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# Aural Habilitation and Rehabilitation

LEARNING FUNCTION: Aural rehabilitation means learning how to combine technology with sounds and visual cues for effective communication.

Aural habilitation means learning how to use the sounds and other sensory cues in everyday life that communicate important information to us. Aural rehabilitation means relearning how to use sounds and sensory cues that we have forgotten or to learn new sounds and cues to compensate for sounds we no longer hear. For our purposes, the word "rehabilitation" will be used to include both terms. So, in short, rehabilitation is all about learning how to take advantage of what a person hears and sees in the environment.

Today, successful aural rehabilitation requires a thorough medical examination and audiological examination to determine the potential benefits of a wide variety of technology and training to improve the quality of life of each patient. A key to benefiting from aural rehabilitation is to have a better understanding of the processes used to help each patient take advantage of all options.

Rehabilitation requires individuals and families to set realistic expectations while working together. It is unlikely that a patient with a significant hearing loss will use sounds as well as a normally hearing adult. However, a well planned rehabilitation program with realistic expectations will produce significant communication improvements.

Aural rehabilitation normally takes one of two approaches. The first approach is one that is client-oriented. Some patients respond well to being the single focus of learning new information about compensating for a hearing loss. Factors like the patient's medical condition, skills, needs, interests, and income become the driving forces that help an audiologist and patient maximize learning.

The second approach to rehabilitation is family-oriented. While the individual client remains the driving force of rehabilitation, the client's family plays a major role in participating and measuring effective communication. Family-oriented therapy requires a formidable commitment by both the patient and his/her family.

One of the first steps in a rehabilitation plan is acquiring effective personal hearing aids. The best use of technology, personal preferences, comfort, effectiveness, compatibility, care and maintenance, and well designed practice using hearing aids all help to ensure that a personal hearing aid will provide the best possible service to a patient. In addition to a personal hearing aid, assistive listening devices are important.

Assistive listening devices may consist of frequency modulated (FM) or infrared systems for use in classrooms or meetings, telephone coils in hearing aids, amplified and text telephones, computerized speech recognition systems, closed-captioning television services, and a variety of alerts, such as those for door bells, baby monitors, fires and other emergencies. The availability of assistive listening devices has never been more extensive or of better quality. An audiologist will work with the individual to make the most economical and effective choices.

The next phase of aural rehabilitation is effectively fitting technology and then effectively practicing with it when incorporated with newly learned visual clues, such as speaker facial clues, conversation context clues and environmental clues. Auditory, or sound clues are also important. An audiologist will provide sequentially developed exercises and experiences that incorporate both technology and newly learned listening and seeing strategies. When the best use of technology and strategies are brought together, a patient maximizes the communication process.

Aural rehabilitation is an ongoing process that requires commitment and work. It is necessary for individuals and families to be patient with the process. In order to learn to effectively combine prescribed technology with eyes, ears and strategies that mesh all of these assets into effective communication, the patient must be persistent. Additionally, the technology devices need to be cleaned, adjusted, repaired, and replaced. Listening and vision skills will become more effective when used with technology and, therefore, the patient will need to be monitored by an audiologist as he/she becomes more advanced in abilities. Patience and persistence will be rewarded with improved communication skills.

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