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Confident Living Program for Senior Adults Experiencing Combined Vision and Hearing Loss

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Case Study

Confident Living Program for Senior Adults Experiencing Combined Vision and Hearing Loss

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Educational Objectives

1. Identify needs common among older adults who have combined vision and hearing loss.
2. Describe a model program that provides information, resources, and training to older adults experiencing combined vision and hearing loss.
3. Describe how the program benefits not only consumers, but also family, friends, caregivers, students, and service providers.

Background

Over the past few years, the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC) headquartered on Long Island, New York has seen an increase in the

number of older adults, age 55 and better, requesting services as a result of their combined loss of vision and hearing. Family members, caregivers, and service providers have also been seeking resources and strategies to help these adults cope with the life changes they experienced as they faced these new challenges. Major ramifications of loss of vision and hearing include the extreme difficulty an individual encounters trying to access everyday information from the newspaper, television, radio, computer, a lecture, and in social gatherings, and knowing when the telephone is ringing, the smoke alarm is activated, the doorbell is ringing, or there's a knock at the door, all critical to maintaining one's independence. When unable to access such information, older adults often see themselves as dependent, with nothing more to contribute to society and their community. In short, they may grieve the loss of their dreams for the "golden years."

National Statistics

Berry, Mascia, and Steinman (2004) cited a 2002 study published by

Lighthouse International showing that one in five people over the age of 70 (21%) experiences dual sensory losses. Sansing (2006), in an overview analysis of the National Health Interview Survey on Disability (NHIS-D), noted that there were 1.134 million individuals age 55 and older in the U.S. with combined loss of vision and hearing in 1994-1995, with projections of a rise to 1.214 million by 2010. He also analyzed 2004 statistics from the Federal Title VII, Chapter 2 program, "Independent Living for Older Blind," indicating that it served a total of 64,916 individuals nationwide; of this number, 12,173 (22%) reported a hearing loss, an underestimate according to service providers of this program (Sansing, 2006).

The Program

The *Confident Living Program for Senior Adults (CLP)*, as described in Berry, Kelley-Bock and Reid (in press), revolves around a peer support group model in which the ultimate goal is for participants to re-attach to activities and relationships that have been abandoned because of their vision and hearing loss.

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Basically there are two components to the program, 1) **Daily Support Group**, which provides emotional support and coping strategies in a peer environment, and 2) **Skill Development Training and Information Gathering** in activities of daily living, such as communication, audiology, low vision, leisure activities, activities of daily living, orientation and mobility, computer, elder law issues, and medical and medication concerns.

To ensure that program participants receive one-on-one attention and that individual needs and concerns are adequately addressed, the number of participants in each program is between six and 10. They attend from across the United States, and the average age is 75. The group is co-facilitated by HKNC's directors of older adult services and of mental health services. Additional instructors at HKNC or from the community provide information, assessment, and skill development training.

For older adults who cannot or choose not to come to the training in New York, HKNC offers an "On the Road Confident Living Program." This program is staffed by the same two facilitators from HKNC; however, skill training is provided by local case managers, rehabilitation teachers, orientation and mobility specialists, and other professionals from the community. A venue such as a local camp for the blind, resort, college campus, or rehabilitation center might be used. This model serves not only as a skill development program for consumers, but also as a training opportunity for direct service staff who are not skilled in serving indi-

viduals with combined vision and hearing loss. Both programs are flexible in that the agenda is fluid and allows changes to meet the needs and goals of the individuals and of the group.

Clear communication is the foundation of the CLP. There are four basic rules related to clear communication that all participants are expected to follow during this program:

1. Only one person speaks at a time.
2. Raise your hand before you speak.
3. Identify yourself before you speak.
4. Everyone will be provided an environment to maximize their ability to see and hear.

1. Daily Support Group

Older adults, by definition, have lived through many of life's challenges and experiences. It is the belief of the facilitators that each participant has a life story that is rich and meaningful, one that they want to share. Having the opportunity to tell one's story in a supportive and attentive environment has many benefits. Social interaction and peer support are key components of the support group, and, again, clear communication is a priority. CLP staff members strive diligently to create an environment that accommodates each participant's vision and hearing loss. Bluffing and smiling and shaking your head that you understand are not always acceptable. The facilitators might ask, for example, "Did you understand (not hear) what was said?" (hearing and understanding are quite different) or "Was the pace of the speaker too fast, too slow, or

just right?" Participants quickly learn that this form of self-advocacy is reasonable and acceptable no matter what environment they are in. The process of gaining the cooperation of all members of the group can take significant time, requiring patience, a slowing-down of the pace, and a full "buy-in" on the part of all participants.

2. Skill Development Training and Information Gathering

Participants have an opportunity to learn more about their own visual condition by meeting with an **optometrist and low vision specialist**. CLP exposes them to the latest low vision aids and devices, such as magnifiers and screen enlargement, and brings up to date information on vision-related research. An **audiologist** meets with the group to discuss hearing loss and to identify strategies to improve communication. CLP demonstrates the latest assistive listening devices to enhance communication, one-to-one, on the telephone, as well as in group settings. **Medical** staff members offer participants information to encourage greater understanding of medication interaction and their own health issues, such as diabetes, hypertension, and heart disease, as well as other age-related conditions. CLP exposes participants to **communication** aids and devices, such as writing guides, large print address books, and check registers. They are introduced to alternative communication strategies, such as Print-On-Palm, Braille, the manual alphabet, and sign language. They have the opportunity to use regular print, large print, and Braille Teletypewriters (TTYs); telephone

relay and voice carry over; computers with Braille/speech access; internet/e-mail, and instant messaging. Participants have the opportunity to check out the latest devices in a non-intimidating environment, thus being able to identify technology that is the most accessible and useful to them. An important goal of the program is that when each participant leaves, that person is using the communication method most effective for him or her.

Being able to live as independently as possible is always a goal for each participant. CLP exposes each to safe techniques for cooking, organization skills for monthly bills, and methods for effective cleaning. Being aware of sounds around one is critical to living independently. Usually we are alerted to sounds in three ways: auditorily, visually, and tactually. Participants must demonstrate ability to access an alarm clock, doorbell, telephone, and smoke alarm. They must demonstrate this ability if they are not in the same room with the devices and when they are not wearing a hearing aid or assistive listening device. Because most individuals do not sleep with their hearing aid in, it is important to have an alternate method of being aware of sounds. There are times when someone may need an auditory or visual device during the day to alert them to sounds, and a tactile device like a pillow vibrator while sleeping. Many participants report that prior to attending the CLP they were unaware that these types of devices existed.

The group also meets with an elder law attorney and an emergency preparedness professional to discuss

pertinent issues. In addition, orientation and mobility staff members introduce participants to techniques that help them find their way more easily and safely. They teach participants how to use a human guide most effectively, as well as how to request assistance when needed. Alternate travel aids, such as a guide dog, GPS, and electronic aids, are discussed.

CLP recognizes the importance of leisure and recreation: All activities in this program have the dual purpose of skill acquisition and development and of acquiring confidence and re-attachment to community. Laughing, having fun, and feeling good are vital to good emotional and physical health. The program strives to provide an environment where participants feel at ease again in social and community situations and are reintroduced to many of the activities in which they once participated but had stopped as vision and hearing deteriorated.

Program Cost

Room and board and program material costs for the residential program at HKNC are currently \$800. A variety of funding sources is available to participants.

VCU/HKNC Partnership

A unique feature of this program is the relationship between the Helen Keller National Center and the Departments of Rehabilitation Counseling and Gerontology at Virginia Commonwealth University in Richmond. Each spring, the University offers a three credit semester-long course on *Aging with Vision and Hearing Loss*. Each

summer and fall, classes are offered in American Sign Language. Students enrolled in these classes learn in the classroom how to become sensitive to the needs of older adults with combined vision and hearing loss, and then have the opportunity to put their knowledge and skills into practice through serving as Support Service Providers (SSP) to participants in the week-long program in New York and in the community. Some funding for the students' travel and participation in this opportunity is provided through the grant supporting VCU's affiliate relationship with HKNC. These university courses are available to the general public as well as to VCU students.

Case Study #1

Mrs. Wells is 76 years old, deaf and blind, and lives in a nursing home because she is diabetic and cannot monitor her own blood sugar. She cannot walk very well due to spinal stenosis, so she uses a wheelchair most of the time. She has had no usable vision or hearing for over 50 years. Recently she had a cochlear implant and is now able to understand some speech in a quiet environment. Her primary means of communication is tactile sign language. She misses visiting with friends and doing crafts and other leisure activities. She feels extremely isolated because staff at the nursing home do not take the time necessary to communicate with her. As a result of participating in a local CLP, Mrs. Wells met students from VCU sign language and *Aging with Vision and Hearing Loss* classes. The students were able to communicate with her in her preferred mode of communication.

They also were able to assist her in better understanding speech by talking and signing to her at the same time. They took her to church and to local restaurants. Mrs. Wells acquired a Braille TTY (teletypewriter), so she is now able to call her friends and vice versa. She acquired a tactile pager, which lets her know when her telephone is ringing, a Braille watch, Braille calendar, and a portable Braille communicator. Students act as a guide and support service providers (SSP) for her to attend various activities in the nursing home, like Bingo, crafts, and special holiday events. Mrs. Wells says she feels much less isolated and has a “purpose for living.”

Case Study #2

Mr. Palmer is 85 years old, legally blind and severely hard of hearing. He is a former school teacher who lives alone. He loves exercise but is afraid to venture out of his apartment because of his vision and hearing losses. He has no stove and no bed, and he sleeps on the floor. He eats frozen vegetables for most meals. He has no close family. His clothes are soiled, his hair needs trimming, and he needs a shave. After attending the HKNC Confident Living Program, he learned techniques he could use to prepare a more healthy diet. CLP connected him with the local social services agency where he received some assistance with cleaning his apartment and doing his laundry. A support service provider (SSP) helped to take him shopping for clothes and food, and to get a hair cut. He can now call upon an SSP to help him access other activities in the community, such as lectures

and museums. Mr. Palmer learned to use an assistive listening device to better understand what people were saying. Getting back into the community helped him to feel less isolated and more attached.

Study Questions

1. How is acquisition of information different for older adults experiencing combined vision and hearing loss?
2. How does the Confident Living Program for older adults differ from traditional support groups?
3. How can you use the information in this article to help seniors with combined vision and hearing loss re-attach to their dreams?

Conclusion

Participants have consistently reported that the Confident Living Program provides positive experiences that give them a renewed feeling of confidence and self-worth. These experiences, combined with new skills and techniques, help to empower them to make choices that can lead to the retaining their independence and maintaining an improved quality of life. The following quotes from participants of past Confident Living Programs are typical:

This program gave me back my life. Being with others who have both vision and hearing loss lets me know I am not alone. I have hope again!

Although my vision and hearing are very poor, you have helped me regain quality to my life.

I no longer want to give up and die. I now know there are things that can help me be more independent.

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