

## Counseling in Audiology: AuD Students' Perspectives and Experiences

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## **Abstract**

Counseling in audiology is an important aspect of service delivery. How audiologists interact with patients, and foster counseling relationships to help patients and families understand and live with hearing loss can impact outcomes of audiological interventions. Currently, variability exists in how graduate training programs are teaching counseling skills, and the extent to which counseling skills development is supported in clinical experiences is unclear. This article sought to explore the perspectives related to the importance of counseling, and counseling training experiences received through supervision, of AuD students beginning their final year of study, to understand where counseling training might be limited, and how counseling skills might be better supported. Findings were that students generally appreciate the importance of counseling in audiology, but how students are supported in developing counseling skills appears to be variable and unstructured.

### **Learning Objectives:**

After reading this article the learner will be able to:

1. Describe the level of importance AuD students attribute to certain counseling topics
2. Explain the amount of variability in which students experience direct feedback/input from supervisors related to counseling opportunities in clinic
3. Describe the implications for inadequate counseling education

**Key Words:** Counseling, Audiology, Training

Research has shown that the diagnosis of a hearing disorder can instigate negative emotions in patients across the life-span.<sup>1,2,3,4</sup> As in other cases of chronic disability (such as hearing loss) patients may require emotional attention, as well as physical attention.<sup>5</sup> How audiologists recognize and respond to the patient's emotional needs through counseling can influence patients' level of adherence to treatments and recommendations,<sup>6,7</sup> their development of trust,<sup>8,9</sup> and their overall satisfaction with care.<sup>10</sup> Counseling is an intentional process, requiring health care providers to understand the unique situation of their patients and families, and incorporate counseling strategies to meet patients' specific needs.<sup>11</sup> Parents and other caregivers may be especially burdened with the physical, emotional, and financial strain of attending to their loved one's disability, and can benefit from emotional attention, as well.<sup>12</sup>

Despite this need for incorporating counseling in audiological practices, studies have suggested audiologists may be underprepared to initiate counseling conversations with patients. For example, school-based audiologists reported not feeling adequately prepared to speak to students' emotional concerns related to their hearing loss,<sup>13</sup> and pediatric audiologists reported a desire for counseling training to better support parents of children who are deaf or hard of hearing.<sup>14</sup> Additionally, studies exploring the communication behaviors of audiologists have found counseling skill deficits that can be detrimental to the intervention process, including the audiologist dominating the conversation,<sup>15</sup> responding to patients' emotional concerns with technical information,<sup>16</sup> and neglecting to validate patient emotions.<sup>17</sup>

Even with these shortcomings in practice, counseling is recognized as an important and critical component of audiology service delivery.<sup>18,19</sup> Recognition of the value counseling offers within audiology is also reflected in an increase over time in the number of audiology graduate programs that require a counseling course as part of the curriculum.<sup>20-23</sup> Although this increase

reflects a positive change in graduate education, Whicker et al.<sup>23</sup> found variability in course content and activities in a review of counseling course syllabi. Furthermore, while studies have found students responded positively to counseling training within their programs and demonstrated increased awareness and sensitivity,<sup>24,25</sup> there is no evidence that training leads to the intentional implementation of counseling skills in clinical practice, or the support students receive through supervision related to the development of counseling skills within clinical settings.

Clinical supervision is a critical element of education for skill development; however, how supervisors engage students to address counseling skill development remains unclear. Therefore, the purpose of this study was to explore audiology graduate students' perceptions of counseling in audiology, and their experiences of the supervision they received related to counseling skill development.

## **Methods**

This study used a cross-sectional survey design. Responses were anonymous, and Institutional Review Board approval from Utah State University was obtained prior to initiating the study.

### **Participants**

Audiology graduate students entering the final year of their program were recruited to participate in the study. Students were identified through the national Student Association of Audiology (SAA). To be included, students were attending an AuD program in the United States and were proficient in English.

Four hundred forty-six AuD students were notified of the survey opportunity via email,

and of those 38% (n=168) agreed to participate in the study. Of those, 10% (n=17) were not in their final year of study, and 5% (n=8) of the surveys were incomplete. Analysis was completed for 143 (32%) surveys. A summary of participant demographic information can be seen in Table 1.

### **Instrument and Procedure**

A 10-item questionnaire was developed by the researchers to obtain demographic information and query student perspectives and experiences. Questions used a five-point rating scale to assess student perspectives related to counseling importance (i.e., 1-Not important to 5-Extremely important), how often clinical supervisors used certain supporting techniques (i.e., 1-Never to 5- greater than 75% of the time), and how often their supervisors supported student communicative engagement (1-Almost never to 7-Almost always). There was one open-ended question for students to describe challenges and/or successes they have experienced related to counseling.

Data collection was completed during summer, 2017. Students entering their final year of study were emailed a link to complete the online questionnaire once through the SAA, and once more through audiology program directors and clinical supervisors of 73 accredited AuD programs in the United States.

### **Analysis**

Descriptive data analysis was completed using SPSS (v23), including measures of central tendency to identify variance in perspectives and experiences. A content analysis was completed for the open-ended response item to identify emergent themes for challenges and/or successes reported by audiology graduate students.

## Results

Participants were asked if they had taken a required, dedicated counseling course as part of their program curriculum. A large majority (90%; n=129) reported yes, and 10% (n=16) reported no. Seventy-six percent (n=127) of those respondents who reported yes, also indicated the year of their program they had taken the required course: 17% (n=28) took it in their first year of study, 43% (n=72) took it in their second year of study, and 16% (27) took it in their third year of study.

### Perspectives and Experiences

Table 2 outlines participants' responses to a question regarding their perception of the importance of addressing ten counseling items. Generally, responses indicated a vast majority (>80%) of the participants thought it was *very* or *extremely important* to address: patient expectations (98%; n=140), overcoming management barriers (87%; n=124), perception about hearing loss (86%; n=123), skill development (84%; n=119), support systems (83%; n=119) and patients' strong emotions that come from receiving difficult news (83%; n=118). Fewer participants thought it was *very* or *extremely important* to address: internal challenges such as depression or stress (70%; n=101), external challenges such as lack of knowledge (66%; n=94), technical information (62%; n=88), and patient interest in being connected to individuals with similar experiences (51%; n=73).

Next, participants were asked about their experiences regarding supervision they received related to counseling for five strategies to scaffold student learning. In Table 3, responses were combined for *Never* and *1-25%*, and for *51-75%* and *greater than 75%* in order to observe the trend of interest: understanding how many students experienced direct counseling support from

supervisors more than half of the time (i.e., 51% of the time or more). Responses indicated that more than half the time, 48% (n=69) of participants discussed counseling skill performance with their supervisor after the appointment, 32% (n=45) discussed counseling skills with their supervisors before the appointment, 23% (n=32) reported their supervisors used a rubric to evaluate competency with counseling skills, 22% (n=31) were provided with written feedback about counseling skill performance, and 10% (n=14) reported their supervisors used a performance feedback form specific to counseling skill development.

Finally, participants were asked how often their supervisors supported student communicative engagement in appointments, and during counseling specific opportunities. Responses were reported using a scale ranging from 1 (almost never) to 7 (almost always), and revealed a broad range of variability for each item, with average responses being between 4 and 5 (see Table 4).

Participants of the study were also given a tenth item in which they were allowed to add any comments they had on the topic. Comments were received from 15% (21/143) of the participants. Content analysis of the comments revealed two themes: the importance of counseling in audiology (33%; n=7) (i.e., *“I believe counseling is one of the most important parts of my job”*; *“I believe counseling is a very important skill to have in our field”*), and that counseling education was unstructured in their program (80%; n=12) (i.e., *“Our counseling course was very ineffective”*; *“I wish counseling was emphasized a little more in my clinical experiences”*).

## **Discussion**

Counseling is recognized as an important aspect of audiologic practice,<sup>26-29</sup> and requires

intentional instruction for students to learn how to implement skills in practice. Counseling education, however, needs further attention in graduate programs. Research has revealed gaps in counseling service delivery.<sup>17,16</sup> Furthermore, audiologists have reported a lack of confidence related to the counseling aspect of their work, although they are eager to receive counseling-specific training.<sup>18</sup>

Student perspectives related to counseling education can provide important insights into current educational practices, and reveal opportunities for modifying supervision to increase effectiveness. Audiology graduate students, entering the final year of their program, responded about their experiences. The self-report was anonymous, and students did not provide the name of their university or location. Therefore, it is not known how many programs are represented, or the geographical representation of the responses. Insights gained from this study included that overall students: (1) indicated counseling is an important part of audiologic practice, and (2) reported a wide range of variability in counseling supervision received.

Audiology graduate students' responses revealed an overall positive perception related to counseling. This is similar to the importance reported by practicing audiologists,<sup>18,19</sup> and may be a reflection of the increase in the number of programs requiring a counseling course as part of their curriculum. The variability, however, in student perceptions for some aspects, such as the importance of addressing patients' internal and external challenges, and exploring patients desire to talk with others may be indicative of inconsistencies in counseling education among programs. A lack of clear guidance related to counseling from accrediting bodies may be a contributing factor in program variability. Even though counseling is included in the audiology scope of practice,<sup>26,28,29</sup> there are no practice guidelines related to necessary knowledge and skills for counseling.

Despite this general positive regard for counseling practices, counseling supervision may lack sufficient structure to provide intentional instruction to students for skill development. The goal of providing counseling education in audiology is for students to purposefully implement skills routinely in clinical practice. Although recognition of importance is necessary to reach this goal, it is not sufficient. Students require both didactic and experiential instruction to learn how to effectively assess and address patient concerns, including their emotions, and how to assist them in resolving barriers to the intervention process. Students in this study reported wide variability in the support they received through supervision to develop their counseling skills. Less than half reported having consistent counseling-focused teaching/feedback experiences with their clinical supervisors.

Research supports the need for performance feedback to ensure changes in clinical skills. For example, Lane and Gottlieb<sup>30</sup> found that providing immediate feedback following frequent direct observations improved clinical skills in medical students, and supervisors reported seeing their supervisees incorporate direct suggestions in subsequent appointments. Hoffman, Holmes and Freitas<sup>31</sup> found that feedback provided to counseling students improved students' attunement to themselves and to their clients, and improved students' ability to conceptualize their clinical work; however, neglecting to provide feedback can have a negative effect on students' clinical work, and hinder the benefit patients could receive from counseling.

Counseling can have a direct impact on how patients accept, perceive, and live with their hearing loss, or the hearing loss of a family member (e.g., parents of children with hearing loss). Thus, how student audiologists are trained to approach counseling opportunities in clinical practice will shape their ability to help patients through the process of learning about and coping with the many aspects of hearing loss. Inadequate training may result in missed opportunities for

audiologists to connect with patients on a deeper level that allows for improved outcomes, such as increased hearing aid wear time, better language acquisition (as in the case for children), and enhanced environmental and social interactions that can be limited by hearing loss.

Future research is needed to further explore factors that facilitate and/or interfere with students' counseling skill development. For example, gaining a better understanding of student counseling outcomes from coursework and supervision, would provide insights into effective educational practices for supporting counseling skill development. Furthermore, research to establish clear competencies associated with adequate counseling is needed.

### **Conclusion**

The aim of this study was to explore the perspectives and experiences related to counseling and the training of audiology students in the use of counseling skills in audiological practice. The findings of this study suggest that students view counseling in audiology as important, yet there is variability in the structure of how counseling skills are supported through clinical supervision. Not only does this lack of structure impact how students are able to help patients learn about and cope with their hearing loss, it may also perpetuate the confusion regarding this important element of professional practice.

## CEU Questions and Answers

1. Which of the following best summarizes the findings of this research?
  - a. Students feel confident in their counseling skills.
  - b. Students generally appreciate the importance of counseling in audiology, but lack structured supervision in developing counseling skills. [correct answer]
  - c. Students do not think counseling in audiology is important.
  - d. Students feel they receive adequate supervision to help develop counseling skills in clinical experiences.
  - e. Students want better counseling training via coursework.
2. According to the discussion, what might attribute to the variability in counseling training?
  - a. There is no variability in counseling training.
  - b. Some students do not pay as much attention as others during training opportunities.
  - c. The lack of practice guidelines related to necessary knowledge and skills for counseling. [correct answer]
  - d. Lack of interest from supervisors.
  - e. Some AuD programs do not offer dedicated counseling courses.
3. According to the discussion, what is the goal in providing counseling education?
  - a. To help students to purposefully implement counseling skills routinely in clinical practice. [correct answer]
  - b. To help students understand the emotions individuals with hearing loss experience.
  - c. To help students feel comfortable if a patient starts to cry.
  - d. To help students know how to talk about an audiogram sensitively.
  - e. Counseling education should not be provided, because counseling is not the job of the audiologist.
4. Which of the following best explains why supervisor feedback on clinical skill development is so important?
  - a. Feedback helps students trust their supervisor's judgement.
  - b. Feedback is not important, because it may make the student feel bad about him/herself.
  - c. Feedback can help the student feel good about him/herself.
  - d. Feedback is a tool that can ensure changes in how students practice in clinic. [correct answer]
  - e. Feedback will help students become better audiologists.
5. Counseling can do which of the following?
  - a. Increase patient adherence to treatments and recommendations.
  - b. Promote patient-provider trust.
  - c. Improve outcomes to interventions.
  - d. Improve patient satisfaction with care.
  - e. All the above. [correct answer]

**Conflict of Interest**

None of the authors of this paper have anything to disclose.

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## Tables

Table 1 – Demographics

Demographic	%(n)
<b>Gender</b>	
Male	10(14)
Female	90(131)
<b>Age</b>	
20-30	94(136)
31-40	4(6)
41+	2(3)
<b>Ethnicity</b>	
Not Hispanic or Latino	93(135)
Other/Prefer not to answer	7(10)
<b>Race</b>	
White	90(130)
Other	7(11)
Prefer not to answer	3(4)

Table 2 – Counseling topics and their importance to students

<i>How important is it to talk to patients about . . .</i>	% (n)		
	Not important	Slightly/Moderately	Very/Extremely important
Their expectations (e.g., outcomes, process)	0 (0)	2 (3)	98 (140)
Overcoming barriers with daily management	0 (0)	13 (19)	87 (124)
Their perceptions about hearing loss	0 (0)	14 (20)	86 (123)
Learning new skills (e.g., checking hearing aid function)	0 (0)	16 (24)	84 (119)
Their network of support (e.g., spouse, family, friends)	0 (0)	17 (24)	83 (119)
Their strong emotions receiving difficult news (e.g., crying)	1 (2)	16 (23)	83 (118)
Their internal challenges (e.g., depression, stress, anxiety)	1 (1)	29 (41)	70 (101)
Their external challenges (e.g., lack of knowledge)	0 (0)	34 (49)	66 (94)
Technical information (e.g., hearing aid components)	0 (0)	38 (55)	62 (88)
Their interest in talking to others with similar experiences	0 (0)	49 (69)	51 (73)

Table 3 – Student-reported frequency of supervisory techniques to support counseling skill development

<i>How often do my supervisors . . .</i>	% (n)		
	0-25%	26-50%	51% or more
Discuss my counseling skill performance with me after appointments	26 (37)	26 (37)	48 (69)
Discuss counseling skills with me before the appointment	43 (62)	25 (36)	32 (45)
Use a rubric to evaluate my competencies for specific counseling skills	64 (92)	13 (18)	23 (32)
Provide me with written feedback about my counseling skill performance after the appointment	66 (95)	12 (17)	22 (31)
Use a performance feedback form specific to counseling skill development	80 (115)	10 (14)	10 (14)

Table 4 – Student report of how often supervisors supported student communicative engagement

<i>How often do my supervisors . . .</i>	<i>M (SD)</i>	Range of responses
Help me talk freely in our appointments	5.3 (1.5)	1-7
Welcome my explanation about the patient's behavior	5.4 (1.5)	2-7
Allow me to set the pace of the appointment (e.g., I don't feel rushed)	4.9 (1.7)	1-7
Give me a chance to address the patient's strong emotions (e.g., crying)	4.7 (1.8)	1-7

Note: Rating scale for responses was 1-Almost never to 7-Almost always