**Disclosure**

- I currently receive royalties for three books published with Plural Publishing:
  - *Telepractice In Speech-Language Pathology*
  - *Telepractice In Audiology*
  - *Assessing Listening and Spoken Language In Children with Hearing Loss*
- I am a partner and co-founder of the 3C Digital Media Network, LLC.

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**Learning Outcomes**

At the conclusion of this session, participants will be able to:
1. Define adult learning theory;
2. Describe specific features of adult learning; and
3. List strategies that will facilitate greater parent/client participation in service delivery.

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**Knowledge**

Knowledge = Information & Experience X Reflection & Processing

That means that even if information and experiences are useful, it doesn’t automatically turn into knowledge if it is not reflected on or processed.

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**Factors That Affect Learning**

- How can we use these factors to affect change in our patients or parents we are serving?
  - Adult Learning Theory
  - Learning Styles
  - Generational Differences
  - Personality Types
Learning Pyramid

<table>
<thead>
<tr>
<th>AVERAGE RETENTION RATES</th>
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</thead>
<tbody>
<tr>
<td>Lecture: 5%</td>
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<tr>
<td>Reading: 10%</td>
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<tr>
<td>Audiovisual: 20%</td>
</tr>
<tr>
<td>Demonstration: 30%</td>
</tr>
<tr>
<td>Discussion: 50%</td>
</tr>
<tr>
<td>Practice doing: 75%</td>
</tr>
<tr>
<td>Teach others/immediate use: 90%</td>
</tr>
</tbody>
</table>

Malcolm S. Knowles

In 1940, Director of Adult Education at YMCA in Boston which lead to a book entitled Informal Adult Education (1950)

In 1960, accepted a position with Boston University – teachings went from an informal environment to formal, academic environment

Met a Visiting Professor from Yugoslavia who introduced Knowles to the term “andragogy” (the art of science of how adults learn)


Pedagogy vs. Andragogy

<table>
<thead>
<tr>
<th>Pedagogical</th>
<th>Andragogical</th>
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</thead>
<tbody>
<tr>
<td>The Learner</td>
<td>The learner is self-directed. The learner is responsible for his own learning. Self-evaluation is characteristic of this approach.</td>
</tr>
<tr>
<td>Role of the Learner's Experience</td>
<td>The learner brings a greater volume and quality of experience. Adults are a rich resource for one another. Different experiences assure diversity in groups of adults. Experience becomes the source of self-identity.</td>
</tr>
</tbody>
</table>

Pedagogy
- Dependent on teacher
- Experience is of little worth
- Subject - centered learning
- Postponed application
- Teacher diagnoses needs, develops objectives and evaluates students

Andragogy
- Increasing self-directiveness
- Learners a rich source for learning
- Problem-center learning
- Immediacy of application
- Mutual self-diagnosis, mutual negotiation and mutual measurement

Characteristics of Adult Learners
- Adults need to know why they are learning; how will it affect them?
- Adults are autonomous and self-directed
- Adults have a lifetime of experience
- Adults use a hands-on problem-solving approach to learning
- Adults want to apply new knowledge and skills immediately
- Adults need to be shown respect
Motivating The Adult Learner

Motivation is another aspect of adult learning. At least six factors serve as sources of motivation for adult learning:

- Social relationships: To make new friends, to meet a need for associations, and friendships.
- External expectations: To comply with instructions from someone else, to fulfill the expectations or recommendations of someone with formal authority.
- Social welfare: To improve ability to serve mankind, prepare for service to the community, and improve ability to participate in community work.
- Personal advancement: To achieve higher status in a job, secure professional advancement, and stay abreast of competitors.
- Escape/Stimulation: To relieve boredom, provide a break in the routine of home or work, and provide a contrast to other exacting details of life.
- Cognitive interest: To learn for the sake of learning, seek knowledge for its own sake, and to satisfy an inquiring mind.

Barriers And Motivation

- Unlike children and teenagers, adults have many responsibilities that they must balance against the demands of learning. Because of these responsibilities, adults have barriers against participating in learning opportunities.

Barriers And Motivation

- Lack of time
- Lack of money
- Lack of confidence or interest
- Lack of information about opportunities to learn
- Scheduling problems
- Red tape
- Problems with childcare and transportation

SELF ASSESSMENT: STRENGTHS-BASED COACHING
How Do You View Coaching?

Work for 3 minutes together/with a partner to complete the analogy below:

Coaching is like ____________ because ____________.

Strengths in the Room

1. Divide into groups based on generation:
   a. Traditionalists (1925-1945)
   b. Baby Boomers (1946a-1964)
   e. Nexters/Generation Z (2001-Present)
2. Discuss your collective strengths as a generation
3. Write your top 5 strengths on some paper

WHAT MAKES ONE GENERATION DIFFERENT FROM ANOTHER?

Shared life experiences

Events & Experiences that Shaped Generations

- Traditionalists
  - Great Depression
  - New Deal
  - Attack on Pearl Harbor
  - World War II
  - Korean War
  - Radio
  - Telephone

- Baby Boomers
  - Civil rights
  - Feminism
  - Vietnam
  - Cold war
  - Space travel
  - Assassinations
  - Scientific advances
  - Credit cards
  - Television

- Generation X
  - Fall of the Berlin Wall
  - Challenger disaster
  - Desert Storm
  - Personal computers
  - Working mothers
  - MTV
  - Divorce
  - Energy crisis

- Millennials
  - Child-focused world
  - School shootings
  - 9/11
  - Boston Marathon
  - Internet
  - Social networking
  - Continual feedback
  - Enron/WorldCom
  - Iraq/Afghanistan
Traditionalists
- Born 1925 to 1945
- 49 million people
- Grew up with many rules and pressure to conform
- Increased prosperity over their lifetime; however, they remember the Depression
- “Work First!”
- Children should be seen and not heard
- Expected lifetime career with one employer
- Prefer communication in writing
- Desire to leave a lasting legacy

Common Values
- Traditionalists
  - Hard work
  - Dedication and sacrifice
  - Respect for rules
  - Duty before pleasure
  - Honor
  - Conformity
  - Loyalty
  - Frugality

Baby Boomers
- Born 1946 to 1964
- 79 million
- Grew up with fewer rules and a more nurturing environment
- Lived in generally prosperous times, but experienced layoffs
- Women entered workforce in record numbers
- “Live to Work!”
- Spend “quality time” with children
- Excelling in their career is important
- Prefer telephone or face-to-face communication
- Desire challenge and opportunity

Common Values
- Baby Boomers
  - Optimism
  - Team orientation
  - Personal gratification
  - Involvement
  - Personal growth
  - Workaholics
  - Competitors

Generation X
- Born 1965 to 1981
- 49 million
- Grew up as latchkey or day care children
- Turbulent economic times – downturn in 80s, upswing in 90s
- “Work to Live!”
- Friends with their child, want to spend quantity time
- Expect their career to keep moving forward or they will leave
- Prefer electronic communications
- Change from job security to career security

Common Values
- Generation X
  - Diversity
  - Techno-literate
  - Fun and informality
  - Self-reliance
  - Pragmatism – realists
  - Results oriented
  - Individualism
  - Challenge the system
Millennials
- Born 1982 to 2000
- 75 million
- Attended day care, very involved “helicopter” parents
- Prosperity has increased over their lifetime
- “Live, then Work!”
- Achievement oriented
- Prefer instant or text messaging
- Want to build parallel careers – experts in multitasking

Common Values
- Millennials
  - Optimistic
  - Civic duty
  - Confident
  - Achievement oriented
  - Respect for diversity
  - Informal
  - Tenacious
  - Social consciousness

In a word...
- Traditionalists are **LOYAL**.
- Gen Xers are **SKEPTICAL**.
- Boomers are **OPTIMISTIC**.
- Millennials are **REALISTIC**.

Resources for Identifying Strengths
- CliftonStrengths: https://www.gallupstrengthscenter.com/en
- Straight Talk Communication Tool (FREE!): https://gostraighttalk.com/
- Myers Briggs Personality Types: https://www.myersbriggs.org/my-mbti-personality-type/
- http://www.humanmetrics.com/cgi-win/jtypes2.asp

Identifying Personality Type & Corresponding Strengths & Characteristics
1. Identify your personality type using the handout based on the Myers Briggs Personality Inventory
2. Write your personality type (letters) on the sticky tag and place it on your person
3. Find a partner who has a different personality type from your own
4. Using the Characteristics & Strengths of Supervisory Personality Dimension handout, discuss your strengths and areas of growth in terms of supervision with your partner

Key Concepts of a Strengths-Based Approach
- People are unique & strong
- People are experts and resourceful
- People are resilient and experience well-being
- People are affected by culture
- People are affected by environment
- People know what they need & how to get it

(Dunn, et al, 2013a; 2013b; Early & Glenraye, 2000; Seligman, 2011)
Strengths Perspective

- People possess assets within their own contexts and selves that enable them to survive or thrive even in challenging contexts
- Solution-focused – small, authentic goals so people see own strengths to manage OWN life
  
(Saleebey, 1992)
  
(Rangan & Sekar, 2006)

Assessing Learning Style

**Visual (spatial):** Prefer using pictures, images, and spatial understanding.

**Aural (auditory-musical):** Prefer using sound and music.

**Verbal (linguistic):** Prefer using words, both in speech and writing.

**Physical (kinesthetic):** Prefer using your body, hands and sense of touch.

**Logical (mathematical):** Prefer using logic, reasoning and systems.

Assessing Learning Style

**Social (interpersonal):** You prefer to learn in groups or with other people.

**Solitary (intrapersonal):** You prefer to work alone and use self-study.

“Coaching is....

An adult learning strategy in which the coach promotes the learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

(CNN, 2005, p. 3; Rush & Shelden, 2011)
Coaching is...

An effective adult learning strategy used to promote the learner’s knowledge. (Doyle, 1999; Flaherty, 1999; Kinlaw, 1999; Hayes, 2007)

Coaching is...

a reciprocal process composed of a series of conversations and activities between a coach and a learner

CORE PRINCIPLES OF COACHING based on interprofessional evidence

- The relationship is based on reciprocal communication
- Communication is focused on solving the problem/issue
- The person we are serving identifies the issues
- Solutions are situated within authentic environments
- Solutions grow out of the other person’s insights

What do we know about coaching?

- Research from many fields support the use of coaching
- There are many types of coaching (teams, life coaches, executive coaches, health coaches, literacy coaches etc.)

Essential Techniques of Positive Psychology Coaching

- Appreciative Inquiry: to develop paths to solutions that work. Helping families and practitioners to focus on what works in order to inspire ideas, confidence, and motivation for change.
- Asking Powerful Questions: Generating questions that help families and practitioners to achieve greater understanding, and to make progress toward their goals.
- Storytelling: Encouraging families and practitioners to tell stories to generate insights, narrative coherence, and grounded positivity.
- Empathic Listening: Practicing the essential art of truly listening to the family and practitioner
- Solutions Focus: Shifting families’ and practitioners’ focus from problems to solutions, and helping them

Research to support coaching in early childhood

- Caregivers are much more likely to use new skills and ideas within the context of their lives
- Caregivers feel competent to handle new situations that arise
- Caregivers recognize their own abilities and strengths in meeting child and family outcomes

Characteristics of Coaching

- Joint Planning
- Observation
- Feedback
- Action/Practice
- Reflection

Coaching: Five Components

(Rush & Sheldon, 2013)

1. Joint Planning - an agreed upon plan between the coach and parent/patient as to what they will work on and in what routines or activities.
2. Observation - examination of another person's actions or practices to be used to develop new skills, strategies, or ideas.
3. Action - spontaneous or planned events that occur within the context of a real-life situation that provides the parent/patient opportunities to practice refine or analyze new or existing skills.
4. Reflection - analysis of existing strategies to determine how the strategies are consistent with evidence-based practices and how they may need to be implemented without change or modified to achieve the intended outcomes.
5. Feedback - information provided by the coach that is based on his/her direct observations of the parent/patient, actions reported by the parent/patient, or information shared by the parent/patient. The interaction is designed to expand the parent/patient's current level of understanding about a specific evidence-based practice or to affirm the parent/patient's thoughts or actions related to the intended outcomes.

Joint Planning

- What the Coach does: Helping the parent/patient to implement strategies in between visits when the provider is not there and prepare for the next visit. Problem solving and purposeful planning with the parent/patient. This can be very specific and simple. Asking open ended questions can help guide the parent/patient.
- What the patient/patient does: Describes something that they have in mind to work on or a specific routine that is troublesome.
- Together with their Coach, they can talk about specific things to work on before the next visit. The parent/patient must agree that this is something they would like to target.

Ideas for Joint Planning

- Use specific activities or routines that is already a part of everyday life for the family. Some upfront planning is necessary when using tele-intervention to get materials ready for next visit.
- Ask leading open-ended questions; What would you like to work on between now and our next visit? What is a struggle for you right now? What is something you would like to see him doing in the next week or so?
- Pick one thing or a few things that can be targeted to work on.
- Be very specific with your examples. This will help the parents to be more successful.
- Write down the joint plan.
- Follow up! Check in periodically before your next visit to see what is working or if they need any in between support.

Modeling

- This is an important part of coaching, where the provider models what she/he wants the parent to do and then coaches the family in the technique when they try what the provider modeled.
- May need to use props, toys, etc.

Reflection

- What the Coach does: The coach uses reflective questions to assist the patient/parent in analyzing the current situation, then encourages the patient to generate alternatives and actions for continually improving his or her knowledge and skills, thereby achieving the desired outcomes.
- What the patient/parent does: The patient/parent determines what worked or did not work and why it did or did not during the observation and/or action, as well as generates ideas for next steps.
Reflective Questions

- Based on the Four Types of Reflective Questions
  - Avoid yes/no questions.
  - What would you like to focus on between now and our next visit?
  - Considering all that we have discussed today, what is your plan...?
  - What do you think worked best for you today? What didn’t work well?
  - What was helpful for you today?
  - How can I (clinician) improve my service to you?

COACHING: Reflective Questioning

<table>
<thead>
<tr>
<th>AWARENESS</th>
<th>ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you know about...?</td>
<td>How does that compare to what you did before?</td>
</tr>
<tr>
<td>What have you tried?</td>
<td>What do you think will happen if you...?</td>
</tr>
<tr>
<td>What happened when you...?</td>
<td>How is that consistent with your goals?</td>
</tr>
<tr>
<td>What supports were most helpful?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ALTERNATIVES</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What else could you have done?</td>
<td>What do you plan to do?</td>
</tr>
<tr>
<td>What would it take for you to be able to...?</td>
<td>What supports do you need to take that step?</td>
</tr>
<tr>
<td>What might make it work better next time?</td>
<td>Where will you get the resources you need?</td>
</tr>
</tbody>
</table>

How does this fit with coaching on home visits/parent coaching sessions? SS-OO-PP-RR

- Setting the Stage: SS
- Problem Solving & Planning: PP
- Observation & Opportunities: OO
- Reflection & Reviewing: RR

How does COACHING look? How does it differ from traditional practices?

<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>COACHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>TALK</td>
<td>LISTEN</td>
</tr>
<tr>
<td>KNOW BEST</td>
<td>TRUST</td>
</tr>
<tr>
<td>DO</td>
<td>REFLECT</td>
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<tr>
<td>TELL</td>
<td>ASK</td>
</tr>
<tr>
<td>KNOW</td>
<td>WONDER</td>
</tr>
<tr>
<td>CHARGE IN</td>
<td>WAIT</td>
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</table>

PP & RR are both used in a reflective coaching conversation

Let’s practice!
1. Split up into groups of 2-3 people.
2. One person is the coach, one is the friend and one can be an observer.
3. Use reflective questioning to help. After you complete the conversation, reflect on other questions you might have asked.

Your friend is looking for a new car and has asked for your help in deciding how she should go about deciding on what kind of car to get. She asks “What kind of car do you think I should get?”

*Write down the questions you pose so you can reflect on these after the conversation.*
Switch places……you become the coach and the other person becomes the coachee…..

Your friend is trying to decide what to do this weekend. He says “I don’t know what to do this weekend, do you have any ideas?”

Your colleague comes to you with a question about a family she is serving. She wants to practice a conversation with you that she’ll use with this father. How can you use reflective questioning to model a possible conversation?

How do you change your practices?

1. Practice coaching a colleague, friend or family

2. Use a coaching log to record your interactions. Review and analyze your coaching log after the visit.

3. Video or audiotape one of your sessions

4. Start and end each session with a joint plan.

5. Plan questions for the next time have an interaction with a family or a colleague.

Why is coaching a good approach to adult learning?

• We are working more as partners, side by side

• Both partners have specific, valuable information

• Both partners have unique skills

• Just as a coach helps his or her players tap into their talents, so do the coaches help the practitioners/parents/adults tap into their strengths.

How do you change your practices?

<table>
<thead>
<tr>
<th>Week</th>
<th>10% or less</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>90% or more</th>
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<tr>
<td>1</td>
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</tbody>
</table>

A. I recognize that regardless of life situation, EVERY family is capable and has resources to support their own development

B. I can write down at least 5 strengths of every family I serve

C. I am confident that no matter what a family indicates as their interests and priorities, I can find ways to support them without debate

D. I know my family’s daily life routines and have a record of how they spend their time

E. After I complete an evaluation, I can write down at least 5 strengths of every family I serve

F. My goals explicitly address the family’s participation in THEIR everyday life

G. All my plans harness strengths of the family

H. I spend intervention time supporting families to identify their strengths

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G. All my plans harness strengths of the family

H. I spend intervention time supporting families to identify their strengths
What is Aural Rehabilitation?

“Adult aural rehab is the reducing of hearing loss induced deficits of function, activity, participation, and quality of life through a combination strategies.”

Boothroyd, 2007

Overall Goal of Aural Rehabilitation

“...to increase the probability that successful communication will occur between a hearing-impaired person and his or her verbal environment.”

Houston & Montgomery, 2000

Adult Learning Principles

Adults .......

- Like to solve problems
- Like to apply what they have learned to real problems

Adult Learning Theory

Adults .......

- Have a variety of learning styles & preferences
Adult Learning Theory

Adults ........
- Do best in an environment where they feel safe, accepted, & respected

Baker, 2014

Want and need feedback
Need to have their abilities & achievements honored

Baker, 2014

Higher Order Thinking Skills
- Creating
- Evaluating
- Analyzing
- Applying
- Understanding
- Remembering

Lower Order Thinking Skills

Strategies: Accessibility
- Online Information
- Convenient Scheduling
- Options for Engagement
  - Individualized
  - Small Group
  - Larger Group/Support Group
  - Telepractice

Strategies: Relevance
- Fit with Goals
- Connection to Career
- Connection to Lifestyle
- Improvement of Family Relationships

Strategies: Active/Participative Learning
- Collaborative Learning
- Patient as Teacher/Peer-to-Peer
- Patient as Facilitator
- Community-based AR
  - Clinician as Coach

Retention Rates
- Teaching Others 90%
- Practice By Doing 75%
- Discussion Group 50%
- Demonstration 30%
- Audio Visual 20%
- Reading 10%
- Lecture 5%
Strategies: Constructivist Based
- Building Upon Life Experiences
- Learning Style Assessment
- Assessing Prior Learning

Constructive Learning Model
- Concrete Experience
- Observing & Reflecting
- Testing in New Situations
- Forming Abstract Concepts

Strategies: Create Expectations
- Enhanced Orientation
- Tell Them...Show Them...Tell Them
- Practice, Practice, Practice
- Learning Outcomes/Expectations of AR

Strategies: Incentivize Success
- Better relationships with family
- Improved coping strategies
- Career goals
- Overall quality of life improved

Patient/Family-Centered Core Concept
- Patient- and family-centered care is working with patients and families, rather than providing services “to” or “for” them.

Patient/Family-Centered Care: Core Concepts
- People are treated with respect and dignity
- Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful
- Patients and families are encouraged and supported for participation in care and decision-making at the level they choose
- Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care

What is Family-Centered Care?
- Supports the whole family as a unit
  - Includes spouses, children, close family friends
- Empowers family choice and decision-making
- Establishes a collaborative relationship between the provider and family members
- Encourages support group attendance for all family members
Why Patient/Family-Centered Care?

- Individuals who are most dependent on health care are most dependent on families:
  - Those with chronic conditions
  - The very young
  - The very old
- Families are allies for quality and safety by:
  - Providing constant support across settings and assisting with transitions of care
  - Participating in developing care plans and supporting patients in following plans

The Importance of Family-Centered Care

- The World Health Organization describes the impact of hearing loss on families as a third party disability.
- When one person is affected, those around them are affected as well.
- Spouses report:
  - Feeling the burden of communication
  - Frustration
  - A change in their relationship, loss of intimacy
  - They avoid socialization and daily activities

Benefits of Family-Centered Care

- Can be more effective than patient centered care
- Provides more relevant functional therapy activities that address the individual and family needs
- Reduction in the impairment
- Better communication outcomes
- An improvement in family relationships
- Greater family engagement
- Higher patient satisfaction

Creating Family-Centered Care

- Arrange the physical environment to accommodate the family
- Inform the family that you are seeking and value their input
- Obtain case history and questionnaire assessments from both the patient as well as their family
- Acknowledge communication challenges for both parties
- Develop goals that address the needs of both the individual and their spouse, family or caregiver
  - Goals should address the needs of both the patient and their spouse, family
- Encourage spouses or family members to join therapy sessions
- Provide ongoing counseling
  - Acknowledge emotions, ask open ended questions, re-state concerns, and wait

Key Aspects of the PRCC/Family Approach

- Philosophic
  - Whole person/family/biopsychosocial

- Perspective
  - Therapeutic context and environment
  - Therapeutic relationship

Empathy Is the Heart of PCC/Family CC

- Essential Components:
  1. Cognitive: an accurate perspective of the individual’s experience
  2. Affective: appropriate emotional reactivity
  3. Behavioral: accurate attunement to and reaction to the patient’s story
**Myths About PCC/Family-Centered Care**

1. Patients are already satisfied!
2. Takes too much time
3. Too emotional
4. Not cost effective

**Trends for the Future**

- We can’t escape using Adult Learning Strategies in our work!
- Individuals are living longer – with chronic health conditions.
- Increased movement to interprofessional collaboration and person-centered/family-centered service delivery models.
- Greater emphasis on outcome-based solutions that are evidence-based; insurance companies want higher value for their funding.
- Shifting focus to prevention (cognitive issues) and improved quality of life.

**Mindful Practice Facilitates FCC**

- M - moment to moment attention
- I - in the here and now
- N - non-judgemental attitude
- D - detach from unhelpful thoughts
- F - forgive and be grateful
- U - unconditional acceptance
- L - learn with childlike mindset

**UA Continuum of Aural Rehabilitation**

- Individual Aural Rehabilitation
  - Community Therapy
    - Taken out of speech room, to a natural environment
    - Working on phone conversations
    - Role-playing
    - Listening in noise
    - Using normal, everyday items in functional situations
    - Teaching self-advocacy strategies
  - Telepractice
  - Support Group: Hear No Fear

**References**

References


Thank You for Listening!

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LinkedIn Groups: The Listening Brain Telepractice in Speech-Language Pathology Telepractice in Audiology

Comments

Suggestions