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Encore!

*Enhancing New Communication
Opportunities through Review
and Education*

AGENDA

1. Introduction

Goal is for you to hear to the best of your ability with the hearing you have.

Helen Keller once said, “. . .blindness separates us from things, deafness separates you from people.”

What does hearing loss sound like?

2. Difference in Success Levels

What hearing do you have?

How does word understanding relate to hearing aid success?

Different levels of hearing aid technology may affect the hearing aid success.

3. Hearing Aid Expectations

Expectations before and after fitting - have they changed?

Communication Tips

- ◆ Get Person's Attention
- ◆ Face Person
- ◆ Ask How to Communicate
- ◆ Don't Shout
- ◆ Speak at Moderate Pace
- ◆ Provide Good Lighting
- ◆ Avoid Noisy Background
- ◆ Rephrase rather than Repeat
- ◆ Nothing in Your Mouth
- ◆ Write, Gesture, Point

WATCH Program

W - Watch the speaker's mouth, not eyes

Probably the best known, but sometimes least practiced, of all HEAR skills.

A - Ask specific questions

The best way to get clarification is to ask as specific a question as possible, instead of saying, "Huh?" or "What?" or simply pretending to understand.

T - Talk about your hearing loss

This is a sensitive topic. To recognize the necessity of frequent mentioning ("admitting") your hearing loss.

C - Change the situation

Essentially, you must learn to analyze the communication situations you are in and identify the elements or factors that are causing the difficulty.

H - Healthcare knowledge

In the past if the doctor told you to do something, you did it, without question. The emphasis these days is on becoming an informed consumer, whether it be in healthcare, legal matters or whatever.

WATCH Program

WATCH is an acronym for our auditory rehabilitation program that includes the key elements of lipreading, conversation-repair strategies, admission of hearing loss, situation control, and consumer awareness and education. These five elements, which cover a wide range of modern auditory rehabilitation (AR) techniques, all assist, encourage and empower the hearing impaired to take charge of communication behavior and take responsibility for its success.

W – Watch the talker’s mouth, not his eyes

Lip-reading is probably the best known, but least practiced of all AR skills. Watch the talker’s lips at all times during communication, taking only brief glances around, if necessary. The emphasis is on the talker’s lips; eye contact should be minimal. Most people with a hearing loss are better at lip-reading than they realize. Many of the sounds that are difficult to hear are the easiest to “read”, such as the words “sat” and “bat”. The “s” and “b” are soft, high pitched sounds that sound similar but require the lips to make very different and very distinct movement.

Practice lip-reading at home. Turn down (not off) the volume on a televised evening news program and concentrate on the talker's lips for 30 seconds at a stretch. Lip-reading is extremely valuable since it is considered the best "noise fighter" available. Good lip-reading skills can increase a person's speech comprehension as much as a 10-dB to 12-dB improvement in the signal-to-noise ratio. That's more than any other technique, except turning off the noise (see below).

A – Ask specific questions

The best way to get clarification of something missed the first time is to ask as specific a question as possible, instead of saying "Huh?" or "What?" or simply pretending to understand. Here's an example. Suppose you heard the sentence, "My wife and I are planning on going to visit my aunt in XXX this fall," with XXX representing the missed word. The best response is to ask, "Where does she live?" rather than "What?" which makes the talker repeat the whole sentence and quickly becomes irritating.

Many times if you just think about what was said, you can piece it together. Motivated patients usually acquire this skill easily, but some find it hard to abandon the "Huh?" habit. A positive attitude and a willingness to change old habits will help tremendously.

T - Talk about your hearing loss.

This is a sensitive topic. The purchase of new hearing aids provides an excellent opportunity to start talking about your hearing loss with family and friends. The primary source of a communication breakdown for many hearing aid users is the presence of noise in the listening situation. In general, noise is a source of difficulty for the vast majority of people with sensorineural hearing loss.

Other sources of difficulty include the inability to see the talker clearly, lack of knowledge about the topic of conversation, competing messages (another form of noise, really), and talkers who speak softly or indistinctly. No technology can compensate for noise and the other sources of communication breakdown. Therefore, to achieve our goal of increasing the probability of communication, you must actively influence the listening situation.

For example, an older man frequently visits his son's family, but has a great deal of difficulty in the family room where they typically congregate. The TV is on, the lighting is poor, several people are talking at once, and the room is very reverberant. Now, no hearing aids can possibly overcome all these problems. That means the older man must actively change the situation.

He may say, "You know, I have a hearing loss and the TV makes it hard for me to understand. Can we turn it down a bit?" or "Son, my new hearing aid is picking up all these people. Could we go into the sitting room so we could talk?" or "It helps if I can read your lips, so I'm going to turn on this light so I can see your face better."

This kind of tactful manipulation can produce more benefit than any amount of noise-reduction circuitry! But these requests all have one thing in common: they all require you to mention your hearing loss. The older man's requests make sense only if the other people know the reason for them.

C - Change the situation

This topic was already introduced in the preceding section. If a patient is willing to admit hearing loss, then the door is open for resolving, or at least reducing, the communication breakdowns that occur in everyday life. Essentially patients must learn to analyze the communication situations they are in and identify the elements or factors that are causing the difficulty. Often the problem is the result of some type of auditory or visual interference. Some solutions include sitting closer to the speaker in a classroom or church, finding a quiet area in a restaurant, or turning off the TV while visiting with family or friends. Good lighting will help tremendously when trying to lip-read.

Try some of these “assertive” tactics. You can accomplish *a lot* with some simple analysis and tactful action. Take control and make it happen!

H – Healthcare knowledge

Many older people have been raised to think that the responsibility for their healthcare lies with the healthcare professionals, rather than in themselves. In the past if the doctor told you to do something, you did it, without question. Today’s consumer movement represents the antithesis of this attitude. The emphasis these days is on becoming an informed consumer, whether it the subject is healthcare, legal matters, financial planning, etc.

Hearing healthcare information is available from Up-State Hearing Instruments, on the Internet, in hearing magazines such as Hearing Health, and with a local consumer group, Hearing Loss Association of America. HLAA meetings are held the first Monday of the month at Country Waffles in Redding at 11:00 a.m. All those interested are welcome to attend the meeting and no-host luncheon. Call (925) 284-2847 or search the web at www.hearinglossca.org for more information and other chapter locations.

**UPSTATE HEARING
WORKS AS HARD AS
YOU DO TO BE
A GOOD LISTENER....**



