Psychosocial issues of hearing loss

Conducted for VVCS Melbourne office counseling staff

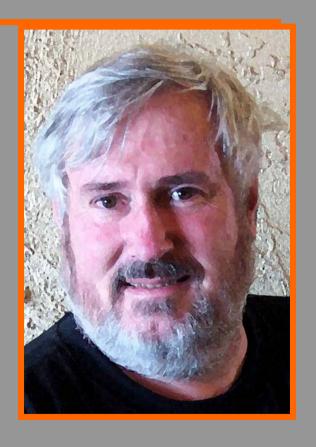
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My background

 Psychologist interested in psycho-social outcomes of hearing loss, especially among Indigenous people.





Time of onset can be as important as how much hearing loss

 Early onset hearing loss creates a different problem profile that late onset hearing loss.

Profiles of hearing loss



- Profile of hearing loss in mainstream community
 - mainly noise induced hearing loss
 - 3% between ages 15-50
 - 17%- between ages 50-60
 - 50% of defense personnel leave service with hearing loss.



- Profile of hearing loss in Aboriginal/low socioeconomic background.
 - Childhood ear disease leaves legacy of up to adult hearing loss
 - Genetic predisposition to auditory processing problems

Psychosocial issues



 Grief, adjustment – loss of usual social participation, lack of family understanding, loss of friends interpersonal problems at work

Noise induced hearing loss

 frustration, stress, interpersonal problems, sudden isolation

Issues for family

- Frustration not knowing what to do to be understood
- Guilt -feeling that misunderstandings are their fault
- Embarrassment at others misunderstanding
- Confusion due to their variability to understand
- Irritation having to repeat a lot
- Anger caused by the person's failure to pay attention
- Overwhelmed by the person becoming too dependent

(From Trychin)

Counseling focus

- Adjustment (individual and family)
- Grief
- Psycho education understanding listening needs, influence of acoustics etc
- Assertive communication skills
- Anxiety and stress management
- Assistive technology if appropriate

Psychosocial issues



Mild conductive loss and/or Auditory processing problems

- Slower listening and speaking
- Limited educational outcomes
- Preference for structure that may attract to the employment with high structure and capacity to control.
- Self doubt, high anxiety, some depression, defensiveness
- Vulnerable to stress
- Desire for social inclusion may be volatile in response to exclusion.
- Issues around use of cognitive listening strategies

Cognitive Listening Strategies

Good hearing Listening skills used depend on

- hearing loss,
- listening conditions,
- visual and
- cognitive listening skill levels

Hearing loss

Rely on auditory listening skills

Use more visual and cognitive listening skills

Ways to understand what is said

Cognitive listening strategies

- Knowledge of person, place, processes compensates for poor auditory skills.
- Familiar people, processes and places reduce listening demands by increasing predictability.

And there is another way to achieve predictability

Routine and Control!

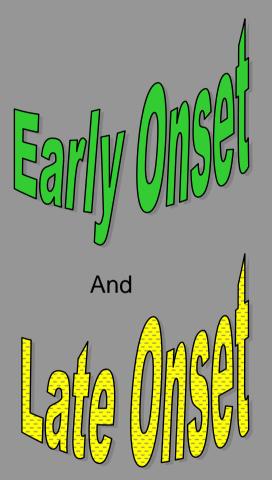
- Predictability reduces listening demands.
- Routine and Control enables greater predictability.
- But exercising control can create interpersonal problems.
- Reliance on routine creates difficulties with change

Counseling focus

- Social clarification reality testing
- Psycho education understanding listening needs, influence of acoustics etc
- Assertive communication skills
- Resilience/ self confidence
- Anxiety management
- Stress management

Often more complex because working on long established patterns that been embedded in personality traits

Mixed hearing loss



- Early onset Conductive
 Hearing Loss and/or auditory
 processing problems
 compounded by <u>late onset</u>
 noise induced hearing loss.
- Functional problems may be greater or less.

Depression and auditory processing problems

 People who are depressed have been found to have temporary auditory processing problems

 When considering auditory processing problems ask if they have only been evident since the client has been depressed

Consider using ALD (assistive listening device) If client appears to have listening problems (they face watch, misunderstand and/or ask for repetition) or if there is background noise



Consultancy and Training around this issue is available from Phoenix Consulting
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