1976 PROCEEDINGS
THEME—AUDIOLOGIST OR HEARING CLINICIAN:
TERMINOLOGY AND PROFESSIONAL RESPONSIBILITY

The Pennsylvania Position

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The reason for this paper is to discuss a controversial part of the proposed Pennsylvania speech and hearing licensure bill. The bill, which was introduced in the 1975-76 Pennsylvania legislature session, is very close to the model ASHA bill, but it includes provision for Hearing Clinicians.

It has been suggested that if Pennsylvania licenses Hearing Clinicians they will contaminate our profession, that they will be confused with Audiologists and Teachers of the Deaf, that Hearing Clinicians are only Teachers of the Deaf with another name and Teachers of the Deaf have inferior professional training, and that licensing them is a misrepresentation to the public.

On the contrary, according to the proposed Pennsylvania bill Hearing Clinicians are not to function as Teachers of the Deaf nor as Audiologists. This is lessening, not increasing, confusion or misunderstanding. The training required for Hearing Clinicians in the Pennsylvania bill is equivalent in quality and quantity to that required of the Audiologist: a masters degree or equivalent plus experience are required. The licensure training standards, including the master degree equivalency, have been approved by ASHA, and the definitions of Audiologist and Speech Pathologist are very close to the ASHA model bill. Licensure of Hearing Clinicians by Pennsylvania would not require that they be licensed or recognized in other states. Reciprocity is not mandatory.

The definitions of Audiologist, Speech Pathologist and Hearing Clinician essentially as in the 1975-76 proposed Pennsylvania licensure bill follow:

"Speech Pathologist" means a person who applies principles, methods and procedures for the measurement, testing, evaluation, prediction, counseling, instruction, habilitation, consultation, or

rehabilitation related to the development and disorders of speech, voice or language for the purpose of evaluating, preventing, ameliorating, or modifying such disorders and conditions in individuals and/or groups of individuals by non-medical or non-surgical methods.

"Audiologist" means a person who applies non-medical or non-surgical methods and procedures of measurement, testing, evaluation, appraisal, prediction, consultation, counselling and instruction relating to hearing and disorders of hearing for the purpose of modifying communicative disorders involving speech, language, auditory behavior or other aberrant behavior related to hearing loss; planning, directing, conducting or participating in identification and hearing conservation, not limited to hearing aid evaluation and recommendation, auditory training and speech reading.

"Hearing Clinician" means a person who offers habilitative and rehabilitative services to hearing impaired persons including speech reading, auditory training, remediation of speech and language development problems due to hearing disorders, and consultation about auditory training and speech reading.

Hearing Clinicians exist. We conducted a survey of the PSB approved speech and hearing programs outside of Pennsylvania listed in the 1974 ASHA Directory. Every other program (125 programs) regardless of registration was contacted. The return rate was 74%. Hearing Clinicians were employed by 12% (of this group a third were PSB approved in speech, and the balance were PSB approved in both audiology and speech); 37% indicated that there was a place in their programs for Hearing Clinicians although none were presently employed (half were PSB approved in speech and half were PSB approved in hearing or in both areas); 50% indicated there was no place for Hearing Clinicians in their programs (about half were approved in speech and the balance were split between hearing and both speech and hearing).

All known Pennsylvania programs liable for employing persons licensed under the proposed Pennsylvania bill also were surveyed. (Public school and governmental-sponsored programs are not included in the Pennsylvania bill.) Among the 63 Pennsylvania programs 73% replied. Of these, 20% use Hearing Clinicians; 35% have a place for Hearing Clinicians (but not employed at the moment); and 46% had no place for Hearing Clinicians.

These data indicate that about half of the non-Pennsylvania PSB approved programs employ or have a place for Hearing Clinicians, while about 55% of the Pennsylvania programs use or have a place for Hearing Cinicians. This is clear evidence that Hearing Clinicians exist, that they

have a professional role to play and that they are employed. Whether or not Audiologists and Speech Pathologists prefer to recognize the existence of Hearing Clinicians is beside the point. The fact is that they are playing a significant role in communication rehabilitation. To deny them licensure would, in effect, close our eyes to reality. It is common sense to opt for a licensure plan which would recognize what already exists, but more importantly, we have the opportunity to specify minimum standards for Hearing Clinicians. Does anyone seriously believe that licensing only Audiologists and Speech Pathologists will put Hearing Clinicians or Teachers of the Deaf out of the business of dealing with the rehabilitation of the hearing impaired?

There are practicing professionals in Speech Pathology and in Audiology, and others practicing as Hearing Clinicians in Pennsylvania. They all have essentially equivalent levels of preparation, they all have valid contributions to make to the rehabilitation of the communicatively disordered, they all play significant roles in state Association affairs, and our state professional association membership standards are equal for all. In Pennsylvania there are three established graduate training programs in Hearing Impaired and a fourth program beginning, all through the master's or the doctoral levels. Two of the programs are in speech pathology and audiology departments.

Hearing Clinicians deliver a valuable service to the communicatively impaired, different from the service delivered by Teachers of the Deaf. Although Hearing Clinicians are derived from the long tradition of Teachers of the Deaf, the essential difference is that Hearing Clinicians are defined as being in the non-school sector and engaged in therapy for communication disorders much as are Speech Pathologists and a few Audiologists. A significant segment of the population, especially of preschool and postschool ages, do not receive nor need academic instruction such as given by Teachers of the Deaf. Rather they need therapy in communication skills as given by Hearing Clinicians. There are no implications that Hearing Clinicians are able or prepared to function as Teachers of the Deaf in educational settings except as they have obtained training for that activity.

Hearing Clinicians have competencies and make contributions different from those of Audiologists and Speech Pathologists. The Speech Pathologist treats stuttering persons, persons with nasality or other voice or resonance problems, articulation disorders based upon neurological or functional causes, and language disorders due to causes other than hearing loss. The Audiologist is especially skilled in assessing level of functional hearing ability, site of lesion testing, and assisting individuals with hearing aids and in some aspects of aural rehabilitation. That the Audiologist usually is not prepared to give therapy to the severely auditorily handi-

capped is demonstrated by the standards for the ASHA Certificate of Clinical Competence. Until recently the only aural rehabilitation requirement was a course in speech reading, auditory training or aural rehabilitation. Even now, a total of only six credits is required in rehabilitation/habilitation. What is needed is a professional who has had specialized training to deal therapeutically with the speech and language problems of persons with hearing loss.

Emphasis in the training of Hearing Clinicians is on use of residual hearing and use of hearing aids, speech reading, development of speech and language in the aurally handicapped and in the personal counselling of the aurally handicapped individual or his parents. This training is what qualifies the individual to be a Hearing Clinician, separate from an Audiologist or Speech Pathologist.

While there is overlap in the functions of Audiologist and Hearing Clinician according to the Pennsylvania bill, there also is considerable overlap regarding speech and language between Audiologist and Speech Pathologist according to the ASHA-approved definitions. Yet this is not a point of contention in our profession. In the Pennsylvania bill there is sufficient delineation to make Audiologists distinctive from Hearing Clinician, it is worth noting that Audiologists are not prohibited from doing aural rehabilitation. Hearing Clinicians, on the other hand, are not defined as individuals who do assessment of hearing, differential testing or hearing aid advisement as done by the Audiologists. In Pennsylvania there appear to be no more than half a dozen CCC Audiologists who do the work of Hearing Clinicians, and some of these also are certificated Teachers of the Deaf.

Ethical, responsible and competent professional people deserve to be and should be recognized when they have contributions to make to the welfare of the hearing impaired. Contributions to the welfare of the handicapped are not reserved for those having some prior claim to a field, but should be practiced by all who have professional skill, technical competence, and personal and ethical commitment.

We should not permit a closed shop, trade union, self protectionistic status to develop among the helpful professions. Unfortunately, communications from professional associations as well as from some Audiologists and Speech Pathologists indicate such an attitude. Often the comments have espoused high professional standards, have down-graded the competencies of the Hearing Clinician (equated with Teacher of the Deaf) or have falsely stated that Audiologists can do all things for the hearing impaired (including the deaf). For example, one audiologist wrote, "I do both, that's why I got a master's of science and let's stop giving away our function." Another wrote, "from a political, expedient point of view it is desirable to define audiologists in the widest possible

terms, allowing individuals within the field to specialize in sub-areas of practice. A wide definition would tend to include more individuals and provide numbers of our small field of expertise." (Both are quoted exactly.) But Audiologists are not unified on this point. Another Audiologist wrote, "I don't believe that we are qualified to do therapy, that is an entirely different area." Another wrote, "Speaking for myself and many of my other clinical audiologist friends, we prefer to involve ourselves in clinical audiology."

The Academy of Rehabilitative Audiology was begun by a group mostly composed of Audiologists who realized that the typical ASHA audiologist does not serve the acoustically impaired in several ways, that there needs to be a coming together of various specialists interested in the hearing impaired, and that therapists, especially, have something to offer.

The Academy was founded on the principle that in the habilitation of the hearing impaired the Audiologist could not and should not stand alone. Rather, an effort was needed to bring together all groups interested in rehabilitation of the hearing impaired. The Academy by-laws reflect this concern by stating that one of the purposes of the Academy is "to collate all aspects of audiological endeavors for the welfare of those so impaired." By-laws Article 3, Membership Section A, indicates that "active members shall hold a graduate degree in audiology, language pathology, education of the hearing impaired, or allied fields. . . and shall have demonstrated interest in (fields) closely related to habilitative, rehabilitative, or educational programs for the hearing impaired."

That the Academy, at least in its early days, recognized the need for multi-disciplinary approaches to the acoustically handicapped was expressed by the drive to obtain teachers of the hearing impaired or teachers of the deaf as members of the Academy. There was a concern that the Academy was too dominated by Audiologists, and the membership committee was urged to seek a greater proportion of members from among other aural rehabilitation specialists.

If we are true to our professional ideal of effectively serving the communicatively handicapped we will welcome professional recognition, with appropriate standards, of Hearing Clinicians.