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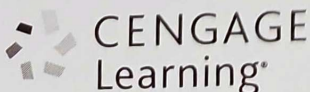
Foundations of

AURAL REHABILITATION

Children, Adults, and Their Family Members

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**Foundations of Aural Rehabilitation:
Children, Adults, and Their Family
Members, Fourth Edition**
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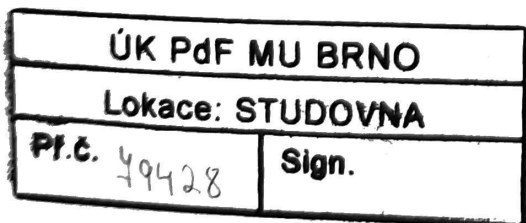
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waiting room. Individuals can view commercially available videos about hearing loss and communication strategies.

Short Tutorial

Another way to provide a brief communication strategies training program is by means of a short tutorial. **WATCH** is an acronym that Montgomery (1994) coined to describe his short-tutorial communication strategies training program. This program requires about 1 hour to administer. The acronym represents the following concepts:

WATCH is an acronym for an example of a short-tutorial program of communication strategies training.

W = Watch the talker's mouth, not his eyes.

A = Ask specific questions.

T = Talk about your hearing loss.

C = Change the situation.

H = Acquire health care knowledge.

The clinician discusses with the patient each of these concepts in this order.

During the "W" component, the clinician encourages the patient to focus on the talker's mouth for speechreading, as opposed to hand gestures or other items in the communication setting.

During the "A" component, the patient is encouraged to use specific rather than nonspecific repair strategies. A clinician might dramatize this point by speaking with a low voice or slurred speech, and then ask the person to use specific repair strategies.

During the "T" component of the program, the clinician discusses the importance of revealing a hearing loss to one's communication partners. A patient can then manage the communication interaction more effectively and implement instructional strategies.

The clinician asks the patient to identify situations in which communication is problematic during the "C" component. Together, they consider possible ways to overcome these problems.

Finally, the clinician provides information about health care and hearing loss resources during the "H" component of the program.

A short program such as WATCH may not always result in a momentous change in how a patient uses communication strategies. However, much of the program's value lies in the fact that simple ideas have been reviewed. The patient might reflect on these ideas and develop them or even become motivated to enroll in a more extended communication strategies training program.

SPEECH

The acronym SPEECH presents a short tutorial about communication strategies for frequent communication partners (Schow, 2001, p. 20):

- **S**potlight your face and keep it visible. Keep your hands away from your mouth so that the hearing-impaired person can get all the visual cues possible. Be sure to face the speaker when you are talking and be at a good distance (5–10 feet). Avoid chewing gum, cigarettes, and other facial distractions when possible. And be sure not to talk from another room and expect to be heard.
- **P**ause slightly between the content portions of sentences. Slow exaggerated speech is as difficult to understand as fast speech. However, speech at a moderate pace with slight pauses between phrases and sentences can allow the hearing-impaired person to process the information in chunks.
- **E**mpathize and be patient with the hearing-impaired person. Try plugging both ears and listen for a short while to something soft that you want to hear in an environment that is distracting and noisy. This may help you appreciate the challenge of having a hearing loss and it should help you be patient if the responses seem slow. Rephrase if necessary to clarify a point and remember, patience, and empathy!
- **E**ase their listening. Get the listener's attention before you speak and make sure you are being helpful in the way you speak. Ask how you can facilitate communication. The listener may want you to speak more loudly or more softly, more slowly or faster, or announce the subject of discussion, or signal when the topic of conversation shifts. Be compliant and helpful and encourage the listener to give you feedback so you can make it as easy as possible for him or her.
- **C**ontrol the circumstances and the listening conditions in the environment. Maximize communication by getting closer to the person. If you can be 5 to 10 feet away, that is ideal. Also, move away from background noise and maintain good lighting. Avoid dark restaurants or windows behind you that blind someone watching you.
- **H**ave a plan. When anticipating difficult listening situations, set strategies for communication in advance and implement them as necessary. This might mean that at a restaurant you communicate with the wait staff instead of having your family member or friend who has hearing loss do so.

COMMUNICATION STRATEGIES TRAINING FOR FREQUENT COMMUNICATION PARTNERS

People with whom a person with hearing loss converses frequently also may benefit from receiving communication strategies training. A frequent communication partner may be a spouse, a son or daughter, a close friend, or a health care provider. The goals of communication strategies training for frequent communication partners are to foster empathy for the difficulty of the speechreading task, encourage the use of appropriate speaking behaviors, learn how to tailor messages so they are easy to recognize, and learn how to repair communication breakdowns effectively. Table 9-3 summarizes topics that may be reviewed.

TABLE 9-3. Content that may be included in a communication strategies training program for frequent communication partners.

Appropriate Speaking Behaviors

Frequent communication partners may be encouraged to:

- Speak clearly and slowly.
- Speak with their faces toward the individual with hearing loss.
- Avoid putting objects in or near their mouths while speaking.
- Stand away from windows or bright light sources when talking to someone who has a hearing loss.

Empathy

Frequent communication partners may be asked to consider:

- The difficulty of the speech recognition task when one must rely on a degraded audio signal, perhaps with the use of filtered speech samples.
- The difficulty of the lipreading task.
- How stress and anxiety levels may rise when someone has a hearing loss, and how persons with hearing loss often may experience fatigue and desire social withdrawal.

Organized Messages

Frequent communication partners may be asked to:

- Avoid verbosity, and to use concise and syntactically simple sentences. For example, they might say, "Let's go to a movie," rather than "I haven't really thought much about it, but I know we aren't doing much on Saturday, so maybe let's go to a movie."
- Avoid ambiguity by using precise terminology. For example, they may say, "The sweater is Sarah's," rather than, "It's hers."

Comprehension

Frequent communication partners may be encouraged to:

- Ask their partner often if he or she comprehended a message.
- Ask for verification and listen to the person with hearing loss repeat or paraphrase what they have just said.
- Provide feedback about whether the individual correctly recognized the message.

(continues)

The frequent communication partner may receive coaching about how to use repair strategies optimally. Following a communication breakdown, they might:

- Repeat their messages.
- Rephrase their messages, and say it in a different way. For example, the sentence, "I left," might be rephrased as "I went home."
- Repeat a key word to indicate the topic of conversation. For example, if the sentence "Tom fell down," was not recognized, the communication partner might repair the communication breakdown by saying, "Tom. Tom fell down."
- Simplify the message by using fewer words or by using more commonplace words. For example, the sentence, "Jane bought a brown bowler hat," might be simplified to "Jane bought a hat."
- Elaborate, by providing more information and repeating important key words. For instance if the sentence, "I cut the paper," was misunderstood, the frequent communication partner might say, "I have some scissors. I cut the paper with the scissors."
- Build from the known by presenting information that can easily be recognized to establish a context. For instance, the original sentence might have been, "Please put the wallet in my purse." In repairing a communication breakdown, the communication partner might say, "Please put the wallet [and then point to the wallet] in my purse" (with a gesture toward a purse).