

FM Counseling Issues: Adolescents and Young Adults, or “The Case of Jason B”

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Introduction

Recently, Stepp (2000) wrote a popular-press book about adolescence, wherein she describes four developmental tasks to be addressed during this life stage. She framed them in the form of these questions:

1. What kind of person am I? Am I competent? What am I good at? Am I loved and loving? Am I like everyone else?
2. How do I fit in with friends?
3. What am I learning in and out of school (ethical concepts, codes of conduct).
4. How can I create distance yet remain connected to adults?

When a teen has hearing loss, answers to these questions are sometimes hard to talk about. First, if we are honest, we have to say that, because of impaired hearing, our teen patients are *not* “like everyone else.” Developmentally, teens tend to think in black-and-white terms, so they may assume that if everyone else is normal, then their hearing loss must make them abnormal. Their self-concept may be adversely affected by this assumption, impacting their potential to grow, to succeed, or even to try.

Do they fit in with friends? Research indicates they might be more socially isolated and lonely than teens with no hearing loss (Stinson, Whitmore, and Kluwin, 1996). When asked if they had a preference, teens with hearing loss indicated they would rather associate with other teens with impaired hearing – but mainstreaming placements generally result in

their status as the “one and only” teen with impaired hearing in their school.

When considering “distance from yet connectedness to” adults, Stepp suggested that an effective support system for teens should resemble a “three-legged stool,” involving friends, parents, and “other adults.” Other adults include influential teachers, coaches, spiritual or community leaders. Their role is to endow teens with the confidence they need to gradually disconnect from parents, to develop autonomy and self-direction. Do teens count their audiologists as important “other adults”? If not, shouldn’t they? Shouldn’t audiologists who serve teens be more than “hearing aid cops?”

Unique to Teens with Impaired Hearing

A fifth developmental task not mentioned by Stepp, but unique to teens with hearing loss, must include this one:

5. How do I begin to assume ownership of my hearing loss?

Throughout childhood, hearing loss is “owned” by parents, just as they “own” the responsibility to obtain vaccinations, provide nourishment and vitamins, and enforce the “buckle up” rule with seat belts. But in the teen years, a transition must occur, whereby the teen begins to assume responsibility for the hearing loss, by taking over basic hearing aid care, using alarm systems to awaken in the morning in time for school (not relying on parents to do so), and gradually evolving into one’s own advocate. That last challenge includes acquiring the self-confidence needed to ask for accommodations, even when these

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are visible indicators of a disability that one might prefer to hide.

Responding to Stressors

Teens tackle these developmental tasks while coping with familiar “adolescent stressors,” such as peer relationships and frequent loneliness, school and grade worries, difficulties communicating with parents, and self-image. There are two reactions to these and all stressors: we either approach them or avoid them. When we use an *approach response*, we face the problem squarely, using logic and problem-solving strategies in order to reduce or remove the stressor. If we find ourselves unequal to the challenge, we seek guidance and support to help us work through it. When we use an *avoidance response*, we may do so using cognitive avoidance (“I’ll think about it tomorrow”), emotional redirection (reacting to an unrelated situation rather than address the one that is really troubling) or cognitive distortion or perfectionist, black-or-white thinking (“I just got a D on that test – I can’t do anything right”). These avoidance responses are legitimate coping strategies for the short term, allowing the individual to “buy time” while gathering the resources needed to eventually approach the problem. But if not recognized as stalling tactics, over time these reactions can become barriers to personal growth.

Audiologists know countless patients – adults and children as well as teens – who do not demonstrate a positive adjustment to their hearing loss. Understandably, these patients would prefer the hearing problem was not a part of their lives; however, instead of approaching it, they avoid it, to the point where their lives become something of a lie. Not an extreme example is a young woman who recently announced her engagement, and then casually mentioned that she had not told her fiancée about her significant hearing loss and how she used to use hearing aids (and struggles without them). She was asked, “You are pretending your hearing is OK?” and she answered, “If he found out, he may not want to marry me.”

Of all the services audiologists provide, perhaps the most important one is to avail ourselves as non-professional counselors, to help patients work through their avoidance responses and face their hearing loss with honesty and self-acceptance (Clark and English, 2004). Following is an example of how

an audiologist supported a teen through a set of avoidance responses, serving as a sounding board while he “found his way” to make a decision that was difficult but ultimately in his best interests.

“The Case of Jason B”

One day during the summer months, an audiologist gets a phone call from a colleague in a neighboring county:

“I have a new patient, Jason B. He is 15, has a moderate hearing loss in both ears, recently identified, and it may be progressive. He will agree to canal aids, only because they are invisible, and happily, these are working out for now. However, he refuses to use a classroom FM system even though his grades are falling. He has never seen a B in his life but at the end of this last term, he earned mostly C’s. His parents are self-described ‘over-achievers’ and they have always expected Jason to attend their alma mater Ivy League college. Unless his grades change immediately, he won’t make it. They are very angry that he won’t ‘do what he needs to do,’ specifically, use an FM system in school. But the necessary BTEs and teacher mic are too visible and therefore out of the question for him, and he is angry that they don’t accept that. Mom says the family is either crying or yelling at this point. I’m thinking he could benefit talking to a neutral party. Would you help?”

The “Other Adult’s” Challenge

The audiologist receiving the phone call wonders, “How can I possibly help?” But the problems stem from a hearing loss, and audiology is about helping people adjust to their hearing loss, so . . . After thinking about “helping skills” as described by Hill and O’Brien (1999), it seemed she might be able to establish a therapeutic relationship (i.e., a working alliance) with this teen by attempting to develop (1) a bond or personal connection; (2) a mutual agreement on goals (ownership of problem), and (3) a mutual agreement on tasks. If she did decide to meet with Jason, she knew she would need to abide by the following counseling principles:

1. She would accept and acknowledge any and all emotional reactions to his situation, with no judgments on how he "should" feel (Luterman, 2001).
2. She would not accept any ownership of this problem, this hearing loss, or this amplification concern. These all belong to Jason.
3. She would not offer any solutions, only an attentive ear. Why? Because long term observations had convinced her of Rogers' (1961) proposition that healthy individuals have the resources to find solutions to their problems – but they sometimes need an environment where they can work/talk through the barriers in order to find the solutions. Although he couldn't explain it, Freud called this phenomenon "the talking cure," and recent neurological evidence supports his observations: "talking out problems" alters cortical neural connections, and this "rewiring" leads to changes in perception and integration, leading to a better understanding of information and emotional reactions (Vaughn, 1997).

The audiologist called the teen's parents, described her tentative plan, and they agreed to drive him into town for as many appointments as Jason agreed to attend. A local coffee café was chosen as a meeting place, in hopes that it might be more conducive to conversation than an office.

"Mondays with Jason B"

As scheduled, Jason entered the café and found the audiologist. He flung himself into an upholstered chair, slouched with his arms folded across his chest and his long legs intentionally thrust out into the foot traffic, making other customers step over them.

The first order of business was the discussion of a "contract." Earlier, the audiologist had made two copies of a set of ground rules, to formalize the situation to a small degree. The conditions of the contract were these:

- This audiologist is not an Amplification Cop. I will never bring up the topic of HAs or FMs.
- My area is hearing problems, and if we spend time together, that is what we will talk about.
- I will try to understand and you will try to help me understand.
- We will stop spending time together when you say so.

He was suspicious and scornful, and directly challenged the likelihood that amplification would never be mentioned. "That's all anyone wants to talk about these days, about how I am not hearing people, like that is all there is to say about life." But he did co-sign both copies, carefully folded his copy, and slid it into his shirt pocket. He ordered coffee and asked, "So what ARE we going to do here?" and he was told, "Talk about anything you want, as long as it has to do with your hearing situation. We have to stay focused on that." He shrugged, looked out the window as people walked by and said, "All those guys probably hear just fine." Just then, a homeless person shuffled by with a shopping cart and he looked down, apparently embarrassed about complaining.

Little of substance was said that day, but that was expected; he had no reason yet to trust this stranger, and without trust, self-disclosure was not going to occur. After about an hour, the audiologist saw his mother drive by. She said, "This will sound hokey, but 'our time is up.' If we meet again, it's your decision. So . . . what's the call?" He got up without making eye contact and headed for the door. He said, "Whatever." "Does that mean yes?" the audiologist asked. "It means *whatever*," and he walked out.

Fairly sure "whatever" meant "yes," the audiologist kept the appointment the following Monday, to find Jason had gotten there first. On this day, and the next two Mondays, he became more and more talkative, initially expressing a great deal of anger and fear: "Why me? This is so not fair! What do people think about me now? Girls are going to avoid me like the plague. I can get by just fine without all this attention and nagging. So what if I miss some stuff? I can fake things pretty good."

Responses from the audiologist followed the direction given by Rogers: express unconditional positive regard, and trust in Jason's ability to find his own solutions. The audiologist provided reflective responses such as "That sounds pretty upsetting" or "That's one way to think about it" or "You're uncomfortable with being different?" – keeping in mind the metaphor of a sounding board. The sounding board in a violin or a piano does not produce any music itself, it merely resonates to the surrounding music and thereby enhances and enriches it.

Eventually, his comments demonstrated a growing level of acceptance: "In the great scheme of things, after all, why *not* me? I mean, things happen, right? And ya just gotta deal. My friends are still my friends, and if I have a problem and they stop being my

friends, then they were no friends to begin with. It's not like I'm dying."

After each meeting, the audiologist spent at least an hour writing notes on what was said, how it was said, what it might mean in terms of his adjustment process. Each time, she asked herself, "Is there any reason to think a referral to a professional counselor is in order?" So far, the answer seemed to be no; his expressions of anger and frustration were consistent with those made by patients of all ages, when they would prefer their hearing problem would "just go away."

The audiologist realized she was witnessing a slow but steady shift from his initial avoidance responses to approach responses, and wondered if Jason had noticed this change as well. Apparently he had, because the fifth Monday proved to be the last meeting. During that time together, he was noted to make comments such as, "I can keep being a baby, or I find a way to handle this." "I can hate using a special mic and still use it – I see how that can happen." And then growing awareness or empathy of his parents' reactions: "I can see why my folks are so upset. I think they are scared, deep down." "I can make it easier for them not to be scared by cutting back on the soap opera stuff."

Finally, this insight: "I am saying 'I can' now, instead of 'I can't.' I guess I am figuring out how to deal with this – so it looks like maybe we're done here."

The audiologist was anticipating this as their last meeting, so she had written a favorite quote on an index card, to give to Jason should the right moment occur:

"Nothing said to us, nothing we can learn from others, reaches us so deeply as that which we find in ourselves" (Reik, 1948, p. 19).

This seemed to be the right moment, so she pulled it out and slid it across the table. "What do you think about this idea?" she asked. He read it out loud, picked up the index card and put it in his shirt pocket, nodded and said, "Yeah. I'm starting to get the hang of that."

Resources for "Other Adults"

It is proposed here that all audiologists can serve the role of "other adult" to teens with hearing

impairment, to be a sounding board when teens need to vent or question or challenge or disclose. To help the process, the following materials are recommended:

Knowledge is Power (Marttila and Mills, 2002). This inexpensive curriculum is packed with content, divided into 12 sections, two relevant to this topic: "Nurturing Friendships" and "Coping with a Hearing Loss." It includes discussion questions, worksheets, and other teaching tools to help facilitate group or individual conversations.

How to Talk so Kids Will Listen and Listen so Kids Will Talk (Faber and Mazlish, 1999). This classic book on adult-child communication is an easy read, and immediately applicable to virtually every conversation.

Jason's Parting Words

It was mutually agreed that indeed, they "were done." Jason picked up his back pack and stood up to leave. He reached out to shake the audiologist's hand and said, "Ya know, it's not just about the FM. It's about being a person who needs an FM."

The audiologist held on to his hand and nodded. "Yeah. I'm starting to get the hang of that."

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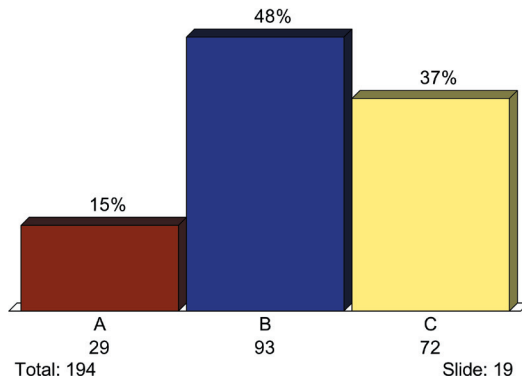
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Participant Surveys

When individuals respond to situations with "all or nothing" thinking ("I just got a D on my test -- I can't do anything right"), they are demonstrating:

- A. Cognitive Avoidance
- B. Cognitive Distortion
- C. Cognitive Dissonance



Describe A Likely Response:

- A. Bring him over, I will talk some sense into him!
- B. If his parents can't get through to him, there is little likelihood I can.
- C. My own children are teenagers and that is enough for me!
- D. I love teenagers, I am sure I can help.

