Adult Group Aural Rehabilitation
Implementing a Successful Program

BY KATIE OESTREICH
This article offers insight into creating and implementing an effective group adult aural rehabilitation program. Rationale for providing these programs for new hearing aid users and their significant others will be provided, along with practical suggestions for the audiologist serving as group facilitator.
Adult Group Aural Rehabilitation: Implementing a Successful Program

Over the years, there has been an expansion of group aural rehabilitation programs facilitated by audiologists to support new hearing aid users and their families. These programs focus on hearing aid use, the psychosocial aspects of living with hearing loss, collaborative problem solving, and the facilitation of communication strategies (Kricos, 2000). There are numerous advantages to offering group aural rehabilitation, but what makes a program successful?

A successful group aural rehabilitation program helps to remove the stigma that is often associated with hearing loss.

Why Offer a Group Aural Rehabilitation Program?

It is well understood that hearing loss greatly affects an individual’s quality of life, as difficulties with communication affect interactions with others (Ciorba et al, 2012). Additionally, a person’s hearing loss can affect his or her personal and social relationships with a significant other (Brooks et al, 2001). Although hearing aids may help to improve the quality of life for people with hearing loss, residual difficulties can remain.

Group aural rehabilitation programs that include individuals with hearing loss and their spouses, children, or caregivers can be instrumental in addressing the residual effects that remain after the hearing aid fitting. These programs are not simply something that is added to the audiologists’ role. Instead, they are the underlying essential components of the compassionate care that audiologists provide to their patients (Abrahamson and Wayner, 2000).

But is it really that important to include significant others in group aural rehabilitation? One study evaluated the benefit of including communication partners in a typical aural rehabilitation group experience (Preminger, 2003). The results revealed that, although all individuals benefited from the program, those who participated along with a communication partner demonstrated significantly more benefit on a measure of hearing-loss-related quality of life than individuals who participated alone.

Research consistently demonstrates the benefits of group aural rehabilitation. For example, a study conducted by Abrams et al (2002) analyzed the benefit of group aural rehabilitation programs in relation to the cost of providing these services. The study determined that those who participated in group aural rehabilitation programs showed a statistically significant improvement in quality of life.

Additionally, participation in group aural rehabilitation programs is an effective strategy to address the stigma associated with hearing loss (Hetu, 1996). By meeting and interacting with other individuals who have a hearing loss, group members can share their experiences of hearing difficulties and unsatisfactory social interactions. This activity helps participants to realize that they are not the only ones to have experienced negative feelings about their hearing problems.

As a result, participants may begin to have a more positive attitude about themselves. In a group aural rehabilitation program, individuals are likely
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to learn appropriate coping strategies and experience success in using these strategies when they interact with others.

**Class Content for Best Outcomes**

Group aural rehabilitation programs can be useful for individuals with hearing loss and those with whom they communicate often. But what types of class content result in the best outcomes?

A group aural rehabilitation program typically provides several structured activities that can include informational lectures, communication strategies training, and group problem-solving.

Participants may describe specific experiences in which they were frustrated or embarrassed due to communication difficulties and gain insight from the experiences of others (see **TABLE 1**). By working together as a group, they may solve common communication breakdowns and discuss possible repair strategies.

A study conducted by Preminger and Yoo (2010) evaluated the effectiveness of three types of group training: communication strategies training, psychosocial activities, and informational lectures. Though all types of training groups demonstrated both short- and long-term improvement, evidence from this study suggested that sessions with psychosocial exercises resulted in the best outcomes of quality-of-life measures. Therefore, it was recommended that classes provide a mix of content, particularly activities that focus on problem management (i.e., communication strategies training, informational lectures, and/or identifying and solving problems) and managing the emotional response to hearing difficulties (psychosocial exercises and/or stress reduction).

Topics and activities that may be beneficial in a group aural rehabilitation program include problem identification, communication strategies, and self-advocacy. The group facilitator may use a variety of techniques to elicit group participation. For example, if the topic of conversation is problem identification, the group facilitator may ask participants to speak about a communication problem they wish to solve. The facilitator can then ask other members to offer suggestions and create a list of possible strategies to try when a communication breakdown
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occurs. In doing this, stigma is removed when participants realize that they are not the only ones facing certain communication challenges.

How Can I Effectively Facilitate a Group?

A common goal of aural rehabilitation programs is to encourage change. This may include change in a participant’s knowledge regarding hearing loss and amplification options, a change in attitude toward the hearing loss, or a change in communication with others. Facilitation of change has less to do with the content of the session and has more to do with the process or movement toward a destination (Kricos, 2000).

A core value that guides facilitation is the acceptance that group members have free and informed choice as to their objectives and methods for achieving them. Facilitators do not change the behavior of others. Rather, they provide information that enables people to decide whether or not to change their behavior (Schwarz, 1994). Therefore, it is the role of the group facilitator to act as a catalyst for change among group members.

The audiologist acting as facilitator provides structure and inspires the group members to assume an active role in the program. The facilitator also encourages participants to take responsibility through the use of self-discovery and problem-solving strategies.

A group facilitator is effective when he or she has a plan in place to encourage participation in group discussion. Rather than feeling that expert answers must be provided to the group, facilitators should ask participants to provide opinions and possible alternatives to various problems. It is important to note that facilitators should not be uncomfortable with

TABLE 1. Class Content for Best Outcomes.

CLASS CONTENT FOR BEST OUTCOMES

### Problem Management
- Communication Strategies Training
- Psychosocial Exercises
- Informational Lectures

### Managing Emotional Responses
- Stress Reduction
- Identifying and Solving Problems
ZPower silver-zinc rechargeable batteries are a new technology now available for select products from almost every major hearing aid manufacturer. With new technology comes many questions, so we have introduced an “Ask the Expert” program to answer your questions about silver-zinc battery technology.

**How often should the batteries be charged?**

The batteries should be fully charged every night. Once the hearing aids are finished charging, the indicator lights turn from blinking green to solid green. A full charge may take up to 7 hours — the charge time varies based on how much the battery was depleted during the day.

**What happens when the silver-zinc rechargeable battery is getting low on power?**

The hearing aid wearer will hear the low battery warning. Once the low battery warning occurs or once a hearing aid shuts off due to a low battery condition, do not open the battery door to reboot the hearing aid. Rebooting after the low battery warning can over-discharge the battery. If a low battery warning from the hearing aids is received, place the hearing aids in the charging base for charging or replace with non-rechargeable batteries. Store your rechargeable batteries in a safe place away from metal objects like coins or keys.

**Should a patient open the battery door to turn off the hearing aids when not in use?**

If a patient removes their hearing aids during the day, the hearing aids should be put back on the charger. Rule of thumb — if the hearing aids are not on the ears they should be in the charger. The batteries will not overcharge, and this will not decrease the overall life of the battery. If the charger is not available, it’s ok to open the battery door for a few hours until they are worn or can be put on the charger. If the hearing aids are not going to be worn for an extended period, the batteries should be removed.

Have more questions? Please visit www.ZPowerhearing.com/ask-the-expert to enter your question.
conflict. They should not view disagreement among group members as something that must be avoided. Instead, facilitators should guide participants to respectfully communicate their opinions and encourage alternative ways of viewing conflict and finding a resolution.

**Conclusion**

The main role of a group aural rehabilitation leader is to enable group members to obtain support while giving support to others.

A successful group aural rehabilitation program helps to remove the stigma that is often associated with hearing loss. It provides useful information to group members through informational lectures, communication strategies training, and group problem solving. It establishes supportive networks among group members. And finally, it provides opportunities for group members to assume a sense of self-empowerment when facing challenges that often accompany hearing loss.

With these important objectives in place, the audiologist will be more effective in facilitating a group aural rehabilitation program.

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**References**


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Resources

“Group Aural Rehabilitation can serve as a powerful support mechanism for people with hearing loss.”—Ida Institute

For more helpful tools in implementing a group aural rehabilitation program, see the following links:

https://dainstitute.com/tools/group/get_started

https://dainstitute.com/tools/group/?tx_idatoolbox_toolboxpagelist%5Bcontroller%5D=Toolbox&cHash=cae163518219f0d96686399844027fbf