Being an LSLS/AVT in the Real World

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LSLS Cert. AVT

Hear Indiana 2025

1

AGENDA

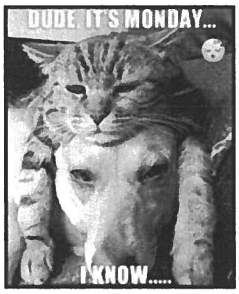
Monday Morning

Selling LSLS

EMR essentials

Cases: it isn't always a smooth ride

2



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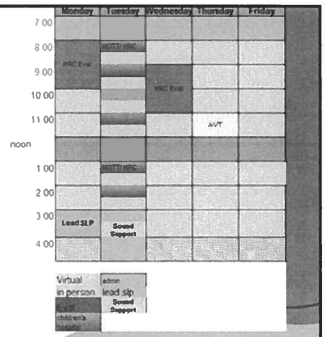
GRID

Weekly
6.25 Hours Admin (1 hour each am + on lead slp hour and 1 x mo AVT mentoring hour)
21 Therapy Slots
2 Evals
3Alternating Tuesdays:
3 Evals + in-patient at peds hospital or grant day for outreach



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START

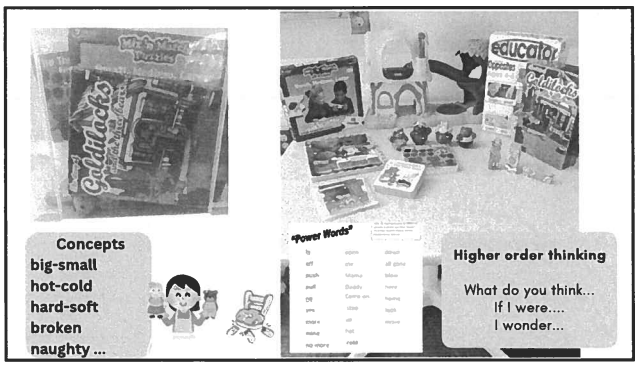
with a book

Jim Trelease - style bookcase.

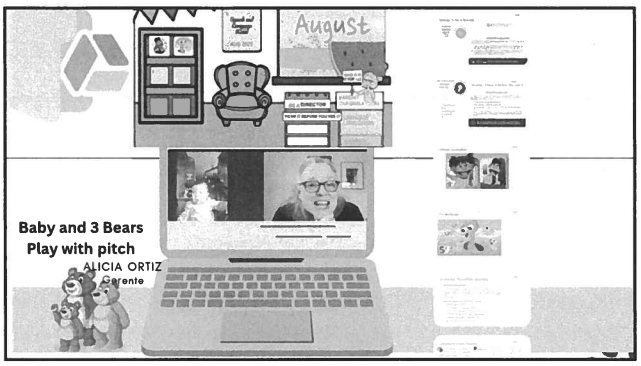
5

Choose a theme:

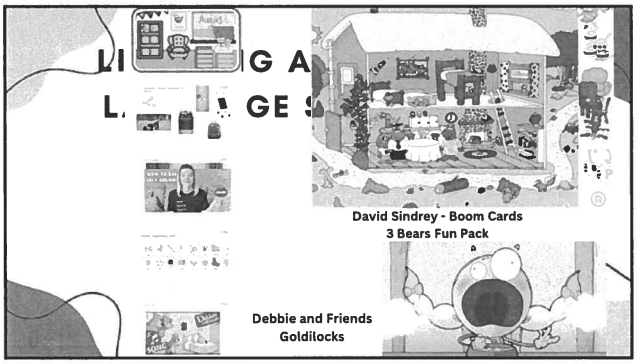
6


Concepts
big-small
hot-cold
hard-soft
broken
naughty ...
"Power Words"
Higher order thinking
What do you think...
If I were....
I wonder...

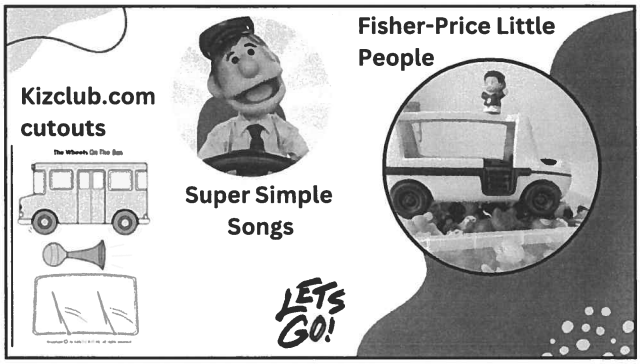
7


August
Baby and 3 Bears
Play with pitch
ALICIA ORTIZ
Gerente

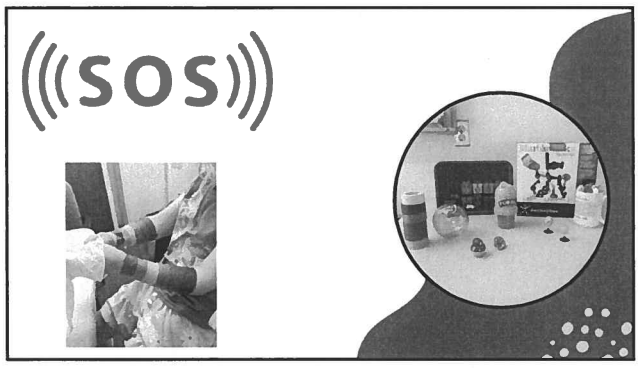
8


David Sindrey - Boom Cards
3 Bears Fun Pack
Debbie and Friends
Goldilocks

9


Kizclub.com
cutouts
Super Simple
Songs
Fisher-Price Little
People
LETS
GO!

10


SOS

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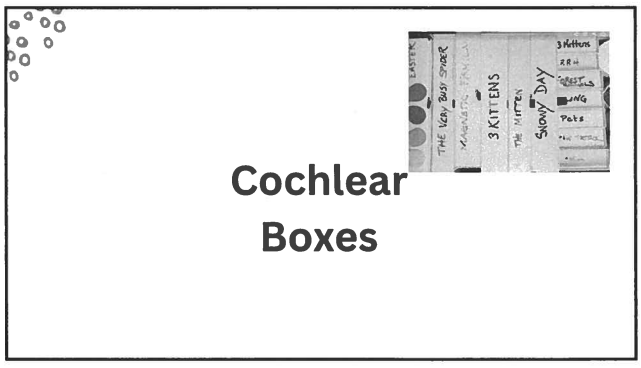
Cochlear
Boxes

12

WHY PROFESSIONALS BECOME
LSLS SPECIALISTS

1. A drive to be the best.
2. A desire help parents and children reach the best possible outcomes
3. A willingness to take on a challenge.

13

LISTENING AND SPOKEN LANGUAGE SPECIALIST

Sell it!

NEED — in demand

COST EFFECTIVE — effective

MISSION — Know the Mission

RECOMMEND — Share the Why

14

NOT MANY OF US

NEED

ALICIA ORTIZ
Gerente

APPROXIMATELY 12,000 BABIES ARE BORN WITH PERMANENT HEARING LOSS IN THE U.S. EACH YEAR, WHICH TRANSLATES TO ABOUT 3 OUT OF EVERY 1,000 NEWBORNS.

15

COST AND OUTCOMES

During the 1999 – 2000 school year, the total cost in the United States for special education programs for children who were deaf or hard of hearing was $652 million, or $11,006 per child.

NEED

COST EFFECTIVE

The lifetime educational cost (year 2007 value) of hearing loss (more than 40 dB permanent loss without other disabilities) has been estimated at $115,600 per child
https://www.cdc.gov/hearing-loss-children

16

THE MISSION

Mission: To equitably serve Hoosiers with genetic conditions and birth defects by providing timely identification and access to resources with the top goals of community partnership, family engagement, awareness activities and surveillance.

Vision: Every Hoosier has access to the genetic services and therapies they need to achieve well-being at all stages of life.

Values: Family first, Engagement, Innovation, and Advocacy

NEED — COST EFFECTIVE — MISSION

BDPR NEWBORN SCREENING INDIANA

17

THE WHY:

"Never mind": a phrase I strongly dislike: when someone says this to me, I feel that the person has become tired of repeating themselves. As someone with a hearing disability, it was something I heard often for many years. Overcoming the associated challenges related to my disability is my life's biggest goal.

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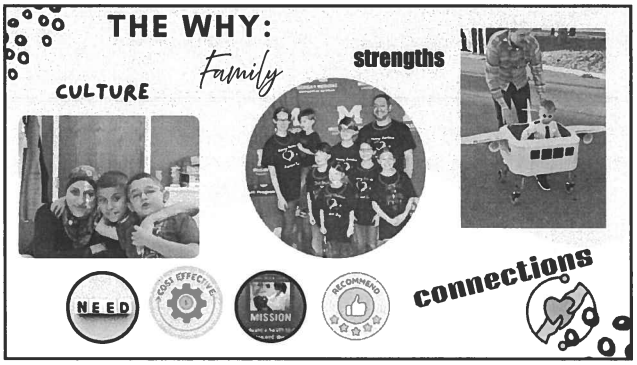
NEED — COST EFFECTIVE — MISSION — RECOMMEND

18



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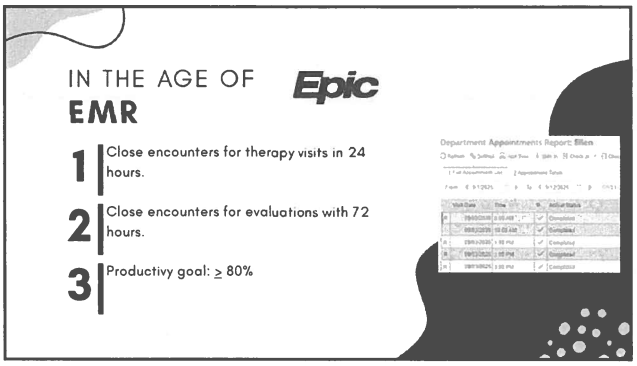

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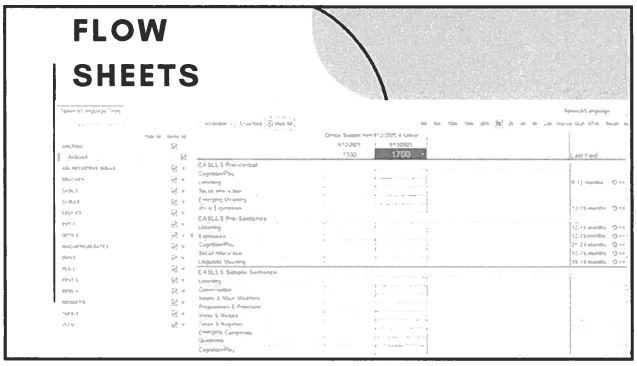

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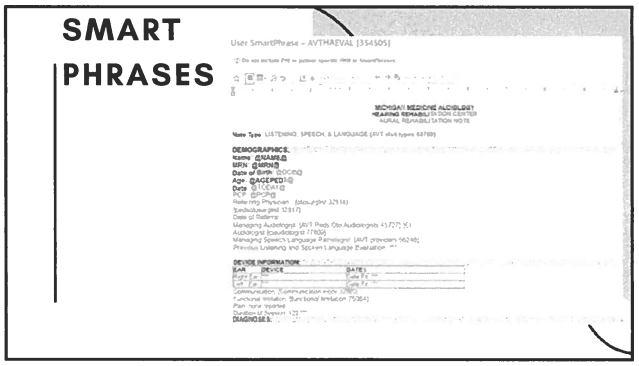

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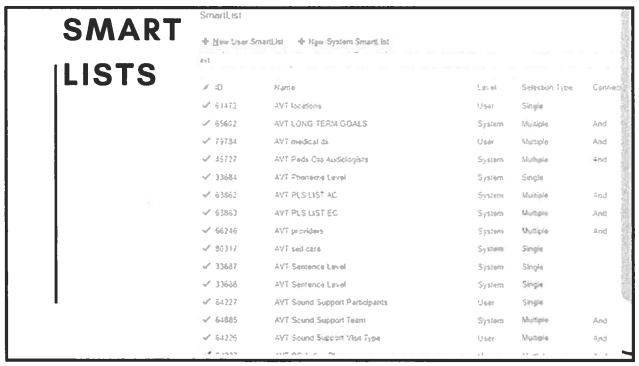

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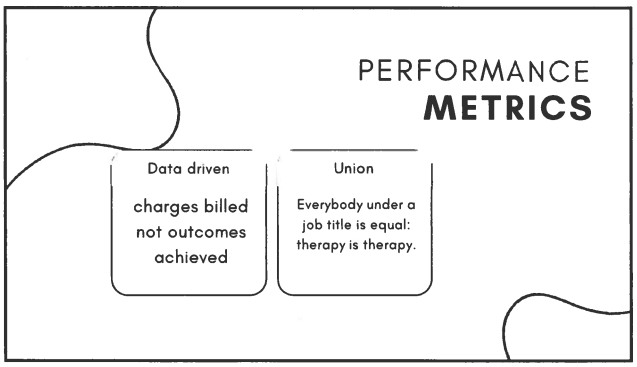


24

25

CASE 1: THE VILLAGE

Birth History
Full-term, APGARS 8 and 9
UNHS: R=referred
No family hx of HL

Infancy
Age 1 mo: normal ABR
Age 6 mos: dx with hypotonia
Pvt PT until 2 yrs 4 mos

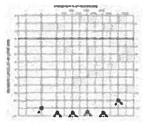
Toddler
21 months: pvt SLP; severe delay
PT - walking at 30 mos
Early On

Preschool Age
32 mos - SLP: slow progress, uses gestures and facial expressions, mouths words
33 mos-sedated ABR

26

What's going on?

CHILD
Age = 38 months
1st seen at UM CI center
Profound communication delay



FAMILY
Parents divorced - joint custody
Parental stress high - felt by professionals and child

27

What's the plan?

CHILD
Age = 40 months
normal anatomy
Bilateral CI
Age 41 months -CI activation
Tolerated sound well
X-ray confirmed good placement

Plan:
DHH Preschool teacher
School-based SLP
Educational audiologist
UMCI speech therapy 1 x week
Private (retired) SLP 1x week

Family stress level: high

PREDICTION?

28

6 months post-surgery?

CHILD
Age = 3 years, 10 months
Etiology of HL: CMV
No device use

ACHIEVED:
Toilet trained
Sleeping in own bed
Retains a few spoken words
ASL - using 2 sign combinations
AAC - will combine 2 symbols

WHAT'S NEXT?

29

The Connected Team

Team Email Correspondence
Virtual meeting x 2
In-Person meeting x 1
Phone contacts several
Professional team unified on plan
Counseling for parents
Behavioral modification
Neuropsychologist consulted
Social stories
ASL
AAC

30

What's been done?

- Devices in view on table
- Putting devices on doll
- Wearing bluetooth phone device
- Children's books about CI
- Parent of CI user
- Behavior modification with neuropsychologist- got device next to ear
- Brief wear time < 20 min
- Tried ear-level processor
- AAC
- Post holiday focus on ASL
- Old processors for family to model use

- CI on = TV on
  - Headband
  - Processor in headband (no coil/battery
  - Processor with cable coil in headband
  - Will place coil on independently
  - Will wear fully assembled turned off
  - 10 min slow start

31

What could success look like?

32

CASE 2: A LITTLE MORE

Birth History
Full-term
UNHS: R-referred
No family hx of HL

Infancy
Age 1 mo: abnormal ABR
mild HF SNHL on L; absent OAEs on R
10 wks - dx CMV
7mos- Early On, pvt PT, chg in hearing
9 mos mod SNHL bilaterally
10 ms HAs

Toddler
14 months: SLP eval- WNL
16 mos mod-sev bilateral SNHL
17 mos prof bilateral SNHL
19 mos SLP- mild delays
24 mos bilateral CI activation
s/p 2 weeks AVT, 9 hours/day device use

Preschool Age
Age 3 yrs and 1 year s/p CI
>10 hrs/day of device use
PPVT: SS 84 -mild
CELF P2 Core Lang sev

33

What's going on?

CHILD

Age = 4 years, 6 months
AVT weekly
Early On to age 3 years
3 mornings a week PreK

Artic = WNL
Sent Struc mild delay
Word Struc mild delay
Following Directions mod delay
Recalling Sent severe delay
REC mod delay
EXP sev delay

CONCERNS

Difficulty staying on task
Zones out at times
Auditory memory
School-based support declined by family

WHAT'S NEXT?

34

What's the plan?

CHILD

6 weeks DHH preschool
Continue AVT thru summer
Young 5's in fall

Professional team concern for LD/ ADHD

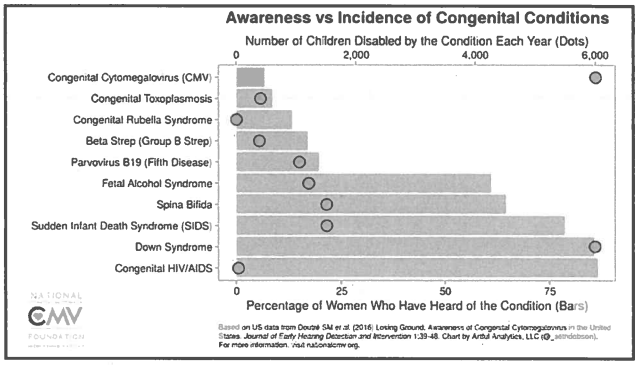
35

What could success look like?

36

What's can we learn from these cases?

37



38

CASE 3: IT'S COMPLICATED

Birth History
Fetal hydrops in utero
Premature 32 weeks GA
Respiratory distress, BPD, dysphagia
NICU- home on O2
UNHS - Referred

Infancy
Sick infant
NG tube
O2 at home
11 mos ABR- No response
12 mos SLP prof delay
13 mo G-tube

Toddler
Family moved - Early On lost
15 mos genetic variant-neurodevopmental disorder
15 mos bilateral CI
17 mos activation
18 mos virtual AVT with Arabic-English interpreter
21 mos Early On

39

What's going on?

CHILD
Age = 2 years
AVT weekly
Early On

- Waves
- Plays Peek-A-Boo
- Imitates gestures
- reduplicative babbling
- approx 5 vowels, 4 consonants
- Recognizes Itsy-Bitsy Spider song
- Will look at book 1-2 min

PREDICTION?

40

What could success look like?

41

PROTECT EHDI!

acia.org>advocacy>action alerts

HELP STOP FUNDING CUTS THAT IMPACT CI ACCESS

Support and Protect EHDI

EHDI staffing and funding is currently under pressure. It is essential that newborn hearing screening and state programs that support early detection and intervention are fully funded and staffed to ensure the best for our children.

42

CASE 4: WHAT'S KINDERGARTEN?

Birth History
Full term
Uncomplicated pregnancy and birth
UNHS - Referred
Etiology unknown

Infancy
6 weeks- ABR
R:sev-prof; L:mild-mod
3 mos L-HA fit
7 mos sp/lang wnl
10 mos Started AVT
14 mos CI on R

Toddler
AVT- freq no shows
Early On
COVID- virtual visits
9 mos s/p 4.5 hrs/day

Preschooler
AVT- discharged for 6 mos due to attendance
DHH preschool - total comm at 3 years

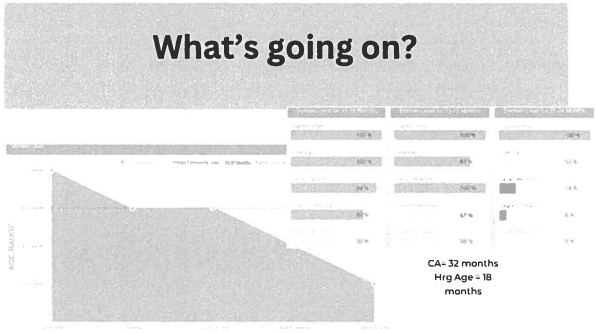
43

What's going on?

- 10 months s/p CI activation

44

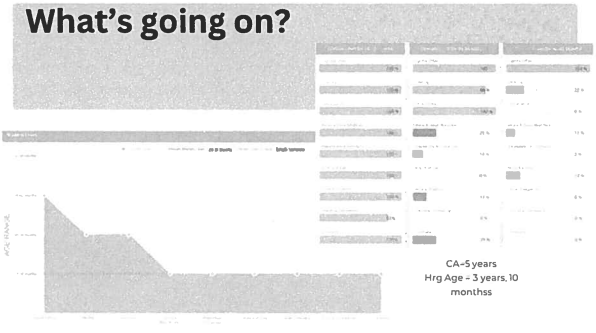
What's going on?



CA= 32 months
Hrg Age = 18 months

45

What's going on?



CA=5 years
Hrg Age = 3 years, 10 monthss

46

What could success look like?

47

Thank you

48