



## The Hard of Hearing Club: An Application of the WHO ICF in Clinical Practice

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Hearing loss in the elderly has a profound effect on communication and quality of life. At Baycrest, a geriatric health care facility in Toronto, one of the biggest challenges for the audiologists is to provide effective audiologic rehabilitation (AR) for seniors with severe hearing loss and communication difficulties, who typically receive limited benefit from hearing aids.

The impact of their hearing loss is further compounded by other physical and cognitive changes that occur with aging. The challenges and frustrations presented by attempts to participate in social activities results in exclusion, avoidance and withdrawal. The resulting social isolation has a significant impact on quality of life, affecting their well-being and often leading to loneliness and depression (Kricos, 1995; Davis, 1995)

The Baycrest Hard of Hearing Club offers a different approach to audiologic rehabilitation for these clients who are at risk due to social isolation, employing a social framework where supportive communication strategies are presented and practiced in the context of meaningful social interaction. It was established over nine years ago in response to the referral of a depressed, profoundly hard of hearing client, Nusia, who was socially isolated as a result of her hearing loss. She had attended AR programs and speech reading groups but had not found what she needed to address her sense of isolation. She felt that others like her would benefit from the opportunity to participate in a social club, where they could meet others with similar challenges, discuss their common problems and perhaps make friends.

Designing an Appropriate AR Program

The advantages of providing AR in a group setting have long been recognized; it provides the opportunity for social participation and support from others who share the same problems, and facilitates the development of self-efficacy and empowerment.

The International Classification of Functioning, Disability and Health (ICF; WHO, 2001) serves the needs of this patient population well as a model for rehabilitation, as

it addresses the whole person in their environment and the impact of their hearing loss on their ability to function in their daily lives (Hickson & Scarinci, 2007; Worrall & Hickson, 2003; Gagne et al, 2009).

Using the ICF model as a conceptual framework, the Hard of Hearing Club uses socialization to address the activity limitations, participation restrictions and personal and environmental factors that affect functional health and well being. It provides an opportunity for seniors isolated by their hearing loss to meet, discuss their common problems and make new friends.

### Program Goals and Strategies

The purpose of the Hard of Hearing Club is to provide a supportive, accessible environment, in keeping with the ICF model, where members can function effectively as communicators, so that social interactions are positive and rewarding rather than the usual frustrating negative experiences to be avoided.

In this way we hope to achieve two main goals: the first is to reduce social isolation (addressing loneliness, sadness, depression); the second is to help individuals cope with ADLs (independent living, safety). To see a full table of goals, strategies and reported outcomes, please see Reed, M. (2010).

### Strategies employed to achieve these goals include:

Frequent and regular (weekly) meetings over an extended period (9 years) have enabled members to get to know one

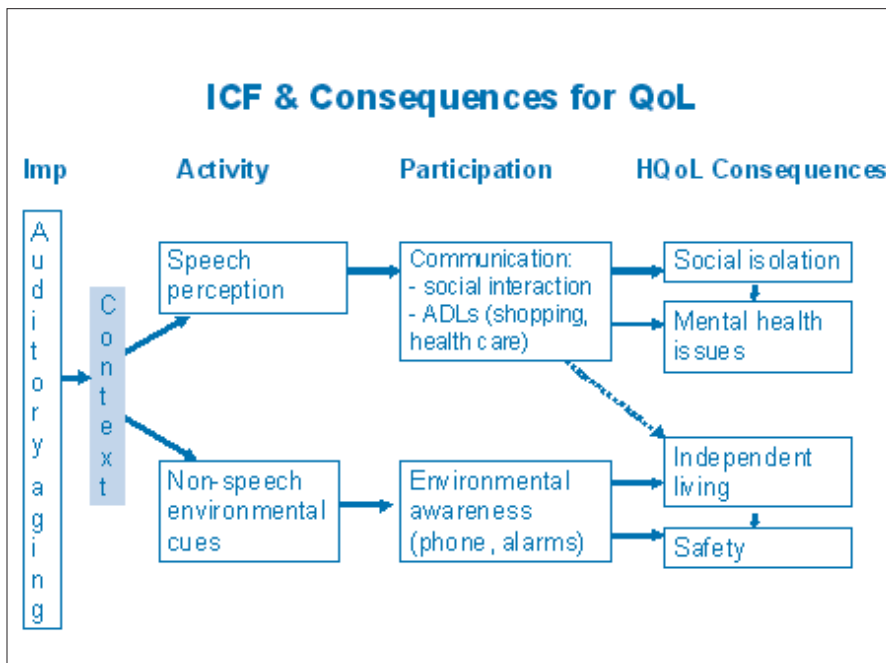
another, becoming familiar with voices, personalities and communication styles, which facilitates speech understanding and conversation, and the formation of social bonds. Limited group size (average = 12) helps to ensure all members have the opportunity to participate.

An effective facilitator is critical to the success of the group as they will ensure that all members are actively engaged in conversation and feel included. The facilitator should be

a skilled communicator and have strong technical knowledge in order to answer questions and provide education about amplification technology.

Because social fulfillment depends on all being able to participate, another important component of the group is that members observe the "rules" that they proposed, discussed and determined by consensus. In this way, they own them and expect the facilitator to reinforce them. Because they see them working, they are empowered to advocate for better communication strategies in their extended social environment.

Members practice assertiveness, which gives them the confidence to tell family, friends, health care providers, bank tellers, etc. that they are hard of hearing and how they can help





them as communication partners. They are discouraged from the common practice of bluffing and encouraged to use every opportunity to educate others about the use of appropriate communication strategies.

Self and group advocacy also play an important role in boosting confidence and self-empowerment. Members learn how to advocate for themselves and on behalf of those with hearing loss. They are encouraged to raise awareness of others by speaking out about their hearing loss and telling others how they can help them.

Provision of an accessible meeting environment with good acoustics, lighting and seating, and communication partners with common problems and concerns speak to the contextual factors of the WHO ICF.

An informal social 'tea-time' at the end of the meeting is important 'down time' when members are able to have relaxed conversations with each other and the social bonds become the driver of audiological rehabilitation.

#### Evaluation and Outcomes:

One of the expected outcomes of audiological rehabilitation is the enhancement of well-being and quality of life, and the challenge to the clinician is measuring the extent to which an improvement in health-related quality of life (HRQoL) has been achieved (Abrams & Chisolm, 2009).

Evaluation of the Hard of Hearing Club is underway, with the use of both qualitative and quantitative measures. There are many positive indicators of the group's success:

- High weekly attendance for nine years.
- Social activities between members outside of the group.
- Hearing Handicap Inventory for the Elderly (HHIE) scores.
- Quality of life measure: MOS SF- 36.
- Qualitative evaluation with focus group interviews; key themes appeared to validate the group by showing that it has been able to meet its objectives of addressing the quality of life issues that were initially identified: **Isolation and well-being:** something to look forward to; highlight of the week; close relationships; making friends; participation; warmth; feeling valued and included; "at home with friends"; respected; supported; problems shared with honesty, tolerance and understanding; "only place I can hear and be heard"; **Independence and security:** educational; "learn something new every time"; provides communication strategies ; encourages assertiveness and gives tools for others to help; helps to manage ADLs; educates about and encourages use of AT; collective voice for advocacy.
- Testimonials from members, families and psychiatry.



The Baycrest Geriatric Health Care System's Hard of Hearing Club

#### Conclusion:

The WHO ICF model serves well as a framework for AR in that it considers not only the impairment but also the activity and participation limitations it causes. Applied as a framework for the Hard of Hearing Club, it addresses the impact of severe hearing loss on the elderly person's ability to function in their daily environments. It also appears to provide a successful rehabilitation option for these seniors whose inability to participate in social activities results in isolation and diminished quality of life.

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