

Baycrest Hard of Hearing Club: Audiologic Rehabilitation in a Social Context

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Baycrest Geriatric Health Care System

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Baycrest

Enriching Care
Enhancing Knowledge
Enlightening Minds



Outline

- Why it all started
- Designing AR program to meet client needs
- Use of ICF framework
- Program goals
- Program components
- Evaluation and outcomes



Referral of N.E. from Psychiatry

- 80 year old woman
- Severe to profound hearing loss
- Limited benefit from amplification
- Recently widowed
- **Socially isolated**
- **Depressed**
- **Wanted to meet others with hearing loss in community**



Baycrest Centre
for Geriatric Care

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DEPARTMENT OF COMMUNICATION DISORDERS **AUDIOLOGY**

DATE	EXAMINER
REF. BY <input type="checkbox"/> DR.	REPORT TO SAME <input type="checkbox"/>
FAMILY DR.	NO REPORT <input type="checkbox"/>
C.C.	

PATIENT INFORMATION

IN PATIENT OUT PATIENT

NAME A/E

D.O.B. _____ M F PATIENT ID _____

OHP# _____

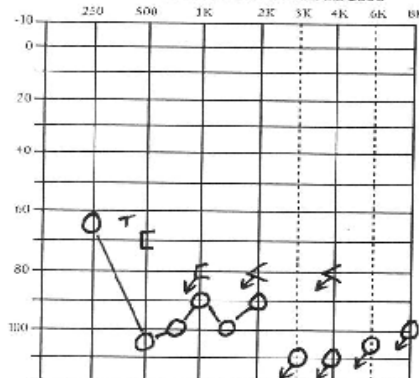
ADDRESS _____

TELEPHONE _____

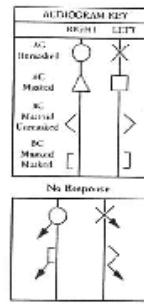
RM # _____ PROG. _____

RELIABILITY GOOD FAIR POOR

PURE TONE AUDIOGRAM RIGHT

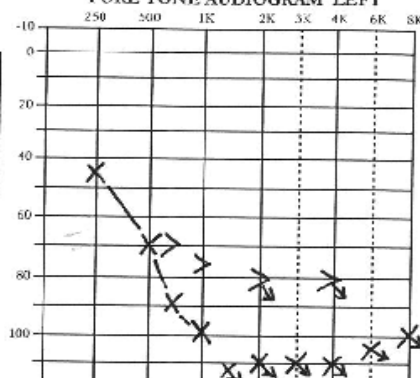


SRT <u>CNT</u> db	WRS <u>0</u> % at <u><110</u> db
<input type="checkbox"/> Masked	<input type="checkbox"/> Masked
MCL _____ db	WRS _____ % at _____ db
UCL _____ db	<input type="checkbox"/> Masked



Insertphones
MCL = Most comfortable level
UCL = Uncomfortable loudness level
SRT = Speech reception threshold
DNT = Did not test
CNT = Could not test
WRS = Word recognition scores

PURE TONE AUDIOGRAM LEFT



SRT <u>CNT</u> db	WRS <u>0</u> % at <u><110</u> db
<input type="checkbox"/> Masked	<input type="checkbox"/> Masked
MCL _____ db	WRS _____ % at _____ db
UCL _____ db	<input type="checkbox"/> Masked

OTOSCOPIC INSPECTION	TYMPANOMETRY				STIM. EAR	ACOUSTIC REFLEX THRESHOLDS				REFLEX DECAY	
	EAR	MIDDLE EAR PRESSURE (mmHg)	STATIC COMPLIANCE (cc)	ECV		5K Hz	1K Hz	2K Hz	4K Hz	5K Hz	1K Hz
(R) CLEAR	RIGHT	-180	1.9	1.4	RIGHT	/	/	/	/	/	/
(L) CLEAR	LEFT	-20	1.7	1.5	LEFT	/	/	/	/	/	/

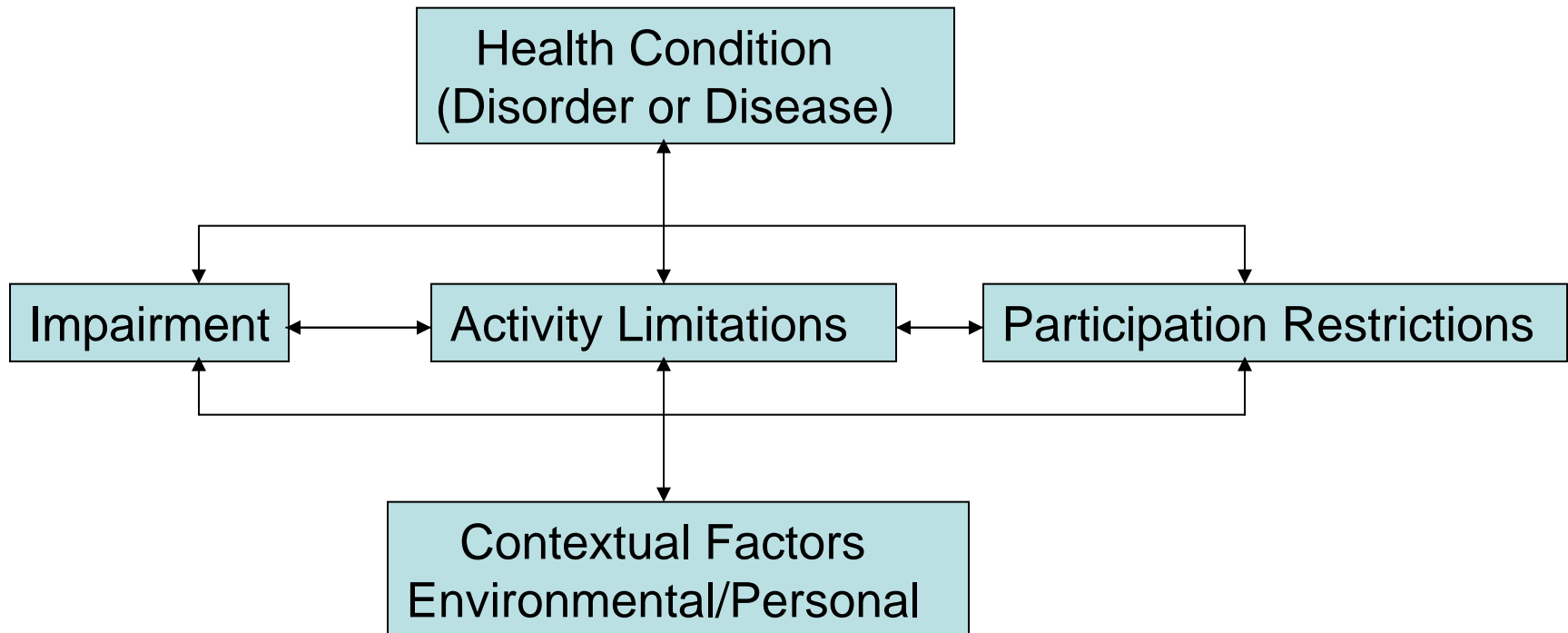
COMMENTS _____

Assistive Technology (Techno-Granny)

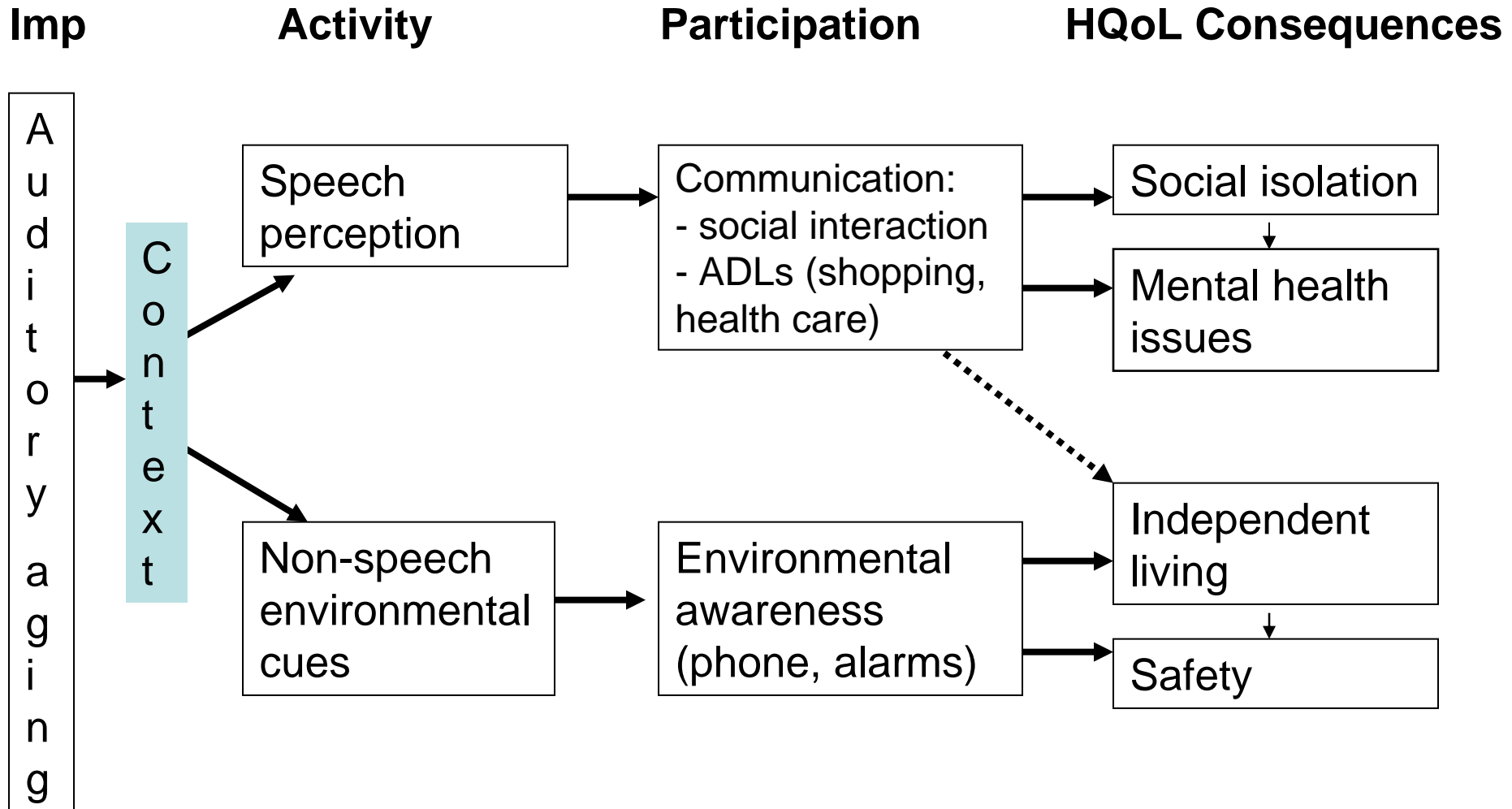


- Hearing Aids
- FM System
- Blackberry
- VCO Phone
- Fax
- E-mail
- Strobe + amplified alarms
- Vibrating alarm

WHO ICF Framework (2001)



ICF & Consequences for QoL



Hard of Hearing Club Goals

Social Isolation

- Improve social interactions
- Participation in group activities
- Develop friendships, social network
- A sense of belonging to community

Loneliness/sadness/ depression

- Increase confidence and self-esteem
- Improve mood
- Develop optimism
- (Re)acquire hope

Goals (cont'd)

Coping with ADLs

- Improve communication skills
- Self-efficacy; confidence in daily interactions; participation in health care
- Access to environment and alarms through use of AT

Independent living/safety

- Manage ADLs independently
- Enhance safety through use of technology & behavioural strategies
- Improve access for client, family & friends
- Know about and use available resources effectively to support independent living

Hard of Hearing Club: A R in a Social Context

- Addresses participation needs through enabling social interactions
- Provides partners for communication
- Accessible environment with supportive communication strategies
- Opportunity to practice strategies in meaningful context with realistic challenges
- Enables discussion of common problems and collaborative problem solving
- Provides opportunity for mutual support and empowerment
- Allows for inclusion of family & friends

Program components

- On-going (running 9 years)
- Regular weekly meetings allow friendships to be developed and sustained
- Limited group size (average = 12)
- Accessible environment: good acoustics, well-lit with natural light, seating in circle with light on facilitator
- Shared personal factors: age, hearing loss, culture, history
- Discussion of common concerns and solutions
- Communication 'rules' compiled by group members observed and enforced by facilitator

HOHC Rules for Communication:

- One speaker at a time!!
- No side conversations with your neighbour
- Ensure others can see your face for speech reading
- Keep your hands away from your mouth
- Speak slowly using 'Clear Speech'
- Paraphrase when repeating
- Pay attention to the group, and the speaker; watch the speaker's face.
- Be (politely) assertive about not hearing
- Raise your hand to let others know you can't hear, or wish to speak
- Choose a seat that enables you to see and hear the group

Program components, cont'd

- Experiential learning: communication strategies practiced with facilitator and each other
- Facilitator with strong communication skills and technical knowledge
- Assertiveness training
- Self and group advocacy
- Educational component combined with informal social 'tea time'

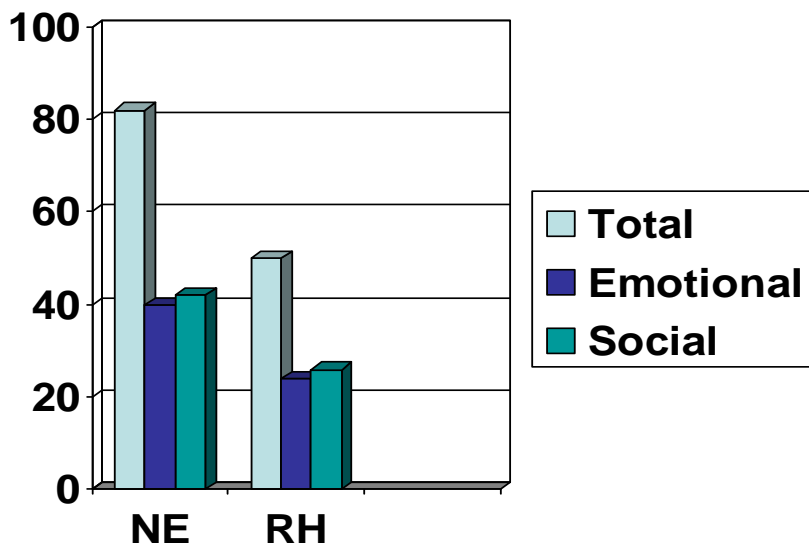
Evaluation – the challenge!

Outcomes:

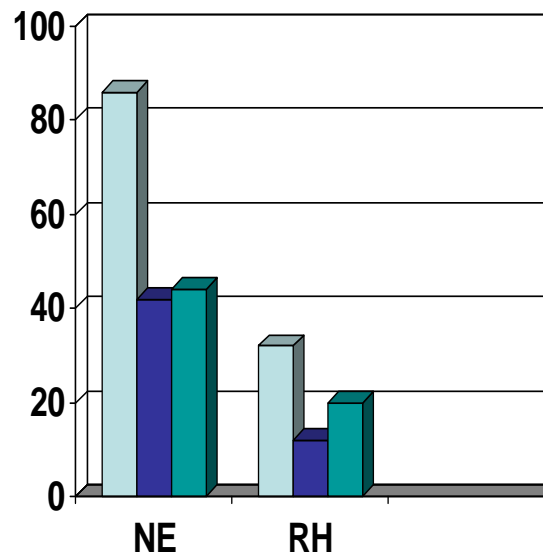
- Longevity; running for 9 years
- Attendance consistently high
- Referrals based on successes
- Social activities outside the group
- Hearing Handicap Inventory for the Elderly (HHIE)
- Testimonials from members, families and psychiatry
- Qualitative evaluation with focus group

HHIE

2003



2009



Qualitative Analysis

Focus Group: Questions

- Why do you come here?
- What hearing related problems do you struggle with?
- Which of these things does the group help you with?
- Are there other things outside of here that the group has helped you with?
- What have you learned in the group that has been of value to you?
- Would you recommend this group to other people and why?

Outcomes – focus group

Reasons for attendance:

Key themes address isolation, confidence & coping with ADLs:

- Reason to go out; something to look forward to; highlight of the week
- Relationships; making friends; participation; closeness; warmth
- Feeling valued and included; respected
- Support; share problems with honesty, tolerance and understanding
- Enables communication; “only place I can hear and be heard”
- Educational; “learn something new every time”
- Enjoyment
- Group facilitator

Outcomes (cont'd)

How the group helps:

Key Themes:

- Share problems with others who understand
- Feel wanted, with friends, “at home”
- Provides communication strategies for social interactions
- Encourages assertiveness and gives tools for getting others to help
- Helps to manage ADLs
- Educates about and encourages use of AT
- Collective voice for advocacy

Psychiatry Outcomes re. HOH Club for NE, reported Oct. 2009

- “Huge impact” on depression and isolation
 - fulfills need to connect with others
 - provides regular social context, where comfortable and not stigmatized
 - rules and structure enable participation in communication
 - provides peer support
- Improved self esteem
- Enhanced self-efficacy
- Less reliant on family
- Reduced psychiatric service utilization

Family/caregiver outcomes

The Hard of Hearing Club has had a profound effect on my mother:

It gives her a social life with people who understand her own situation with lack of hearing

It addresses her loneliness by giving her a wider group of people that she can socialize with

It has given her a base from which to focus, share and learn about how hard it is to live life as a HOH person

It has given her a positive routine to look forward to - she knows on Tuesdays she has her club - a safe venue for exposing her disability while enjoying the company of others who can understand her feelings

She feels that you respect and understand this loss in socializing and enhance the lives of the club members by teaching how to live with it

So for me, there is absolutely no doubt that the HOH Club has helped my mother and continues to do so

In their own words...



