

# How it All Began!

## *Origins of the Living Well with Hearing Loss Program*

By Sam Trychin

**Almost three decades ago psychologist Sam Trychin brought people with hearing loss together to talk about the problems they faced. He admits he essentially knew little or nothing about his own hearing loss or its effects on his life.**

**Dr. Trychin, along with a group of frustrated but motivated people with hearing loss and their families, began to search for new ways to solve the issues. Born out of these first group sessions and our members, was a cataloging of coping strategies and anecdotal evidence as a basis for what many know today as the Living with Hearing Loss Program.**

**As part of our cover feature on the Trychins we asked Sam to talk about how the program began and to note some of the insights that came out of his work over the past 28 years.**

I received my first hearing aid at the Walter Reed Army Hospital in April 1953, completed my four-year enlistment in 1955, and started college in 1956. I earned three degrees between 1956 and I graduated in 1968 with a Ph.D. in psychology. During that 12-year period, I saw or heard nothing related to hearing loss and its psychosocial effects. I only began to learn about these effects of hearing loss on my own life when I started to work with other people who have hearing loss and their communication partners. The following is how that happened.

I accepted a faculty position in the psychology department at Gallaudet University in 1981 and was teaching stress management classes to students and staff in the evenings. Someone told me about Self Help for Hard of Hearing People (SHHH), as HLAA was known at that time, and I made an appointment to meet with Rocky Stone, founder and executive director at their national office in Bethesda, Maryland. During our talk, Rocky suggested that I conduct a stress management class for staff and volunteers there.

### **Program History**

Ten people signed up for the class; some had hearing loss, some were hearing communication partners with normal hearing, and one woman was deaf. We agreed to meet for a two-hour session once a week for eight weeks. During each session, we sat around a table and discussed problems and concerns we were experiencing related to hearing loss. Group members shared what they had done that successfully prevented or reduced communication and other hassles related to hearing loss.

At the end of the first eight weeks, everyone voted to continue for another eight weeks, and then, another eight weeks. Altogether, we met for 32 weeks. After about 10 weeks into the program, other folks from elsewhere in Maryland heard about what we were doing and requested a similar group

in Baltimore. We followed the same format, and that group met weekly for 26 weeks. We found that the basic issues, concerns, and problems were highly similar for both groups.

The procedure that we developed started with a group member identifying a recent problem related to hearing loss. Having difficulty understanding people in a restaurant or in business meetings, being left out of the conversation during family gatherings, and making mistakes at work due to misunderstanding what a co-worker said were a few examples of the many problems reported.

Then the person who had experienced the problem would role-play exactly what had occurred in the situation, using group members to role-play any other people who had been involved in the situation. (Sometimes the experience was intense and there were strong emotions expressed, including tears.) We then brainstormed possible strategies that might prevent or reduce any future occurrence of that problem.

Then the person would role-play a corrected version of that situation using one of the suggestions that might prevent or reduce the problem in the future. After feeling comfortable with practicing the new way to deal with the problem, the person was asked to try out the new strategy in real-life situations during the next week and come back to report the results in the next group session. If the original

problem persisted, new brainstorming and new role-plays followed until an adequate solution to the problem was found.

Each session unearthed new issues and pointed to solutions that might be effective. This procedure might be a useful way to start HLAA Chapter meetings to get people talking and share experiences. Try the following steps:

- Pinpoint a communication or other problem related to hearing loss that a group member recently experienced
- Brainstorm possible solution
- Select the one or two most workable possible solutions
- Practice the new behaviors in the group session
- Try out the new behavior(s) in a real life situation
- Present the results to the group at the next meeting
- Troubleshoot the process if the results had been insufficient
- Test the new version(s) in real-life situations until success was achieved

### Lessons Learned

Some of the most important lessons learned were the following:

Most people knew little about hearing loss. Many had never discussed their hearing loss with their families, friends or co-workers, resulting in the fact that no one, hearing or not hearing, knew what the impact of hearing loss was on everyone.

This lack of mutual understanding produces an inability to deal with the effects of hearing loss in a positive way. Too often the results are hard feelings, damaged relationship and sometimes, isolation of the person with hearing loss, either self-imposed or other-imposed. In the case of hearing loss, ignorance is not bliss.

Bad habits damage relationships. Ignorance about effective accommodations for hearing loss often results in developing bad communication habits that often damage relationships and contribute to low self-esteem. Bluffing, pretending to understand when one

knows he or she is understanding what is being said, is a frequently-observed example of a bad communication habit. It's not a positive experience when the person talking discovers that the listener hasn't been understanding all along and hasn't said a thing to clarify anything.

Bad habits can have a payoff in the short term even they are harmful in the long term. For example, when I bluff, I don't have to acknowledge that I haven't understood, don't have to run the risk of asking you repeat, and most of all, I don't have to admit I have a hearing loss.

If I bluff frequently, however, people might begin to avoid me and I might begin to feel incompetent or lose trust in myself because I know I am not honest when talking with people.

Some people have practiced bluffing so frequently that their ability to pay attention to what is being said has eroded to the point where they have stopped trying. They might rely on a spouse or someone else to interpret for him or her in social situations.

Failure to inform people that one has a hearing loss is another bad habit that results in people thinking we are stupid, lazy, incompetent, or weird when we misunderstand and make mistakes or fail to do what has been requested.

The consequences of bad communication can be more damaging than the hearing loss itself. People with hearing loss often get caught in cycles that have long-term negative consequences. For example, relying

*continued on page 12*

## Hearing Loss 101: Homework

*By Sam Trychin*

Our sense of hearing provides information that helps us maintain our relationships with others. When someone speaks louder they might be angry or frightened. When people are tender or loving their voices often go softer. Loss of our hearing sense can leave us out of conversational clues and feeling tense, insecure, less confident and not in control. Some say hearing is the sense most needed more than vision because:

1. The brain's response to auditory input is faster than its response to visual input.
2. Hearing picks up information from 360° while vision misses signals that occur behind the person.
3. Hearing picks up signals that occur behind objects or around corners.
4. Hearing picks up signals while a person is sleeping, while vision is gone when the eyes are shut.

### Your Assignment

List the variety of things we can do to compensate for the loss of hearing and capitalize on our residual hearing under the following three categories:

- Technology/Assistive Listening Devices
- Communication Behavior/Strategies
- Emotional Reaction

I would love to see your answers, so please send them to me at [samtrychin@gmail.com](mailto:samtrychin@gmail.com). Your responses could make an interesting and helpful article. **HLM**

## The Importance of Communication

The reason communication is so important to us humans is that we are all primarily social beings. We are dependent on other people for basic survival for the first few years, if not a decade, of our lives and for many of us much longer than that. This survival dependency is at the root of our need for being part of a group of other human beings.

The need to belong to a social grouping is built into our genetic structure, and we react physically as well as emotionally to any threats of being cut off from other people. These emotional reactions do not initially occur at the conscious level, but are subconscious reactions and can be very powerful. Cutting oneself off from other people can produce major problems because of this inherited physical and emotional need for social contact, approval, and support.

People pay a heavy price for self-imposed isolation and so do their family members and friends who would otherwise enjoy their companionship. The price can be measured in terms of the negative physical consequences of cutting oneself off from social connections, missing out on interesting or educational experiences, and curtailing opportunities to experience personal achievement and satisfaction.” **HLM**

— Sam Trychin, Ph.D., psychologist  
with a hearing loss



## Living Well with Hearing Loss Program

*continued from page 11*

heavily on sustained visual attention in situations such as meetings at work, results in fatigue.

Fatigue erodes one’s ability to pay attention, thus less understanding of what is being said and more anxiety. When you recognize negative cycles, learn how to minimize the effects. For example, ask for breaks during meetings, request an assistive listening device, use CART, or cut your time short at a social event before it completely wears you out.

### Good News

I recorded what we were learning and put the material in several books (titles in parentheses below) to be helpful to others who live with hearing loss. First, we all learned what to do; i.e., to identify the causes of communication and relationship breakdowns that are related to hearing loss. Then, we learned and practiced a variety of possible ways to avoid or correct those problems (*Communication Rules*).

We also learned that our reactions—how we act or react—to communication and other problems either facilitates or interferes with problem identification and/or solution (*Did I Do That?*). We found that some hearing loss-related relationship problems have been ongoing for a long time and are difficult to correct without some instruction/training in conflict management (*Problem Solving in Families*).

We have to have a lot of patience when asking others to alter some aspect of their communication behavior to alter our own. We can manage situations in order to reduce or prevent communication breakdowns. We can manage ourselves—emotional, cognitive, behavior reactions—that often accompany situations when communication is

difficult. Anger, anxiety, depression, guilt, embarrassment and other emotional reactions will worsen the situation rather than improve it.

Finally, a most important thing we learned was that changing behavior, especially communication behavior, requires practice—often, lots of practice. Practice is easy to do in a group situation that meets on a regular and frequent basis (weekly is best). But practicing new behaviors is more difficult to do when attempting to make changes alone or with a communication partner. It benefits the person with hearing loss to approach situations in a relaxed, clearheaded state in order to be the best condition to think clearly and solve communication issues when they arise. For that reason I wrote a book to help people achieve positive results on their own (*Living with Hearing Loss: Workbook*).

### The Living Well with Hearing Loss Program Today

During the following years, I presented the results of what we had learned in most states in the U.S., many provinces of Canada, and cities in England, Wales and Denmark. I found that the problems and concerns related to hearing loss were the same no matter where people lived in the world.

We are fortunate to have participated in the worldwide training of audiologists through the Ida Institute of Copenhagen, Denmark ([Idainstitute.com](http://Idainstitute.com)). The information is now also available to vocational rehabilitation personnel through an online training program developed at the University of Arkansas Medical School in Little Rock. Learn more about the program at [vr4hearingloss.net](http://vr4hearingloss.net).

What we learned is now also available for the first time to mental health practitioners through an online training program produced at the DHHS Mental Health Program in Minneapolis and can be accessed

<http://registrations.dhs.state.mn.us/HearingLoss/>.

Currently, we are focusing efforts on providing information and programs to help people learn to manage the negative emotional arousal that often accompanies communication difficulties. Irritation/anger, anxiety/fear, and the blues/depression not only feel bad, but also interfere with judgment and problem-solving abilities and damage relationships. A good example of the kind of work we are including in this newer emphasis can be seen at [Heartmath.com](http://Heartmath.com).

Overall, what we have found is that people who have hearing loss and their communication partners need to be able to do two things in order to live well with hearing loss. First, they need to be able to manage communication situations. Second, they need to be able to manage themselves. Both of these require information about what to do and how to do it along with the opportunity to practice doing it while receiving feedback on how well it's done.

In closing, I invite you to try out some of the procedures described in this article and let me know what happens as a result. **HLM**

*Sam Trychin, Ph.D., is a licensed psychologist who is the HLAA professional advisor on mental health. Dr. Trychin has had hearing loss himself for many years and specializes in teaching strategies for improving communication for people who have hearing loss and their communication partners. He currently conducts such workshops and classes in Erie, Pennsylvania, and, by arrangement, throughout the United States and Canada. He lives in Harbor Creek, Pennsylvania, with his wife Janet Trychin, Au.D. and his hearing dog, Doris Eileen. He can be reached at [samtrychin@gmail.com](mailto:samtrychin@gmail.com) and readers can obtain books and DVDs he has produced at [www.trychin.com](http://www.trychin.com).*

## A Message from Doris the Hearing Dog

*Hello. My name is Doris Eileen Trychin. I am, by genes, a Staffordshire terrier born in Chula Vista, California, and I adopted Sam and Trychin (my dad and mom) when I was six weeks old. I was very sick and my former 'owner' put me out on the street to fend for myself.*

*I looked around, hoping for a loving home and selected Sam and Janet's house—good choice! They put me in the hospital, got me well, and made their home mine. They put me through two-and-a-half years training to become a hearing dog. Dog?? Are you kidding? I'm a member of the family and I help out because I love them and want Sam to be safe. Anyway, now I'm 16 years old next July, so it's been a long and wonderful journey for all of us, and we just want to keep it going as long as we can—I think I can speak for Sam and Janet as well as for myself.*

*Signed,*



*Doris Eileen*



## Doris Recommends

**Canine Companions for Independence (CCI)**  
[cci.org](http://cci.org)

**Dogs for the Deaf**  
[dogsforthe deaf.org](http://dogsforthe deaf.org)

**Sam Simon Foundation Hearing Dog Program**  
[samsimonfoundation.com](http://samsimonfoundation.com)

## Two Sisters Share Hearing Loss

**B**etty Bonvillian and Marjorie Boone combined their households after they retired. Marjorie at the time had a severe hearing loss. (Betty now also has a hearing loss and wears hearing aids.) They admit they argued over hearing loss... actually not the hearing loss itself but the consequences of it. They volunteered to be “guinea pigs” for the first coping with hearing loss classes in 1981 at the national office pioneered by Sam Trychin. Betty Bonvillian and Marjorie Boone live in Charlottesville, Virginia, and have been members for 34 years.

Marjorie (right) remembers: “Sam didn’t know himself what he was getting into. No one had ever talked about or thought about basic coping strategies and facing hearing loss head on.

Betty (left) remarked: “I was learning along with Marjorie. I learned basic things to make life bearable. For example it wasn’t easy after 65 years to have to start remembering to turn off the faucet when I talked to Marjorie. All of a sudden, ‘whammo!’ I had to do things differently.

Marjorie remembered: “I will never forget the group session where they landed on me hard for bluffing. Other people and Betty were angry with me because they never knew if I heard something or not. I gave wrong answers, I dominated and controlled conversations. These were my coping strategies in my career.

Sam started to codify the issues, writing about them in books, manuals and videos. What should have been common sense wasn’t—until Sam came along and revolutionized the term ‘coping strategies’ for people with hearing loss.” *HLM*



**“What should have been common sense wasn’t—until Sam came along and revolutionized the term ‘coping strategies’ for people with hearing loss.”**

—Marjorie Boone

### Discounts to HLAA Members on Living Well with Hearing Loss Program Materials

Sam Trychin is offering a special discount for HLAA members on his books and related DVDs that focus on issues discussed in this article.

### Special Package Rate

*Communication Rules, Did I Do That?* and *Problem Solving in Families* books, together with their accompanying DVD, are available for \$40 while supplies last (list price for this package is ordinarily \$100) at [www.trychin.com](http://www.trychin.com).

To order, send a check to Sam Trychin, 212 Cambridge Road, Erie, PA 16511.

## Online Learning

Registration is now open for the HLAA Hearing Loss Support Specialist Training (HLSST)

HLSST is an online, self-paced training program which provides core knowledge for individuals who work with people with hearing loss. The training consists of four classes with as many as fourteen lessons in each class. Lessons are composed of multiple readings and captioned videos. The classes are:

- Class I: Hearing Loss: The Basics
- Class II: Coping with Hearing Loss
- Class III: Hearing Assistive Technology and Services
- Class IV: Advocacy, Resources and the Law

You may register for one class at a time or register for the entire program at once for the discounted price of \$225. For complete details, tables of content, and registration information, visit [hearingloss.org/content/hlsst](http://hearingloss.org/content/hlsst).

Questions? Email Nancy Macklin at [nmacklin@hearingloss.org](mailto:nmacklin@hearingloss.org).



# A Love Story

## Audiologist Meets Psychologist

**E**ven as a student in audiology, I found I was most interested in my aural rehabilitation (AR) classes. I started dispensing hearing aids while I was still in school and found that I could immediately apply the material from AR, informing clients of suggestions to help difficult communication situations.

After graduation, I moved to Seattle. While my education was the foundation of my formal profession and my training in the field of audiology, my real career began when I met Sam Trychin at a week-long train-the-trainer class at the University of Washington, in 1991.

It was there in Sam's class that I found my life was completely changed! Sam was working in an outreach program sponsored by Gallaudet University. As I listened to him encourage attendees in the class to comply with group communication rules, I realized many of these rules were suggestions I would also make to clients.

In my office, I had a list of suggestions for partners to improve communication interactions. My first suggestion was always make sure you get your partner's attention before you begin to speak. I had been making that suggestion, along with similar suggestions for years, ever since I had done an internship in San Francisco at the Hearing Society for the Bay Area in 1983.

However, what I didn't realize was how essential these suggestions were to the communication success of people with hearing loss and with whom they were communicating. Sam was writing books, manuals, filming videos, and creating workshops that codified strategies so communication would not break down.

By Janet Trychin

**Janet Trychin earned her bachelor's and master's degrees from the Department of Communicative Disorders and Sciences at San Jose State University in 1986.**

**In 2001, she finished her doctorate in audiology from the University of Florida—Department of Communication Sciences and Disorders. She credits her husband, Sam Trychin, and his pioneering work that has made the difference in how she helps her patients live well with hearing loss after they were fitted with hearing aids. Today Janet applies those same principles in her work with parents whose babies and toddlers have been diagnosed with hearing loss.**

Here was someone who was teaching us that there is more to living well with hearing loss than just getting a hearing aid.

### **A Simple Strategy**

I was unaware how critically important it was that the hearing partner not do anything until they got their partner's attention before speaking... *not anything*. It was clear from Sam's class that anything else would be a waste of the hearing partner's time. If the hearing person did not have their partner's attention, what they had to say would likely not be heard, let alone be understood. Sam explained that without getting the person's

attention, the speaker was at risk for having to repeat what they had just said, often resulting in feelings of frustration and resentment resulting in a communication breakdown.

It might seem easy, but it's something that people forget to do. There are other important communication rules (as Sam calls them). However, failing to get the listener's attention makes all the other rules pointless, as the attention of the person with hearing loss sets up the critically important solid foundation from which one has the opportunity to engage in a fair and equal communication interaction.

### **Early Intervention and Children—Communication and Bonding**

It might seem a stretch to consider the importance of getting a baby's attention before talking to them; however, a baby with hearing loss is even less likely to know their family members are talking to them without special considerations. Healthy bonding and attachment can be another risky situation for families with a young child with hearing loss. When following Sam's suggestions, healthy bonding and attachment are more likely to occur.

I have an additional suggestion for families in my program. At the beginning of my services with families, I encourage families is to be mindful of smiling and having eye contact when interacting with their new infant with hearing loss. The smiling decreases anxiety and increases neurochemicals that support self-confidence and self-esteem, even for the youngest of children!

New mothers are often at risk

*continued on page 16*

## A Love Story *from page 15*

for postpartum depression and the simple act of smiling at their new child increases neurochemicals that promote attachment, security, and support for a stronger immune system in both mother and child. The lack of smiling, or a fearful or angry face, puts the child at risk for an increase of negative neurochemicals, including adrenalin and cortisol. Over time, this neurochemical ages the body and puts the relationship at risk for a weaker bond and attachment.

Parents who complete a depression screener indicate an increase in overall satisfaction with their relationship with their infant with hearing loss after beginning to adopt new relationship techniques that are consistently encouraged to include eye contact and smiling. Intervention strategies include many activities and events to promote listening and understanding while developing strong attention and focus skills.

When a child turns three, families leave my services and usually move into programs funded by local

public school systems. However, these families leave my services with a good understanding of what they will need to do to support their child throughout their years in school. They know they will more than likely need to turn to federal laws to get their child's needs met in the classroom. They leave early intervention services with a sense of confidence that they are well prepared and will be able to do what is necessary for a successful future for their child.

### The Love Story Part

It is because of my awareness and appreciation for Sam's effective program, designed to help people live better with their hearing loss, that I have had the confidence to create and develop a program for families, bringing it into the privacy of their homes, knowing it will make a significant difference in all of their lives.

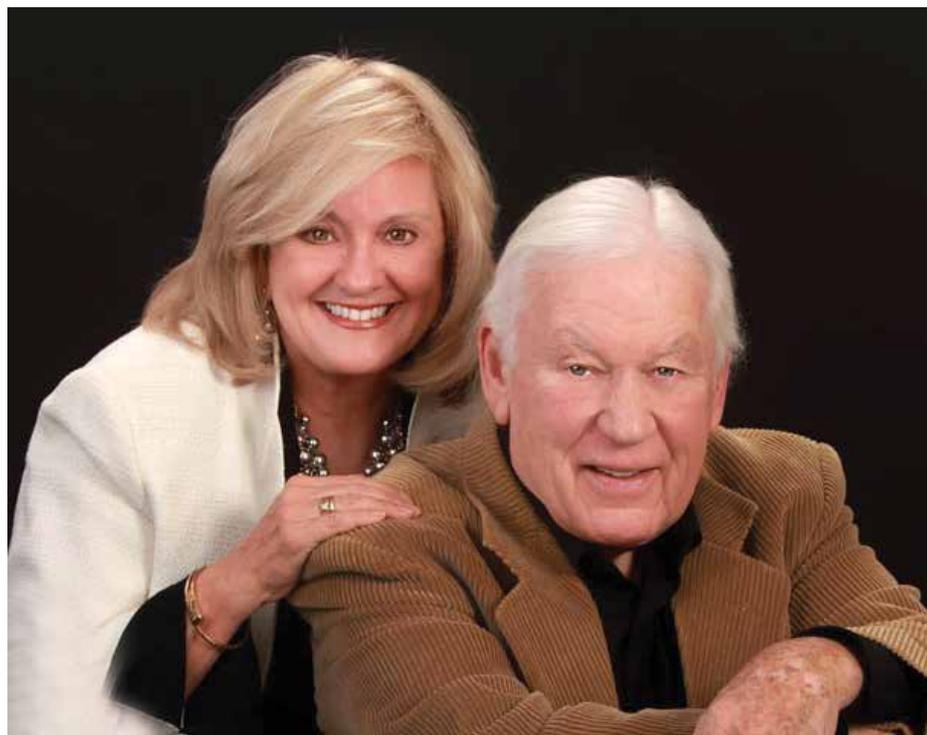
How could I not fall in love with this man? He breathed new life and meaning into my career, giving me a clearer purpose into my years of study and work. Over the past more than 20 years, I have been extremely fortunate to bring Sam's helpful Living Well



*A fun family moment with Sam, Janet and Hearing Dog Doris Eileen (center). From left, "Lady Graham," (Graham family pup), Sarah Graham (granddaughter), Garrett Graham (grandson), Erika Graham (granddaughter), Randy Graham (son-in-law), and Laura Graham (daughter).*

with Hearing Loss Program to schools, clinics, hearing aid offices, university classes, and now families in an early intervention program. **HLM**

*Janet Trychin, Au.D., works as an educational audiologist in early intervention services for families with infants and toddlers, birth to three years with hearing loss. She is living in Harbor Creek, Pennsylvania, with her husband, Sam, and 'Doris Eileen.' Janet provides early intervention services to families as an independent provider, throughout Northwestern Pennsylvania. She has taught in the Department of Communication Disorders at Howard University in Washington, D.C., and has been an adjunct professor at The University of Akron in Ohio and Edinboro University in Pennsylvania. In San Diego, Janet worked in the Sweetwater Union School District with Middle and High School students with hearing loss, primarily focusing on advocacy skill development. She has been actively involved in programs for HLAA and the Ida Institute. She can be reached at [janetrychin@roadrunner.com](mailto:janetrychin@roadrunner.com).*



*Janet and Sam Trychin*