Hearing Loss Association of America

POLICY STATEMENT

Group Hearing Aid Orientation Programs

The decision to purchase one or more hearing aids is not one that hearing aid users take lightly. Beyond the specifics of where to go and what unit to buy, they have had to first accept the reality of their own hearing impairments. For many people, this is a difficult period in their lives and they need all the help, information, guidance and support that they can get. While hard of hearing people are quite aware that they have trouble hearing, they may still not be fully cognizant of the total impact of the hearing loss on their lives. Many hearing aid users expect more from the hearing aid than is realistically possible, while others may not be deriving as much benefit as it can confer (e.g. the telephone coil as an assistive listening device).

During the course of the hearing aid selection process and several follow-up appointments, the vast majority of hearing aid dispensers will make a sincere effort to respond to their client's informational needs. The reality is, however, that much of this information will be incompletely understood or retained by the hearing aid user. Additionally, there are inherent limitations in the effectiveness of the one-on-one dispenser-client relationship. There are some areas of need that can best be met in a group setting, where people with hearing losses have an opportunity to learn and share with others who have similar problems; in other words, the interchanges occurring in a group offer advantages and possibilities that cannot be met in individual follow-up appointments. The effectiveness of group hearing aid orientation programs have been repeatedly demonstrated in studies which compared hearing aid satisfaction and use by people who have been enrolled in such programs as opposed to those who were not. These programs should be designed to supplement, and not supplant, individual hearing aid follow-up appointments (although they may help reduce the frequency of unscheduled "drop-ins" as well as the incidence of hearing aid returns).

It is the position of the Hearing Loss Association of America that people who purchase a hearing aid should have an opportunity to participate in a group hearing aid orientation program. Typically, these programs schedule weekly 1 to 2 hours meetings for about 4 to 6 weeks. While the specific content and outline may vary, the intent must be to provide sufficient time for both an instructional component and for the emergence of group exchanges.

Examples of the content in the instructional component would be:

1. types of hearing losses,
2. understanding the audiogram,
3. troubleshooting and effectively using hearing aids,
4. hearing assistive technologies other than hearing aids,
5. introduction to speechreading and auditory re-learning,

6. coping and conversational repair strategies,
7. and the implications of the ADA for hearing-impaired people.

The goals in the group meetings would be to help hearing aid users to:

1. understand that their experiences are not unique,
2. share their concerns, problems, and solutions with the other members in the group,
3. provide mutual support in adopting a more "assertive" communication style
4. relate their perception of the views of "others" (family, friends, employers, co-workers, etc.) to their hearing losses, and
5. to lay the groundwork for a more optimistic view of the future.

Since hearing loss is a family affair, the participation of hearing relatives and friends should be encouraged. We also recommend that local members of HLAA be brought into the group as resource people. Not only can they serve as role models, but they can demonstrate that HLAA can be a significant ongoing personal resource after the completion of the group program.

We are not suggesting that every hard of hearing person be obliged to enroll in a group hearing aid orientation program subsequent to the hearing aid dispensing process. Furthermore, while the intent of this position paper is to assert the value of group hearing aid orientation programs for hearing-impaired people, we are also not suggesting that hearing aid dispensers conform to any specific content or model. The professional literature is replete with this kind of material. We are recommending that hearing aid dispensers make such programs available to their clients and that they encourage participation in them. Those conducting the programs should be sensitive to any indication that a participant may require additional services, such psychological counseling, intensive communication therapy, vocational rehabilitation, or a specific assistive device and make the necessary referral. It is our judgment that the audiologists and hearing aid dispensers who offer this service are displaying higher standards of professional conduct than those who do not.