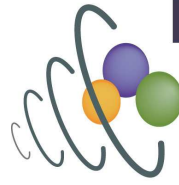


Hear It Is!

Oregon



**Hearing Loss
Association
of Oregon**

Spring 2009

Issue 37

Communication Styles: Which is Right for You?

By Marc F. Zola, LPC MFT

In my last column I described the four types of communication styles. Since then, I have received numerous emails asking for input or advice on how to more specifically use assertive communication for managing hearing loss. As I've written before, while there is no guarantee assertive communication will work all the time and solve all problems, there pretty much is a guarantee that passive, passive-aggressive or aggressive communication will contribute to an increase in communication breakdown. The goal of assertive communication is to efficiently change the communication patterns with others so that the person with hearing loss can increase her effectiveness by increasing comprehension while avoiding blame. Therapy clients seem to make significant strides towards improvement when they learn to resist the desire to minimize their hearing loss or 'just fit in' and begin to take the substantial emotional risk of communicating about hearing loss in an assertive manner.

Assertiveness is a skill that can be learned. Below are examples of assertive communication designed to mitigate the interpersonal impact of hearing loss and to share the conversation:

"I have a feeling that what you are saying is important -- would you mind facing me and keep your hands away from your mouth so I could hear more of what you are saying?" "When you tap me on the shoulder as you're approaching it really helps me prepare to listen to what you have to say." "I really want to hear what you are saying, let's ask the waiter if we can move to a table in the corner -- I think it will really help our conversation." "I heard what you said up until the word 'broccoli' would you please repeat what you said after 'broccoli'?"

"I have hearing loss and wear hearing aids, but they're not perfect -- would you mind looking up from your desk when speaking to me? It would really help us both." "Your instructions are important, would you mind writing them down (or would you mind if I write them down) so that we are both clear?" "I've heard that the Rusty Bucket is a great restaurant, but would you mind if we ate at Chez Marie? It's less noisy and I think it will be easier to have a more meaningful conversation there." "Could we set up a meeting to discuss ways to support improved communication in the workplace? I think there are certain assistive listening devices and communication techniques that could help us address hearing loss in a win-win fashion."

The above statements are not perfect -- fiddle around with them. But they're a whole lot better than saying nothing. Most everyone I see with hearing loss has become very good at 'fitting in'. When it comes to hearing loss, an exclusively 'fitting in' approach can lead to increased anxiety and feelings of low self-worth. Remember, assertive communication is not about making demands. It's about putting some skin in the game, and asking others to do the same. After all, hearing loss IS a relationship issue and all relationships work best as a two-way street.

Marc Zola, MEd, LMFT & LPC is a Licensed Marriage & Family Therapist and Licensed Professional Counselor in private practice in Eugene Oregon. Much of Marc's practice is dedicated to helping clients manage the emotional impact of hearing loss. Marc may be reached via email at marczola@yahoo.com.

From My Lips to Your Ears

Editorial by Chuck Vlcek

Cochlear implants are wonderful things to have. I know because I have two of them. Recently I learned that I am one of fewer than 10,000 people in the entire *world* that have bilateral implants. In fact, fewer than 10 percent of the people who have a cochlear implant are bilateral.

I learned this little statistical tidbit at the Cochlear Celebration convention in Los Angeles put on by Cochlear Corporation for its customers and their relatives. At a workshop on bilateral implantation, I was given more statistics on the value of bilateral implantation in infants and young children. An intriguing article on page 20 of the March-April issue of the Hearing Loss magazine put out by HLAA describes what is possible with such children: they can be *bilingual* as well as bilateral, as fluent in both languages as children with normal hearing.

In "CI Corner" on page 9, HLA-OR board member Bob Williams describes his ten years with a cochlear implant. Every adult whose hearing loss has progressed beyond the moderate stage should read it. Only about ten percent of the people who would qualify for an implant have one. There are several reasons for this, lack of awareness and cost being the major ones. After considerable resistance, health insurers including Medicare are now covering the cost of cochlear implants, even bilateral ones. For people fortunate enough to have insurance, out of pocket

expenses may be much less than that of getting a digital hearing aid.

There is just one problem with having implants: when the processors are turned off for the night, the user is totally deaf in most cases (one type of implant preserves residual hearing). That may yet change in the future with the advent of totally internal implants that work 24/7, but in the meantime, implant users and severe to profoundly deaf hearing aid users need to prepare for emergencies such as described on page six.

Hearing Loss Association of Oregon

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Hear it is! will regularly print your hearing loss-related stories – personal experiences, coping strategies, and evaluations of technology are welcomed. Maximum word count is 500 words. Article contributions should be made to the editor at elist@hearinglossOR.org.

For advertising information and rates, contact Karen Swezey at elist@hearinglossOR.org.

Deadline for Summer 2009 edition: June 15, 2009.

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For questions or comments, contact
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damara.g.paris@sprint.com



Mark your calendar and come celebrate HLAA's 30th Birthday! We'll be shakin' things up at the Gaylord Opryland Resort and Convention Center in Nashville: new to the educational program will be a track of workshops especially for Young Adults; there will be a 30th Birthday celebration on Friday night; and, there will be an off-site event on Saturday night that is sure to knock your cowboy boots off! Here's a tentative schedule of major events:

Wednesday, June 17, 2009

- ✦ Registration Open (through Saturday)
- ✦ State Leaders Meeting, Part I

Thursday, June 18, 2009 – Official Opening

- ✦ Board of Trustees Meeting
- ✦ Annual Business meeting
- ✦ Three days of workshops begin in the afternoon
- ✦ State Leaders Meeting, Part II
- ✦ Opening Reception in the Exhibit Hall
- ✦ Opening Session featuring Vint Cerf, vice president and chief Internet evangelist for Google and widely known as one of the "Fathers of the Internet"

Friday, June 19, 2009

- ✦ Research Symposium sponsored by the Deafness Research Foundation
An Update on the Latest Hair Cell Regeneration Research
- ✦ HLAA 30th Birthday Celebration

Saturday, June 20, 2009

- ✦ Off-site trip to the Grand Ole Opry

Sunday, June 21, 2009

- ✦ Awards Breakfast

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(800) 648-3458 - TTY

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Monday - Friday 8 a.m. to 5 p.m.

Having Trouble Or Unable To Communicate By Telephone?

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E-MAIL: puc.tdap@state.or.us



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FIRE IN THE HOLE! DID YOU HEAR IT?

A Cautionary Tale from the Douglas County Chapter

During a trip Pat Cameron checked into a room on the first floor of a hotel while her daughter and her son-in-law checked into a room down the hall. The first thing Pat did was to check the little green light on the smoke alarm in her room. Reassured, she turned in for the night. At 6:30 a.m. another guest on the 3rd floor noticed smoke coming out of a light fixture. He called the front desk, and the fire alarm was sounded in the hallways. Although this alarm was very loud, Pat did not hear it. Her smoke alarm failed to go off because there was no smoke in her room at the time. Pat's daughter knocked on the door, then went to get Security, who also knocked loudly on the door. Failing to get any response, Pat's daughter obtained a key to the room, but was unable to enter because the safety latch was on to thwart intruders. She returned to the lobby to get a tool to undo the safety latch, but they didn't have one.

Pat related that her daughter kept pounding on the door until she finally heard it. "Now, I could smell smoke, threw on a caftan, shoved my feet into my shoes, grabbed my hearing aids (Hallelujah! I can hear!), and out we went. Later, we found out that the electrical fire started in the ceiling of MY room and the ceiling in the hallway outside MY room."

They had to wait for two and a half hours but were unable to have breakfast because their money and discount coupons were in their rooms. They sat around in their pajamas for five hours.

Security did inform them that they would be having more fire drills since they realized the staff was unprepared for fire. Pat noted that "As a single hearing impaired woman, I often travel alone, and felt comfortable with the security and smoke alarms in hotels/motels. Not any more! I hesitate to think what could have happened if this fire had been really raging, if my daughter and her husband had not been with me. Would I have eventually heard the alarm, and would I have gotten out of the room without help? Could I have picked up a chair and thrown it through the window and escaped that way? Would the hotel even know that I was in that room and didn't get out? What if I had been on the third floor, walking down three flights of stairs in a raging fire?"

Suggestions to others: be aware of your surroundings. Locate the escape map that should be on the back of your room door. Know your way out of your room, and out of the hotel. Take a travel smoke alarm with you. Make sure someone knows where you are. Advise the front desk of the motel/hotel that you are hearing impaired. There are devices that will flash a lamp when the phone rings or when there is a knock on the door. The Americans with Disabilities Act (ADA) requires that hotels and motels make these and visual smoke alarms available upon request. Use them.

This story was written by Lorene Russell and appeared in the March issue of the Douglas County chapter newsletter. It has been edited slightly.



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Within Earshot: News You Need to Know

HLAA Advocated for Captions

On November 3, 2008, the Federal Communications Commission made several decisions that finally address many consumer concerns about closed captioning of television programs. HLAA was involved with others in a petition filed with the FCC in regard to captioning requirements that resulted in a ruling for broadcasters when the change is made to high definition digital broadcasting next month. The FCC has released a 57-page "Declaratory Ruling, Order and Notice of Proposed Rulemaking" clarifying the captioning requirements under the new broadcast system that apply to concerns of the hard of hearing with regard to captioning.

Nearly all digital television programs must be captioned. This includes HD (high definition) programs, which must be captioned according to the benchmarks for digital captioning although certain exemptions do apply. Even if a digital channel is exempt from the captioning rules due to a "self-implementing exemption" or due to the undue burden standard in the FCC rules, the distributor must still pass through any captioning it receives.

When a broadcaster who is already providing an analog channel stops operating it (after the DTV transition on February 18, 2009) and begins or continues to air programs on its main digital channel, that broadcaster is required to close caption the main digital channel according to the relevant captioning benchmarks. Broadcasters who are currently simulcasting their programs on both their analog channel and digital channel must caption both channels.

The "new network exemption" in the rules, which gives an exemption from the captioning requirements for the first four years due to high start-up costs, does not apply to a channel that is only transitioning from analog to digital. Some consumers will continue to use analog televisions after February 17, 2009 through the use of digital to analog converter boxes and antennas for over-the-air reception. Those converter boxes are required to pass analog caption information to an attached television receiver.

Oregon Courts are Becoming More Accessible

The Oregon Judicial Department, Court Programs Services Division, is updating its juror orientation video for the Oregon Circuit Courts, and this new video will have the option to turn on/off captions or subtitles. The new video will be distributed to the state courts by the end of April 2009.

People with hearing loss have the right to serve on juries and to fully participate in all court proceedings. Courts will continue to provide appropriate accommodations to make their services/activities fully accessible upon request.

Thank you Mary Fagan for letting us know about these enhancements.

We'll Miss You Ken Moore

We are sad to tell you that our Webmaster Ken Moore passed away in March.

Ken had handled all the changes to our website (hearinglossOR.org) for several years. He was always very dependable and skilled, and willing to make suggestions for ways to improve our site.

He was an example of someone who responded to adversity in life (including a very significant hearing loss) with courage and determination – not allowing fear to overcome him. He is missed already.

Where Do the Dead Hair Cells Go?

By Neil Bauman, Ph.D

A man asked: "When the microscopic hair cells are damaged and break off in the cochlea, what happens to them? Are they harmlessly absorbed, or do they float around and impair the action of the remaining hair cells?"

Great question. Most people have the misconception that the tiny hairs "break off" from being exposed to loud sound, or other causes – much like tree branches breaking in a hurricane. This is not the right analogy.

In actual fact, as I understand it, the tiny hairs don't "break off". Rather, the whole hair cell itself dies – taking with it the bundle of "hairs" numbering between 30 and 300 tiny stereocilia per bundle (what we colloquially call "hairs") that stick up from each hair cell. These dead cells are then absorbed by the body.

What causes these hair cells to die? One mechanism is being "zapped" by "free radicals" released as the result of loud noise or ototoxic drugs for example. The hair cell either dies from a "direct hit" or if mortally wounded, programs itself to die through a process called apoptosis.

In addition to dying hair cells, another mechanism is that as we age, the stereocilia seem to slowly disappear – becoming shorter and shorter and finally the whole hair cell is "overrun" by adjacent support cells and "disappears".

In any case the dead hair cells are not left to float around and cause havoc with the remaining hearing mechanism.

If you suffer from tinnitus you should avoid painkillers with acetyl salicylic acid. They may aggravate your tinnitus condition. Medicines with acetyl salicylic acid are extremely common and in some case available over the counter. You should take special care if you notice any change in your hearing when you take medication.

CI Corner

TEN YEARS LATER *By Bob Williams*

On Tuesday, March 17, 2009 I received my Tenth Anniversary Re-mapping Session for my cochlear implant at the Seattle VA Hospital. My thoughts went back to March 1, 1999, the day my CI was hooked up. I was able to understand speech but people's voices had a bionic quality. I was given a pocket processor that was wired to the earpiece and the magnet connected to the internal one.

About six months later, the FDA approved a new software program that perfected voice quality. I was able to hear human voices much the same as I remembered them from years before. A couple of years after that, I received the first wireless unit. No more pocket processors. Everything was conveniently behind the ear and looked much more like a conventional hearing aid.

During the past three years, I have worn the BTE Freedom Processor which is digital with many more options available to adjust according to the acoustical environment. Each new step in process has improved my ability to hear.

Music has been quite a challenge since there is not enough stimulation in the electrodes to ascertain pitch. This has been frustrating at times since I am a pianist and keyboard artist. Sometimes it sounds as though the right hand is playing in a different key than the left so I really have to concentrate on what I am doing. Listening to music, however, is truly a joy even if the quality is not nearly as resonant as with natural hair cells. The songs that I have known all of my life sound much like they always did if I am able to identify either the lyrics or even the title of the song. The music I am not acquainted with is monotonous and I generally hear four to six tones. I have discovered that if I know the song, the brain fills in what electrodes are incapable of producing.

Bottom line: To be able to HEAR what my grandchildren say to me ... to be able to carry on a normal conversation with my wife Carolyn ... to be able to teach the Adult Sunday School Class at the church I attend, to attend conferences and hear and understand the speakers ... these are just a few of the many ways I am so blessed. I cannot pay enough forward no matter how much I try to give.

Bob is preparing to have his other ear implanted.

Good News from Cell Phone Companies!

More and more people with hearing loss are exploring the convenience and other benefits of cellular phones. The Hearing Loss Association of America and other organizations have been working to get improvements in the compatibility of cell phones with hearing aids. It appears that they have succeeded in getting cellular phone manufacturers and service providers to finally become aware of the hard of hearing market for their products and services and to more actively address the needs and concerns of those with hearing loss.

Although they don't go into a detailed explanation of the ratings or how their phones interact with hearing aids, both AT & T and Verizon now have websites that include listings and a brief explanation of the M (microphone) and T (telecoil) ratings of cell phones they carry.

Motorola, a leading cellular phone manufacturer, goes further and offers a more detailed explanation of what qualifies as a HAC (hearing aid compatible) phone and even discusses the fact that not all hearing aids with telecoils are created equal and that HAC compliant wireless phones are capable of working best with hearing aids that have a minimal immunity rating of at least 2.

The immunity rating indicates how susceptible a hearing aid is to picking up interference from a digital wireless phone. It can rate the performance of the hearing aid for either microphone and/or telecoil coupling. This is something that should be discussed with your hearing care provider before purchasing new hearing aids to guarantee that they will be compatible with a cell phone.

HAAA has posted this information and the links at their web site and promises to update it as they get more information from manufacturers and service providers. They warn that, if you don't see the information you are looking for there, be sure to ask the service provider or manufacturer directly about the phone you want to purchase and ask about their return policy. And remember, try before you buy—that's the only way to be really sure the product you buy works for you.

To visit the web sites with the information noted above, use the following web addresses:

AT & T: <http://www.wireless.att.com/about/disability-resources/hearing-aid-compatibility.jsp>

Verizon: <http://aboutus.vzw.com/accessibility/products.html>

Motorola: <http://direct.motorola.com/ens/accessibility/Hearingaid.html>

HAAA: <http://www.hearingloss.org/advocacy/telecomm.asp>

HLA-OR Board News: Election Results

The board of directors has elected Bob Russell president of HLA-OR, succeeding former president Cathy Sanders who had ably served three terms. Vice President Cheryl Davis was re-elected to that position, and Recording Secretary Chuck Vlcek was also re-elected. Wayne Seely was elected treasurer, replacing Bob Russell who had just been elected president. The board also appointed former president Cathy Sanders to be the Chapter Coordinator, succeeding Cindy Campbell.

Five board positions were filled by five candidates who ran unopposed. Three board members were renewing their three year terms: Wayne Seely, Karin Smith, and Peter Johnson. Two new board members were also elected: Kathryn Ekhart and Anthony Montoya.

Kathryn Ekhart has participated in SHHH in the past (New Hampshire) and more recently the conferences put on by HLA-OR in the past. She is currently employed as a Vocational Rehabilitation Counselor Specialist working with a Deaf and Hard of Hearing caseload. She has worn hearing aids for the past 30 years, and is profoundly deaf in one ear with a mild loss in the other and utilizes a bi-cross system for work and home to facilitate communication. She also uses a personal FM system when at presentations, lectures, or large staff meetings with multiple speakers.

Anthony Montoya has been hard of hearing since infancy. He worked as a child welfare case manager for many years and six years ago was transferred to a vocational rehabilitation counselor position for Oregon State Department of Human Services. He served as a co-leader with Albany/Linn County SHHH group for about four years, and also served as a member of the State SHHH at the time it was new. He had to discontinue participation in SHHH (now HLA) at the local and state level for about eight years due to family health reasons.

We welcome our new members aboard and look forward to a productive year.

HLA-OR Board Meeting Dates

July 18, 2009

October 17, 2009

January 16, 2010

April 17, 2010

To confirm, contact President Bob Russell at bhrussell@verizon.net or call him at (503) 614-9730. Meetings will be held at Albany General Hospital.

Important Notice about our Website and Electronic Newsletter

Ken Moore, our webmaster, passed away in March. Board member Stephen Sanders has volunteered to take over, but it will be awhile before our website can be updated. In the meantime those who have opted to read the electronic version rather than have a printed copy mailed to them will have the newsletter e-mailed to them as an attachment. When the website can be updated again they will get a notification by e-mail along with a link to the webpage the current issue is on. Those who have not yet made the change are still encouraged to do so by e-mailing your request to elist@hearinglossOR.org

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Dr. Mehr has over 27 years experience working with individuals with hearing loss. He has served on the Oregon Speech and Hearing Association and Oregon Academy of Audiology Boards and as chairman of the Oregon Board of Examiners for Speech Pathology and Audiology.

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We thank the following folks who have sent donations since the last issue:

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Shifting Frequencies

Persons with a high frequency loss suffer a loss of important consonant sounds, rendering speech unintelligible. If the loss is severe enough, even specialized hearing aids cannot help. In such cases one solution is to shift such frequencies to lower frequencies that the person can hear without distorting sound too much. This is a tricky process, and there are three approaches. One is to *compress* frequencies, another is to *shift* frequencies, and a third is to combine the compression and shift techniques.

The results have been beneficial but there is quite a bit of variation among individuals and the techniques do require a period of adaption. Children do pretty well since they are more adaptable. Persons with more severe hearing loss also benefit more.

Dr. Mark Ross has written a comprehensive article on the high frequency loss problem and the various approaches used to address it. His article appears on page 17 of the March-April 2009 issue of the Hearing Loss magazine put out by HAAA.

Chapters in Oregon

Local chapter meetings are open to all. Family, friends, and professionals are encouraged to attend and become involved. Through chapter meetings and newsletters you'll find:

- *Insights into effectively living with hearing loss*
- *Support/Referrals/Information*
- *Information about the latest technology*
- *Coping strategies & tips*
- *An opportunity to make a difference*
- *Diminished feelings of isolation and aloneness*
- *Opportunities to share concerns and hear from others*



We believe in education - for those who hear well and those who cannot - so that both may understand the causes, challenges and possible remedies for hearing loss. At our meetings, you'll find a comfortable place where hearing loss is accepted and not a problem. Many people report that being a part of a Hearing Loss Assoc. group has made a major difference in their lives. Your participation benefits not only you, but others who attend as well. Following is a list of the current chapters and contact people in Oregon.

Hearing Loss Association of Central Oregon (HLACO meets on the 2nd Wednesday of the month (except August) – 6:00PM at the St. Charles Medical Center, 2500 NE Neff Road, Bend, in Conference Room A (by the front entrance).

Contact: Lois Johnson
64682 Cook Ave. Box 84
Bend, OR 97701
e-mail: HLACO@ykw.net
(541) 388-6869

Central Oregon Coast Hearing Loss Assoc. Chapter is currently inactive. Interested people can contact Cindy Campbell for information and support as well as updates on meeting dates and times.

Contacts:
Cindy Campbell
e-mail: hgnw@charter.net
(503) 922-1961 or
1 (877) 271-7620 toll free
4202 NE 43rd
Neotsu, OR 97364

Hearing Loss Assoc. of Lane County meets 2nd Thursday each month - 7 PM at the Hilyard Community Center, 2580 Hilyard Street - Eugene.

Contacts: Andrea Cabral
e-mail: angora@comcast.net
(541) 345-9432 voice
PO Box 22501
Eugene, OR 97402

Hearing Loss Assoc. of Salem the 2nd Wednesday each month - 6:30 PM at the Salem Rehabilitation Hospital – Room 2A 2561 (2nd floor) 2561 Center St. NE

Contact: Kathy Ladd
e-mail: SHHHSalem@aol.com
(503) 394-3863
38427 Shelburn Dr.
Scio, OR 97374

Hearing Loss Assoc. of Portland meets the 3rd Tuesday each month - 7 PM at the Good Samaritan Hospital in the Wistar-Morris Conference Room - NW 22nd & Marshall – Portland

Contact: Mark Foster
e-mail: hlaportland@gmail.com
(503) 413-7348 - voice or TTY
PO Box 2112
Portland, OR 97208
www.hearinglossor.org/portland/

Hearing Loss Assoc. of Douglas County meets the 2nd Monday each month - 7 PM at the Mercy Hospital Community Education Room - 2459 Stewart Parkway -Roseburg (between Parkway Pharmacy & OfficeMax)

Contact: Lorene Russell
e-mail: rlrussell@mcsi.net
(541) 679-9655
732 Mulberry Lane
Roseburg, OR 97470

Hearing Loss Assoc. of Lebanon meets the 3rd Thursday of each month – 6:30 PM at the Senior Center – 65 “B” Academy Square – Lebanon

Contact: Bob Williams
e-mail: robertiw@comcast.net
(541) 258-5818
2020 South 12th #111
Lebanon, OR 97355

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We are the change that we seek.

Barack Obama

If you are interested in starting a chapter in your area, contact:

Cathy Sanders
Oregon Chapter Coordinator
e-mail: catsindallas@q.com
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