

THE JOINT COMMITTEE ON AUDIOLOGY AND EDUCATION OF THE DEAF:  
IMPLICATIONS FOR THE PROFESSIONAL PREPARATION OF AUDIOLOGISTS\*

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by

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The implications for training programs regarding the professional preparation of audiologists have been numerous since the Joint Committee on Audiology and Education of the Deaf was established in 1962 as a first step in bringing about a closer relation between professional workers concerned with audiologic management of deaf and hard of hearing children and the teachers who are responsible for the educational progress of such children. The committee is presently composed of three appointed members each from the American Speech and Hearing Association and from the Conference of Executives of American Schools for the Deaf.

It probably also goes without saying that if those who are primarily concerned with education of the deaf child are to work in closer relation with those whose main concern is the communication skills of the child and, particularly the effect of whatever acoustic input may be practicable, it becomes necessary for those institutions responsible for the preparation of audiologists and teachers of the deaf to view their own programs to determine if any interrelation is established at the training level. In other words, the desired attitudes which come about from increased understanding of the function of the other kind of professional cannot be easily created in the actual working setting if there has not been some conditioning in the period when the student is learning his own specialty.

Following the Tucson Conference in 1964, the VRA and the Joint Committee sponsored nine regional conferences, each of which addressed itself to some extent to the issue of training. I have been asked to review with you some of the recommendations which came out of these regional conferences specifically regarding the training of

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audiologists. In reviewing these nine regional conference reports one finds the topics regarding training of audiologists tended to cluster around these main areas: 1) The need for a core curriculum for audiologists and teachers of the deaf; 2) the need for actual practicum experiences with deaf children in educational placements; and 3) the need for in-service training for those already in the field.

#### The Core Curriculum

With few exceptions, the regional reports reflected a generally favorable position regarding the necessity of a core curriculum for audiologists. The suggestions for the type of course content to be specified included: human development and behavior, learning theory, psycholinguistics, historical perspective in the teaching of the deaf and the development of audiology as a field, speech science, speech and language development and the auditory processes involved, psychology of the handicapped, particularly deafness, measurement of auditory function, and speech and aural rehabilitation with emphasis on amplification and utilization of other sensory inputs.

While one could hardly argue with the value of this kind of information for the future audiologist, some reluctance to specify core curriculum was expressed in one regional report until we have evaluated very carefully what our present programs offer and in what respects they are lacking.

In one sense, this particular problem was approached by the Joint Committee's next major project following the regional conferences. A group which might be thought of as a Task Force was appointed to attend a seminar to explore the skills and knowledge needed by audiologists and by educators of the deaf held in New Orleans in 1967. They represented no official body, however, and their conclusions merely reflect their group thinking. Ten teachers and ten audiologists spent from two to three days discussing this problem. While there was not complete agreement on any of the resolutions formulated, the majority agreed on the three major issues mentioned earlier--a core curriculum, practicum experiences with the deaf, and inservice training.

The first resolution from the Seminar stated that the professional preparation of the audiologist should include

both academic work and practicum to enable him to carry out audiologic services for the deaf. All but three agreed to this, and these three agreed with reservations.

A core curriculum which was considered relevant was suggested to include these areas: knowledge of language acquisition and its development in the hearing and in the hearing impaired child; knowledge of history and philosophy of education of the deaf; knowledge about the development of receptive and expressive communicative skills through the use of audition, visual input, speech conservation, acoustic amplification and manual communication; knowledge of psychosocial, educational and vocational aspects of deafness; knowledge and skills in guidance and counseling as related to deafness; and skills necessary to interpret audiologic findings in terms of education and rehabilitative needs. It may be seen that this recommendation includes the sum total of all the scattered recommendations from the nine regional conferences, and is perhaps more clearly expressed. Of the 20 at the Seminar, 60 percent agreed, another 25 percent agreed with reservation, and one delegate disagreed--probably because of the inclusion of manual communication.

#### Practicum Experiences with the Deaf

Perhaps the greatest issue in the area of preparation of audiologists as it affects training programs is the one dealing with the amount and quality of exposure to deaf children in the clinical practice available. There was a strong consensus in each of the regions that audiology training today is, by and large, failing to offer the student the kinds of experiences with deaf children he needs when he begins to function as a full-time member of the profession. It is apparently not uncommon that a person may qualify for the CCC in audiology without having had any clinical exposure to deaf children. This situation occurs partly because schools and classes for the deaf tend to be at a distance from the university training centers in a large number of instances. Consequently, it becomes necessary for the directors of these training programs specifically to seek out these kinds of experiences for their students.

The regional conferences did attempt to clarify the kinds of knowledge an audiologist should have in relation to the education of the deaf. For example, it seems

reasonable to expect that a competent audiologist should be able to communicate knowledge and interpret test results to educators, and he should be able to assess the communication skills of persons with profound hearing losses. To do so, he must be able to deal in parameters other than audiometry per se. He should be exposed to a total spectrum of the deaf population, that is, as one group said, from infancy to the deaf adult, with emphasis on parent counseling in the early years, educational emphasis in the school years, and on vocational objectives in the later years. A number of the regional conferees recommended that there should be definitely structured course work and observation experience at schools for the deaf for audiology students. Many suggested such specific recommendations as course content in methods of teaching speech and language to the deaf and in speechreading and auditory training.

It is perhaps pertinent to consider the stand taken at the New Orleans Seminar on this aspect of the audiologist's preparation. Three-fourths of that group agreed, and one-fourth agreed with reservation that for a student to qualify for the Certificate of Clinical Competence in Audiology, he should have supervised observation and practicum in rehabilitation and educational programs for the deaf which serve individuals who have variety of degrees of hearing loss and who range in age from infancy through adulthood. This opinion would seem to support the position of Irvin Shore in his paper just presented that audiology training institutions must first think in terms of the generalist in the field. One cannot really be a research audiologist or a specialty audiologist unless he has some background in the broader aspects of the field as it pertains to the age of patient, and how the audiologic services must reflect the needs for those patients at different age levels.

#### Continuing Education

Our third major area of emphasis is that of continuing education for both the audiologist and the educator. A strong position was taken at a number of the regional meetings that while we can hope to bring up in the future better audiologists and teachers of the deaf through more cross-fertilization in the student training period, we are faced with a situation in which we have large numbers already prepared and working in the field and who evidence

less than a casual interest in problems of the deaf. Our remedy for these persons will have to come through continuing education programs. The Joint Committee currently has plans for sponsoring, in 1969, hopefully, a two-week institute for audiologists to learn more about education of the deaf. It was interesting to note in this connection that many of the conferees believed that audiology programs today give less orientation to content in the area of the education of the deaf than does education of the deaf to audiology. There is an implication here that audiologists need to look at themselves first. Whether one may agree with this point of view, it was expressed several times in the Conference reports.

#### Summary

In summary, it appears that there are a number of implications in terms of what kind of training the audiologist lacks generally. Perhaps we might extend this discussion to even some other considerations--for example, the recent emphasis on early intervention in handicapping conditions of children, which means that we may expect larger numbers of very young children to be referred to audiology clinics. It becomes necessary then for the audiologist not only to evaluate the acoustic potential of these children, but also to interpret it in the light of projected educational, and ultimately vocational objectives for the child. We may expect to see increased numbers of deaf under three in audiology clinics, for as the medical profession grows more attune to the need for early detection, amplification and guidance of parents, it will be the audiology centers to whom these children will be referred. Very few schools for the deaf have clinical facilities and personnel for the management of this kind of problem. In the meantime, the naivete of many audiologists regarding such young deaf children, to say nothing of the school-age child, need not be pointed out here. We have all had chances to blush for one another before in this regard.

It seems very clear that we must encourage a greater emphasis in training programs on both course content and on actual exposure to work with deaf children. This means that students should have opportunity to participate in the evaluation of the deaf from early infancy through adulthood. He must be able to assess language and communication skills, and the potential for amplification to improve these skills.

Where oral communication skills are absent or lacking, the student must be trained to evaluate the efficacy of aural rehabilitation versus psychological and vocational guidance, and perhaps in some cases basic educational procedures and development of manual communication skills. The whole area of psychology and education of the deaf with its historical perspectives should be part of the audiologist's background. It might be surprising to learn how many training institutions have no such course offering. Those programs offered in conjunction with training programs for teachers of the deaf in the same institute would of course be more likely to include such content. In general, we may expect such institutions to do a better job in this regard.

There are perhaps other considerations which mitigate for a stronger intermeshing of the clinical and the educational aspects of management of the hearing impaired child. It is my concern that if we limit ourselves to diagnostic audiology, we may find that as physicians, particularly otologists, become better trained in audiology much of what we do for the physician will be done by supportive personnel under their supervision. For the future of audiology, it is relevant now to consider the need for more emphasis on habilitation, rehabilitation, parent counseling and guidance. A thorough orientation to the educational aspects of helping the deaf child and knowledge of how our services can contribute to his educational program is a challenge I hope we are ready to accept in our training of audiologists.