

VR4 Hearing Loss

Everything You Want to Hear

Boone S., Trychin S., Battat B., Conway P., Tomlinson P., Hamlin L., Berry K., Smith-Olinde L. (2012).

VR4HearingLoss: Everything you want to hear. [Website] Grant H133G090170 Funded by National Institute for Disability and Rehabilitation Research (NIDRR) & University of AR for Medical Sciences (UAMS). Retrieved from www.VR4HearingLoss.net.

The website, VR4HearingLoss.net, is funded by the National Institute on Disability and Rehabilitation Research (NIDRR) of the U.S. Department of Education under grant number H133G090170.

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Objectives

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Counselors will be able to list 5 causes of communication breakdowns for each of the following: Speakers, Environment, and Listener.

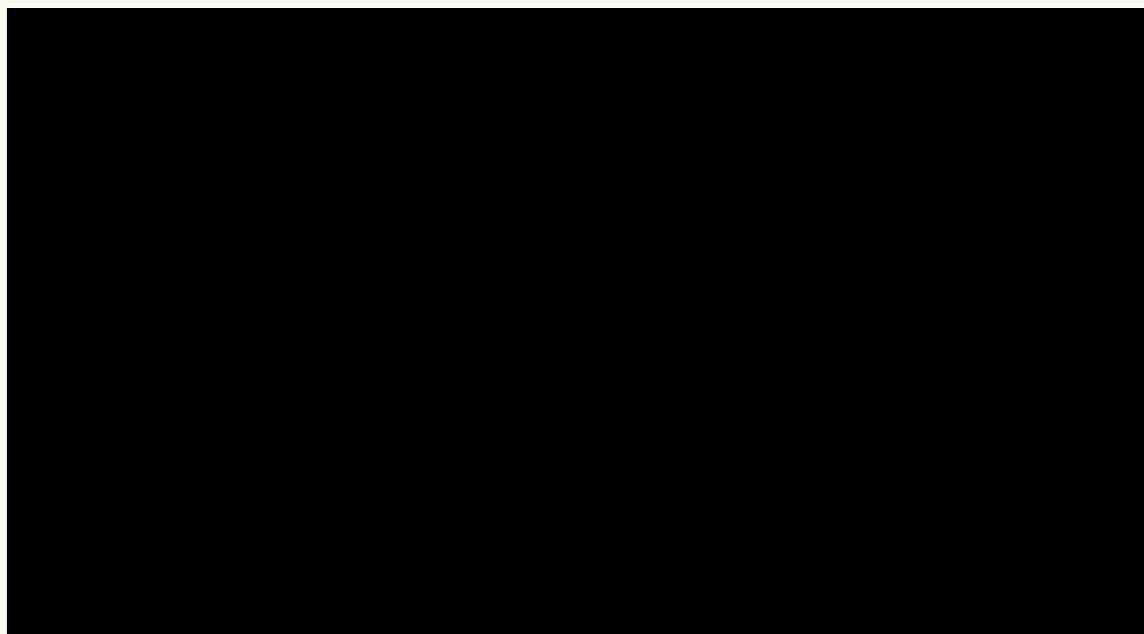
Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

Counselors will be able to briefly discuss the origins and effects of *social pain*.

Counselors will be able to list six each guidelines for effective communication for Speakers and for Listeners.

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Who



Who are our clients with hearing loss and how can we best facilitate effective communication? Explore this module to better understand how to help consumers navigate their journey of hearing loss. This module explores possible social, psychological and interpersonal effects of living and working with hearing loss, and strategies for minimizing the negative impact of those effects.

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1 – Defining Hearing Loss

The term “hearing loss” covers a range of difficulty hearing sound that varies from slight to complete loss of ability to hear. There is a major distinction between those who have less than normal hearing and depend on the use of sign language for communication, and those who do not use sign language, but instead rely on spoken or written language for communication. Within both of these categories people vary from having profound or complete inability to hear sounds to those who have some usable residual hearing.

“People who have hearing loss” is a term replacing “person who is hard of hearing or people.” “Hard of hearing” is an older, out-of-date term used previously to describe people who have some degree of hearing loss and attempt to communicate by relying on their remaining or residual hearing ability. A preferable term is “hearing loss” which eliminates some of the negative connotations of “hard of hearing,” e.g., the implication that the person is old and/or has some degree of confusion or infirmity. The term “hearing loss” is vague in that it does not specify the degree of loss the individual has, but it serves to distinguish between those who depend on sign language (deaf) from those who do not use or depend on sign language.

People who have hearing loss are characterized by the following:

- Have some useable residual hearing

- Do not rely on sign language as their primary mode of communication

- Function mainly in the “hearing world” in terms of family, friends, coworkers, etc.

- Rely on their native language (English, German, Spanish, etc.) as their primary language

- Have severity of hearing loss varying anywhere from slight to profound

- Vary in the age of onset of their hearing loss, anywhere from infancy to late adulthood; most people experience the onset later in life—after the age of 40 or so

- Can benefit from using assistive listening devices (ALDs) to increase their reception of sound.

It is important to keep in mind that not everyone with less than normal hearing lost it somewhere along the way. Some, relatively few, people were born with little or no hearing and, therefore, never had it to lose. Some of these people belong in the deaf sub-category.

Hearing Loss Terms

Terms that have been used to define the variety of types of hearing loss are as follows:

Hearing Impaired

Often this term causes confusion because it does not provide information about the level of hearing loss or the subgroup to which the person with hearing loss belongs. For example, some people assume that “hearing impaired” refers to a person who is completely deaf. The term “impairment” also has pejorative implications, suggesting a major deficiency or abnormality in-overall functioning, which is often not the case. For these

reasons the term should not be used.

Late-Deafened

These are people who have, by definition, a severe to intense hearing loss and whose age of onset of deafness is after the development of speech and language, usually after age three. Most late-deafened individuals lose their hearing in adulthood and gain little or no benefit from hearing aids. They rely on visual representation of their native language, e.g., English, German, or Spanish. They may learn and use some system of sign language, but they usually try to function primarily in the “hearing world.” If the onset of late-deafness is sudden and the degree of loss is severe to profound, the person and her or his communication partners will likely be in a crisis situation needing immediate psychosocial intervention, information and support.

Most people, who have hearing loss or are late-deafened have already established a language base, education, career, relationships and adequate self-esteem. The task for them is maintaining career, relationships, etc. Those who experience loss of hearing earlier in life have the difficult task of establishing language, education, training, career, relationships and adequate self-esteem.

Oral Deaf

People who are oral deaf have little or no residual hearing and rely on visual representation of spoken language such as written language provided on a computer or handwritten on paper or chalkboard. People who are oral deaf also rely on speech/lip reading for understanding what is being said.

Manual Deaf

People who are manual deaf also have little or no residual hearing but rely on some system of sign language, such as American sign Language (ASL) for communication. ASL is a separate language that has a grammatical structure which is different from English. People who are deaf also rely on speech reading, and reading written language for communication.

Cochlear Implant Patients

Cochlear implant patients are people who were no longer able to use their remaining hearing for communication and for receiving other environmental auditory information and had a part of their auditory anatomy altered. Cochlear implanting is a procedure in which an electronic unit is inserted into the cochlea to deaden the cochlea, but provides for electronic reception of auditory information. The implant users then learn to interpret the meaning of the new sounds they hear.

Caveat

Literal interpretation of the terms “deaf,” “hard of hearing” and “late-deafened” imply respectively, no hearing ability, some hearing ability, and no hearing ability. However, in reality some people who call themselves “deaf” have better hearing than many people who call themselves “hard of hearing.” In the final analysis, the placement of an individual in one of these subgroups is more dependent on the group with which he or she identifies and his or her communication preferences, than it is based on the severity of his or her hearing loss.

Progressive vs. Sudden Hearing Loss

Most people who have hearing loss experience its progression to increasing levels of loss over time; some gradually become late-deafened. Others lose their hearing very rapidly, sometimes overnight due to ototoxic medications, infections, surgery or trauma. Those who lose their hearing rapidly and completely usually experience a time of crisis, while those with progressive loss over a longer period of time usually don't have a particular time of major upheaval. It is good to remember that in the time of crisis, family members, employers and coworkers are also greatly affected.

A major problem for people with sudden, profound hearing loss is managing the severe emotional upheaval along with learning new methods of communication. On the other hand, a major problem for those who lose

their hearing progressively over time is that they often develop many bad communication habits that may be difficult to change.

Note of Caution

Sometimes, professionals view people with less than profound hearing loss as simply being less deaf, and, therefore, not experiencing as many communication or other hearing loss-related problems. The reality is that *all levels* of hearing loss, from slight to intense, produce problems in understanding what people say and difficulty hearing important environmental sounds. The term “mild hearing loss” should not be taken to indicate that it is not a big deal; it is a big deal for those who have it.

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2 – Recognizing Hearing Loss

Most people who have hearing loss don't recognize it, admit to having it or take steps to deal with it. Of the estimated 34.25 million people who have hearing loss in the United States,

Less than 1 in 10 with mild hearing loss use amplification.

Less than 4 in 10 with moderate to severe hearing loss use amplification.

Why Do They Not Take Action?

Effective action includes having a hearing evaluation, acquiring a hearing aid if necessary, and wearing the hearing aid as the three first basic steps. Some of the major reasons why people fail to take these steps is because they

- Don't believe they have a hearing loss
- Don't believe the hearing loss is a problem, i.e., don't relate their problems to the hearing loss
- Don't know what to do to begin to deal with it
- Don't believe hearing aids will help
- Don't want to be seen wearing hearing aids
- Don't have the necessary resources, e. g., money, transport
- Don't know where to go to start getting help
- Are deriving some benefit from the status quo
- Too emotionally upset to take action
- Buy into the negative, cultural stereotype concerning hearing loss

People may not self-identify as having hearing loss because they

- Are unaware that they have hearing loss
- Do not want to admit they have a hearing loss
- Do not deem their hearing loss to be important
- Do not believe there is anything that can be done to improve their hearing ability

They may not know they have a hearing loss because

Many people lose their hearing gradually over a long period of time and adjust to each new level of loss, so each change doesn't seem different to them.

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They may hear and understand very well in some situations which are quiet, one-on-one, and distraction free.

When they do not understand what is said in other situations, they blame the person speaking for mumbling or speaking too softly, rather than thinking it may be due to their hearing.

They may not see their hearing loss as important because

They do not know what they are missing and assume that they are hearing everything just fine.

They do not relate the problems in their life - fatigue, depression, anxiety, anger, interpersonal difficulties – to their hearing loss.

They may not want to self-identify because

Many people consider hearing loss as something to be ashamed about due to negative cultural stigma and do not want to be seen as being damaged, or being seen as less than competent or being seen as being old and infirmed.

They have seen friends or relatives rejected in some way by other people due to communication difficulties.

People do not believe there is anything they can do about their hearing loss because

The difficulty of accepting the fact that one might have a hearing loss leads to failure to find out what is available for accommodating it.

The person simply does not know where to go to get help in dealing with it.

The person does not have the money to purchase hearing aids or other equipment or does not have the transportation necessary for traveling to an audiologist for assessment, etc.

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3 – Signs and Symptoms

Professionals need to recognize the signs and symptoms that indicate that hearing loss may be present in an individual. Recognizing the signs is helpful in detecting hearing loss in people who are not open to discussing their hearing difficulties or who may not be aware of their condition.

Consumers or patients who have hearing loss also need to know the signs that hearing loss may be present. Many times, people who know or suspect they have hearing loss believe that if they do not inform others about the hearing loss it will not be noticed. But, the signs and symptoms are there, and when problems occur, other people not relating the problems to hearing loss, may attribute them to something else. Unfortunately, that something else may not be in the consumer's best interest, e.g., being seen as having low intelligence, personal problems, lack of social skills, or being uncooperative, lazy, etc.

The following are frequently observed signs and symptoms of hearing loss in which the person

- Frequently misunderstands words
- Frequently asks people to repeat
- Makes an inappropriate response to what is said
- Fails to respond to what is said
- Has difficulty understanding in groups
- Has a puzzled expression when listening
- Intently watches the speaker's mouth
- Turns the head to one side to hear better
- Avoids social situations or withdraws from them
- Talks too loudly or very softly
- Turns up TV or radio much too loud
- Blames people for not speaking clearly
- Is defensive about communication problems
- Has strained expression around the eyes

Again, if the person who has hearing loss is not responding when addressed or is responding inappropriately, perhaps failing to comply with a request, what will other people think if they do not know that he or she has a hearing loss? It is better for the person who has hearing loss to have people know about the hearing loss than to have them think any of these other reasons are true.

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4 – Hearing Loss Demographics

Thirty-four million people, or 10 to 12 percent of the United States' population, live with less than normal hearing, according to The National Institute on Deafness and Other Communication Disorders (NIDCD)

This figure breaks down to approximately:

300,000-400,000 thousand people who are deaf

1 to 1.5 million people who are late-deafened

Over 32 million people who have hearing loss but are not deaf

Hearing Loss Increases with Age

About one out of every 10 people in the United States has hearing loss, and the percentage increases with increasing age. By the age of 50, perhaps 50 percent of the population has hearing loss, and over age 70 the majority of people have some level of hearing loss.

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5 – Myths and Misconceptions

There are a number of misconceptions about hearing loss that are so commonly believed that they reach mythical proportions. The problem with the misconceptions is that they cause widespread misunderstanding about people who have hearing loss, perpetuate the negative stigma about people who have hearing loss, and prevent seeking effective treatment for hearing loss.

Hearing Aid Myth

This is the misconception that hearing aids function much the same as eyeglasses. Most people who wear glasses get close to 20/20 vision when they wear them. Hearing aids do not restore hearing in the same way. They amplify sound, but cannot amplify sound frequencies that are damaged or destroyed. They also amplify unwanted environmental sounds as well as those the person wants to hear. Hearing aids are most often necessary for improving ability to hear, but they are not all that is needed.

Lip-Reading Myth

Many people hold the erroneous belief that when one loses hearing, he or she automatically becomes a good speech-reader. The fact is that people vary in their ability to speech-read. Most people need formal instruction through speech-reading classes. Also, speech-reading is useless when one cannot clearly see the speaker's face. A really good speech reader can usually get only about 40 percent of what is being said. Like hearing aids, speech reading skills are helpful, but are not a final solution

Sign Language is for Everyone Misconception

All too often sign language is recommended for people who are hard of hearing or an interpreter is brought in to sign for them. The majority of people who have hearing loss do not use sign language and are not interested in learning it. It requires time and effort to learn sign language and, for most people who are hard of hearing, their family members, coworkers, and friends do not know or use sign language, so it would not be helpful when communicating with them.

The first choice for most people who have hearing loss should always be to do what is necessary to capitalize on their residual hearing through amplification systems and effective communication behavior.

Professionals Understand Hearing Loss Misconception

If professionals, other than audiologists, have had any training at all in hearing loss, it has most often been focused on people who are deaf and rely on sign language. There is very little or no formal training in any

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profession other than audiology/EENT focused on people who have hearing loss but do not use sign language.

Physicians receive about one hour of instruction on the ear in some medical schools and that is on the anatomy and does not include psychosocial issues. Mental health providers and educators also have had little or no education and training on the psychosocial implications of and procedures for accommodating hearing loss other than using sign language or employing an interpreter.

People Who Are Hard of Hearing Understand Hearing Loss Misconception

Experience indicates that the majority of people who have hearing loss do not know important information concerning their hearing condition. For example:

They are unaware of the nature of their hearing loss, e.g., whether it is conductive or sensory-neural, and they do not understand the meaning of the term “decibel.”

They cannot interpret their own audiogram in terms of speech sounds they are missing.

They are unaware of available assistive listening and alerting technology.

They do not know what they and their communication partners need to do in terms of communication behavior changes in order to increase their understanding.

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6 – Negative Stigma

Negative stigma is one reason why some people don't get hearing aids. Stigma is widespread in the United States. In an excellent article on stigma and hearing loss (Gagne, J.P. et al. 2009) the authors state that research shows, "The general population perceives individuals with hearing loss as being old, cognitively diminished, poor communication partners and generally uninteresting."

The article goes into great depth about the negative effects of the stigma associated with hearing loss that often result in unwillingness to acknowledge or deal effectively with it. Similarly, Quinn and Chandoir (2009, p.635) state that research indicates that "An identity is stigmatized if it is considered a mark of failure or shame, tainting the self in the eyes of others, resulting in loss of status, employment, discrimination, personal rejection."

The psychological effects of stigma include:

- Reduced self-esteem
- Depression
- Anxiety
- Reduced satisfaction with one's life

Over all, the data shows a clear negative effect of stigma on psychological and physical health and its contribution to the social pain that result from being rejected or devalued.

Quinn and Chandoir (2009) also point out that attempts to hide the stigmatized characteristic, e.g., that one has a hearing loss, produces additional harmful effects such as, "...the worry and concern about possible devaluation alone can lead to negative outcomes. Significant cognitive and emotional resources are expended in the effort to conceal hearing loss."

Worry about being discovered adds even more stress and produces the additional problem of being unable to find out how others, in actual fact, would respond to the stigmatized characteristic. This generates needless worry in those instances in which the hearing loss might not be considered to be a problem by other people. In such instances the social pain results from unrealistic and unwarranted predictions that exist only in the person's imagination.

A major problem with a concealed stigma in the case of hearing loss is that it prevents the individual from doing things that would prevent or reduce communication problems such as wearing hearing aids, using other assistive equipment, and employing effective communication strategies.

Quinn and Chandoir go on to list three types of stigma that negatively affect taking appropriate action to deal with hearing loss.

General social/cultural stigmatizing is the perception that a person with hearing loss is old, weak, deteriorating, incompetent, dependant, a burden, stupid, etc.

Communication partner stigmatizing involves the communication partner's acceptance of the general

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The second question is, “How motivated are you to do what is required to increase your ability to understand what customers (coworkers, employers, etc.) say to you?”

0 _____ 10

(Not motivated)

(Highly motivated)

Go through the same procedure as you did for determining the level of importance, and if the person indicated that he or she is very willing to do what is necessary, help the person find out what needs to be done to achieve that goal, such as wearing the hearing aid in order to understand more of what is being said at work.

To determine the cause of resistance for doing so, use another Ida tool, the box, seen below, which provides information about the costs and benefits for the consumer of maintaining the status quo and of making the desired changes.

If the consumer indicates that making the desired change is important and that she is willing to do what is necessary, but is still unable to make the change, it can be useful to consider using the line tool with another question. That question concerns the consumer’s perception of her or his perceived ability to do what is required. If people believe that they are unable to do something, they will not make an attempt to do it.

0 _____ 10

(unable)

(Highly able)

If the person indicates low self-efficacy, feeling unable to do what is asked, the VR professional can again turn to the box to determine the factors that need to be addressed to increase the consumer’s perception of ability to do what is required.

The Box

Everything individuals do or contemplate doing has perceived costs and benefits. These costs and benefits may be categorized in terms of money, time, effort, relationships, self-esteem, status, health, mood, etc. Usually, people persist in doing something when the perceived benefits of the action outweigh the perceived costs. Conversely, people often don’t continue doing something when the costs of doing it outweigh the benefits. In the latter case, if people believe that an action is important to do, but their perception of the costs of doing it are higher than the benefits for them, they have three options:

Increase the benefits relative to the costs, or

Decrease the costs relative to the benefits, or

Whenever possible, do both A and B

The following is an example of the use of the box with a consumer who is not wearing hearing aids at work.

Status quo: Not wearing hearing aids at work

Suggested change: Wear the hearing aids at work

.	Status Quo	Change
COSTS	Not understanding	Discomfort
.	Missing information	Effort
.	Being perceived as incompetent	Cost of batteries etc.

.	Not promoted / no salary increase	Hear too much (noise)
BENEFITS	Physical comfort	Understand more
.	Not having to own up to it	Feel less stressed
.	Not having to deal with hearing aid	Feeling more competent
.	Not having to remember to use it	More at ease socially

After completing the analysis provided by the box tool, it is also helpful to ask the consumer what conclusion he or she draws from going through the costs and benefits. The conclusions drawn come from the consumer and, not the counselor, and for that reason, are more likely to result in an attempt to make the desired change(s).

Another good example of using the box relates to informing others that one has a hearing loss. Many people are reluctant to do that, their motivation for doing so is quite low. However, once they see the costs for not doing so, they often decide that it is really in their best interest in the long-run to let people know. What are the costs and benefits of maintaining the status quo or not informing people, and what are the costs and benefits of informing them?

This example of the use of the box tool is presented below.

.	Status Quo	Making the change
.	(not informing others)	(informing others)
COSTS	They think I'm not interested stupid or weird when I make mistakes due to misunderstanding what they said.	Time and effort and the risk that the person will think less of me or not want to bother me.
BENEFITS	I don't have to risk being rejected or devalued or need to invest the time and effort involved in informing them	People will be able to know that mistakes I make are due to hearing difficulties not due to personal inadequacies. I can stop worrying that they will find out I have it.

Again, one of the major advantages of using the box is that the information obtained comes directly from the consumer, rather than from an outside source—the counselor. Therefore, it has greater validity and relevance, and the conclusions are less likely to be resisted.

When using the box, one should continue to list as many costs and benefits as possible. Doing so usually sheds light on several things that need to be addressed in order to enable consumers to do what is necessary for improving their circumstances. Additionally, it can be very useful to complete an additional box focused on the longer-term costs and benefits of doing what has been deemed to be important. Many times short-term costs are outweighed by longer-term benefits. For example, the hassle of putting on the hearing aids, dealing with the batteries, etc. is outweighed by improved relationships over time when one understands more of what is said.

Finally it can be quite illuminating to see the results of having close communication partners fill out the box focused on short and longer-term costs and benefits for *them* if the consumer makes the desired change. After diligently filling out the box and considering many factors, if the consumer's motivation level is still less than sufficient for making the desired change(s), it can be helpful to use the Communication Rings.

There are instances in which the individual may not be motivated to make essential changes for him or herself, believing that they can get along just fine the way things are and deciding to maintain the status quo. In many cases when the person considers the effects of the hearing loss on many other people, even people beyond those with whom he or she lives or works, that realization can motivate the person to make some changes. It is also illuminating to see the variety of people with whom one interacts over time and to see the many ways that

using assistive devices and adopting effective communication behaviors would improve the quality of the consumer's life.

It is also the case that many people who have hearing loss are unaware of the breadth of the problems it produces in their lives. For example, some people do not relate the anxiety or depression they experience to their hearing loss. Therefore, it can be very helpful for consumers to see a listing of problems that others who have hearing loss and their communication partners have reported. Then, they often begin to realize the many ramifications of their hearing loss, and that can increase their motivation to do something positive about it.

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7 – Hearing Loss as a Communication Disorder

Because hearing loss is a communication disorder, it affects both the individual who has it and those who are attempting to speak to him or her — the communication partners (CPs). The perspectives and experiences of both the person who is talking (the speaker) and the person who is attempting to listen (the listener) must be taken into consideration during assessment, treatment and follow-up because

CPs can facilitate or inhibit the tendency of a person who has hearing loss to take effective action to deal with it.

The communication partner may provide valuable information that the person who has the hearing loss may not be willing or able to provide.

Both the speaker and the listener contribute to communication problems.

The cooperation of both is necessary in order to improve communication.

Two major hearing loss-related problems affecting both the listener and the speaker include:

Not understanding — The person who has hearing loss did not understand what was said and knew he/she had not understood, and

Misunderstanding — The person who has hearing loss thought he or she understood correctly, but, in fact, did not correctly understand what was said.

Approaching Communication Problems

When a person who has hearing loss knows he or she does not understand what is being said, that should be easily correctable provided the person knows the various causes of communication problems, pinpoints the cause of this particular problem, and offers a solution to it. Unfortunately, most people do not know how to do this and when communication problems occur, many people resort to bluffing, withdrawing and/or becoming emotionally upset. It is, then, very important that both the people who are hard of hearing and their communication partners learn what to do about the following situations:

Person who is hard of hearing doesn't know that the communication partner is talking.

Communication partners need to learn to get the attention of the person who has hearing loss before beginning to talk, and to be close enough so their faces can be clearly seen.

Person who has hearing loss doesn't understand what is being said and knows it. People who have less than normal hearing need to learn what to do to correct the situation as soon as they become aware that they do not understand what is being said. That means identifying the cause of the problem and suggesting a solution instead of bluffing or leaving the scene.

People who have hearing loss need to practice feeding back the essentials of what they heard, especially, who

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(names), when (times and dates), where (locations), and other spoken numbers. Otherwise, neither they nor the person speaking will know whether what was said has been correctly understood.

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8 – Communication Problems Reported

The central issue for most people who have hearing loss and for their communication partners is breakdown in communication. Both the person who has hearing loss and his or her communication partner(s) contribute to difficulties in communication, and both need to cooperate in attempting to prevent or reduce these problems. However, in order to even begin to minimize communication problems stemming from hearing loss, both the person speaking and the person listening need to understand the major causes of communication problems. They also need to understand that hearing loss is only one causal factor and that most of the other causal factors can be prevented or reduced.

When consumers know the variety of causes of communication problems, several beneficial things happen. First, they stop blaming their hearing loss or hearing aids for all communication breakdowns they experience. Second, they are better able to pinpoint the cause of specific communication problems. Third, they are then able to suggest solutions for problems they experience. Fourth, they are able to anticipate potential problems in the future and plan strategies for preventing or reducing them.

Gaining better understanding of the factors involved in communication situations and having strategies for increasing understanding both have a powerful, positive effect on increasing self-esteem and self-efficacy.

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Factors that Influence Understanding

Speaker Factors – Something about the person who is talking

Environmental Factors – Something about the place/situation in which the message is being delivered

Listener Factors – Something about the person receiving the message

Speaker Factors that Influence Understanding

Does not first get the listener's attention

Does not face the listener while talking

Covers face while talking

Talks too rapidly or too slowly

Talks too softly or too loudly

Does not enunciate clearly

Uses too little or too much facial expression

Uses too little or too much body language

Has a foreign accent or regional dialect

- Has distracting mannerisms
- Has an untrimmed beard or mustache
- Has a boring delivery or message

Environmental Factors that Influence Understanding

- Background noise
- Poor lighting
- Poor room acoustics
- Too far from source of sound
- Visual or auditory distractions
- Objects interfere with seeing speaker
- Poor seating arrangements
- Inadequate ventilation
- Lack of assistive listening systems
- Lack of alerting systems
- Lack of visual aids-overheads, CART, etc.
- Illegible visual aids

Listener Factors that Influence Understanding

- Severity of hearing loss
- Type of hearing loss
- Use of hearing aids
- Use of assistive listening devices
- Attention level
- Emotional status
- Level of emotional arousal
- Distracting sensations
- Distracting thoughts
- Fatigue level
- Motivation to hear
- Expectations about ability to understand

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Objectives

Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.

Counselors will be able to list 5 causes of communication breakdowns for each of the following: Speakers, Environment, and Listener.

Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

Counselors will be able to briefly discuss the origins and effects of *social pain*.

Counselors will be able to list six each guidelines for effective communication for Speakers and for Listeners.

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9 – Reacting to Communication Problems

Once a communication breakdown has been perceived, the people involved in the interchange will react to it in some way. Some reactions are productive, i.e., they help to resolve the problem. Other reactions are unproductive, i.e., they fail to resolve the problem and often make the situation worse. People's reactions occur in several different ways; they react physically, cognitively, emotionally, behaviorally and socially.

The following are some frequently reported reactions that, unfortunately, often make the situation worse.

Physical Reactions to Communication Problems: Preparation to freeze, fight, flee or faint

Changes in heart rhythm/rate

Shallow, rapid breathing

Hormonal activation—increased adrenalin, norepinephrine, cortisol

Muscle tension/pain, headaches

Fatigue

Blood shunting—resulting in digestive, sexual problems

Emotional Reactions to Communication Problems

Anger

Anxiety

Depression

Embarrassment

Frustration

Guilt

Shame

Cognitive Reactions to Communication Problems

Can't think straight or confused

Hard to focus attention

Easily distracted

Mind goes blank

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Decreased self esteem

Reduced risk-taking

Behavioral Reactions to Communication Problems

Bluffing—pretending to understand

Withdrawing—avoiding/escaping

Blaming, e.g., “You mumble.”

Demanding, e.g., “You’d better...”

Dominating conversations

Guilt tripping, “If you really loved me, you’d...”

Social reactions to Communication Problems

Experiencing social pain when rejected or being socially disconnected in some way

Leaving or escaping from difficult communication situations

Avoiding such social situations in the future

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Objectives

Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.

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Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

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10 – Hearing Loss and Stress

There are prewired physiological and psychological reactions to threat or danger that prepare people to take action to deal with the situation. Emotional arousal is a major component of the reactions to threatening or dangerous events. This arousal is a major component of the body's built-in adaptive resources that allow an individual to take action to deal with the threat." Emotional arousal involves neurotransmitter secretions and hormonal reactions that mobilize the body's resources. In the short-term these reactions are useful and beneficial, but when emotional arousal is too intense or prolonged, cognitive functioning is interrupted and the integrity of the body is damaged, leading to health problems.

Normal Arousal and Stress

In normal day-to-day functioning people usually go through many cycles of:

Arousal – the body's preparation to take some type of action

Relaxation – the body's return to a state of rest

The balance between the two is known as *homeostasis*, *equilibrium* or *coherence*. When emotional arousal becomes unduly frequent or intense and unmanageable, and there is not a fairly rapid return to the body and mind resting baseline functioning, we are in state of stress. Stress arises in response to external situations and events and also in response to internal emotional and cognitive processes, e. g., memories, attitudes and beliefs, which may persist in the absence of any external stimulus.

Some frequent causes of stress are conflicting demands, time pressure, and adverse social situations. In regard to the latter, intra-familial abuse or neglect is increasingly recognized as producing complex posttraumatic syndromes, which involve chronic emotional dysregulation, destructive behavior against self and others, learning disabilities, mental health problems, physical health problems, and distortions in concepts about self and others.

Two major aspects of functioning to consider related to stress are the immediate reactions to stress, and the storage and retrieval of memories relevant to stressful situations. In regard to the social pain resulting from some form of rejection or social disconnect the emotional reaction can be experienced at the same magnitude by:

The specific event that produces it

Remembering an event that produced it

Anticipating an upcoming event that might produce it

People who have hearing loss are at risk for experiencing all three of these triggers of emotional reactivity. A major challenge for service providers is finding ways to reduce the emotional reactivity — anger, anxiety, depression — that accompanies intense or prolonged social pain experienced by their consumers or patients. The distress produced by some form of alienation motivates people to escape from or avoid getting into

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situations that are associated with it. Withdrawal in any form precludes the person's ability to practice effective communication tactics and strategies that, in the longer run, prevent or reduce the experience of social pain and the accompanying emotional arousal. Additionally, high emotional arousal interferes with the verbal areas of the left hemisphere of the brain, causing difficulty in thinking clearly, making decisions, planning a course of action and otherwise using good judgment.

VR Professional Questions

Why provide hearing aids and other assistive listening devices and why train a consumer to pinpoint the causes of communication breakdowns and offer solutions for them if that consumer becomes so upset in social situations that she/he can't effectively use them? Why provide the technology and training to a consumer who has become so emotionally reactive in social encounters that she/he regularly avoids social situations? Might it not be better to address the emotional arousal first?

VR Professional Solutions

It is important, then, to assess the level of emotional arousal experienced by consumers who have hearing loss when they are in difficult communication situations. The Ida Dilemma Game can be a useful model for getting a general sense of a consumer's emotional reactivity to situations that depict someone with hearing loss having a communication difficulty. The VR professional might develop one or two relevant employment situations and ask the consumer to talk about his reactions to the situations and how he would handle it. It is also very useful to have consumers recount recent situations in which they experienced some form of social difficulty resulting from hearing loss-related problems.

In this regard, there is benefit gained by conducting groups of consumers who have hearing loss and, when possible, their communication partners. One of the major benefits of conducting groups is that participants' emotional reactivity usually becomes evident during sessions and can be addressed immediately by offering strategies for reducing communication problems and discussing strategies for managing emotional arousal.

In any case it is necessary to inform consumers about the relationship between emotional arousal and physical health and cognitive functioning. Effective management of emotional reactivity involves:

Pinpointing aspects of situations that produce stress reactions involves noting the specific features of a situation that produced the distress, such as what another person was saying or doing (or not saying or doing) and/or what environmental factors led to the reaction.

Pinpointing the physical reactions to stressful situations, such as where in the body the consumer feels the reaction and the sequence of physical signs — what appears first, second, etc. It is often easier to short-circuit a full-blown emotional reaction when it first starts than when it has reached a higher level.

Pinpointing emotional reactivity to stressful situations involves knowing what one is feeling at a particular time. Some people have difficulty sorting out their feelings and require some questioning and focus of attention on their experience during and after stressful situations.

Reducing emotional reactivity first requires the information in items one through three above. Then there are a variety of approaches that are found to be useful, such as, deep breathing procedures, deep muscle relaxation, yoga, meditation, tai chi, biofeedback, and regular physical exercise. Each of these methods requires practice over time during which the person is not experiencing distress. With calm practice over time, the person's baseline of emotional reactivity shifts so that when experiencing stress the level of reactivity is reduced.

There are also a variety of questionnaires that assess anger, anxiety, depression, shame and other emotional experiences. These are relatively easy to administer and score and do not require a lot of time, but in some instances, their use may require a referral to a qualified mental health professional. In addition, if emotional reactivity appears to be an issue that interferes with rehabilitation in a major way, a referral to a mental health provider may be helpful to determine the best course of treatment.

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Objectives

Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.

Counselors will be able to list 5 causes of communication breakdowns for each of the following: Speakers, Environment, and Listener.

Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

Counselors will be able to briefly discuss the origins and effects of *social pain*.

Counselors will be able to list six each guidelines for effective communication for Speakers and for Listeners.

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11 – Social Pain

Recent research has uncovered important information about a built-in, inherited type of pain that has survival value — social pain. Social pain is experienced when we encounter something in a situation that signals social injury, i.e., that we are losing our attachment to another person or group or that a relationship is somehow being weakened.

Some causes of social pain are being or feeling rejected, ostracized, excluded, devalued or undermined. We can experience social pain when it seems that others show disinterest in us or there seems to be a loss of intimacy in a relationship. Hostility and frequent conflict are more obvious signs of social injury. Each of these forms of harm, loss or threat to social connection or closeness to others is experienced as distress. Essentially, social pain occurs when we sense, for whatever reason, a loss of connection to another person or group that is important to us.

We are born with built-in, automatic, psychological and physiological responses that are helpful in dealing with the immediate threat to our physical self. These brain mechanisms that mediate the experience of physical pain are fundamentally the same for most mammals that have been studied indicating its basic survival value. That is, those creatures who were more sensitive to pain and who were more able to do something to stop the pain and then later avoid experiencing it again were more likely to live long enough to reproduce and pass on their genes. Recent neurological research indicates that some of the same brain mechanisms that mediate physical pain also mediate social pain.

The distress caused by social pain motivates the sufferer to escape from or avoid getting into situations in which it is experienced. That is the short-term benefit of escape and avoidance behaviors. However, while avoiding situations that have produced social pain in the past may have short-term benefits, e.g., reduction of fear or anxiety, the longer-term social and emotional costs of self-isolating may far outweigh those benefits. The cure, in this case, is often worse than the disease. Loneliness, boredom anxiety and depression are often the result of isolating oneself from social situations. Sometimes, the result is increased mental health problems such as anxiety and depression and increased health risks resulting in increase in illness and earlier death.

Developmental Issues and Major Life-Tasks

It is important that consumers have information on hearing loss as a communication disorder in order to increase awareness of the reported problems and concerns that are risk factors related to hearing loss. Then, they are better able to anticipate and successfully deal with such problems should they arise. It is also helpful in reducing a tendency to self-blame for being personally inadequate or inept in social situations when a difficulty arises—it is a problem for many people who have hearing loss, not just *my* problem.

All this previously discussed information is important to convey to consumers. However, they need additional information about strategies and tactics for preventing or reducing the kinds of problems and reactions that have been presented to this point. In order to effectively manage hearing loss people who have hearing loss and their communication partners need to learn how to do two things:

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1. Manage communication situations by:

A. Knowing what to do to prevent or reduce communication problems

B. Being able to do it effectively by facilitating cooperation from others

However, even when consumers do everything correctly in communication situations, they are not always successful because sometimes other people don't cooperate and some environmental conditions can't be altered. When those situations are encountered, it is helpful to have the ability to regulate one's level of emotional arousal.

2. Manage emotional arousal by:

A. Recognizing its physiological and psychosocial signs and effects

B. Practicing procedures for preventing or reducing high emotional arousal

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Objectives

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12 – Hearing Loss Journey

Those who have hearing loss vary in terms of how long they have been aware of their hearing loss and what steps they have taken to deal with it. Some people are only in the beginning stages of recognizing that there may be a hearing problem, while at another extreme are those who have been wearing hearing aids for many years—successfully or unsuccessfully.

What people are ready to accept in terms of information, advice, and hearing aids or other helpful equipment depends largely on where they are along their hearing loss journey. Those people who have only recently become aware of the presence of their hearing loss may or may not be ready to take steps to deal with the condition. They may, at that time, be more in need of information and support until they are ready to take action to deal with the hearing loss.

Other people who have known they have a hearing problem for a few or, in some cases, many years may have what they believe are valid reasons for failing to take action, e.g. they don't have their hearing tested, don't inform others about their hearing difficulties, or inform them about what to do differently to be understood, and don't acquire or wear hearing aids.

Some people have acquired a great deal of information about hearing loss and others know virtually nothing about it. Usually, a person needs some basic information, advice and attitude adjustment before they are ready to get an assessment or invest in equipment. This applies to both the person who has the hearing loss and to communication partners at home and at work.

The circle is useful tool adopted by the Ida Institute to help locate just where consumers are located along their hearing loss journey.

At each step along the journey — pre-contemplation, contemplation, etc. — there are suggestions for what might be most helpful to the consumer, such as education/information, advice, etc. People who are newly diagnosed are usually at the early stages and need information and support. Some people who have been using hearing aids for years but have not achieved satisfaction with the results of wearing them may need to go back through the various stages, acquiring more information, support, and probably, an attitude adjustment.

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Objectives

Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.

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13 – Guidelines for Effective Communication

There are a number of things that people can do to prevent or reduce those communication problems that often result from hearing loss. Most people are unaware of the effects of their communication behavior on another person's ability to understand what is being said. Most of us are more interested in *what* we are saying than in *how* we are saying it. As a result, many of us develop life-long communication habits that may not work very well when a hearing loss is present. Some of these life-long communication habits can be quite difficult to break.

The first essential step in establishing effective communication behavior is increasing awareness of what needs to be done differently. There are 12 guidelines for the person who is talking and 12 guidelines for the person who is listening. When these guidelines or rules are followed, communication difficulties decrease dramatically.

Speaker (Communication Partner) Guidelines

- Pick the best spot to communicate
- Get the listener's attention before talking
- Be sure your face can be clearly seen
- Do not have objects in your mouth
- Speak slowly and clearly
- Rephrase (use different words) if you are not understood
- Inform listener when changing subject
- Don't shout
- Try to be patient, calm and relaxed
- Speak to, not about, the person who is hard of hearing
- Use facial expressions and gestures, but don't exaggerate them
- Ask the listener for tips to improve communication

Listener (Person with Hearing Loss) Guidelines

- Practice relaxation skills beforehand
- Pick the best spot to communicate
- Anticipate difficult situation-plan ahead
- Inform others how best to talk to you
- Pay attention to the speaker
- Look for visual cues of what is said

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- Do not bluff
- Inform the speaker about what you heard
- Reinforce speaker's helpful communication
- Set realistic goals for understanding
- Ask for key words in writing if needed
- Balance your needs with those of others
- Arrange for breaks if meetings are long to avoid fatigue

Two Factors to Consider

Does the person need to learn what to do?

Many people have to learn the essentials of effective communication behaviors. This learning requires specific information about what to do to improve understanding of what is being said. In order for them to perform effectively however, they need two additional things: the opportunity to practice doing the required behaviors and feedback about how well they do it. Learning to effectively perform any new behavior requires both practice and feedback.

Does the person need permission to do it?

We have found that sometimes, a person knows what to do to prevent or reduce communication problems, but does not do it for fear of being impolite or of being judged as socially unacceptable in some way. In such cases the person may need permission to do what needs to be done in order to understand what is being said.

For example, one woman who has a severe hearing loss had gone to a dinner party for several members of her woman's group at friend's house. She reported having been unable to follow the conversation around the dinner table due to large bouquets of flowers on the table that obstructed her view of the other women's faces and due to music from a stereo that interfered with her ability to understand what they were saying. When asked why she didn't request to have the flowers moved and the music turned down or off, she replied, "Oh, that wouldn't be acceptable; it would hurt the hostess's feelings." Then, when asked if having others frequently repeat what they were saying or pretending to understand when she, in fact didn't understand were more socially acceptable, she came to realize that efforts to improve communication really are more beneficial to everyone involved, than is remaining silent and failing to understand most of what the others are saying.

Being able to inform other people about what they need to change in order to be understood really requires that they know about the presence of the hearing loss. Otherwise, if someone, for example, is asked to come to where the listener is located before beginning to talk, the person speaking, not having a valid reason for complying with the request, may simply refuse to cooperate. So, it is usually to the benefit of the person who has hearing loss to inform others about its presence. Otherwise, they might misinterpret misunderstandings and mistakes that are made as being due to something else.

The Risk of Not Informing Others of Your Hearing Loss

The person might be labeled as being

- Unfriendly/alooof for not responding or interacting
- Incompetent for misunderstanding and making mistakes
- Lazy/dodging responsibility for not carrying out requests
- Uncooperative for failing to respond to requests/comments
- Stupid/having low intelligence for misunderstanding and making mistakes
- Weird/having personality or personal problems for avoiding social interactions

Boorish/without social skills for misunderstanding and inappropriately responding

It is better for consumers when people know that they have a hearing loss than to think any of the other things listed above about them. It is also important that consumers are able to inform others about their hearing loss in a way that is not impolite, self-demeaning or offensive.

When informing others, try to avoid

Being apologetic

Putting yourself down

Being impolite

Being sarcastic

Expressing anger

Guilt tripping

Being defensive

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Objectives

Counselors will be able to list 10 problems each for people who have hearing loss and for their communication partners.

Counselors will be able to list 5 causes of communication breakdowns for each of the following: Speakers, Environment, and Listener.

Counselors will be able to briefly discuss the hearing aid, lip reading, and sign language is for everyone myths/misconceptions.

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14 – Client Group Benefits

The Benefits of Consumer Groups

Learning how to do all of this effectively requires:

- Consumers informing others that they have a hearing loss
- Informing them about what to do to be understood (follow the guidelines)
- Reminding them when they forget to follow the guidelines
- Modeling the communication behavior consumers want from them
- Reinforcing their communication efforts in their behalf
- Relaxing and maintaining their composure in difficult situations

Learning how to do all of this effectively requires:

- Knowing what to do
- Lots of practice in doing it
- Receiving feedback about the adequacy of the performance

A consumer group format is the most effective and efficient way to accomplish all of this.

There are many situations related to hearing loss that require a person who is hard of hearing and/or his/her communication partner to respond effectively on the spot. Many times the most effective responses are not in people's behavioral repertoire, and they need to be taught and practiced with feedback provided. The key ingredient is practice, practice, practice. The major benefits of seeing consumers in a group are that:

The consumers have the opportunity to practice effective communication behavior in a safe environment with peers whose experiences are similar.

The VR professional has the opportunity to directly observe and provide feedback about their communication behaviors. This provides opportunity to pinpoint and correct ineffective communication behavior as it occurs, resulting in rapid and lasting positive communication behavior changes.

It is recommended that, whenever possible, communication partners be included in the groups.

Group format provides opportunity for consumers to:

- Discuss the variety of hearing loss-related problems that members experience.
- Learn about hearing loss-related problems and concerns experienced by their communication partners.

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Learn about hearing loss-related problem solutions reported by other members and their communication partners.

Learn the variety of causes of communication breakdowns—speaker, listener and environmental.

Learn and practice effective communication behaviors.

Learn to anticipate difficult communication situations and to plan strategies for preventing/reducing them.

Learn about and practice using assistive listening devices.

Practice effective communication behavior outside of the group (via homework assignments) and receive support and feedback from other group members and the VR professional.

Learn that it is socially permissible to ask others to alter their communication behavior in order to facilitate understanding what is being said.

Develop a network of people who understand and share their major issues.

Learn about community services or agencies that provide useful support and information.

Potential benefits for VR professionals of conducting groups include:

Observe communication behavior problems and issues as they occur.

Pinpoint the causes of observed communication breakdowns.

Immediately offer suggestions to improve communication behavior.

Opportunity to provide feedback to consumers and their communication partners about the adequacy of their communication efforts.

Learn about the variety of problems experienced by their consumers and their communication partners.

Provide homework experiences to generalize the benefits of behavior changes occurring in the group.

Trouble-shoot difficulties experienced by consumers when doing the homework assignments.

Gain practice in the effective use of a variety of assisted listening devices.

Increase skills in conducting corrective communication experiences, i.e., pinpointing problem causes, suggesting more effective communication behaviors, and providing feedback on the adequacy of the performance.

Another benefit of seeing consumers in groups occurs when consumer's and their communication partners learn and understand the variety of causes of communication difficulties, they often stop or curtail blaming the hearing aids for many of the continuing communication problems they experience. One result has been a decrease in the return rate of hearing aids when such programs have been offered.

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Objectives

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15 – Who Assessment

People who have hearing loss are those who:

- Have some level of residual hearing
- Do not rely on sign language for communication
- Have a severity of hearing loss varying from mild to profound
- All of the above

People who have hearing loss may:

- Fail to respond to what is said
- Make inappropriate response to what is said
- Avoid social situations
- All of the above

Reasons why people fail to take action in dealing with their loss include:

- Don't know they have hearing loss
- Don't relate their problems to the hearing loss
- Don't have the necessary resources
- All of the above

Major problems associated with hearing loss are:

- Not understanding what is said
- Misunderstanding what is said
- A and B
- None of these

A useful tool for determining the number and quality of communication partners a client has is the:

- The Line
- The Box
- The Communication Rings
- The Patient's Journey

Which of the following is **not** a problem reported by people who have hearing loss?

- Hearing alarm signals
- Can't see the speaker's face
- Having to interpret too frequently
- Several people talking at the same time

Which of the following is not a Speaker factor in causing communication problems?

- Severity of hearing loss
- Talks too softly

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Has distracting mannerisms
Does not get listener's attention

Reactions to communication problems may include any of the following:

Physical
Behavioral
Emotional
All of these

Which of the following is **not** a guideline for effective communication:

Get listener's attention before speaking
Shout if not understood
Inform listener if changing the subject
Use facial expressions and gestures

_____ is a term sometimes used when describing a person who has less than normal hearing, but is not sufficiently descriptive and should be avoided.

Profound hearing loss
Conductive hearing loss
Hearing impaired
Culturally deaf

It is estimated that approximately _____ people in the United States have some form of less than normal hearing.

100,000
750,000
10 million
33 million

Communication partners are:

Spouses, parents, children
Extended family members
Friends, coworkers
Whoever the person with hearing loss is talking to

Which of the following is not a major risk or issue for people who have hearing loss?

Loss of dexterity necessary for using assistive technology
Loss of feeling competent
Loss of feeling acceptable to other people
Loss of the sense of influence or control over the environment

Which of the following is not an environmental factor contributing to communication breakdowns?

Severity of hearing loss
Poor seating arrangement
Poor acoustics
Speaker covers face while talking

Which of the following is not an emotional reaction to communication breakdowns?

Anger
Fatigue
Anxiety
Guilt

Which of the following is not a behavioral reaction to communication difficulties?

Bluffing
Hard to focus attention
Dominating conversations
Blaming