

TABLE 9-3

FACTORS RELATED TO ASSESSMENT AND REHABILITATION FOR INDIVIDUALS WITH DEAFNESS		
RELEVANT FACTOR	IMPACT ON ASSESSMENT	IMPACT ON REHABILITATION
View of deafness	If considered culture, the audiologist may be viewed by the client with skepticism.	If viewed as a culture, the client may not view rehabilitation as necessary. The client may choose not to wear hearing aids and will likely be satisfied with ASL. The client may object to cochlear implant procedures.
Communication mode	If ASL, interpreter services may be required. If MCE, the audiologist should know some basic signs. If oral English, the client is more likely to be able to carry out the standard audiology tests but may need picture-pointing tasks rather than word repetition. Assessment of client's use of lipreading cues is recommended.	If ASL, may not see the need for rehabilitation. If oral English, may be more invested in rehabilitation.
Age of onset	Individuals who are deafened after having had normal hearing during initial period development of speech and language development are more likely to use oral English. See comments noted for communication mode.	The postlingually impaired individual will be more likely to rely on audition and will, therefore, view the audiologist and rehabilitation as relevant to his or her life.
Degree of residual hearing	The greater the residual hearing, the more likely the client will be able to understand words for speech audiometry. Intelligibility may be, poor but picture-pointing should help.	The greater the residual hearing, the greater the benefit from amplification and the more invested in amplification the client is likely to be. Those with little residual are usually better candidates for cochlear implants.
Presence of other disabilities	Physical disabilities can interfere with the clients ability to scan and point to pictures, use response button, and carry out play audiometry techniques. Depending on the type or degree of the physical disability, testing modifications must be made.	Some disabilities interfere with use of hearing aids. Newer, more automatic, self-adjusting devices may be appropriate. Assessment of degree of home support is essential.
Cognitive status	Reduced cognitive skills may lead to use of the more basic tasks on the audiology test continuum. Sound field visual reinforcement audiometry using speech may represent the most basic level of assessment.	Very reduced cognitive skills may prevent the client from using the amplified information (e.g., is it meaningful to the client?). Because the client may not be able to understand the rehabilitation instruction, assessment of degree of home support is essential.

the hearing loss. In cases in which the hearing loss is postlingual, the client is likely to use oral English as the primary means of communication and may be able to carry out standard audiological tests, including speech audiometry and pure tones. Depending on the length of time the client has had this hearing loss, the client may experience reduced

articulation skills, which may require the use of picture pointing in the assessment of speech recognition.

In terms of rehabilitation, the person who is postlingually deafened is likely to use hearing aids successfully and to view the audiologist and aural rehabilitation process in positive terms. Because they once had normal hearing,