

American Speech-Language-Hearing Association

Making effective communication, a human right, accessible and achievable for all.

| Search |
|--------|
|--------|

Assistive Listening Technology

August 2004

Mark Ross, PhD

Years ago when people purchased a hearing aid, that was all they received—a hearing aid and nothing else. By today's standards, the hearing aids were primitive and unable to help in many situations. But people's expectations were also limited; if the aid could help them hear better in at least some important situations, then that was sufficient reason for them to use it. The fact that the hearing aid was of no value in many other situations was tough, but a fact of life.

These expectations have changed as hearing aids have become more advanced. People now expect their new hearing aids, particularly the high-end, expensive ones, to help them in many more situations than was possible years ago—as they can. But this does not mean that people are more satisfied with their hearing aids than they were years ago. It seems that developments in hearing aid technology are accompanied by correspondingly higher expectations. That is, the more that hearing aids can do, the more people expect them to do.

A major reason for current dissatisfaction lies in the fact that there is a limit to the capabilities of even the most modern hearing aid. For example, hearing aids are not very good at picking up speech signals from a distance. Years ago, people with hearing loss were denied full auditory access to many of the social and cultural offerings of our society, simply because there was no technical way for them to achieve "distance hearing." This is no longer true.

Hearing assistive technology systems (HATS) can help people hear better in many situations where hearing aids are of limited benefit. All HATS, large and small, frequency modulated (FM), infrared (IR), or induction loop systems (IL), are based on the same principle: they all bridge the distance between the sound source and the listener. They are all capable of considerably enhancing a hearing-impaired person's speech perception. They can all provide improved auditory access in many challenging acoustic situations for people with hearing loss.

The problem is that hearing-impaired people are not fully informed about their existence, are not sufficiently motivated to try them, or are unable to afford them—particularly personal FM systems. Audiologists may think that they are informing their clients about hearing assistive technologies, but these perceptions are not necessarily shared by the clients themselves. For example, in 2002, Prendergast and Kelly reported that 84% of 110 audiologists surveyed reported that they provided their clients with advice on HATS. However, in a survey of 942 hearing aid users, only about 30% of them reported receiving this information from their hearing aid dispensers (Stika, Ross, & Ceuvas, 2002). In other words, their perceptions conflicted with the intent of the dispensing audiologists (who, undoubtedly, sincerely believed that this information had been presented to their clients). In this context, however, the only pertinent consideration is what a hearing aid user recalls. Good intentions don't count.

Our challenge as a profession is to be sure that we get the message across. Much more can be done to help and educate hearing-impaired people than just dispensing hearing aids. The logical place to provide this information, education, and assistance in using and obtaining hearing assistive technologies (such as warning and signaling devices) is during the hearing aid selection process. Ideally, clients are scheduled for group follow-ups (either a hearing aid orientation program or a short-term Aural Rehabilitation program). Regardless of what we call it, one of the goals of such a program is to introduce clients to the various kinds of hearing assistive technologies now available. We must affirm the fact that the evaluation, selection, and dispensing of all types of hearing assistive technologies is part of our scope of practice and that it should not be relegated to stepchild status.

Questions

- What are some of the most important hearing assistive technologies to consider with clients who have a cochlear implant?
- How will "bluetooth" wireless technology affect decisions about assistive listening devices?

About the Author

Mark Ross, PhD, is professor emeritus of audiology at University of Connecticut and a consultant in the Rehabilitation Engineering Research Center (RERC) at Gallaudet University.

References

Pendergast, S.G., and Kelley, L. A. (2002). Aural rehab services: Survey reports which are offered, how often, and by whom. *The Hearing Journal*, *55* (9), 30–35.

Stika, C. J., Ross, M.. and Ceuvas, C. (2002). Hearing aid services and satisfaction: The consumer viewpoint. *Hearing Loss*, *23*(3), 25–31.

| Acknowledgment: This article is supported in part by Grant #H133EO0006 from the U.S. Department of Education, NIDRR, to Gallaudet University. |
|---|
| © 1997-2023 American Speech-Language-Hearing Association |
| |