CHAPTER TWENTY-FIVE

Improving Adult Hearing Care with Counseling-Based Aural Rehabilitation Groups

David B. Hawkins, Ph.D.

Introduction

The level of technology available in hearing aids today has greatly increased the ability of the audiologist to fine tune hearing aid responses, add or remove various signal processing features, and provide a more tailored set of hearing aid characteristics to the hearing-impaired person. In spite of these dramatic advances in hearing aids in the last ten years, a simple fact remains: hearing aids are not able to restore normal hearing ability, and therefore, significant speech understanding deficits and adjustment issues remain even with the “best” of hearing devices.

Knowing that this basic fact of life exists for the hearing aid user, the professional dispensing hearing aids has several options to deal with this remaining deficit: 1) ignore the residual difficulties, focus on the hearing aid, and leave the person to deal the best they can with the remaining communication problems; 2) one-on-one counseling to provide some advice and suggested strategies to deal with the problem areas; 3) provide written information about rehabilitative concepts or; 4) provide a counseling-based group aural rehabilitation (GAR) option to address the remaining problems. This latter option has been recommended by a number of audiologists (Hardick 1977; Luterman 1984; Erber 1988; Abrahamson 1991; Binnie 1991; Montgomery 1993; Clark and Martin 1994; Montgomery 1994; Tye-Murray 1994; Kricos and Lesner 2000; Erber 1996) and there is research evidence to support its effectiveness (Abrams, Chisolm, Guerreiro and Ritterman 1992; Hallberg and Barrenas 1994; Norman, George, Downie and Milligan 1995; Benyon, Thornton and Poole 1997; Abrams, Chisolm and McArdle 2002; Chisolm, Abrams and McArdle 2004; Hawkins 2005). The focus of this paper will be on the counseling-based GAR approach and how it has been implemented successfully in a large medical center environment to enhance hearing health care.

Purpose and Goals of Adult Group AR

The primary purpose of adult GAR is to lead the hearing-impaired person to a better understanding of their hearing loss and to develop strategies and methods of dealing with the situations where problems continue even in the presence of hearing aid use. The ability to deal with any type of health problem is enhanced if the person understands why the problem occurred and the nature of the problem. Taking the mystery away from why hearing problems occur and understanding the source of the damage in the auditory system can lead to better acceptance and the ability to deal more effectively with the ramifications of the problem. Understanding the limits of an impaired auditory system and thus the limitations of hearing aids is critical to being open to embrace and adopt other strategies for enhancing hearing.

There are a variety of coping strategies that can assist the hearing-impaired person in dealing with difficult listening situations or with others when communication breaks down. While many of these strategies would seem to be self evident and common sense, they are not obvious to most hearing-impaired individuals and their family members. Discussion of these strategies and how to implement them in different listening situations can provide positive ways of dealing with problem areas.

Another purpose of the adult GAR is to make family members or friends better understand the problems of the person with hearing loss and become aware of...
things that they can do to make communication more effective. The ability of a family member or friend to develop empathy and adopt better communication skills can dramatically reduce the stress for the hearing-impaired person as well as the rest of the family. Creating an environment for the hearing-impaired person and a family member to describe their problems and frustrations can lead to better acceptance of a hearing loss and enhanced communication.

Outline of the Mayo Clinic Jacksonville (MCJ) Adult AR Program

MCJ Adult Group AR Program Philosophy

As expected by the name, the AR program is group-based rather than individual rehabilitation. The group program is more time efficient, more economically feasible, and the participants benefit from exchanging thoughts and feelings with other group members. The program consists of 4 sessions, each 1 hour 15 minutes in length, making the total program 5 hours. The classes are scheduled from 4:00 – 5:15 pm in order to minimize the effect on the audiology patient schedules and also better access for participants who work during the day. One disadvantage of this time frame is that some elderly persons do not want to be driving during rush hour and/or in the dark (during winter months).

A spouse, family member, or significant other is strongly encouraged to attend the course as well. New hearing aid users are asked to start the program when hearing aid selection decisions have been made. Attending the group sessions during the first month of hearing aid use is ideal. While the optimal number of participants in a given course is approximately 10–15, with a total of 20 including family members and friends, groups can be done with more or fewer participants.

The cost of the GAR program is included in the cost of hearing aid services. On the bill itemizing the cost for the hearing aid and professional services, the GAR program is listed and the person is informed that the cost of the course is included in the professional service fee. Even though the cost is included in the hearing aid service fee, many patients lack enthusiasm for committing to attending the course. As a result, our clinic has found that attendance is dramatically increased if the hearing aid user is offered an incentive. Therefore, they are informed that if they attend all four classes, they will receive a one-year supply of batteries for one of their hearing aids at no cost (we provide a box of 40 batteries, at a wholesale cost of $14 to our clinic). Interest in attendance typically increases immediately and many sign up for the course after being informed of this incentive. If a person has purchased their hearing aids from another source, the charge for the course is $100 and no batteries are offered.

Content of the Four Group AR Sessions

The following is a condensed outline of what occurs in each of the four group AR sessions.

Session One

• Introductions (10 minutes).
  o The audiologist’s background and interests are introduced.
  o Each participant introduces him/herself and is asked to tell where they are from, something about themselves and how long they have been wearing hearing aids.
• Purposes of the course and topics are outlined (5 minutes).
• How the ear works (20 minutes).
  o PowerPoint presentation with spectacular inner ear pictures of normal and damaged auditory systems.
  o Purpose is to instill amazement for the complexity of the ear and how damage to cilia and inner ear affects normal functioning.
• Group discussion of situations that cause hearing difficulty (30 minutes).
  o Participants come up with a list of all situations in which they have problems.
  o Situations are written on the board and discussed.
  o A common bond is created, as nearly everyone will have experienced similar problems and family members get to see the range of difficulties.
• Group discussion of situations that cause hearing difficulty (30 minutes).
  o Audiologist summarizes by categorizing the problems into three categories: environmental factors, speaker factors, listener factors.
  o Group discussion of problems created for family members when living with a person with hearing loss (10 minutes).

Session Two

• Understanding your hearing test and what it means (30 minutes).
Evaluation of the Effectiveness of the MCJ Adult Group AR Program

At the end of the fourth and final class, participants are asked to complete anonymously a questionnaire evaluating the course. Figure 1 shows a breakdown of the responses rating the overall helpfulness of the program from the last 378 persons who completed the program. A rating of 6 ("very helpful") was reported by 84% and 12% gave a rating of 5, indicating that 96% of the participants found the course to be very helpful. No participant gave the course a rating of 1 ("not helpful") or 2.

<table>
<thead>
<tr>
<th>Overall Rating of Mayo AR Group</th>
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<tbody>
<tr>
<td>N=378</td>
</tr>
<tr>
<td>1------2-------3-------4-------5-------6</td>
</tr>
<tr>
<td>Not Helpful</td>
</tr>
<tr>
<td>Helpful</td>
</tr>
<tr>
<td>0% 0% 2% 2% 12% 84%</td>
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Figure 1. The overall rating by response categories of the MCJ adult group AR program by 378 participants.

Participants also are asked to evaluate the various portions of the course. Figure 2 shows the mean ratings by 378 participants of the six segments of the course and the overall rating. All of the mean ratings are greater than 5.0 with the exception of the speechreading portion, which was 4.79. The highest ratings were for the overall evaluation (5.74) and the segment on commun-

Session Three

- Overview of speechreading (15 minutes).
  - Emphasize usefulness but not able to provide complete understanding.
  - Demonstration of how some sounds look alike.
  - Show how context and body language can add to visual cues.
  - Easy to see sounds and difficult to see sounds.
- Group discussion of strategies to hear better (60 minutes).
  - Generate a list on the board of what you do when you do not understand, e.g. “ask to repeat,” “pretend that I hear,” “leave the room”.
  - Start to discuss strategies to hear better.
    - What the listener can do.
    - What the speaker can do.
    - Repair strategies (repeat versus rephrase).
  - Emphasize that each situation must be analyzed to determine:
    - What caused you not to hear.
    - What can you do about it to hear better.

Session Four

- Continuation of strategies to hear better (60 minutes).
  - View Gallaudet videotape “Right Way/Wrong Way” and discuss.
  - Discussion of assertive, aggressive and passive behaviors when you fail to understand someone.
  - Getting others to cooperate in helping you to hear better.
- Summary Handouts and Course Evaluation (15 minutes).
cation strategies (5.55), closely followed by the anatomy of the ear portion (5.50).

For the last 197 participants, several additional questions were added to the course evaluation form. Figure 3 shows the results for a question that sought to determine how much the person felt that their understanding increased in the areas of hearing loss and the problems that it creates. Ninety-five percent indicated that their understanding increased a “moderate amount” or “a lot.” A second question asked the participants how much the course increased their ability to deal with their hearing loss and the problems that it created. The results for the same 197 participants are shown in figure 4. Ninety-two percent responded that the course increased their ability to deal with the hearing loss by a “moderate amount” or “a lot.”

It is clear from these evaluations that the hearing-impaired people who attended the MCJ GAR program had positive responses to the program and felt that it was beneficial. Another revealing part of the evaluation form was a question that asked the following: “What is the single most important thing that you are taking away from the Managing Your Hearing Loss course?” Some of the more revealing answers to this question are shown in table 1. It is clear that the benefits received

<table>
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<tr>
<td>As a result of this class my understanding of HL and the problems it creates:</td>
</tr>
<tr>
<td>1. Is no different</td>
</tr>
<tr>
<td>2. Increased a little</td>
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<tr>
<td>3. Increased a moderate amt.</td>
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<tr>
<td>4. Increased a lot</td>
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**Figure 3.** Responses to a question asking about enhanced understanding as a result of the MCJ adult group AR program by 197 participants.

<table>
<thead>
<tr>
<th>N=197</th>
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<tbody>
<tr>
<td>As a result of this class my ability to deal with hearing loss and the problems it creates:</td>
</tr>
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**Figure 4.** Responses to a question asking about the ability to deal with hearing loss and its problems as a result of the MCJ adult group AR program by 197 participants.

**Table 1.** Examples of Individual Responses to the Question: “What is the single most important thing you are taking away from the ‘Managing Your Hearing Loss’ course?”

- “understanding how to communicate with others”
- “knowing the limitations of my hearing and my aids to correct hearing loss”
- “don’t expect the impossible but HAs can help”
- “the realization that my HL is just another chapter in my life”
- “understanding that I am not alone in many of the situations that I have problems”
- “learning how to work myself to correct poor hearing situations”
- “how to manage my hearing loss better”
- “that hearing aids do not fully correct hearing loss. This will help me in speaking to my wife. It has really helped with my attitude and patience. It was a great learning experience. I kidded my wife that I was going to sensitivity training and it was.”
- “communicating with others, speaking up when I don’t hear, techniques to living a better life socially,”
- “things to do to better handle the loss of hearing,”
- “knowing I’m not alone with difficulty in living with a hearing impaired person.”
- “understanding my HL problems and sharing with my wife the difficult problems”
- “understanding proper attitude in using my aid”
- “to be more assertive”
- “the knowledge that there are things I can do to improve communication with my husband who is hearing impaired”
- “a deeper appreciation of the difficulty resulting from the hearing loss and ways to improve situations”
- “specific coping mechanisms for you and others”
- “hard to say. I left each session with much to think about”
- “understanding how different situations present different problems (and their solutions) to a hearing impaired person”
- “understanding my HL problems and sharing with my wife the difficult problems”
- “understanding proper attitude in using my aid”
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- “the knowledge that there are things I can do to improve communication with my husband who is hearing impaired”
- “a deeper appreciation of the difficulty resulting from the hearing loss and ways to improve situations”
- “specific coping mechanisms for you and others”
- “hard to say. I left each session with much to think about”
- “understanding how different situations present different problems (and their solutions) to a hearing impaired person”

...
from this program are exceed what can be gained from the simple dispensing of hearing aids alone.

A final type of evaluation of the adult GAR program is the return rate for hearing aids from patients who have and have not attended the program. In the MCJ hearing aid clinic, the return rate for people who attend the group is less than 1% and the return rate for those who do not attend is between 7–10%. It is our belief that those who have attended the group acquire more realistic expectations of hearing aid benefit and are provided with communication strategies that assist them in difficult situations, making easier the acceptance of hearing loss and the limitations of hearing aids. This positive benefit of fewer hearing aid returns from group members was also reported by Northern and Beyer (1999), who reported return rates of 3% and 9% for those who did and did not attend, respectively. Given that one returned set of hearing aids can mean a significant loss of revenue, if attendance at the group results in a much reduced return rate, the ongoing AR program is a very positive financial factor for a hearing aid clinic.

Evidence in the Literature for the Effectiveness of Group AR

It is clear from the MCJ participant’s responses that, at least at the time of the last session when the course evaluations were completed, significant benefit is obtained from the GAR program. At a minimum, participants report that the information is helpful. They also indicate that they understand their hearing loss better and believe that they have found ways to deal with their hearing problems more effectively. Hawkins (2005) summarized the published findings in this area in a systematic review of the literature. He concluded the following:

“Given the large number of publications in the area of AR for adults over the last 50 years, this systematic review revealed very few well-controlled studies with larger numbers of subjects. As a result, firm conclusions about the effectiveness of adult AR groups that emphasize counseling and communication strategies are limited. Based on the available evidence, one can conclude with some assurance that at least in the short term there are benefits of adult AR groups. The benefits appear to be in a reduction of the perception of hearing handicap, improvement in perceived quality of life, and perhaps better use of hearing aids and communication strategies. There also may be some improvement in personal adjustment. Some of these benefits also may accrue at a later point in time to those who obtain hearing aids without the adult AR group. There is clearly a need for future studies to determine whether there are long-term benefits to adult AR groups.” (p.491)

Whether research evidence supports the benefit of GAR programs may well depend on what outcome measure is chosen. It is not clear whether there is an appropriate measure which assesses the benefit that is most likely being derived. More research is clearly needed in this area.

Conclusions

Few audiologists that dispense hearing aids would argue that their patients do not continue to have difficulty in a variety of situations even with well-fit hearing aids. The frustrations of communication difficulty at work, home and in social situations can lead to withdrawal, depression, and stress in family relationships. In spite of these obvious continued difficulties, GAR programs are not common in the United States. Most audiologists see the delivery of hearing aids to be the endpoint of their involvement in the rehabilitation of their patients. The program outlined in this article has been very successful at a large medical clinic. The feedback from patients who complete the program is excellent, the staff time commitment is minimal, and the hearing aid return rate is greatly reduced.

References


