

Applying the Use of Motivational Tools to Auditory Rehabilitation

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Objective: Poor adherence to treatment recommendations is not unique to audiology. All of these interventions require that the patient actively engage and make behavior changes to address their health-related issue. Other healthcare fields have established theories to explain how people change their behavior and developed tools to help patients successfully change behavior. The Ida Institute and the World Health Organization (WHO, 2012) have taken some of these tools and applied them to auditory rehabilitation. They posit that these motivational tools can be used to assist audiologists in enhancing hearing-aid use in their patients. While promising, these tools have not been tested in a large-scale randomized trial.

Plan: This pilot investigation is geared towards identifying information crucial for conducting a large-scale randomized trial exploring the use of our proposed motivational intervention as a means for improving hearing-aid use, and potentially other patient outcomes. Pertinent information that will be collected includes quarterly recruitment rates, drop-out rates, outcome measures, effect sizes, and treatment fidelity. Additionally, patient feedback regarding the intervention also will be obtained.

Methods: This study will be a randomized clinical trial, where unsuccessful first-time hearing aid users will be randomized to either receive our motivational intervention (treatment group) or to receive a “standard-of care” approach (control group). The treatment group will be introduced to the “line” in a manner that is consistent with motivational interviewing. Motivational interviewing will be used to help the audiologist uncover the patient’s readiness and motivation for change and determine the barriers that may need to be removed to make and sustain a change. The audiologist and the subject will then work collaboratively to develop strategies to overcome the patient’s stated barriers and a patient-specific treatment plan for increasing hearing-aid use will be developed and implemented. The control group, on the other hand, will review content such as: 1) information on hearing-aid batteries and how to change them, 2) cleaning/daily care of the hearing aids, and 3) inserting and removing the hearing aids. Outcome measures will include an assessment of hearing-aid use, a hearing-aid outcome questionnaire, an assessment of importance and readiness to change, two self-efficacy questionnaires, and an open-ended interview. Treatment fidelity also will be assessed.

Findings to Date: Data collection is ongoing.

Relevance to VA Mission: Hearing loss is the second most prevalent individual service-connected disability among Veterans receiving compensation from the Veterans Benefits Administration (VBA; VBA, 2010). A hearing aid is the most common technological intervention for hearing loss. As such, the VA spends a considerable amount of money on hearing aids with the aim of addressing the hearing-related problems experienced by these Veterans. Despite these expenditures, hearing-aid use remains disappointingly low (Kochkin, 2010). The motivational intervention used in this study has the potential to increase a patient’s use of their hearing aids and improve hearing-aid outcomes.

Key Words: hearing aids, counseling, outcomes assessment (health care)