

Editorial

Audiologic Rehabilitation



It has been almost 50 years since Carhart (1947) first described his four-stage auditory training program for adults. Anyone who has taken a graduate course in audiologic rehabilitation is certainly familiar with the essential stages of (1) *critical listening*, (2) *precise and rapid recognition of phonetic elements*, (3) *reestablishment of recognition of significant noises*, and (4) *training in auditory discrimination under adverse listening conditions*. Yet, the intervening years have seen a gradual attenuation of the role of rehabilitative intervention in our professional activities. Certainly, the burgeoning technology in amplification devices over the past 2 decades has been a major influence on this downward spiral. As our ability to intervene successfully with amplification has improved over the years, attention has, perhaps understandably, wandered away from what many perceive as a less glamorous, less rewarding dimension of the profession. Indeed, many audiologists have come to doubt, over the years, whether adult rehabilitative intervention actually does any good.

It is particularly gratifying, therefore, to be able to present, in this issue of *JAAA*, exciting new findings showing that the listening skills of elderly persons can indeed be improved by auditory training. In the paper "Efficacy of Audiologic Rehabilitation for Older Adults," investigators Pat Kricos and Alice Holmes report the results of a study comparing both analytic and active listening training in 78 elderly persons with hearing loss. Results showed that both speech recognition ability, as measured by the Connected Speech Test (Cox et al, 1988), and psychosocial status, as measured by the Communication Profile for the Hearing Impaired (Demorest and Erdman, 1987), were significantly improved by an 8-hour program of *active listening training*, extending over a 4-week period. The improvement was documented in

both auditory-only and combined auditory-visual conditions. Interestingly, however, a matched group trained by an *analytic approach* failed to show such improvement.

In retrospect, it may be that, over the years, Carhart's emphasis on "critical listening" and "precise and rapid recognition of phonetic elements" has led to an overemphasis on an analytic as opposed to a more synthetic approach to auditory training. Almost 15 years ago, for example, Walden et al (1981) expressed concern that analytic training may not be suitable for elderly persons. The present findings of Kricos and Holmes echo this recommendation. They show quite clearly that an auditory training regimen focused on consonant discrimination drills is not likely to be effective with elderly persons, while a more synthetic approach, emphasizing coping strategies, development of good listening habits, concentration on the meaning of the message, and nonverbal and situational clues can lead to improved communicative efficiency.

Hopefully, this demonstration by Kricos and Holmes, that rehabilitative intervention can, indeed, be efficacious, will rekindle interest in more comprehensive intervention strategies for elderly persons with hearing loss.

James Jerger
Editor-in-Chief

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