

Problems in Implementing the Audiologists' Role

**Under P.L. 94-142:
Areas of Responsibility and Accountability**

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The implementation of P.L. 94-142 has provided a new impetus for the audiologist in public education. According to the Rules and Regulations of the Education of Handicapped Children (Federal Register, Sec. 121a.13, August 23, 1977), the following areas have been delineated as the responsibility of the school audiologist: "(1) identification of children with hearing loss, (2) determination of the range, nature, and degree of hearing loss including referral for medical or other professional attention for the rehabilitation of hearing, (3) provision of habilitative activities, such as language habilitation, auditory training, speechreading (lipreading), hearing evaluation, and speech conservation, (4) creation and administration of programs for prevention of hearing loss, (5) counseling and guidance of pupils, parents, and teachers regarding hearing loss, and (6) determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluation of the effectiveness of amplification." In addition, a statement on proper functioning of hearing aids (121a.303) states that "each public agency shall insure that the hearing aids worn by deaf and hard of hearing children in schools are functioning properly." These rules provide the basis for state agencies to follow in determining actual implementation of this law in our public schools. The state is then responsible for establishing and having approved by the federal government its own set of rules for administering the Handicapped Children's Act. State departments of education in cooperation with local professional personnel establish recommended standards and guidelines to accompany these rules. It is at this last level that the audiologist has tremendous potential impact.

Development of Colorado Standards and Guidelines

In December of 1976 and January of 1977, audiologists and deaf educators from the public schools and university programs were called together to develop and establish minimum standards and guidelines for the already existing Colorado Handicapped Children's Education Act (1973). These are currently utilized as guidelines for school districts to follow in setting up specific special education programs as well as for evaluation of these programs. These standards and guidelines were arrived at after many long hours of exchanging philosophies and thoroughly examining all service delivery possibilities, and went into effect October 1, 1977, to be representative of exemplary programs. The important point here is that the people who have to work with and comply with these guidelines were permitted to have substantial input in the development of them. These rules and the accompanying standards and guidelines are currently being submitted for federal approval for compliance with 94-142. In addition, the state special education advisory committee is now submitting the standards and guidelines to the legislature to be considered as minimum standards for compliance with the rules, rather than as exemplary guidelines. Some of the specific areas that are determined at the state level for audiology are indicated below:

- Degree of hearing loss to qualify for hearing handicapped (i.e., educationally significant hearing loss)
- Identification guidelines (including grades screened, screening levels and frequencies, ambient noise levels in the screening environment, the use of tympanometry and air/bone gap screening, failure criteria, calibration standards, medical referral guidelines, followup procedures, and qualifications of the person who conducts the screening)
- Hearing assessment guidelines
- Auditory training/speechreading services
- Amplification
- Environmental conditions for hearing impaired classrooms

These standards and guidelines, most of which already pertain to clinical audiology settings, delineate considerable responsibility for the audiologist in the public schools. The school audiologist will no longer find himself conducting hearing screenings, but instead can work to coordinate that area leaving him time to use the skills he was taught in training. University and college training programs also need to recognize the area of educational audiology by providing additional education and training in related fields including deaf education, speech/language pathology, psychology, social work, administration, and public relations.

Greeley Public Schools' Audiology Program

The School Audiology Program currently in use in Greeley,

Colorado, is divided into two main areas—identification and management. The screening program is conducted by a trained technician in a sound treated mobile unit. The following grade levels are screened: all kindergarten through fifth, eighth, and tenth grades; and sixth, seventh, ninth, eleventh, and twelfth grade students in any special education or remedial reading program or who are new to the school district. Tympanometry is used routinely through third grade and pure tone screening at all grades is conducted at 500-4000 Hz a 20db. Included in the procedures are specific steps in the screening, referral, followup, and management of the program. Another area, the Hearing Conservation Program, will be implemented next fall. This is a unique program which will include mandatory hearing education through existing biology, health science, and industrial art classes. The curriculum will be taught by the audiologist and will include basic anatomy and physiology of hearing, information regarding hearing loss as well as how it related to aging and noise exposure, and hearing conservation. Presentations to the industrial arts classes will include OSHA guidelines, and noise level measurements, as well as mandatory use of ear protection for all students and instructors.

Problems Encountered in Public School Audiology Programs

Implementing and maintaining a school audiology program is not without its problems. Some of the difficulties encountered are true of any clinical and/or (re)habilitative setting while others are more specific to the educational environment.

Funding

The most prevalent question seems to be regarding funding. Audiologists are aware of the money involved in equipment whereas administrators tend to be overwhelmed by the cost. A reasonable equipment budget for screening and diagnostic equipment (based on a student population of 10,000 to 15,000) is about \$15,000. A resourceful audiologist, however, can approach local service organizations and agencies for funding of various pieces of equipment. In addition, grant monies are sometimes available through state and federal programs. The local school district is also partially reimbursed for any monies it provides toward equipment purchases. A hearing aid stock for evaluation purposes can easily be obtained at no cost through any hearing aid company. Therefore, the initial equipment cost should not deter any audiologist or local school district.

Cooperation of Local District Administration and Staff

Special education staff are very supportive of audiological services. The audiologist, however, must gain rapport with school personnel in order to establish a good working relationship, particularly with the nursing staff, who in many districts is already overworked, and principals, whose school schedules the audiologist must work with. The audiologist must understand the

administrative aspects of implementing public school programs, accepting the fact that some demands may be delayed, and at the same time, using some perseverance to insure the continued building of an effective program with positive administrative cooperation.

Identification, Assessment, and Followup

When a student is referred for further testing following screening, parents are not always cooperative in following through with the audiologic evaluation. Where there appears to be a significant hearing problem and parents cannot be convinced of the importance of the evaluation, there are several alternatives depending upon the specific situation. Getting the students to the audiologist seems to be the largest problem. Working parents, transportation problems, and non-English speaking parents all interfere with the evaluation procedure. Where permission can be obtained from the parent to do the testing, transportation is arranged by school district personnel. In instances where parents simply refuse to cooperate, a due process procedure is initiated which can eventually lead to filing a suit of negligence against the parents. The parents usually cooperate before this point is ever reached.

Another problem encountered lies in the relationship between the audiologist and the medical profession. Outside of metropolitan areas, there seems to be less understanding in the interpretation of audiograms and tympanograms as well as in the treatment of middle ear disease. The audiologist needs to conduct an inservice for pediatricians, family physicians, and general practitioners to explain testing and referral procedures and interpretation of test results, if he is to promote a good working relationship with the medical profession. Even with this, physicians tend to treat only the most severe cases. A typical comment from some physicians has been if every child's ears looked as good as this one's, middle ear disease would not be a problem. The response is necessarily one of firm insistence on the part of the audiologist to guarantee adequate monitoring of the condition; most students are monitored monthly and referred back to the physician each time significant negative pressure is present ($-200\text{mm H}_2\text{O}$ or greater).

A third problem encountered is that of providing good, consistent amplification for students while in school. Auditory training equipment is owned by school districts, and, therefore, its monitoring and repair is their responsibility and is usually covered by a service contract. For children who utilize their own hearing aids, it is more difficult to have repairs taken care of. Parents are not always prompt nor reliable in taking the responsibility of upkeep and repair. In the Greeley program, the audiologist does simple repairs such as tubing or connector replacement, contact cleaning, and earmold replacement. More

major repairs are indicated to the parents, and it is their responsibility to see that the aid is repaired. The student school rules in the Greeley Hearing Impaired Program require that every student under the age of 16 wear good, working amplification daily. If a student does not have his aid, for whatever reason, he must wear an auditory trainer. Earphones are provided with the trainers in cases where medical problems prohibit the use of earmolds. This system has worked quite satisfactorily as the children would rather wear their personal aids (almost all of which are ear level), than the auditory trainers. The students, therefore, pressure the parents for quick repair when it is necessary and leave fewer hearing aids at home.

Another prevalent concern that has emerged with 94-142 is if the audiologist can be held accountable for not identifying a child with a hearing loss. As long as the audiologist can document that he has provided an adequate screening program (which satisfies state and federal rules) and has made every attempt to appropriately diagnose hearing problems, there is little chance the school district can be held accountable. However, there is a defined procedure for parents to follow if they wish to file a formal grievance.

Educational Assessment and Placement

After the hearing evaluation is completed and it is established that an educationally significant hearing loss exists, the student is referred for an educational assessment. The important point to consider here is that the audiologist is not qualified to conduct an educational assessment (unless he also has a degree or is certified in deaf education). The teacher of the deaf must do this in conjunction with other professional school personnel. Following the assessment, a team of appropriate school personnel, along with the parents determine appropriate placement for the particular student.

Individual Educational Plans

The audiologist has a role in the writing of Individual Educational Plans when he is providing auditory training, speechreading, or other support services. The audiologist must set realistic long- and short-term goals, although again, if sessions are well documented, the school district will not be held accountable when a student does not meet those objectives. The audiologist must also provide information regarding the diagnostic assessment in that section of the I.E.P. The I.E.P.'s provide the basis for programs serving specific needs of children rather than fitting children into existing programs.

Conclusion

The educational setting for the audiologist provides an environment for a wide range of services. The federal government has acknowledged the need for audiologic services in the public schools, and it is now up to audiologists to develop the educational

audiologist's role at state and local levels. The audiologist cannot sit back and wait for school districts to implement programs, but must participate in the education of local district personnel to acquaint them with audiologic programs and services.