

SESSION II
FOCUS ON WASHINGTON:
STANDARDS AND FUNDING
2:30 — Guidelines for the
Rehabilitative Audiology Committee of ASHA

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The ASHA Committee on Rehabilitative Audiology has been charged with the responsibility of revising the document entitled: "The Audiologist: Responsibilities in the Habilitation of the Auditorily Handicapped." The original paper was adopted by the Legislative Council at its October, 1973 meeting and appears in the February, 1974 Asha.

In our meeting in November, 1977 and in a special called meeting in February of 1978, we discussed the paper and agreed that the paper lacks contemporary thought on the rehabilitation process. Among the areas of concern were the following:

1. A feeling that the document gives speech pathologists Carte Blanche to do auditory rehabilitation. We find that speech pathologists provide auditory rehabilitation in all types of settings including public schools, clinics, training facilities, etc. The Committee feels that aural rehabilitation should be performed by those trained to do so — the audiologist.
2. The 1974 paper fails to answer the questions regarding the audiologists' role in the rehabilitation process. We need a position paper, a conceptual document. The February, 1974 paper remains in the literature. We are simply proposing an update.
3. The term "Audiologic Habilitation" causes us concern.
 - a. It is finite in character. It does not really imply developmental as well as restorative procedures.
 - b. Its use is a source of confusion to the general public as well as other professionals. It is easier to broaden an existing definition than to promote a new one.
4. We feel that our profession and its members should define what we do. We need strong, rational definitions from

which we may grow. the repeated attempts by outside groups to define audiology may relate, in part, to our own failure to do so.

5. The realities of the present and the prospect for the future dictate that we act to prevent hearing loss at every opportunity. We just heard Bob McLaughlin say that the future is bright for us because of the change in population distribution to be seen in the early decades of the twenty-first century. It was Bob's thesis that the predictions of over 50 percent of the nation's population exceeding "retirement age" in 2020 would mean massive infusions of Federal and State funds into programs for geriatrics. Naturally, we as a profession would be beneficiaries of such programs. I cannot fault Bob's statistics but I disagree with the conclusions drawn from them. If, as predicted, 50 percent of the population is of "retirement age," and 15-20 percent are minors, then some 30 percent of the population will be producers, supporting the 70 percent that will depend upon them. We will not be able to afford the luxury of mandatory retirement and other archaic programs designed to take the aging and aged out of the job market. Instead, we will see a concerted effort to expand the productive years beyond today's generally accepted retirement age of 65 years. Our role in the treatment of the geriatric patient will be economically viable in its own right and probably won't require vast infusions of public funds. What will be required is insight and initiative on our part.

PROPOSED REVISION

The handout you were given represents a first draft of the Committee's thoughts. We want input from you so that the finished document will represent the profession as much as is possible.

As you can see from the draft proposal, we have divided the task into four parts including:

1. A definition of audiology
2. The role of the audiologist in providing comprehensive service
3. The necessity to serve all ages and degrees of hearing loss
4. Roles and responsibilities as they relate to other professions.

Define Audiology

The Committee feels that a definition of audiology should be couched in terms relating to training and attitude, not in specifics of service. Two approaches follow:

1. Define Audiology — not in specifics of service, but in training and attitude.
 - a. The profession of Audiology is the study of the physiology, pathology, measurement, and rehabilitation of hearing function. By virtue of training, the audiologist is the most qualified person to provide and coordinate services to the hearing impaired individual. Hearing impairment can cause a breakdown of communicative disorders of the hearing impaired. The functional role of the audiologist is, therefore, to identify and rehabilitate people whose communicative disorders are caused by hearing impairment.
 - b. Audiology is the science of hearing. It is the mobilizing of professional skills in the areas of physics, medicine, psychology, education, sociology, and communication disorders to deal with the assessment and non-medical rehabilitation of hearing loss and its associated problems. An audiologist directly serves people ranging in age from the neonate to the geriatric. All are served regardless of the anatomical site or degree of aural pathology or the age at onset of hearing impairment. By completing enacting education and training requirements and by having received the endorsement of the American Speech and Hearing Association, the audiologist is qualified to provide independent service. In addition, the audiologist is required to meet licensure laws in most states.

The Role of the Audiologist in Providing Comprehensive Service

Marjorie Harris. We feel that it is the role of the audiologist to provide and coordinate comprehensive audiological services. The services must include all aspects of rehabilitative audiology. We cannot allow people in other specialties who do not possess the requisite training to take over our responsibilities in providing audiologic rehabilitation.

If the audiologist chooses to dispense hearing aids, it must be done as part of a total rehabilitative package and not as a fragmented service consisting of sales of hearing aids and little else. If the hearing aid is purchased elsewhere, the patient should return to the audiologist who will continue to manage the patient and provide the additional audiologic rehabilitation that is needed.

Proposed Wording

It is the role of the audiologist to provide and coor-

dinate comprehensive audiological services to the hearing impaired individual. By managing to total audiological rehabilitation of the person with the hearing impairment, the audiologist can guide the person, if indicated, to a physician specializing in otology. If a hearing aid is needed, the audiologist can recommend the best way to obtain it. The audiologist must be sure that all of these services are coordinated and in the best interest of the hearing impaired person. While the audiologist must coordinate the supplementary services, there are many services that the audiologist must provide to the patient if they are needed because the audiologist is the most highly trained person to do them.

The comprehensive services that the audiologist is trained to provide include identification of the hearing impairment and evaluation of the auditory function. Also included in the total audiological package are the rehabilitation services which include the hearing aid evaluation, extensive counseling, hearing aid orientation, speechreading, auditory training, communication therapy and speech conservation.

The audiologist can either choose to dispense products as part of the total rehabilitation of the hearing impaired person or can direct the hearing impaired individual to another person who dispenses products. In the event the hearing impaired person buys the product from a non-audiologist, the referring audiologist will continue to manage the patient and provide the additional audiological rehabilitation that is needed.

The Necessity of Serving All Ages and All Degrees of Hearing Loss **Dean Garstecki**

The needs and interest of hearing impaired persons, as they relate to audiologic rehabilitation process, vary as a function of age. During the neonatal and early infant period of life, the audiologist's responsibilities are directed toward the identification and evaluation of hearing impairment, selection and fitting of an appropriate amplification device and provision of on-going diagnostic therapy to prepare the child for eventual placement in a formal educational program. Special emphasis is directed toward the development of auditory language skills, behavior management and parent counseling. The audiologist guides the parent in observing the child's communication needs and involves the parent in providing

language input relevant to the child's interests. Parents are informed of matters relating to the medical aspects of hearing loss, audiological data, techniques for promoting language growth, normal child growth and development, educational processes and the care and maintenance of a hearing aid.

Once the child reaches preschool age, he may be enrolled in a formal training program under the direction of an audiologist. In a nursery program, the audiologist may provide natural play activities emphasizing development of communication skills through language training and parent programming. Activities will be planned to challenge dependence on residual hearing in an atmosphere promoting development of a positive self-concept, social growth and adjustment and cognitive growth through exploration.

The audiologist trained to meet the needs of the school age hearing impaired child may assist in shaping the learning environment and serve as an integral member of the child's educational management team. The audiologist evaluates, remedies, and monitors the cyclical relationship between the hearing aid's performance, room acoustics and the child's academic achievement. Activities include the identification and assessment of peripheral and/or central auditory ability. The audiologist may design and execute a rehabilitation program based on assessment and remediation of auditory, visual and manual communication skills. Hearing aid selection, evaluation, fitting and orientation is a critical component of the rehabilitative program.

The audiologist can lend an empathetic ear to the personal concerns of each child, his family and his school. He can educate them in matters relating to an improved understanding of hearing impairment and its possible educational and social ramifications. He can promote the development of appropriate self help skills and guide the family in seeking further medical and non-medical care. Finally, the audiologist may serve as a liaison between the child and all other persons or agencies in matters relating to management of hearing loss related problems.

In working with the hearing impaired adult, primary emphasis is directed toward conserving and/or improving communication skills. Using a client centered-consumer oriented approach, the audiologist guides the

adult toward satisfactory hearing aid use and/or modifying the communication environment. Normal hearing spouses, relatives, friends, employers and "successful graduates" are more often invited to participate in the program. The audiologist's overall activities are generally consultative and educational in nature. The hearing impaired adult may be taught generally how auditory signals are processed by normal ears, impaired ears and through hearing aids. They are taught hearing conservation techniques and how to acquire needed professional services. The audiologist may develop the adult's ability to use auditory and visual speech perception as well as situational cues in every day communication, and to assert themselves using stage managing techniques under difficult listening conditions. The audiologist will alert the hearing impaired adult to the dynamics of the everyday communication process and the importance of developing satisfactory listening skills. Some attention will be directed toward modifying the adult's behavior, improving his attitude toward communication, and improving his self-concept. The audiologist will also provide helpful suggestions for more specific hearing loss related problems that might be manifested in the adult population.

The audiologist faces one of his greatest challenges in the rehabilitation of the geriatric adult. This person seeks audiologic service at a time when rehabilitative procedures such as speechreading and hearing aid use may not be learned as effectively as before. In addition to peripheral hearing dysfunction, the geriatric's communication problems are complicated by increasing physiological deterioration and psychological stress. Hearing aid selection and use often is the primary approach toward restoring the geriatric's communicative skills and self-esteem.

Audiologist: Central Auditory Processing

The audiologist serves a vital function in the assessment and remediation of central auditory processing disorders. The audiologist is able to assess auditory sensitivity employing standardized, well-documented procedures. At present, audiologic procedures designed to measure auditory perception skills are largely experimental in nature. Dichotic listening, binaural fusion,

filtered speech, compressed speech, alternating speech and similar tasks designed to tax the integrity of the auditory system are being used to measure changes in auditory processing relating to maturation of the system, aural pathology and aging. The results serving to highlight the importance of auditory processing deficit having been obtained, the audiologist may then select, or assist other professionals in selecting intervention methods, strategies and materials which best match the patient's profile of assets and deficits.

Roles and Responsibilities as They Relate to Other Professions

Jan Colton

Proposed Wording

Various facets of diagnostic testing, hearing aids, and so on have shown much improvement over the past several years. The delivery of aural rehabilitation services, however, has not demonstrated similar improvement.

Activities in aural rehabilitation have been carried out by individuals from a variety of professional backgrounds. This last fact may be responsible for the lack of consistent, adequate services available to the aurally handicapped.

The audiologist must be the one fixed point on the continuum of aural rehabilitative services. The audiologist, with his/her broad educational background, is the one best suited to serve as the referral source to all other professionals who may have input to the hearing health care team. This would include, for example, referral to the otologist for medical examination and any possible medical/surgical intervention. Therefore, as the hearing-impaired individual's handicap, personal, social, educational, vocational, emotional or communicative needs dictate, the audiologist would make other appropriate referrals.

While the audiologist should provide coordination for the total aural rehabilitation program, he/she must also have an active, direct role in the therapeutic process. Aural rehabilitation services should not be delegated, either deliberately or by default, to other people who may or may not have the appropriate training to provide such services.

In an age of growing concern relative to accountabili-

ty, it is definitely time to consider the provision of aural rehabilitation services. These services can no longer be managed by default. With the audiologist as the one fixed point on the continuum of management and with the cooperation of other professionals who may be involved, the quality of aural rehabilitation services to the hearing-impaired population can be greatly improved.

Your input is vital to our effort toward developing a statement that represents the sense of the profession today. Please respond to us as quickly as possible so that your thoughts may be incorporated in our final draft.