

# **Aural Rehabilitation in Private Practice**

IAA-ADA Second Annual Joint Webinar

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# DISCLOSURE STATEMENT

- Today's presenters are both private practitioners whose clinics generate income from the provision of aural rehabilitation.

# AURAL REHABILITATION

What?

Why?

How?

# What?

“...a person-centered approach to assessment and management of hearing loss that encourages the creation of a therapeutic environment conducive to a shared decision process which is necessary to explore and reduce the impact of hearing loss on communication, activities, and participations.”

-Montano and Spizter (2014)

# What?

“...the reduction of hearing-loss-induced deficits of function, activity, participation, and quality of life through sensory management, instruction, perceptual training, and counseling.”

-Boothroyd (2007)

# What?

*Auditory Training*

**Hearing Aids**

Communication Strategies

Individualized / Patient Centered Care

**Assistive Listening Devices**

*Counseling*

Group Sessions

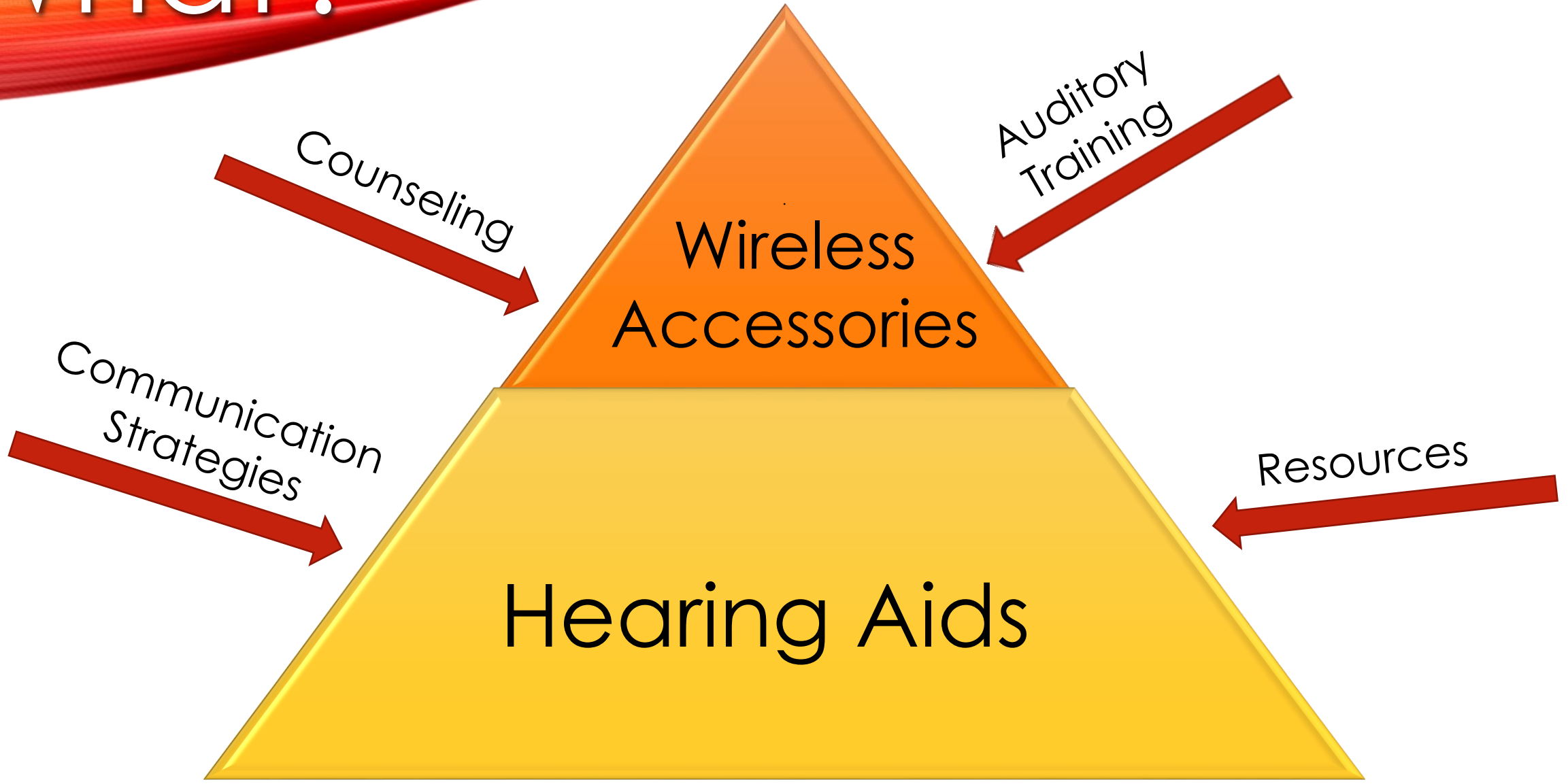
**Cochlear Implants**

Education

*Speech Reading*

# What?

## COMMONLY USED MODEL



# What?

## PROPOSED MODEL





# Why?

- Hearing aids simply cannot do it all!
  - Deficits in spectral and temporal resolution
  - Age-related cognitive changes
    - Working memory
    - Speed of processing
- Hearing aids are seen as commodity items
  - Technology vs. service
  - Growing need to set ourselves apart from competition
  - AR brings the professional back to the forefront

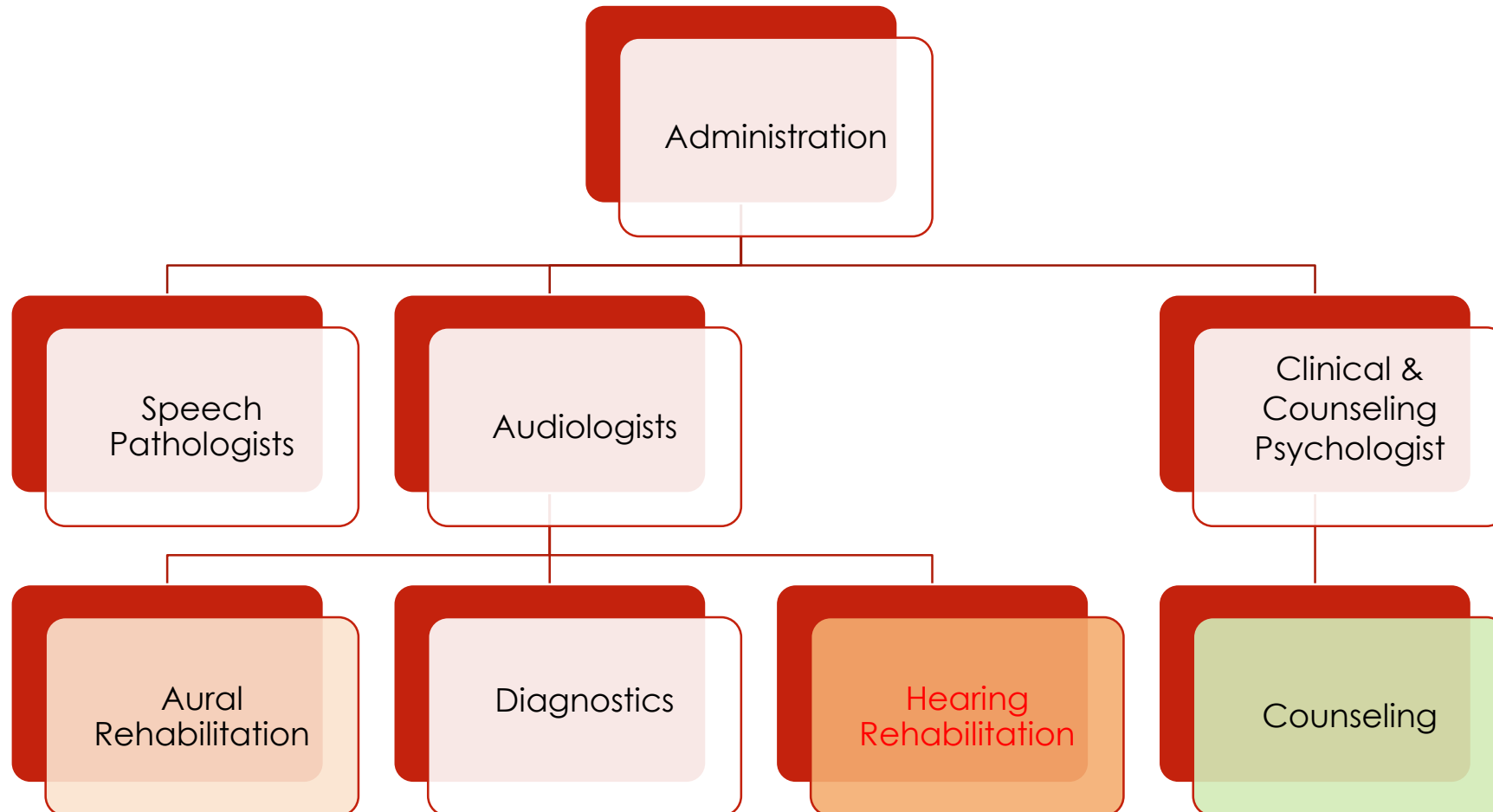


# Case Studies

Models are great, but does it work in the real world?

- Multidisciplinary Clinic in Australia
- ENT / Audiology Clinic in the U.S.

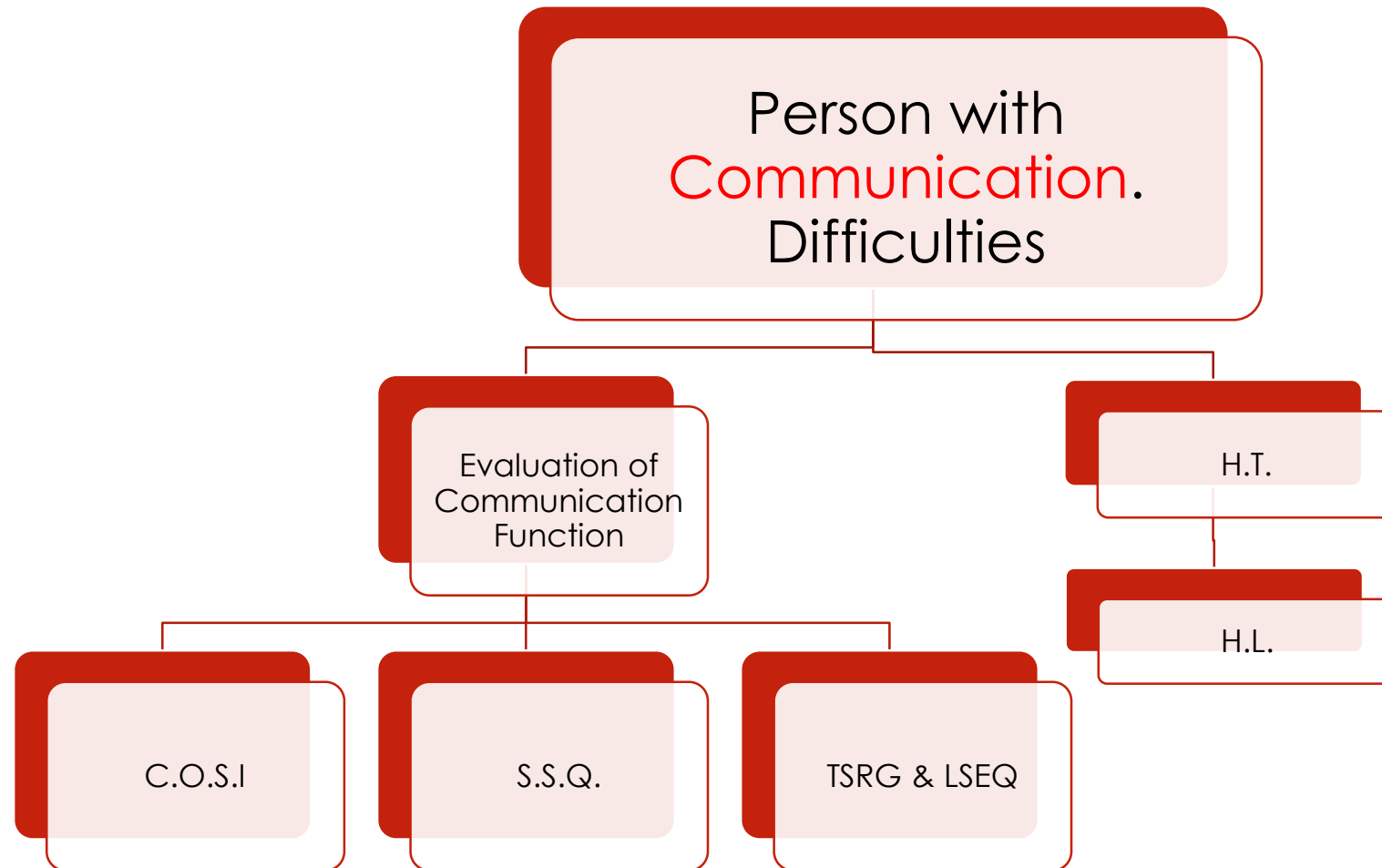
# COMMUNICATION & HEARING CLINIC (1987-2004) MORETHANHEARING (2004-)



# CASE #1: PROUD MOMENT

- 54 year-old female
- Self-retired CEO
- GP referred because “They don’t fit hearing aids on everyone.”
- Audiogram: mild-moderate HF loss

“...COMMUNICATION...IT'S ABSENCE NEGATES MAN'S EXISTENCE” TOUBBEH, 1973 IN ALPINER 1978



# LISTENING

THE UNDERSTANDING OF SPEECH DEPENDS CRITICALLY ON ATTENTION, WILD ET AL. J. NEUROSCIENCE 32 (40):14010-21, 2012

The Listening Quiz (Barker, 1971)

Listening Strategies: Active vs. Passive Listener (PCD) & Speaker directed



# COSI CLIENT ORIENTED SCALE OF IMPROVEMENT



Conversation with CP

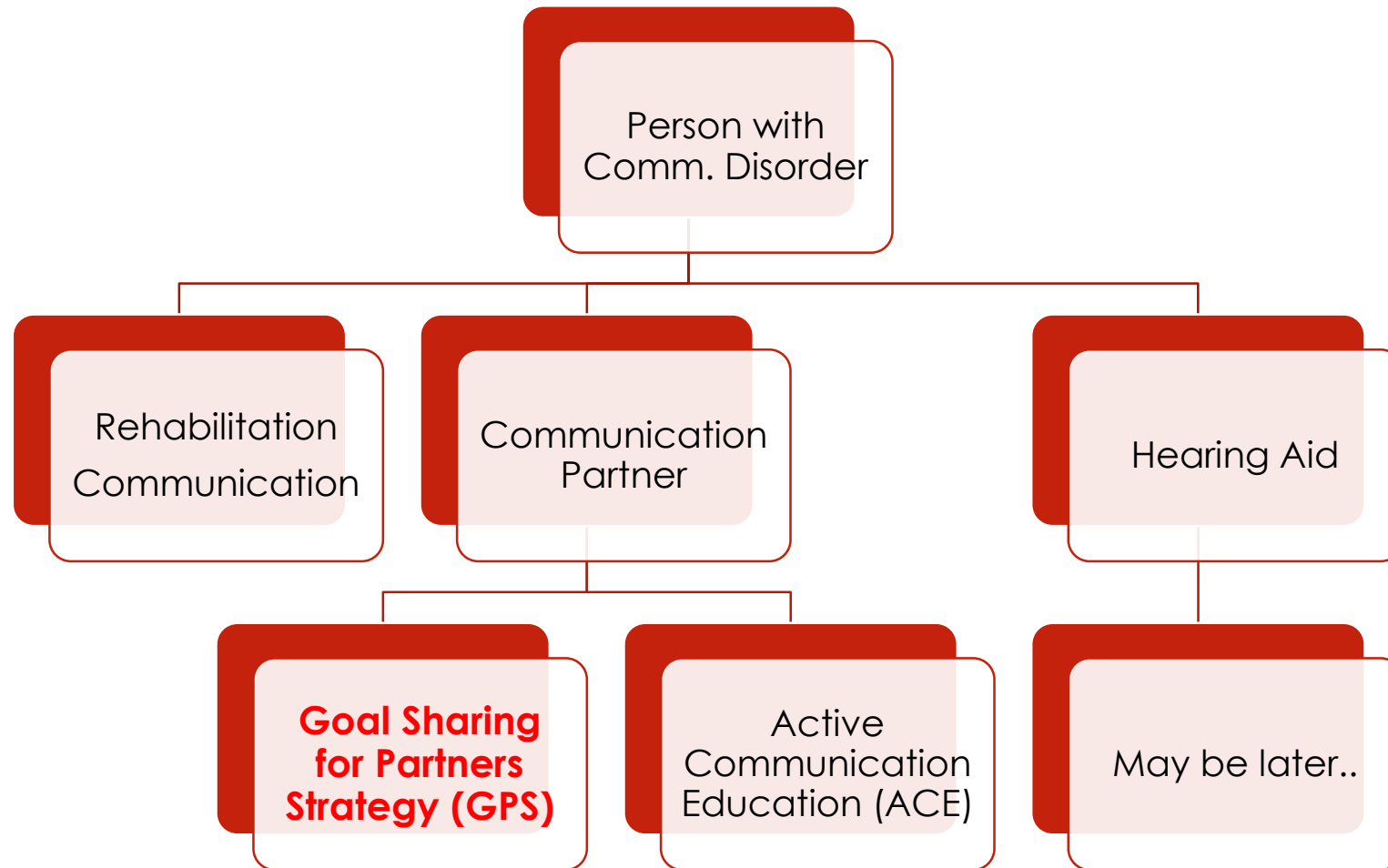


Conversation with  
friends in  
restaurants/groups



Retain and recalling

# MORE THAN HEARING





# CONVERSATION THERAPY IN (SMALL) GROUPS

“I don’t wear it as if it  
is (only) mine”

Realization, “everyday  
*talk is not easy talk*”

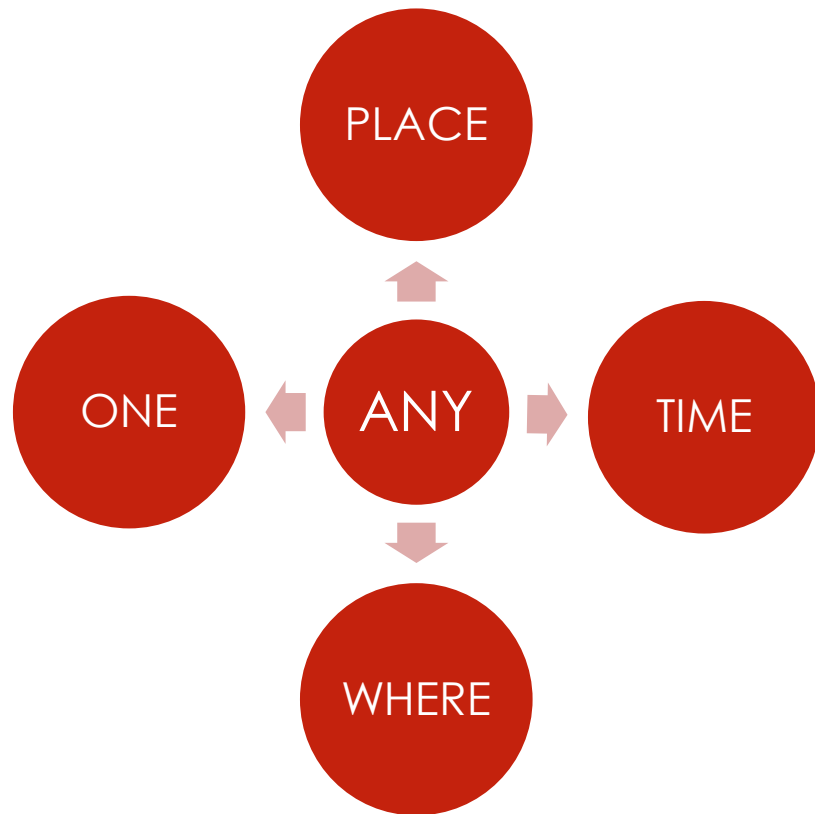
Active  
Communication  
Education  
(ACE)

A Program for Older  
People with Hearing  
Impairment

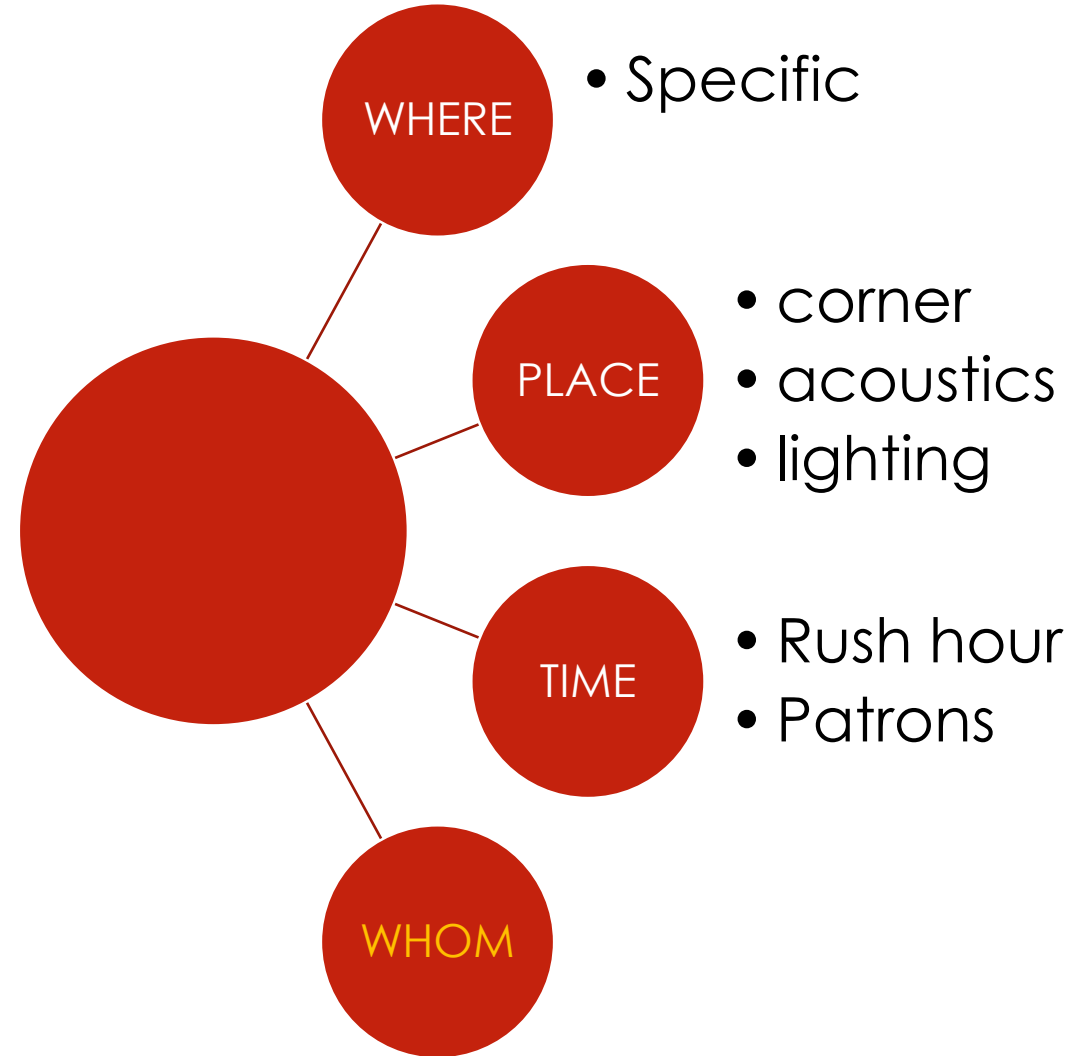
Louise Hickson,  
Linda Worall  
& Nerina Scarinci

# THE ENVIRONMENT

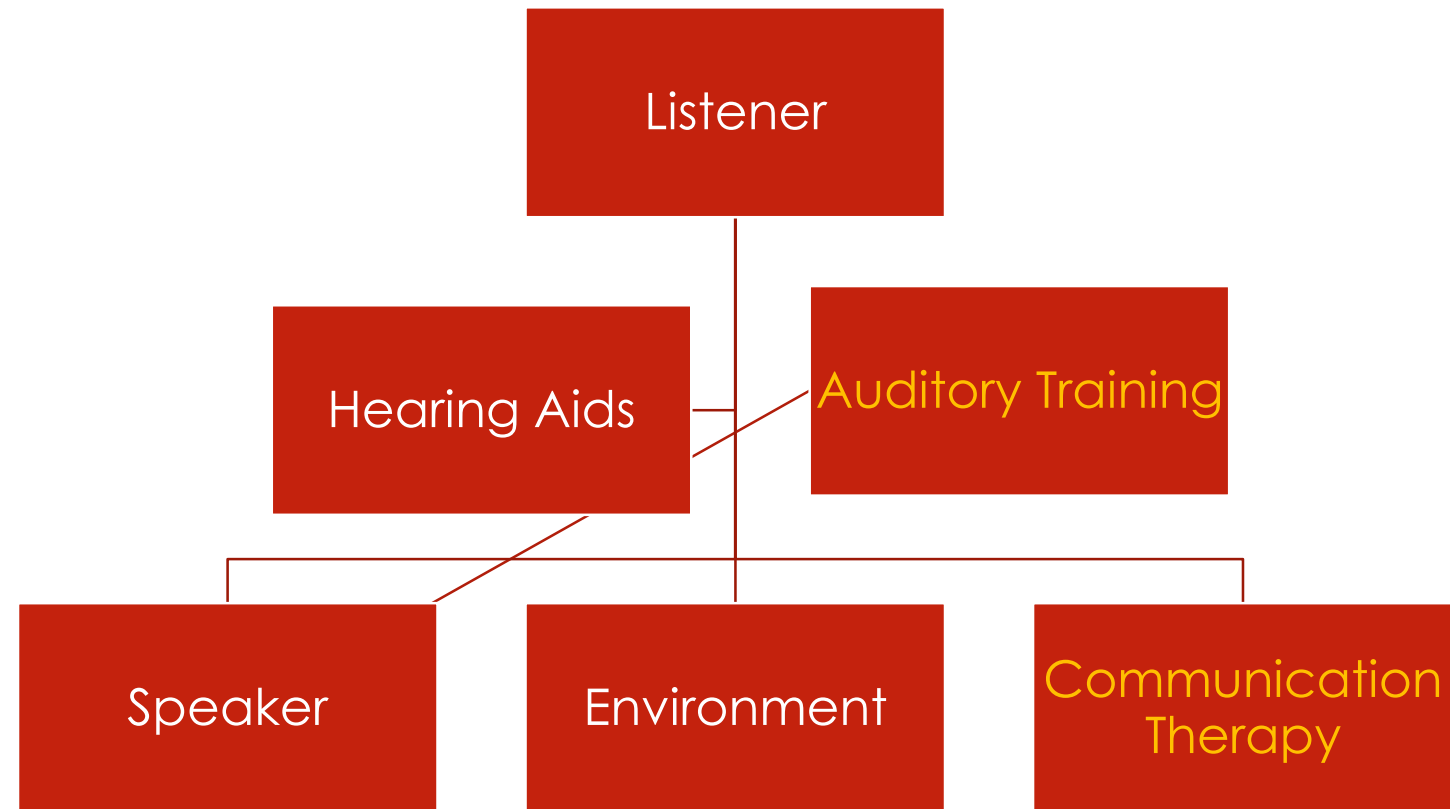
Before: the ignorant listener



After: the well prepared listener



# REHABILITATION, COMMUNICATION & HEARING



## Communication Therapies

- Teaching of turn taking skills
- Strategies on being a good listener
- Environmental modifications
- Teaching of conversational Repair

## Word Sound Recognition

- Use of auditory discrimination task
- Use of minimal pair task
- Use of discrimination task in the presence of background noise

## Working Memory

- Use of a visualising and verbalising technique
  - Chunking
  - Labelling
  - Association
  - Sequencing

Combination of both computer/app type therapies along with the strategies mentioned above to aid in generalisation of skill required to increase meaning and therefore memory.

## Listening Comprehension Task

- Use of a visualising and verbalising technique to aid in comprehension and language processing.
- Identification of Key Words: Who, What, Where, Why
- Utilisation of Language Comprehension in the presence of background noise.
- Auditory Closure Tasks.

## SHOW COSI CLIENT ORIENTED SCALE OF IMPROVEMENT

- List areas of difficulties



Conversation with CP

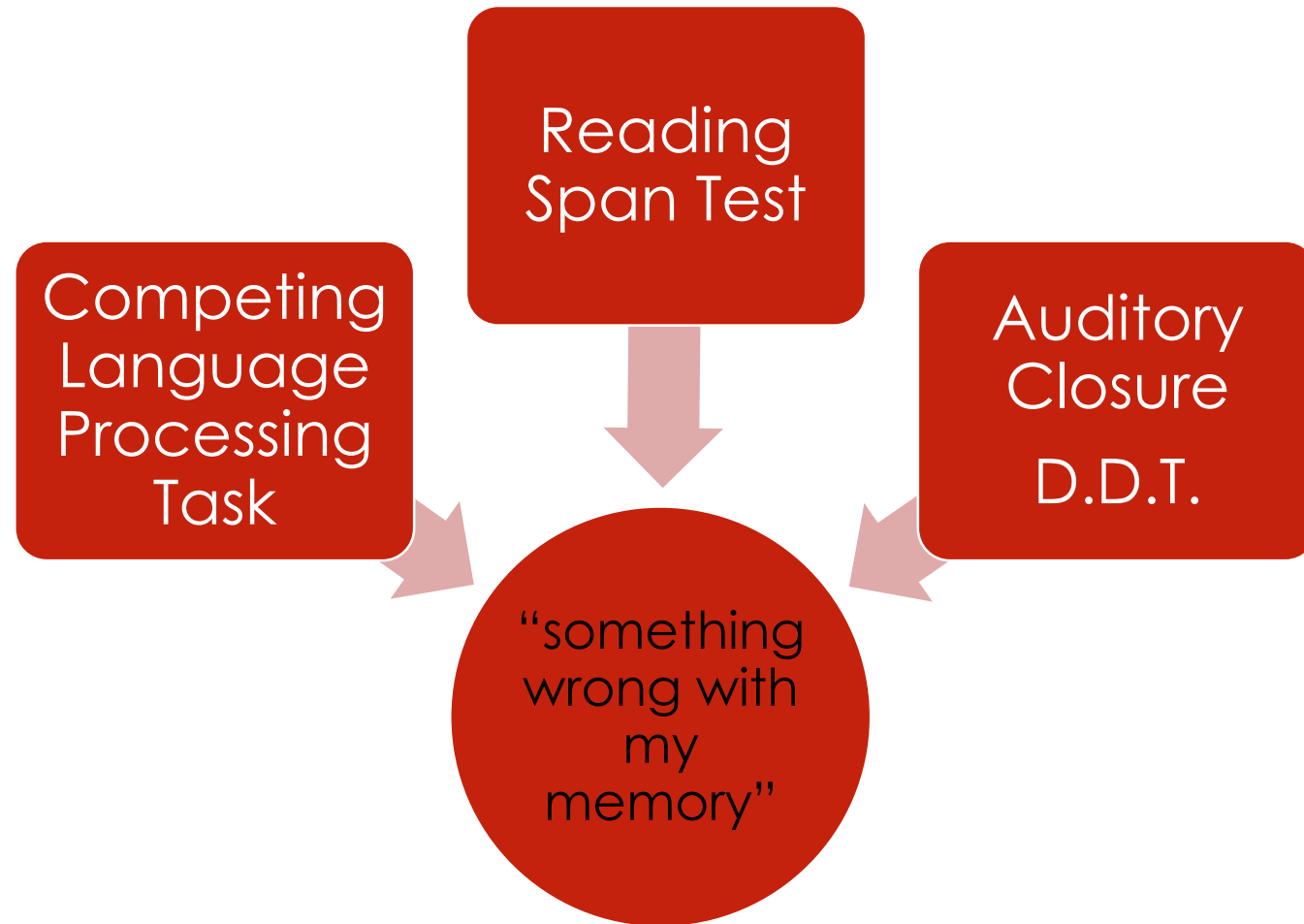


Conversation with friends  
in restaurants/groups



Retain and Recalling

WHAT THE PT. WANTS IS WHAT THE PT. GETS!



# Taking action (HR) and achieving

(Social Cognitive Theory,  
Bandura 1986)



# FINAL PIECE OF THE PUZZLE

Person with  
Comm. Disorder

Rehabilitation  
Communication

Comm. Partner

G.P.S.

A.C.E.

**Hearing  
Aids**





# CASE #2: “NOT-SO-PROUD” MOMENT

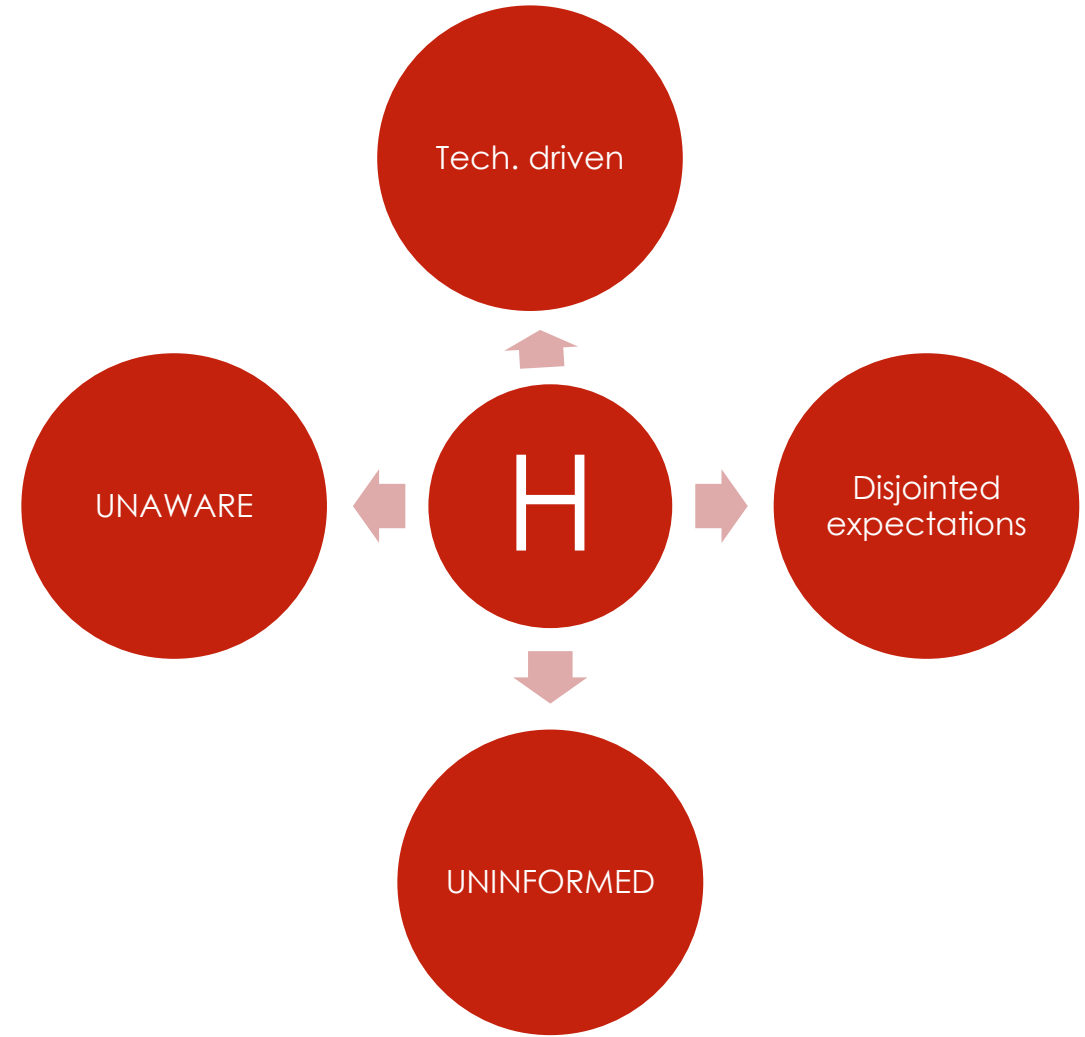
I have heard it all  
before



67 year old male  
Retired CEO  
Referred by GP  
Attended 18 months after referral

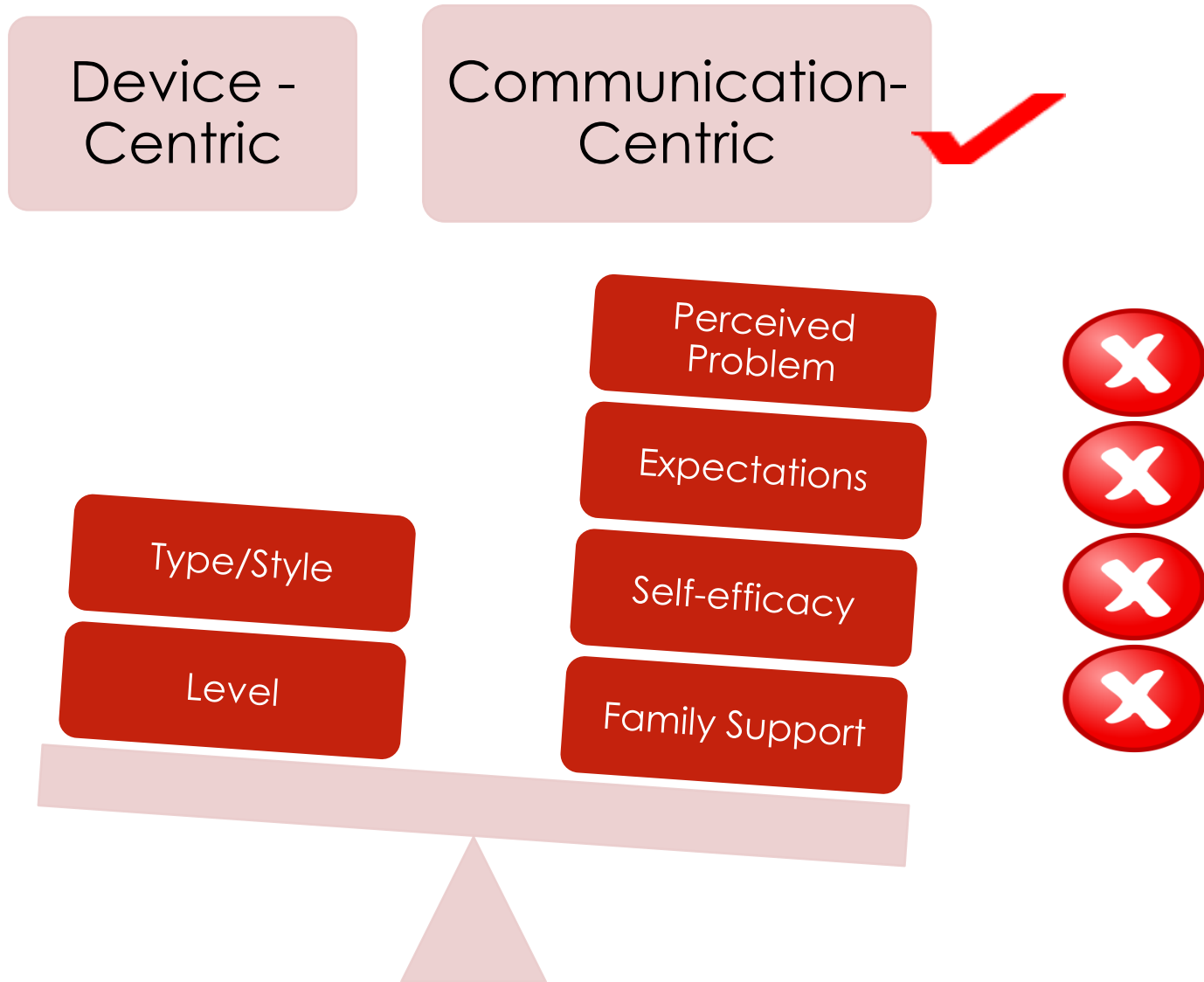
# asking for THE not A, means...

## Off Target



# WHAT FAILED HERE/ WHAT IS AT FAULT?

HEALTH HEARING BELIEF MODEL (ABRAHAM & SHEERAN, 2005)



# “Hearing Aids - **A** means to a better end”

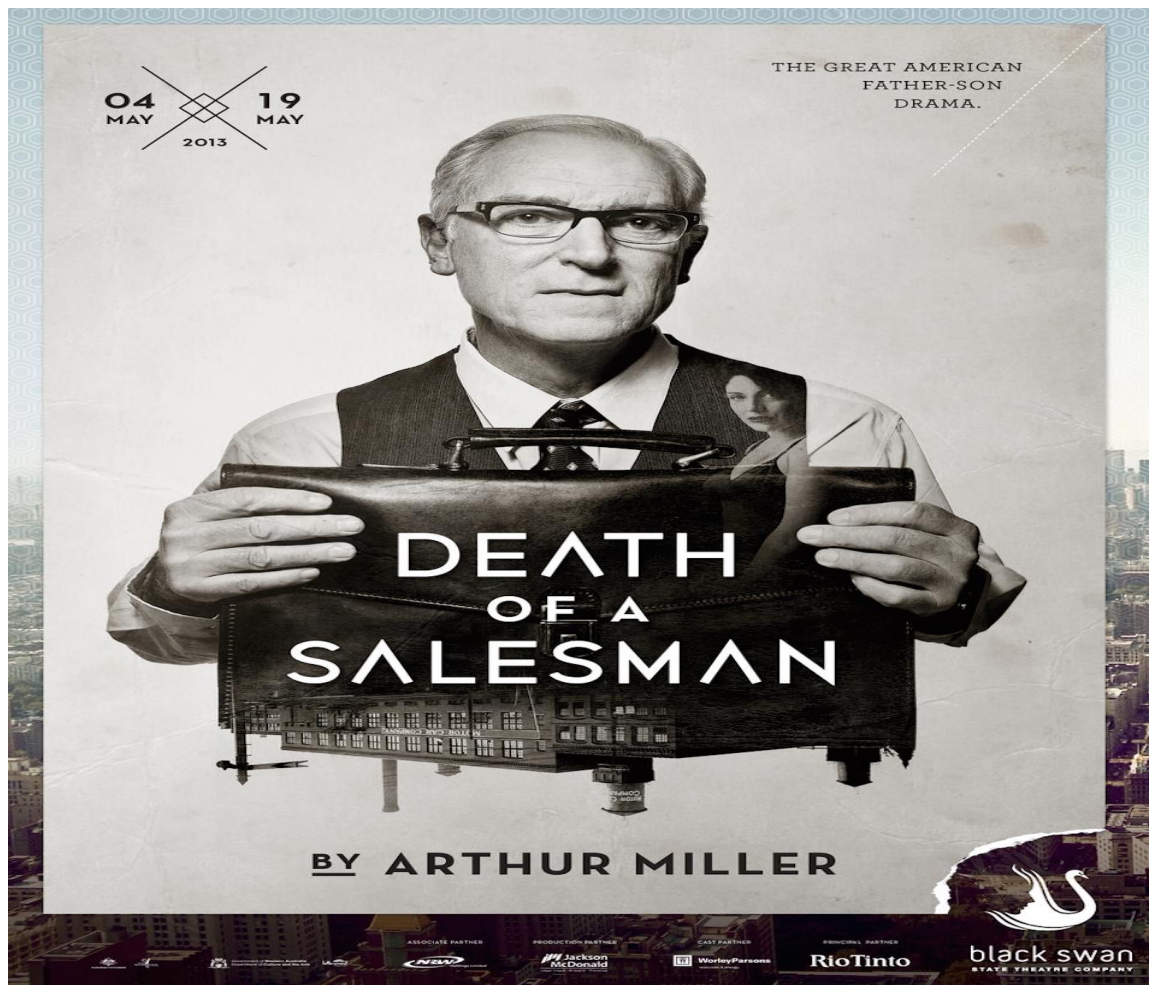
H.R. should not be an option, a matter of luck; time permitting; or **ONLY** if required!

Not a “vaccine” approach

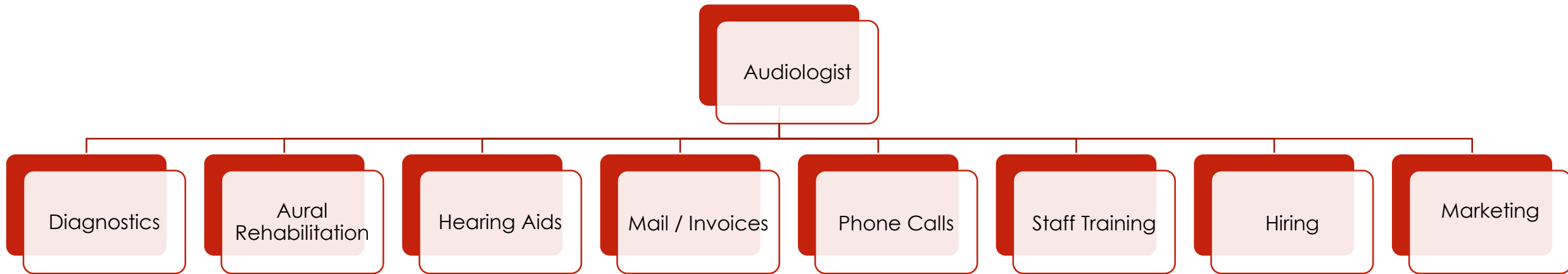
N. Clutterbuck Eartrak.com

nothing wrong with a being salesperson

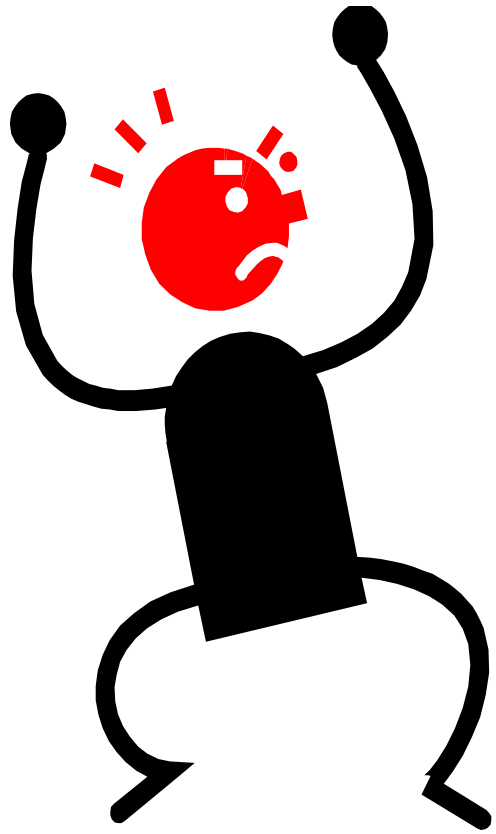
...it just depends on what your are selling



# COLUMBINE AUDIOLOGY, INC



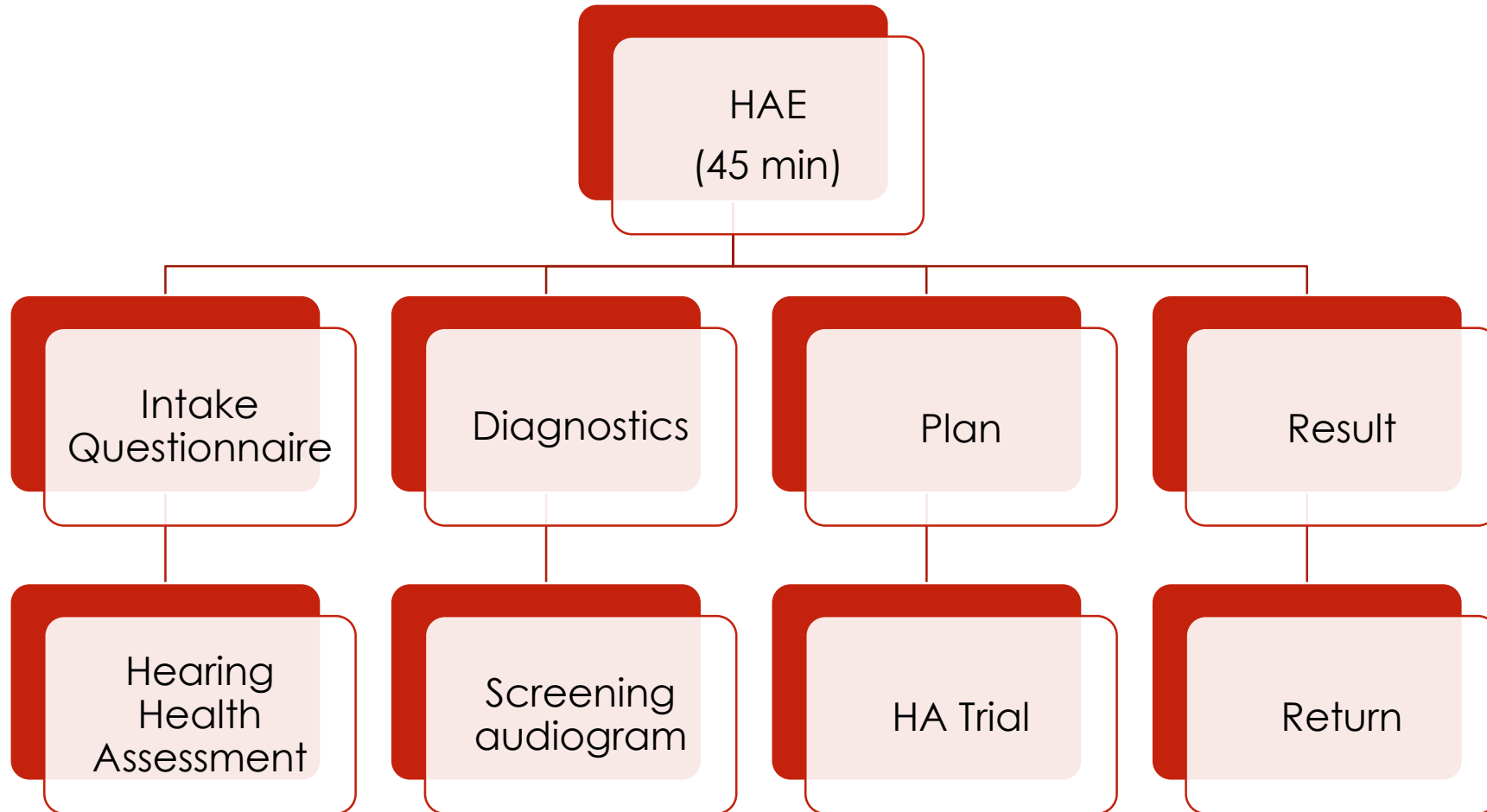
# CASE STUDY #3: “NOT-SO-PROUD” MOMENT



## The Patient

- 67 year-old male
- Mild sloping to severe SNHL above 2kHz
- No self-perceived difficulty
- All wife's problem
- Agreed to trial with hearing aids to “shut her up”

# THE “NOT-SO-PROUD” PROCESS






# LESSONS

- Don't cut corners
- Patient-centered does not mean patient-dictated
- Be the professional
- Refer out if necessary



# CASE STUDY #4: PROUD MOMENT



Honey! This  
will be so  
GREAT!

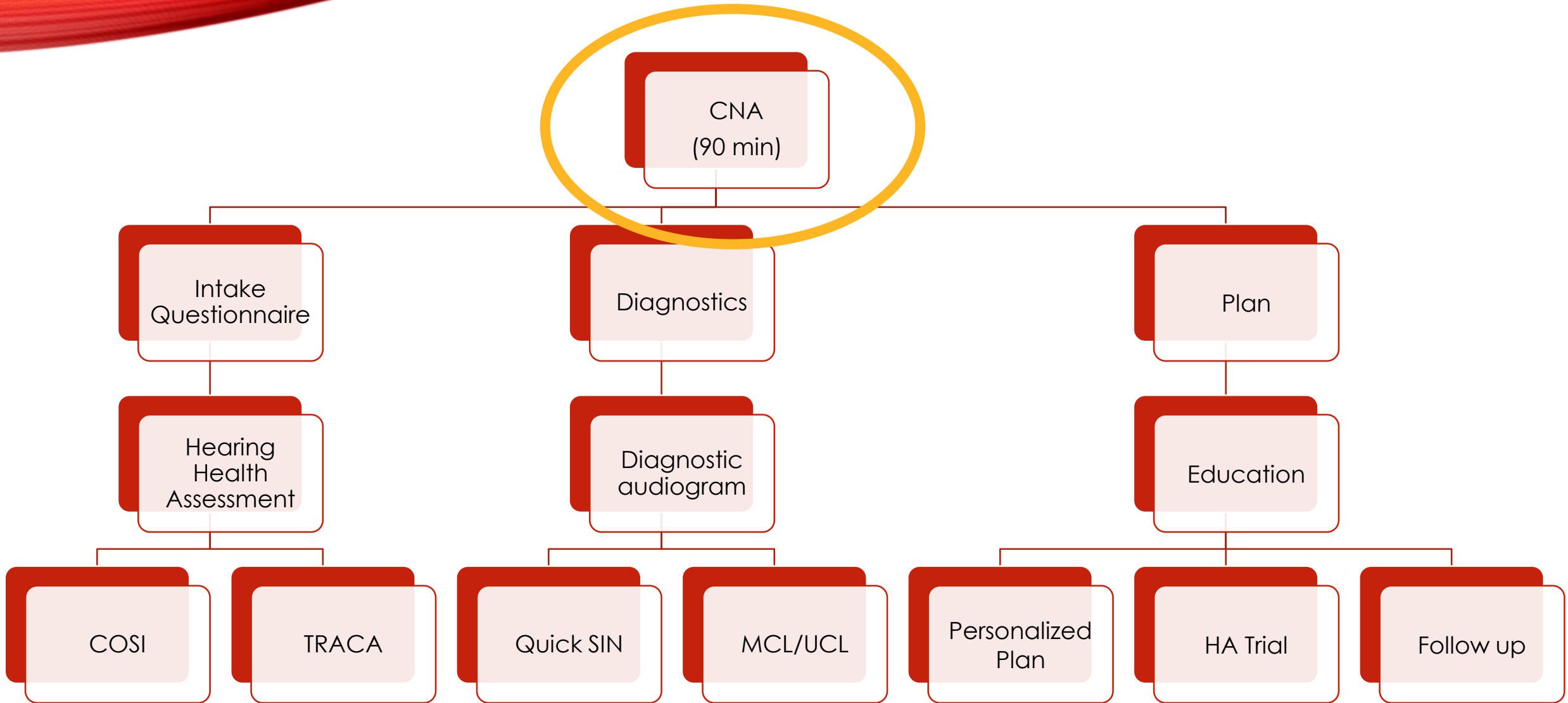
## **The Patient**

- 65 year-old female
- Mild sloping to moderate SNHL above 1kHz
- Mild self-perceived difficulty
- Not at all excited about hearing aids

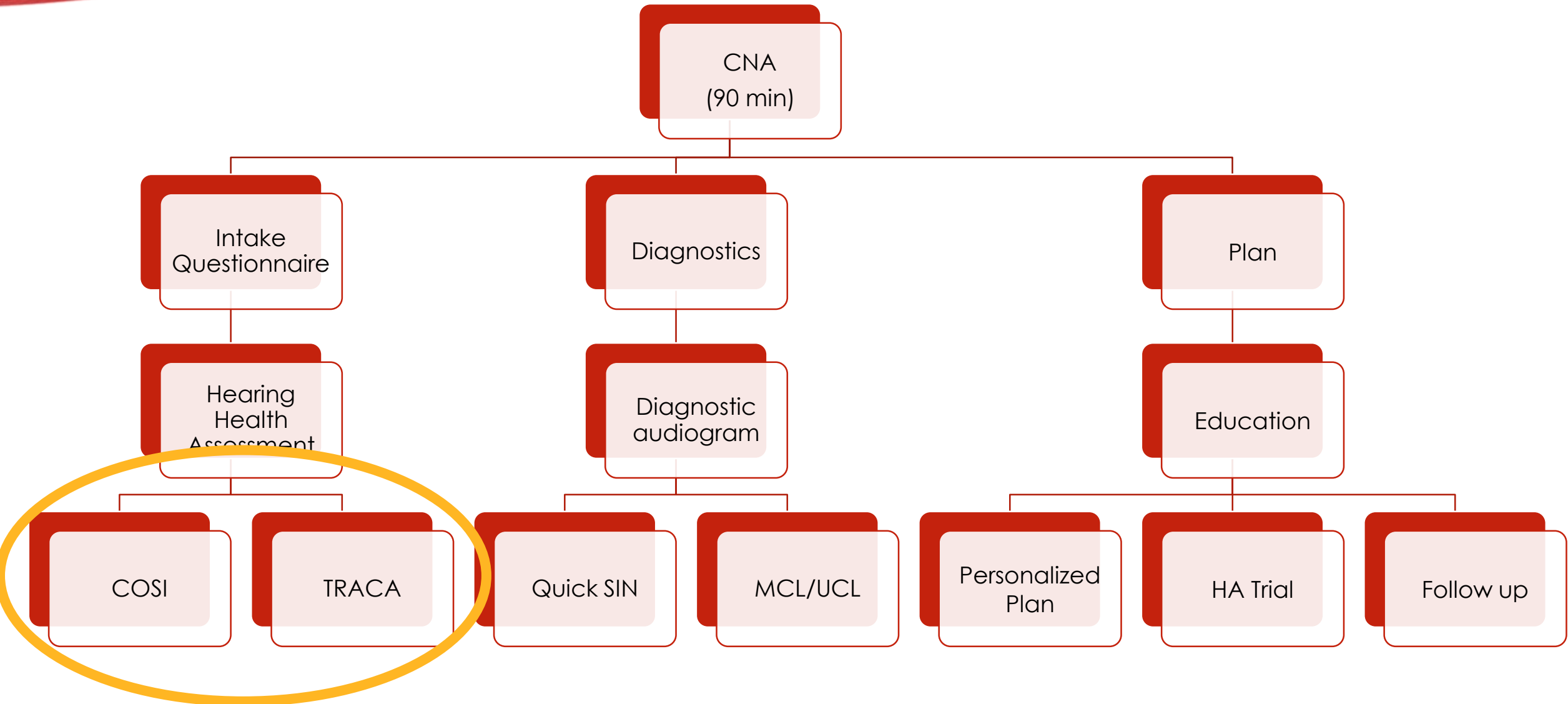
## **The Spouse**

- University professor
- Very tech-savvy
- Main motivation for the visit
- VERY fast speaker

# THE PROUD PROCESS



# THE PROUD PROCESS



# TRACA

(Their Reported Assessment of Communication Abilities)

## Communication Abilities

Name:

Date:

How much difficulty do you have hearing in the following situations?

	No difficulty	Slight difficulty	Moderate difficulty	Quite a lot of difficulty	Very much difficulty	Not relevant
One to one conversation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation in small groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert/movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of worship/lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a car	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Landline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/café	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# COSI

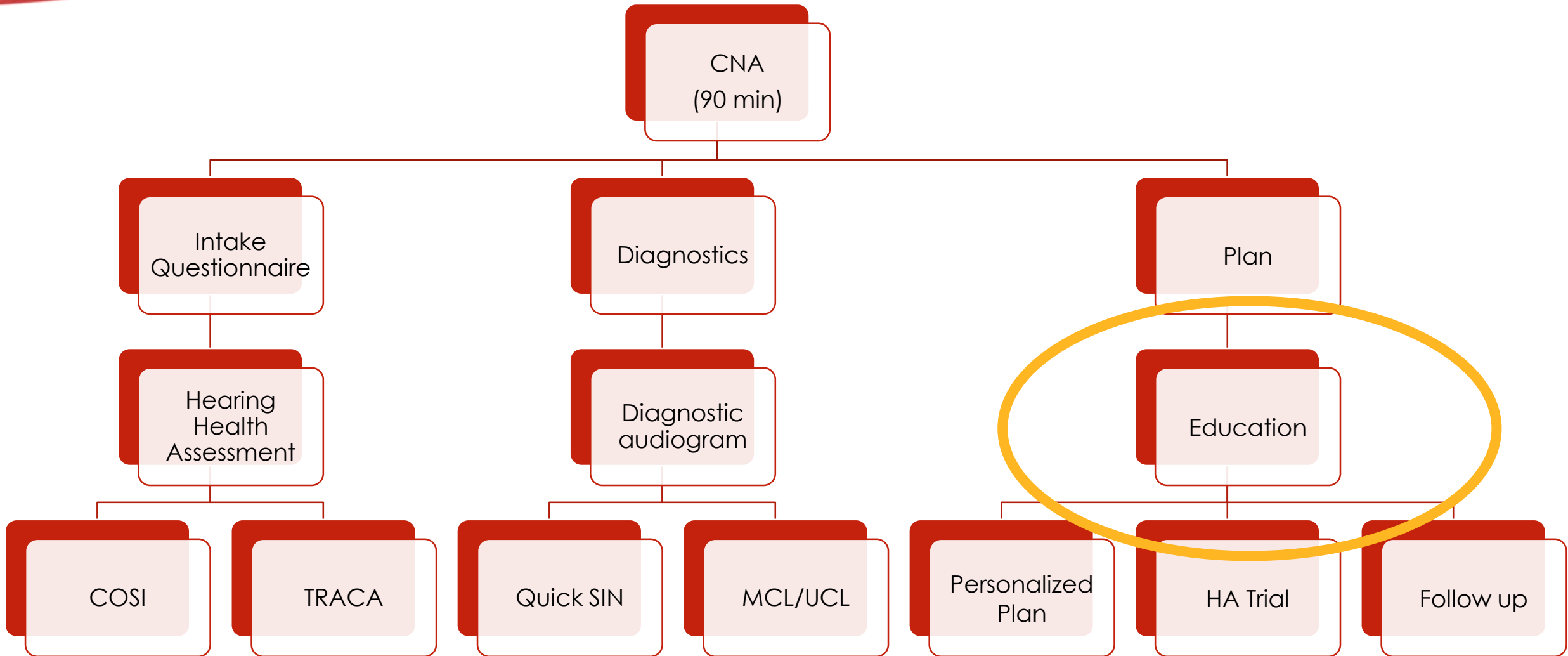
(Client Oriented Scale of Improvement)

At home with  
husband

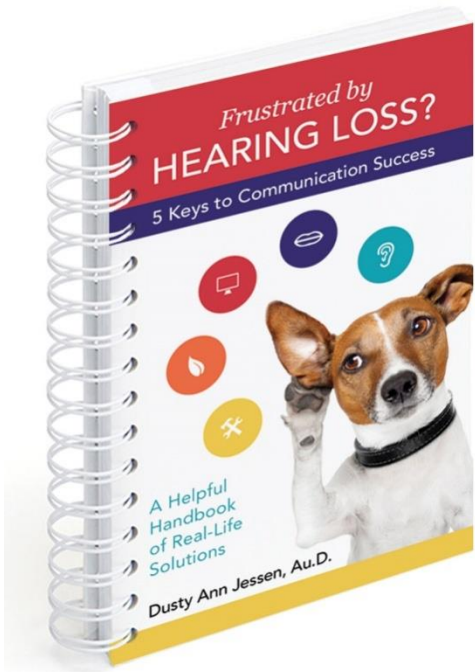
At church  
hearing pastor

In car with  
husband

# THE PROUD PROCESS



- Realistic hearing aid expectations
- Importance of family member involvement
- Communication strategies



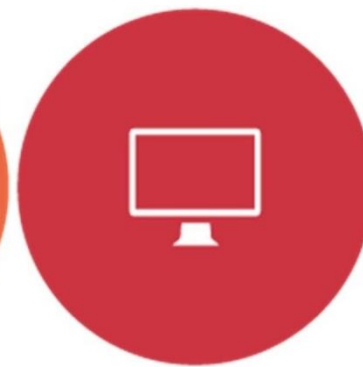
**Speaker**



**Listener**



**Environment**

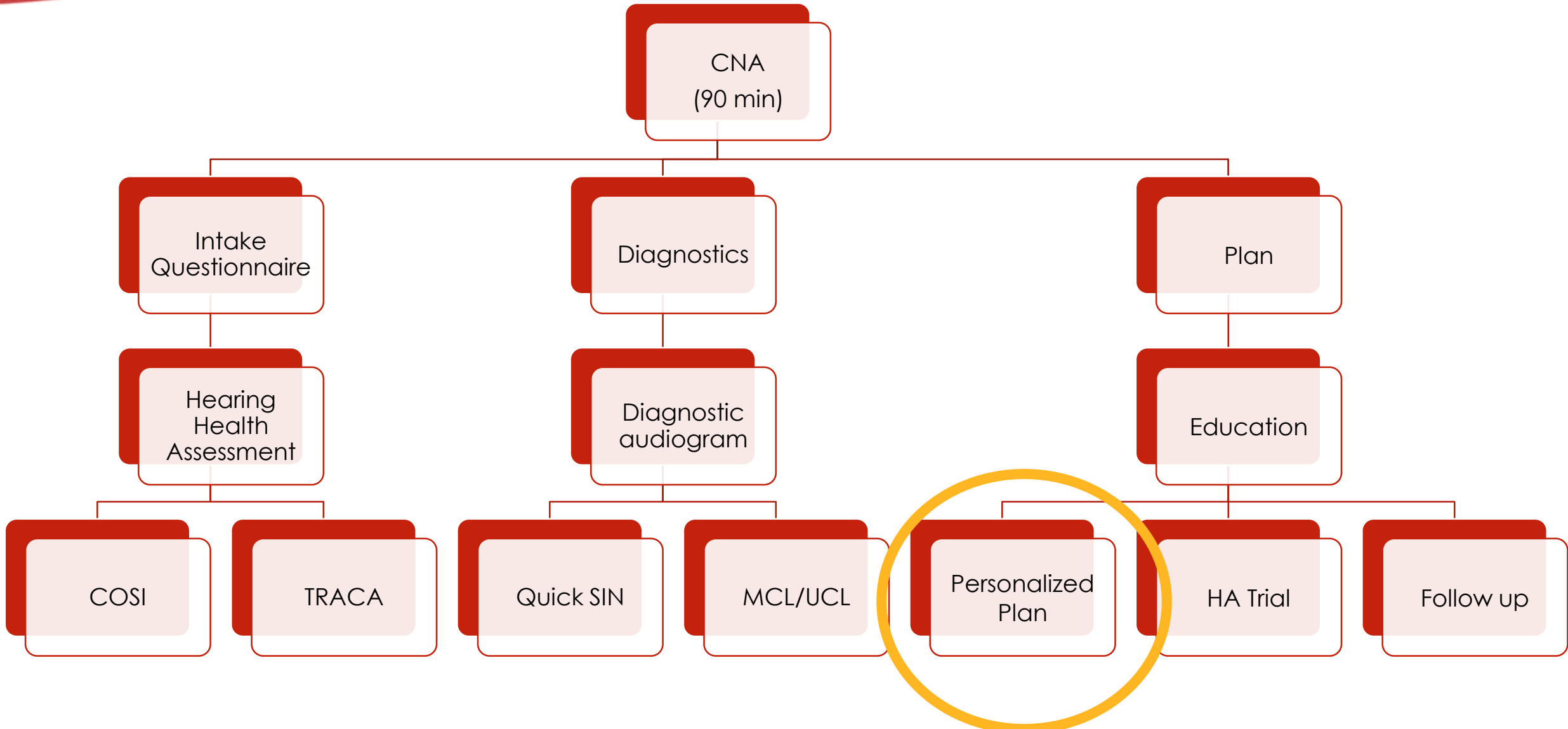


**Technology**



**Practice**

# THE PROUD PROCESS





## SUCCESSFUL COMMUNICATION PLAN

Challenging Situation:

Communication Partners Involved:



ENVIRONMENT



SPEAKER



LISTENER



TECHNOLOGY



PRACTICE

At home with  
husband

At church hearing  
pastor

In car with husband

## SUCCESSFUL COMMUNICATION PLAN

Challenging Situation:

*Around the House*

Communication Partners Involved:

*Husband*





## ENVIRONMENT

Turn off TV unless actively watching it.



## SPEAKER

Go to same room or call name first.



## LISTENER

Ask to rephrase, repeat what heard, go to same room, (auditory training)



## TECHNOLOGY

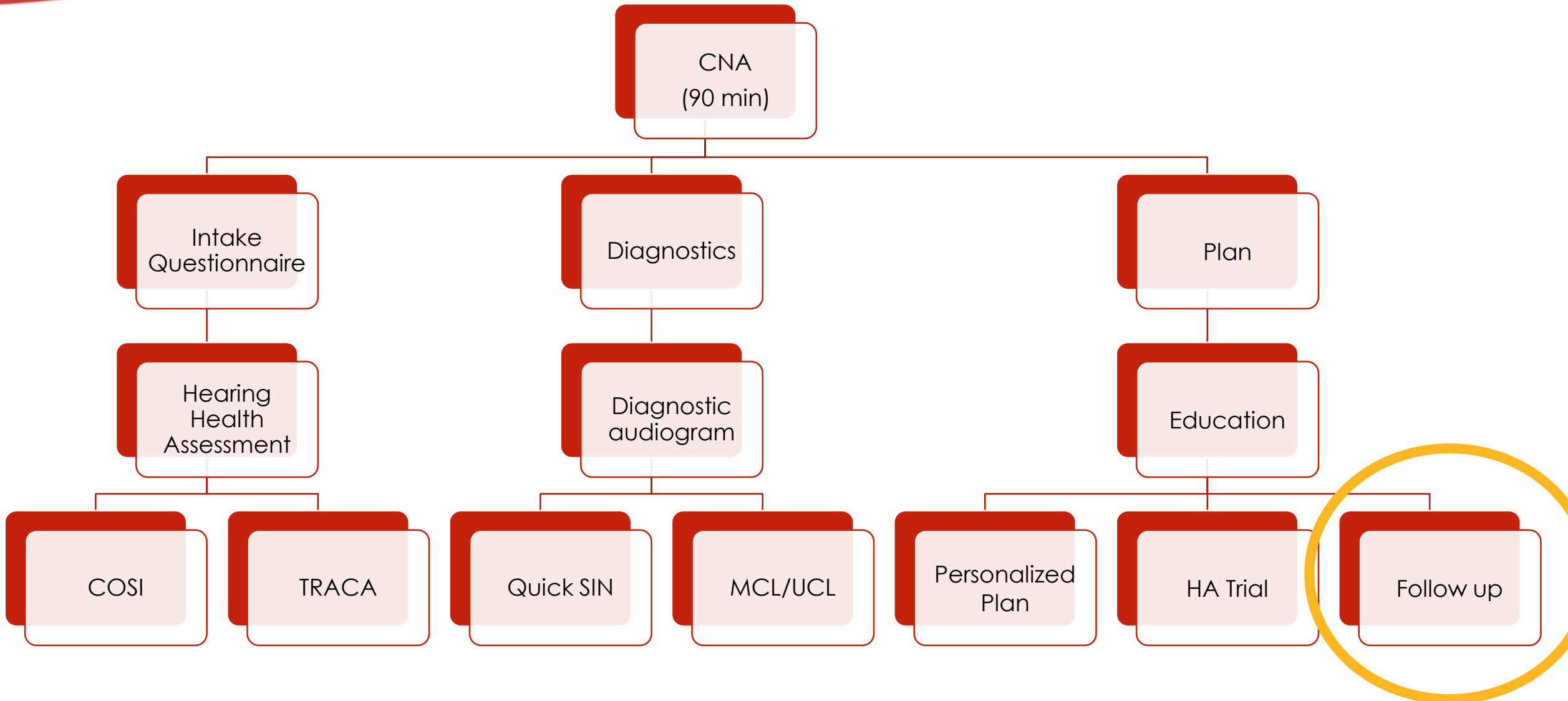
Wear HAs around house. Remote mic when needed.



## PRACTICE

Finger touch before talking.

# THE PROUD PROCESS



Long-term, consistent follow-up is **critical** for long-term satisfaction and success!





**Practice what  
you've learned!**



### Technology Tip

For landline telephones (home phones), the oldest and arguably the best technology option is the telecoil, or t-coil. This is a tiny metal coil inside your hearing aids that picks up electromagnetic energy (the kind that is emitted by landline phones). Most hearing aids come standard with a t-coil program that can be accessed by your hearing care provider.

### Homework

If you have a t-coil (telephone) program in your hearing aids, be sure to use it for every phone call. It takes some practice to know exactly how and where to hold the phone, and you may need to return to your hearing care provider for adjustments to the telephone program if it isn't loud enough or if you hear a buzzing sound in the background. But once you get it adjusted correctly, and get used to hearing with it, I promise you'll love it!



### Henry's Hearing Aid Tip

When you put your hearing aids into the t-coil (telephone) program, the microphones on the aids are usually turned off, so all you hear is the voice coming through the telephone. This eliminates background noise and also eliminates any feedback (squealing) from the hearing aid. The t-coil program can be accessed by pushing the program button on your hearing aids or your remote control. It can even be set to turn on automatically when you hold the phone close to your hearing aid.

**Contact your hearing care provider today if you have questions, concerns, or need adjustments made to your hearing aids.**



- **Weekly reminders**
- **Forward to family and friends**
- **Quick and easy**

# Use Your Resources

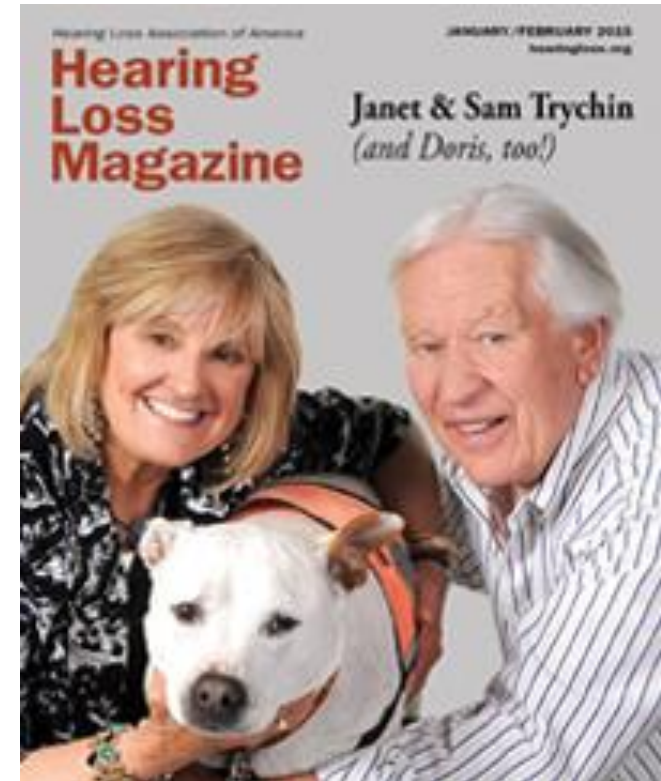
## Local Resources

- University AR Classes
- Local HLA Chapters

## National Resources



[www.hearingloss.org](http://www.hearingloss.org)



[www.trychin.com](http://www.trychin.com)

# IT'S ALL ABOUT FOCUS



What is the **most annoying** word to the family members of someone with hearing loss?



# IT'S ALL ABOUT FOCUS



**What** is the most annoying word to the family members of someone with hearing loss.



# TRADITIONAL APPROACH TO AURAL/ HEARING REHABILITATION

- outlines a range of steps and services
- designed to restore effective communication function in those compromised by hearing impairment

# SMALL STEPS IN THE RIGHT DIRECTION

1

Focus on **communication**

- More than hearing.

2

Ask the **right** questions

- Questions that address communication restrictions in everyday life.
- Avoid dead ends and detours restricted by focusing on hearing alone
- **Talk about P.H.L's communication needs**, not only their hearing difficulties
- Involve communication partner/family

3

**Get the real** picture...use specific Questionnaires

COSI, SSQ, IOI-HA, IOI-SO, TSRQ (motivation), LSEQ (self efficacy)

4

Avoid fit and forget...**rehabilitate**

Align P.H.L's perspective with intervention techniques + assessment tools/outcomes  
Provide options – **materials, resources, referrals**

# NOT ONE FITS ALL!

- Given that every P.H.L. has different hearing and communication needs varying in levels of
  - Acceptance/acknowledgement
  - Readiness to change (self-efficacy)
  - Levels of support, and
  - Resources (e.g. finance, time)
- Each model of H.R. may need to differ accordingly!



## ...BUT IN A BUSY CLINIC

- Ideal vs. practical
- Easy step by step H.R. program for a time constrained clinician and patient
- Become comfortable with options that work best in your setting



# CONCLUSION

Effective management of Hearing (Rehabilitation) which compliments the benefits of H.A. technology, needs to be specific to:

- P.H.L. personal needs and wants
- the Speakers with whom they communicate
- the Environment they communicate in



THANK YOU!



**???Questions???**