

Editorial

Articles in this issue touch on a continuum of concerns within the field of rehabilitative audiology, including strategies for identifying the presence of hearing impairment among the homebound, understanding the older adult's readiness to acknowledge hearing loss, the need to monitor the hearing aid after it is dispensed, rehabilitative programming aimed at the specific needs of deaf youngsters, and the ongoing needs of adults and their communication partners.

Jupiter and Delgado considered the situation of elderly individuals who are homebound and a means to identify who might benefit from audiological services. They studied the value of an item on the Outcome and Assessment Information Set (OASIS-B1), used in long-term home care, which assesses the elderly individual's "hearing and ability to understand spoken language." Jupiter and Delgado also administered pure-tone screening and the Hearing Handicap Inventory for the Elderly Screening (HHIE-S). Based on findings from 41 elderly participants, they recommended a two-tiered process leading to further assessment and/or referral. Observer skill may be an important variable for further study.

Smith and Kricos' concern was the factors that affect hearing loss acknowledgment in residents of retirement communities. They asked 91 individuals over the age of 65, "Do you think you have a hearing loss?" They also administered a hearing screening and the HHIE-S. Relatively few individuals appeared to deny hearing loss. Neither age nor gender was associated with denial. Those who perceived hearing loss also reported more hearing handicap, although not all failed the hearing screening.

The concern of Ferguson and Nerbonne was elderly individuals with known hearing loss, who owned a hearing aid, and resided in a nursing home or retirement center. The authors conducted a visual inspection, listening check, and electroacoustic analysis of 114 hearing aids in eight facilities. Finding that 45% of the aids failed at least one part of the test, more often in nursing homes than in retirement centers, the authors recommended an ongoing hearing aid monitoring program in all extended care facilities.

Turning our attention to school children, Pratt reports a single-subject study of an automated system of visual feedback to increase consistency of consonant voicing in a 13-year-old with long-standing severe-to-profound hearing loss. Data collected in an ABAB treatment design with multiple baselines indicated improved word intelligibility, but skills had not yet generalized beyond isolated productions. Pratt concluded that computer-based visual feedback is a reasonable approach to train at the initial skill acquisition level. Issues for further study included student motivation and the nature and frequency of feedback.

The final paper, in the Clinic Programs section, describes the Summer Intensive Aural Rehabilitation Conference (SIARC), a week-long program in a university setting for adults and their communication partners, targeting multiple objectives: client service delivery and education (including assessments, hearing assistance technologies, instruction, and real-world practice), community action regarding the needs of people with hearing impairment, and hands-on learning by graduate student participants. Authors Thibodeau and Cokely also discussed program costs and program outcomes, exemplified by participant feedback from 2 years of implementation.

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