

## Background and Introduction

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It would appear that during the past four or five years there has been a slowly evolving interest in the management of communicative disorders associated with aging. In reviewing the literature in the area, especially the literature in such journals as, the *Journal of the American Geriatrics Society*, *Geriatrics*, the *Gerontologist* and the *Journal of Gerontology* one finds that at least one to two articles dealing with communication disorders have appeared in the past five years. They are almost evenly divided between concentration on disorders of speech and disorders of hearing. In this year's *Journal of Gerontology*, Meyerson has authored an article which provides an excellent review of the recent literature that deals with the effects of aging on communication.

Also, it appears that disciplines such as anthropology, psychology, recreation, social work and sociology are beginning to exhibit an interest in the geriatric population as a research and service population. A good deal of this recent interest can be attributed to the federal government's assuming of an interest and responsibility in the area of aging. This interest is typified by the development of the long delayed National Institute on Aging. As this interest in the problems of the geriatric population has developed it became apparent that one of the most frequent problems associated with aging was a loss of hearing and it appears that hearing loss is one of the major factors that affects the communication processes of the geriatric population. As an example: in the age range from 65 to 74, 129 out of 1,000 have hearing difficulties while for the age range from 75 years on, 256 out of 1,000 have a significant impairment of hearing. In her article, Myerson makes the point that while the processes of communication do not seem to be too seriously affected by normal changes there still is a responsibility to counsel those

involved with the management of aged individuals as well as to disseminate information that points out the differences between changes that seem to occur with normal aging and those changes that are warning signs of eventual diseases and deterioration. And I would add that there is the ever present challenge to the concerned professionals and the "do gooders" for the development of a quality of life for our countries many specialized populations.

As we view the gerontological population it appears that there are certain observations and assumptions that can be made about this population.

#### *Observations*

There are several observations that can be made in regard to the elderly. First of all, the elderly are an unexplored and neglected population as well as being a population that there is a good deal to learn about. Secondly, the psychological literature has indicated that the biologically and socially induced changes of old age insure that older persons cannot be too rigid and thirdly there are more older people who behave like the young than young people who behave like the old.

#### *Assumptions*

One of the major assumptions we need to make is that we are more interested in looking for principles rather than theories in our work with the aged. Also, we must assume that assessment instruments must be tailored to take into account past learning and the effects of present environment and that the activities of later life, rather than those of earlier years, are primarily related to successful aging. Another assumption is that when we deal with the aged we are dealing with a "captive" population especially when we interact with individuals who are living in a community setting, such as a nursing home or a residential home. This means that the population can be used for an extended period of time and on the basis of schedules that adjust to the experimenter's schedule. Also, we are dealing with a population that has free time and a desire to be involved in some type of activity. Fourthly, it is a population that has a history of social interaction and vocational experience. Also, it is a population that has an ability to describe the significance of previous and present experiences. Fifthly, since so many of the elderly are disenfranchised and socially isolated therapists may have a maximum of power in their interactions with the elderly. Sixthly, if we wish to deal with a medical condition that has existed over time as well as to study the temporal nature of the illness, we can look at a condition that has stabilized or that has run its course. Finally, it is a population that has a feeling that research may be of help to them. Also, it is a population that

has an inquisitive nature. Also, research activities can serve as a form of service for this population which can benefit from contacts and attention. Thus, applied research can be undertaken in a service vein.

Of special interest to me is that if we observe current efforts at providing service to the gerontological population it is obvious that the profession that was one of the first to move into this area and one that is still the most active in the area is the speech and hearing profession. It appears that this pattern was brought on by training needs. Thus a symbiotic relationship developed between speech and hearing training programs and aged populations. So far, it has been a relationship that has proved to be beneficial to both groups.

Today's panel will be addressing itself to that type of symbiotic relationship in its discussion of the role training programs in audiology can play in the development of Community Aural Rehabilitation Programs for Geriatrics. The members of the panel, in the order of their presentations are Joan Erickson of the University of Illinois who will discuss the Pragmatics of the Development of Community Resources; Dean Garstecki of Purdue University who will deal with the Identification of Communicative Competence and Jan Colton, a post doctoral fellow at the University of Illinois who will discuss the Training of Students and Aids in a Community Setting. I might add that because of my gray hairs and crotchity behavior I have been, in an informal way, assigned as a representative of the geriatric group. In that informal role I will be making some summary comments before the topic is thrown open to discussion by the group.

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