

# THE REHABILITATIVE AUDIOLOGIST'S ROLE IN VOCATIONAL REHABILITATION OF THE HEARING IMPAIRED

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## INTRODUCTION

"Few audiologists really know or understand the needs of the deaf." "Audiologists do not provide speech therapy or lipreading. That is the function of the speech therapist." These comments were made by a vocational rehabilitation counselor on a questionnaire involving vocational services for the hearing impaired population. Another vocational rehabilitation counselor indicated, "In defining your terms, you should have explained what a 'rehabilitative' audiologist is. I don't know." Therefore, an explanation of the functions of the audiologist, sometimes called a clinical audiologist, might be of help to the vocational rehabilitation counselor who works with hearing impaired individuals.

Since the field of audiology is quite diversified, some clinical audiologists emphasize either the diagnostic or rehabilitative aspect of their profession. The clinical audiologist probably is best known for his responsibilities as a diagnostic audiologist. These functions may include clinical research, evaluation of an individual's hearing loss, hearing aid evaluations, and counseling (Katz, 1972). However, the clinical audiologist also performs rehabilitation functions. In order for the client to perform most favorably in society, the clinical audiologist emphasizing rehabilitation becomes involved in improving communication function to its optimum. The rehabilitative audiologist's services include a greater emphasis on hearing aid evaluations,

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auditory training, speech and language therapy, lipreading instruction, and counseling (Alpiner, 1971). In both diagnostic and rehabilitative audiology, inservice meetings, referrals and staffings with other professionals such as physicians, psychologists, social workers, speech pathologists and vocational rehabilitation counselors are important duties of the clinical audiologist.

The rehabilitative audiologist performs a number of functions which are useful to the hearing impaired person in need of employment who is considered sufficiently "handicapped" to require the services of the vocational rehabilitation counselor. The basic goal of rehabilitative audiology is to help the individual reach and maintain his maximal communication ability and, in this way, assist him to better fulfill his roles in society. Since this goal is very specific and individualized, the client's unique needs and background must be taken into consideration. Background information such as chronological age, intelligence, age at onset of hearing loss, severity of hearing impairment, type of loss, duration of hearing loss, status of speech and language, maturity, social and emotional stability, and many other factors must be considered in order to plan a meaningful rehabilitative program.

In order to achieve better communication, therapy for the hearing impaired person may include lipreading instruction, auditory training, speech and language therapy, manual communication training, and counseling. Lipreading instruction involves developing in the client a set to attend, heightened ability to observe facial expression and gestures of the speaker, and becoming more sensitive to topics of conversation and environmental cues which would clarify meaning. Within this framework, the sounds that are visible on the mouth may be recognized to a greater degree. Any available auditory cues used in conjunction with lipreading may add significantly to better communication.

Auditory training is often an important component of therapy necessary in making the limited auditory cues available to the client as meaningful as possible. Impairment of the auditory channel may produce reduced and/or distorted reception of auditory stimuli. Thus, the hearing impaired individual must learn to use what he does perceive to his best advantage. Auditory training may involve tasks which range from simple discrimination of certain sounds in the person with a slight hearing loss to signal warning for safety purposes in a profoundly deaf person. Auditory training may also be useful in helping the client learn the advantages and disadvantages of a hearing aid and in adjusting to amplification.

Speech therapy is another area of rehabilitative audiology involved with auditory and visual cues available to the client as well as tactile cues. A normal-hearing individual monitors his speech for such elements as loudness, distortions, language pattern, inflection, and intonation. Usually, as effective hearing ability decreases, the incident of defective speech increases. For clients with a progressive loss, speech therapy may prepare the person for such time as he will be unable to adequately hear and discriminate given sounds.

The spectrum of speech problems resulting from hearing loss may extend from very slight to very severe in those persons who have never heard normal speech. In cases where the hearing loss is severe enough to preclude normal language development, acquisition of appropriate language may be a life-long endeavor. As the phonetic, syntactic, and semantic rules of language are better understood and used with other cues, the better communication ability will become. Specific language used in particular job situations may be added to extend the effectiveness of the therapy. For a better grasp of language or for basic communication purposes, manual communication may be incorporated into the language goals.

Counseling is also an integral part of the therapy process. With each individual case, there may be specific problems which require counseling. For example, new users of amplification need to know what advantages and disadvantages may be encountered with amplification. Many clients do not wish to wear their much needed hearing aid for cosmetic reasons. Often, the hearing impaired person does not foresee the need for continued therapy after formal schooling is concluded although it is extremely easy for former poor habits to reappear and for speech to become less intelligible.

Thus, through an effective rehabilitative program, the client will learn to manipulate the communication situation to derive the optimal amount of information from the cues around him, accept his limitations, and communicate as effectively as possible. Rehabilitative audiology is not advocated as a means for the hearing impaired population to obtain a level of communication comparable to the "normal" individual but to offer all possible means for improvement. Adjustment of the hearing impaired person to his hearing loss and the positive utilization of all means to achieve and maintain satisfactory communication function are indicators of achievement in the rehabilitative program.

### PURPOSE

The purpose of this paper is to assess the working relationship between the rehabilitative audiologist and the vocational rehabilitation counselor.

### PROCEDURE

Questionnaires were sent to divisions of vocational rehabilitation in each state and the District of Columbia. Each questionnaire included instructions and defined a hearing impaired person as an individual with a hearing loss who is seeking employment assistance through a vocational rehabilitation agency. It was emphasized that hearing impaired persons are individuals with unique characteristics and varying degrees of hearing loss. The vocational rehabilitation counselor was assured his responses would be held in the strictest confidence. Each counselor was asked to complete the following questions:

1. What percentage of your total caseload per year is hearing impaired?
2. Of this group of hearing impaired clients, what percentage of your cases communicate either *predominantly* by manual communication or by oral communication?
3. What percentage of your predominantly manual hearing impaired caseload are you able to place in jobs per year? What percentage of your predominantly oral hearing impaired caseload are you able to place in jobs per year?
4. What percentage of clients do you refer to the rehabilitative audiologist for improvement of the following communication skills?
  - a. manual communication training
  - b. lipreading
  - c. speech therapy
  - d. other

Thirty of the fifty-one questionnaires were returned. The opinions presented are not meant to represent all vocational rehabilitation divisions but rather to give an idea of possible trends in the relationship between the rehabilitative audiologist and the vocational rehabilitation counselor.

## RESULTS

The vocational rehabilitation counselors who responded to the questionnaire indicate widely differing percentages of hearing impaired clients in their total yearly caseloads. Table 1 summarizes these results and shows what percentage of the hearing impaired caseload is predominantly oral and what percentage is predominantly manual. Percentages for the placement of these groups are also given. It may be observed that the caseloads appear to range considerably regarding the communication mode of the clients seen.

The percentage of referral to the rehabilitative audiologist for specific communication therapy is presented in Table 2. Of the thirty vocational rehabilitation counselors, five use the services of the rehabilitative audiologist for manual communication training, twelve for lipreading instruction, sixteen for speech therapy, and four for other services. It is interesting to note that the six counselors who have 99 to 100% hearing impaired caseloads do not show any greater percentage of referrals to the rehabilitative audiologist than those with a lower percentage of hearing impaired in their total caseload. Referral percentages are low for all respondents with the highest being 50%. The average percentage of referral is about 10%. However, most vocational rehabilitation counselors make no referrals for most or all of the services listed on the questionnaire.

A number of vocational rehabilitation counselors state that they do not know what a rehabilitative audiologist is. Various other comments reveal that the services of the rehabilitative audiologist are not understood and are not being used to the best advantage by the vocational rehabilitation counselor.

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TABLE 1: CASELOAD AND PLACEMENT DATA

Responses	Hearing Impaired Caseload Per Year Compared to Total Caseload	Cases Communicating Primarily by Manual Communication	Cases Communicating Primarily by Oral Communication	Vocational Placement Per Year of Primarily Manual Hearing Impaired	Vocational Placement Per Year of Primarily Oral Hearing Impaired
1.	40% public school students; 20% others	40.0%	60.0%	50.0%	50.0%
2.	40.0%	70.0%	30.0%	50.0%	70.0%
3.	5.0%	5.0%	95.0%	25.0%	30.0%
4.	7.0%	50.0%	50.0%	60.0%	20.0%
5.	80.0%	50.0%*	50.0%*	50.0%*	50.0%
6.	2.0%	100.0%	0.0%	25.0%	50.0%
7.	5 to 7%	2.5%	4.0%	33.0%	45.0%
8.	100.0%	75.0%	25.0%	11.0%	3.0%
9.	4.0%	25.0%	75.0%	18 to 20%	15.0%
10.	no response	no response	no response	no response	no response
11.	8.0%	no data	no data	no data	no data
12.	2.2%	no data	no data	no data	no data
13.	4.5%	90.0%	10.0%	no response	no response
14.	4.5%	66.0%	34.0%	17.0%	13.0%
15.	20.0%	60.0%	40.0%	60.0%	80.0%
16.	31.0%	66.0%	34.0%	25.0%	50.0%
17.	no response	25.0%	75.0%	90.0%	95.0%
18.	100.0%	95.0%	5.0%	25.0%	10.0%
19.	6.2%	1.5%	4.7%	1.5%	4.7%
20.	40.0%	no response	no response	no response	no response
21.	2.0%	70.0%	30.0%	80.0%	50.0%
22.	5 to 7%	30.0%	70.0%	no response	no response
23.	3 to 9%	no data	no data	no data	no data
24.	50.0%	60.0%	40.0%	90.0%	90.0%
25.	1.0%	50.0%	75.0%	30.0%	30.0%
26.	100.0%	30.0%	70.0%	no data	no data
27.	99.0%	90.0%	10.0%	50.0%	?
28.	100.0%	70.0%	30.0%	75.0%	75.0%
29.	2.3%	40.0%	60.0%	20.0%	33.0%
30.	100.0%	60.0%	40.0%	50.0%	70.0%

\*The respondent indicated that only total communication is used.

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**TABLE 2: PERCENTAGE OF CLIENTS REFERRED TO THE REHABILITATIVE AUDIOLOGIST FOR REMEDIATION BY THE VOCATIONAL REHABILITATION COUNSELOR**

Responses	Manual Training	Lipreading Instruction	Speech Therapy	Other
1.	none	none	15%	none
2.	5%	none	none	none
3.	none	5%	30%	none
4.	none	2%	3%	none
5.	none	none	none	none
6.	none	none	1%	none
7.	none	none	5%	Pending Aural Rehabilitation Program
* 8.	none	none	4%	none
9.	none	none	none	none
10.	none	none	none	none
11.	no data	no data	no data	no data
12.	no data	no data	no data	no data
13.	none	none	none	none
14.	none	4%	10%	none
15.	none	none	none	none
16.	20%	5%	10%	Counseling, 5%
17.	none	3%	50%	none
*18.	none	none	none	none
19.	none	none	none	none
20.	none	none	none	none
21.	2%	2%	2%	none
22.	none	none	none	none
23.	none	5%	10%	Auditory Training, 15%
24.	none	5%	none	none
25.	20%	none	5%	none
*26.	none	5%	none	none
*27.	none	2%	2%	none
*28.	none	none	10%	Aural Training, 20%
29.	none	20%	10%	Auditory Training, Use of Hearing Aid 35%
*30.	very few	very few	very few	none

\*99 to 100% hearing impaired caseload.

For example, other professionals are providing some of the services for which the rehabilitative audiologist is specifically trained. The general opinion is that the audiologist is involved only with diagnostic services, speech therapists work on lipreading and speech, and manual communication training is done by teachers of the deaf, other deaf persons, and interpreters. While these individuals do perform such duties, the rehabilitative audiologist incorporates all of these within the scope of his services. Since the vocational rehabilitation counselor comes directly in contact with a population of hearing impaired individuals, it is his responsibility to learn what services are offered and to make optimal use of these referral sources. He will find that one of his most valuable resources is the rehabilitative audiologist. It would appear that the audiology profession generally has failed to make its services known to vocational rehabilitation agencies. Knowledge of professional services is of mutual significance to the rehabilitative audiologist and the vocational rehabilitation counselor; each professional should be receptive to the need for actively providing and receiving information about the functions of the other.

### DISCUSSION AND CONCLUSION

The results of the questionnaire on the hearing impaired population returned by thirty vocational rehabilitation counselors across the United States were helpful in fulfilling the objective of this paper. It was found that the relationship between the rehabilitative audiologist and the vocational rehabilitation counselor is often inadequate or absent. Few of the respondents referred clients to the rehabilitative audiologist, and many did not know what services this person offers. The rehabilitative audiologist is able to provide such services as hearing aid evaluations, auditory training, speech and language therapy, lipreading instruction, and counseling. These services are precisely those needed by many of the hearing impaired clients of the vocational rehabilitation counselor.

Although the relationship between the rehabilitative audiologist and the vocational rehabilitation counselor is often inadequate, there is an available solution. If the two groups are willing to make the effort, the services performed by both professionals may be learned through inservice training, media materials, and direct observation of activities. Once awareness has been attained, increased communication and cooperation may then develop between the rehabilitative audiologist and the vocational rehabilitation counselor that will ultimately benefit their hearing impaired clients.

### SUMMARY

Questionnaires were sent to fifty-one vocational rehabilitation counselors in order to assess the working relationship between the rehabilitative audiologist and the vocational rehabilitation counselor. It was found that the thirty

counselors who responded were not taking full advantage of the services offered by the rehabilitative audiologist. In fact, many persons were not aware of the services offered. The rehabilitative audiologist is involved in hearing aid evaluations, auditory training, speech and language therapy, manual communication training, and counseling. Since communication ability is an important factor in employment, the vocational rehabilitation counselor should consider referral to the rehabilitative audiologist as one of the highest priorities in the management of the hearing impaired client. Cooperation between the vocational rehabilitation counselor and the rehabilitative audiologist is of the utmost importance in providing optimal services to hearing impaired clients.

#### REFERENCES

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