CAA 2026 · PANEL DISCUSSION

Holistic and Patient-Centered Care for Older Adults with Hearing Loss

Supporting Engagement and Long-Term Use

Sheila T. Moodie
Western University

Lorienne M. Jenstad
University of British Columbia

Bill Hodgetts
University of Alberta

Speakers & Moderators

PANELIST & MODERATOR

Sheila T. Moodie, PhD

Western University, FHS

School of Communication Sciences & Disorders
National Centre for Audiology, London, ON

sheila.moodie@uwo.ca

PANELIST

Lorienne Jenstad, PhD

University of British Columbia

Ljenstad@mail.ubc.ca

PANELIST

Bill Hodgetts

University of Alberta

hodgetts@ualberta.ca

MODERATORS

Andreas Seelisch

Moderator

Jonathan Vaisberg

Moderator

Learning Objectives

01 Recognize

non-auditory factors that influence help-seeking, device adoption, and sustained use *[[sustained uptake of hearing health]]* among older adults with hearing loss.

02 Describe

how expectations, readiness, and communication partner dynamics affect engagement with hearing care interventions.

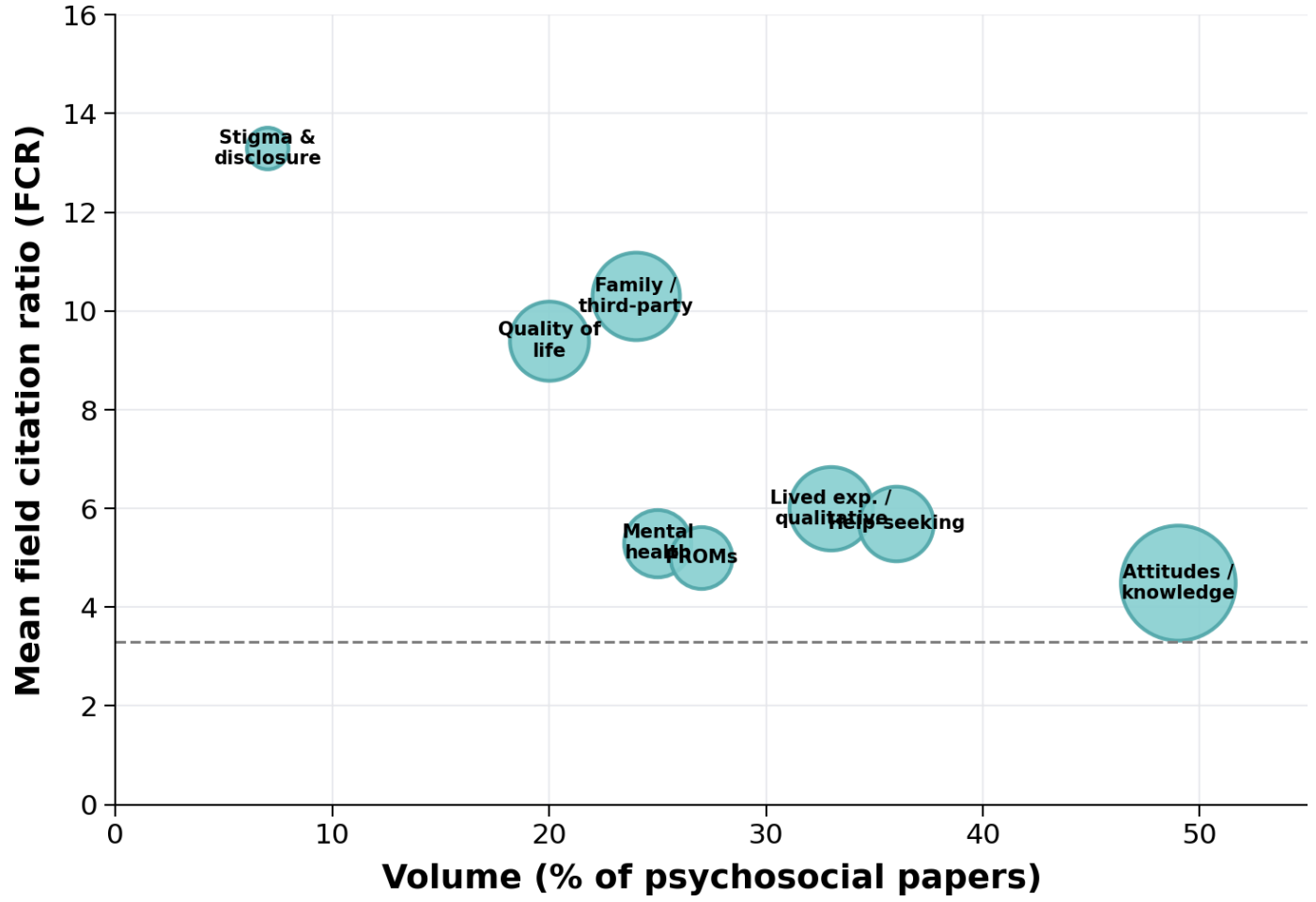
03 Implement

practical communication strategies that support patient understanding, confidence, and follow-through during clinical encounters.

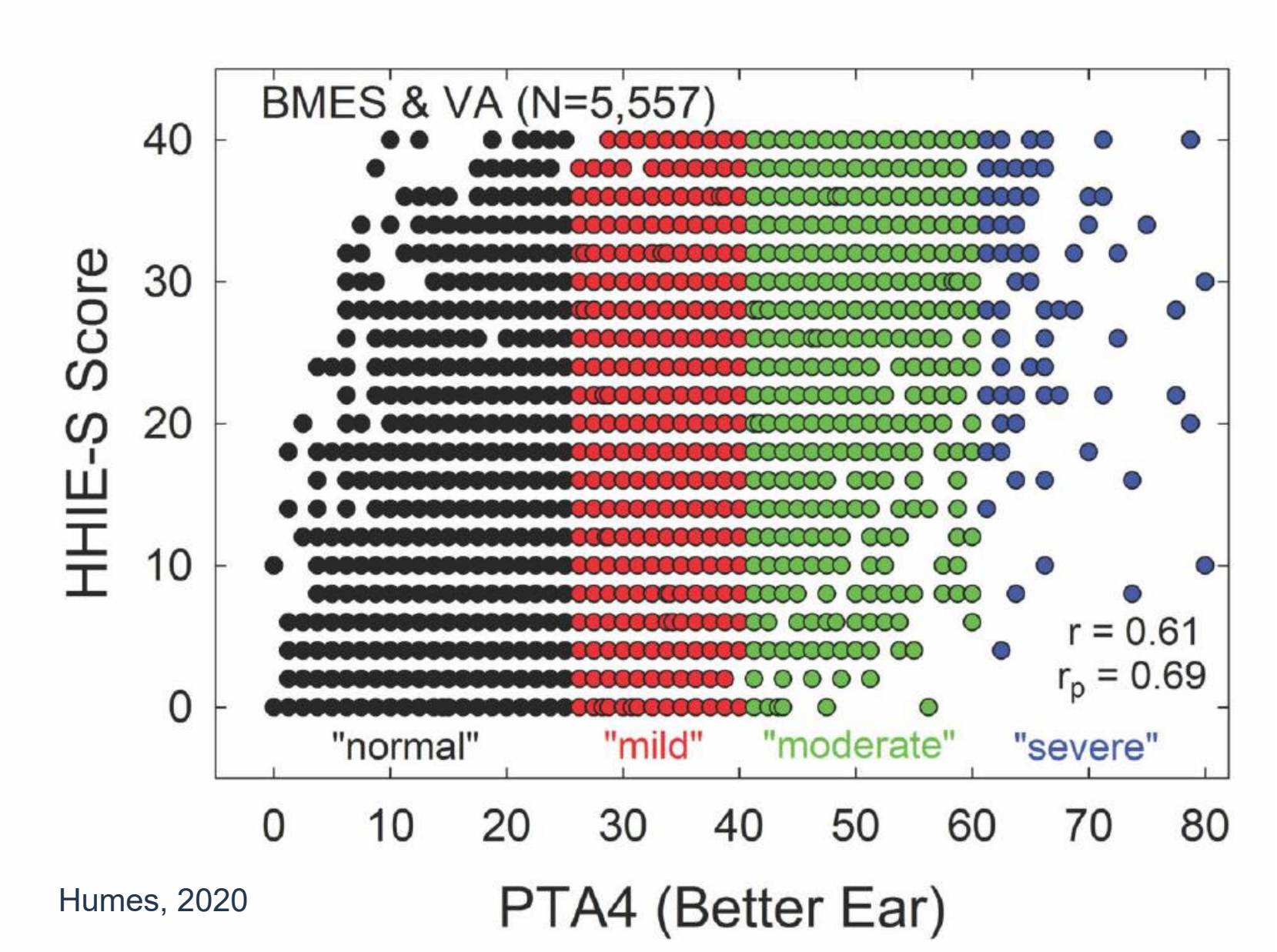
04 Integrate

patient-centered principles into routine care to promote long-term success with hearing technology and communication support.

Sub-theme impact vs volume



Swanepoel et al., 2026

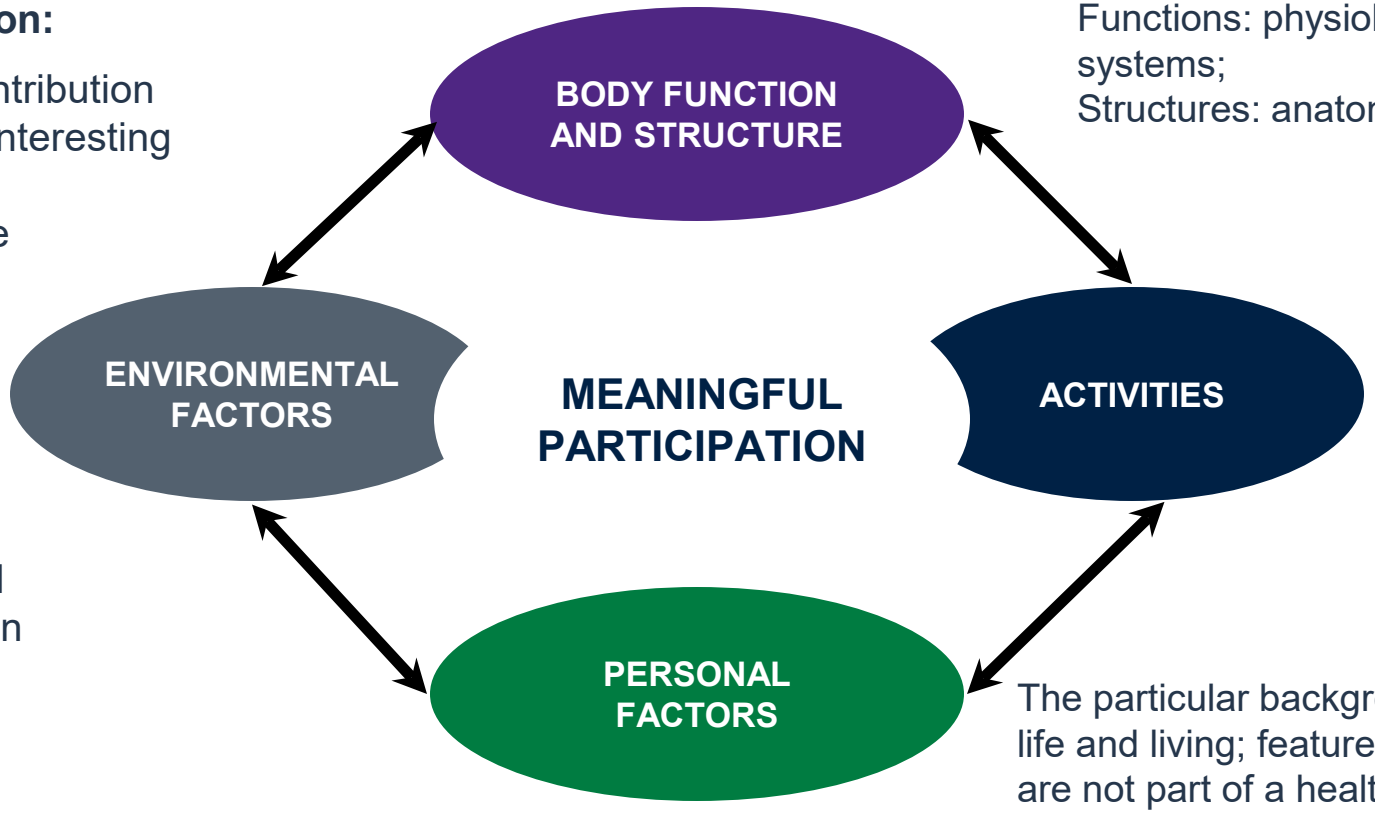

BMES & VA (N=5,557)
HHIE-S Score
0
10
20
30
40
"normal"
"mild"
"moderate"
"severe"
r = 0.61
r_p = 0.69
0
10
20
30
40
50
60
70
80
PTA4 (Better Ear)

Humes, 2020

International Classification of Functioning, Disability, and Health (WHO, 2001) reframed (Moodie, 2023)

Meaningful Participation:

Engagement in, and contribution to, important, relevant, interesting and fun activities in the individual's everyday life situations



Functions: physiological functions of body systems;
Structures: anatomical parts of the body

The execution of a task or action by an individual.

The physical, social and attitudinal environment in which people live and conduct their lives

The particular background of an individual's life and living; features of the individual that are not part of a health condition/state.

Moodie, 2023

PIP Model (Laird et al., 2024)

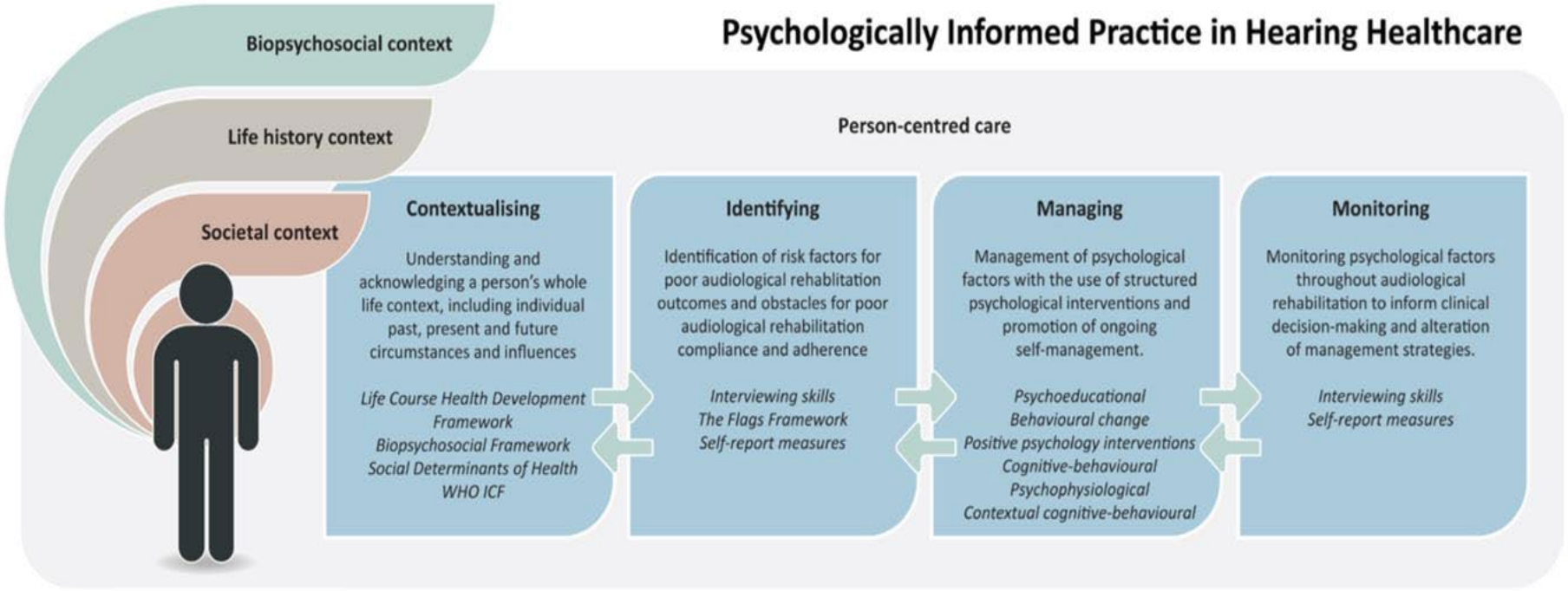


Fig. 1. An overview of psychologically informed practice in hearing healthcare.

Laird, E. , Bryant, C. , Barr, C. & Bennett, R. Audiology Through a Psychologically Informed Practice Lens. *Ear & Hearing, Publish Ahead of Print* , doi: 10.1097/AUD.0000000000001603.

Well-being and auditory wellness

LIFE COURSE WELLNESS

"… maintenance of auditory wellness across the life course is critical to wellness in other domains and overall well-being"

(Humes et al., 2024, p.11)

INDIVIDUAL EMPOWERMENT

"… a basic tenet of well-being and wellness is the empowerment of the individual through education and growth to manage his or her own wellness"

(Humes et al., 2024, p.11)

SUPPORT SYSTEMS

"… options should include not just the devices, but **support systems to help the individual manage his or her auditory wellness**, including support systems designed originally for use by HHC professionals"

(Humes et al., 2024, p.12; Timmer et al., 2023)



Figure 2. The primary domains of wellness, as identified by Kauppi et al. (2023), are shown interconnected with overall well-being. Auditory wellness (AW) is viewed as another form of wellness with direct links to well-being as well as indirect links to well-being through other domains of wellness. The inset at the bottom is from Figure 4.



Humes et al., 2024

Auditory Wellness Enablement Model

Table 1. An Auditory Wellness Enablement Model With Specific Actions and Tools.

Phase	Action	Tools
1. Evaluation	Assessing risk of ear disease	Consumer Ear Disease Risk Assessment (CEDRA)
	Assessing the level of hearing difficulty	Revised Hearing Handicap Inventory (RHHI)
	Assessing the speech in noise ability or screening for the presence of hearing loss	Digits-In-Noise (DIN) test
2. Integration and decision making	Choosing the elements of auditory-wellness enablement	Decision tool to help adults with less-than-optimal auditory wellness decide the next step. Web-based decision tools can be created to make it easily accessible to the larger population
3. Short-term remediation	Hearing devices	Prescription hearing aids with HHC professional, Over-the-counter (OTC) hearing aids, Personal Sound Amplification Systems (PSAPs), or Hearables
	Assistive technologies	Induction loop and/or FM system, *Auracast*, Captioning
	Hearing health education	Hearing health information available through various organizations such as the Hearing Loss Association of America (HLAA) or the American Association of Retired Persons (AARP)
4. Ongoing remediation	Communication strategies	Active Communication Education (ACE); C2Hear; Hearing Loss Toolkit
	Device management education	Hearing device management education available through various sources such as *C2Hear* (https://www.c2hearonline.com/) or hearing device manufacturers

HHC = hearing healthcare.

(Humes et al., 2024)

Social Coaching in Audiology

Applying Keyes' Model of Social Wellbeing to Audiological Support (Bennett et al., 2025)

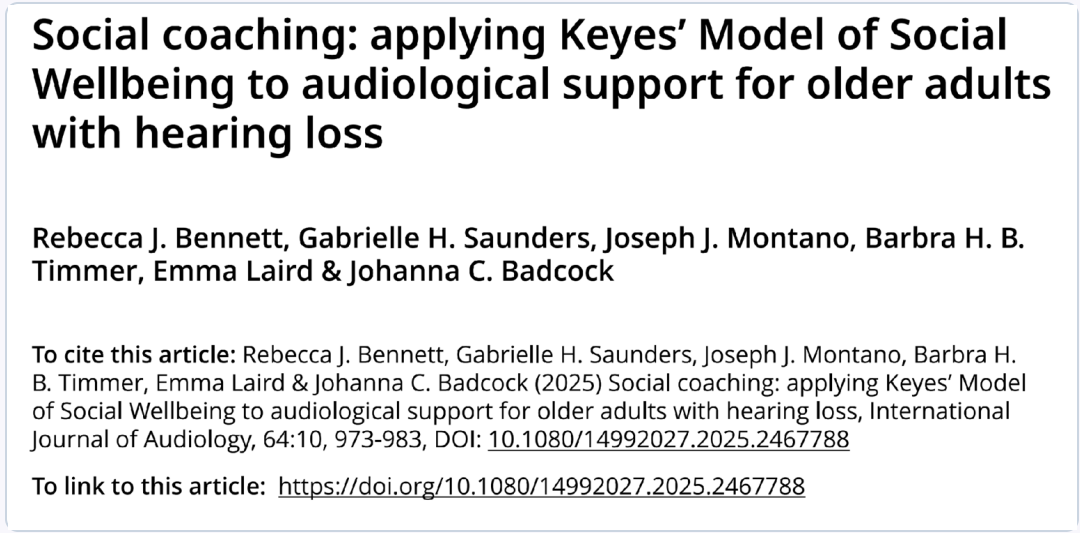
ROLE & OBJECTIVE

Adopting the Role of Social Coaches

A comprehensive overview of how hearing care professionals (HCPs) can effectively adopt the role of social coaches.

This model provides actionable strategies to assist older adults with hearing loss in attaining their social wellbeing objectives.

FEATURED PUBLICATION



Social coaching: applying Keyes' Model of Social Wellbeing to audiological support for older adults with hearing loss

Rebecca J. Bennett, Gabrielle H. Saunders, Joseph J. Montano, Barbra H. B. Timmer, Emma Laird & Johanna C. Badcock

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To link to this article: https://doi.org/10.1080/14992027.2025.2467788

International Journal of Audiology (2025)

Bennett, R. J., Saunders, G. H., Montano, J. J., Timmer, B. H. B., Laird, E., & Badcock, J. C.

DOI: 10.1080/14992027.2025.2467788

Limited Counseling Training in Audiology

Barriers identified in research (Laird et al., 2024; Whicker et al., 2017)

01. Scope

Scope of Practice

Uncertainty about how psychosocial counseling fits into audiology practice.

02. Hesitancy

Addressing Concerns

Hesitancy around directly addressing patient psychosocial concerns.

03. Training

Confidence Gap

Lack of overall clinical confidence and formal training opportunities.

04. Readiness

Emotional Support

Feel unprepared to provide sufficient emotional counseling support.

05. Resources

Time Allocation

Concern that counseling will consume too much (unpaid) clinical time.

Call to Action

Key recommendations for audiology practice and education (Saunders et al., 2021)

01. Holistic Care

Client Well-Being & Life Context

Audiologists should give more time and place increased importance on addressing client well-being and understanding hearing healthcare within the context of an individual's whole life.

02. Collaboration

Interdisciplinary Education

Foster interdisciplinary education initiatives to connect hearing care with broader healthcare and social disciplines.

03. Training

Emphasis on Counseling Education

Strengthen counseling education within academic curricula to prepare clinicians for complex patient psychosocial needs.

04. Outcomes

Well-Being & Outcome Measurement

Ensure the inclusion of well-being measures in clinical management and formal outcome evaluation.

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Lorienne M. Jenstad

University of British Columbia

Working in all our competencies is client-centred

7 roles:

1. Expert
2. Communicator
3. Collaborator
4. Advocate
5. Scholar
6. Manager
7. Professional



2. Role of Communicator:

Audiologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

Essential Competencies	Sub-Competencies
a. Communicate respectfully and effectively using appropriate modalities.	i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state. ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). iii. Mitigate language barriers by using translators/interpreters, as required. iv. Recognize and respond to the client's verbal and non-verbal communication. v. Use strategies to facilitate a mutual understanding of shared information. vi. Participate respectfully in challenging conversations.

The National Audiology and Speech-Language Pathology Competency Profiles, The Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR), May 2018

PATIENT-PROVIDER COMMUNICATION

Effective listening, engaging patients in care decisions, and providing explanations → ↑ **health outcomes**

(e.g., Currie et al., 2015; Fisher et al., 2016; Pincus et al., 2013)



- ✓**Fewer patient concerns**
- ✓**Improved adherence / commitment**
- ✓**Better self-management**

PATIENT-PROVIDER COMMUNICATION

"Communication is most effective when patients/caregivers have an active role in the decision-making process."

(e.g., Street et al., 2009)



BEST PRACTICES FOR COMMUNICATION

Select findings *(Jenstad et al., PEAC, 2024)*

Motivation-Based Practices

Motivational interviewing and patient-centered engagement strategies

Emotional Disclosure

Allowing sufficient clinical time for patient emotional disclosure

Culturally & Linguistically-Related Practices

- **Patient / Provider Concordance:** Language, culture, gender
- **Culturally-Adapted Tools:** Tailored materials and clinical interventions

EXAMPLE: CULTURALLY-ADAPTED TOOL

Hearing Handicap Inventory for the Elderly (HHIE)

Does a hearing problem cause you to attend religious services less often than you would like?

ROLE OF COLLABORATOR

1. Other Professionals

Seeking out and establishing active interprofessional opportunities with interdisciplinary healthcare teams and specialists.

2. Client & Family / Caregivers

Partnering directly with patients, families, and primary caregivers to support shared decision-making.

3. Significant Others & Community

Engaging personal support systems and broader community resources to foster long-term communication success.

Optimal Client-Centred Care

"Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care."

DYADIC COPING & SPOUSAL SUPPORT

Individual Coping

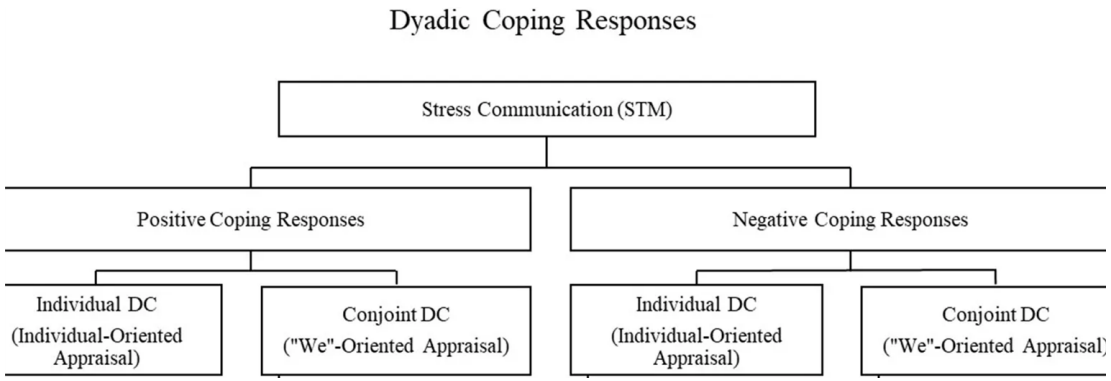
How individuals reduce induced stress, regulate stressful emotions, and gain control over changed situations.

(Kendel & Sieverding, 2012)

Dyadic Coping

Describes how couples cope together with resulting stress, talk about how to deal with it, and engage in joint coping activities.

(Kendel & Sieverding, 2012)



Reference Framework:

Falconier MK, Kuhn R. Dyadic Coping in Couples: A Conceptual Integration and a Review of the Empirical Literature. *Front Psychol*. 2019 Mar 26;10:571.

DYADIC COPING & HEARING LOSS

Positive Effects in Chronic Conditions

Research in couples facing *chronic conditions* shows that Dyadic Coping (DC) is related to positive effects on physical health, well-being, and relationship satisfaction.

(Bertschi et al., 2021; Weitkamp et al., 2021; Folkman, 2010)

Role in Managing Hearing Loss

Dyadic Coping *may play* an essential role in how couples navigate and manage the shared challenges of *hearing loss* together.

Communication Interdependence

Hearing loss directly impacts communication, while effective dyadic coping is fundamentally *dependent on communication*.

RESEARCHERS & AFFILIATIONS

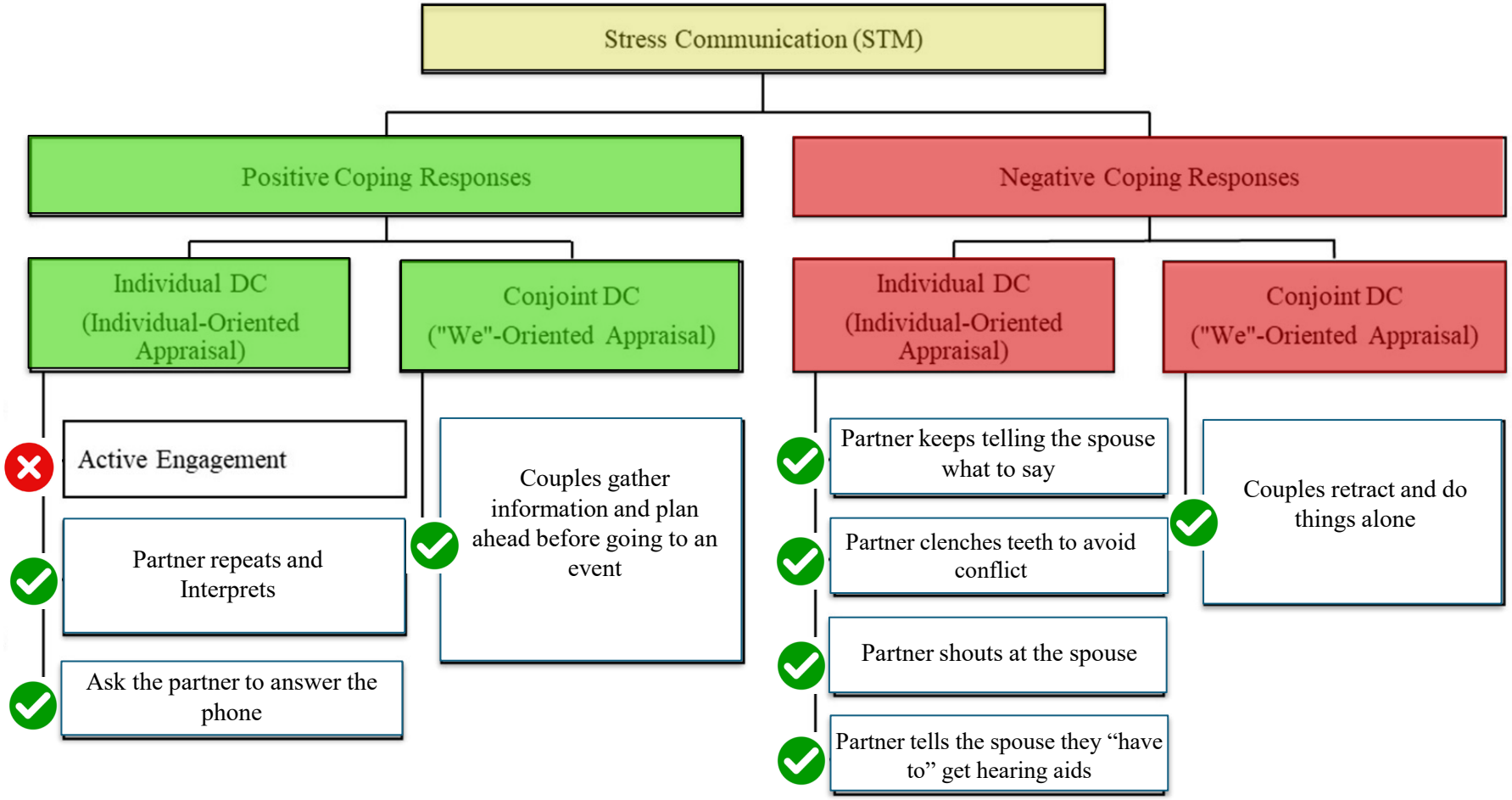
Zahra Sadat Moossavi
Dr. Lorienne Jenstad

University of British Columbia,
School of Audiology and Speech Sciences,
BC, Canada

Dr. Rosa-Linde Fischer
Dr. Nadja Schinkel-Bielefeld

ORCA Labs Europe,
The scientific institute of WS Audiology,
Erlangen, Germany

Results of a literature review: Dyadic Coping and Hearing Loss



4. Role of Advocate:

Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.



MICRO

Improve health outcomes for an individual patient

- Healthcare system navigation
- Interprofessional communication
- Complete paperwork
- Referral to tertiary care



MEZZO

Better the health status for a group of patients

- Educate public
- Develop clinical tools to better care for a subset of patients
- Mentorship (students, AUDS)



MACRO

Change legislative policies or professional standards

- Write letters to government representatives
- Research to influence policy change

Current advocacy definition excludes mezzo and macro advocacy

Allen, K. M., & Spitzer, W. J. (2016). Social work practice in healthcare: Advanced approaches and emerging trends

Barozet, E., Sainsaulieu, I., Cortesero, R., & Mélo, D. (Eds.). (2022). Where Has Social Justice Gone?: From Equality to Experimentation

Audiologists include systems and policy change in their advocacy definition



From work in progress by **Danielle Lafleur**, MSc, RAUD, PhD Candidate

Research Aims:

(1) Determine hearing healthcare providers' advocacy practices, knowledge, attitudes, and the barriers and facilitators to advocacy participation

(2) Understand hearing healthcare providers' advocacy experiences

(3) Explore how hearing healthcare providers have and should participate in advocacy activities, from the patient perspective

Monday Morning Actions

Communicator:

✓Revisit how you're inviting patient's disclosure of emotions

✓Review your notes on motivational interviewing

✓Reflect on whether there are opportunities for your patients to take a more active role

Collaborator:

✓Invite family members, spouses, friends, into the appointment

✓Observe the interactions between significant other and patient

Advocate:

✓Consider ways to support your client out of the office with micro, mezzo, and macro advocacy

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Bill Hodgetts

University of Alberta

When a good fitting still feels wrong

Participation, personal meaning and long-term use



Bill Hodgetts, PhD
Canadian Academy of Audiology 2026

The clinical paradox

Comparable hearing loss

Competent fittings

Very different decisions

Similar hearing needs can coexist with different expectations, readiness, and reasons to act.

Before a person evaluates the technology, they may be evaluating themselves

"What will this say about me?"

"Who decided I need this?"

"Will it help where my life is actually difficult?"

These questions can remain unspoken throughout a perfectly competent appointment.

A hearing solution has to fit twice

The ear

Audibility
Comfort
Speech access
Verified output

The person

Identity
Social meaning
Meaningful participation
Ownership of the decision

Technical fit can be excellent while personal fit remains poor.

Personal fit: a lens for listening

Self-image	This feels consistent with who I am.
Social meaning	I can live with how others may interpret it.
Functional value	It helps me take part in the life that matters to me.
Autonomy	I remain the author of the decision.
Support	The people around me help without taking over.

Listen for what matters to this person. Let their account guide the conversation.

Ownership of the decision

“My spouse thinks I need them.”

“What have you noticed, and what would you like to be easier?”

Invite the partner’s perspective while keeping the patient’s goals at the centre.

Three questions that explore personal fit

01 **What would better hearing let you return to?**

02 **Is there anything about this option that doesn’t feel like you?**

03 **What would help this feel like your decision?**

Small adjustments to the conversation can make room for what remains unspoken.

Long-term use begins before the fitting

A good fitting creates the opportunity.

Whether hearing care becomes part of someone’s life depends on what it enables, what it means to them, and whether they feel ownership of it.

Fit the ear. Understand the person.

Panel discussion

Sheila T. Moodie
Lorienne M. Jenstad
Bill Hodgetts