

# Knowles Hearing Center

## Northwestern University

### *Social and Emotional Aspects of Hearing Loss*

#### **SPEAKER ABSTRACTS**

##### *When Parents Need Support as Well as Information: A New Tool to Facilitate Family-Centered Conversations*

Kris English, Ph.D., The University of Akron/NOAC

Pediatric audiology has made great advances in the last three decades. Newborn screening is virtually universal in the US, and early intervention programs are generally available. However, even with comprehensive follow-up care and support from extended family and community, we often observe families struggling to commit to amplification and intervention. Recognizing the need to enhance our conventional approach to family care, a team of audiologists recently interviewed colleagues in other professions (social work, family therapists, etc.) and concluded that as non-professional counselors, we would need to engage with families in a different way to understand their concerns. With extensive family input, we have developed a Question Prompt List to invite families to choose questions they might not otherwise ask. QPLs are used in a variety of medical settings and typically address facts related to diagnosis and treatment; however, to address our specific counseling challenge, we saw the need for a QPL that includes both fact-based and adjustment-based questions that families might like to discuss. This session will summarize the development and validation process of this new family-centered counseling tool.

##### *Social Factors as Causes and Consequences of Auditory and Cognitive Aging*

M. Kathleen Pichora-Fuller, Ph.D., Professor, Psychology, University of Toronto

Experimental and epidemiological studies have established links between auditory and cognitive aging in healthy adults and those with clinically significant impairments. Social psychological factors offer a key to understanding these links. Such factors, including stigma, self-efficacy and social support, may be causes and/or consequences of auditory and cognitive aging, and they may modulate stress and affect health and vitality more generally. These factors will be discussed in relation to the Framework for Understanding Effortful Listening (FUEL). Implications for health promotion and rehabilitation by audiologists will be presented with suggestions for practice.

## *Using Health Psychology to Address the Needs of Adults with Unaddressed Hearing Impairment*

Jill E. Preminger, Ph.D., University of Louisville

Hearing impairment (HI) is unaddressed in millions of adults around the world. Hearing screening methods are offered in the community, over the telephone, and over the internet in order to address the low uptake of hearing aids. Those who fail a hearing screening are typically referred to an audiologist for a diagnostic hearing evaluation and consideration of hearing aids. However, few adults who fail a hearing screening visit an audiologist, and even fewer take up hearing aids. Numerous studies have investigated reasons for the poor uptake of hearing aids and many of the findings can be explained by theoretical models of health psychology, such as the Health Belief Model (HBM). As applied to HI the HBM model suggests that individuals will visit an audiologist and take-up hearing aids if they believe that their hearing problems are severe, that they have the ability to follow-through with auditory rehabilitation (AR), that the benefits of the AR outweigh the barriers, that they have the ability to implement the recommended treatment, and if they receive social support from family members or encouragement from a physician or audiologist. In this presentation the creation of an internet based self-management program for adults with unaddressed HI to promote the constructs of the HBM will be discussed; specifically, the findings of the content development phase which used a participatory development approach.

## *Emotion talk: Emotional and Social Functioning in Children and Adolescents with a Hearing Loss*

Carolien Rieffe, Ph.D., Developmental Psychology - Leiden University, NL

Dutch Foundation for Deaf and Hard of Hearing Child – Amsterdam NL

Institute of Education - UCL, University of London, UK

Emotions play a crucial role in our daily social interactions and well-being. Emotion expression signals when we like a person, when we want to cooperate, or when we are irritated by someone instead. Children do not learn this 'emotion talk' automatically. To become 'emotionally intelligent', children need to understand within the culture they live, which emotion is appropriate when, where, to whom, and how strongly. For this development, they need access to the social world around them, which is more challenging for children with a hearing loss.

In our lab ([www.focusonemotions.nl](http://www.focusonemotions.nl)), we have first examined different aspects of emotional intelligence, e.g. emotion recognition, emotion understanding, emotion regulation in children and adolescents with and without hearing loss. Second, we have related these outcomes on emotional intelligence to children and adolescents' social functioning. In this presentation, I will outline where we find patterns in children with hearing loss that converge and differ from those of their hearing peers. For professionals working with children with hearing loss, it is important to better understand what is part of normal development, and what patterns are specific for children and adolescents with hearing loss. Possible explanations and implications for the different patterns that we find will be discussed.

## *Living with Hearing Loss: The Circle of Influence*

Margaret I. Wallhagen, PhD, GNP-BC, AGSF, FGSA, FAAN

Professor, Department of Physiological Nursing

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Hearing loss (HL), the subjective experience that occurs secondary to hearing impairment, is a common symptom that increases in prevalence across the life span, affecting over 50 percent of individuals aged 75 and older. HL is known to influence health and well-being and yet it is under-appreciated as a public health concern, rarely screened for in primary care settings and usually not treated until it interferes significantly with preferred activities. Multiple factors serve as barriers to the receipt of appropriate treatment. Still, although significant research has been done on the impact of HL on the individual, fewer data are available on how close relationships affect and are affected by HL and how these interactions influence hearing healthcare seeking behaviors. Data from a qualitative longitudinal study exploring the experience of hearing loss in older persons and their communication partners will be used to discuss how the experience of, and response to, HL is embedded in a dynamic process that is influenced by cultural, personal, and societal forces. A model of this unfolding process will be presented, and the Symptom Management Theory will then be discussed as a potential conceptual frame that may facilitate an understanding of the dynamics that come into play during this evolving process. (205)

## *How Does the Use of Telehealth Affect Patient Outcomes and Satisfaction?*

Darrin A. Worthington, AuD, U.S. Department of Veterans Affairs, Captain James A. Lovell Federal Health Care Center

Modern advances in technology and mass communication infrastructure have made healthcare more accessible to more people in more places than ever before. Given the widespread and ever increasing use of telehealth in the current healthcare landscape, what are the potential interpersonal barriers associated with this form of healthcare delivery? In this talk, research pertaining to clinician satisfaction, patient satisfaction, and patient outcomes when comparing the traditional healthcare delivery model with remote or telehealth modality of healthcare will be explored and discussed. Of particular interest, how does the use of teleaudiology compare to a traditional face-to-face appointment in regards to patient outcomes and satisfaction?