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Counseling For Psychosocial Stress Factors Associated with Hearning Loss

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COUNSELING FOR
PSYCHOSOCIAL
STRESS FACTORS
ASSOCIATED WITH
HEARING LOSS

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INTRODUCTION

- transition from the “Medical-Model” to “Client-Centered Model”
 - Incorporates a psychosocial factor into the “Medical-Model”
 - Counseling beyond an information transfer = integral component
- growing open dialogue about mental health concerns

MEDICAL MODEL

- Less listening
- Close-ended questions
- No processing time
- Solution given same appointment as diagnosis
- Annual appointments

CLIENT-CENTERED MODEL

- Active Listening
- Open-ended questions
- Dismissing client to process diagnosis
- "Next steps" appointment shortly after
- More frequent follow-up appointments

- Diagnosis made
- Results/facts given to client
- Various amplification devices presented

WHY IS THIS IMPORTANT?

- 360 million people worldwide who have hearing loss.
- 45% of audiologists do not feel prepared to counsel their client with their diagnosis.
- Up to 40 % of people who need hearing aids do not use them.

WHY IS THIS IMPORTANT?

- 3.21 times higher odds of receiving a lower education (not finishing high school)
- 1.58 times higher odds of receiving low income (less than \$20,000/year)
- 1.98 times higher odds of unemployment.

WHY IS THIS IMPORTANT?

- *Possible* results of hearing loss include:
- Social Isolation
- Anxiety
- Depression
- Lower Self-Esteem
- Lower Quality of Life in respect to family relationships
- Higher Frustration Levels with mental fatigue

WHY IS THIS IMPORTANT?

- Additionally:
 - Financial Constraints
- Negative Social Attitudes toward hearing loss
- Refusal to Accept Diagnosis

PURPOSE

Investigate the extent to which audiologists counsel their clients for the psychosocial stress factors caused by hearing loss.

Determine the extent in which patients with hearing loss feel they would benefit from counseling services implemented into their appointments.

PURPOSE

Compare responses from those with hearing loss to the responses regarding audiologist's perceptions, extent of training, and confidence level of counseling

Analyze the extent to which clients are...

- Educated on their hearing loss.
- Given strategies to navigate their hearing loss.
- Given the opportunity to voice psychosocial stress factors associated with their hearing loss.

METHODS

- Proposed research study posted to various social media platforms to recruit audiologists and clients.
- 42 audiologists and 52 clients voluntarily completed the study.
- Two separate surveys with 55-57 statements were emailed to volunteers.
 - One for clients and One for audiologists
 - Multiple choice and open-response

METHODS

- The researcher analyzed the extent to which the clients were
 - 1. educated about their hearing loss
 - 2. the variation of communication strategies
 - 3. the mental health aspects/counseling.

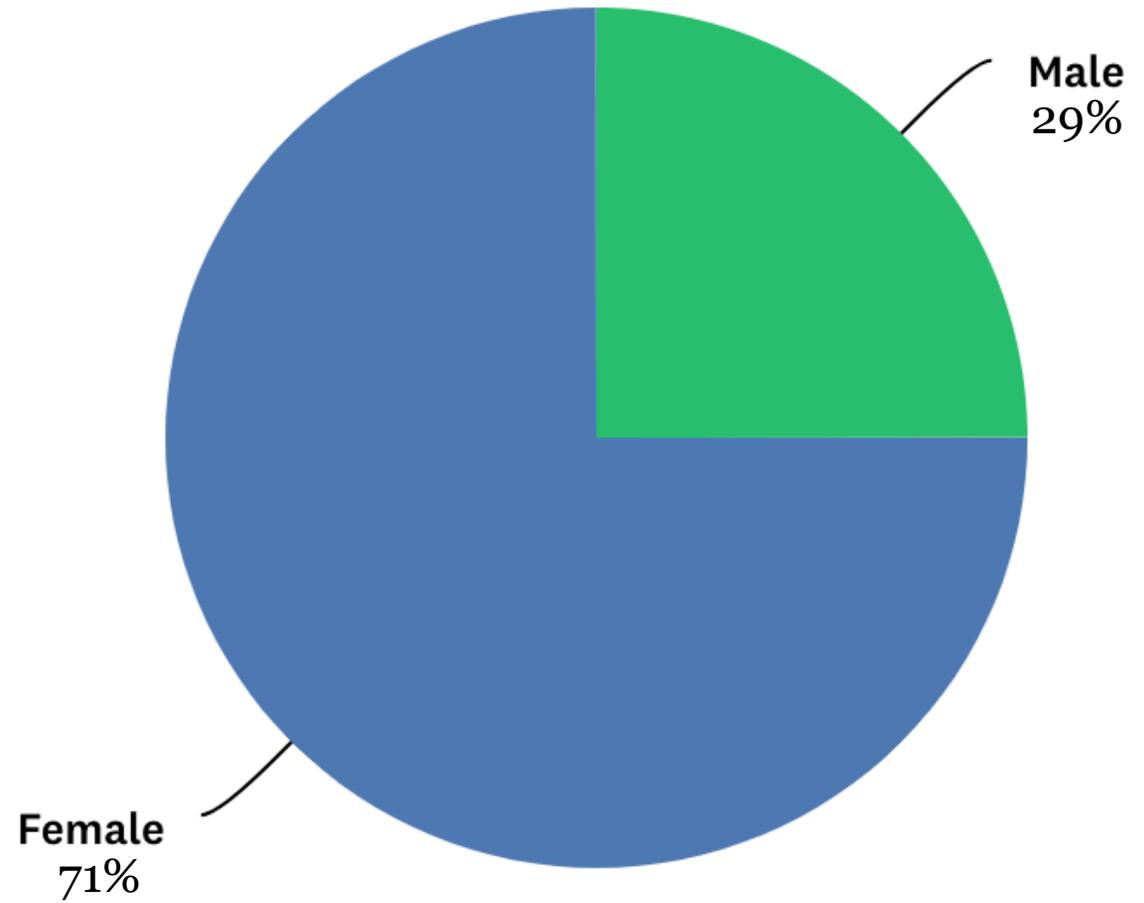
METHODS

- The audiologist and the client surveys directly mirrored each other to analyze the perception differences between the audiologists and the clients.

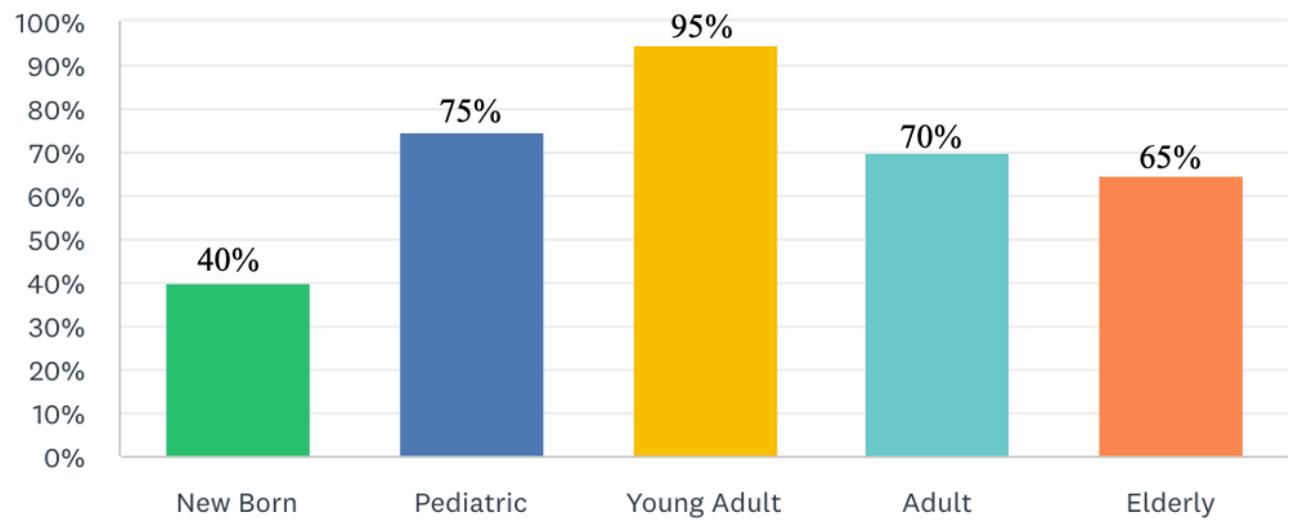
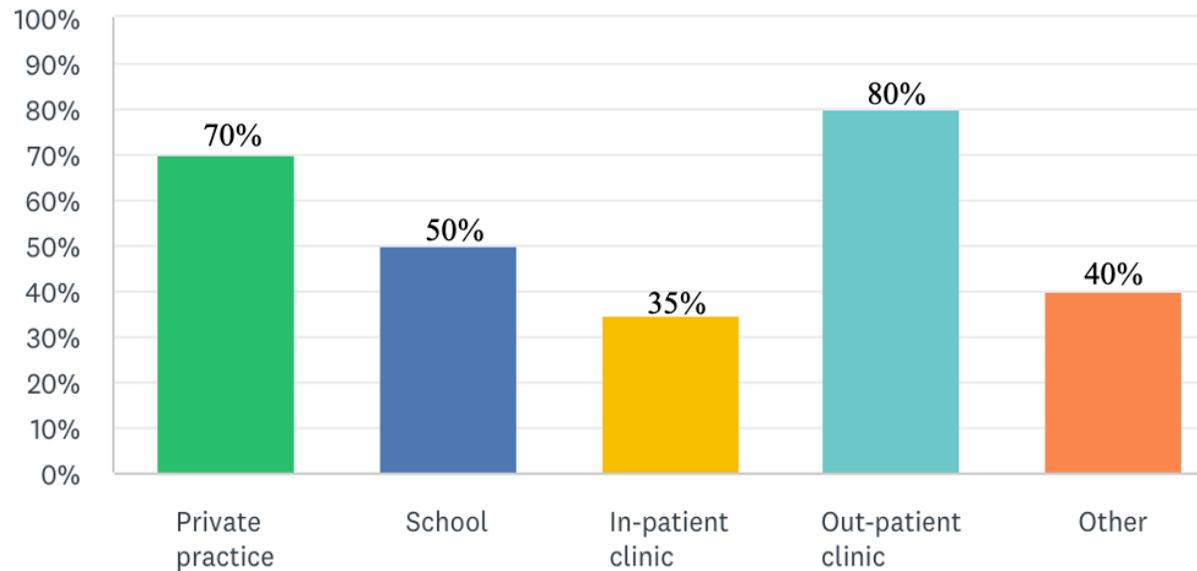
METHODS

- Main comparable objectives.
 - Implementation of the communication strategies
 - Need for counseling training and services in the field of audiology
 - Reasons why hearing loss can be directly associated with a range of psychosocial stressors

DEMOGRAPHICS: AUDIOLOGISTS

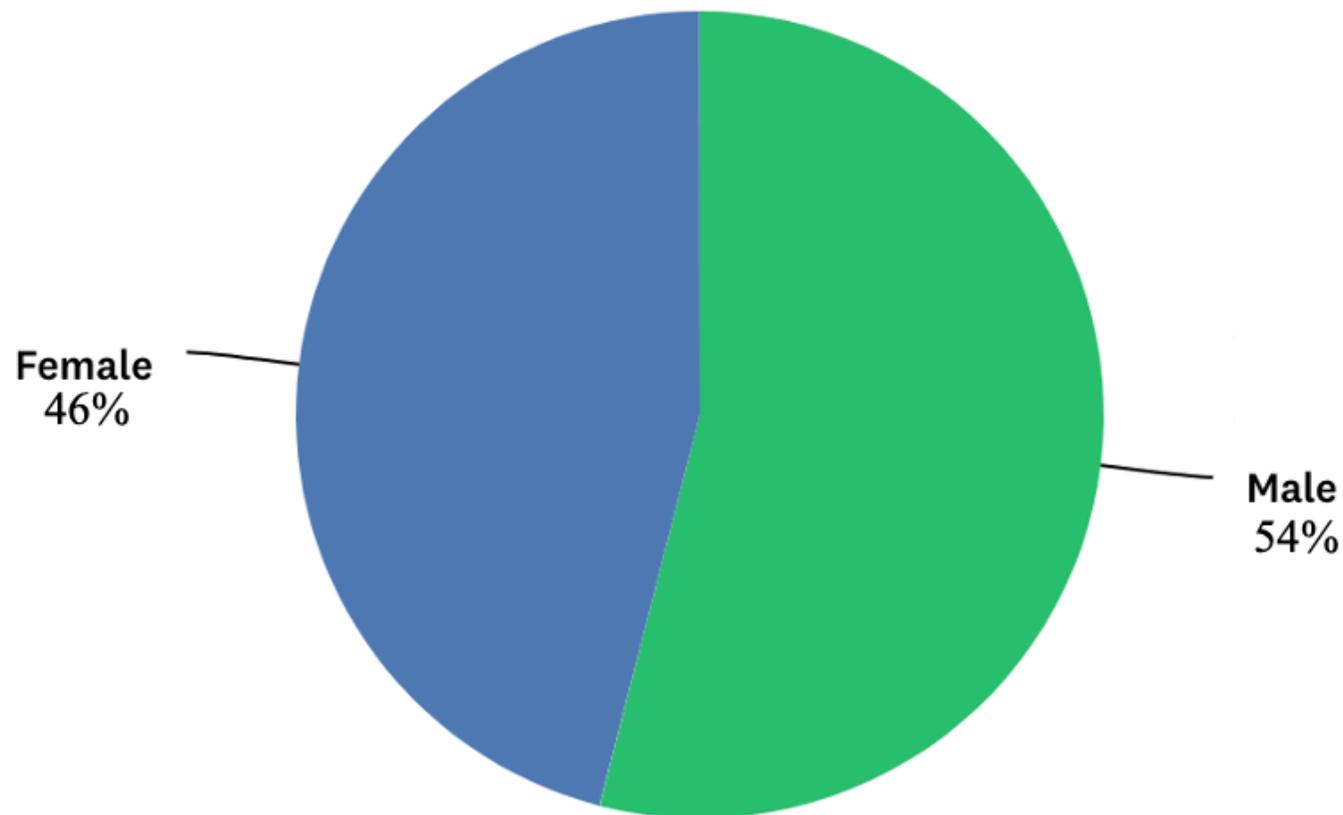


DEMOGRAPHICS: AUDIOLOGISTS



DEMOGRAPHIC: CLIENTS

- 70% - above the age of 60
- Started wearing amplification devices 1-5 years *after* their diagnosis of hearing loss.



DATA ANALYSIS

- Survey Organization
 - 8 pertained to *educational strategies*
 - 9 pertained to *strategies to navigate hearing loss*
 - 9 pertained to *psychosocial stress factors*
 - Yes/no questions
 - *strongly agree, agree, disagree, or strongly disagree*
 - *always, sometimes, rarely, never.*
- positive or negative perception of the statement or question.

KEY FINDINGS: EDUCATIONAL STRATEGIES

- 90% of *clients* indicated they understood what was being tested during a hearing test
- 75% of *clients* knew what type of hearing loss they had
- 95% of *audiologists* claimed they do inform their clients about the type of hearing loss.
- **56% of *clients* indicate they would attend a class to learn more about their hearing loss.**

KEY FINDINGS: EDUCATIONAL STRATEGIES

- 42% of *clients* indicated they were given a copy of their audiogram
- 80% *audiologists* claimed they gave the client a copy.
- 34% of *clients* understood how to read their audiogram
- 90% of *audiologists* claimed they taught their clients to read the audiogram

KEY
FINDINGS:
STRATEGIES
FOR
NAVIGATING
HEARING
LOSS

- 52% of clients claimed their audiologist counseled them in way to advocate for themselves in situations they could not hear
- 100% audiologists claimed they did give clients these strategies.

KEY FINDINGS: STRATEGIES FOR NAVIGATING HEARING LOSS

- 45% of clients indicated their families do not have opportunities to ask the audiologist questions nor is the client given information on how the hearing loss can impact family relations.
- 70% of audiologists indicate they do provide these services.

KEY
FINDINGS:
STRATEGIES
FOR
NAVIGATING
HEARING
LOSS

- 71% of *clients* voice their concerns about hearing well and interacting with others at their work or school
- 100% of *audiologists* claimed they asked the client to voice their concerns.

KEY FINDINGS: PSYCHOSOCIAL STRESS FACTORS

- 64% of *clients* claimed that hearing loss has made them more anxious
 - Hearing loss and cosmetic reasons
- 100% of *audiologists* indicated they felt comfortable talking to their client about the *diagnosis*
- 58% indicated they felt comfortable talking to their clients about their *mental health and emotions.*

KEY FINDINGS: PSYCHOSOCIAL STRESS FACTORS

- 48% of *clients* claimed they voiced mental and social stressors
- 75% of *audiologists* claimed they asked about these stressors
- 36% of *clients* indicated they're audiologists asked *open-ended questions* about how hearing loss impacted their mental health.
- 60% of *audiologists* indicated they did ask.



AUDIOLOGISTS VS. CLIENT OVERALL PERCEPTIONS

- Education about hearing loss:
 - **Disagreed** most prominent
 - 52% of clients
 - 38% of audiologists
- Strategies for navigating hearing loss:
 - 57% of **audiologists** indicated the most prominent
- Psychosocial stress factors:
 - **Agreed** that the least prominent

OVERALL ANALYSIS ON THREE CATEGORIES

Teaching:

- Positive correlation
- Positive perception

Strategies:

- Positive correlation
 - Less than Teaching
- BOTH positive and negative perceptions

Psychosocial Factors:

- Positive correlation
- Negative perception

AUDIOLOGISTS' PERCEPTIONS ON INCORPORATING COUNSELING

- “Patient-centered care includes counseling services.”
 - 91% of audiologists answered **yes**
- “Counseling beyond an information transfer should be an integral component to their services.”
 - 90% of audiologists **strongly agreed**
- “Audiologists are responsible for giving advice to clients’ families on how best to solve problems associated with hearing loss.”
 - 75% of audiologists **strongly agreed**

AUDIOLOGISTS' PERCEPTIONS OF TRAINING IN COUNSELING

- “I was required to take a Counseling in Audiology course.”
 - 65% of audiologists answered *yes.*
- “I have received Professional Development in Counseling in Audiology.”
 - 45% of audiologists answered *yes.*
- “A Counseling in Audiology course should be required.”
 - 100% of audiologists answered *yes.*

CONCLUSION

- Supported my hypothesis
 - lack of balance between the three components
 - not enough professional training for counseling
- Need for more training programs for counseling in audiology
- Need to implement more counseling services for clients

CONCLUSION

- Audiology is more than providing a diagnosis, programming a piece of technology, or referring the client to another specialist. It is *teaching* them about the diagnosis, *listening* to their concerns, and walking them through the *best options* for their lifestyle.

■ CLIENT-CENTERED MODEL

FURTHER RESEARCH

Explore the benefits and prevalence of audiology counseling services for parents of children who were born with hearing loss.

Expand this study to include other/additional diagnoses in the field of audiology such as vertigo and tinnitus.

PERSONAL CONNECTION

Hearing loss

CMDS Classes and Honors Program at Ouachita

UAMS

THANK YOU
TO EVERYONE
WHO HELPED
ME WITH MY
THESIS!!

■ Primary Reader:

Dr. Nancy Hardman

■ Second Reader:

Mrs. Carol Morgan

■ Third Reader:

Dr. Patrick Houlihan

REFERENCES

- Anderson, K. L. (2015). Access is the issue, not hearing loss: New policy clarification requires schools to ensure effective communication access. *Perspectives on Hearing and Hearing Disorders in Childhood*, 25(1), 24–36. <https://doi.org/10.1044/hhdc25.1.24>
- Bess, F. H., & Hornsby, B. W. (2014). The complexities of fatigue in children with hearing loss. *Perspectives on Hearing and Hearing Disorders in Childhood*, 24(2), 25–39. <https://doi.org/10.1044/hhdc24.2.25>
- Blank, A., Frush Holt, R., Pisoni, D. B., & Kronenberger, W. G. (2020). Associations between parenting Stress, LANGUAGE comprehension, and inhibitory control in children with hearing loss. *Journal of Speech, Language, and Hearing Research*, 63(1), 321–333. https://doi.org/10.1044/2019_jslhr-19-00230
- Dammeyer, J., Lehane, C., & Marschark, M. (2017). Use of technological aids and interpretation services among children and adults with hearing loss. *International Journal of Audiology*, 56(10), 740–748. <https://doi.org/10.1080/14992027.2017.1325970>
- Daar, L., & Grunblatt, H. (1998). An audiological fear reduction program for a child. *Language, Speech, and Hearing Services in Schools*, 29(1), 45–47. <https://doi.org/10.1044/0161-1461.2901.45>
- Emmett, S. D., & Francis, H. W. (2015). The socioeconomic impact of hearing loss in U.S. Adults. *Otology & Neurotology*, 36(3), 545–550. <https://doi.org/10.1097/mao.0000000000000562>
- English, K., & Archbold, S. (2013). Measuring the effectiveness of an audiological counseling program. *International Journal of Audiology*, 53(2), 115–120. <https://doi.org/10.3109/14992027.2013.837224>
- English, K., Mendel, L. L., Rojeski, T., & Hornak, J. (1999). Counseling in audiology, or learning to listen. *American Journal of Audiology*, 8(1), 34–39. [https://doi.org/10.1044/1059-0889\(1999/007\)](https://doi.org/10.1044/1059-0889(1999/007))
- Glade, R., Bowers, L., & Baldwin, C. (2018). Incorporating informational counseling in treatment for individuals with hearing loss and their families. *Perspectives of the ASHA Special Interest Groups*, 3(9), 13–26. <https://doi.org/10.1044/persp3.sig9.13>
- Grunblatt, H., & Daar, L. (1994). A support program. *Language, Speech, and Hearing Services in Schools*, 25(2), 112–114. <https://doi.org/10.1044/0161-1461.2502.112>
- Whicker, J. J. (2020). Strategies for increasing counseling competencies among audiology graduate clinicians: A viewpoint. *American Journal of Audiology*, 29(3), 528–532. https://doi.org/10.1044/2020_aja-20-00036

REFERENCES

- Jackson, C. W., Wegner, J. R., & Turnbull, A. P. (2010). Family quality of life following early identification of deafness. *Language, Speech, and Hearing Services in Schools, 41*(2), 194–205. [https://doi.org/10.1044/0161-1461\(2009/07-0093\)](https://doi.org/10.1044/0161-1461(2009/07-0093))
- Luterman, D. (2020). On teaching counseling: Getting beyond informational counseling. *American Journal of Speech-Language Pathology, 29*(2), 903–908. https://doi.org/10.1044/2019_ajslp-19-00013
- Luterman, D. (2021). Counseling parents at the time of diagnosis: Moving toward client-centered practice. *American Journal of Audiology, 30*(1), 226–230. https://doi.org/10.1044/2020_aja-20-00122
- Meibos, A., Muñoz, K., & Twohig, M. (2019). Counseling competencies in audiology: A modified Delphi Study. *American Journal of Audiology, 28*(2), 285–299. https://doi.org/10.1044/2018_aja-18-0141
- Muñoz, K., Ong, C. W., Whicker, J., & Twohig, M. (2019). Promoting counseling skills in Audiology Clinical Supervisors: Considerations for Professional Development. *American Journal of Audiology, 28*(4), 1052–1058. https://doi.org/10.1044/2019_aja-19-0060
- Prendergast, S. G., Lartz, M. N., & Fiedler, B. C. (2002). Ages of diagnosis, amplification, and early intervention of infants and young children with hearing loss: Findings from parent interviews. *American Annals of the Deaf, 147*(1), 24–30. <https://doi.org/10.1353/aad.2012.0198>
- Searchfield, G. D., Kaur, M., & Martin, W. H. (2010). Hearing aids as an adjunct to counseling: Tinnitus patients who choose amplification do better than those that don't. *International Journal of Audiology, 49*(8), 574–579. <https://doi.org/10.3109/14992021003777267>
- Souza, P. E., & Hoyer, W. J. (1996). Age-related hearing loss: Implications for counseling. *Journal of Counseling & Development, 74*(6), 652–655. <https://doi.org/10.1002/j.1556-6676.1996.tb02306.x>
- Wheeler, L. R., & Tharpe, A. M. (2020). Young children's attitudes toward peers who wear hearing aids. *American Journal of Audiology, 29*(2), 110–119. https://doi.org/10.1044/2019_aja-19-00082
- Whicker, J. J. (2020). Strategies for increasing counseling competencies among audiology graduate clinicians: A viewpoint. *American Journal of Audiology, 29*(3), 528–532. https://doi.org/10.1044/2020_aja-20-00036