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CREATE CHANGE

# The Key Role of Families in Hearing Well and Being well

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## Aims

Explore the relationships between being well, hearing well and family

Discuss the audiologists' role in helping clients and families to hear well and be well = Family-Centered Care (FCC)

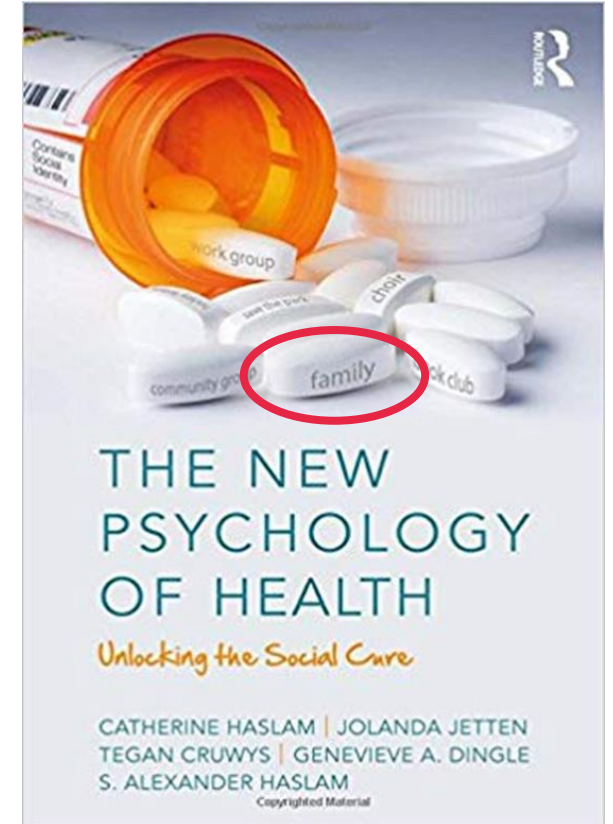


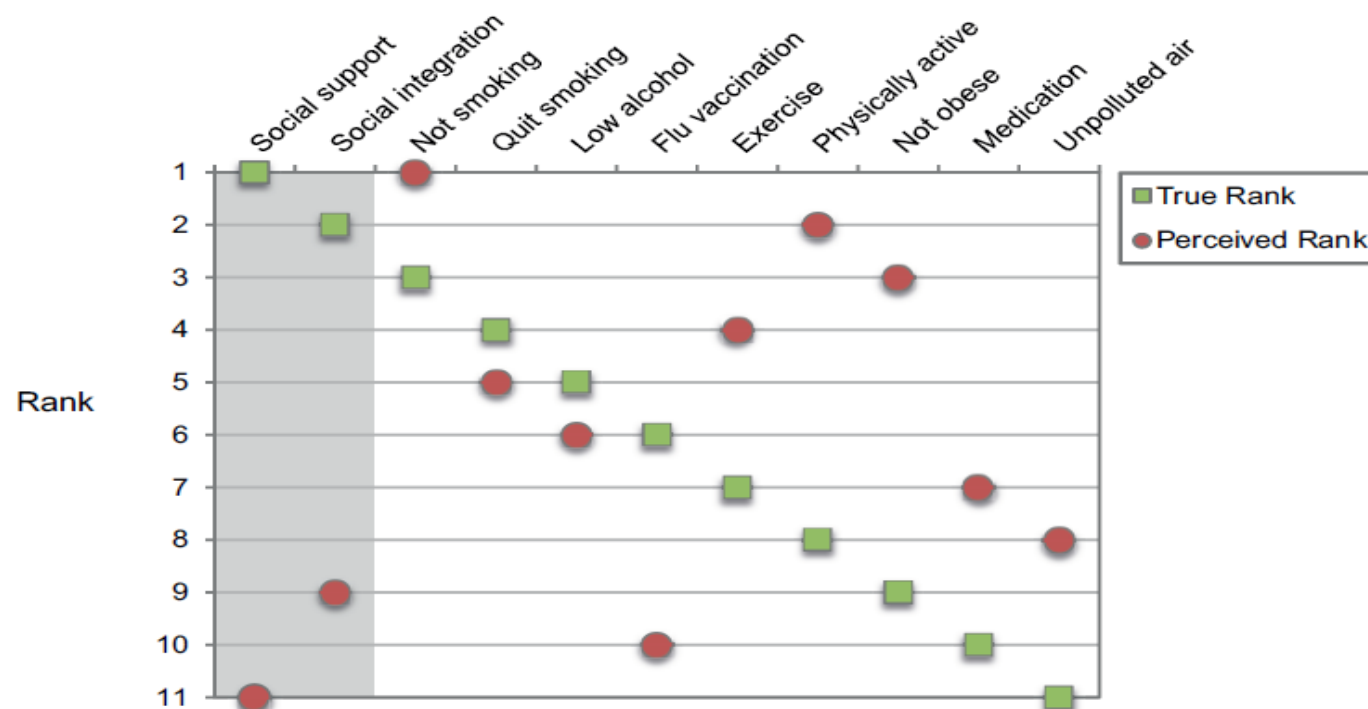
# Being Well

People who are more socially connected live longer and have better health than those who are socially isolated

Social ties are at least as good for your health as not smoking, having a good diet, and taking regular exercise

The 'new psychology of health' moves the field of psychology from considering the individual (I and me) to people's psychology as group members (we and us) = social identity theory.



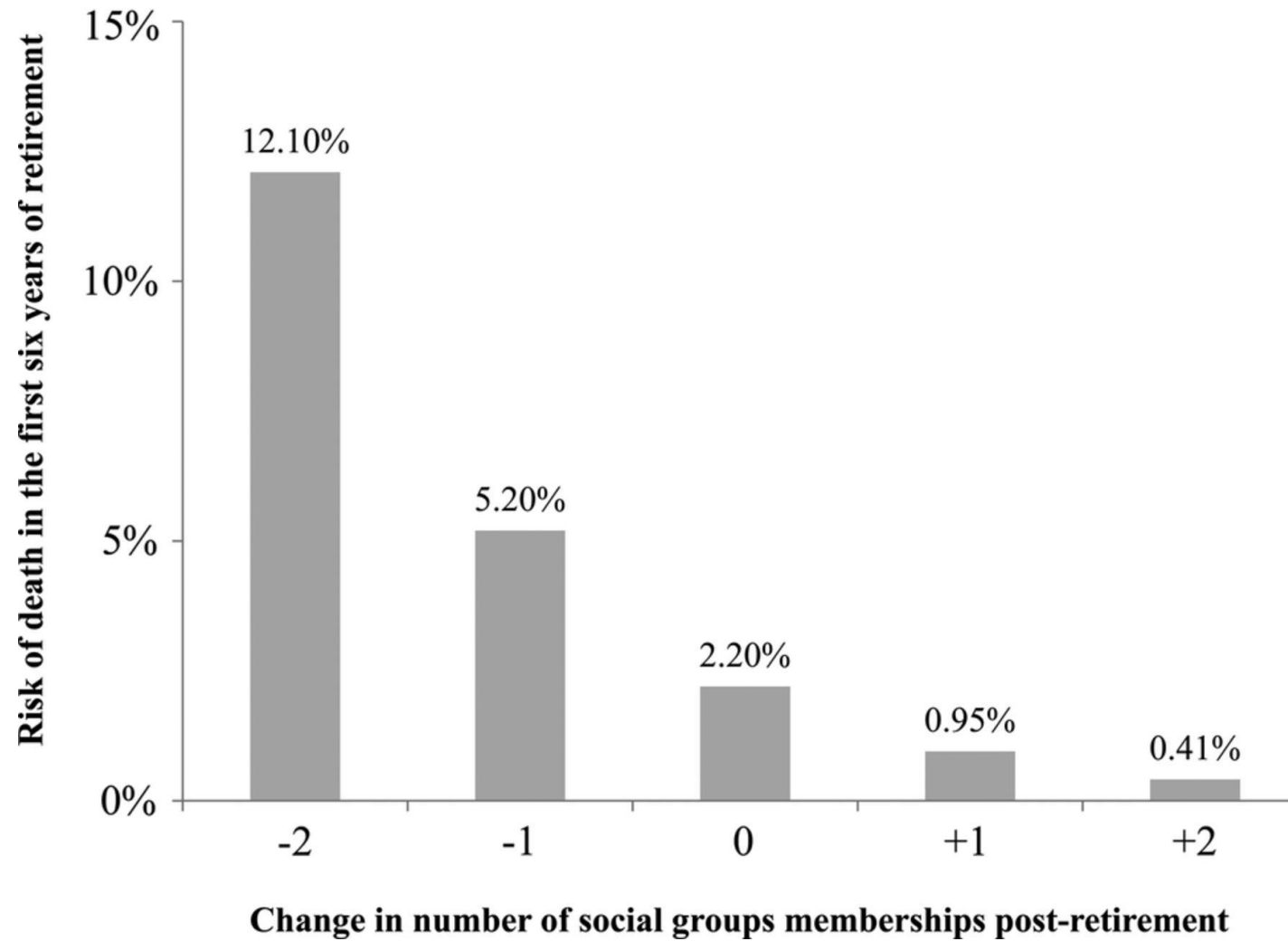


*Figure 1.2* Perceived and true rankings of the importance of behavioural risk and social factors for mortality

*Note:* This figure highlights the degree to which people tend to underestimate the importance of social factors for health relative to that of established behavioural risks that are the traditional focus of medical research. Specifically, whereas Holt-Lunstad et al.’s (2010) meta-analysis found social factors (specifically, social support and social integration) to be most important for health, the general public perceive these to be among the least important.

*Source:* Haslam, McMahon et al. (2018)

**Change in number of social group memberships from pre-retirement to post-retirement predicts likelihood of death in the first 6 years of retirement (N=410).**



Niklas K Steffens et al. *BMJ Open* 2016;6:e010164

# Group life is ‘protective’ of cognitive decline

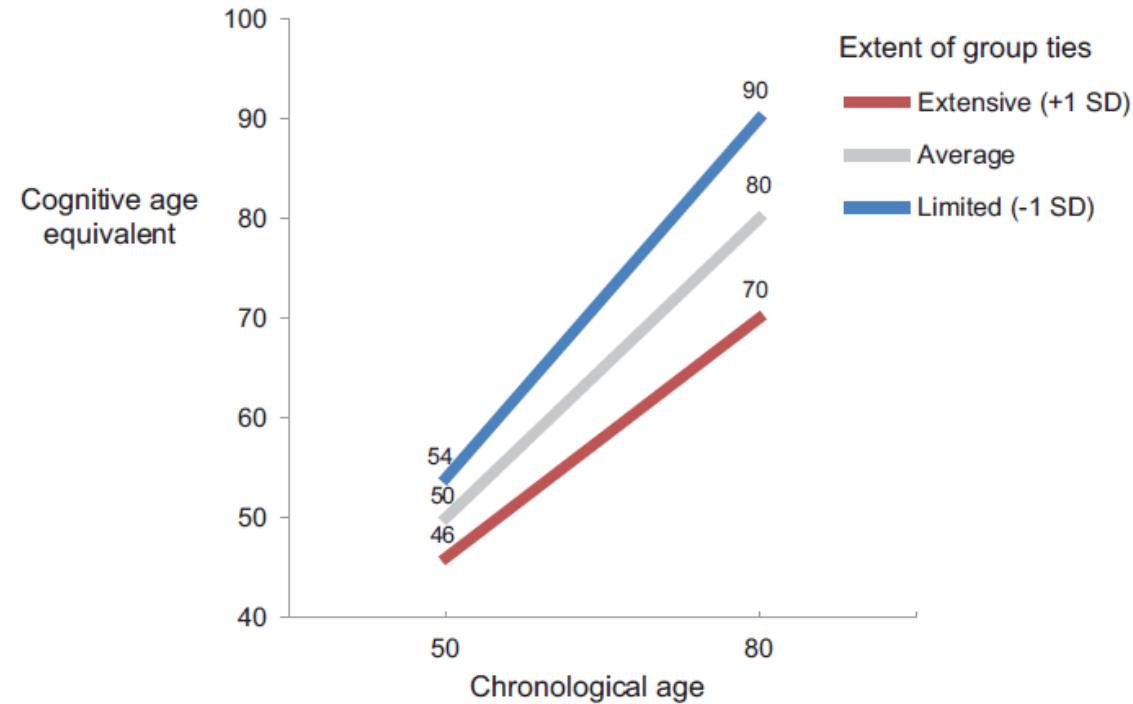


Figure 7.8 People’s cognitive age as a function of their chronological age and the extent of their social group ties

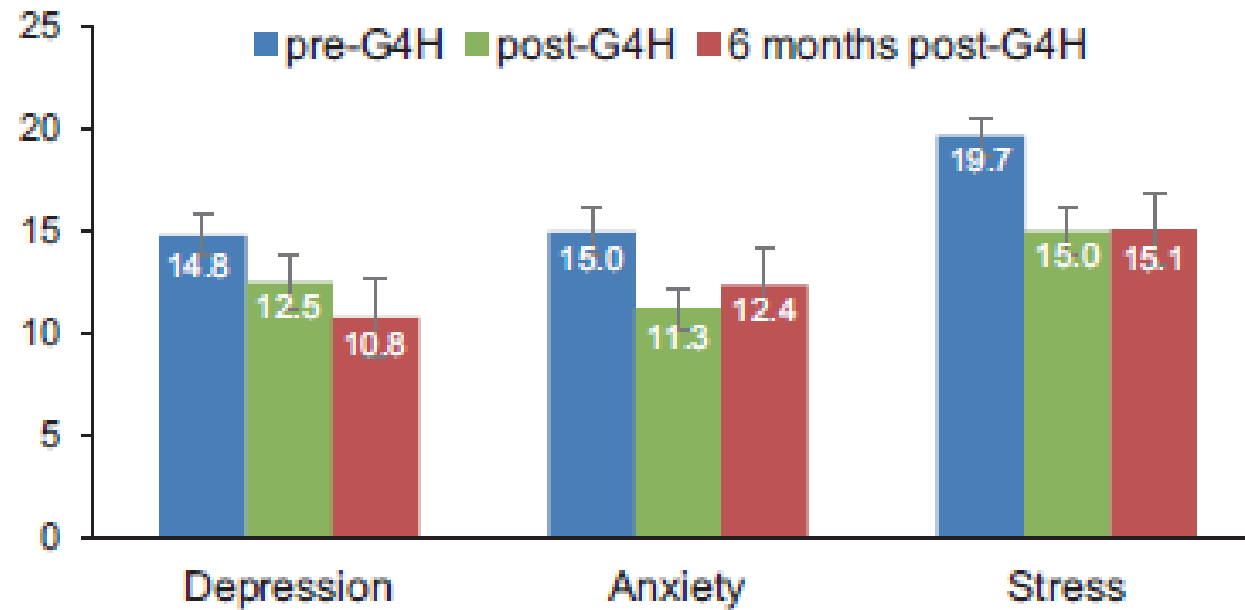
Note: The chart shows results of simple slopes analysis illustrating the interaction between social group membership and age reported in Haslam et al. (2014a). The benefits of group ties (associated with lower cognitive age) become more apparent as people get older – so that those with extensive and limited group ties have a difference in cognitive health equivalent to 8 years when they are 50, but this difference increases to 20 years when they are 80.

Source: Haslam et al. (2014a)

[www.groups4health.com](http://www.groups4health.com)

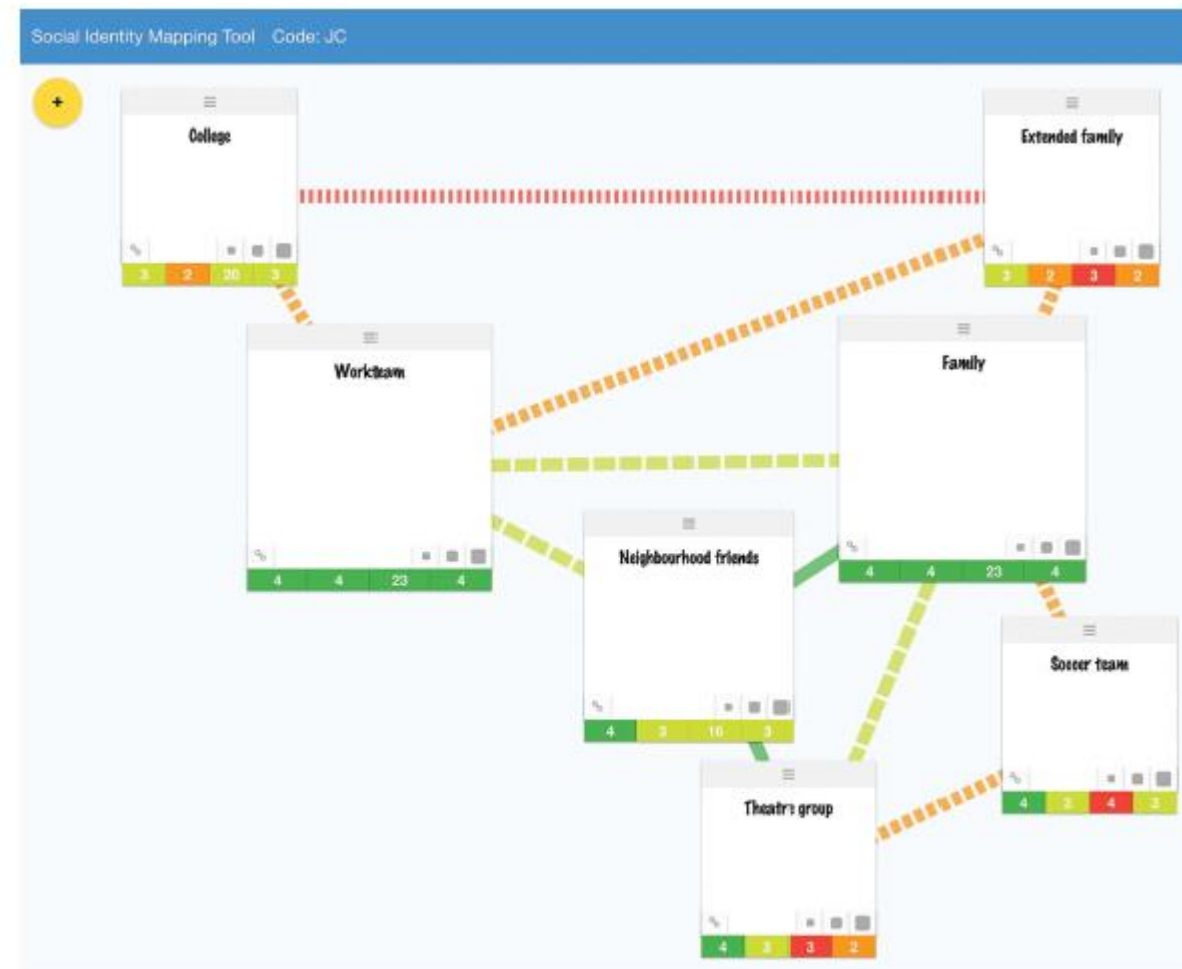
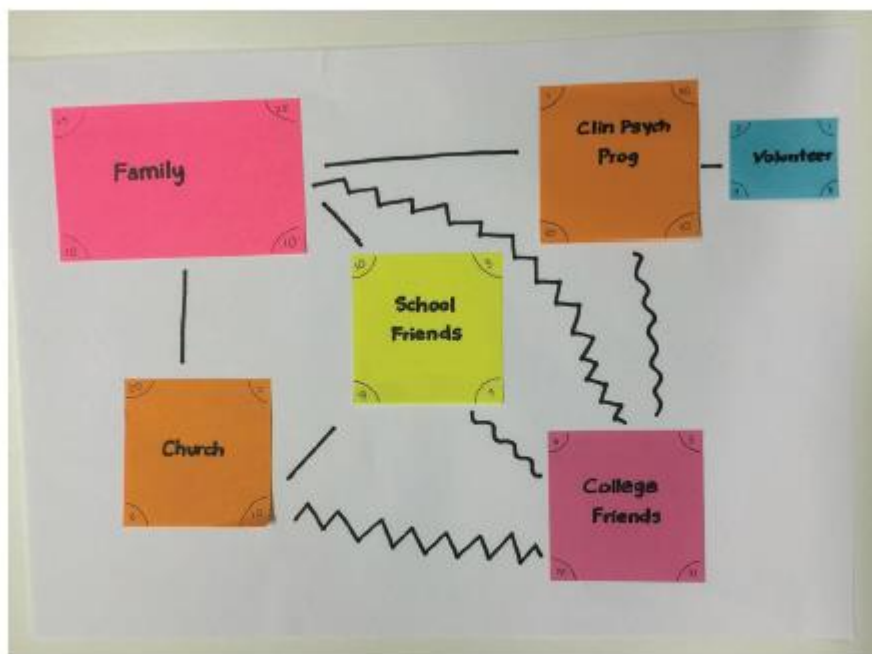


# Significant Changes with Groups4Health (n = 59; n = 26 at 6 mths)

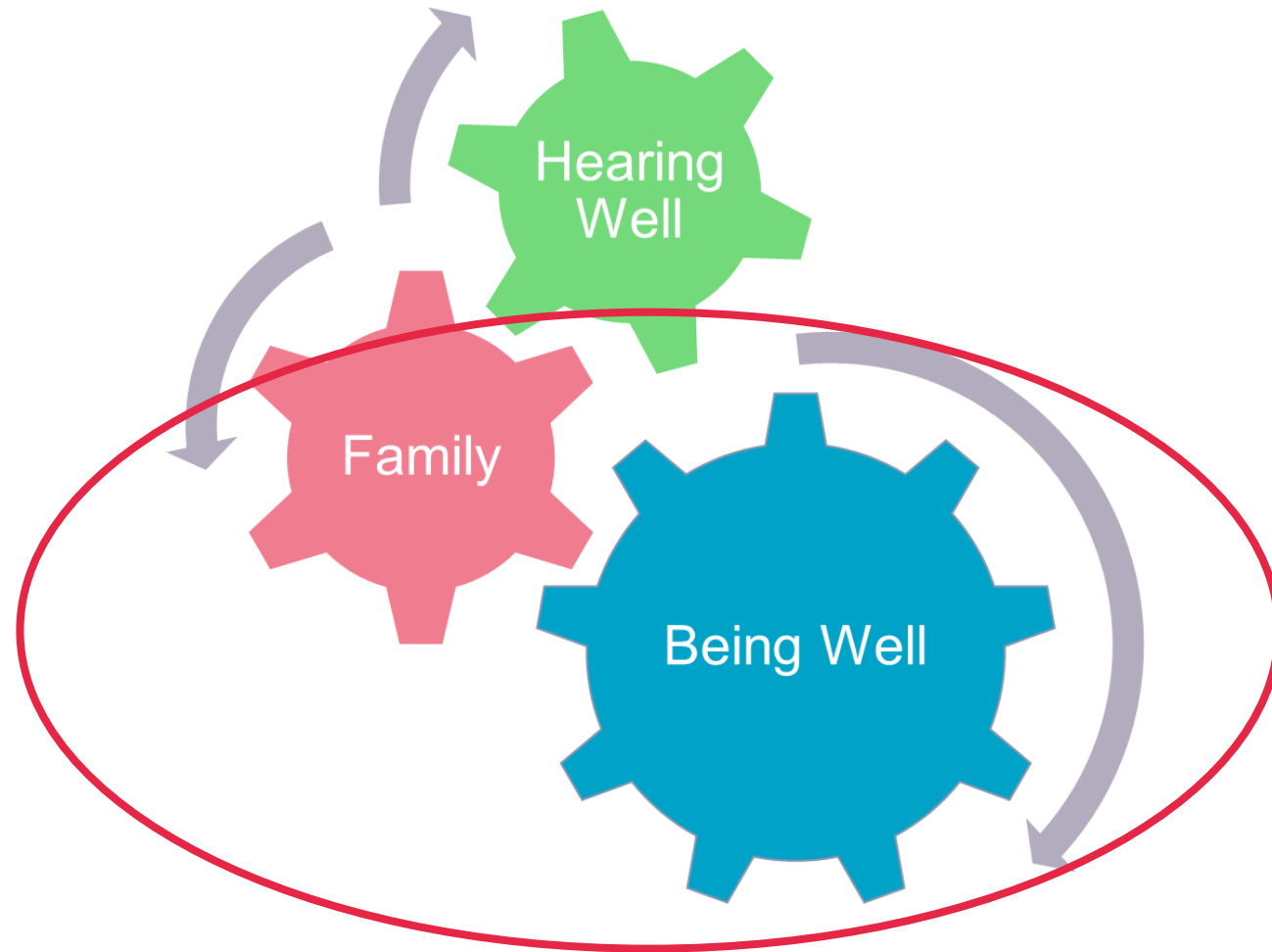




# Social identity maps – family is the most common ‘group’



# What is missing?

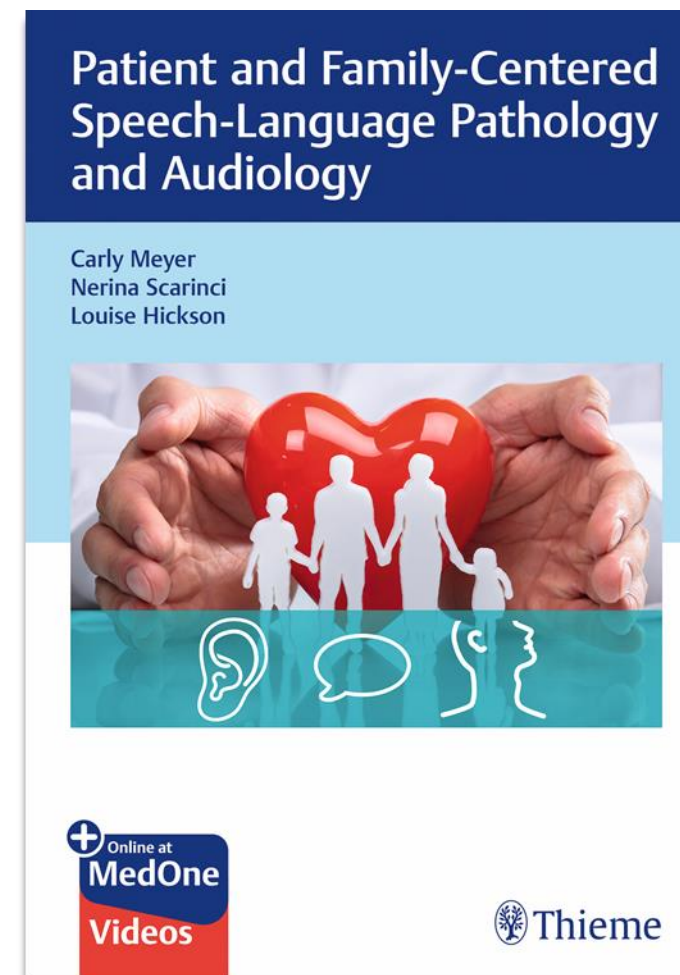


# Hearing well and families

- People with hearing impairment are more likely to **seek help if family support them** (Meyer, Hickson et al., 2014)
- Families help with **rehabilitation decisions** (Laplante-Lévesque, Hickson, et al., 2010)
- If families are supportive, people with hearing impairment are more **successful hearing aid users** (Hickson, Meyer et al., 2014)
- If families participate in hearing rehabilitation, this can reduce the **third-party disability** they experience as a result of their family member's hearing impairment (Scarinci, Worrall, & Hickson, 2009, 2012)
- When family members attend appointments, adults with hearing impairment are **more likely to obtain hearing aids** (Singh & Launer, 2016)



# Practicing FCC will help adults with hearing impairment to hear well and be well by facilitating successful group connections



## Aims

Explore the relationships between being well, hearing well and family

**Discuss the audiologists' role in helping clients and families to hear well and be well = Family-Centered Care (FCC).**

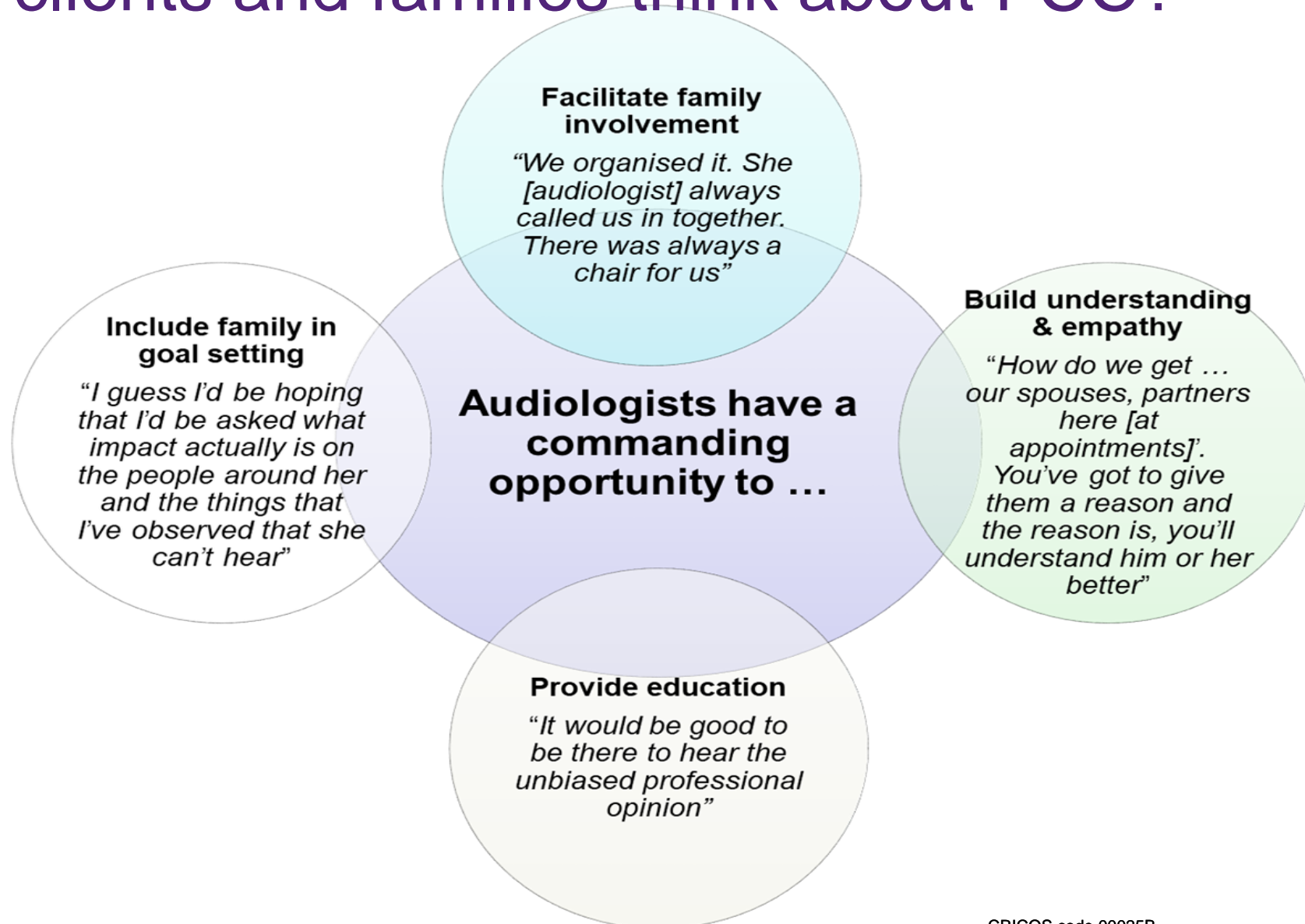


# Who are family?

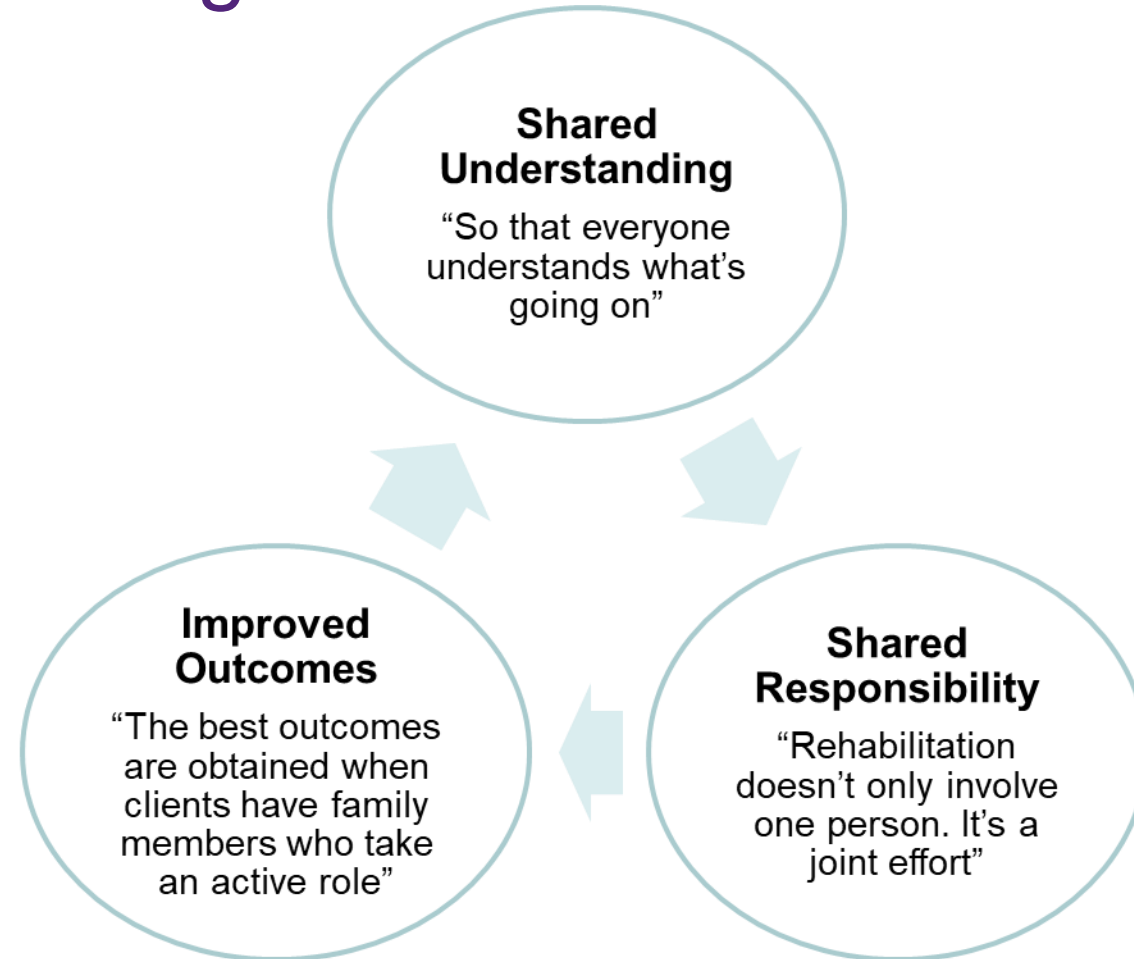
- Two or more persons related in any way: through a continuing biological, legal or emotional relationship
- Any individual who plays a significant role in an individual's life. (Family Voices, 2008; Kilmer et al., 2010)



# What do clients and families think about FCC?



# What do audiologists think about FCC?



Meyer, C., Scarinci, N., Ryan, B. & Hickson, L. (2015). "This is a partnership between all of us": Audiologists' perceptions of family member involvement in hearing rehabilitation. *American Journal of Audiology*, 24, 536-548.



Hands up!!!!

How often do family members attend audiology appointments with adult patients in your clinic?

- 0 to 30%
- 30% to 60%
- More than 60%

## What FCC happens in audiologic practice?

- Family **attending appointments 20-30%** of the time (Grenness et al., 2015)
- Family **not typically invited to join** the conversation
- Family would **self-select** to speak by:
  - responding to questions from the audiologist directed to the PHI
  - **self-initiating** expansions on PHIs' turns
  - self-initiating **questions**
- Audiologists typically responded by **shifting conversation back** to the PHI.



(Ekberg et al., 2015).

# How can audiologists practice FCC?

**Whole-of-clinic approach** is our current research focus:

- With all staff to ensure the **physical set up** includes family
- With front of house staff to **increase family member attendance** at the clinic
- With clinicians to **increase engagement with family** during the appointment



Set up the room so that the family member is included  
(not in the back corner!)

- Chairs available for family
- Family chairs set up next to patient's chair
- Shows patient and family member are equal contributors in appointment
- Welcoming family environment



Joe Montano's office

## Intervention targets identified for training front of house staff



### 1. Explicit question

‘Will you be bringing anyone to the appointment?’

‘Is there anyone you can bring to the appointment?’



### 2. Encouragement

‘We do recommend that you bring someone along.’



### 3. Supporting argument or evidence

‘...because this helps us provide a more comprehensive assessment’

‘....because hearing loss affects communication with people around you’

## Intervention targets identified for training clinicians



### **1. Set an agenda for the appointment that includes both people**

‘Today I’m going to ask you both some questions about the communication difficulties you experience in your daily life.’ Make it clear everyone gets a turn to talk.

### **2. Seek and actively listen to family members’ contributions**

‘How do you see things from your perspective?’

### **3. Use a decision aid or collaborative goal setting tool**

# Decision aid example

Used with permission of The Hearing Review (www.hearingreview.com). All rights reserved. Original citation: Hickson L, Lind C, Preminger J, Brose B, Hauff R, Montano J. Family-centered audiology care: Making decisions and setting goals together. Hearing Review. 2016;23(11):14-19.

## Family-centered Audiology Care: Making Decisions and Setting Goals Together

Useful tools for getting the patient and their family members to address the hearing loss

By LOUISE HICKSON, PhD; CHRISTOPHER LIND, PhD; JILL PREMINGER, PhD; BRITTANY BROSE, AuD; REBECCA HAUFF, and JOSEPH MONTANO, PhD

### My Hearing Options

What is it?	Hearing aids	Communication education	Assistive listening devices	No treatment
What is involved for you?	<ul style="list-style-type: none"> <li>Being fitted with hearing aids</li> <li>Wearing the hearing aids in my everyday life to help with my hearing problems</li> </ul>	<ul style="list-style-type: none"> <li>Participating in group sessions to learn strategies to manage my hearing problems</li> <li>Using the strategies to help in my everyday life</li> </ul>	<ul style="list-style-type: none"> <li>Buying some devices to help me hear in certain situations</li> <li>Wearing the devices in everyday life</li> </ul>	<ul style="list-style-type: none"> <li>Keep on going the way I am at the moment</li> </ul>
What is involved for your family?	<ul style="list-style-type: none"> <li>Attending when the hearing aids are fitted</li> <li>Helping you to wear the hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>Participating in the group sessions to learn strategies to help you</li> <li>Using the strategies to help in everyday life</li> </ul>	<ul style="list-style-type: none"> <li>Learning about the devices</li> <li>Helping you wear the devices</li> </ul>	
Options I want to know more about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options I will think about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

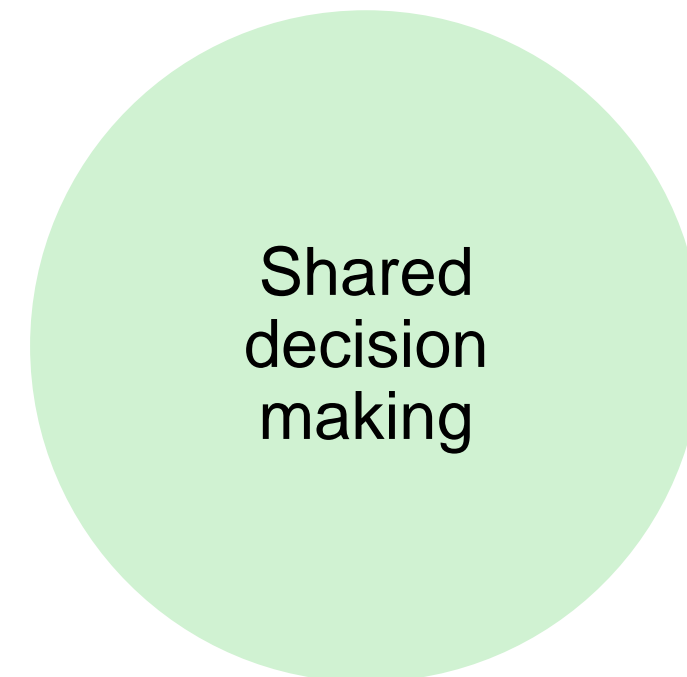


Figure 1a. Example of the first page in a Decision Aid for adults with hearing loss and their families (based on Laplante-Lévesque et al<sup>7</sup>). Each option has its own page, with the option of hearing aids shown below in Figure 1b.

# Introducing a new decision aid for residents and families living in aged care facilities

## HEARMyChoice

A decision aid to help discuss the options for treating hearing loss for people living with dementia



Ms Anthea Bott MAudSt  
 Prof Louise Hickson PhD  
 Dr Carly Meyer PhD  
 Prof Nancy Pachana PhD

### Step 2 Read about my options

Below is a summary of the 3 options available to treat your hearing loss. Please check  any options you would like to know more about. You can choose more than 1 option.

	Hearing aids
What do I have to do?	<ul style="list-style-type: none"> <li>Attend 3 or 4 sessions to be fitted with hearing aids</li> <li>Wear the hearing aids</li> </ul>
What are the positives?	<ul style="list-style-type: none"> <li>My hearing will improve in most situations</li> </ul>
What are the negatives?	<ul style="list-style-type: none"> <li>I might not be able to manage my hearing aids without help</li> </ul>
Options I want to know more about.	<input type="checkbox"/> (see page 8 – 9)

Assistive listening devices	Communication education
<ul style="list-style-type: none"> <li>Choose a device to improve my hearing in a specific situation (e.g. watching TV, talking on the phone, talking to someone)</li> <li>Wear the device</li> </ul>	<ul style="list-style-type: none"> <li>Attend at least 2 sessions to learn strategies to help me hear better (e.g. turning down background noise)</li> <li>Use the strategies in everyday life</li> </ul>
<ul style="list-style-type: none"> <li>My hearing will improve in a specific situation</li> </ul>	<ul style="list-style-type: none"> <li>I will learn about ways to help me hear better</li> </ul>
<ul style="list-style-type: none"> <li>I might not be able to manage my device without help</li> </ul>	<ul style="list-style-type: none"> <li>I will need others to use the strategies when talking with me</li> </ul>
<input type="checkbox"/> (see page 10 – 11)	<input type="checkbox"/> (see page 12 – 13)



# FCC goal setting

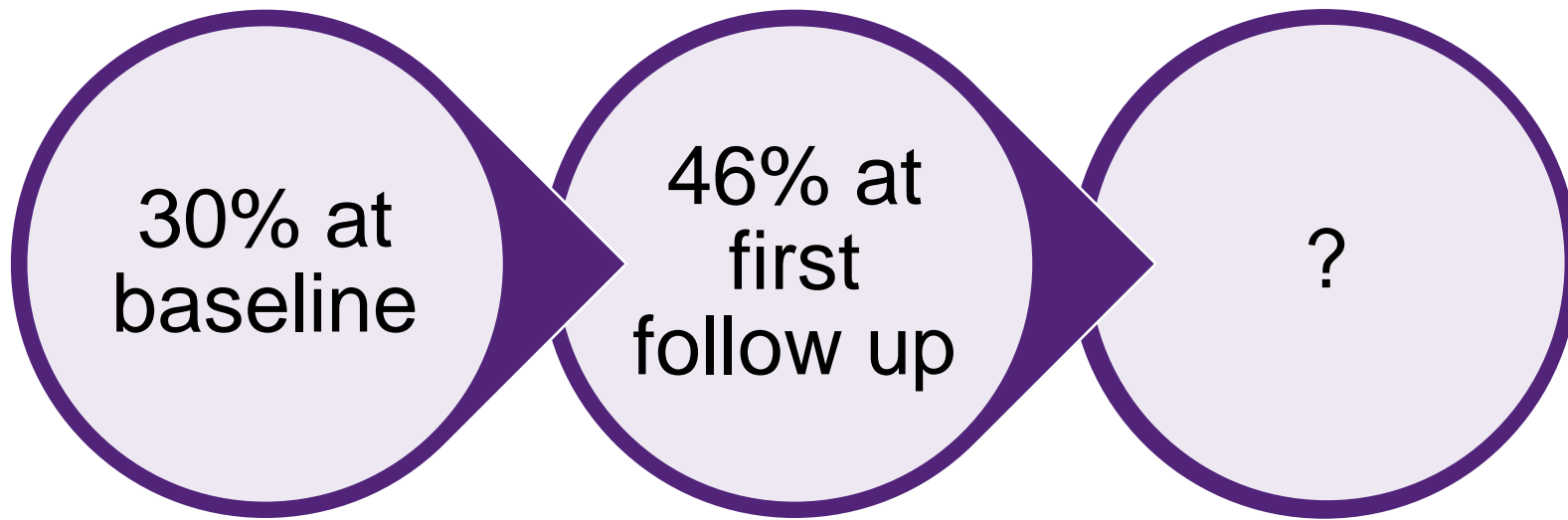
## Collaborative goal setting

<b>GPS-Mini: Developing Shared Goals</b>	
<i>"I'd like to get both of your perspectives on the impact hearing loss has on your communication."</i>	
<b>Date:</b>	<b>Person with Hearing Impairment (PHI):</b> <b>Communication Partner (CP):</b>
<b>To both PHI and CP: When / where do you experience successful communication?</b> ..... .....	
<b>To PHI: What 2 or 3 communication problems do you experience because of your hearing loss?</b> <b>Prompt Question: How often does this happen?</b> <b>Prompt Question: What do you do when this happens?</b> <b>To CP: Do you feel that these are problems also?</b>	
<b>Situation 1:</b> .....	.....
<b>PHI's response:</b> .....	.....
<b>CP's reflection / response:</b> .....	.....
<b>Situation 2:</b> .....	.....
<b>PHI's response:</b> .....	.....
<b>CP's reflection / response:</b> .....	.....
<b>Situation 3:</b> .....	.....
<b>PHI's response:</b> .....	.....
<b>CP's reflection / response:</b> .....	.....
<b>To CP: Are there other communication problem(s) you experience because of your partner's hearing loss? If so, what are they?</b> <b>To PHI: Do you feel that these are problems also?</b>	
<b>Situation:</b> .....	.....
<b>CP's response:</b> .....	.....
<b>PHI's reflection / response:</b> .....	.....

Source: Meeting Patient and Family Member Needs through Collaborative Management Planning. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

# Results so far



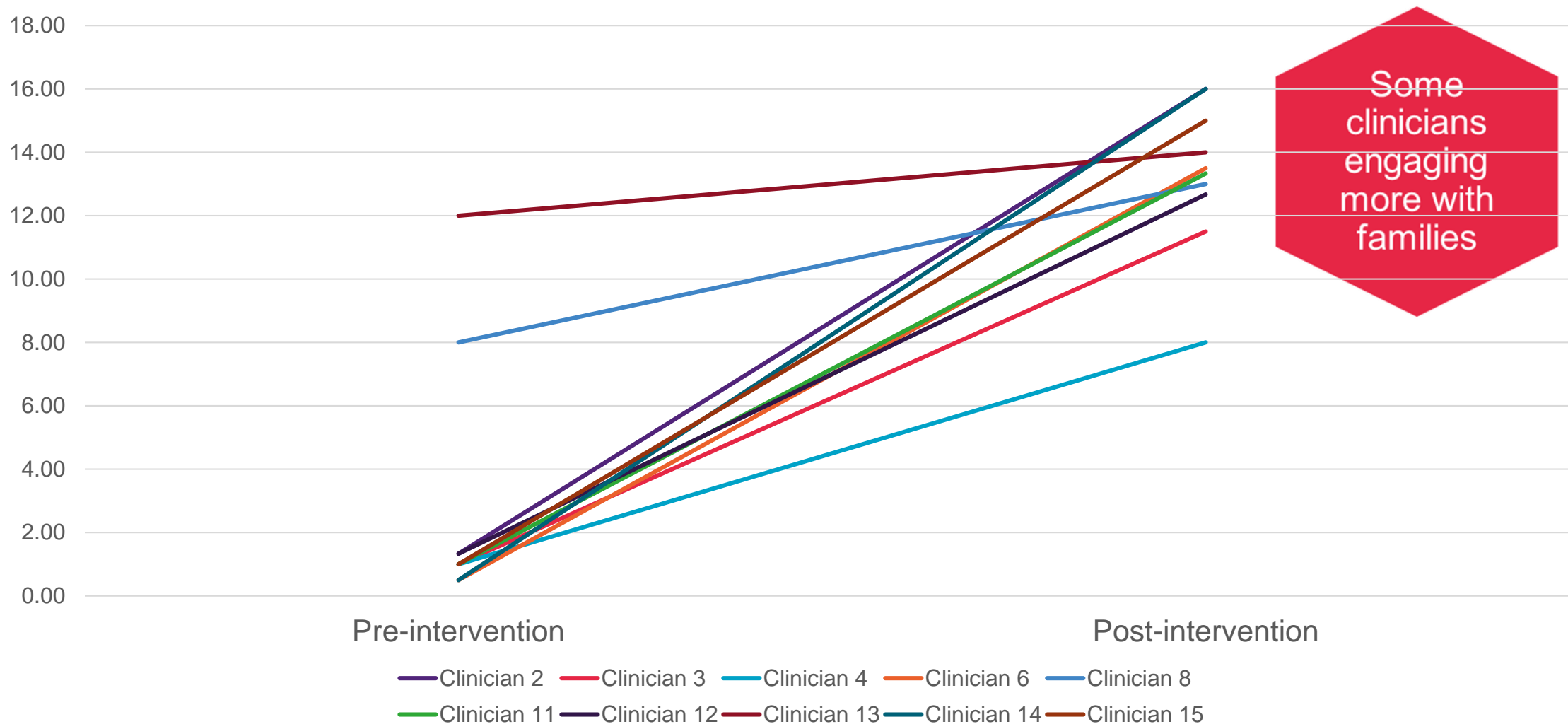


Increased %  
of family  
attending  
appointments

# Family-Centered Care Checklist – sample items

Item no.	Clinician Behavior
1	Family member is present in room
2	Family are seated equitably
5	Clinician explains importance/reinforces rationale for family involvement
6	Clinician sets expectations for family participation
12	Clinician establishes/reviews shared goals
17	Clinician engages with contributions from both patient and family
20	Clinician discusses expectations for future actions of both patient and family

- Behaviors rated as 1 (observed) or 0 (not observed)



Some clinicians engaging more with families

- *“I think at the end of the day, it was important that [FM] was there to talk about how my hearing deficiency affects her, the family, myself, ways to work around it and to hear the end result. I think it was beneficial.” (PHI)*
- *“So I think the process of having both partners there for each other is probably really good” (FM)*



Training staff is a continuous process

Coaching is needed – in the clinic

Attendance alone  $\neq$  FCC



[www.phonakpro.com/fcc](http://www.phonakpro.com/fcc)





# Acknowledgements

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*And to all the participants who kindly  
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# Thank you

Prof Louise Hickson | Faculty of Health and Behavioural Sciences  
Associate Dean External Engagement

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