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# Do you Know If Your Clients Are Having Challenges Coping

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Title: Do you Know If Your Clients Are Having Challenges Coping?

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Hearing loss is a common condition, yet, many adults who could benefit from amplification do not use their hearing aids, even though it could help them overcome negative consequences such as social withdrawal, loneliness, and depression. Equally concerning, hearing aid use is highly variable for young children ([LSHSS. 2013;44\[1\]:73](#); [JAAA.2014;25\[4\]:380](#)), compromising speech and language developmental outcomes ([Ear Hear.2016;36:76](#)).

How clients are coping with emotional challenges may be a contributing factor to hearing aid usage, and such challenges may go undetected by audiologists. Depression and anxiety are common mental health conditions ([Int J Methods Psychiar Res.2012;21\[3\]:169](#)), and can interfere with effective healthcare management and treatment adherence; for example, when parents of children with hearing loss were experiencing symptoms of depression, their children wore hearing aids fewer hours per day than those with no depression ([Ear Hear.2016:ePub ahead of print](#)). Stress can also impact physical and emotional wellbeing of clients with hearing loss and caregivers, and may be positively influenced by social support ([J Health Soc Beh.2010;51\[1\]:S41](#)).

For audiologists to understand client challenges, both internal (e.g., lack of confidence, fear) and external (e.g., need for information), they need to engage clients in communication aimed at identifying underlying issues influencing client behavior. Unfortunately, research is revealing audiologists may not be sufficiently focused on understanding client challenges that are related to psychosocial factors, preferring to focus on those that are technical in nature ([AJA.2014;23:337](#); [Ear Hear.2015;36\[2\]:191](#)). Paying attention to communication with the purpose of developing an effective therapeutic relationship, has been shown to have significant positive effects on client adherence to treatment recommendations ([Med Care.2010;47\[8\]:826](#)). Client involvement in their care, through shared decision making, discussion about their

concerns, and exploration of how to navigate challenges, can decrease misunderstandings and help clients integrate new habits effectively into their routines for more successful outcomes.

Achieving an effective therapeutic working alliance includes acknowledging and engaging pertinent emotions such as depression and anxiety. Inclusion of a screening instrument may be an effective way to determine when clients are struggling with depression, anxiety and/or stress. We conducted a study in our clinic to find out how clients felt about completing the screening, and how audiologists felt about conducting the screening.

### **Screening for Depression, Anxiety, and Stress**

From March to June 2015 clients and parents of children with hearing loss, in consecutive hearing aid and cochlear implant follow-up appointments, were invited to participate when they arrived for a regularly scheduled appointment. Adult clients ( $n=28$ ) and parents of pediatric clients ( $n=24$ ) completed a demographic form, the Depression, Anxiety and Stress Scale (DASS), freely accessed online ([www2.psy.unsw.edu.au/dass](http://www2.psy.unsw.edu.au/dass), clinical cutoffs table 1), and a feedback form (see Table 1 for client demographics). Ten clinicians (4 clinical supervisors; 6 graduate student clinicians), trained on use of the screening form and making referrals for positive screens, completed a feedback form at the end of the study. A counseling or medical referral was made when a score demonstrated mild or greater symptoms for depression, anxiety, or stress, particularly if the client perceived that their symptoms were persisting. Utah State University Institutional Review Board approval was obtained and participants signed informed consent. The word ‘clients’ is used in the remainder of the article and refers to adult clients and parents of pediatric clients.

We observed three main findings from this study: (1) some clients were experiencing clinical levels of depression, anxiety and/or stress, (2) clients found the screening acceptable, and (3) clinicians had feelings of uncertainty related to managing the screening.

**Screening Results.** The DASS screening questionnaire queried how clients felt during the week prior to their appointment for depression, anxiety, and stress. The majority scored within the normal range for each component, although some reported symptoms of depression, anxiety, and/or stress outside the range of normal (see Table 2).

**Feedback About the Screening.** The majority of clients who participated completed a feedback form (n=49; 92%), see Table 3, responding positively about the screening experience. They expressed benefits of the screening in response to an open ended question, indicating the screening tool could help individuals with depression, anxiety, or stress by increasing overall awareness. Two clients expressed concerns: “Some weeks are more challenging than others,” “Answers vary at different times based on child, treatment, etc.,” and another wrote that “I don’t really want to find out that I have depression – it sounds so hard to surmount.”

All of the clinicians completed a feedback form at the completion of the study (see Table 4). There was general agreement that the screening was easy to implement, not too time consuming, and suitable for audiology practice; however, there was less agreement related to the perception that including the screening was time well spent and being comfortable managing the conversation with clients about the screening. Written feedback regarding benefits included helping clients who might not otherwise seek help, building stronger connections with clients, improving clinical skills, and providing more complete care. Concerns were related to: client comfort, how clients might react to the screening, clinician skills and ability, and time constraints to include the screening.

## **Clinical Implications**

By screening for psychosocial conditions, audiologists can recognize when challenges such as depression may be influencing effective daily management. Such challenges will be present – whether the audiologist acknowledges them or not, and have the potential of negatively influencing clients’ ability to manage their devices day-to-day. It is likely useful to know if clinical levels of anxiety, depression, or stress are present because they will affect all aspects of life, including adherence to the treatment regime prescribed by the audiologist.

It was interesting to note that client responses to the screening were highly positive and contrasted with the clinicians’ perception – clinicians feared that clients would have an aversive reaction to the screening. Client feedback revealed 96% were pleased the clinician was checking on how they were feeling, while the primary concern of audiologists was that clients would not appreciate the screening, or feel it was judgmental or invasive of their privacy. The clinicians also reported a lack of comfort in managing conversations about the screening with clients. Further research to explore knowledge, skills and attitudes of practicing audiologists related to counseling, and how audiology graduate programs approach counseling training to support clinician self-efficacy with the counseling aspect of service delivery, would help inform training needs of audiologists.

For providers to engage in conversations related to how clients are coping with hearing loss management, they first need to recognize the importance of addressing clients’ emotional experiences. Comprehensive audiological care includes addressing client emotions as an intentional component in service delivery. A screening tool such as the DASS, provides an opportunity to identify when emotional challenges are present, and if needed, refer clients for further specialized support.

Table 1. Client Demographic Characteristics

Demographic Characteristic	% (n)	M (SD)	Range
Gender Female	55 (29)		
Age		54 (21)	21-86
Race			
White	91 (48)		
Other	8 (4)		
Not Reported	2(1)		
Educational Level			
Less than High School	2 (1)		
High School Diploma/GED	13 (7)		
Some College	17 (9)		
Associate's Degree	8 (4)		
Bachelor's Degree	30 (16)		
Graduate Degree	30 (16)		
Annual Family Income			
Less than \$20,000	9 (5)		
\$21,000 - \$40,000	19 (10)		
\$41,000 - \$80,000	32 (17)		
More than \$80,000	40 (21)		
Degree of Hearing Loss			
Mild to Moderately-Severe	57 (30)		
Severe to Profound	34 (18)		
Not Reported	9 (5)		

Table 2. Screening scores by symptom severity for Depression, Anxiety, and Stress (DASS)

Screening Category	Normal Range ( <i>n</i> ; %)	Mild Range ( <i>n</i> ; %)	Moderate Range ( <i>n</i> ; %)	Severe Range ( <i>n</i> ; %)	Extremely Severe Range ( <i>n</i> ; %)
Depression	0-4 (49; 93%)	5-6 (0)	7-10 (3; 6%)	11-13 (0)	14+ (1; 2%)
Anxiety	0-3 (50; 94%)	4-5 (2; 4%)	6-7 (0)	8-9 (0)	10+ (1; 2%)
Stress	0-7 (45; 85%)	8-9 (6; 11%)	10-12 (2; 4%)	13-16 (0)	17+ (0)

Table 3. Participant Feedback Scores

Questionnaire item	N	M (SD)	Range
1. I was comfortable answering the questions	49	5 (0.65)	1 - 5
2. The time allowed for the questions was adequate	49	5 (0.66)	1 - 5
3. The audiologist addressed how I am feeling	49	5 (0.67)	1 - 5
4. I was pleased that the audiologist was checking on how I am feeling	49	5 (0.47)	3 - 5

Rating scale: 1 = strongly disagree; 3 = not sure how I feel, 5 = strongly agree

Table 4. Clinician Feedback Scores

Questionnaire item	N	M (SD)	Range
1. Implementation of the screening will result in my ability to better address psychosocial factors.	10	4 (1.48)	1 - 5
2. The results of the screening will help me know when a referral is indicated.	10	4 (1.37)	2 – 5
3. The results of the screening will help client be aware of how their feelings may be impacting their ability to manage effectively.	10	4 (1.23)	2 – 5
4. The screening was easy to implement.	10	4 (1.29)	2 – 5
5. Including the screening was not too time consuming.	10	4 (0.92)	3 – 5
6. I was comfortable managing the conversation with clients about the screening.	10	3 (1.42)	1 – 5
7. Including the screening is time well spent.	10	3 (1.42)	2 - 5
8. The screening is suitable for routine practice in audiology.	10	4 (1.00)	3 – 5
9. The training/learning requirements to implement the screening will be a barrier to implementation in practice.	10	3 (1.08)	1 - 4

Rating scale: 1 = strongly disagree; 3 = not sure how I feel, 5 = strongly agree