

# ADDRESSING SOCIAL ISOLATION IN HEARING REHABILITATION

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## 1 Introduction

There is mounting evidence of the link between hearing loss and cognitive decline [1]. While the causal mechanisms remain unknown, one of the most likely contributing pathways proposed thus far is the impact of hearing loss on communication and its effect on social participation [2, 3]. Social interaction is known to be a key determinant of healthy and successful aging, with direct causal pathways linking loneliness with physiological pathology [4, 5]. The challenges and frustrations posed by hearing loss often lead to exclusion from and avoidance of social interaction, causing isolation, loneliness and depression, known to be risk factors for dementia and other age-related declines [6]. In view of the high costs of dementia care, and in the absence of a cure, there is a pressing need to address hearing loss as a potential modifiable risk factor in order to help to prevent the onset of dementia and/or slow the rate of its decline [7].

Age-related hearing loss is a complex interaction of changes at all levels of the auditory system which may not be adequately addressed by amplification alone. Treating age-related hearing loss often requires supportive auditory rehabilitation, where audiologists can teach compensatory behavioral communication strategies to improve top-down information processing and help to compensate for auditory deficits [8]. Group rehabilitation programs are known to promote hearing and cognitive health by fostering participation and social interaction while members learn effective communication skills through interacting with their peers. Most hearing rehab groups are offered for a short period of time for new hearing aid users, and they do not address the social isolation felt by many seniors with hearing loss on a long-term basis. The Hard of Hearing Club was created as an innovative solution to social isolation imposed on seniors as a result of severe hearing loss [9].

## 2 Method

In keeping with the World Health Organization's International Classification of Functioning, Disability and Health (WHO ICF) model [10], the Hard of Hearing Club was designed to provide an opportunity for members to learn to communicate more effectively with their peers through regular social interaction in a supportive, accessible environment. The group was created in response to a psychiatrist's referral of a recently widowed, severely hearing impaired woman who had become depressed as a result of her social isolation.

The goal of the group was to address the psycho-social

impact of hearing loss on the whole person, rather than limiting the focus to the hearing impairment. See Table 1 for the key components of the program, including small group size, accessible environment, shared personal factors (hearing loss, age, culture), and the discussion of shared concerns and solutions.

Table 1: Program Components

Accessibility	Educational	Social
- Environment: acoustics, seating, lighting - Small group size - Communication 'rules' followed - Facilitator ensures participation	- Share concerns and solutions - Practice good communication strategies - Assertiveness training - Self and group advocacy	- Long running - Weekly meetings - Shared personal factors - Discussion of common problems - Informal 'tea time'

Weekly meetings began in 2000 and continue to this day, allowing friendships to be developed and maintained over time. While there are many social and self-help groups for seniors, most are not accessible to these clients because of their severe hearing loss. Social fulfillment depends on all members being able to participate in group discussion, requiring the observation of 'rules' that they themselves compiled. A strong facilitator is needed to enforce these rules in order to enable all to participate and have the opportunity to practice and improve communication skills and enhance self-efficacy.

Rehab goals in the activity and participation domains were to optimize clients' communication skills and participation in activities that were challenging for them, thereby improving social interactions and their ability to cope with activities of daily living (Table 2). It was hoped that this would also address goals in the quality of life domain by reducing loneliness and increasing confidence and well-being.

## 3 Results/Outcomes

Outcomes of qualitative evaluation are shown in Table 3.

### 3.1 Client outcomes

Responses were grouped according to two main questions, namely 'why do you come to the group?', and 'how does the group help you?' The main emerging themes all address isolation, self-efficacy and coping with ADLs, showing that the group had achieved its objectives of addressing the quality of life issues that were initially identified. Self-efficacy is critical for older adults to put the communication

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skills they have learned into practice and its enhancement is an invaluable component of the rehabilitative process [7].

**Table 2: Hard of Hearing Club Goals**

Activity and	Quality of Life
<b>Reduce social isolation</b> Improve social interactions Increase participation in group activities Develop friendships, social network	<b>Address loneliness/depression</b> Acquire sense of belonging to community Increase confidence and self-esteem Improve mood Provide optimism, hope
<b>Coping with ADLs</b> Improve communication skills Self-efficacy; confidence in daily interactions Participation in health care Access to environment and alarms through use of AT	<b>Independent living/safety</b> Manage ADLs independently. Enhance safety through use of AT and behavioral strategies. Use available resources effectively to support

### 3.2 Physician outcomes

The psychiatrist who referred the founding member reported that the group had had a “huge impact” on her depression and isolation and that it had fulfilled her need to connect with others, provided regular social context in a safe and comfortable environment, enabled her to participate in discussion, provided peer support, improved her self-esteem and enhanced her self-efficacy. She had become less reliant on her family and required fewer visits to her psychiatrist as a result. The physician was so impressed by the benefits of the Club that he felt it was important to educate others in psychiatry and psychology about this type of intervention.

**Table 3: Outcomes of Qualitative Evaluation; Key Themes**

Isolation	Self-Efficacy	Coping with ADLs
Reason to go out Something to look forward to Made friends, feel at home Feel supported, able to share problems Enjoy closeness, warmth	Assertiveness encouraged and practiced ‘Can hear and be heard’ Collective voice for advocacy Feel valued and respected	Educate about AT Provide and practice communication strategies Help clients manage daily activities ”Learn something new every time”

### 3.3 Family/caregiver outcomes

Responses from members’ children were extremely positive, indicating that the group provided a social life for people who understand each other’s communication problems, addressed loneliness by providing a social group where members could share and learn about the challenges of life

with severe hearing loss, and had given members a routine to look forward to and enjoy the company of others who can understand their feelings.

## 4 Discussion and Conclusion

The Hard of Hearing Club provides a successful rehabilitation option for seniors with severe hearing loss whose quality of life has been adversely impacted by their inability to participate in social activities.

Addressing social isolation has become a priority for many countries, including Canada, as we become increasingly aware of its negative impact on seniors’ health. Because of the effects of hearing loss on communication ability, and in the light of mounting evidence that it may be a risk factor for cognitive and physical declines in the elderly, addressing this issue should be an obvious key component of any such strategy. Audiologists need to design new approaches to hearing health care for older adults in the context of healthy aging, going beyond hearing aid fitting to address their ability to communicate effectively and participate socially.

The Hard of Hearing Club is an example of a social model of hearing rehabilitation that has been shown to promote healthy aging by effectively addressing social isolation while teaching skills to help seniors with severe hearing loss cope with independent living.

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