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Post-trauma anxiety and ambivalence about hearing loss: A rationale for Audiology-Psychology collaboration

AudiologyOnline Webinar

David Citron, III, Ph.D.

Michael A. Harvey, Ph.D.

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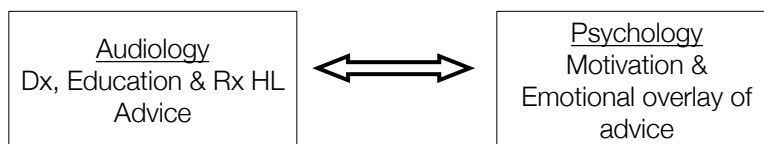
Learning Objectives

- Describe the psychological dynamics of an audiology office visit.
- Describe and delineate the utilization of traumatic transference in an audiology office visit.
- Describe the tools to minimize the negative psychological effects of these dynamics without going beyond professional boundaries.

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Audiologist-Psychologist Dialogue

“If only patients would follow my advice!!!”



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Does this audiologist's note sound familiar??

“I sometimes feel that much of what my pt talks about is outside of my scope of practice. She often becomes side tracked due to talking about her feelings.

“I hadn't realized that she was coming to see me for more than her ears.”

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Audiologist quote:

“Other than informational counseling and listening to the patient, I can't think of any specific psychological strategies that I employ. We're trained to counsel about causes and effects of HL, treatment options, communication strategies, etc. I'm not convinced we should be significantly involved in the counseling process beyond the informational level.

“You can only wear so many hats and we shouldn't beat ourselves up if we can't solve all of a given pt's problems.”

And by the way, you don't have oodles of time for this

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Integrating Counseling Skills into Existing Audiology Practices

Kristina English, Ph.D.

- 70% of that group reported that they found ways to “fold” counseling strategies into their practices in ways that did not require additional time.
- “I am finding that careful listening/counseling in the beginning is resulting in fewer return visits, so in this way I actually come out ahead, time-wise.”

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Agenda

- Definition of trauma (sort of)
- Post-trauma psychological dynamics of an audiologic office visit, including traumatic transference;
- Tools to minimize the negative psychological effects of these dynamics;
- Cognitive Behavioral Therapy (CBT) tools to maximize the psychological benefits;
- What to do when your patient cries.

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What is pornography ?

"I shall not today attempt to define pornography, but I know it when I see it."

Justice Potter Stewart

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continued

Carol

"I remember when it first really hit on a deep, visceral level that I was deaf and that I was going to be deaf forever. It was the middle of the night, about a year after I left the hospital. A terrible nightmare about suffocating in a plastic bag had just woken me up. My heart was pounding and my whole body was covered with sweat. Without any hesitation, I immediately went straight to my parents' room, like I was a little girl again.

"I shook them out of their sound, peaceful sleep and told them about my nightmare. We all knew what it meant."

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British Parliament member Jack Ashley describes the sudden onset of deafness:

"Thunderbolt," tortured months"; "shattering beyond belief", "plummeting of my happiness, aspirations, and hopes for the future", "existing in misery," "emptiness, a vacuum, a pit."

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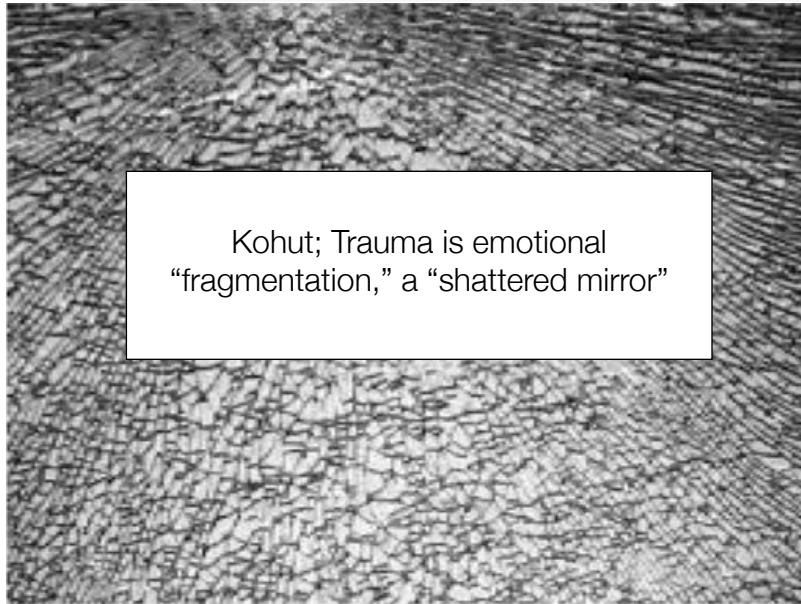
Lost in the Fog

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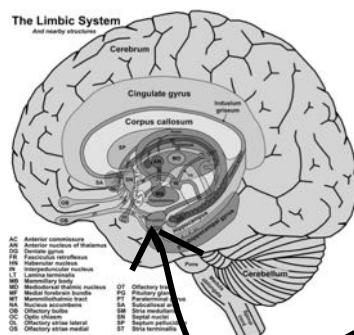


Kohut; Trauma is emotional
“fragmentation,” a “shattered mirror”

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Neurobiological Processes in response to trauma



“The amygdala leads a
hostile takeover of
consciousness by
emotion.”

LeDoux (2002)

By John Taylor [Public domain], via Wikimedia Commons

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Post-trauma psychological dynamics of an
audiologic office visit, including traumatic
transference

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continued™

There is no such thing as an evaluation.
Inevitably, it triggers affects, such as loss,
grieving, anxiety, etc.

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“White Coat Syndrome”: When patients have a high pulse rate or high blood pressure in the doctor's office but nowhere else.

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Amy, 50 y/o hoh woman

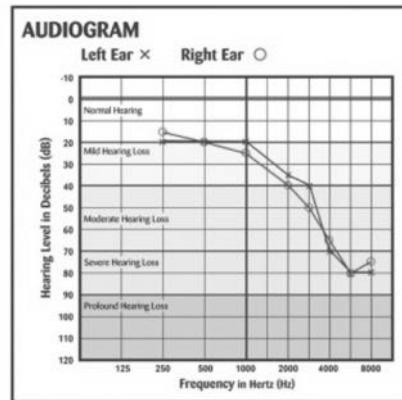
“After a brief catch up on events with my audiologist, I’m seated in the dreaded booth, and the door is shut. No matter how many times I have sat in this seat, I’m still uncomfortable. After all it is a test. One for which I hopefully have studied properly.

“My hands feel clammy when I grasp the ‘Push Me’ Button when I hear the tone. For that brief instant before the first ‘note’ I envision a scene from Alice in Wonderland when Alice has fallen down the rabbit hole and faced with a dilemma and a ‘Drink Me’ potion. It’s a scene based on trust before stepping into the unknown.”

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“You didn’t hear that?” the audiologist asked during a hearing exam.

“I’ll never forget when she said that to me, even though it was 25 years ago.”



* An example presbycusis (sloping high-frequency hearing loss) synonymous with the ageing process.

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Traumatic Transference

I asked Sue whether she thinks her pulse rate changes at her audiologist’s office. Instantly, she nodded her head and I asked why.

“He’s very nice and supportive,” she began. “He tries to make me relaxed and to focus on the positive, but I feel defensive with him, like he’s gonna keep finding things wrong with me.”

“Have you shared your feelings with him?” I asked, already suspecting her answer.

“Of course not!” she immediately responded. “He probably already thinks I’m a basket case.”

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Traumatic transference:

When someone has been traumatized (e.g., by HL) and is later in a situation that reminds him/her of that trauma (e.g, an audiologic appt).

One transfers the emotions that were associated with an earlier trauma on to a present-day situation that is perceived as similar.

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Natick Mall xxxx Collection



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"It's a hearing test, one for which I hopefully have studied properly."

"I'll never forget when my audiologist asked me that, even though it was 25 years ago."

"Although he's supportive, he probably thinks I'm a basket case."

Traumatic transference often causes shame

(Shame = metastasized guilt)

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Tools to minimize the negative psychological effects of these dynamics

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What to do???

Lessen your power

Adopt a one down position with respect to learning about how a person experiences HL

“How do you listen when you want to discover another person’s inner world, as opposed to figuring out where someone falls on your map of the world?... I strive to work from a . . position of not knowing...defined as something I’m genuinely curious about, so in that sense it’s a real question, something I don’t know the answer to.”

Carol Gilligan

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The following sentences, although perhaps true, are NOT from a one down position

~~You’re missing appts because you’re angry with me.~~

~~You need to use your HA.~~

~~You have unresolved feelings about your mother.~~

~~Your mother has unresolved feelings about you.~~

~~Too much sugar isn’t good for you.~~

~~Too much sugar isn’t good for your mother (about whom you have unresolved issues).~~

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Eg of One down position

Do you think you may be missing appts because you're angry with me?

What do you think will happen if you don't use HA?

Do you think you have unresolved feelings about your mother?

Do you think your mother has unresolved feelings about you?

What have you read about the effects of too much sugar?

Any thoughts about the effects of too little sugar on your mother?

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Relational stance:

The way in which we approach patients, how we position ourselves

Expert/information provider: This is the focus of most medical/allied medical training. "Parent to child"

Appreciative Ally: Respectful curiosity or collaborative inquiry. "Adult to adult." Provides info and expertise prn, depending on pt's stage of readiness to change

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Appreciative Ally

- ☐ Would you help me understand how it feels to come to my office for a hearing test?
- ☐ Please help me understand how you experience your HL.
- ☐ I'm curious to know what's most bothersome and least bothersome for you about your hearing.
- ☐ I know a lot about audiology, but nothing about you. Catch me up!

"expert knowledge"

"local knowledge"

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Allow patients to be the expert of their own experience

"I educate. You decide."

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Convey an understanding of a patient's psychological construction of HL



1st umpire: "I call them as they are."

2nd umpire: "I call them as I see them."

3rd umpire: "They are as I see them."

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"I hear voices and see energy, but McLean got that wrong: I don't have schizoaffective disorder. I have expanded spirituality."

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What is this patient's "third umpire"
construction of HL?

Q: "Why didn't you get your hearing tested a long
time ago?"

A: "I wasn't ready to get old."

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Empathy =

Understanding one's third umpire constructions via one-
down position

"Would you help me understand . . . ?"

"I can only guess how you feel, as I'm not you."

"Would you tell me what it's like to . . . ?"

"You look sad? Are you sad?"

~~"I understand how you feel."~~

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A brief aside

About 50% of people with serious mental illnesses don't believe they are ill and refuse to take prescribed medications. Their main complaint is usually feeling victimized by family, friends, and doctors who pressure them to accept treatment for an illness they don't think they have!

Amador, X. (2012). I am not sick I don't need help: How to help someone with mental illness accept treatment. Vida Press LLC.

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A useful analogy

Anosognosia: a neurologic disorder that causes poor insight for persons with serious mental illness, including unawareness of one's deficits, symptoms, or signs of illness.

This disorder renders their concepts of self—their beliefs about what they can and cannot do—literally stranded in time. They believe they have all the same abilities that they once had. When one's conception of who one is gets stranded in time, one inevitably ignores or explains away any contradictory evidence.

Oliver Sacks: "The Man Who Mistook His Wife for a Hat"

If brain damage can cause a man to mistake his wife for a hat, it is easy to imagine how it can cause someone to mistake his past self for his current self.

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Why this might be useful to you

When faced with the frustration of trying to convince a pt to get help, remember the enemy is brain dysfunction, not the person. This shift in your thinking can go a long way toward lowering your level of frustration, increasing your effectiveness, and building a collaborative relationship with the person you are trying to help

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Anyone who has dealt with denial in a loved one knows that it can't be fixed simply by educating the person about the problem he doesn't believe he has.

The first step, therefore, is to stop arguing and start listening to your loved one in a way that leaves him feeling that his point of view—including his delusional ideas and the belief that he is not sick—is being respected.

Amador, X. (2012). I am not sick I don't need help: How to help someone with mental illness accept treatment. Vida Press LLC.

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Cognitive Behavioral Therapy (CBT) tools
to maximize the psychological benefits

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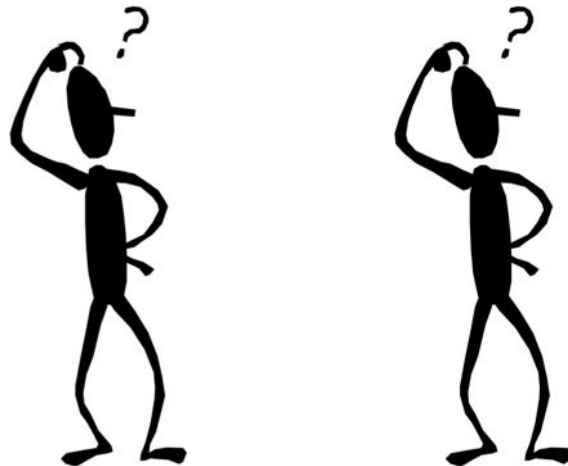
Cognitive Behavior Therapy (CBT)

Thoughts → Feelings → Behavior

The way we think about things (e.g. HL) affects how we feel emotionally and then how we behave.

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Irrational beliefs (self-talk)



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Societal Negativity

“Traditionally, Hearing Health Professionals have invited people to discover they have a ‘condition’ or a hearing impairment, while detailing how bad their condition is (i.e., how flawed the person is) while pointing out the negatives (i.e., ‘these are the sounds you can’t hear...’).

“HHPs subsequently offer a solution (hearing aids) that is often unexpectedly expensive and may come loaded with negative associations attached to it.”

Beck, D.L & Alcock, C. J. Right product; wrong message. Hearing Review. 2014: 21(4), 16-20.

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Step 1: Begin where the patient is at. Elicit and validate what societal negativity about hearing healthcare pts may have internalized.

Pt: “It’s not my ears. My wife mumbles.”

Audiologist: “Wow, you’re the up-teenth person who’s told me this. It must be an epidemic!” (smiles)

Pt: (smiles)

A: “Yeah, many people get the message that having trouble hearing is something to be ashamed of, and they’re afraid of flunking the hearing test, like flunking a final exam. Is that kinda how you feel?”

Pt: “Yeah, that’s me.” (nods his head).

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Step 2: Educate patients that they have internal conversations going on in their head that influence their feelings and behavior

Disney Pixar's Inside Out

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- Pt: I try not to join conversations because I would only fail. It makes me look stupid.”
- A: “If you continue choosing to think that evidence of hearing loss makes you look stupid, what will you then feel?”
- Pt: “Embarrassed, inadequate . . . “
- A: “And then what will you do?”
- Pt: “Stay at home and make myself a good stiff drink.”
- A: “Your thoughts wield a lot of power, huh?”
- Pt: “Yeah, they sure do.”

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Step 3: (The opposite of trauma): Emphasize that as human beings, we have the ability to choose what we think.

“I think, therefore I am.”

- Rene Descartes

“You wanna fly, you got to give up the shit that weighs you down.”

- Toni Morrison

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A: “Your decision about what to think is the key! Many people with hearing loss discover that they’re thinking tons of thoughts that they’re not even aware of, and that cause them to feel lousy about themselves and hearing aids. Are you curious about this?”

Pt: “I guess.”

A: “Could I give you some bedtime reading material and maybe get your reactions to it next time we meet?”

Pt: “Sure.”

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Step 4: Suggest alternative, rational cognitions

- Pt: "Ugh, I can't hear so many of the tones, so I'm remembering many times that I'm in situations and I get so anxious that people will think less of me because I'm either not answering them or I'm responding inappropriately. I'm embarrassed because I look stupid."
- A: "If people think less of you or stupid, you think you're pitiful and stupid?"
- Pt: "Something like that." (She looks down and shakes her head.).
- A: "Many people with hearing loss tell me that they fall into the trap of thinking like that. It's not only you. But did the reading I gave you give you any ideas about how you can decide to change your thoughts about this?"

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- Pt: "Hmmm." (produces the article). "Yeah, I can choose not to subscribe to 'emotional reasoning': the belief that what we feel must be true automatically is true; that if I feel stupid, then I must be stupid, and other people will view me as such.

"I can also stop 'catastrophizing' about the possibility that people think I'm stupid. While it would be swell if everybody thought I was real smart, that's not a necessity for me to remain alive and be happy. I have a core group of family and good friends who are affirming and I do care about what they think."

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Story of a man with multiple sclerosis who wouldn't use a wheelchair because people may pity him, that is, until he wanted to visit a museum exhibit that was surrounded by cobblestones.

It was only then that he decided to "connect" his using a wheelchair to rational thinking: "I deserve to honor my wants and needs rather than give in to my irrational thought that what people may think is so damn important."

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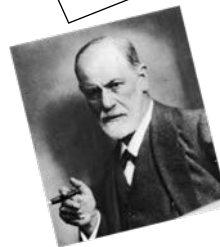
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Mike, isn't this crossing a professional boundary of audiologists by attempting to practice psychotherapy?

I can't speak about your profession, but it seems to me that offering pts rational coping thoughts about HL while using tools from psychology isn't doing psychotherapy.



I agree, I didn't test pts' hearing in Vienna and ADA members don't do psychoanalysis!!!



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What to do when your patient cries

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Common HCP internal reactions :

- ❖ “Oh my god, now what do I do?”
- ❖ “Oh no, I opened up a can of worms.”
- ❖ “What am I gonna say to make the patient feel better?”
- ❖ “This is gonna make me late for back to back appointments.”
- ❖ “I’m not a therapist.”

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What not to do:

- ❖ “Ya know what Dr. Smith did when I became tearful after he told me about my son’s hearing loss? He told me to see a f\$%!#?& shrink!”
- ❖ “He put his arm around me and made me feel very uncomfortable.”
- ❖ “She immediately listed all the positives and made feel like a baby.”
- ❖ “She had the bloody nerve to tell me, ‘I know how you feel.’ How the hell does she know?”
- ❖ “She told me to stop crying.”
- ❖ “I felt guilty because he started to squirm in his seat.”
- ❖ “He had the nerve to tell me not to be anxious or depressed.”

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What to do

“She didn’t rush me out of the office.”

Naturally, this caveat must be balanced with managing your appointment schedule. Use bounded open-ended questions. For example, “This is hard stuff but can you give me a glimpse of how you’re feeling in the few minutes we have together?”

“When I told her in between sobs about my son’s hearing loss, that doctor really wanted to hear my story.”

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“When I teared up, he asked me what I was feeling without making assumptions.”

It is important not to assume you know what a patient is feeling even when it seems obvious.

“He assured me that crying is a normal and a healthy part of grieving a loss.”

Validation is the recognition and acceptance of another person's thoughts, feelings, sensations, and behaviors as understandable.
Marian story

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“He let me cry!”

On an emotional level, the patient felt grateful and beholden to the HCP for permitting her to cry. This dynamic easily becomes entangled in a patient's need to appear unemotional in order to impress the HCP.

“He was supportive without being overbearing.”

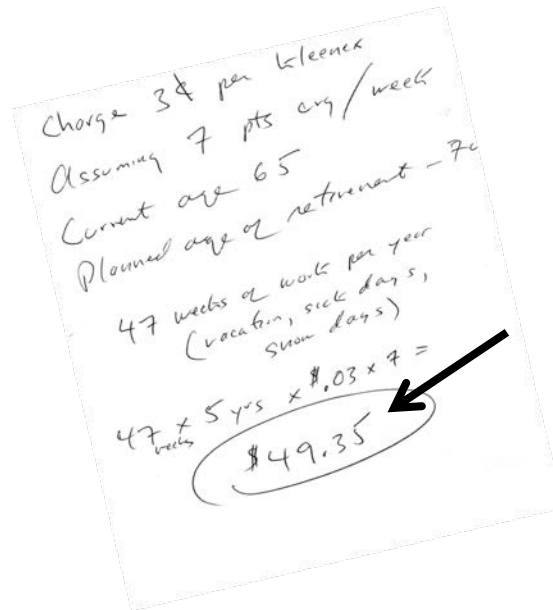
As one HCP reported, “Sometimes, patients don't need words, they just need to know someone is there. When a patient cries, I would just sit there and be quiet and ask if he or she would like to talk about it a bit. I let the patient lead me to what I should do, and I follow my heart about what's right.”

Judicious humor may be helpful

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Mike's business plan



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"She asked me if I was ready to hear a treatment plan and assured me of her commitment to help."

Important to ask if a patient is ready to take in emotionally difficult information as emotional dysregulation impairs concentration. Moreover, asking patients for their permission to discuss a topic gives them some control, in contrast to feeling barraged by loss that is uncontrollable.

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Ask, Tell, Ask

- ☐ Ask what a pt wants to hear
- ☐ Tell the pt
- ☐ Ask what the pt understood.

From Gawande, Atul. Being Mortal: Medicine and What Matters in the End

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"She was impressed with my strengths, despite my emotional ups and downs.

When a patient is embarrassed about crying, I may recite Frank Perdue:

"It takes a tough man to make a tender chicken."

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A patient recalled when she first saw her audiogram: “I felt my tears welling up and immediately apologized. But then Dr. Smith said, ‘This can’t be easy.’ His four simple words were chock full of compassion. ‘No, it’s not easy,’ I responded between sobs. I shook my head and out came a torrent of tears.”

“Dr. Smith helped me feel that crying was okay. It was then I knew I could trust him and that I was okay.”

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“When I grieved that I’ll never be as good a golfer as I wanna, I realize I’m enjoying it more!”



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