

## **An Update on Counseling Instruction Within Audiology Programs**

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The present investigation examined the availability of counseling instruction within audiology graduate programs. An eight-question survey was sent to 111 audiology graduate program directors. Survey responses were received from 77 programs, resulting in a 69% return rate. Results indicated that less than one-half (48%) of audiology programs offer a course in counseling. Only 27% of the audiology departments that offered a counseling course required the course to be taken. Implications of these data, as well as complete survey results, are discussed.

It is well recognized that counseling is a vital component in audiologic rehabilitation (e.g., Alberti, Pichora-Fuller, Corbin, & Riko, 1984; Brooks, 1979, 1985, 1989; Brooks & Johnson, 1981; Crandell & Jennings, 1996; Crandell, McDermott, & Pugh, 1996; Erdman, 1993; Luterman, 1996; Pugh, McDermott, & Crandell, 1995; Reiter, 1995; Sanders, 1993; Schow & Nerbonne, 1996; Stephens, 1977; Stone & Olswang, 1989; Surr, Schuchman, & Montgomery, 1978). Stephens (1977), for example, demonstrated that without patient counseling, daily hearing aid utilization systematically declined for new hearing aid users. Conversely, when counseling was provided to the patient, hearing aid use increased. Brooks (1979) reported that patients who had been provided counseling achieved greater reductions in perceived hearing handicap than non-counseled patients. Moreover, counseled patients were more adept at handling their hearing aids, and wore their hearing aids more often, than patients who had not received counseling. Brooks (1989) demonstrated that even minimal amounts of counseling significantly decreased the most common difficulties (e.g., percep-

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tual difficulties in background noise, dexterity concerns, and the belief that hearing loss was not significant enough to warrant a hearing aid) cited by elderly listeners for not utilizing amplification.

Despite the obvious importance of patient counseling, available research indicates that the majority of students enrolled in communication disorders (audiology and speech-language pathology) programs receive a paucity of formal classroom instruction in this area (Crandell et al., 1996; Culpepper, Mendel, & McCarthy, 1994; Luterman, 1996; Pugh et al., 1995). Culpepper et al. (1994) reported that although a majority of programs (94%) offered a course in counseling, only 22% of the programs required that a course in counseling be taken. Presumably due to the modest percentage of programs requiring counseling courses, the majority of programs indicated that less than one-quarter of their students took a counseling course prior to graduation. Crandell et al. (1996) examined the availability of counseling instruction in hearing aid courses offered within audiology programs. Specifically, a nine-question survey was sent to 102 audiology graduate program directors. Fifty-one responses were received, resulting in a 50% return rate. Results indicated that only 14% of instruction time within such classes was devoted to counseling. Moreover, one-half of all audiology programs surveyed reserved only 10%, or less, of lecture time for counseling instruction. Interestingly, despite this limited amount of instruction, 59% of respondents felt that students were adequately prepared to meet the counseling needs of patients.

This deficiency of formal course work in counseling is perhaps one reason why individuals with hearing impairment, and/or parents of children with hearing impairment, are often not satisfied with the counseling skills of audiologists (Clark & Martin, 1994; Erdman, 1993; Fellendorf & Harrow, 1970; Haas & Crowley, 1982; Luterman, 1996; Martin, George, & Daly, 1987; Martin, Krueger, & Bernstein, 1990; Sweetow & Barrager, 1980; Williams & Darbyshire, 1982). For example, Fellendorf and Harrow (1970) indicated that only 50% of parents of children with hearing impairment were satisfied with the information provided to them by audiologists and/or physicians. Sweetow and Barrager (1980) reported that approximately 20% of parents of children with hearing impairment felt uncomfortable asking the audiologist questions because they either did not know what to ask, or they felt that the audiologist would not take their concerns seriously. Moreover, 35% of these parents indicated that the audiologist did not provide emotional support to them in matters related to their child's hearing loss. Williams and Darbyshire (1982) interviewed parents of children with severe-to-profound degrees of hearing loss within 1 year of their initial audiological evaluation. Results indicated that 84% of the parents were unable to comprehend the majority of the information provided by the audiologist. Seventy-two percent did not understand the impact of a hearing loss on their child and 64% did not understand the effects of the child's hearing loss on

their own lives.

With these considerations in mind, the purpose of the present investigation was to examine the quantity and content of counseling instruction offered within audiology graduate programs in the United States. Specifically, an eight-question survey was sent to directors of 111 audiology programs. The survey was divided into two major sections. Section #1 examined the availability of counseling courses, and Section #2 specifically addressed content within such courses. It should be noted that, to date, no investigation has attempted to quantify the amount of counseling instruction provided specifically in audiology programs.

### METHODOLOGY

An eight-question survey, using both open and closed format questions, was sent to 111 programs that offer graduate degrees (Master's and/or Doctoral) in audiology. Questionnaires, sent by mail or facsimile, were addressed to the head of the audiology department. No identifying information was requested in an effort to insure confidentiality. A self-addressed, stamped envelope was provided to return the questionnaire. The questionnaire addressed whether or not the programs offered a counseling course for audiology students, in which department it was offered, whether or not the class was required, and what percentage of students typically enrolled in the class. Information was also requested as to how often the course was offered, what the focus of the course was, and where the students received their primary counseling training. Finally, the questionnaire examined whether the respondents believed that the topic of counseling merits a full semester course.

### RESULTS

Responses were received from 77 of the 111 schools (return rate of 69%). The results of the responses from the first section of the questionnaire, which sought

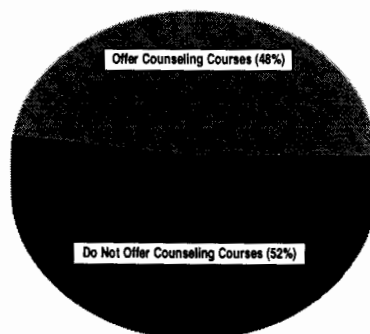


Figure 1. Percentage of audiology programs that offer counseling courses.

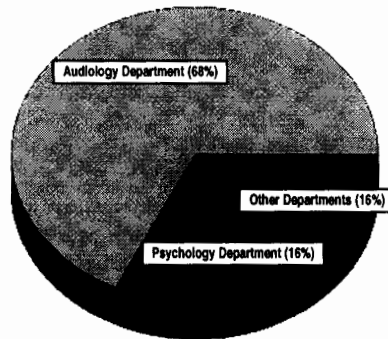


Figure 2. Departments where counseling courses are offered to audiology students.

information on the availability of counseling courses, are presented in Figures 1 to 3. Figure 1 illustrates the percentage of programs that offer courses in counseling within or outside the audiology department. Overall, survey results indicated that 37 of the 77 audiology programs (48%) offer a course in counseling. Of those programs that offered counseling courses ( $N = 37$ ), 25 of the programs (68%) offered the class within the audiology department (see Figure 2). Six of the programs (16%) offered counseling courses through the psychology department, and an additional six programs (16%) provided courses within other departments (e.g., psychology, human development, counseling, education). Figure 3 presents survey results on whether the counseling courses were required or elective. Only 10 of the audiology departments offering a counseling course (27%) required a counseling course, whereas 27 of the audiology programs offering a counseling course (73%) only provided elective counseling courses. These data suggest that only 13% of the total programs responding to the survey (10 of 77) required that students take a counseling course. Reasons that respondents offered for not providing a counseling course included lack of funds, fac-

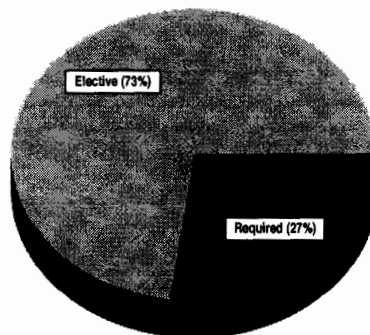


Figure 3. Percentage of counseling courses that are required or elective.

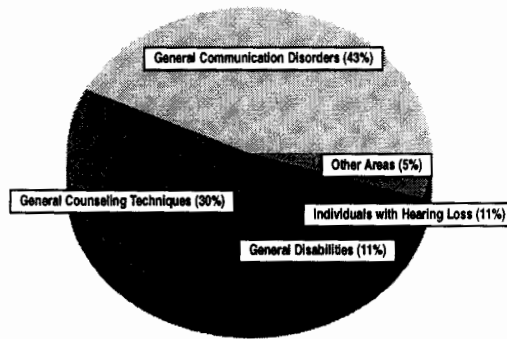


Figure 4. General focus of counseling classes offered to audiology students.

ulty shortages, and time restraints within the current curriculum.

Although not shown in the figures, the first part of the questionnaire also asked respondents for information regarding the percentage of audiology students who typically enroll in a counseling course and how often the course was offered. Overall, survey respondents estimated that only 18% of their students ever took a counseling course while in their graduate program. Moreover, counseling courses were offered, on average, two times ( $M = 2.1$  classes) a year to students. Specifically, within-departmental counseling classes were offered slightly over once a year ( $M = 1.3$  classes), whereas non-departmental classes were provided almost three times ( $M = 2.9$ ) a year.

The results of the second portion of the questionnaire, which sought more specific information regarding the content of counseling instruction in audiology programs, are presented in Figures 4 through 6. Figure 4 presents the general focus of the counseling courses offered to audiology students. As can be noted,

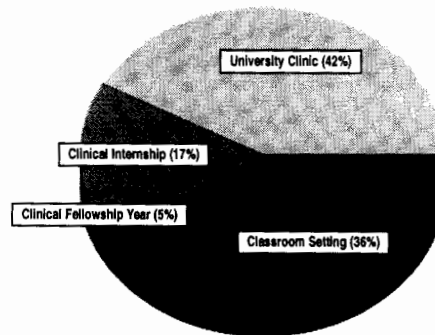


Figure 5. Percentage of clinical and/or classroom locations where instructors expected their students to learn counseling skills.

16 of the counseling courses (43%) concentrated on counseling persons with general communicative impairments. Eleven of the courses (30%) examined general counseling techniques, four (11%) courses concentrated on persons with general handicaps, and four (11%) focused on individuals with hearing impairment. Two (5%) of the classes examined "other" areas, such as counseling of parents of children with hearing impairment and family counseling. Figure 5 illustrates the locations where audiology programs expect their students to receive their primary instruction in counseling. It is interesting to note that 49 of 77 (64%) programs surveyed expected students to learn counseling in a clinical setting. Specifically, counseling was expected to be learned in the university clinic (42%;  $n = 32$ ), during the clinical internship period (17%;  $n = 13$ ), or during the Clinical Fellowship Year (5%;  $n = 4$ ). Twenty-eight programs (36%) expected that counseling skills would be learned in the classroom setting. Finally, the survey probed the respondents for their attitudes regarding the necessity of taking at least a semester course in counseling. These data are shown in Figure 6. As can be noted, 54 of 77 respondents (70%) felt that a full semester counseling course was necessary in audiology programs, whereas 23 (30%) did not feel the need for such a course.

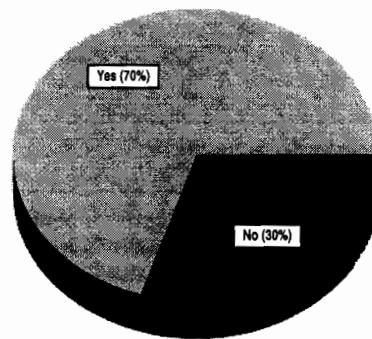


Figure 6. Percentage of respondents who felt that audiology students should be required to take at least one semester of counseling course work.

## DISCUSSION

Results of this investigation revealed several notable trends regarding counseling instruction within audiology programs. First, responses to the initial section of the questionnaire suggest that students receive limited formal course work in counseling within audiology programs. Specifically, survey results indicated that less than one-half (48%) of programs currently offer a counseling course within or outside the audiology department. Moreover, only 27% of the audiology departments that offered a counseling course *required* that course to be taken. Thus, of the total programs responding to the survey, only 13% re-

quired that students take a counseling course. Due to this lack of required course work, programs estimated that only 18% of their students *ever* took a counseling course prior to graduation.

A second major finding of this investigation was that the majority (68%) of audiology programs offered counseling courses from within the audiology department rather than using supplementary disciplines in the university such as psychology, social work, and/or counseling. Although not specifically addressed, these data suggest that counseling education is most often provided by instructors from within the audiology department, instructors who presumably also acquired limited instruction in counseling theory and application. To support this assumption, Culpepper et al. (1994) noted that the number of required classes in counseling, and the number of students enrolled in counseling courses, had not changed significantly over the past decade. Professionals in areas such as psychology and counseling are required to procure a considerable knowledge base in counseling theory and instruction for both normal and disordered populations. Consequently, it is logical to assume that professionals in these areas have critical information in counseling theory to impart to audiologists in training.

Third, data from this investigation indicated that audiology students are expected to accumulate approximately two-thirds (64%) of their knowledge about counseling from their clinical activities, even though clinical experiences often deviate widely, even among students within the same program. That is, due to differences in clinic location, clinical supervisors, and/or patient populations, students may receive vastly different experiences in counseling during their clinical experiences. Although there is evidence to suggest that extensive classroom instruction is not always essential to develop appropriate counseling skills (Thomas, Butler, & Parker, 1987), it seems logical to assume that audiologists should obtain an adequate classroom-based knowledge of counseling theory and its applications for appropriate clinical interactions.

A final trend noted in this investigation was that the majority of respondents (70%) indicated that students should be required to take at least a full semester class in counseling theory and application. These results are somewhat surprising as less than one-half of all programs currently offer counseling courses. However, reasons provided for not offering a course in counseling included lack of funds, faculty shortages, and time constraints within the current curriculum.

Unfortunately, direct comparisons between the present investigation and Culpepper et al. (1994) are difficult to make due to dissimilarities in specific questions posed, question format, and the populations studied. Overall, however, it appears that data from this investigation are relatively consistent with those reported for students enrolled in communication disorders (audiology *and* speech-language pathology) programs. For example, in the present investigation, 27% of the programs surveyed required a counseling course, whereas Culpepper et al.

(1994) reported that 22% of communication disorders programs required a counseling course. Moreover, Culpepper et al. (1994) indicated that programs in communication disorders reported that less than one-quarter of their students ever enrolled in a counseling course. The present investigation found that only 18% of audiology students took a counseling course prior to graduation. The major discrepancy between the studies was the percentage of audiology and communication disorders programs that offered a counseling course to their students. Specifically, the present study indicated that 48% of audiology departments offered a counseling course, whereas Culpepper et al. (1994) reported that 94% of communication disorders programs offered such a course. Although the explanation for this discrepancy was not addressed in this investigation, it seems reasonable to speculate that this disparity may have occurred because audiology programs currently have limited room within their current curricula to offer additional course work to students. Speech-language pathology programs, however, may still be able to offer students a minimal number of elective courses, which may include course work in counseling theory and application (American Academy of Audiology, 1991; Crandell & Jennings, 1996; Crandell et al., 1996). Certainly, additional empirical data will need to be obtained to address the discrepancies in counseling instruction between audiology and speech-language pathology students.

In summary, results from the present investigation indicate that audiology programs currently offer limited course work in counseling theory and instruction. This deficiency of counseling instruction within audiology programs is alarming as it is well accepted that appropriate counseling is a critical variable in the rehabilitation of individuals with hearing impairment (Alberti et al., 1984; Brooks, 1979, 1985, 1989; Brooks & Johnson, 1981; Crandell & Jennings, 1996; Crandell et al., 1996; Erdman, 1993; Luterman, 1996; Pugh et al., 1995; Reiter, 1995; Sanders, 1993; Schow & Nerbonne, 1996; Stephens, 1977; Stone & Olswang, 1989; Surr et al., 1978). Certainly, these data suggest a need for changes within the curricula of audiology programs that would provide increased emphasis in counseling. It appears, however, that relatively few audiology programs have space, or funds, within their established curriculum for additional course work (Crandell et al., 1996). Hopefully, as the profession of audiology continues to move towards a professional doctorate, the importance of counseling will not only be recognized, but also translated into increased course work and clinical experiences in counseling theory and application.

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