

Coach, Empower  
and Collaborate:  
The Role of the  
LSLS on an  
Early  
Intervention  
Team



# Learner Outcomes

<b>Identify</b>	The participant will identify the role of a LSL as part of an early intervention team.
<b>Discuss</b>	The participant will discuss strategies and ideas of teaming with another EI provider.
<b>Explore</b>	The participant will explore case studies and examples of teaming with another EI provider.



## Newborn Hearing Screenings

## Newborn Hearing Screening, Diagnosis, and Intervention

Based on data collected by CDC from states and territories for year 2019:

Over 98% of U.S. newborns were screened for hearing loss

Almost 6,000 U.S. infants born in 2019 were identified early with a permanent hearing loss

The prevalence of hearing loss in 2019 was 1.7 per 1,000 babies screened for hearing loss

Some infants needing additional testing or early intervention did not receive these important follow-up services

Source: [2019 CDC EHDI Hearing Screening and Follow-up Survey](#)

About 1 out of 2 cases of hearing loss in babies is due to genetic causes. Some babies with a genetic cause for their hearing loss might have family members who also have a hearing loss. About 1 out of 3 babies with genetic hearing loss have a “syndrome.” This means they have other conditions in addition to the hearing loss

1 out of 4 cases of hearing loss in babies is due to maternal infections during pregnancy, complications after birth, and head trauma. For example, the child:

- Was exposed to infection, such as , before birth
- Spent 5 days or more in a hospital neonatal intensive care unit (NICU) or had complications while in the NICU
- Needed a special procedure like a blood transfusion to treat bad jaundice
- Has head, face or ears shaped or formed in a different way than usual
- Has a condition like a neurological disorder that may be associated with hearing loss
- Had an infection around the brain and spinal cord called meningitis
- Received a bad injury to the head that required a hospital stay

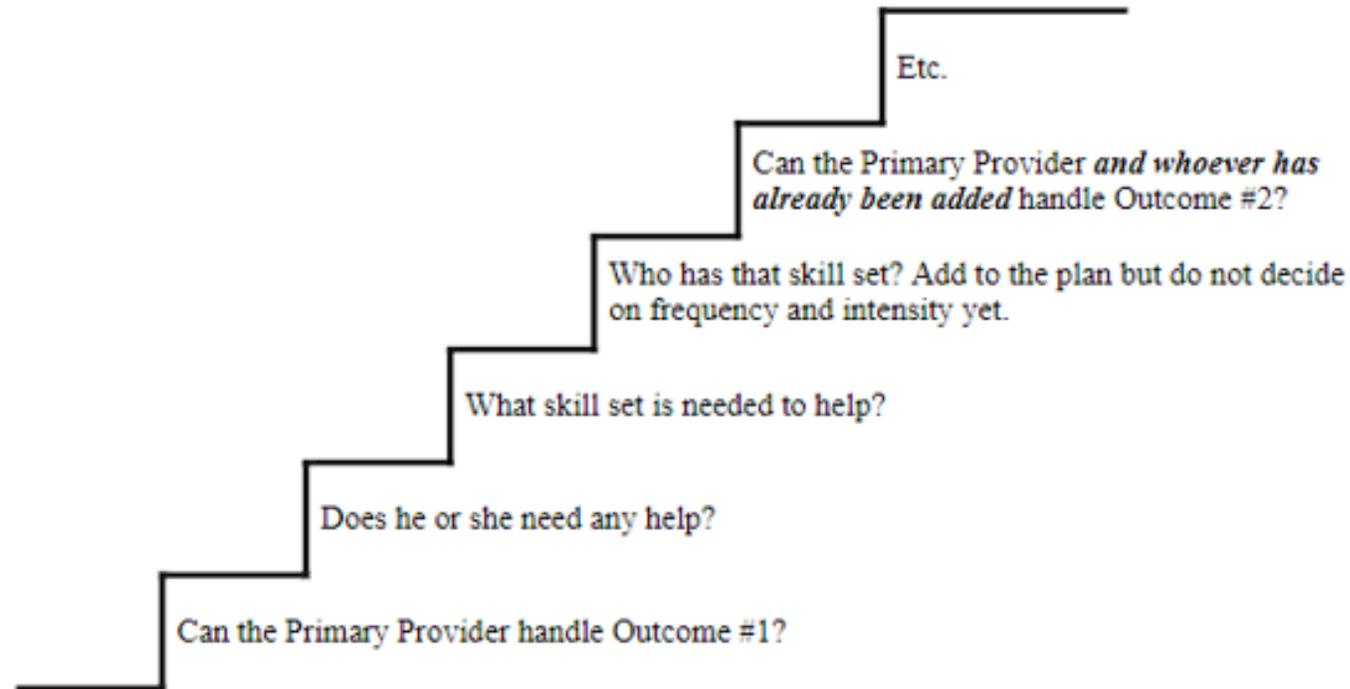
For about 1 out of 4 babies born with hearing loss, the cause is unknown.

1 - hearing screening  
3 - diagnosis  
6 - early intervention



# Incremental Approach to Decision Making

---



*This chart adapted with permission from Dr. Robin McWilliam of Siskin's Children's Institute, Chattanooga, TN.*

# Team of Providers

---

Physical Therapist

---

Occupational Therapist

---

Speech Language Pathologist

---

Developmental therapist

---

Teacher of the deaf

---

Vision Therapist

---

Audiologist

---

Counselor

---

Dietician

---

ABA Consultant

---

AT Provider

---

Social Worker

---

Medical Professional

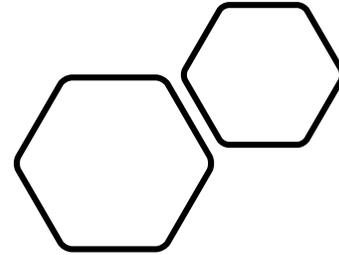
---

Translator/Interpreter

An SLP and Teacher of the Deaf may provide simultaneous services as they “engage in a collaborative team approach to facilitate the development of communicative competence.” (ASHA)

Auditory –Verbal  
Educators

Auditory-Verbal  
Therapists



**Listening  
and  
Spoken Language  
Specialists**

# Principles of Certified LSLS Auditory-Verbal Therapists (LSLS Cert. AVT)

1. Promote early diagnosis of hearing loss in newborns, infants, toddlers, and young children, followed by immediate audiologic management and auditory-verbal therapy.
2. Recommend immediate assessment and use of appropriate, state-of-the-art hearing technology to obtain maximum benefits of auditory stimulation.
3. Guide and coach parents to help their child use hearing as the primary sensory modality in developing listening and spoken language.
4. Guide and coach parents to become the primary facilitators of their child's listening and spoken language development through active consistent participation in individualized auditory-verbal therapy.
5. Guide and coach parents to create environments that support listening for the acquisition of spoken language throughout the child's daily activities.
6. Guide and coach parents to help their child integrate listening and spoken language into all aspects of the child's life.
7. Guide and coach parents to use natural developmental patterns of audition, speech, language, cognition, and communication.
8. Guide and coach parents to help their child self-monitor spoken language through listening.
9. Administer ongoing formal and informal diagnostic assessments to develop individualized auditory-verbal treatment plans, to monitor progress and to evaluate the effectiveness of the plans for the child and family.
10. Promote education in regular schools with peers who have typical hearing and with appropriate services from early childhood onwards.

*\*An Auditory-Verbal Practice requires all 10 principles.*

The term "parents" also includes grandparents, relatives, guardians, and any caregivers who interact with the child.

# Principles of Certified LSLS Auditory-Verbal Education (LSLS Cert. AVEd.)

A Listening and Spoken Language Educator (LSLS Cert. AVEd) teaches children with hearing loss to listen and talk exclusively through listening and spoken language instruction.

1. Promote early diagnosis of hearing loss in infants, toddlers, and young children, followed by immediate audiologic assessment and use of appropriate state of the art hearing technology to ensure maximum benefits of auditory stimulation.
2. Promote immediate audiologic management and development of listening and spoken language for children as their primary mode of communication.
3. Create and maintain acoustically controlled environments that support listening and talking for the acquisition of spoken language throughout the child's daily activities.
4. Guide and coach parents to become effective facilitators of their child's listening and spoken language development in all aspects of the child's life.
5. Provide effective teaching with families and children in settings such as homes, classrooms, therapy rooms, hospitals, or clinics.
6. Provide focused and individualized instruction to the child through lesson plans and classroom activities while maximizing listening and spoken language.
7. Collaborate with parents and professionals to develop goals, objectives, and strategies for achieving the natural developmental patterns of audition, speech, language, cognition, and communication.
8. Promote each child's ability to self-monitor spoken language through listening.
9. Use diagnostic assessments to develop individualized objectives, to monitor progress, and to evaluate the effectiveness of the teaching activities.
10. Promote education in regular classrooms with peers who have typical hearing, as early as possible, when the child has the skills to do so successfully.

*(Adapted from the Principles originally developed by Doreen Pollack, 1970)*

*Adopted by the AG Bell Academy for Listening and Spoken Language®, July 26, 2007.*

# Knowledge and Training

- Understanding audiograms
- Troubleshooting hearing technology
- Creating and maintaining acoustically controlled environments
- Guiding/coaching parents to become effective facilitators of their child's listening and language development
- Understanding of cognitive skill development
- Development of speech and language
- Development of listening skills

**Collaborate** with parents and professionals to develop goals, objectives, and strategies for achieving the natural developmental patterns of audition, speech, language, cognition, and communication.

**Coach, encourage and facilitate** listening and spoken language while completing activities and incorporating strategies into daily routines or therapy session with PT, OT, etc.....

**Empower** parents and educators in their self-efficacy skills related to hearing loss, device usage, and language development through listening.

# Examples from Case Studies.....

- Developmentally appropriate activities that target less desired or more difficult motor task paired with more desirable or pleasurable activity such as singing
- Object identification during localization tasks, auditory comprehension, receptive vocabulary and impact of visual acuity
- Behavior management strategies and routines based intervention utilizing listening and language to target mealtime, diaper time, etc....
- Primary provider role and collaboration with the other team members



Michelle Graham, MS, LSLS Cert. AVEEd.  
Listening and Spoken Language Specialist  
Lead Early Interventionist

St. Joseph Institute for the Deaf – St. Louis, MO  
[mgraham@sjid.org](mailto:mgraham@sjid.org)