changing insurance plans before further audiology appointments took place
- Collaborated with cochlear implant administrative staff to ensure the new plan was compatible
- Consulted with family in person to change insurance plan effective at months end

Case 1: Maxim

- **Psychology/ Neurology**

- Identified behavioral patterns consistent with Autism Spectrum Disorder
- Neurology provides formal diagnosis and orders for ABA therapy

- Psychology team addresses additional concerns for length of follow-up as the family is in town temporarily from Russia

Case 1: Maxim

- **Hearing Implant Team**
 - Performs CI Evaluation
 - Moves for sequential Implant

- **Patient receives unilateral sequentially activated**



Case 1: Maxim

- **Hearing Implant Team**

- Routine follow-up for cochlear implant
- Mom reports that genetic testing reveals Usher Syndrome Type I

- **Second side CI recommended and quickly pursued**

Case 1: Maxim

- **Bilaterally activated and utilizing support from audiology and psychology**
- **Enrolled in ABA therapy**
- **Returned to Russia for follow-up once CI programming was stable**

Case 1: Maxim Key Takeaways

- **Several referrals were made but the process never paused**
- **Adjusted plan and necessary steps based on results**
 - **Insurance Issues:** Social work
 - **Genetics Results:** Expedited second CI
 - **Autism Diagnosis:** Outside referral to ABA therapy



Case 2: Alexandra

- **12-year-old female with congenital mild sensorineural hearing loss**
 - Fit with amplification at 9 months of age
 - Consistent struggles with use of the devices for several years
 - Self-conscious about wearing the devices during school
 - Self-conscious about small stature and takes growth hormones
- **Referred to psychology due to parental concern for use of the devices**

Case 2: Alexandra

- **Psychology**

- Addressed concerns for device use
- Uncovered deeper issues with generalized anxiety and depression
- Established weekly therapy sessions for counseling and monitoring of symptoms

- **Similar issues to these could be identified through a mental health screener**

- Created by psychology team and administered by audiologists to patients 12 years and older

Case 3: Robert

- **49-year-old male with developmental disability**
 - Longstanding severe to profound bilateral sensorineural hearing loss
 - Unilateral hearing aid in the right ear
 - Cochlear nerve deficiency in the left ear per parental report
- **Audiogram at initial presentation confirmed bilateral severe to profound sensorineural hearing loss**
- **Referred to adult cochlear implant team for candidacy evaluation**

Case 3: Robert

- **Cochlear implant candidacy evaluation:**
 - Inconsistent and limited test results
 - Concerns for patient understanding of cochlear implantation
 - Concerns for parental/caregiver expectation with cochlear implantation
- **Overall inconclusive results which were brought to out hearing implant team meeting**

Case 3: Robert

- **Team meeting:**

- **Psychology-** Concerned for parent/ caregiver support and intentions
- **Neurotology-** Patient is medically cleared for CI with no other treatment option due to abnormal anatomy in the contralateral ear
- **Audiology-** Patient meets audiologic candidacy based on unaided and limited aided results and is at the limits for his traditional hearing aid

- **Decision:**

- Move forward with CI process but include re-evaluation with pediatric CI audiologist

Case 3: Robert



Outcomes:

- Patient was re-evaluated and responded wonderfully to pediatric tactics
- Full evaluation obtained which deemed him a cochlear implant candidate in the right ear
- **Patient underwent cochlear implant surgery and was activated shortly after**
 - Understanding open set speech with near normal detection of sound with CI processor on
 - Patient's mother commented that the re-evaluation and team meeting confirmed her trust with our institution

Case 4: Niara

- **4-year-old female referred from an internal neurotologist**
 - Outside ABR showed profound hearing loss in the right ear and mild to moderate hearing loss in the left ear
 - Outside waveforms had poor morphology and high noise
 - Reported fear of medical providers
 - Does not speak in medical offices but family reported that she does speak at home
- **Audiogram:** Could not obtain reliable results as the patient was non-compliant
- **Recommended:**
 - Repeat ABR and ear exam under anesthesia to confirm results
 - Psychology consultation due to fear of medical providers

Case 4: Niara

- **Repeat ABR** showed profound hearing loss in the right ear and mild to moderately severe hearing loss in the left ear
- **Recommended:**
 - CI Evaluation (right)
 - Hearing aid evaluation (left)
 - Continued psychology intervention
 - Medical evaluation and Imaging studies with ENT

Case 4: Niara

- **Psychology Consultation**
 - Confirmed fear of medical providers
 - Confirmed heightened anxiety
 - Confirmed need for child life like strategies for CI process
- **Implemented a plan for psychology to be present for pre-op**
- **Created sensory bottles together via telehealth to help reduce anxiety in stressful situations**



Case 4: Niara

- **Hearing aid evaluation completed**
 - Fit with loaner hearing aid and tolerated well
- **CI evaluation completed**
 - Deemed a candidate in the right ear
 - Imaging studies showed no abnormalities
- ***Currently awaiting activation with me next week!!***
- **Actively uses her sensory bottles for appointments**



Case 5: Carly

- **2-year-old female presented to clinic with concerns for hearing loss**
 - Referred internally
 - Failed NBH 3x
 - 2 sets of PE tubes
 - Reported bilateral profound ABR from outside
 - Normal behavioral audiogram from outside
 - Speech delay and utilizing sign language
- **Audiogram:** No response at limits of the equipment, bilaterally.
 - Patient easily conditioned to task with vibrotactile stimulation
- **Recommended:** repeat ABR or produce outside waveforms for confirmation of hearing loss

Case 5:

- **Parents opted for cochlear implantation at our facility**
 - Bilateral profound sensorineural hearing loss
- **Recommended CI Evaluation**
 - Unremarkable medical work-up
 - Normal imaging
 - Deemed CI Candidate in both ears
 - Family opted for bilateral
- **Family enrolled in remote multi-center CI evaluation study**
 - Completed study with family support with feedback
 - Family understood implications of being implanted at another facility

Case 5: Carly

- **CI Activation Day:**

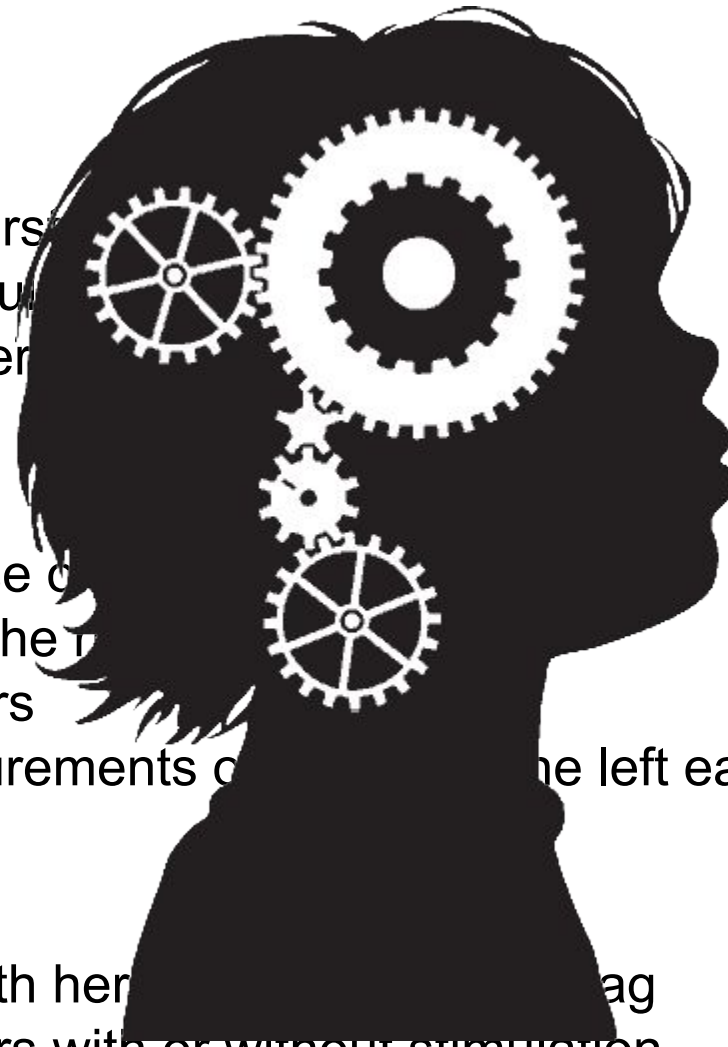
- Activated the right ear first
- Good tolerance for stimulation
- Objective measures tolerated

- **Left activation:**

- Immediately resisted use of the left ear
- Began resisting use of the right ear
- Refused both processors
- Only Impedance measurements obtained on the left ear

- **After 3 hours:**

- Carly left the clinic....with her bag
- Now resisting processors with or without stimulation



Case 5: Carly

- **Psychology Consultation (in person)**
 - It was determined that Carly was more accepting of the off-ear processor versus on ear
 - Kanso 2 processors were tolerated by Carly for just 15 minutes.....after 90+ minutes attempting
- **Behavioral strategies provided for increased acceptance and use**
- **Retention clips were recommended for better retention**

Case 5: Carly

- **Carly proceeded with CI programming appointments and AVT sessions**
- **Slowly tolerating the use of the processors for short amounts of time with low levels of stimulation**
- **Slow to no progress in AVT due to low stimulation**

- **Slowly worked up use of the processors to approximately 2-3 hours per day at home**
 - Not utilizing at school even with private aid assisting
 - Mom is concerned with school placement

Case 5: Carly

- **Educational Consultation**

- Assessment to determine if Carly is in the appropriate setting
- Telehealth and in service for teachers and private aid
- Education on IEP for future

Case 5: Carly

Team meeting

- **Audiology:** concerned with low wear time
- **AVT:** concerned with lack of sound detection
- **Psychology:** concerned with resistive behaviors to devices and parental stress
- **Education:** concerned with current educational placement based on parental report
- **Mom:** concerned that Carly recently started to resist use of the processors again (similar to activation)

Case 5: Carly



Case 6: Mateo

- **2-year-old male with history of bilateral profound hearing loss and global developmental delay**
 - Some behavioral concern but assumed to be related to deafness
- **Completed CI Process and unilaterally implanted**
- **CI Activation:**
 - Patient was somewhat resistant to use of the processor
 - Tolerated objective measurements and impedance measurements
 - Left wearing the sound processor but removing it often
 - Family was counseled on the importance of consistency and follow-through

Case 6: Mateo

3 weeks CI Activation:

- Mom stated that Mateo refused use of the sound processor since activation and stated that he has not been wearing it
- Mateo did not tolerate use of the processor at all during this appointment
- No measurements or programming could be completed

- **Referral to psychology to address behavioral concerns/ barriers**
- **Recommended retention clips and potentially a pilot cap**

Case 6: Mateo

Psychology consultation:

- Provided behavioral strategies for increased retention and practiced with the family via telehealth
- Learned more about Mateo's concerning behaviors and difficulties

2-week follow-up in person:

- With behavioral techniques and coaching Mateo was able to utilize the processors with retention clips
- Family was advised to continue this

Case 6: Mateo

CI follow-up:

- **3 weeks later, Mateo was able to tolerate the sound processor and datalogging was increased from 0 to 9 hrs/day**
- **Mom was still concerned with Mateo's behaviors in general and was already scheduled to follow-up with psychology for an assessment**

Case 6: Mateo

Psychoeducational Evaluation:

- Diagnosed with Autism Spectrum Disorder
- Recommended second side CI for optimal communication outcomes

Currently:

- Awaiting second side CI Surgery
- In ESE setting at school
- Awaiting further therapies for recent diagnosis of Autism

Key Takeaways



Discussion Questions

- How is your multidisciplinary team different from the model discussed today?
- Are there additional professionals that you have or would like to have on your team? Why? What services could they provide?
- If you do hold regular team meetings on specific patients? Have you ever had parents/ caregivers present?
- What members of a multidisciplinary team do you think might be important for adults? How might the service lines differ from pediatrics?
- Should a multidisciplinary approach to management of hearing loss be the standard of care?
- Would guidelines establishing potential roles and members of a multidisciplinary team be useful in audiology?

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THANK



jim4208@miami.edu



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INSTITUTE

CHILDREN'S HEARING PROGRAM