Counseling Adolescents with Hearing Loss using a Narrative Therapy Approach

Rebecca Crowell  AuD, CCC-A
Amy Gilbertson,  MS, CCC-SLP
Julie Hanenburg  MSW, LICSW
Why discuss this topic?

- Surveys have revealed that communication disorders professionals continue to feel ill-prepared for meeting the counseling needs of their patients and their families despite the fact that they view counseling as an integral part of the services they provide (Herzfeld & English, 2001)
According to the Preferred Practice Patterns for the Professions of Speech Language Pathology and AUDIOLOGY “counseling provides individuals, families/caregivers, and other relevant persons with information and support about communication and/or swallowing disorders to develop problem-solving strategies that enhance the (re)habilitation process.” (November, 2004)
The counseling we do helps people adapt to, live with, and work toward improving a communicative problem and its ramifications. (Shipley & Roseberry-McKibbin, 2006)
Rational Emotive Behavioral Therapy

- REBT/Cognitive- unrealistic expectations and irrational thoughts influence behavior (Ellis, 1994)
  - Clinician looks for these top 3 cognitive distortions:
    • 1. Overgeneralizations
    • 2. Ignoring the Positive
    • 3. All-or-nothing thinking
Rational Emotive Behavioral Therapy

- **Automatic Thoughts and Distortions**

- **A** → **B** → **C**

**Activating event or upsetting event**

Belief or automatic thought that we tell ourselves about A (self talk)

Consequence or emotional consequence

Most people think A leads to C, but B our self talk has greater influence
## REBT Counseling

<table>
<thead>
<tr>
<th>Event</th>
<th>Thought/Feeling</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe, the high school quarter-back asks Sally out on a date and implies he wants to have sex with her.</td>
<td>Sally thinks: “I can’t let him know that I didn’t really understand him because he’ll think I’m dumb and not want to go out with me.” She feels: Excited to be “asked on a date,” but feels embarrassed she didn’t catch all the information</td>
<td>Consequently, Joe pursues a sexual relationship with her on the date. Sally was shocked, confused, frightened, humiliated and ended up having an experience she didn’t really want to and wasn’t at all prepared for.</td>
</tr>
<tr>
<td>Event</td>
<td>Thought/Feeling</td>
<td>Behavior</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sally asked on a date and went on a date.......</td>
<td>“I am too embarrassed to tell him, he’ll think I’m dumb.”</td>
<td>Preferred behavior change would be that Sally would be able to better advocate for herself. As with any adolescent, you’d want her to have the courage to say “No” during a date when needs to, and most significantly, change her thinking process about herself.</td>
</tr>
<tr>
<td></td>
<td>How do you know he’ll think your dumb.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why do you think that? Is it true?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does that thought help you or hurt you?</td>
<td></td>
</tr>
</tbody>
</table>
Person-centered counseling – (Rogers, 1951) stresses the quality of the interpersonal relationship as the means for promoting client growth.

- These things NEED to occur in PCC:
  1. Counselor congruence
  2. Unconditional positive regard for the client
  3. Practice empathetic listening
1. **Congruence**

"The more the therapist is himself or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner" (Rogers 1980).

2. **Unconditional Positive Regard for the Client**

The client is accepted with regard to his/her feelings vs. counselor having to agree with client.

3. **Empathy**

Showing care and consideration for the clients story.
Some reflective questions:

- What do you think about that?
- Can you tell me more about that?
- What would you like to do about that?
- Does that make you feel...
- What do you think would happen if.....
Person Centered Counseling
Probing Questions

1. How do you feel about your hearing loss?
2. How do you think your family feels about your hearing loss?
3. How do you feel about your hearing aids?
4. How do you think your family feels about your hearing aids?
5. How do your friends feel about your hearing loss?
Three Stages of Adolescence
(Mitchell, 1979)

Stage One
› Ages 12-14 for males and 11-13 for females
› Dominated by growth spurts
› Childlike and limited emotional responses
› Most egocentric
› Peers are important, but family most important
› Not much importance is given to the future
Three Stages of Adolescence  
(Mitchell, 1979)

- **Stage Two**
  - Ages 13-15 for males and females
  - Between childhood and adulthood
  - Physical growth is slowing down
  - More mental capacity
  - Social life with peers is very important
  - Erikson’s theory – what should we say about this?
Three Stages of Adolescence
(Mitchell, 1979)

- Stage Three
  - Ages 16-18 for males and females
  - Adult growth has been reached
  - Sexual intimacy increases
  - Better able to deal with interpersonal conflicts
  - Concerned about the future
Logical questions begin to emerge to examine the whole picture:

“Who Am I?”

“Where Do I Fit In?”

“Am I Normal?”
Adolescent with Hearing Loss

- Amplification
Adolescent with Hearing Loss

- Communication
Adolescent with Hearing Loss

- Psychological development
Adolescent with Hearing Loss

- Self-concept
Adolescent with Hearing Loss

- Peer relationships
Narrative therapy involves working with a person to examine and edit the stories the person tells himself or herself about the world to promote social adaptation while working on specific problems of living.

(Cashin, 2008)
Narrative therapy goes beyond “social stories”; there is co-authorship and ownership of the story. (Waites & Swinborne, 2001; Cashin, 2008)

Behavior follows language, reinforcing and perpetuating a specific life story, to the exclusion of other possibilities. Once formed as a reasonable representation of one’s life, the individual acts as if a particular version of the life story was true. (DeSocio, 2005)
Four Stages of Narrative Therapy

- Mapping the influence of the problem
- Identifying unique outcomes
- Restorying
- Mapping the influence of the PERSON not the problem
Case Examples

Caitlin
Brandon
Lauren
Bryce
Tonya
Factors influencing teens and families:

1. Marital harmony
2. Single-parent families
3. Step-parenthood
4. Family size
5. Family support system
6. Economic status
7. What “difference” means to the family
1. Are you a good listener
2. Do you have the patience necessary to dealing with trying, time-consuming situations?
3. Are you too involved with the client or the client’s problem?
4. Do you have a realistic view of your counseling skills, training and experiences?
Evaluating Personal Effectiveness

5. Do you have a realistic view of what can and cannot be accomplished?

6. Do you have a sincere desire to help people without trying to play God?
Therapy ideas: Narrative or other......

- Processing Ideas – Get CREATIVE!
- Using a stock hearing aid (if adolescent is unable to take theirs off) as a visual to talk about their feelings regarding the hearing aids......
- Mad-O-Meter