

## **Editorial**

In an article on academic prose, Michael McCarthy, an emeritus professor of applied linguistics at the University of Nottingham, stated that “critics might conclude . . . that we [academics] do not speak plainly, are aloof and pompous and forever covering our rear.” Our language has evolved with our developing disciplines. The problem starts when we try to relay this message to a lay audience. Perhaps it begins when we are student clinicians trying to impress clients and supervisors with our vast knowledge. We get caught up in the technical jargon and forget that our clients need to walk home with a message they understood. Research has demonstrated that clients forget more than 50% of the information they receive during a routine counseling session. Thus it is not surprising that we have so many repeat visits.

In this issue of *JARA* we have placed a special focus on information accessibility. Pugh and Mossman evaluate the readability of printed cochlear implant materials. Their study suggests 9th grade as the minimum reading level equivalent necessary for understanding the printed materials given to clients. Saunders and Griest describe the development of a multimedia hearing loss prevention program for older adults. They note the alarming lack of knowledge of noise induced hearing loss among this population. Their program is a computer-based stand-alone self-administered program which provides education and the opportunity for users to screen their own hearing ability. Finally, Campbell, Preminger, and Ziegler remind us that understanding speech is a bisensory experience. As we counsel our clients we need to take into account not only what they hear and see but how that information is integrated in the central system. These papers serve as a reminder to us all that we should respect our clients by choosing our language appropriately, so that it helps, not hinders the processing of understanding hearing and rehabilitation.

Finally, *JARA* continues to move forward with the times. We are putting the journal online. As many readers know, we transitioned to a CD format a few years ago. We are now placing current issues as well as the back archive of the journal online: full access to the current issue will be available only to Academy members. Please visit our greatly enhanced web presence at [www.audrehab.org](http://www.audrehab.org).

Kathleen M. Cienkowski  
Editor