EDUCATIONAL AUDIOLOGY

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Aural rehabilitation, rehabilitative audiology, educational audiology, hearing clinicians, and so on, are bits of terminology from a professional discipline known as audiology. Twenty-five years ago, we probably would have been content utilizing the word "audiology." The audiologist, for the most part, was doing pure tone and speech audiometry, hearing aid evaluations and lip-reading therapy. Indeed, it was a comfortable situation.

Many changes have taken place during these past years; the profession has grown, considerable research has taken place in speech pathology and audiology, and we are still interested in helping persons who have speech and hearing disorders. Change and growth are very positive attributes because they make us aware that we cannot retain the status quo. We need to be innovative and progressive.

There are times, however, when program development creates confusion and causes us great concern. I now refer back to my beginning statement to help document the present situation; refer to the areas of audiology, specifically that aspect that deals with remediation. You have asked me to discuss educational audiology. Educational audiology does not mean the same thing to all persons in the field, and the same lack of common agreement applies to rehabilitative audiology and hearing clinicians.

I would like to sequentially trace the development of audiology and how we arrived at the most common referent used for habilitation and rehabilitation of children: educational audiology. Concern for aurally handicapped children has received increased impetus during the past several years. The rationale for this increased interest has been generated by a number of factors, two of which seem to be crucial to the problem. One reason has to do with a genuine interest by professionals dealing with the many facets of audiology who have been unhappy with the management of hearing impaired children; that is, children who were improperly placed in traditional programs for the deaf (residential or day), or those youngsters who were in regular classroom situations and not receiving appropriate remediation, or those who were in certain geographical areas that provided no services for habilitation or rehabilitation. Point of emphasis—genuine desire to provide programming for hearing impaired children.

The second reason that I wish to present at this time is that clinical audiology is still searching for self-identity and is coming to the realization that there may be no real future in primary involvement in audiologic assessment and hearing aid evaluation, per se. One needs to think of critical issues today, such as the dispensing of hearing aids by audiologists, or third-party payments to hearing aid dealers and not

to audiologists. Consequently, these audiologists are attempting to make the field more comprehensive in order to provide total services related to communication breakdown caused by hearing impairment. Many audiologists are keenly aware of the fact that audiometric technicians and increased sophistication on the part of hearing aid dealers will have an impact on the importance of their role as diagnosticians. Point of emphasis—desire to provide programming for hearing impaired children for survival of the profession, the panic affect, or the bandwagon affect. In any event, I think that most of us will agree that audiology came into its own as a result of the need to provide rehabilitation to people.

We need to consider the fact that approximately 5% of school aged children in the United States have some degree of hearing impairment that may affect their productivity, educationally and socially. Not included in this figure are another .07%, who are classified as deaf by the U. S. Office of Education – children whose hearing losses generally range from severe to profound. My discussion essentially focuses on the 5%, between the ages of three and 21, who have mild and moderate losses of hearing. Some of these children, indeed, may have severe hearing losses, but, may fall into the hard-of-hearing category because of the effectiveness of amplification. For the most part, in our school systems, little recognition has been given for a professional person to work with hearing impaired youngsters; recognition primarily has been for the school clinician who has expended time with those who have speech disorders. In some school systems, the speech clinician may work with the hard-of-hearing in providing speech therapy for the hearing problem, and sometimes, occasional lip-reading and auditory training instruction. Specifically, the situation has been the lack of a service delivery system by professionals trained for the task of working with hearing-impaired children. Most states have no provision for certifying personnel to work with these individuals. These past historical events have led us to the present situation where we now are concerned about providing appropriate professionals to handle the task of habilitation and rehabilitation.

The Utah State University group, particularly Berg, Jensen, and Clark, are to be commended for their pioneering work in recognizing the need of hearing impaired children and implementing their educational audiology training program. Although a number of professionals do not agree with the specifics of its training program or the designation, "educational audiology," the interest generated by Utah State is a major reason why many university training programs and other persons have become cognizant of the needs of hearing impaired children. In the past, we have found some hard-of-hearing children in special classrooms for the deaf in day schools, in regular classrooms without any special remediation opportunities, in regular classrooms receiving individual therapy from a speech clinician, and in some cases, in schools for the deaf.

If we are willing to accept the assumption that a need exists for remediation with hard-of-hearing children in school systems, and at the same time accept the fact that programs for deaf children are either adequate or at least exist, then we can ask ourselves this question: What kind of programming should be established nationally to accommodate about 1.25 million school-aged children who are hard of hearing? Do we want to initiate "educational audiology" programs?

Traditionally, the clinical audiologist, in terms of responsibility, is identified with audiologic assessment, hearing aid evaluation, and the broad remediation process. We have reached that stage where we must make some decisions as to whether or not the clinical audiologist should continue to function in terms of traditional approaches, or whether or not there really are sufficiently basic differences between the clinical audiologist and the educational audiologist.

As we view educational audiology, the term in itself is indicative of the teaching of content information to hard-of-hearing children. Basically, then, we are talking about some kind of an audiologist who also is involved in the teaching of content subjects to children, for example, reading, writing, and arithmetic. On the other side of the coin, frequently used terms, other than educational audiology, are the rehabilitative audiologist, the hearing clinician, the school audiologist, and even the traditional term clinical audiologist. The major difference between the educational audiologist and the other breeds of individuals that I have mentioned really deal with the situation of an audiologist who is also capable of teaching content information versus that individual who primarily is concerned with improving the processes of input and output so that education can be accomplished in the regular classroom.

This is a very basic issue and one which must be resolved if there is to be any unity across the country in terms of the product that we in the universities are training to provide delivery of services to aurally handicapped children. It may very well be that, in the final analysis, university training programs are going to train people in a variety of speciality areas. It has been stated quite often that we are in a era of specialization. As I previously indicated to you, it is quite possible that we want to train different breeds of individuals for specific tasks or missions.

A basic question that we have to ask ourselves is whether or not we wish to involve ourselves in the content process. If we do wish to involve ourselves in content, then we have to consider the possible ramification of credentials, that is, is the individual going to continue to be certified by ASHA, will it be necessary to be certified by ASHA, or will the individual have to be certified by several agencies which might include ASHA, a State Department of Education, and perhaps even the Conference of Executives of the Deaf. It is important for us to realize that this field of educational audiology that we now are talking about really belongs to no one. It is a new breed, and the decision that we

must make is whether or not we are willing to accept this new breed and whether or not we want to. My purpose here is not to tell you to either accept or reject any of the concepts presented but rather for you to really know what options are available and for us to share the possibilities which exist for professional individuals now and in the future. Sharing these various comments is of critical importance when we consider that the present role of audiology is vague and is in serious need of some type of possible modification.

In summary, we can look at the problem areas which have been presented this morning. A first problem area has to do with the age groups which we ought to be serving. Do we wish to encourage our state legislatures to let us deal with babies from birth to three, with the program then extending up through the school years? The second problem area is that of certification requirements. For the most part, most states do not have a legal basis for certifying either an educational audiologist or a rehabilitative audiologist. I feel that most training programs could implement the kind of program that they wish to immediately, assuming that their university is agreeable. But then, thirdly, we have to consider the practical aspects of the problem so that the students in the academic training programs have school systems in which they can intern, whether or not they are going to be an educational audiologist or a rehabilitative audiologist or some combination.

A fourth problem area and one in which we also need to be concerned is whose professional field will the responsibility be for the educational audiologist or the rehabilitative audiologist. If we go the content route, that is, an audiologist who also is involved in the teaching of content information, then I can forsee the possibility that the responsibility will rest with special education and not with speech pathology and audiology. If, indeed, this seems to be the best route to go, then we should certainly pursue that direction. We cannot decide the issue on the basis of whether or not audiology has to give up something, but rather we have to consider the whole matter in terms of what is best for the hard-of-hearing children in the schools in the United States. This problem will be encountered if we go the content route. If we feel that our primary purpose as rehabilitative audiologists is for input and output processes in remediation, then I don't think we are going to have to face the problem of who is responsible. I think it will fit in very nicely in terms of the present guidelines of the American Speech and Hearing Association. I think we do need professional personnel in our schools throughout the United States to work with the hard-of-hearing children. It is also my feeling that the rehabilitative audiologist in the public schools should be able to engage in audiologic assessment, hearing aid evaluation, and habilitation and rehabilitation with children from birth to all of the grade levels.

As you are here to listen to some of my ideas, I also am here to share with you problem areas and the ways in which we can positively handle these problem areas, keeping in mind one very basic matter –

we should not lose sight of the fact that we wish to be able to deliver services to hard-of-hearing children in all of the schools throughout the United States.