

A PHILOSOPHICAL DISCUSSION:

Geriatric Aural Rehabilitation: Student Training

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This paper describes the training of students at the Catholic University of America and the University of Maryland in geriatric aural rehabilitation. Students provide speechreading, auditory training and counseling in selected senior citizen centers. Working in teams, they learn to accept responsibility for the management of the hearing problems encountered in the client population at the center.

The selection of students for these problems is discussed. The competencies expected of students are listed and training procedures are described. Specific benefits for students from this experience, as well as the problems encountered by students and in the training of students, are also covered.

Such aural rehabilitation programs are felt to serve the student well, providing excellent background for future experience with seniors, in hospitals, schools and for parent counseling.

Introduction

The term "aural rehabilitation" in many cases has been a vague and ill-defined term, especially to student practitioners who tend to be unsure of specific training techniques to employ. Yet the need for well-trained clinicians in this area is becoming increasingly recognized by our profession, as is evidenced by ASHA's certification requirements. Audiology students must complete a minimum of 50 hours of aural rehabilitation practicum and speech pathology students a minimum of 15 hours of

such practicum. Geriatric aural rehabilitation programs fulfill student training needs admirably. They not only prepare students to work with this population, but foster skill and competencies that can be used with other hearing impaired populations.

The purpose of this paper is to describe how geriatric aural rehabilitation programs offered by the Catholic University of America and the University of Maryland are used for graduate student training.

Description of the Programs

Rehabilitation programs for senior citizens are held in selected senior citizen centers, retirement apartment houses, recreation centers and nursing homes in the Washington, D.C. area. Since these programs have been in existence, over 220 hearing impaired clients have been served. Teams of two or three graduate students (depending upon the number of clients in a group, or the specific individual needs of the clients), working under the direct supervision of an ASHA certified audiologist, conduct all phases of these programs. Over a four year period, 60 graduate students have been trained in this way.

Both programs consist of four major components.

1. *Assessment Procedures* — Case histories are obtained on each client. Threshold air and bone conduction testing is performed in the senior center and, when necessary, clients are brought to the university for follow-up procedures. (It has often been necessary for students to provide transportation for clients.) Assessments continue throughout the semester as new clients enter the program.

2. *Hearing Aid Procedures*—Hearing aid evaluations are performed at the university clinic or at other community clinics, if clients wish. For those unable to travel, informal fittings have been performed in clients' apartments. Clients who purchase aids or have aids donated are carefully monitored throughout the semester.

3. *Training Sessions* — Group classes in speechreading, auditory training and related lecture-discussions are held weekly throughout the university semester. Speechreading and auditory training lessons are primarily synthetic in nature. Auditory training sessions may include: a) practice in proper use of amplification, b) training in adjustment to reduced or distorted signals, c) training in improvement of auditory attentiveness, and d) training in environmental manipulation to maximize use of audition. Discussion topics are developed from the expressed and apparent needs of the group and may include: a) how we hear, b) types of hearing problems (with individual audiograms explained when appropriate), c) types of hearing tests, d) coping with difficult listening situations, e) what is a hearing aid, f) who needs a hearing aid and the limitations of amplification, g) adjusting to a hearing aid, h) roles of the

physician, audiologist and hearing aid dealer in hearing rehabilitation, i) caring for a hearing aid, j) hearing conservation, k) optimal use of the telephone, l) listening aids for television, radio, etc., m) consumerism—problems in obtaining service, recent and proposed legislation, organizations for the hearing impaired, etc., and n) what is speechreading and what are its limitations.

4. *Counseling* — Counseling is handled as a part of these discussions or on an individual basis. Group members often provide excellent “peer” counseling during these sessions.

Selection of Students

Both audiology and speech pathology graduate students are selected for these programs, since the aural rehabilitation experience is considered necessary for both disciplines. At one of the universities, the students are required to have certain prerequisites: 1) prior therapy experience, 2) completion of courses in clinical audiology, hearing aids, and aural rehabilitation, or enrollment in one or more of these courses concurrent with the practicum experience. At the other university, students are selected from among those who register for audiology practicum. Prerequisites are not required. In both situations, programs have been conducted successfully, but the latter situation requires more intensive training of students by the practicum supervisor.

Competencies to be Developed

The training goal of the program is to develop the following competencies in the student therapists by the end of their semester practicum experience:

1. the ability to evaluate the communicative needs of the geriatric hearing impaired clients using proper interview and discussion techniques and appropriate audiological testing.
2. The ability to prepare and conduct group speechreading and auditory training lessons.
3. The ability to prepare lecture-discussion material and present that material in a form understandable to clients.
4. The ability to recognize and deal with problems relating to the care and use of the hearing aid.
5. The ability to recognize and appropriately refer problems *not* within the realm of communication. Such referrals might be for medical problems, financial assistance, family problems or hearing aid purchase.
6. The ability to write appropriate progress and final reports, using proper format and proper English. The final report must be written in such a way that it may be submitted to the client, if so desired.

Student Training

Lesson plans must be submitted to supervisors prior to each therapy session. After they are revised, students are responsible for distributing copies, including practice material, to each client for home practice. In addition, students share material with each other. They are encouraged to develop folders of lesson plans, lecture-discussion material, evaluation forms, and handouts to be used as resource material for future therapy.

Immediately after each therapy session, the clinicians prepare progress reports for the group as a whole and for individual clients. These reports are used in the preparation of final reports as well as by other clinicians who will work with the same clients in the future.

Supervisors schedule weekly training, planning and critique sessions for the students. The basic differences in training procedures at the two universities relate to the content of these therapy meetings. In both training programs, the first meeting consists of a discussion of the goals of the program, the special needs of the clients, evaluation procedures and specific areas of skill development to be included in the lessons. In addition, the program not requiring prerequisites must include in initial sessions structured teaching of procedures necessary in aural rehabilitation with special emphasis on use, care and manipulation of hearing aids.

Subsequent therapy meetings include: 1) critiques of individual student performance with input from other students, 2) presentations by the supervisor or the student clinicians of new techniques, new discussion subjects, or new listening aids, 3) presentation of the discussion material for the next client session. Since presentation of lecture-discussion material presents problems to some students, presentations are rehearsed during the therapy meetings and appropriate modifications are made in content, language and delivery. Although the students are given a prepared list of discussion topics to research and present, they are encouraged to develop additional topics which they consider pertinent to the needs of their clients.

As a part of their training, students also attended lectures by specialists in such areas as counseling and the physiology of aging.

Program Benefits

Although good objective tools to measure skill development in rehabilitation are not available, observations of supervisors have indicated that students are achieving most of the listed competencies.

The ability to evaluate communicative needs

Students have learned to use appropriate language and to speak slowly and distinctly during the interview procedure. They have learned to keep clients "on track," but still be tolerant and diplomatic. (Elderly people have a tendency to want to discuss all their problems with anyone

who offers a sympathetic ear.) Students have become aware of special difficulties in testing seniors, such as their tendency *not* to respond at threshold, the need to repeat directions, and the need for frequent rest periods.

The ability to prepare and conduct group speechreading and auditory training sessions

Students have learned to prepare and implement group therapy sessions, using techniques appropriate in content to life situations of the clients. They have developed the flexibility to alter class procedures when necessary to maintain interest or develop an area of importance to class members. Almost without exception, students have developed skills in using differing amounts of voice, different facial views, selective use of auditory and visual distractions and use of linguistic clues as appropriate to individualize presentation of material for specific clients within the group. Finally, students have learned to function together as team members, to cooperate and coordinate planning.

The ability to prepare and present lecture-discussion material

One of the most notable achievements has been the ability to prepare and present technical material in a manner understandable by the clients. Supervisors note that students have learned to use appropriate language, visual aids and techniques which encourage discussion. In addition, students have become increasingly sensitive to client needs in the development of discussion topics.

The ability to recognize and deal with problems relating to the care and use of the hearing aid

Most of the students enter the program with minimal or no experience in the handling of hearing aids. By the end of the semester, most of the student therapists have: a) become comfortable in the manipulation and demonstration of the use and care of a hearing aid, b) learned to recognize when a hearing aid may be malfunctioning, and how to "trouble shoot," c) developed the ability to interpret frequency curves of hearing aids, and d) make decisions regarding the appropriateness of an instrument for a particular client.

The ability to make appropriate referrals

During the course of the practicum experience, students develop increased skill in ascribing appropriate causes to specific client behaviors. For example, beginning students rarely consider the possibility of a malfunctioning hearing aid when a client complains of problems understanding his neighbor. Despite attempts during training to develop this ability, success in its acquisition tends to be related to the maturity of the student. More mature students may enter with this skill already developed, while less mature students do not necessarily develop it in one semester.

All students develop a list of community referral sources and learn to develop contacts with those sources as necessary. For many students, the aural rehabilitation experience provides their only opportunity to interface with the hearing aid dealer.

The ability to write appropriate reports

In all cases, students have improved their ability to use appropriate and objective writing techniques, to summarize, and to present material in understandable and acceptable form.

In addition to the development of the above competencies, students have learned the complexity of the real world problems for the hearing impaired senior citizen. They have developed understanding of his lifestyle and have learned to be flexible with some of his idiosyncrasies. Despite the vast age discrepancy, students tend to develop good relationships with the senior population and a willingness to assume the role of counselor.

These programs are not without their problems, and the following are among the most frequently observed.

1. There are, at present, no objective tools to measure client progress or student development.
2. Few supervisors have sufficient time to oversee as much of the program as they would like.
3. There is usually a problem with student schedules since there are many other demands upon the student's time.
4. The occasional need to transport clients to and from university clinics could pose liability problems, in case of an accident.
5. More than two therapists on a team seems to be a disadvantage unless there is a large group of clients and it is possible to sub-divide the group.

In conclusion, geriatric aural rehabilitation programs meet student training requirements admirably well. They provide one way for universities to meet ASHA certification requirements in aural rehabilitation for both speech and pathology and audiology majors with benefits to both client and student populations. Furthermore, the skills and information are usable in a variety of other rehabilitation programs—with younger adults in hospital or community clinics, with older hearing impaired children in school settings, and in parent counseling sessions. These programs provide rewarding and educationally valuable training experience.