Communicating with People Who Have Hearing Loss

Age-related hearing impairment, also known as presbycusis, affects some 30% of adults aged 65-74 and almost half of those over 75. The hallmark of age-related hearing loss is that speech is not clear. An on-line simulator that shows what hearing is like for a person with hearing loss (PHL) is available on the website of the Better Hearing Institute (see resources list on next page).

Hearing loss impairs ease of communication, not only for the person with hearing loss (PHL), but also for individuals communicating with the PHL. Frustration and even anger may result as communication breaks down. As frustration levels heighten, social activities become more challenging, and the PHL may withdraw or become more isolated because communication is too difficult.

Many of the difficulties involved in communicating with a PHL can be resolved by understanding some key facts about age-related hearing loss, and by following simple communication rules. The goals when speaking with a PHL should always be to (a) increase the likelihood of good communication and (b) decrease the negative emotional responses that occur when communication breaks down.

Key Facts About Hearing Loss

Fact: Age-related hearing loss is typically sensorineural, involving structures in the inner ear or cochlea and/or the auditory pathways to and in the brain. The results are that sound is not loud enough but more importantly, speech is not clear. The person with hearing loss may say, “I can hear you but not understand you.” Speaking louder does not necessarily increase clarity and in some cases, may cause further deterioration in understanding of speech.

Fact: The speed of processing speech information slows down. The PHL may always be “catching up,” trying to get meaning from a conversation after missing a few key words or phrases. After losing the thread of a conversation, the PHL may try to compensate by bluffing. This allows the PHL to stay physically present in a conversation, but not be an active participant, which is a dysfunctional avoidance strategy, not a coping strategy.

Fact: Hearing aids will help, but cannot completely solve all hearing-related issues. Even with well-fitting, high-quality hearing aids, most PHLs will experience difficulty understanding speech-especially in poor listening conditions such as background noise.

Improving Your Communication

Several important behaviors can make a big difference in the success of your communication with a PHL. A few of these behaviors are discussed here, and still others are listed in the table on the next page.

Attention First: Start the conversation by getting the PHL’s attention and let them know you are talking to them. Be clear about the topic of conversation, and then speak slowly and directly to the PHL. Tactile or visual cues (e.g., a tap on the shoulder or pointing to something) will assist PHLs to focus on you and better understand what you will say.

Speak Slowly: Slowing down your speech rate helps in two ways. First, it naturally enhances the clarity of what you are saying. Second, it allows the PHL more time to process what has been said, to infer meaning, and to fill in the gaps of what has been heard.

Rephrase: If a communication breakdown occurs and the listener says, “huh,” “what,” or “I didn’t get it,” repeat your message once more slowly, then rephrase.

TIPS FOR COMMUNICATING WITH OLDER ADULTS WHO HAVE HEARING IMPAIRMENT

- Be sure that the individual with hearing loss has undergone a comprehensive audiological evaluation.
- Before speaking to a person with hearing loss, get the person’s attention first.
- Speak slower than usual. When speaking to someone with a hearing aid, it is not necessary to speak louder.
- If the person with hearing loss doesn’t understand what you are saying, don’t repeat the same thing over and over. Instead, try rephrasing with different words or a different word order.
- Get feedback from the person with hearing loss, to be sure they understood what you have said.
Don’t Repeat — Rephrase

Example of Repeating:
Caregiver: I’m going to the store, do you need anything?
PHL: What?
Caregiver: I’m going to the store, do you need anything?
PHL: I still didn’t get it.

Example of Rephrasing:
Caregiver: Mary (touching PHL on the shoulder and facing her), I’m going shopping.
PHL: I need milk.
Caregiver: OK.

Other Recommendations for Improving Communication with Individuals Who Have Hearing Impairment

<table>
<thead>
<tr>
<th>What to Do</th>
<th>How to Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>State the topic</td>
<td>Tell the person the topic of the conversation and be clear when you have switched the topic.</td>
</tr>
<tr>
<td>Face the person</td>
<td>Be at the same level, facing the person, to provide more visual cues. Don’t cover your mouth or chew gum. Speech reading will happen automatically.</td>
</tr>
<tr>
<td>Find a quiet place</td>
<td>Move to a quiet location if you can, or reduce the noise as much as possible.</td>
</tr>
<tr>
<td>Find a well-lit place</td>
<td>Lighting should shine on your face and not in the eyes of the person needing to see and hear you.</td>
</tr>
<tr>
<td>Use paper and pen</td>
<td>If you are unsuccessful with spoken communication, write the information.</td>
</tr>
</tbody>
</table>

References and Resources

Hearing Health Foundation. http://hearinghealthfoundation.org/
University of Arizona, Department of Speech, Language, and Hearing Sciences Programs. http://lwhl.arizona.edu/