

Hearing Health

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The *Hearing & Overall Health* Issue

Caring for your hearing is a vital part of physical and mental health



Q: What Is the Medically Necessary Part of Hearing Health That Is Rarely Provided?

A: Auditory Rehabilitation

By Nicole Laffan, Au.D., M.S., CCC-A/SLP

Believe it or not, I tell my patients who have been diagnosed with hearing loss that spending thousands of dollars on amplification is not enough. Hearing technology (e.g., hearing aids, middle ear implants, cochlear implants) may fix the measurement of hearing loss on paper, but it does not fix your ability to successfully communicate.

Auditory (aural) rehabilitation, paired with properly fit amplification, does. Auditory rehabilitation is a medically necessary part of hearing health. Unfortunately, most patients do not receive it.

Auditory rehab is therapeutic training that focuses on eliminating or minimizing communication difficulties by teaching the listener vital skills to communicate. We are communicative beings. Without communication we lose the connection with our world, our family, our friends, and our work. Communication gives us a purpose. Auditory rehab is the missing piece for improving the ability to communicate, with or without amplification.

Successful communication can be compared to playing a game of catch. In a communication exchange there is a sender of the message (the speaker) and a receiver of the message (the listener). In a game of catch, there is a thrower and a catcher. Both the thrower and the catcher are required to work together to make the game thrive. If the thrower tosses the ball without gaining the catcher's attention, making sure the catcher is ready, or throwing it within the adequate distance, then the ball will not be caught.

Likewise, if the speaker fails to gain the listener's attention, does not wait until the listener is ready (for example, until they've turned the television down), or is not within an

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adequate distance, such as facing each other in the same room, then the message will not be caught and the ball—the message—will be dropped.

Although auditory rehab is developed to coach the individual with hearing loss, it also guides their loved ones as well. Often the burden is placed on the listener to catch every message, even the ones that were shared as the speaker turned away from the listener, spoken as they were doing the dishes with the water running and the silverware clanking, or shouted from another floor of the house, etc.

When the speaker learns simple tips and has opportunities to practice them and problem solve common issues, then positive communication changes blossom.

For the listener, auditory rehab focuses on improving their ability to use lipreading/speechreading skills, anticipatory strategies, environmental modifications, techniques to advocate for themselves, and repair strategies for when communication breakdowns occur. The listener is encouraged to work like a detective, analyzing the message from multiple modes: hearing, vision, cognition, and experience. This encourages the listener to play an active role in receiving the message. If they rely solely on the auditory message, without using other cues, then they are choosing to be a passive player waiting for the broken message and hoping they catch it correctly.

I use the term “broken message” because many listeners have poor discrimination abilities. This means that even when the auditory signal is loud enough, the speech signal is still distorted. With auditory rehabilitation, the listener learns not to rely only on the auditory message. Instead,

the listener is taught to pull all the puzzle pieces together to solve the mystery message. This involves pairing what they heard, with the visual information they received from speechreading, with the knowledge they have regarding the topic and the speaker, and with their life experiences to guess what vocabulary words may be used in the context of the communication exchange.

Learning these skills allows the patient to feel empowered to take control of communicative interactions and to repair breakdowns. People with hearing loss who feel empowered are more apt to participate in life. This is because those who avoid social exchanges due to their untreated hearing loss are more likely to experience depression, anxiety, and dementia.

As an audiologist and a speech language pathologist who has been practicing for over 20 years, I always encourage patients to participate in auditory rehabilitation. It is an essential part of treating hearing loss but is rarely offered.

With support from Northeastern University, I developed a *free-of-charge* auditory rehabilitation program. Sessions are offered virtually or in-person at the Northeastern University Speech, Language, and Hearing Center in Boston. Individuals with hearing loss and their loved ones are welcome to join the sessions to start learning techniques to take control of their communication challenges and start participating in life.

So if auditory rehab is the missing link of hearing health that allows the amplification user to fully benefit from their amplification technology, why is it hardly ever

10 Tips for Effective Communication

“How to Talk to People With Hearing Loss” is the book I recommend most to patients with hearing loss and their family members. It is a practical, cohesive guide full of valuable tips. The authors impressively share information about hearing loss in an uncomplicated manner. Not only does it share empowering strategies for the listener, but it also enhances their communication partners’ understanding of the challenges the listener faces and the simple adjustments the speaker can implement to make the communication exchange successful.

I reference it weekly, especially the chapter “10 Tips for Effective Communication,” when I host complimentary auditory rehab training sessions as part of the Better Listening Program at Northeastern University in Boston.

I encourage patients to use all methods such as auditory, visual, knowledge about the topic and speaker, and context clues to put the puzzle together and form the most educated guess regarding what might have been said. The book illustrates this idea and teaches how to navigate the most common challenges associated with hearing loss.

Here are the tips:

1. Get my attention before you start speaking to me.
2. Speak slowly and clearly. A moderate pace works best.
3. Look at me, take your hands away from your mouth, and don’t exaggerate your pronunciation.
4. Don’t raise your voice too loud; moderately loud is best.
5. If you are going to change the topic, tell me.
6. If I do not hear you the first time, repeat with different words. Don’t say the same word I did not hear over and over again.
7. Try to limit or avoid background noise. I do not hear well in noisy environments.
8. Talk to me on the side of my better ear.
9. Gestures help me, but don’t be too extreme.
10. Hearing under adverse conditions can be exhausting. Sometimes, I need a break.

The book adds essential context to these tips, so they can be applied with full effect. —N.L.

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provided? The answer is simple: Insurance companies do not cover it, so audiologists do not provide it. Some insurance companies reimburse speech language pathologists for providing auditory rehab, but the patient frequently isn’t told about the benefits or cannot find a speech language pathologist who provides it. This needs to change! —



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