## Training Hearing Parents in SmiLE Therapy Supports the Maintenance and Generalisation of Deaf Children's Social Communication Skills

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Abstract: Background: Deaf children can experience difficulties with understanding how social interaction works, particularly when communicating with unfamiliar hearing people. Deaf children often struggle with integrating into a mainstream, hearing environments. These negative experiences can lead to social isolation, depression and other mental health difficulties later in life. smiLE Therapy (Schamroth, 2015) is a video-based social communication intervention that aims to teach deaf children skills to confidently communicate with unfamiliar hearing people. Although two previous studies have reported improvements in communication skills immediately post intervention, evidence for maintenance of gains or generalisation of skills (i.e., the transfer of newly learnt skills to untrained situations) has not to date been demonstrated. Parental involvement has been shown to support deaf children's therapy outcomes. Therefore, this study added parent training to the therapy children received to investigate the benefits to generalisation of children's skills. Parents were also invited to present their perspective on the training they received. Aims: (1) To assess pupils' progress from pre- to post-intervention in trained and untrained tasks, (2) to investigate if training parents improved their (a) understanding of their child's needs and (b) their skills in supporting their child appropriately in smiLE Therapy tasks, (3) to assess if parent training had an impact on the pupil's ability to (a) maintain their skills in trained tasks post-therapy, and (b) generalise their skills in untrained, community tasks. Methods: This was a mixed-methods, repeated measures study. 31 deaf pupils (aged between 7 and 14) received an hour of smiLE Therapy per week, for 6 weeks. Communication skills were assessed pre-, post- and 3-months post-intervention using the Communication Skills Checklist. Parents were then invited to attend two training sessions and asked to bring a video of their child communicating in a shop or café. These videos were used to assess whether, after parent training, the child was able to generalise their skills to a new situation. Finally, parents attended a focus group to discuss the effectiveness of the therapy, particularly the wider impact, i.e., more child participation within the hearing community. Results: All children significantly improved their scores following smiLE therapy and maintained these skills to high level. Children generalised a high percentage of their newly learnt skills to an untrained situation. Parents reported improved understanding of their child's needs, their child's potential and in how to support them in real-life situations. Parents observed that their children were more confident and independent when carrying out communication tasks with unfamiliar hearing people. Parents realised they needed to 'let go' and embrace their child's independence and provide more opportunities for them to participate in their community. Conclusions: This study adds to the evidence base on smiLE Therapy; it is an effective intervention that develops deaf children's ability to interact competently with unfamiliar, hearing, communication partners. It also provides preliminary evidence of the benefits of parent training in helping children to generalise their skills to other situations. These findings will be of value to therapists wishing to develop deaf children's communication skills beyond the therapy setting.

**Keywords:** deaf children, generalisation, parent involvement, social communication

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