



Using the Home Visit Rating Scale (HOVRS-A+) to compare tele-intervention and in-person intervention in children with hearing loss



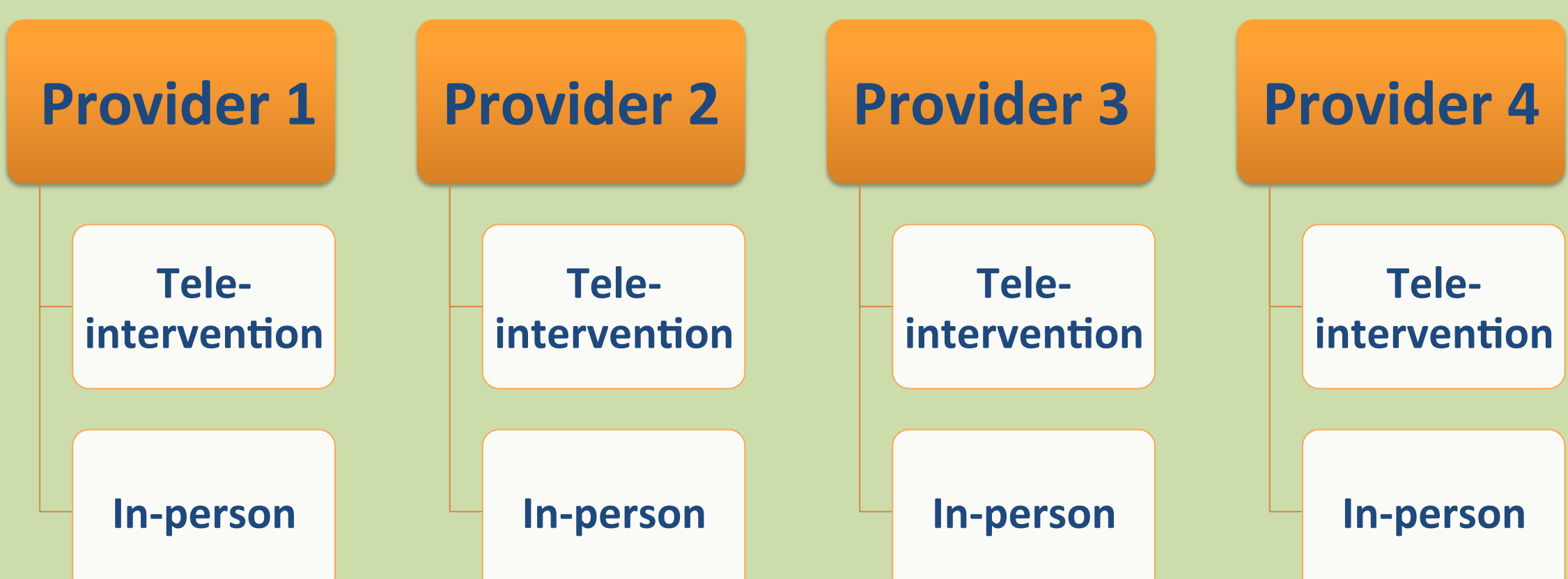
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Background

- Early parent-child interactions are a critical part of typical speech and language development.
- Interactions can be negatively affected if a child is deaf or hard of hearing (Lam & Kitamura, 2010).
- A primary goal of early intervention (EI) delivered in person or through tele-intervention (TI) is to support parent-child relationships through a parent-coaching model.
- Families of children with hearing loss may have limited access to EI with specialized providers.
- Therefore, TI can be a beneficial method for enhancing access.

Purpose

To examine the home visitors' ability to support parent-child interactions based on subtests of the Home Visit Rating Scale-Adapted and Extended (HOVRS-A+; Roggman, et al., 2010) by comparing sessions performed in-person intervention with tele-intervention.



Methods

Eight videos were independently scored with the HOVRS-A+ by Cook, who was an author of the HOVRS-A+.

Parent Engagement during Home Visit from HOVRS-A+

Inadequate 1	2	Adequate 3	4	Good 5	6	Excellent 7
Parent: 1.1 does not indicate interest in material or activities.		Parent: 1.3 indicates occasional interest in home visit material or activities.		Parent: 1.5 frequently appears interested in home visit activities or materials.		Parent: 1.7 is consistently interested in visit activities and materials and identifies other activities and materials to try with child.
2.1 does not participate in home visit activities; is distracted or involved in another activity.		2.3 occasionally participates in activities.		2.5 is an active participant in activities.		2.7 is an active participant and maintains focus on home visit topics and activities.
3.1 leaves the room.		3.3 when participating in activities is more passive than active.		3.5 engages in play and learning activities with child and/or home visitor whenever opportunity is available.		3.7 actively engages in play and activities and shows enthusiasm about doing activities.
4.1 does not initiate activities or conversations with child or home visitor; home visitor must prompt parent to engage in activities or interactions.		4.3 occasionally initiates activities.		4.5 frequently initiates activities.		4.7 initiates activities and bases activities or conversation on child's interests or behavior.
5.1 rarely asks or answers questions		5.3 occasionally asks or answers questions but does not elaborate.		5.5 frequently asks questions, initiates discussions, or provides information related to topic of discussion.		5.7 initiates conversations and offers information and topics that are related to child's development or family well-being.
6.1 positions self away from home visitor and child.		6.3 is in proximity to home visitor and child during most of the home visit.		6.5 remains in close proximity to child and home visitor throughout visit.		6.7 is in close proximity to child and home visitor throughout visit and readily interacts with both.

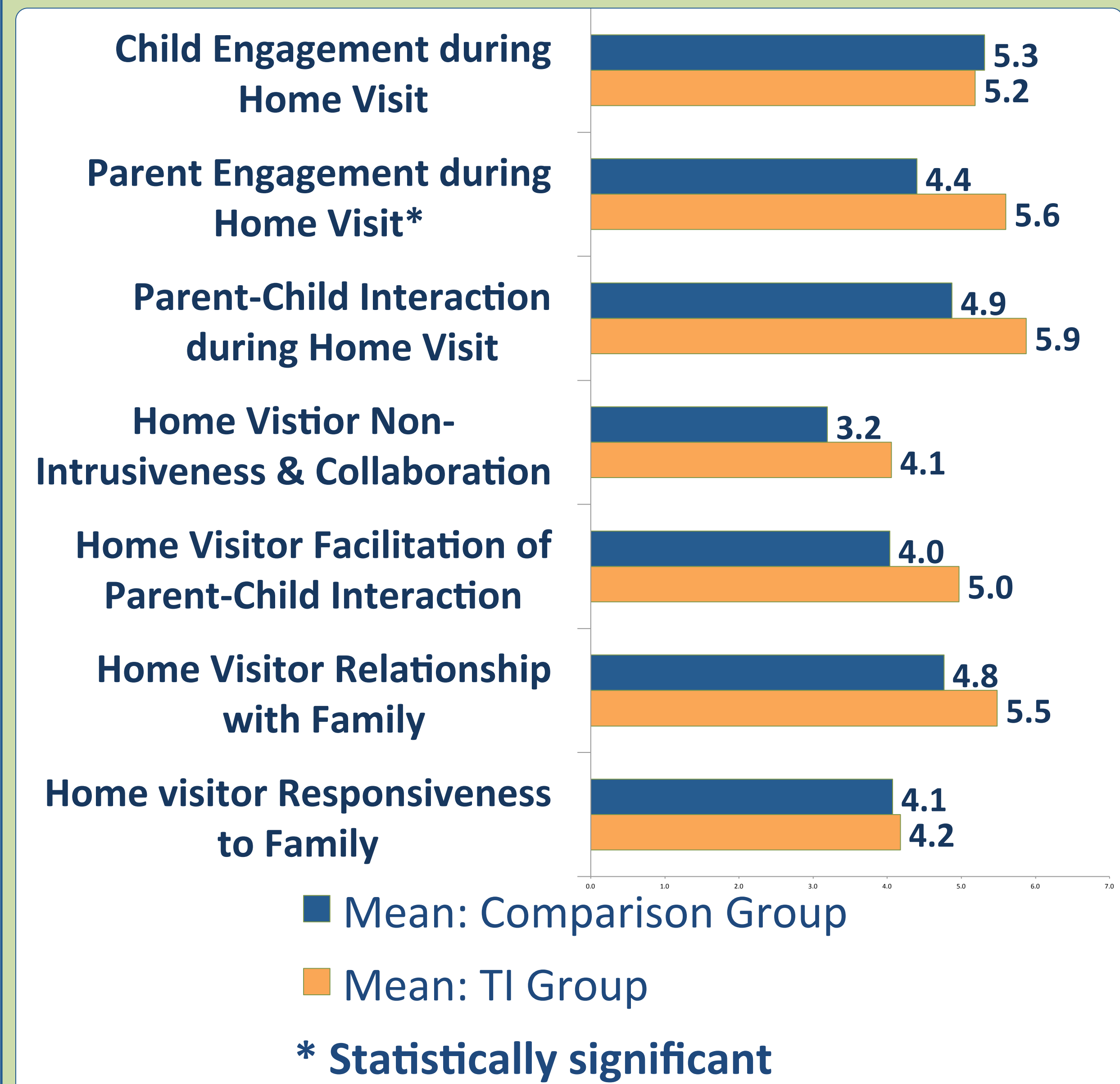
(Roggman et al., 2010)

Participants

ID for child	E.I. provider	Age in months	Severity of Hearing Loss	Other disabilities	# of current monthly EI visits	Gender
1	A	10.2	Mild/Mod	0	3	M
2	A	28.5	Profound	0	2	F
3	B	8.5	Profound	0	2	M
4	B	18.7	Mild/Mod	0	2	M
5	C	19.6	Moderate	0	2	F
6	C	20.2	Mod/Sev	0	2	F
7	D	21.5	Mild/Mod	1	2	F
8	D	19.2	Moderate	1	2	F

Results

- Home visits through TI were rated higher on 6 of the 7 HOVRS scales, with an average of 0.6 of 7 points higher in favor of the TI group.
- The difference between the TI and comparison groups on the Parent Engagement during Home Visit scale was statistically significant ($p < .05$).



Discussion

TI shows promise in supporting coaching and parent-child interaction. Replication with a larger sample size is warranted.

Acknowledgements

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