Communication Disorders 442
Winter Semester 2013
Section 1: 177 TLRB on M W F at 9:00 am to 9:50 am,
Section 2: 177 TLRB on M W F at 11:00 am to 11:50 am

Instructor: Nancy Blair
Office: 161 TLRB
Office Hours: M W 10:00 -11:00 am
Office Phone: 801-422*-7747
Email: nancy_blair@byu.edu
Home Phone Number: 801-592-5700
Mobile Phone Number: 801-592-5700

TA Information
Name: Janelle Battett
Email: janelle815@gmail.com
Hours: W 7:00-8:30 pm in room 154 TLRB

Texts & Materials

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Foundations of Aural Rehabilitation (3rd edition)
By Nancy Tye-Murray
ISBN: 978-1-4283-1215-9
Delmar Cengage Learning
It is highly recommended that this text be purchased and kept for future reference. It may be referred to in other audiology courses, and for speech-language majors it is a valuable resource.

Description
This course is required for all undergraduate students majoring in Communication Disorders. This course meets the American Speech-Language-Hearing Association's (ASHA) certification requirements for course work in assessment and pathologies of the auditory system.

This course presents primary knowledge and skill development in the administration and interpretation of basic tests used in the rehabilitation of auditory disorders across the lifespan. The course also introduces students to the theories and procedures used to provide aural/audiological rehabilitation to children and adults who have hearing loss and to provide concomitant services to their family members including fundamental knowledge and skills needed to design, implement, and measure individual re(habilitation) programs across the lifespan.

Prerequisites
ComD 334 and ComD 438 are prerequisite for this course. Students who have not completed these prerequisites are required to discontinue ComD 442 (this course) until such time the prerequisite courses have been completed. The instructor reserves the right to dis-enroll students that do not meet these prerequisites.

Attendance Policy
Students are required to attend each class session according to the syllabus. No, it is not all right to miss class. I do not give examinations other than the posted times. Please make sure your lifestyle
arrangements according to the University calendar. The instructor reserves the right to dis-enroll of fail students that do not attend class or fail to submit assignments in a timely manner.

**Participation Policy**

Reading assignments are to be completed prior to the beginning of the class period. Students are expected to be prepared. Students that are unprepared may be penalized up to 2% of the final course grade for each occurrence. Absence from class, except for medical purposes, is considered not being prepared. Excessive absences may result in the instructor dis-enrolling the student from the course.

**Grading Policies**

I. Adjustment Procedure for Assessments

Individual assessment functions (i.e., exams) are adjusted to account for:

1. The two highest scores on the assessment
2. Assessment difficulty
3. Assessment ambiguity

This is accomplished by discounting the highest two scores on the assessment and using the third highest score as the adjusted maximum score. Adjusted individual scores are then computed by dividing the individual raw score by the adjusted maximum score and multiplying the product by 100.

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For example: If the highest two scores were 50 and 48 respectively. The third highest score was a 46. The adjusted score will be computed by dividing the values of the scores by 46 and multiplying by 100. Using standard rounding techniques a student who obtained a raw score of 45 would have an adjusted score of 97.5.

II. Final Weighted Score

A weighting factor of 20% is assigned to each assessment.

**Learning Outcomes**

- **Aural Rehabilitation**
  Define aural rehabilitation and explain why the service is critical for those who have a hearing impairment.

- **Impact of Psychosocial Aspects of Hearing Loss**
  Discuss the psychosocial aspects of hearing loss, including the impact on the individual and the family.

- **Diagnostic Procedures in AR Program**
  Describe the diagnostic procedures needed as part of a comprehensive AR program, including the diagnosis of hearing loss and rehabilitation by means of amplification, cochlear implants, and other assistive devices.
1. The student will develop a theoretical and practical knowledge of aural rehabilitation in adults and children. 2. The student will be able to select, plan, and execute appropriate age-level assessment for the purpose of aural rehabilitation planning across the lifespan. 3. The student will understand the use of technology in aural rehabilitation intervention.

**Grading Scale**

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**Study Guide**

**STUDY SHEET**

This study sheet is provided as a study aid. The instructor is NOT obligated to use the exact wording, definition, or test questions found on this sheet. Each of the answers are found in the text: Tye-Murray, N. (2009). *Foundations of Aural Rehabilitation* (3rd ed.). New York: Delmar Publishing. [ISBN: 978-1-4283-1215-9].

It is also recommended that the study questions within the textbook itself be reviewed. Remember, study questions are to provide the student with an assessment of their understanding of the concepts, and not necessarily the specific questions.

**Definitions** (The student will be able to define the following terms):

- Conversational fluency:
- Disability:
- Activity limitation:
- Participation restriction:
- Evidence-based practice (EBP):
- Audiogram:
- Speech features:
- Information transmission analysis:
- Speechreading enhancement:
- Closed set:
- Open set:
- Reliability:
- Validity:
- Bilingual:
- Signal processing:
- Noise reduction:
- Omnidirectional microphone:
- Gain:
- Telecoil:
- Prescription procedures:
- Wireless system:
- Induction loop system:
- Sound awareness:
- Sound discrimination:
- Identification:
- Comprehension:
- Analytic training:
- Synthetic training:
- Goal:
- Objective:
- Plasticity:
- Speechreading:
- Lipreading:
Viseme:
Homophone:
Clear speech:
Frequency of usage:
Oral interpreter:
Kinesthetic:
Grounding:
Facilitative strategy:
Expressive repair strategy:
Receptive repair strategy:
Maladaptive strategies:
Nonspecific repair strategy:
Social stigma:
Assertive conversational style:
Aggressive conversational style:
Passive conversational style:
Passive-aggressive conversational style:
Reactive:
TOPICON:
Self-efficacy:
Modeling:
Role-playing:
Continuous discourse tracking (CDT):
Informational counseling:
Personal adjustment counseling:
Rational Emotive Behavior Therapy (REBT):
Desensitization:
Unconditional positive regard:
Prevalence:
Noise notch:
Patient orientation:
Life factors:
Life stages:
Cultural and linguistic competence:
Limited English Proficiency (LEP):
Tinnitus:
Deaf culture:
Sign interpreter:
Dissonance theory:
Americans with Disabilities Act (ADA):
Presbycusis:
Self-concept:
Arthritis:
Dementia:
Alzheimer's disease:
Attention:
Processing speed:
Working memory:
In-service:
Universal newborn hearing screening (UNHS):
Cytomegalovirus:
Syndrome:
Ototoxicity:
Otitis media:
Auditory neuropathy:
Individuals with Disabilities Education Act (IDEA):
Individualized Family Service Plan (IFSP):
Service coordinator:
Medical home:
American Sign Language (ASL):
Total communication:
Individualized Education Plan (IEP):
Multidisciplinary team:
Itinerant teacher:
Self-contained classrooms:
Mainstream classrooms:
Resource rooms:
Co-enrollment:
Segmental errors:
Suprasegmental errors:
Form:
Content:
Pragmatics:
Literacy:

Key Chapter Points

The answers may be found in the Key Chapter Points section of the corresponding chapter in Foundations of Aural Rehabilitation: Children, Adults, and Their Family Members, 3rd ed.

Chapter 1
1. Hearing impairment may limit communication activities and impose __________ on everyday activities.

2. The impact of hearing loss on an individual may be mediated by his or her use of listening aids, physical environment, lifestyle, ________ ________ _______, and individual characteristics such as personality.

3. Aural rehabilitation for the ________ may include diagnosis and quantification of hearing loss, provision of appropriate listening devices, training in communication strategies, counseling related to hearing loss, vocational counseling, noise protection, and counseling and instruction for family members. It may or may not include speech perception training.

4. Aural rehabilitation for the ________ may include diagnostics, provision of appropriate amplification, speech perception training, communication strategies training, family training, and intervention related to speech, language, and educational development.

5. Aural rehabilitation may occur in a variety of locales, including university speech and hearing clinics and ________ ________ ________.

6. Aural rehabilitation may be provided by an audiologist, speech-language pathologist, or ________.

7. Hearing loss may be categorized by degree, onset, ________, and time course.

8. The aural rehabilitation plan includes the communication realms of the person who has ________ ________.

9. Aural rehabilitation is relevant for two general reasons: demographics and ________.

10. Evidence-based practice (EBP) approaches reflect best research evidence, clinical expertise, and ________ ________.

11. When engaging in EBP, clinicians ask a question, find evidence to answer it, assess the evidence, integrate the evidence with their judgment and patient values and then ________ ________.

Chapter 2
1. A typical audiological assessment includes an ________, a determination of speech recognition thresholds, and an assessment of speech discrimination/recognition. The audiogram by itself does not always adequately reflect the magnitude of a patient’s communication difficulties.

2. The optimal test environment is a ________ ________.
3. Patient variables, such as the cognitive/linguistic skill of the test taker, will influence selection of test materials. For example, an audiologist would not select a _______ _______ for evaluating a 3-year-old child.

4. Test stimuli may be ________, words, phrases, unrelated sentences, or topically related sentences. Each kind of stimulus offers advantages and disadvantages.

5. Once test materials have been selected, decisions can be made about _______ _______. For example, an audiologist might opt to present the stimuli in an audition-only condition, using live voice and background noise.

6. Patients may _______ _______ _______ in a test with repeated testing.

7. A test should have good reliability and _______.

8. ________ ________ sometimes is an important issue. Some people, especially children, may vary in their performance from day to day.

9. Although multicultural testing is ever more commonplace, the need for speech recognition tests in languages other than English ________ the current supply.

10. Bilingual individuals perform better on tests administered in their ________ language than on tests administered in their ________ language.

Chapter 3
1. The objectives for providing an individual with a listening device are to make speech audible, without introducing distortion or discomfort, and to restore a range of ________ ________.

2. Hearing aids, cochlear implants, and assistive listening devices are the primary listening devices available to persons who have hearing loss. ________ ________ are used by a small number of people, primarily those who cannot benefit from the more commonly used devices.

3. Two major trends in modern hearing aid design are ________ and enhanced signal processing.

4. Hearing aids have three fundamental components: a microphone, an amplifier, and a ________. They also have a power source. Microphones may be directional or omnidirectional. Amplifiers may use peak-clipping for output limiting or ________.

5. There are five general styles of hearing aids. Selection of style is dependent on the degree of hearing loss, ________ ________, costs, patient lifestyle, and the patient’s physical status.

6. Hearing aid benefit may be assessed with behavioral measures, probe microphone technology, and ________ ________.

7. Cochlear implants provide sound sensation by means of directly stimulating the ________ ________.

Candidacy requirements for implantation include the presence of irreversible severe or profound sensorineural hearing loss and good general health.

8. Most cochlear implants in use are ________ devices and many of them utilize an interleaved pulsatile stimulation algorithm.

Chapter 4
1. Usually, ________ with significant hearing losses receive auditory training. ________ are less likely to receive training.

2. Most auditory training curricula are designed to progress a student from one auditory skill level to the next. The four skill levels underlying most programs are sound awareness, ________ ________, identification, and comprehension.

3. Many auditory training curricula include both ________ and ________ kinds of training activities, and formal and informal activities.
4. Difficulty of training can be adjusted by varying the size of the stimuli set used for listening tasks, the stimulus unit, context, structure, and the listening environment. As a general rule of thumb, a clinician will want to alter the level of difficulty if a student responds correctly to training stimuli 80% of the time or more, or responds correctly to less than 50%.

5. A ________ of specific training objectives typically is developed at the onset of a student’s auditory training program. The objectives are targeted with both analytic and synthetic training.

6. Analytic vowel auditory training objectives are designed to contrast vowels with different ________ ________. Consonant auditory training objectives are designed to contrast ________ ________, such as place, voice, and manner.

7. A variety of ________ ________ ________ are available. These include the SPICE, the DASL II, and CHATS.

8. Several published reports suggest that auditory training is beneficial. In addition, ________ ________ appears to change as a result of auditory learning.

9. Students may vary widely in how quickly they __________, in part as a function of their hearing history, their personalities, and their listening environments.

Chapter 5
1. Even persons with normal hearing rely on speechreading to some degree. Some people are better speechreaders than others. The reasons for this are unclear. Performance cannot be predicted by such factors as intelligence or practice with ________ ________ ________.

2. When we lipread, our eyes both fixate and perform quick shifts. They often focus on talker’s ________, ________, and ________.

3. ________ appear to rely on the visual speech signal for learning their native language.

4. Lipreading is difficult. Some of the factors that may compound the lipreading task include the partial visibility or nonvisibility of many speech sounds on the face, the rapidity of speech, coarticulation, the visual ________ of many sound groups, and talker eccentricities. For instance, the words Bob and Mom are ________ on the lips. The word hick requires minimal visible mouth movement.

5. Some models of audiovisual integration suggest that the ability to integrate is distinct from the abilities to recognize speech auditorily or to recognize speech visually. An alternative model, based on the concept of ________ ________, posits that a distinct stage of integration is not a part of the speech recognition process.

6. A little __________ can increase markedly one’s ability to recognize speech when looking and listening simultaneously.

7. The talker, message, environment, and state of the person affect how well the individual will recognize a spoken message. For instance, a talker who mumbles will be ________ ________ ________.

8. A talker’s use of ________ ________ can effect a dramatic improvement in a patient’s ability to lipread and speechread.

Chapter 6
1. Speechreading training was popular in the first half of the 20th century. The advent of more sophisticated listening devices, and questions about the benefits of training, have led to a ________ emphasis on speechreading training in an aural rehabilitation program.

2. As with auditory training, a speechreading training program typically includes both ________ and ________ training objectives.

3. The logic underlying many speechreading curricula is gradually to increase students’ reliance on the ________ ________ for recognizing phonemic contrasts.

4. Speechreading training often includes continuous ________ ________ tasks.
5. Computerized speechreading training offers many benefits, including intensive practice and schedule ________.

6. A relatively large number of investigators have attempted to evaluate the efficacy of speechreading training, using a variety of training methods and tests and focusing on a number of different ________ ________.

7. ________ variables, such as patient motivation, complicate assessments of speechreading training efficacy.

8. Speechreading training appears to provide ________ benefits to most patients.

9. Several training programs that include kinesthetic components have been shown to be ________.

Chapter 7
1. Face-to-face conversation usually proceeds in an orderly fashion, with communication partners adhering to ________ ________ of conversation.

2. ________ occurs when one communication partner presents information and another partner acknowledges understanding. This information is then presupposed throughout the remaining conversation.

3. The accepted rules of conversation often must ________ when one of the conversational partners has a hearing loss. The overall quality of conversation also may be _________. For instance, there may be only superficial content and grounding may be disrupted.

4. There are two classes of communication strategies, ________ and _________. Within each of these classes are several kinds of strategies that individuals with hearing loss can use to facilitate conversational interchanges.

5. There are at least three stages involved in repairing a communication breakdown: ________, selection of a course of action, and implementation.

6. Persons who have hearing loss often bluff and pretend to understand. They may do this because they are reluctant to admit a hearing loss or because they do not want to appear ________.

7. Much research has centered on the use of repair strategies. One conclusion that emerges is that the most commonly used repair strategy is the ________ strategy.

8. There are both advantages and disadvantages in using ________ repair strategies.

9. ________ ________ are more effective when used before unfamiliar communication interactions than when used before familiar ones.

10. Persons may be assertive, passive, aggressive, or ________ in their conversational styles.

11. Constellations of communication behaviors might be described as ________, ________, ________, or some combination of the three.

Chapter 8
1. Most communication strategies training programs begin and end with an assessment of ________ ________ and hearing-related disability. ________ ________ relates to how smoothly conversation unfolds. Hearing-related disability relates to the difficulties in daily living activities and includes the psychosocial disadvantages related to the hearing loss.

2. Conversational fluency and hearing-related disability are ________ to assess for many reasons. For example, conversational fluency may vary as a function of the communication partner (Is the person familiar? Is the person experienced with talking to hard-of-hearing people?) and with the topic of conversation.
3. A variety of assessment procedures are available. These procedures include interviews and questionnaires. Each offers both advantages and disadvantages. Often, clinicians opt to use a ________ ________ ________.

Chapter 9
1. A communication strategies training program should be tailored to ________ a patient’s expectations, age, socioeconomic background, lifestyle, and particular communication problems.

2. The content of a communication strategies training program centers around problems specifically related to ________ ________ and how these problems can be minimized. Training may be provided for facilitative and repair communication strategies. Patients may also consider assertive versus nonassertive listening behaviors.

3. One model for a training program includes three stages: ________ ________, ________ ________, and ________ ________. A variety of exercises and activities can be used for each stage.

4. ________, which entails learning through observing, allows patients to acquire information about effective communication behaviors and strategies and to acquire information about what happens to someone as a result of using these behaviors and strategies.

5. ________ may involve direct instruction, prompting, shaping, reinforcement, modeling, and feedback.

6. A communication strategies training program for children can include instruction for the use of ________ ________ ________ in addition to the use of receptive repair strategies and facilitative communication strategies.

7. Many persons who participate in communication strategies develop an enhanced sense of ________ in dealing with their communication difficulties.

Chapter 10
1. Counseling provides many benefits to patients and their families, including better self-acceptance and reduced stress and discouragement. A clinician might provide ________ counseling and ________ ________ counseling.

2. During informational counseling, the clinician strives to ensure understanding and retention using such techniques as ________ categorization and ________ of important information.

3. Personal adjustment counseling approaches are often categorized as ________, ________, or ________, or a combination of any of these three.

4. Rational Emotive Behavior Therapy (REBT) is a ________ approach to counseling and, in the aural rehabilitation setting, entails questioning erroneous beliefs about hearing-related issues.

5. ________ is a technique used in a behavioral counseling approach that aims for a patient to “unlearn” a learned behavior.

6. Three tenets of Rogers’s affective approach to counseling are congruence of self, unconditional positive regard, and ________ ________.

7. Individuals who suffer a hearing loss, whether it is sudden or gradual, often develop a sense that they have gone from being able-bodied to being abnormal. Some of these individuals might benefit from ________ ________.

8. Psychosocial support aims to facilitate ________ adjustment to hearing loss. The outcome is increased self-confidence, increased self-acceptance, and more effective use of communication strategies.

9. In a ________ ________, patients learn to identify the kinds of problems they are experiencing, understand the nature and effect of these problems, and generate effective solutions for resolving them.

10. During ________ ________, individuals learn to increase cooperativeness with their communication partners and to develop neutral nonaggressive behaviors that allow them to maintain their self-esteem without encroaching on the rights of others.
11. During assertiveness training, emphasis is placed on ________ of language and on the ________ of behaviors.

12. Sometimes losing one’s hearing constitutes a ________ life experience. Individuals require and deserve adequate emotional and psychological support.

Chapter 11

1. A ________ approach holds that the most successful aural rehabilitation plan is one that best determines a patient’s background, current status, needs, and wants, and then accommodates these through the design and delivery of appropriate interventions.

2. Many baby boomers, and even younger adults, experience hearing loss, in part, because we live in a modern world replete with ________ environments.

3. Most adults lose their hearing gradually over time. Typically, the loss is greatest in the ________ frequencies and least in the ________ frequencies.

4. In following a patient-centered orientation, the speech and hearing professional will determine “________ ________ ________ ________,” and consider non-hearing-related variables such as stage of life, socioeconomic status, culture, and psychological adjustment. These variables may affect the aural rehabilitation plan.

5. ________ ________ influences pertain to self, home, work, recreation, and community. For instance, the norms, services, and mores that are present in the surrounding community will help the patient answer such questions as, What kind of help do I need and where will I get it? and How am I to contribute to the world around me and live my life?

6. ________ ________ is related to racial/ethnic status. Some members of minority groups may be inexperienced with interacting with health care professionals and some may be distrustful of them. Some minority members may not have access to quality care due to financial limitations or their location.

7. Members of varying cultural backgrounds may respond differentially to incurring hearing loss, to interacting with health care professionals, and to an aural rehabilitation plan. It is incumbent upon speech and health professionals to ________ a patient’s traditions, customs, values, and beliefs related to the aural rehabilitation plan.

8. Women are more likely to ________ a hearing loss than are men, and women are more likely to actively ________ their communication difficulties. Women are also less likely to incur a loss.

9. Adults who are hard–of hearing may have more psychosocial and vocational difficulties than adults who have normal hearing. They may suffer from feelings of ________ and decreased ________. They may have a sense of being removed from the workplace mainstream.

10. Tinnitus can be ________.

11. Adult members of the ________ ________ lost their hearing early in life. They rely primarily on ________ ________ ________ for communication.

12. There are four phases in an adult’s adjustment to hearing loss: ________, ________, ________, and ________. Aural rehabilitation often starts in the third phase. During this phase, an audiologist will want to identify a patient’s particular communication problems at home, socially, and vocationally and begin to formulate solutions.

13. Interviews may include ________ and ________ questions and might query about home-, work-, and social-related communication difficulties.

14. Psychological responses to hearing loss may include the following stages: ________ and ________, ________, ________, and ________, and, finally, ________. A milder form of ________ and ________ relates to dissonance theory (“this diagnosis runs counter to my self-image”).
15. Adjustment to hearing loss extracts both _______ and _______ costs. Psychological costs include acceptance within one’s self that there is a hearing problem and anxiety of aging.

Chapter 12
1. There are six stages involved in developing an aural rehabilitation plan: assessment, informational counseling, development of a plan, implementation, _______ ________, and follow-up. At each stage, the focus will be on customizing the plan for the individual.

2. The _______ stage of an aural rehabilitation plan entails assessing a patient’s hearing impairment, hearing-related difficulties, and individual factors.

3. The World Health Organization suggests that a hearing impairment leads to both _______ _______ and participation restrictions.

4. In developing a strategy, and in implementing a plan, a clinician will develop a partnership with your patient and develop a solution-centered, problem-solving strategy. The objectives will be influenced by a patient’s _______ and _______.

5. The COSI is a _______ _______ that may be used to guide an overall aural rehabilitation plan and to assess outcome, and in particular, can be used to assess hearing aid benefit.

6. _______ a patient to use a hearing aid may entail an education process, a change in the patient’s value system and attitude, and establishment of a hearing aid use pattern.

7. Hearing aids are available to alleviate a wide range of hearing loss. _______ depends on degree of loss and also on a person’s lifestyle, occupation, and motivation to use a hearing aid.

8. A significant number of adults who receive hearing aids do not use them. There are several reasons for nonuse. For example, some people find the sound unacceptable, and others are disappointed that their hearing aids do not _______ _______ _______.

9. Issues to consider when recommending an assistive device include affordability, durability, operability, portability, compatibility, and _______.

10. A patient who suffers from tinnitus may undergo a variety of _______ and audiological tests.

11. Although there are no cures for tinnitus, _______ _______ _______ (TRT) has been found to be successful in helping many patients manage their problem. Other management strategies include counseling, relaxation therapy, and self-help support groups.

12. Some patients will desire telephone training, and a speech and hearing professional may serve as a “coach” for the patient, starting with _______ listening tasks to _______ _______ conversations over the telephone.

13. Patients’ _______ change over time, so the aural rehabilitation plan must be fine-tuned and adjusted as it unfolds.

Chapter 13
1. The elderly represent the fastest-growing segment of the U.S. population. By 2030, the number of citizens over the age of 64 years will be 72 million, or about _______ of the American population.

2. The first stage of developing an aural rehabilitation plan is to determine a patient’s _______ _______ and _______ _______.

3. Degree of hearing loss increases with age. Age-related hearing loss is called _______.

4. Some older persons may experience a _______ in auditory processing capabilities.

5. The impact of hearing loss on the older individuals may vary as a result of the person’s economic status, social circumstances, social contacts, and emotional and physical health. Two persons may be of the same _______ _______, yet vary greatly on these variables.
6. Three physical conditions that may influence dramatically the design and success of an aural rehabilitation plan include reduced vision, arthritis, and ________.

7. Many older persons experience changes in cognitive functioning, including decrements in ________, ________, and ________. Vocabulary learning appears to remain intact.

8. The use of hearing aids can prevent many of the ________ consequences associated with presbycusis.

9. Some changes may need to be made in the procedures for assessing hearing status, and for providing a hearing aid orientation. In particular, ________ usually must be scheduled to provide aural rehabilitation services for an older adult than for a younger adult.

10. ________ should not be a determining factor in deciding whether an older person is a candidate for cochlear implantation.

11. Some older persons desire ________ in addition to or in lieu of hearing aids.

12. Group aural rehabilitation programs tend to work well with older patients, especially if they include their ________.

13. Staff at nursing homes and residential facilities need to learn about hearing loss, communication strategies, and ________.

Chapter 14
1. If children are not exposed to language during the first 3 years of life, they will likely experience delays in acquiring ________, ________, and ________ skills.

2. Most states have implemented ________, which requires that every baby born is tested for hearing loss in the newborn nursery.

3. Methods used for screening are ________ and ________ testing.

4. If hearing loss is identified before a child reaches the age of ________, and intervention is begun, the child will likely develop language skills comparable to those of peers who have normal hearing.

5. Behavioral tests for identifying hearing loss in young children include behavioral/observational audiometry (BOA), visual reinforcement audiometry (VRA), and ________.

6. About 40% of children who have significant hearing loss also have another ________.

7. Hearing loss may arise from a variety of causes that may be prenatal, ________, or postnatal. The hearing loss may be due to environmental factors or ________.

8. Some ________ hearing losses have a delayed onset, and some are nonsyndromic.

9. Otitis media overlaid on a sensorineural hearing loss results in a ________ hearing loss. Some evidence suggests that if otitis media is untreated, the child may experience related speech and language delays.

10. Parents often have difficulty in accepting their children's hearing loss and may pass through a series of psychological stages before ________ occurs. A primary role of the speech and hearing professional is to ________ parents to interact effectively with their child and to make important decisions about their child's aural rehabilitation plan.

11. Public Law 94-142, passed in 1975, was a landmark event in the history of children who have disabilities. It guaranteed a ________ education for all children between the ages of 3 and 18 years, in the least ________ environment.
12. The acronym IDEA stands for the Individuals with Disabilities Education Act and was passed by Congress in 1990. Stemming from Public Law 94-142, it expanded the range of children covered to individuals from ________ to the age of ________. It was amended in 1997 and again in 2004.

13. Early and appropriate amplification is critical for normal speech and language development. Children often receive ________ aids. ________ aids usually are not prescribed, for a variety of reasons, including the fact that children's ears may still be growing so aids must be frequently recast. ________ ________ may be received after an appropriate hearing aid trial.

14. Goals of the ________ ________ program are to support families in developing a child's communication skills, to help the family understand the child's strengths and needs, and to promote the family's ability to advocate for the child.

Chapter 15
1. An ________ ________ is a written statement that describes the child's current levels of performance, a statement of annual goals, a recommendation for special education support with an indication of how support will be provided, and objective criteria for evaluating progress.

2. A ________ team is assembled to provide support and services to the child and his or her family. The team may include an audiologist, speech-language pathologist, classroom teacher, psychologist, interpreter, itinerant teacher, and/or resource room teacher.

3. School placement may be public or private, residential or day. Classroom placement may be self-contained or mainstream. Variations of a mainstream placement include ________ ________, ________, and ________.

4. Most children in the United States who have severe and profound hearing loss live at home and attend school in their home community. The majority of children use ________ ________ to communicate.

5. Children with hearing loss may make characteristic speech errors, such as ________ vowels and ________ final consonants. These errors underlie generally low intelligibility levels.

6. Children often have problems in ________, ________, and ________ of language. For instance, many have reduced vocabulary and have mastered fewer syntactic structures than children with normal hearing.

7. Children with significant hearing loss often experience difficulty in learning to read. Many adults never attain better than a ________ ________ reading level.

8. Evidence suggests that receipt of a cochlear implant may enhance and accelerate speech, language, and ________ growth.

9. A speech and language evaluation is performed in order to develop a ________ of speech-language therapy objectives.

10. Some children with hearing loss can benefit from psychosocial support and ________ skills training.

11. Most children with mild and moderate hearing losses can attend classrooms with children who have normal hearing. Usually, they will receive an ________, although they may or may not require specialized speech and hearing services.

Make Your Life Easier
1. On all emails in the "Subject" box always place COMD 442 followed by a hyphen and subject. For example: COMD 442-Question. This will ensure that your questions will be answered quickly.

2. This course used MS Word 2010 and Powerpoint 2010. If you do not have these releases you can download a free software plug-in that will allow you to open these files. The compatibility pack is available at: http://www.micorsoft.com/downloads/details.aspx?FamilyID=941B3470-3AE9-4AEE-8F43-C6BB74CD1466&displaylang=en.

3. Extensive use of Learning Suite is used in this course and it is your responsibility to be familiar with its use. The syllabus and Powerpoints may be downloaded from Learning Suite under Content.
Exams are due as scheduled, unless they are changed for the entire class. The only exception is for medical situations. Exams are NOT given at alternate times for weddings, cruises, Disneyland, Home Comings, Farewells, work schedules or non-approved BYU activities.

### Point Breakdown

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Exam 1</td>
<td>20%</td>
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<tr>
<td>Exam 2</td>
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<td>Exam 3</td>
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<td>Exam 4</td>
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<tr>
<td>Exam 5</td>
<td>20%</td>
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<tr>
<td><strong>Total Percent</strong></td>
<td><strong>100</strong></td>
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### Course Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>M - Jan 7</td>
<td>Course Introduction</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>W - Jan 9</td>
<td>Child Development from Birth to Age 5</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>F - Jan 11</td>
<td>Child Development from Birth to Age 5</td>
<td>Chapter 1</td>
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<tr>
<td>M - Jan 14</td>
<td>Introduction to Aural Rehabilitation</td>
<td>Chapter 1</td>
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<tr>
<td>W - Jan 16</td>
<td>Introduction to Aural Rehabilitation</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>F - Jan 18</td>
<td>Assessment of Hearing Acuity and Speech Recognition</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>M - Jan 21</td>
<td>Martin Luther King Jr. Holiday - No Class</td>
<td>Chapter 2</td>
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<tr>
<td>W - Jan 23</td>
<td>Assessment of Hearing Acuity and Speech Recognition</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>F - Jan 25</td>
<td>Assistive Listening Devices and Technology</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>M - Jan 28</td>
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<td>Chapter 3</td>
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<td>W - Jan 30</td>
<td>Assistive Listening Devices and Technology</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>F - Feb 1</td>
<td>Exam 1 in room 177 during class time</td>
<td>Exam 1 - Development Powerpoint and Chapters 1-3</td>
</tr>
<tr>
<td>M - Feb 4</td>
<td>Auditory Training</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>W - Feb 6</td>
<td>Auditory Training -SPICE</td>
<td>Chapter 4</td>
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<tr>
<td>F - Feb 8</td>
<td>Guest Speaker- Becca Larsen</td>
<td>Parent of Hearing Impaired Children</td>
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<tr>
<td>M - Feb 11</td>
<td>Speech Reading</td>
<td>Chapter 5</td>
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<tr>
<td>W - Feb 13</td>
<td>Speech Reading Training</td>
<td>Chapter 6</td>
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<td>F - Feb 15</td>
<td>Exam 2</td>
<td>Chapters 4-6</td>
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<tr>
<td>M - Feb 18</td>
<td>President Day Holiday - No Class</td>
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<td>T - Feb 19</td>
<td>Communication Strategies</td>
<td>Chapter 7</td>
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<tr>
<td>W - Feb 20</td>
<td>Assessment of Communication</td>
<td>Chapter 8</td>
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<tr>
<td>F - Feb 22</td>
<td>No Class</td>
<td>Graduate School Interviews</td>
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<tr>
<td>M - Feb 25</td>
<td>Communication Strategies Training</td>
<td>Chapter 9</td>
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<tr>
<td>W - Feb 27</td>
<td>Guest Speaker - Lori Ruth</td>
<td>PIP Advisor</td>
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<td>F</td>
<td>Mar 1</td>
<td>No Class Graduate School Interviews</td>
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<td>M</td>
<td>Mar 4</td>
<td>Counciling, Psychosocial Support, and Assertiveness Training</td>
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<td>Mar 6</td>
<td>Exam 3</td>
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<td>No Class USHA Conference</td>
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<td>Mar 11</td>
<td>Adults Who Have Hearing Loss Chapter 11</td>
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<td>Mar 13</td>
<td>Aural Rehabilitation Plans for Adults Chapter 12</td>
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<td>F</td>
<td>Mar 15</td>
<td>Aural Rehabilitation Plans for Older Adults Chapter 13</td>
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<td>M</td>
<td>Mar 18</td>
<td>Guest speaker - Lee Robinson Ethnographic Interviewing</td>
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<td>Exam 4</td>
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<tr>
<td>F</td>
<td>Mar 22</td>
<td>Film - Sound and Fury Chapter 14</td>
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<td>Mar 25</td>
<td>Film - Sound and Fury Chapter 14</td>
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<td>Infants and Toddlers with Hearing Loss Chapter 14</td>
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<td>W</td>
<td>Apr  3</td>
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<td>F</td>
<td>Apr  5</td>
<td>Film - Cecelia's Story Chapter 15</td>
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<td>M</td>
<td>Apr  8</td>
<td>School-age Children with Hearing Loss Chapter 15</td>
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<td>F</td>
<td>Apr 12</td>
<td>Film - The Miracle Worker</td>
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<td>M</td>
<td>Apr 15</td>
<td>Film - The Miracle Worker</td>
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<td>W</td>
<td>Apr 17</td>
<td>Exam Preparation Day</td>
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<td>Apr 18</td>
<td>Exam Preparation Day</td>
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<tr>
<td>F</td>
<td>Apr 19</td>
<td>Exam 5 - (Sec 2 - the 11:00 am to 11:50 am class) Exam time from 11:00 am to 2:00 pm in room 177 TLRB</td>
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<td>Sa</td>
<td>Apr 20</td>
<td>Exam 5 - (Sec 1 - the 9:00 am to 9:50 am class) Exam time from 8:00 am to 10:00 am in room 177 TLRB</td>
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</tbody>
</table>

**Librarian Information**

Name: Rachel Wadham  
Office: 1223 HBLL  
Phone Number: 422-6780  
Email: rachel_wadham@byu.edu

**Reference Desk Information**

Name: Social Sciences / Education  
Phone Number: 422-6228  
Email: No library information available  
Hours: M-Th: 8am-9pm; F: 8am-6pm; Sat: 10am-6pm

**BYU Honor Code**

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact be your own work and not that of another. Violations of this principle may result in a failing
grade in the course and additional disciplinary action by the university. Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university’s expectation, and my own expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

Preventing Sexual Discrimination and Harassment

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU’s policy against sexual harassment extends not only to employees of the university, but to students as well. If you encounter unlawful sexual harassment or gender-based discrimination, please talk to your professor; contact the Equal Employment Office at 422-5895 or 367-5689 (24-hours); or contact the Honor Code Office at 422-2847.

Students with Disabilities

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability which may impair your ability to complete this course successfully, please contact the Services for Students with Disabilities Office (422-2767). Reasonable academic accommodations are reviewed for all students who have qualified, documented disabilities. Services are coordinated with the student and instructor by the SSD Office. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures by contacting the Equal Employment Office at 422-5895, D-285 ASB.

Academic Honesty Policy

The first injunction of the BYU Honor Code is the call to be honest. Students come to the university not only to improve their minds, gain knowledge, and develop skills that will assist them in their life’s work, but also to build character. President David O. McKay taught that ‘character is the highest aim of education’ (The Aims of a BYU Education, p. 6). It is the purpose of the BYU Academic Honesty Policy to assist in fulfilling that aim. BYU students should seek to be totally honest in their dealings with others. They should complete their own work and be evaluated based upon that work. They should avoid academic dishonesty and misconduct in all its forms, including but not limited to plagiarism, fabrication or falsification, cheating, and other academic misconduct.