
PROFESSIONAL ISSUES

**Summary of Position Papers,
Practice Guidelines, Definitions,
and Technical Reports
Pertaining to Rehabilitative Audiology**

Paul Dybala and Linda M. Thibodeau
University of Texas at Dallas

It is often useful to know if a professional group has reached a consensus on a particular issue related to rehabilitative audiology. A review of documents available from the National Institute of Deafness and Other Communication Disorders (NIH), American Speech, Language, and Hearing Association (ASHA), the American Academy of Audiology (AAA), and the Educational Audiology Association (EAA) revealed several topics related to rehabilitation. These are organized in three ways: (a) by subject, (b) by type of document, and (c) in chronological order. This was done to identify what issues have been addressed and provide a simple reference for these select documents. By updating the summary annually, the positions and guidelines agreed upon by professional organizations may be more easily used to support daily practice and motivate research.

I. Summary by Subject

AMPLIFICATION

Guidelines for Hearing Aid Fitting for Adults

American Speech-Language-Hearing Association. (1998). *American Journal of Audiology*, 7, 5-13.

The hearing aid fitting process is reviewed including the stages of assessment, treatment/planning, selection, orientation, and verification. Specific methods are discussed for each of these phases.

Amplification as a Remediation Technique for Children with Normal Peripheral Hearing

American Speech-Language-Hearing Association. (1991). *Asha*, 33 (Suppl. 3), 22-24.

The literature is reviewed on the use of amplification with children in the remediation of phonological disorders and central auditory processing disorders. Concerns with current practices are identified and recommendations are made for future and clinical practice.

ATTENTION DEFICIT HYPERACTIVITY DISORDERS**Roles of Audiologists and Speech Language Pathologists Working with Persons with Attention Deficit Hyperactivity Disorders (ADHD)**

American Speech-Language-Hearing Association. (1997). *Asha*, 39 (Suppl. 17), 14.

The characteristics of individuals with ADHD and assessment/intervention techniques are presented. Appendices include DSM-IV criteria for ADHD and information on medications used in treatment.

AUDITORY TRAINING

Auditory Integration Therapy (AIT): Position Statement. (1993). *Audiology Today*, 5, 21.

This American Academy of Audiology (AAA) statement cautions against the use of AIT given the lack of empirical evidence.

Auditory Integration Training

American Speech-Language-Hearing Association. (1994). *Asha*, 36 (Suppl. 10), 55-58.

Three types of AIT methods, practitioner education, and equipment are reviewed in this ASHA report. Concerns related to current practice, research considerations, and recommendations regarding AIT are presented.

Auditory Integration Training: Educational Audiology Association (EAA) Position Statement. (1998).

<http://www.edaud.org>.

This EAA statement concurs with the earlier ASHA and AAA statements that AIT is an unproven treatment. There is a warning that without controls on sound levels, there is a potential to cause harm to a child's auditory system.

AURAL REHABILITATION**Aural Rehabilitation: An Annotated Bibliography**

American Speech-Language-Hearing Association. (1990). *Asha*, 32 (Suppl. 1), 1-12.

References are provided for functional communication handicap, rehabilitative procedures, and rehabilitative devices.

Definition of and Competencies for Aural Rehabilitation

American Speech-Language-Hearing Association. (1984). *Asha*, 26, 37-41.

Definition, minimal competencies, and discussion of terminology, training implications, continuing education, and certification standards related to aural rehabilitation are given.

Hearing Loss: Terminology and Classification

Joint Committee of the American Speech-Language-Hearing Association (ASHA) and Council on Education of the Deaf (CED). (1998). *Asha*, 40 (Suppl. 18), 22-23.

Recommendations are provided from ASHA and CED on the proper use of terms for persons with hearing loss.

CENTRAL AUDITORY PROCESSING DISORDERS

Central Auditory Processing: Current Status of Research and Implications for Clinical Practice

American Speech-Language-Hearing Association. (1996). *American Journal of Audiology*, Vol. 5 (2), 41-54.

Issues related to the definition of a Central Auditory Processing Disorder and implications for professional education and research priorities are discussed.

COCHLEAR IMPLANTS

Cochlear Implants

American Speech-Language-Hearing Association. (1986). *Asha*, 28, 29-52.

A comprehensive overview of cochlear implants is provided.

Cochlear Implants in Adults and Children: National Institutes of Health (NIH) Consensus Statement 1995 (DC-126)

<http://text.nlm.nih.gov/nih/cdc/www/100cvr.html>

Comprehensive information regarding Cochlear Implants including factors which affect performance, benefits and limitations, candidacy issues, technical and safety considerations, and directions for future research are provided.

FM SYSTEMS

Fitting and Monitoring FM Systems

American Speech-Language-Hearing Association. (1994). *Asha*, 36 (Suppl. 12), 1-9.

This provides an introduction to the use of FM systems, preselection considerations, performance measurements, and device management. Specific methods and diagrams for use of 2cc coupler, real ear, and speech recognition testing to evaluate FM systems are included.

The Use of FM Amplification Instruments for Infants and Preschool Children with Hearing Impairment

American Speech-Language-Hearing Association. (1991). *Asha*, 33 (Suppl. 5), 1-2.

The rationale for use of this device in young children is discussed.

HEARING HANDICAP

On the Definition of Hearing Handicap

American Speech-Language-Hearing Association. (1981). *Asha*, 23, 293-297.

Various methods used to define hearing handicap; their advantages and limitations are discussed as well as differences between hearing disability and handicap.

Severely Hearing Handicapped

American Speech-Language-Hearing Association. (1979). *Asha*, 21, 22-23.

This is the definition sent to the Rehabilitation Services Administration as a suggested revision in the *Federal RSA Manual*.

ROOM ACOUSTICS

Acoustics in Educational Settings

American Speech-Language-Hearing Association. (1995). *Asha*, 37 (Suppl. 14), 15-19.

Background and guidelines for criteria including ambient noise level, signal to noise ratio, and reverberation times for classrooms are given.

SERVICES

Audiology Services in the Schools

American Speech-Language-Hearing Association. (1993). *Asha*,

35 (Suppl. 10), 24-32.

The characteristics of children with hearing impairment, the effects of hearing impairment service and program needs for children with hearing impairment, and the roles and responsibilities of the Educational Audiologist are discussed.

Delivery of Speech-Language Pathology and Audiology Services in Home Care

American Speech-Language-Hearing Association. (1988). *Asha*, 30, 77-79.

This paper addresses the provision of services in the home regardless of the source of payment. Also considered are components of the home care delivery system, roles and professional responsibilities of speech pathologists and audiologists in providing home care, and the impact of home care on the preparation of professional personnel. Terminology related to home delivery of services is included.

Guidelines on Audiology Service Delivery in Nursing Homes

American Speech-Language-Hearing Association. (1997). *Asha*, 39 (Suppl. 17), 15-29.

Background and demographics of nursing homes and the related need for audiological services are provided. Resources for nursing home personnel to be educated on physical and psychosocial effects of hearing loss are presented and methods to determine the need for audiological screening/intervention are discussed. A framework for a hearing aid maintenance program including example forms is included.

SCREENING

Guidelines for Audiologic Screening

American Speech-Language-Hearing Association Audiologic Assessment Panel 1996. (1997). Rockville, MD: Author.

An overview of the principles of screening, development of a program, and the definitions of disorder, impairment, disability, and handicap is provided. Guidelines are then divided into two major sections, Screening Guidelines for Pediatrics and Screening Guidelines for Adults. The pediatric section is further divided into subsections based on the age of the child. The adult section includes sections on screening for impairment and for disability. Recommendations are given on types of evaluations to use and normative data on those evaluations are provided. Sample forms that could be used for assessment and data collection are included.

Early Identification of Hearing Impairment in Infants and Young Children: NIH Consensus Statement 1993 and 1997 Supplement (DC-40)

<http://text.nlm.nih.gov/nih/cdc/www/92cvt.html>

Comprehensive overview is provided of issues related to neonatal hearing screening including the advantages of early identification and the consequences of late identification of hearing loss, appropriate time for screening, advantages and disadvantage of screening methods, preferred model for followup, and directions for future research.

**II. Summary by Type of Document –
These are all ASHA documents except where otherwise noted**

POSITION PAPERS

- Auditory Integration Training – EAA
- Auditory Integration Training – AAA
- Acoustics in Educational Settings
- Delivery of Speech-Language Pathology and Audiology Services in Home Care
- Hearing Loss: Terminology and Classification
- Roles of Audiologists and Speech Language Pathologists Working with Persons with Attention Deficit Hyperactivity Disorders
- The Use of FM Amplification Instruments for Infants and Preschool Children with Hearing Impairment

CONSENSUS PAPERS

- Early Identification of Hearing Impairment in Infants and Young Children – NIH
- Cochlear Implants in Adults and Children – NIH

PRACTICE GUIDELINES

- Audiology Services in the Schools
- Fitting and Monitoring FM Systems
- Guidelines for Audiologic Screening
- Guidelines for Hearing Aid Fitting for Adults

- Guidelines on Audiology Service Delivery in Nursing Homes

DEFINITIONS

- Definition of and Competencies for Aural Rehabilitation
- On the Definition of Hearing Handicap
- Severely Hearing Handicapped

TECHNICAL REPORTS

- Amplification as a Remediation Technique for Children with Normal Peripheral Hearing
- Auditory Integration Training
- Aural Rehabilitation: An Annotated Bibliography
- Central Auditory Processing: Current Status of Research and Implications for Clinical Practice
- Cochlear Implants

III. Summary by Chronological Order –

These are all ASHA documents unless otherwise noted

1998

- Auditory Integration Therapy: EAA Position Statement
- Guidelines for Hearing Aid Fitting for Adults
- Hearing Loss: Terminology and Classification

1997

- Guidelines on Audiology Service Delivery in Nursing Homes
- Roles of Audiologists and Speech Language Pathologists Working with Persons with Attention Deficit Hyperactivity Disorders
- Early Identification of Hearing Impairment in Infants and Young Children: NIH Consensus Statement

1996

- Central Auditory Processing: Current Status of Research and Implications for Clinical Practice

- Guidelines for Audiologic Screening

1995

- Acoustics in Educational Settings
- Cochlear Implants in Adults and Children: NIH Consensus Statement

1994

- Auditory Integration Training
- Fitting and Monitoring FM Systems

1993

- Audiology Services in the Schools
- Auditory Integration Therapy: AAA Position Statement

1991

- Amplification as a Remediation Technique for Children with Normal Peripheral Hearing
- The Use of FM Amplification Instruments for Infants and Preschool Children with Hearing Impairment

1990

- Aural Rehabilitation: An Annotated Bibliography

1988

- Delivery of Speech-Language Pathology and Audiology Services in Home Care

1986

- Cochlear Implants

1984

- Definition of and Competencies for Aural Rehabilitation

1981

- On the Definition of Hearing Handicap

1979

- Severely Hearing Handicapped