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Why you should have a hearing therapist

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There are approximately 10,000,000 hearing-impaired people in the UK, of whom the majority are suffering from acquired deafness. Whilst the needs of those with a congenital or prelingual loss are relatively well catered for, the needs of the ever-growing numbers of adults with an acquired hearing loss are still far from fulfilled.

In September 1974, a sub-committee of the Secretary of State's Advisory Committee on Services for Hearing Impaired People (ACSHIP) was set up. Its aim was to consider the rehabilitation needs of the adult hearing impaired, with particular reference to the role of the NHS—and to make recommendations. The ACSHIP report was published the following year, and expressed grave concern at the lack of services available. The report recommended that, in order to bridge the gap which their investigations had highlighted, a new profession should be created within the NHS, to be called Hearing Therapy.

The Secretary of State accepted the findings of the report, and a one year intensive training course was set up at the City Lit Centre for the Deaf in London's Holborn. The course's first intake was in September 1978. Eight years on, there are now 63 Hearing Therapists in post, and a further 12 currently training. The reports submitted to the DHSS at the time of ACSHIP recommended that 200–300 Hearing Therapists would be required to provide a basic rehabilitative service, and a figure of 600–700 if a more comprehensive service were to be offered. In a survey by the British Association of Otolaryngologists, it was estimated that about one in every four adults deafened by a sensorineural hearing loss was likely to require the services of a Hearing Therapist. This figure has been corroborated by similar surveys carried out in European countries where the rehabilitation services are well developed.

For the person with an acquired hearing loss, communication becomes increasingly difficult. Speech sounds are blurred, and half-heard comments are treated with suspicion, or ignored. Frustration, depression and feelings of inadequacy are commonplace, and the Hearing World becomes increasingly difficult to cope with. So what can the Hearing Therapist do?

The role of the Hearing Therapist includes:

1. An assessment of the rehabilitative needs of the hearing-impaired person, by:
   i. Assessing his residual hearing and the further use which can be made of it.
   ii. Assessing his lip-reading ability.
   iii. Assessing his 'communication lifestyle'—(the communication needs of a young executive will differ from those of a housebound pensioner).
2. The formulation of a programme designed to maximise the patient's ability to communicate; instructing the patient and his family in communication skills, including the use of hearing aids, environmental aids, lip-reading, auditory training and hearing strategies.
3. The provision of information and help concerning aural rehabilitation to the general public, professional and non-professional groups, and counselling for the patient and his family.
4. Working single-handed as a member of a multi-disciplinary team which will include clinical and social work staff, in hospital, community and domiciliary situations.

In order to make suitable referrals, it is important that clinical staff have an idea of the kind of patients who would benefit from Hearing Therapy. This is intended as a guide, and is by no means inflexible.

Patients without a hearing aid,

i.e. too small a loss to benefit from a hearing aid; too great a loss to benefit from a hearing aid; suddenly-deafened people;
those who cannot, or will not, wear an aid.

Patients with an aid but experiencing problems,

i.e. Physical problems—cannot manipulate, fit or operate the aid;
Psychological problems—cannot accept the prosthesis, or do not feel that they need an aid;
Acoustic problems—background noise, echo, etc.

Patients whose home, work or social environment could be improved by (e.g.)

Telephone Aids, TV adaptors. Visual Alarm systems, etc.

Patients whose needs are not fully appreciated by their families and whose situation could be improved by discussion between themselves, their families and the Hearing Therapist.

Patients who have become deafened and have no useful residual hearing.

Patients suffering from troublesome tinnitus.

Good aural rehabilitation, given at the right time, can prevent a hearing impairment from becoming a major handicap. It can prevent with withdrawal of the hearing impaired person from his social, domestic and occupational roles, and all that this withdrawal would imply. Implications such as practical, financial and domestic

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pressures; premature retirement from a job, or expensive retraining; persuading an employer to take on a 'disabled' employee; stress-related health problems, often complicated and expensive to treat; and health care itself becomes very difficult and time-consuming if communication is poor, or if the Patient has suffered social and/or emotional withdrawal.

In some cases, successful rehabilitation can mean the difference between complete independence of the individual, and the increased involvement of health care and social work staff. On the other hand, where such staff are necessarily involved with a hearing impaired person, their task can be made much easier with the appropriate training and guidance in communication by the Hearing Therapist.

There is also the all too common 'Hearing-Aid-In-Top-Drawer' syndrome, where the hearing aid is not being used at all. This can often be prevented or rectified by suitable assessment or counselling, so that a hearing aid, and the time spent examining, referring and fitting the patient, have not been wasted.

Most Consultants are aware of the help that is available for hearing-impaired people, both in terms of environmental aids (TV, telephone, doorbell, alarms, for example) and in terms of other agencies (Speech Therapy for voice conservation, Social Work for provision of aids, Disabled Resettlement Officer for job advice, Voluntary Services Organiser for long-term visiting, and Statutory and Charitable bodies like the RNID, BAHOH, Link Centre). However, the Consultant may not have the time, the contacts, or the up-to-date information needed to make full use of the resources available. The Hearing Therapist can and will make these contacts, and will co-ordinate the different agencies involved in a particular case, whilst keeping in touch with the patient himself and informing the Consultant of developments.

Hearing Therapy, like the other therapeutic professions, is concerned with quality of life. Accident victims have Physiotherapy, stroke victims have Speech Therapy and the disabled have Occupational Therapy; so why should the hearing impaired be denied Hearing Therapy?

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