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- Email customerservice@AudiologyOnline.com

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AUDIOLOGYONLINE

A New Generational Approach: Integrating Psychology and Audiology Care

Michael Hoffman, PhD

Millennial Matters & Generational Issues in Audiology

continued[®]

Learning Outcomes

After this course, participants will be able to

- Describe a model for integrating psychology and audiology services.
- Discuss research on psychopathology within patients with hearing loss.
- Discuss strategies for counseling complex families.

continued[®]

Overview

- Review of psychological literature on hearing loss
- Model for integrating psychology and audiology
- What audiologists can do when they don't have access to psychology
- Counseling difficult families
- Summary, Q&A

About Me

- Ph.D. in Clinical Psychology with a specialization in Pediatric Psychology
 - Graduate training at University of Miami
 - Residency and fellowship at Nemours/Al duPont Hospital for Children
- Born with severe to profound hearing loss (Connexin 26)
 - Dx at 4 mo
 - Aided at 5 mo
 - Implanted at age 28

Psychosocial Research

- Mean age of awareness is around age 3
- Children first perceive that others may be looking at them differently by age 4
- Therefore, children with hearing loss begin experiencing psychosocial effects at an early age and, in many cases, before being able to make decisions about their own care

Psychosocial Research

- Studies from Gallaudet estimate that 40-50% of children with hearing loss have a comorbid diagnosis
 - Increased rates of ADHD (20% vs. 6.9%)
- Children with hearing loss often experience difficulties academic performance, behavior, feelings of being different/teasing, increased rates of psychopathology, and social withdrawal
- NHANES Data:
 - 16.6% have seen a doctor for social emotional problems (vs 4.4%)
 - 11.5% have been medicated for emotional difficulties (vs 6.9%)

Hearing Loss and Autism (ASD)

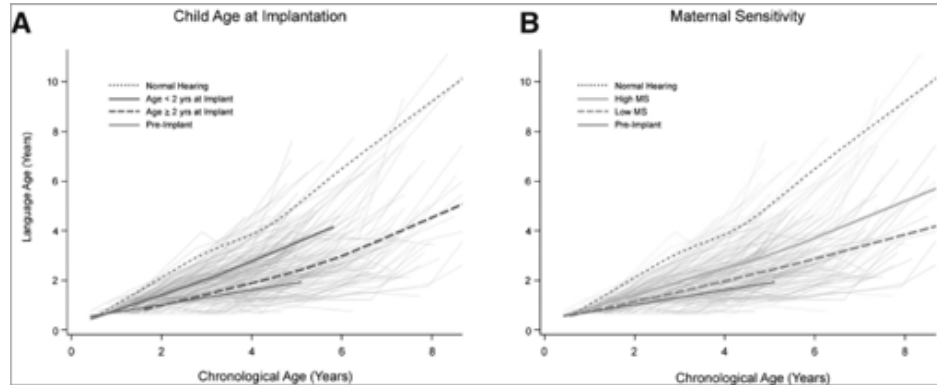
- Children with hearing loss have higher rates of Autism
- Risk-ratio of ASD is 14.1 times greater in hearing loss vs general population
 - 1 in 59 children with hearing loss have ASD (vs. 1/68 in general population)
- Making a dual diagnosis is extremely challenging!
 - Social difficulties can be explained by hearing loss or ASD
 - Hallmarks of ASD: hand-flapping, toe walking, self-stimulatory behaviors
- Another common overlap: increased rates of auditory processing disorder

Maternal Sensitivity

- Hearing mothers of children with hearing loss tend to be:
 - More controlling
 - More directive
 - More intrusive during interactions with their children
- Maternal sensitivity:
 - Maternal responsiveness
 - Respect for child's autonomy
 - Positive regard
 - Hostility
- Quittner et al (2012): 188 children with CIs vs typically developing children

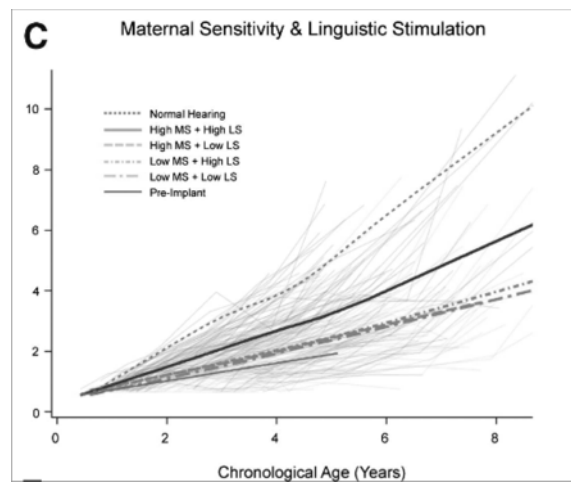
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Maternal Sensitivity



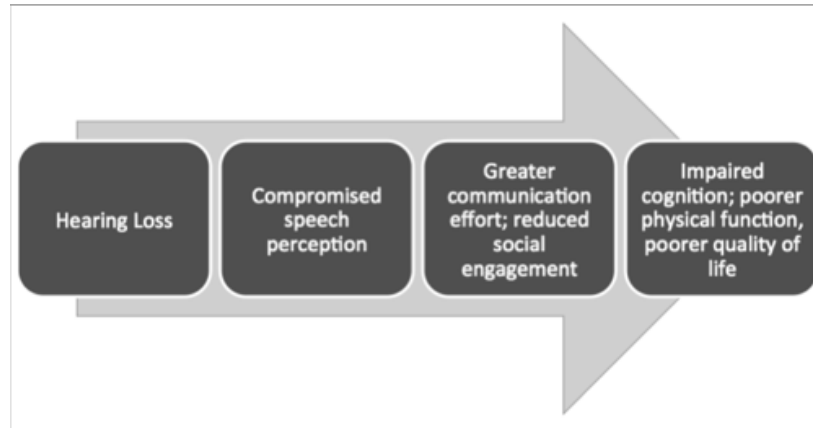
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Maternal Sensitivity



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Effects of Hearing Loss in Adults



Abrams (2017)

Psychosocial Research

- Adults with hearing loss often display social withdrawal (Sung et al, 2016)
- 30% of adults with severe hearing loss who do not wear their devices report depressive symptoms (National Council on the Aging, 2011)
 - Also more likely to report: worry, anxiety, paranoia and emotional insecurity
- Odds of depression in the elderly were 1.5 greater per 25 dB of hearing loss in the better ear (Mener et al, 2013)

Psychosocial Research

- In elderly adults, hearing loss contributes to cognitive decline and dementia (Ameiva et al, 2015)
 - Link between cortical amyloid plaques in Alzheimer's disease and loneliness, which can be exacerbated by hearing loss
- Hearing loss contributes to brain tissue loss, affecting the ability to process sound and speech (National Council on the Aging, 2011)
- Other studies have linked hearing loss to cardiovascular disease and diabetes

Psychosocial Research

- In sum:
- HEARING LOSS HAS SIGNIFICANT PSYCHOSOCIAL EFFECTS ACROSS THE LIFESPAN!!!



Integrating Psychology and Audiology

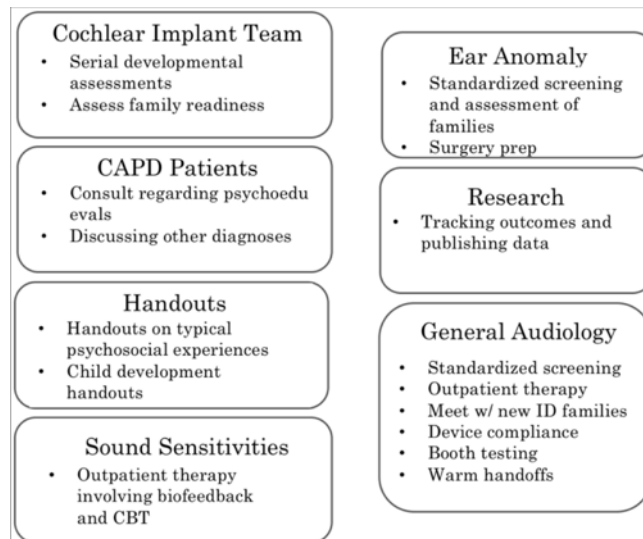


Justification for Psychology Role

- Audiologists are very well trained to assess issues of speech/language
- However, individuals with hearing loss are impacted in many ways
- Providing holistic services that address the “whole child/person” improves patient care and helps align with patient-centered collaborative care
- Psychologists are well positioned to help manage these things!!!



A Broad Integration Model



Cochlear Implant Team

- Assessment of family readiness:
 - Understanding of surgical/rehabilitation process
 - Family perspectives of CIs/hearing loss
 - Concerns about appearance/surgery
 - Potential barriers/psychosocial complicating factors
 - History of parental mental health
 - Family stressors and relations
 - School/daycare setting
- Most critical areas to assess: Barriers to follow-up care and family understanding of the CI process
- Developmental assessment (Bayley)
 - Cognitive functioning, receptive/expressive language, and fine and gross motor

CAPD and Sound Sensitivities

- Many patients undergoing CAPD evals have history of psychological comorbidities
 - Ruling out ADHD, autism, other learning issues
- Misophonia, tinnitus, and hyperacusis
 - Outpatient psychotherapy to provide coping strategies
 - Conducting biofeedback to teach diaphragmatic breathing

Ear Anomaly Clinic

- Multidisciplinary clinic for children with conductive hearing loss/microtia/atresia
- Conduct psychosocial consultations
- Assess:
 - Family context/stressors
 - Psychosocial history
 - Appearance-related concerns
 - Developmental history/IE services
 - Academic functioning/IEP
 - Psychosocial concerns impacting physical health

Screening Patients

- Some medical conditions have clear demarcations for psych involvement
 - E.g., diabetes, cancer, weight management
 - Within our field, it is hard to know when to refer
- Screening can standardize referrals while taking minimal time and allow for clearer identification of those who might benefit
- Screening can also save you time!

Screening Patients

- Screening of permanent hearing loss patients occurs0:
 - At device selection OR fitting
 - 1 month follow-up OR 3 month follow-up
 - Every 6 month follow-up
- Patient experiences and challenges change, repeated screening helps us to serve needs at different times
- We can also track change over time

Screening Patients

- 3 age ranges:
 - 0-5: Parent report
 - 6-12: Parent and self-report
 - 13+: self-report
- Items: 6-8 questions

Sample Questions


- How often is your child bothered by his/her hearing loss?
- How often does your child feel different from other children because of his/her hearing loss?
- How often does your child wear his/her hearing devices?
- How often does your child feel down, depressed, or bad about him/herself?
- How often does your child feel nervous, anxious, or on edge?
- How often does your child have difficulty falling or staying asleep?
- How often do you feel stressed or worried about your child's development or behavior?
- How often do you feel stressed or worried about managing your child's hearing loss?


What can Psychology do?

- The issues do NOT have to be specific to hearing loss, but can include:
 - Sleep, feeding, behavior problems, anxiety, depression
 - Device usage, parental stress, parental decision-making
 - Identity formation around hearing loss
 - Brief assessments for ADHD
 - Adjustment for parents and children following initial diagnosis
 - Transition periods – adolescence/college/young adulthood
 - Improving family communication around hearing related issues
 - Brief developmental assessments for children
 - Warm handoffs or complex booth testing assistance
 - ...and many more!

What Can Audiologists Do?

- What if I do not have access to psychology/work in private practice?
- Answer: You can do lots!
- Have about psychosocial functioning in individuals with hearing loss
- Generate a list of community mental health providers
- Screening for anxiety/depression
- But isn't Psychology for crazy people?
- What if they say no?!?!?!?

 Personal Health Questionnaire Depression Scale (PHQ-8)																																														
<p>Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle one number on each line)</p> <table border="1"> <thead> <tr> <th>How often during the past 2 weeks were you bothered by...</th> <th>Not at all</th> <th>Several days</th> <th>More than half the days</th> <th>Nearly every day</th> </tr> </thead> <tbody> <tr> <td>1. Little interest or pleasure in doing things.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>2. Feeling down, depressed, or hopeless.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>3. Trouble falling or staying asleep, or sleeping too much.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4. Feeling tired or having little energy.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>5. Poor appetite or overeating.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>7. Trouble concentrating on things, such as reading the newspaper or watching television.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.....0</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		How often during the past 2 weeks were you bothered by...	Not at all	Several days	More than half the days	Nearly every day	1. Little interest or pleasure in doing things.....0		1	2	3	2. Feeling down, depressed, or hopeless.....0		1	2	3	3. Trouble falling or staying asleep, or sleeping too much.....0		1	2	3	4. Feeling tired or having little energy.....0		1	2	3	5. Poor appetite or overeating.....0		1	2	3	6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.....0		1	2	3	7. Trouble concentrating on things, such as reading the newspaper or watching television.....0		1	2	3	8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.....0		1	2	3
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Generalized Anxiety Disorder 7-item (GAD-7) scale				
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score (add your column scores) =				



Use Your Clinical Judgement

- Screening is not meant to be an “end all, be all” for referrals
- You all have wonderful clinical intuition and judgement
- If you think someone would benefit from referral for services even if their score is below the cut-off, proceed!



Counseling Difficult Families

- Families may be more open to term “Behavioral Health Specialist”
- Normalize first – “For many of our patients, it is not uncommon for children to have [poor compliance, anxiety, parental stress]”
- For very young patients – “We know that hearing loss can cause impact on other areas of development”
- “Psychologists are developmental experts and specializes in working with children with hearing loss. They can help with a lot of common issues such as [behavior challenges, anxiety, sleep, ADHD]”



New Diagnosis Families

- For families who just received a new diagnosis of hearing loss
 - Many are experiencing guilt/mourning change in expected trajectory of child's life course
 - Some of the most common concerns are about social functioning:
 - Will my child make friends?
 - What will others think about them?
 - Will they date/get married?

New Diagnosis Families

- Your goal should not be to “make them feel better”....it should be to “make them feel heard”
 - Ask what is going through their mind
 - Normalize and validate those thoughts/feelings (Even if it is not always normal)
 - When they are talking, use reflective language
 - “it seems” and “If I am understanding you correctly”
- Avoid:
 - Specific, targeted questions...this doesn't pull for more information
 - Closed ended questions...pulls for “yes/no” responses
 - Telling the family about your previous professional experiences

Counseling Difficult Families

- The “I read this online” family (e.g., I want slim-tubes for 3 year old)
 - Trying to exert your expertise over the family is not likely to work
 - They will become defensive
- Ask open-ended questions to gather additional information
- Reflect the information back to them to create ambivalence
 - So on one hand...but on the other hand
 - I’m a bit confused..
 - Help me understand...
- Ask permission to provide information
- Granting permission to talk means the patient is much more likely to listen

Counseling Difficult Families

- The “I am not wearing my hearing aids” patient
- Again, your first step should be to gather as much information as possible
- You want the patient doing most of the talking
- Motivational interviewing strategies:

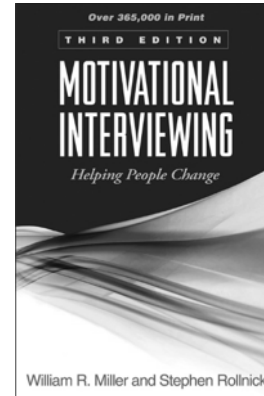
Core Skills

Open Questions
Affirmations
Reflections
Summaries

continued

Counseling Difficult Families

- The “I am not wearing my hearing aids” patient
- Get them engaged in change talk
- On a scale of 1 to 10
- Why are you a ____ and not a ____
- AVOID BEING THE FINGER WAGGER!



continued

What Questions Do You Have?

continued



Thank you so much!

- Please feel free to email me
with any questions/concerns/feedback
- Michael.Hoffman@Nemours.org

