

Counseling
Techniques for
Audiologists:
Recognizing the
Whole Person

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Overview

During this session, attendees will look at the biopsychosocial aspects of hearing loss and how to address them within the audiological appointment. Counseling techniques will be addressed as will common social and emotional issues faced by those who are Deaf or Hard of Hearing. Resources for referral and further study will be provided.

Learning Objectives

1. Participants will identify social and emotional aspects important to the well-being and adjustment of individuals who have hearing loss.
2. Participants will learn at least two counseling techniques to help people move into acceptance and action regarding their hearing loss.
3. Participants will identify at least one state resource and one national resource for individuals experiences social or emotional issues and needing referral.

Audiological Interventions: Balancing Knowledge and Heart



- Think with me for a minute....
- Why did you go into audiology?
- Picture some of your favorite patients.....
- Picture someone who you think of outside of the office
 - Why?

Misperceptions of Audiologists

- They're only about the technology
- The goal is to "fix" people
- Medical perspective = COLD!
- Short appointments mean no relationships

vs.

- May provide continuity over many other providers who come and go
- May function as medical home in some cases
- They are out to sell / Primary role as salespeople

Setting the Stage for Learning and Teaching – Pre-Work

“If hearing people want to work with deaf people, we don’t need to change *them*. We need to change *ourselves*, beginning with how we think about what it means to be hearing or deaf. Then we need to learn how to have a new kind of relationship with deaf people based on equality, mutuality, and collaboration. Finally, we need to ground our means of helping, our techniques and therapeutic approaches, in positive aspects of the deaf experience.”

- Neil Glickman, Mental Health Care of Deaf People

Lifespan Considerations

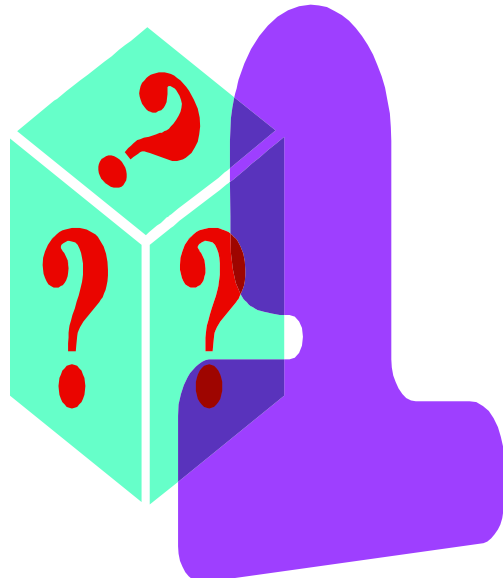
- Pediatric Audiology
 - Vanilla vs. Rocky Road
 - “YAVIS” vs. “DAR”
 - Caregivers feeling very much in the middle / pressure cooked



- Adult Services
 - Socioeconomic factors
 - Literacy In Kentucky
 - Greying of America
 - Technology Outpacing Comfort Levels
 - Veterans



Awareness of Self



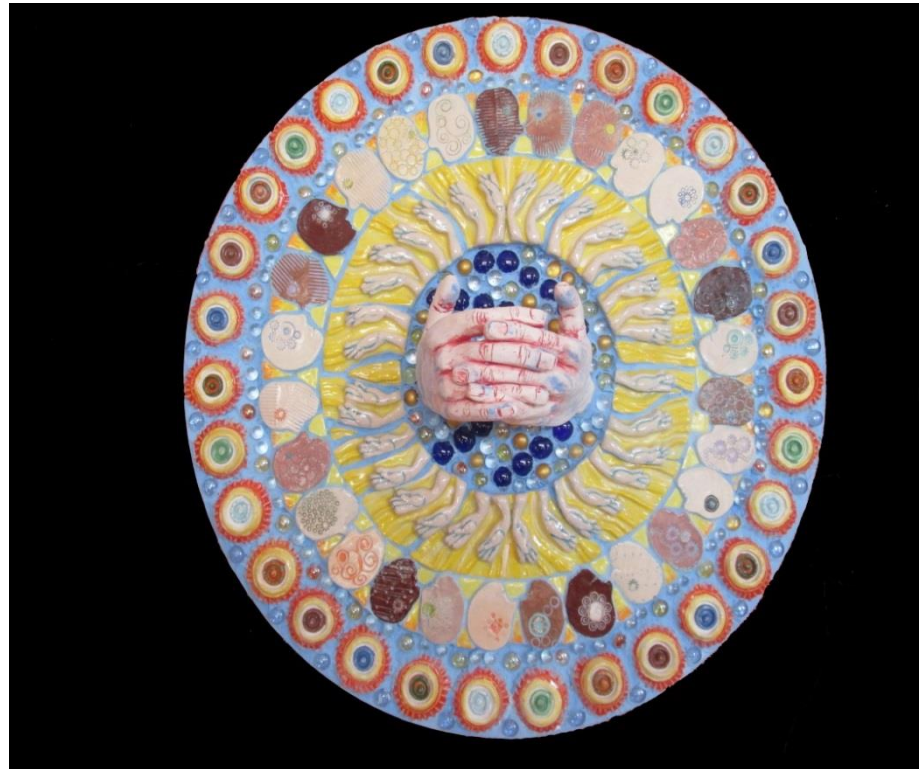
- Be aware of biases, stereotypes, and prejudices
 - Harvard University's Project Implicit:
 - <https://implicit.harvard.edu/implicit/>
- Know your strengths and weaknesses
- Be aware of power differentials
- Diversity matters – race, religion, socioeconomic status, age, etc.
- Use of Self
 - Are you a parent?
 - Do you have family members with hearing loss?
 - Do you have a hearing loss?

Intersectionality

the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage:

"through an awareness of intersectionality, we can better acknowledge and ground the differences among us"

- Powered by [Oxford Dictionaries](#) · © Oxford University Press · Translation by [Bing Translator](#)



Ellen Mansfield – Deaf Art

Step One: Joining with the Patient and His/ Her Family – Engagement Skills

- Meeting the patient where they are at
 - Susan – “We all need something different in that moment”
- Taking the Time to See the Whole person or Family
 - Mary Beth – “Their kid is more than a hearing loss!”
- Clinical vs. Comfortable
- Engagement Skills
- Creating Safety and Trust
- Recognizing the importance of the Support System and Communication Partners



Delivering A Diagnosis



- Provide accurate information
- Be honest and direct
- SPEAK SLOWLY
- If you do not know an answer, don't make it up!
- Be prepared to answer the same question several times
- Break down acronyms or new terminology
- Provide visuals and explanations to match different people's learning styles (Speech Banana)
- Acknowledge that the words "hearing loss" may be the last thing families hear
- Ask them to repeat or summarize what you told them (Check for understanding)
- Avoid words like "only" or "just"...they minimize the impact
- Acknowledge that the acceptance process takes time – denial is common
- Offer your contact information for follow up questions – BE AVAILABLE!
- Schedule a follow up appointment for answering questions
- If possible, call them to check in a few days later

Step Two: Creating A Partnership

Patients and Families Offer...

- *Lifelong commitment*
- *Seeing themselves or loved one as a whole*
- *Responsibility*
- *The right to make their own choices for the child*
- *Love*
- *Family Priorities and Values*

Professionals Offer...

- *Education*
- *Experience*
- *Expertise*
- *Dedication*
- *Respect*
- *Honesty*
- *Attitude*
- *A Shoulder*
- *Understanding*



Stages of Grief and Loss...Two Models

Kubler-Ross

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



Ziezulu & Meadows

- Spectrum of Emotional Responses
- Adapting to Secondary Losses
- Confusion of Identity
- Acceptance
- Need for Professional Acceptance and Information

Counseling Reminders for “Fixers”

- While you may want to jump right to the solutions, *learning to sit with the pain* and reality of their new life will help build empathy and relationships
- At the same time, providing hope is important
 - People want to know that they and/or their child will be fine!
- Remember, as one parent said, “It’s personal, it’s foreign, it’s freakin’ us out!”
- You can’t fix it all, but you will have a lot of tools and information to make it better
- Learn to be comfortable with others crying in front of you - or some people lashing out in anger displacing feelings on you
- Not the time to pull out your fancy vocabulary
 - Be Direct and Honest but Kind
 - Simplify Information
 - “Don’t’ make it more confusing than it needs to be!”
 - Give Clear Instructions
 - Break Down Steps into Doable Parts
 - “Here’s what I need you to do”

Establishing Realistic Expectations

General Thoughts

- ✓ Most people will expect more from amplification than it can deliver
- ✓ Normalize the process of testing, fittings, adjustments, etc.
- ✓ Be honest and direct about prognosis including progressive hearing loss and/or fluctuating hearing loss
- ✓ Include family members or friends from support system – especially during the adjustment period
 - ✓ Teach good communication skills
 - ✓ Rinse, Rather, Repeat the basics!!

Resources to Share

- ✓ Develop your own toolkits for patients
- ✓ Have a list of satisfied patients willing to help navigate the process
- ✓ A few suggested sites for referral:
 - ✓ <http://www.audiologyonline.com/articles/hearing-aids-reasonable-expectations-for-1176>
 - ✓ Hearingaids.com
 - ✓ Pros and Cons of Referring to the Branded Sites for hearing aids or cochlear implants

© Corrie's Life Cartoons by Gary Graham - 2011



DIDN'T YOU HEAR ME YELLING? PERHAPS YOU HAVE A SLIGHT LOSS IN HEARING.

OR,... PERHAPS A SLIGHT LOSS IN CARING.

Calton

Trauma Informed Care

Basics of TIC

- Asking not “What’s wrong with you?” but rather “What happened to you?”
- Recognizing that seemingly benign treatment settings can trigger memories



Applied to DHH

- Impact of etiology on processing and potential for multiple medical procedures
- Historical impact of terminology and perceptions of “oral failures”
 - Systemic Oppression
 - Language Deprivation
- Minimizing impact of unilateral loss or mild hearing loss on social and emotional functioning
- Assumption that individuals who are hard of hearing or deaf “can’t tell” leading to increased rates of physical and sexual abuse
- Feelings of being devalued and discounted due to hearing loss and communication barriers

Motivational Interviewing

Uses for Motivational Interviewing

- Engaging in treatment choices
 - Handling conflict between desires of spouse or parent vs. individual with hearing loss
- Handling adherence issues for hearing aids or processors

Key Elements of MI

- Patient motivation depends largely on the relationship with the professional
- Change Talk
 1. Problem Recognition
 2. Concern
 3. Stated Intention to Change
 4. Degree of Self-Efficacy to Change
- Can use visual cost-benefits analysis or decision-balance sheet
- Decreases power differential (and struggle) by guiding individual to find their own solutions

Michael Harvey's Decisional Balance for Audiologists

Table 3: Decisional Balance Sheet for audiologists

	Listening with curiosity	Prescribing/fixing problems
Costs	<ol style="list-style-type: none">1. Tough to bill for it.2. May vicariously feel pts' grief and pain.3. Stories may seem redundant.4. Blurs boundaries with psychotherapy.5. Pt may go on and on.	<ol style="list-style-type: none">1. Less pt adherence.2. Pt often disappointed.3. More returned hearing aids.4. More unmet pt expectations.5. Deprives providers of wisdom from pt's stories.
Benefits	<ol style="list-style-type: none">1. Increases pt's motivation.2. Less hearing aid returns.3. Better rapport; pt gains emotional benefits from mtng.4. Provider gains wisdom.5. Better pt adherence & prof. satisfaction.	<ol style="list-style-type: none">1. Dx/Rx is what we're trained to do.2. Pt wants problem solved.3. Better/easier reimbursement.4. Works in crisis.5. Provider feels useful/worthy.

<http://www.audiologyonline.com/articles/audiology-and-motivational-interviewing-psychologist-1119>

Step 3: Treatment Planning and Patient-Centered / Family Focused Care

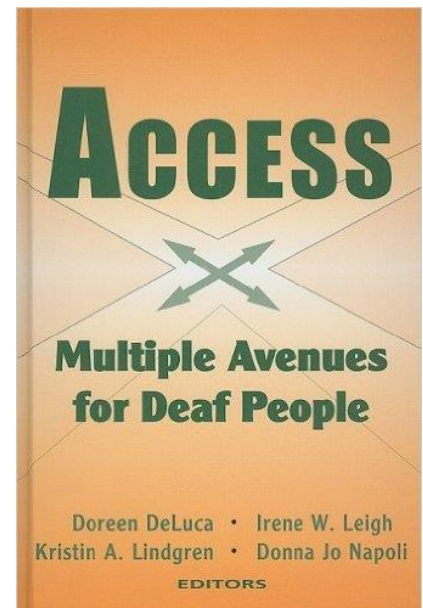
- Taking a collaborative vs. hierarchical approach is vital
 - Respect patients' self determination
 - Allow time for questions
 - With children, Inform parents about the language window without pressuring the family to make decisions before they are ready or implying they are past deadlines / "doing it wrong"
- Remember that this is the first time this is happening to them
- Allow the patients to contact you as questions arise (this can be months later)
- Be prepared to answer the same questions several times from the same family
- The relationship between an audiologist and the patient can be a lifelong one
- Present as many options as are right in your professional opinion and do not judge the choices made
 - Concept of unconditional positive regard



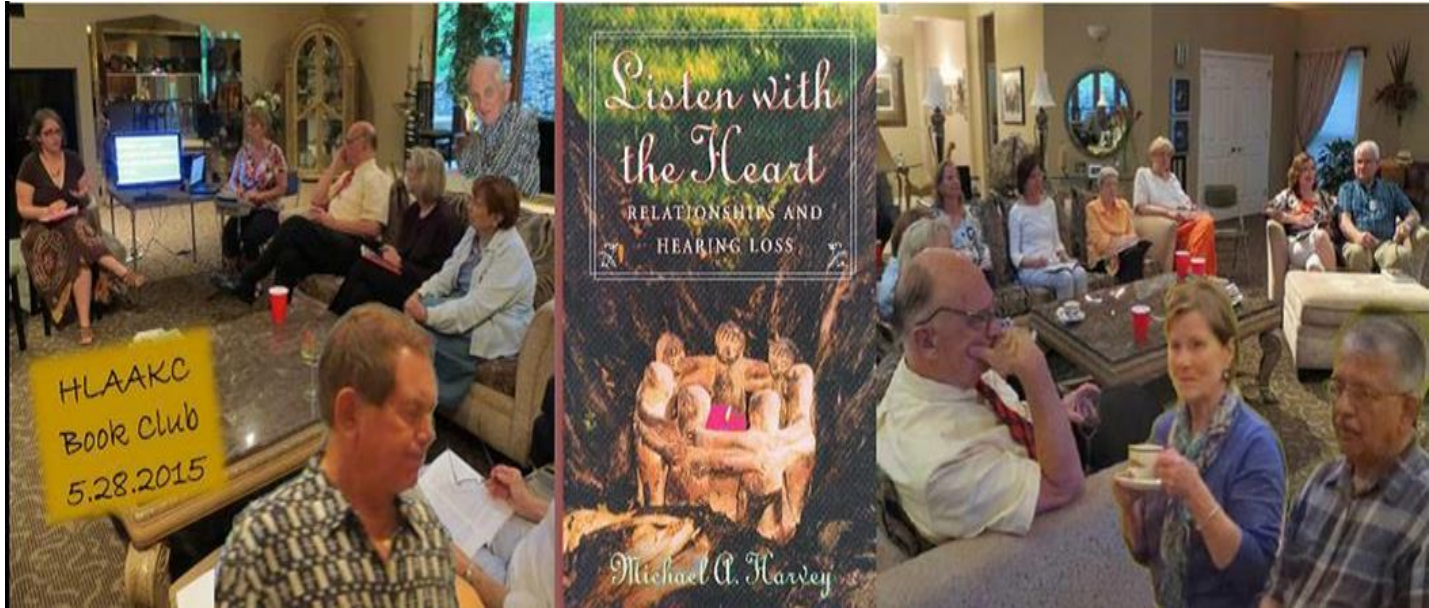
Psychoeducation: Teaching People to Be Good Patients

- Education is Empowering!
- Encourage questioning
- Provide direction on good online resources
- Check back for understanding
 - Use the One Down Approach to build confidence
 - Approach problems with curiosity

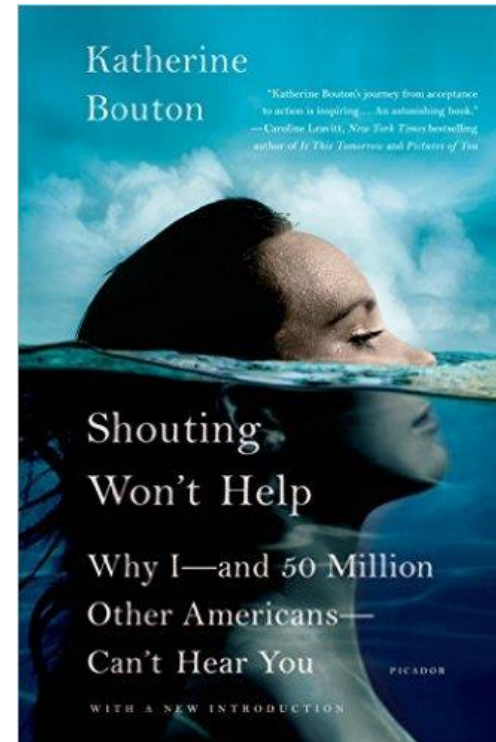
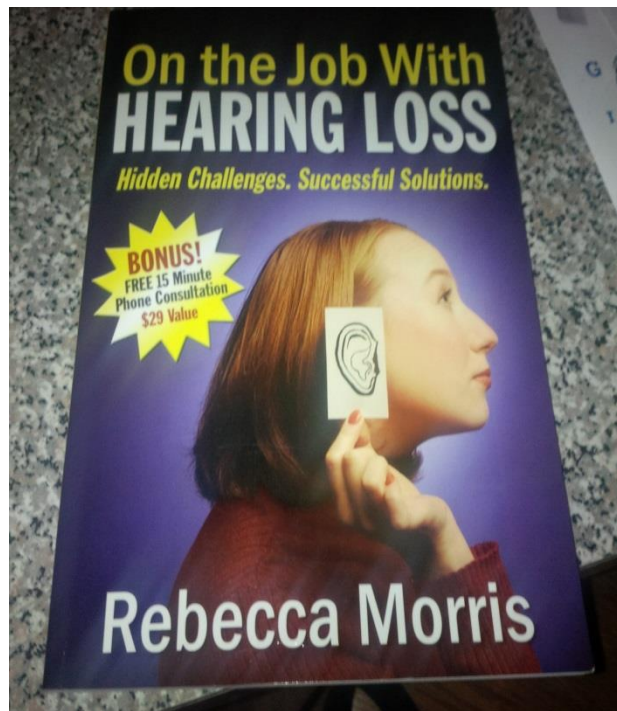
**I am hard of hearing.
Please face me.
Speak clearly.**



Listening with the Heart



Other Bibliotherapy Recommendations



Instilling Hope

Empower Patients
Through Showing them
the possible!

- Secondary losses lead to isolation and despondency
- Provide information on loops, captioning, and other resources that keep them connected
- Concept of recovery stories instead of illness stories

Kentucky Resources to Share

- KY Commission for the Deaf and Hard of Hearing (KCDHH) TAP
- Hearing Loops – www.hearingloop.org
- Find a Loop – www.loopfinder.com
- Find other access – www.aldlocator.com
- Find captioned movies – www.captionfish.com

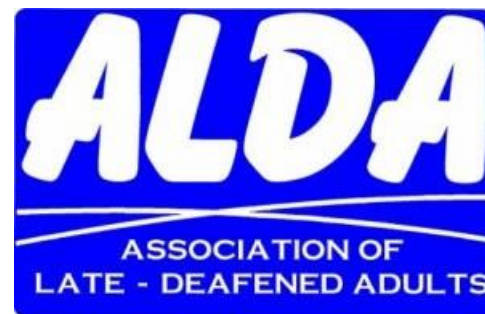
Use of Peer Support

Gallaudet's Peer Mentor Training
Certificate Program

The Peer Mentoring Certificate Program is designed to help train deaf, hard-of-hearing, and late-deafened individuals in meeting the diverse needs of individuals with hearing loss. Individuals are trained to provide information, support, empathy, validation, and skills to consumers in need. Peer mentors will also be able to conduct needs assessments, problem-solve, and establish goals and objectives to improve the quality of life for these individuals, help to establish effective use of assistive hearing technology, and ensure equal and appropriate access to communication.

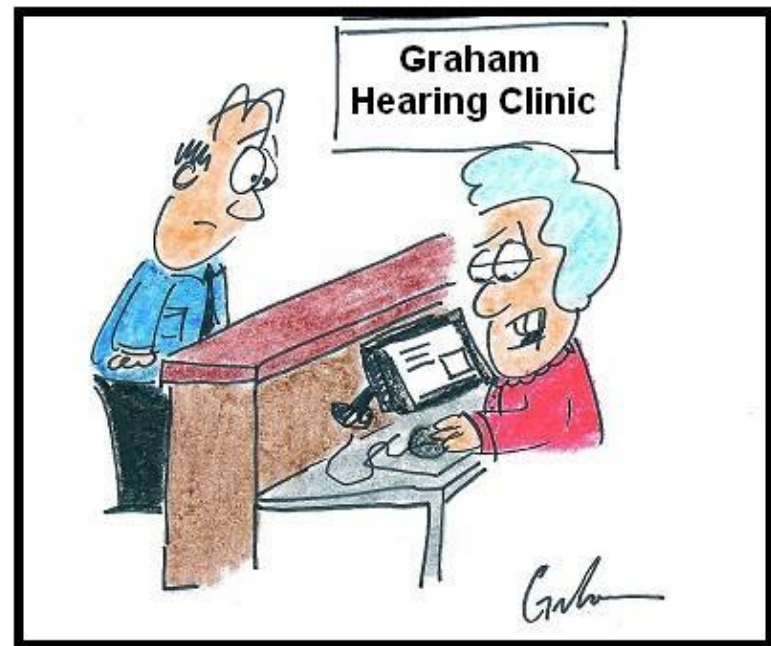
- Kentucky Peers
 - Gerry Gordon-Brown in the Louisville area
 - Jeannie Taylor in the Bowling Green area

Create Community Connections!



Teaching Technology using a Counseling Mindset

- Pacing
- Learning Style
 - Oral (?)
 - Written
 - Kinesthetic
- Information Overload
- Using a Teach Back method
- Role Play
 - Practice Troubleshooting
 - Practice Self Advocacy in Different Settings



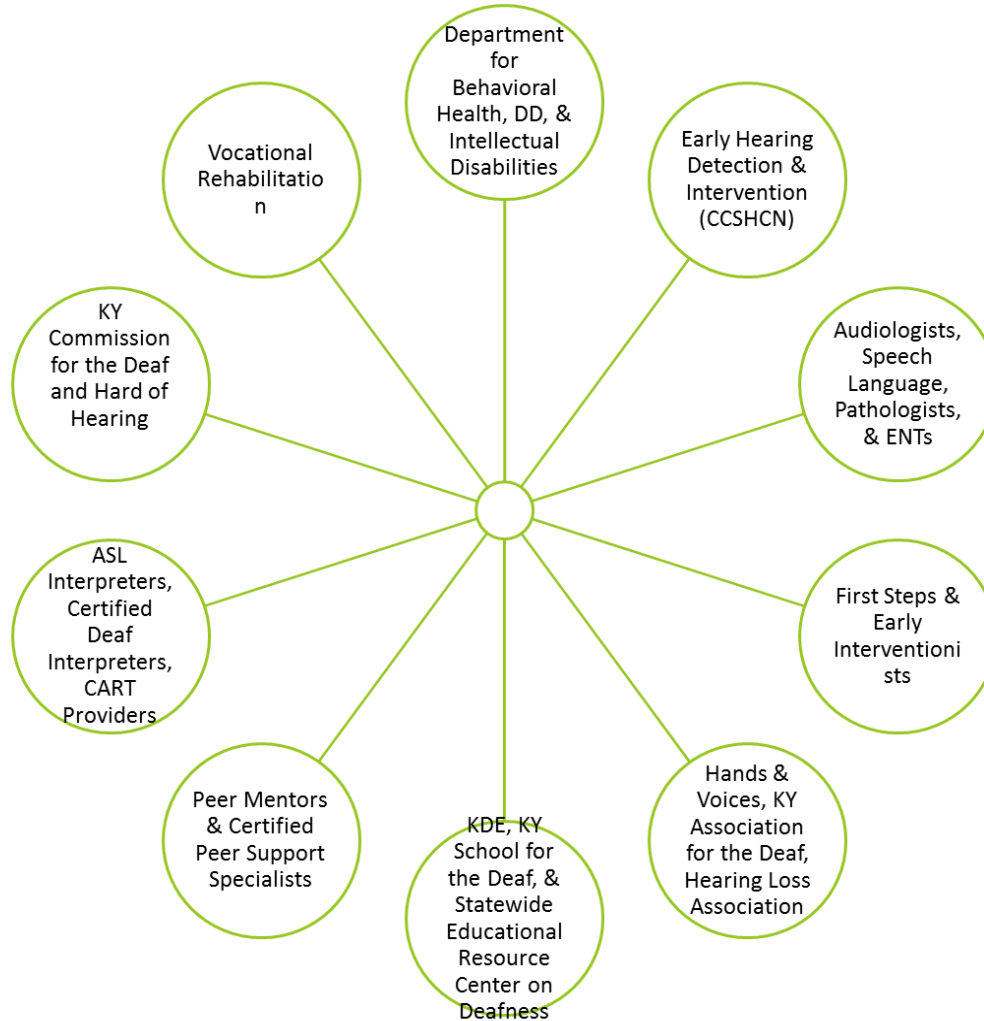
"You've returned the hearing aides 15 times now. The note on the file says you're the problem."

Including and Referring

- Connect patients to other parents or individuals living with hearing loss who can act as mentors and guide them through the process
- Provide written information for families to review including books and websites
- Recognize that knowledge and wisdom can come from many sources...and so can misinformation! (Pros & Cons of Internet, multiple providers, family members, etc.)
- Acknowledge that there is a large learning curve for individuals and families and their decisions may affect their loved one for a long time
- Ambiguity and Isolation can be big issues
- Create bridges with other service providers so that a network of support is available if and when needed.



Have an Impact on the Systems Level!



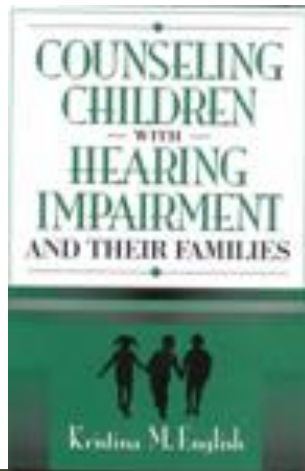
Brief Therapy Interventions

- Some degree of discomfort and emotionality is common in facing diagnoses and adapting to change
- Early intervention can help with resilience and prevent chronic stress or ongoing behavioral health issues related to anxiety or depression
- Normalize patient experiences by providing examples of adaptation and examples of struggles overcome
- Reassure individuals that everyone adjusts on their own timeline
- “Walking with,” Bearing witness, and affirming others’ experiences goes a long way!
- Document emotional states and note whether they improve over time
- Emphasize Strengths and Skills already being used to cope

Brief Interventions continued...

Personal Adjustment Counseling

- ❑ Recognize the whole person and not just the ear
- ❑ Note how the individual and his/her family may be in different places
- ❑ Milestones can bring up feelings



Solution Focused Therapy

- Introduction
- Problem Free Talk
- Goals / Preferred Future
- Identifying Exceptions to the Problem and Current Coping used
- Scales
- Feedback

http://www.handsonscotland.co.uk/topics/techniques/solution_focused%20Techniques.htm

Referral Options in Kentucky

Process

- Refer for assessment and treatment if the individual reports changes in functioning for two weeks or more that are affecting daily life
- Emphasize that counseling can be a good way to “learn new skills” to focus on the strengths
- Remember that mental health issues are often stigmatized in our society
- When possible, meet and get to know providers in your community so that you can offer cross-training and education to one another

Content

- Community Mental Health Center System
 - Two regions with DHHS Specialists (Bluegrass and Seven Counties)
 - Two regions with specialized case management (Bluegrass and Cumberland River)
 - Each of the 14 regions has a Point Person to assist with access
- Managed Care
 - Member Services numbers should be called to identify providers and discuss any accommodations needed in treatment
- Private Providers
 - Impact of mental health parity
 - Coverage for substance abuse treatment

A Note on Self Care

- Take Time for Yourself!



Keep in Touch!

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