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Understanding Barriers to Effective and Affirming Care for Deaf and Neurodivergent Clients, in partnership with RIT/National Technical Institute for the Deaf

Haley Boring, M.S., CCC-SLP

RIT | National Technical Institute for the Deaf

Haley Boring, MS CCC-SLP

Haley Boring is a practicing speech language pathologist at the National Technical Institute for the Deaf. Haley focuses on neurodiversity, and is passionate about working with students to create supports to help them succeed. Haley studied at Nazareth University, where she completed the Deafness Specialty Program.

Disclosures

- **Presenter Disclosure**: Financial: Haley Boring is an employee of RIT/NTID. Non-financial: Haley Boring has no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure**: This course is presented in partnership with RIT/National Technical Institute for the Deaf.

Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to

1. Identify three barriers to care impacting neurodivergent and Deaf and hard of hearing clients.
2. Discuss the risks/consequences associated with providing audiological care to Deaf neurodivergent individuals without specialized knowledge/skills.
3. Name two ways audiologists can close the gaps in support and services for Deaf neurodivergent students.

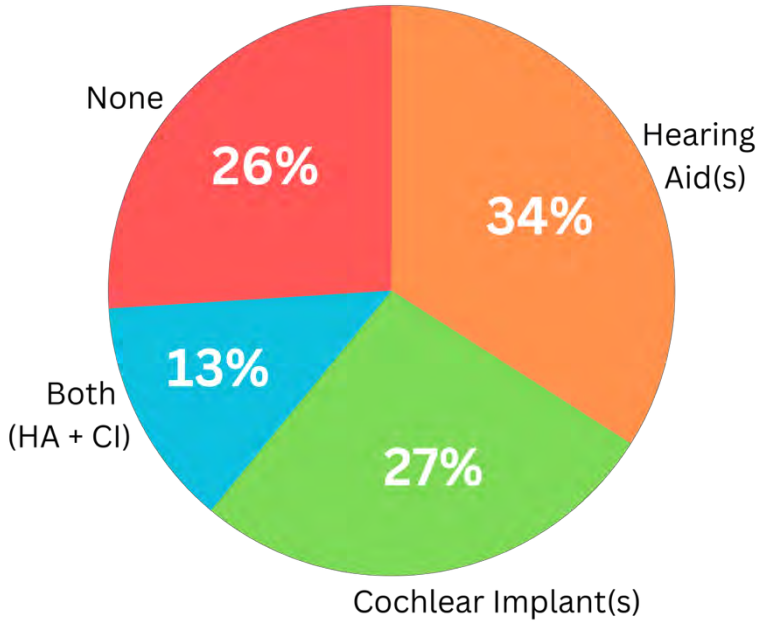
About NTID

The **National Technical Institute for the Deaf (NTID)** is one of the nine colleges of the **Rochester Institute of Technology (RIT)** in Rochester, New York.

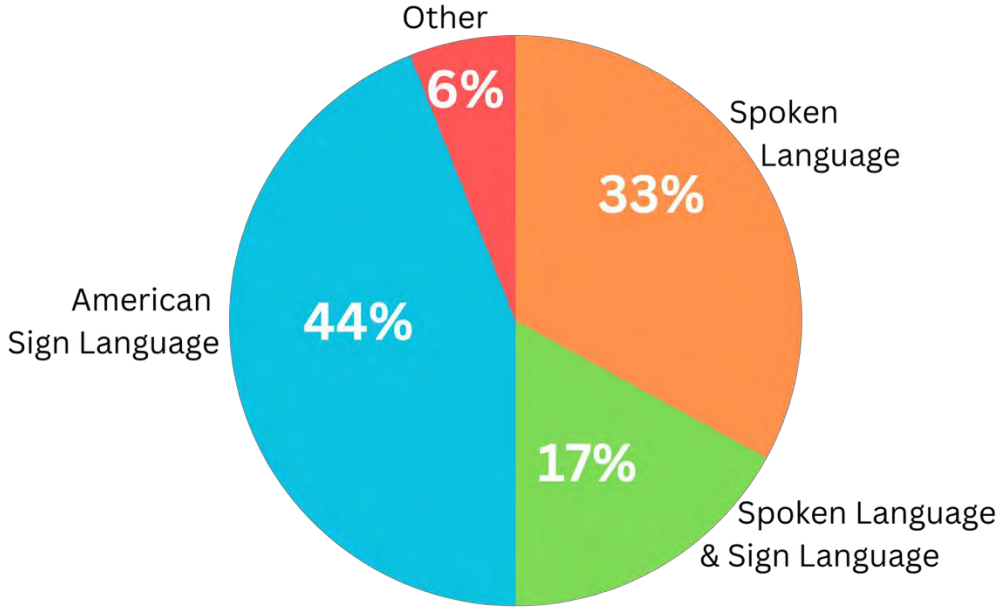
NTID was established by U.S. Congress in 1965 to provide higher education opportunities for deaf and hard-of-hearing students.

About NTID Students

Listening Technology Use



Communication Modes



About NTID Services

- **Audiology Center**
  - Hearing tests
  - Consultations
  - FM/Roger loans
  - Speechreading and/or listening training
  - Cochlear implant mapping
  - Hearing aid and cochlear implant adjustments, troubleshooting, repairs, and upgrades
- **Speech & Language Center**
  - Speech intelligibility
  - Grammar and technical/professional vocabulary and practice
  - Communication strategies for work-related interactions/job interviews
  - Presentation skill development and practice
  - Use of mobile applications as communication tools

About NTID AuDs & SLPs

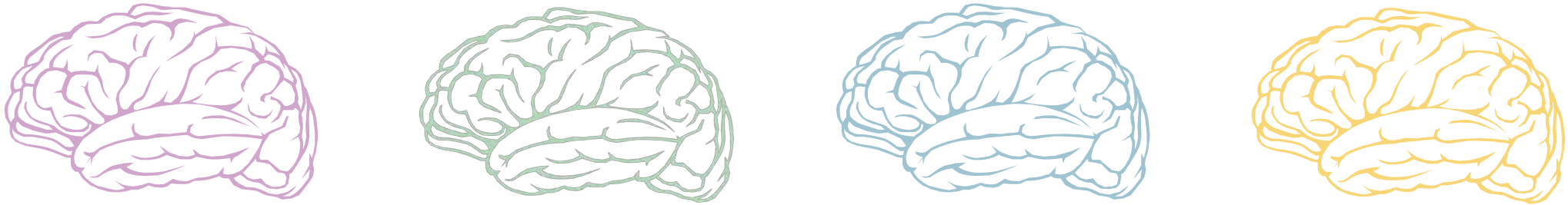
ASHA-certified Audiologists and Speech Language Pathologists at NTID provide on-campus audiological and speech-language services to members of the RIT and NTID Community. Our primary mission to serve and support the diverse communication needs and communication skill development for our deaf and hard of hearing college students.

Our AuDs and SLPs are fluent in American Sign Language and prioritize matching each student and client's language and communication modalities.

https://www.rit.edu/ntid/css/

What is “neurodivergent?”

- Anyone with a brain that is different from most people in a society
- Examples: Autism, ADHD, Dyslexia



Intersectional DHH and neurodivergent identities

- Deaf and hard-of-hearing individuals have a higher rate of co-occurring diagnoses
  - 7-9% occurrence in DHH children vs. 1.7-2% in hearing children(McFayden et al, 2023)
- Some cognitive behavioral, sensory, and linguistic traits can overlap or be masked by either diagnosis

Quiz Hint

Q1

Barriers to Effective Treatment

For DHH and Neurodivergent Clients

1. Standard barriers to care: funding, qualifying for services, staffing, etc.
2. Need for more culturally competent and reliable research
3. Lack of trust between providers and communities
4. Limited providers available with necessary competency and skills

Research

- What research we DO have:
  - Deaf neurodivergent research (especially Deaf Autistic)
  - Deaf and hard-of-hearing research
  - Neurodevelopmental research (Autism, ADHD, learning disorders, etc)
- When we don’t find the EXACT match:
  - We can take the research we do have and apply it to the population we're seeing
  - While also advocating for more research in these specialized populations

Lack of Trust

If the community doesn't trust us:

- They may not refer to us

and

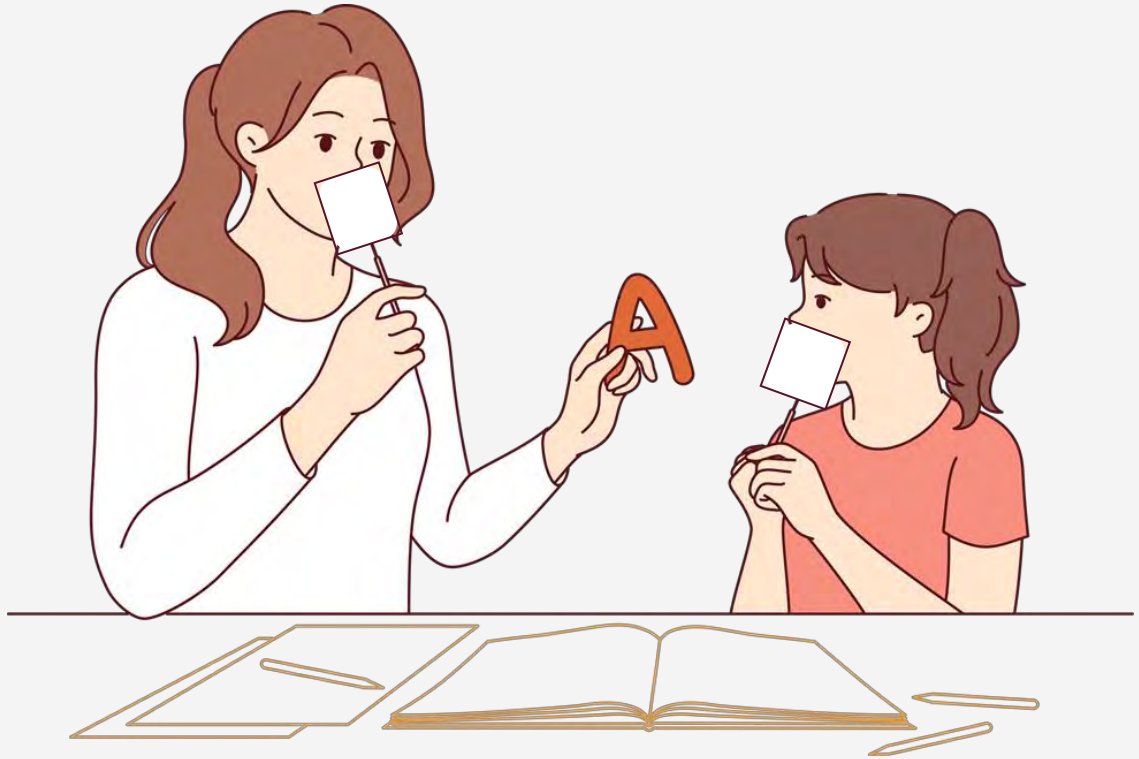
- They may turn to alternate sources for support, including:
  - Professionals with limited education on communication
  - Apps (TikTok, Reels, Influencers) and Internet

Speech Therapy:
An SLP Perspective

- Communication is a human right
- All modalities should be respected and supported
- Client centered approach
- Evidence based practice
- Articulation, Voice, Cognition, AAC, Swallowing, Reading, Writing, Fluency, Pragmatics, Language...

Speech Therapy:
A possible community perspective

- Forced to participate
- Spoken communication is best, signing is not allowed or is judged
- Adult/clinician driven goals
- Drill based therapy
- No collaboration or consideration for culture and community
- Articulation and voice only



Our job: to repair the relationship between these communities and our fields, as we recover from harm caused in the past

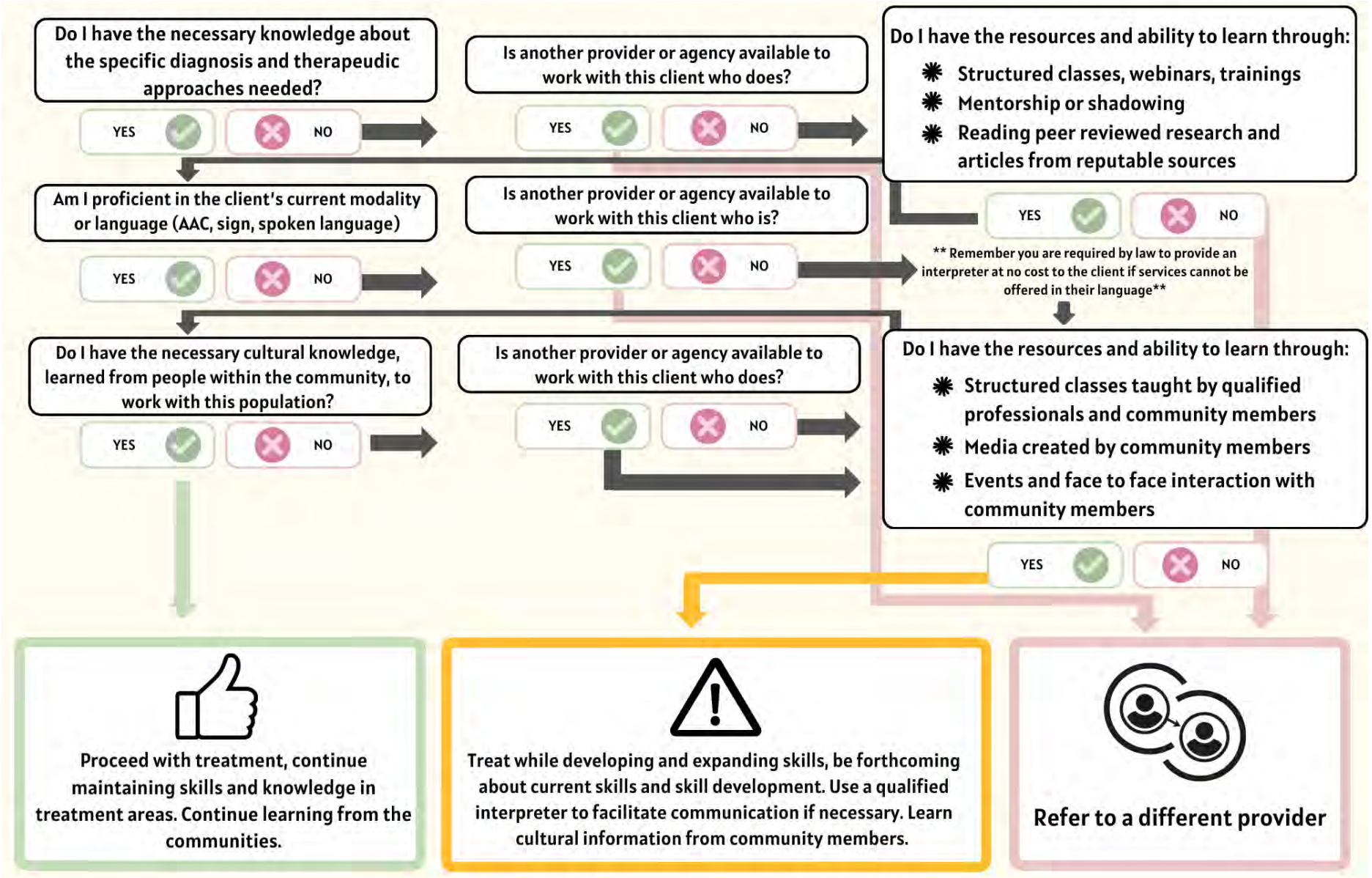
Provider Competency and Skills

- Shortage of *any* providers
- Specialized skills and knowledge
  - Awareness of current research and community culture
  - Knowledge about communication and development
  - Ability to communicate: sign, AAC
  - Knowledge about necessary tools, supports, therapy approaches, strategies, etc. for working with this population
- Ability to differentially diagnose and understand characteristics of both diagnoses

Differential Diagnosis

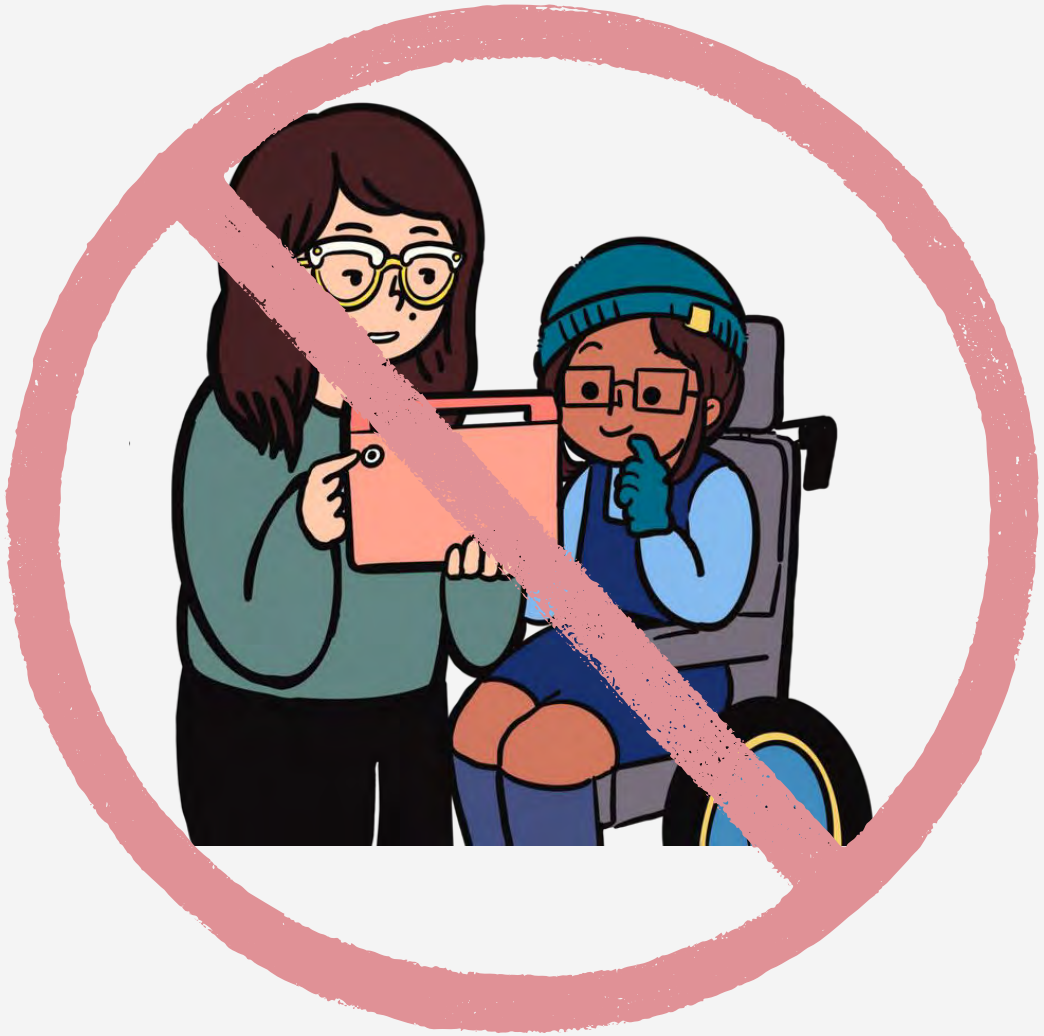
- Some features of DHH communication and neurodivergent communication may look similar
- Communication and behavioral traits may be influenced by:
  - Hearing status
  - Language deprivation (or language delay/disorder)
  - First language/ASL
  - Deaf culture

Quiz Hint


Do I have the necessary knowledge about the specific diagnosis and therapeudic approaches needed?
YES
NO
Is another provider or agency available to work with this client who does?
YES
NO
Do I have the resources and ability to learn through:
Structured classes, webinars, trainings
Mentorship or shadowing
Reading peer reviewed research and articles from reputable sources
Am I proficient in the client's current modality or language (AAC, sign, spoken language)
YES
NO
Is another provider or agency available to work with this client who is?
YES
NO
YES
NO
** Remember you are required by law to provide an interpreter at no cost to the client if services cannot be offered in their language**
Do I have the necessary cultural knowledge, learned from people within the community, to work with this population?
YES
NO
Is another provider or agency available to work with this client who does?
YES
NO
Do I have the resources and ability to learn through:
Structured classes taught by qualified professionals and community members
Media created by community members
Events and face to face interaction with community members
YES
NO
Proceed with treatment, continue maintaining skills and knowledge in treatment areas. Continue learning from the communities.
Treat while developing and expanding skills, be forthcoming about current skills and skill development. Use a qualified interpreter to facilitate communication if necessary. Learn cultural information from community members.
Refer to a different provider

Impact on Assessment

- Inaccurate, delayed, or missing a diagnosis
  - Research shows that DHH children with autism are diagnosed later than autistic hearing children (Szarkowski, Flynn, & Clark, 2014)
- Mistakenly equating characteristics of one diagnosis with the other
  - Inaccurate assessment rolls into plan of care
- If the evaluator is not fluent in the client's language, they may miss features of language and communication
  - Resulting in inaccurate assessment, diagnosis, plan of care, etc.

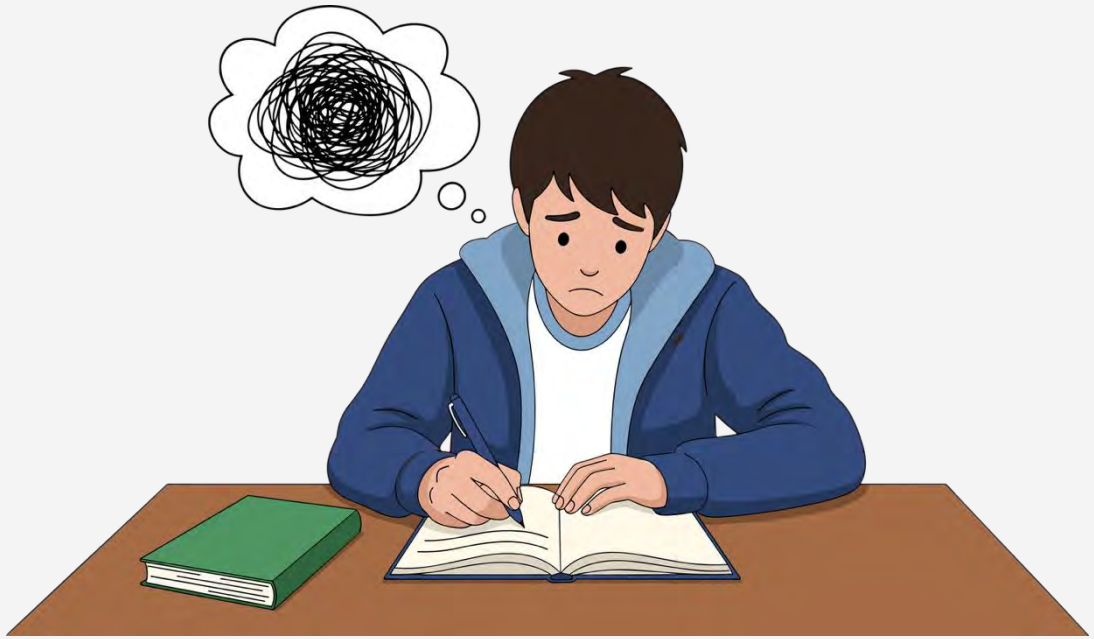


Impact on Practice:

- Students are stuck on a waiting list, waiting for a provider
- Students receive support from a provider without the necessary skills and knowledge
- Plan of care doesn’t target underlying student needs

Impact on Students

- Skill gaps widen, needs remain unsupported
  - May lead to challenging or unsafe behaviors
- Mental health suffers
- Missed opportunities for finding community and practicing self advocacy



Closing the Gap

How can we close the gap between the needs of our students and the access to the supports and services they need?

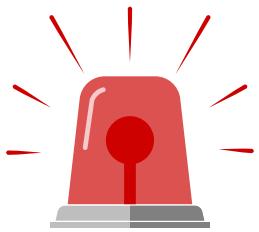
1. Educate ourselves
2. Educate our teams
3. Advocate

1. Educate Ourselves

We need to make sure we are deserving of the trust we're asking these communities and our clients to place in us.

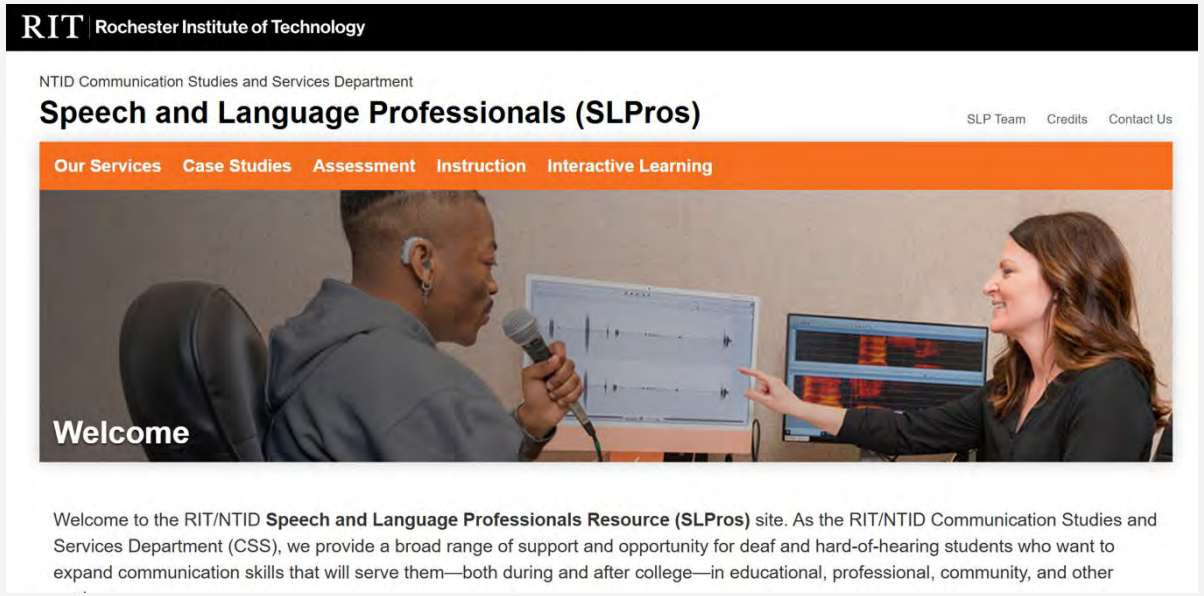
Professional Development

- Workshops, webinars, trainings
- Research, articles
- Mentorship, shadowing, collaboration
- Therapeutic tools and approaches (e.g. cued speech)



Be cautious! Is content created by experts? Is it from a reputable source? Is it created by someone from within the community?

Closing the Gap



SLPros

- Free online resource maintained by our department which covers assessment and instruction for DHH students

- https://www.rit.edu/ntid/slpros/

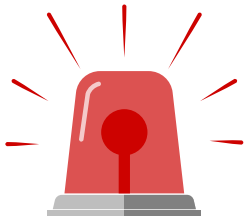
Expand Your Toolbox

Cultural Knowledge

- Deaf and Neurodivergent media
  - Books, comics, influencers
- Community Events

Communication Development

- ASL
- AAC



Be cautious! Is content created by the community, or about the community by someone from the outside?

2. Educate Our Teams

- Reasons for referral
  - Referral to SLPs and AuDs, medical team, occupational therapists, physical therapists, special education, social work, counseling, etc.
- Services and supports available to your clients
  - In house: direct therapy, push-in vs. pull-out, “lunch bunch,” Response to Intervention (RTI), consults
  - External resources: support groups, free or reduced services (e.g. college clinics), language and development focused groups (e.g. library story hour)

3. Advocate

- For our caseloads
  - Hiring appropriate staff with necessary skills
  - Giving appropriate services to students
  - Providing necessary tools, seating, supports, etc.

- For our communities
  - Accessibility features in public spaces
  - Guggenheim for All Toolkit

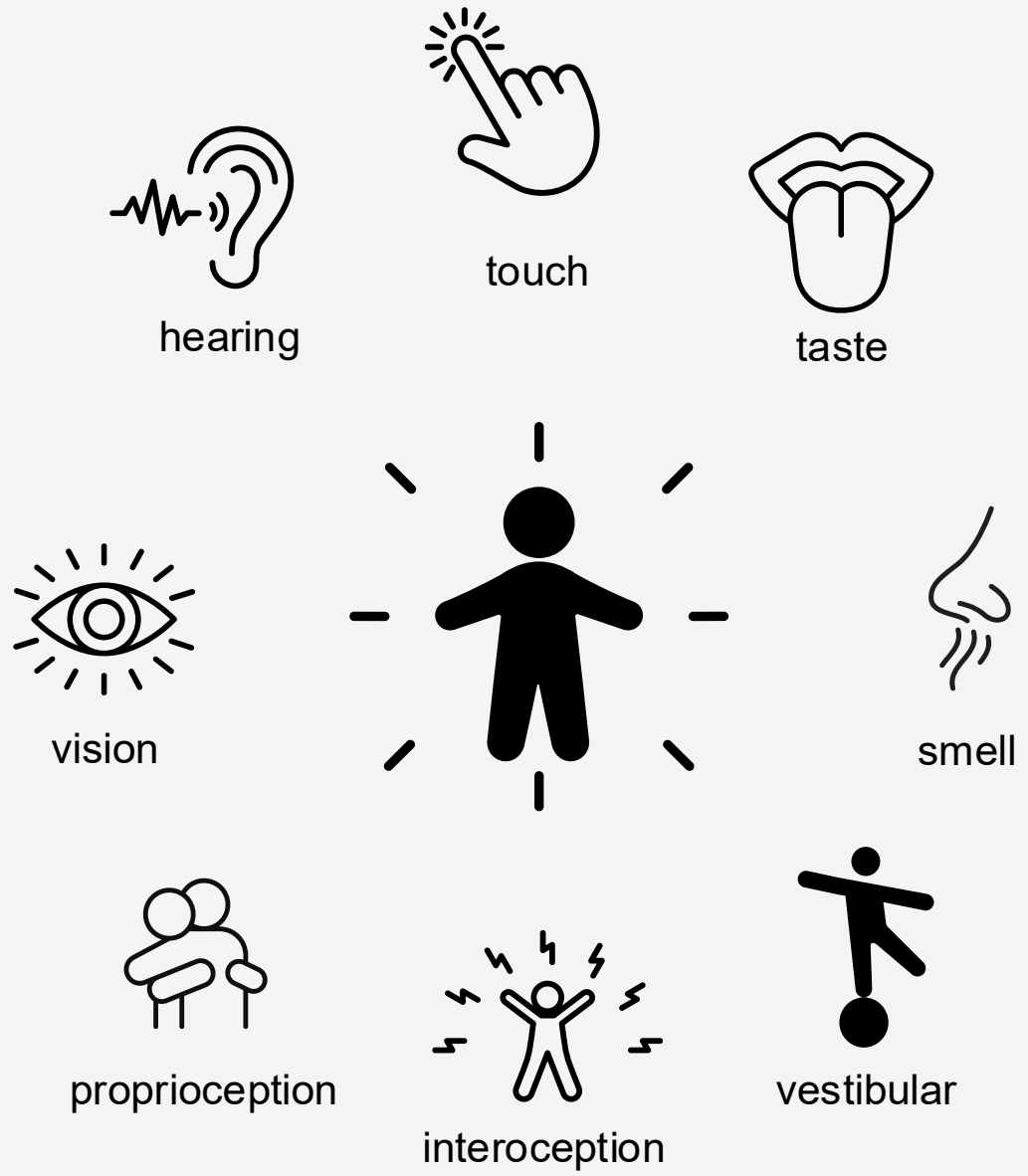
Quiz Hint

Q3

Whole Group Access:

Sensory Supports

- Increase sensory input:
  - Weighted lap pads, wiggle seats, fidgets, lighting, allowing music, flexible dress codes
- Decrease sensory input:
  - Scent-free spaces, reducing reverberation and background noise, reducing glare, allowing headphones
- Consult occupational therapy



Quiz Hint

Q3

Whole Group Access:

Executive Functioning Supports

- Strategies: use of routines, setting clear expectations and boundaries, reducing visual and auditory distractions
- Tools: task lists, visual schedules, visual timers, social stories

Whole Group Access:

Social Emotional and Community Supports

- Consider our language about attention, behavior, communication, role models and identity
  - "Whole body listening" and "quiet hands" vs. "how does your body look/feel when you're learning?"
  - Identity first vs. Person first language
  - Social skills vs. Communication styles

Whole Group Access:

Social Emotional and Community Supports, cont.

- Facilitate community building opportunities
  - Peer mentor programs
  - Interest-based and support groups/clubs
  - Highlighting adults in the community
- Collaborate with your team (e.g. social work, school counselors)

Closing the Gap

https://rmsc.org/events/sensory-sunday/

Community Supports in the Wild

Rochester Museum and Science Center (RMSC)

- Sensory Supports:
  - Sensory bag on request
  - Sensory friendly hours
  - Low stimulation calm down space
  - Warning signs for loud spaces
- Social stories online
- “Field trip forecast”
- Interpreters for events

Survey: Please provide feedback

A secondary mission of RIT/NTID is preparing professionals to work with the deaf/hard of hearing population. Your completion of this 5-question survey will help us monitor our impact and bring you the content you want and need!

Course Title: Understanding Barriers to Effective and Affirming Care for Deaf Neurodivergent Clients

Survey Link:
https://rit.az1.qualtrics.com/jfe/form/SV_3jSsLz8ViyPZDsq

Thank you!

Haley Boring, M.S., CCC-SLP

RIT | National Technical Institute for the Deaf

Congratulations!

- You’ve completed the course and can move on to the exam!
- From your account:
  - Go to pending Courses
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