Dr. D'Anne Rudden: Amy Winehouse famously said...
“They tried to make me go to Rehab, But I said No No No”.

According to MedLine, Rehabilitation is any care that can help you get back, keep, or improve abilities that you need for daily life.

These abilities may be physical, mental, and/or cognitive (thinking and learning).

You may have lost them because of a natural decline in ability, disease or injury, or as a side effect from medical treatment.

No matter the reason, rehab is by definition trying to improve current abilities and restore functionality.

So...why the resistance?

’Cause rehab is the hard work part of the equation. How many of us have been guilty of wanting to take a pill in lieu of changing behaviors? I may want to perform like a Ninja Warrior but oftentimes, rehabbing my couch potato ways is clearly going to take more than a magic pill.

On the podcast this month, I have a special guest to share with you, Dr. Dusty Jessen is the owner of Columbine Hearing Care in Littleton, Colorado and she is probably more well known as the creator of the 5 Keys Communication counseling and education program and author of Frustrated by Hearing Loss? 5 Keys to Communication Success. Her book and program are being used by hearing care providers around the world and Dr. Jessen frequently speaks at national and international conferences about communication strategies and the importance of person-centered care.

When you think of rehab... if you are an audiologist, think of Dr. Jessen.

Dr. Jessen, thank you so much for being here on the podcast this month.

Dr. Dusty Jessen: Thanks for having me. I am humbled to be here and to be talking about the topic.

Dr. D' Anne Rudden: Full disclosure, we are both in Colorado. You’ve been in my backyard for many years during this work, and you have quietly behind the scenes decided to forward yourself in the arena of aural rehab. When we think of aural rehab, we don’t always know how to put our fingers on it. Tell me how do you define aural rehabilitation?

Dr. Jessen: I have used different definitions over the past many years as I am giving talks about Aural Rehab, but the one that stuck with me is not a word definition, it is actually a visual. It is by Kathleen Cienkowski from the University of Connecticut, and she has a wonderful graphic of a tree. Above the ground, the tree part is Living Well with Hearing Loss, the roots of the tree are Aural Rehab, and on each of the roots she has a different part of aural rehab. Those parts are what I think is important. She has broken down into six different things, but I like to keep it simple and think of those roots of Living Well with Hearing Loss as Audibility, Counseling, Education, and Community.

I am a simple person, and I like to keep things in trees to help me remember it. That is how I define aural rehab is the audibility, the counseling, education, and the community that we provide our patients to help them live well with hearing loss.

Dr. D' Anne Rudden: Why do you think practitioners (including myself) are so reluctant to offer aural
rehabilitation services? Part of or even just the name of it sometimes I am even like, "Am I saying this right? Is it Oral, Aural?" I think people stumble with that piece. Is that part of what keeps us from doing those pieces of the puzzle that we should be doing?

04:45 Dr. Dusty Jessen: Right. All of us who are fitting hearing aids are doing parts of the aural rehabilitation because audibility is part of it. We are also educating our patients through the instructions of how to use hearing aids - and that is part of aural rehabilitation. We are all doing it to some extent but maybe we are not doing the other roots. We are not feeding the other roots of the tree with more involvement in counseling, or more involvement in training, or plugging our people more into the community.

But, in terms of what to call it, it has been a discussion on Aural Rehab Orgs for a long time. I prefer the term communication training or communication rehabilitation because aural means ears, and we are not teaching our patients about ears, we are teaching them to communicate better. A communication rehab is a term that has already been taken by our speech pathology colleagues. I like communication training, but in the end, it doesn't really matter what we call it as long as we are helping our patients to have the best outcomes.

06:08 Dr. D’Anne Rudden: When I think about those factors beyond the hearing aid, when we are looking at treating the hearing loss, I even feel like I have reached way back to my master’s program when we had to do speech reading and group counseling. Is that what you are talking about from what you would envision in a perfect world?

06:36 Dr. Dusty Jessen: Yes. It doesn’t have to be as in-depth as that. You asked why people are reluctant, why audiologists are reluctant to provide it? It’s because we make it seem too hard. We think back to what we provided in graduate school, these big classes, these four sessions classes that we did, these big notebooks, and all of these. It might be an aural rehabilitation class and it can be an option if your clinic supports it. Mine was never big enough or busy enough to support that kind of intensity. Even when I try to do so, I find it very difficult to get my patients to come on time when we have them. I focus more on individual one-on-one rehab specifically on the things they can do outside of the office so it is not taking a lot of my own clinic time.

When it comes to communication, I think back to when we all went to school for undergrad and it was communication disorders. Then, we went to audiology and we forgot about speaking part of it. But for me, it has come into play a lot because I have a disorder with my vocal cords. I happen to have a very scratchy voice that sometimes it is a little bit of an allergy. I lose my voice entirely for two weeks at a time.

Going through those experiences has made me realize those are the other side of the communication breakdown. Me not being able to speak loud enough for people to hear is the same as our patients not being able to hear well enough to get the message. The treatment or the rehab has been similar. It is part of how I came up with the “5 Keys,” which are the things we do and teach our patients: the speaker, the listener, the environment, the technology, and the practice.

With my vocal cord dysfunction, I have to use those things myself. I have to modify the environment, I have to use special technologies, put the phone really close to my mouth so people could hear my scratchy voice coming out at those times. It is not all about hearing loss—it’s about communication.

09:11 Dr. D’Anne Rudden: I love that behavior modification that you have to take the responsibility for. I think it’s because in hearing loss we are using an appliance to assist with audibility, there’s a lot of pressure put on the appliance to do the behavior modification which or may not happen.

09:48 Dr. Dusty Jessen: I think that is another reason why people are reluctant to offer more rehab beyond the device because as our devices are getting more and more sophisticated, they are taking more time. Our appointments are just inundated with so much technology, and there’s not enough time to do the counseling and education—or even when we do provide the counseling and education our patients are so overwhelmed by
everything they have learned technology-wise that they don't remember it. People might be providing it, but our patients recognize it as aural rehab. Probably not.

10:29 Dr. D' Anne Rudden: If you think about it in some circumstances, we as providers are limited in the number of appointments we are potentially providing to certain patients based on insurance coverage or whatever. Now, you are trying to cram everything into one or two appointments. There is a lot to cover, and probably the first thing that gets kicked out are maybe some of the things they need the most.

11:00 Dr. Dusty Jessen: Yes. It is such an important thing to make sure our patients recognize counseling and education, and all the extra resources we are providing them, not just us being nice but is actually part of the treatment they are paying for. Those are part of the thousands of dollars they paid. That is why I am such a proponent of if not fully unbundling, at least itemizing so the patients could see the device cost, the things being done, the things being taught about, just like physicians will code for the amount of time they spent with someone. It is important for the patients to see... "Oh okay well, I was paying for you to teach me and my spouse how to not speak to each other on the other's side of the house." As simple as that.

12:03 Dr. D' Anne Rudden: That's a perfect segue to my next question: What do we do as audiologists and as private practitioners to make aural rehab more profitable?

12:19 Dr. Dusty Jessen: First of all, I would always defer any questions about billing for an aural rehab to our billing gurus like Kim Cavitt and Deb Abel because they are the ones who know the in and outs.

Personally, in my practice, I don't participate with insurance companies. I am unbundled. I don't have to deal with any of the billing side. But one thing I know for sure whether you are bundled or unbundled, if you are providing a holistic service that is making your patients take more responsibility for their treatment plan, buying into their success more because they play an active role, then they are going to be more satisfied with their treatment outcome. You increase satisfaction, increase patient referrals, decrease returns for credit, and increase repeat purchases. Those are the things that pay for it on a big scale. Much more than the $47.33 or whatever we might get reimbursed from an insurance company—it is the loyalty and the satisfaction that providing a more comprehensive program to our patients could bring back to us. I know it seems vague, but it is just the truth.

13:48 Dr. D' Anne Rudden: You have some specific ideas on how we can do that potentially, more efficiently, and have some tools and resources that you have created that I want to talk in more detail about in the Aftershow. Don't go away. We are going to dive in a little bit deeper. We are going to talk about the 5 Keys Program more specifically, and get to know you just a little bit better.

Thank you for coming to the program and stick around because we will get into more.

14:28 Dr. Dusty Jessen: Thanks.

14:30 END

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AFTERSHOW with Dr. Dusty Jessen

00:04 Dr. D' Anne Rudden: We are back on the Hearing Journal Podcast Aftershow with Dr. Dusty Jessen. We are talking about all things Aural Rehab, so we are doing a little rehab reboot.

In the first segment, we got into things as practitioners stumbled upon what gets in our way of offering an aural rehab and services as you said not really aural rehab but more communication strategies and rehabilitation.

You got me to thinking we are only half of the puzzle - communication is a two-way street.
What do you think is getting in our patients' way of being more compliant with programs? Or even the practitioners on one-on-one, why are they resistant to doing their side?

01:05 Dr. Dusty Jessen: The fact that patients are putting their time and energy into the devices, they have unrealistic expectations the device is going to fix everything. They want easy solutions like all of us. If we were to have surgery we want the surgery to work. Like you said in the beginning, it is not easy for us to do the therapy that goes along with it, but I think our patients are on a continuum. There are patients on one side of the continuum who want to get the devices and go on with their lives. The hearing loss may be mild or severe, or maybe it is not impacting their life much, so the devices are very helpful for them. They feel it is all they need.

On the other end of the spectrum are people who are very impacted by their hearing loss. It is really affecting their quality of life. They may have mild to severe hearing loss. I don't think we can base the continuum [unclear] hearing loss, but more on the impact that is having on their lives. Those people who are finding hearing loss is impacting their life a lot, they may be motivated to learn more, dig in, and do more work. We all have a range of patients that fall on that spectrum, so the trick is providing a range of products or services that can reach each of those ends of the spectrum and anything in between.

02:49 Dr. D' Anne Rudden: I think that is what I am struggling with. First of all, figuring out where on the spectrum those people are? I am trying to do a better job in my clinic. I've used a questionnaire to try to get at that, like the HHIE. I don't know if you have any recommendations for me, I would love to hear some of the things that you are using. But at the end of the day, it is meeting them where they are, then having the tools depending on where they are in the continuum that can help them in a way that they wanted to be helped.

How would you meet someone that didn’t think they needed help versus somebody who needed more help? How would you address those?

03:40 Dr. Dusty Jessen: The questionnaires are huge. I always say we don't want our first appointment to be a hearing aid evaluation, we want to be a communication needs assessment, so the patients know from the get-go that we are evaluating their communication needs. There are so many that are great. You just pick one you feel comfortable with, and that is what you need to make sure and use every time.

I did develop what I called the 5 Keys Communication Needs Assessment, and it's free on my website if you just go to 5keys.org/resources and it is available on pdf that anybody can download. It categorizes the different environments our patients are in, and it has the rate of their level of difficulty in each environment. There is a spot for notes where you can put some more details on as we are going through with our patients.

I took what I love about other questionnaires like the COSI and some other close-set questionnaires - I combined it to make the best needs assessment. You are welcome to use it, but as long as you are using something that looks at their communication will help us 'quant' our rate - what their top difficulties are important. Whether you are circling number one, or number two and three, or rating them, so that when you go back you can easily go with the top 3 goals, and see how we are doing because without the organization and simplification it is easy to go down the rabbit hole. When they come back for the follow-up appointment we will be like, "So, how are things going?" That horrible open-ended question can lead to all kinds of badness. But, if we say, "Okay, so your number one goal was to hear better while you’re in the car. How is that going?" Keep it to top 3 situations that make our follow-up more efficient, and more specific. It also makes our recommendations better. If this is the only place where you are having trouble and it has nothing to do with background noise, then maybe you don't need to do a big auditory training program. Maybe, we just need to give some strategies for talking while in the car. Make it more patient-centered around what they need.

06:13 Dr. D’ Anne Rudden: It is nice to have some of those tools, and to give people homework. It is not just saying “Here are patient that you should do,” but giving them constructive homework assignments and the things
they can be working on.

Especially in the days of Covid, we can’t have communication classes per se with lots of people. Are there online resources you can recommend or you’ve created for people to access or their patients can access?

06:59 Dr. Dusty Jessen: Yes. There are a lot of online resources. Going back to continuum, it is great to have some free options for people who aren’t willing to put in extra investment or if that fits your reimbursement, or have some free options. Next is to have some economical options for our patients and have some premium or rehab options.

I kind of like to think of it as we know our tiers of hearing aid technologies so well, and what each one provides and what is going to be the best for each patient. If we could wrap-up the same mindset around aural rehab, then it would be really helpful. But we don’t have these wonderful aural rehab wraps that come in and bring us Starbucks then teach us about this. So, we kind of have to do this on our own.

The free tier, I think the Hearing Loss Association of America is a great online resource the patient can do on their own. It is a matter of us plugging it to them because they are not going to find it themselves. I give my patients some hand-outs that have the resources of HLAA. There are local meetings in the Colorado area, so I give them the names of where the local meetings are at. If they want to become a member of it, they can. I do offer to pay for it for them at $35, I can wrap that into my margins. But if they are not interested, it’s fine. They can go look online and see if it’s what they want. They have a wonderful magazine that comes out every other month. It’s a free option.

The next level would be like maybe paying for that membership for them. I think my 5 Keys stuff is an economical level for patients. If we give them a book, it’s eight or nine dollars a book, it is not a huge investment, but it is an aural rehab resource for them. There’s a free auditory training program like Hear Coach is a free app that you can stick on your phone. Whether you charge them for teaching them how to download to use it or not, or give them a little piece of paper, write it on a sticky note for them—that’s an auditory training that they can do on their own.

With my 5 Keys stuff, the new program I’ve come out with is the online program, and it is basically education delivered to the patients in weekly E-lessons or emails. The email is the very basic information they get—it’s very short, very colorful, just a few sentences of communication strategies, and hearing aid tips, bright colors of the dog, etc., but, I have buttons. In each of these emails, there’s a different button. The button links to games like brain training games or extra resources they can tap into like the HLAA, the ALDA, Hearing Like Me, Living with Hearing Loss (Share Eberts’ programs). I also have buttons that will take them to extra training options like CLEAR or LACE, or Dawn Heiman’s Hearing Wellness Journey, or Brain HQ.

For those patients who are very motivated, each week they have basic communication strategies everybody needs, but they also have these options to dive in deeper, do more work, or sign-up for another program - it is there for them. This program is $59/month per clinic. The clinic can sign-up unlimited patients for the amount per month. Essentially, if you are signing a lot of patients... I had a clinic last month that sign-up eight hundred patients, so that’s pennies per patient. It’s economical, and they are getting all the information.

The premium level side if you want to go a little more expensive, then you can sign your patient up for CLEAR or LACE, or some of the more expensive auditory training programs, but compared to free, there is a little bit of monetary investment. But again, these patients have to be motivated to do more work outside of the clinic. If they are not, then probably they are not a good candidate for that.

11:50 Dr. D’ Anne Rudden: I have offered LACE to patients—and I know at one point I was even including it—but sometimes what I didn’t do as a practitioner is meeting the person where they were and maybe, they weren’t ready for that specific item. But, what I am hearing you say is that if someone is remotely motivated to do beyond
free, then you've created something that fills the gap in between free and some of those training programs that are very effective but people might not be ready for.

12:36 Dr. Dusty Jessen: Absolutely. I think everyone needs communication strategy tips because no matter if it’s mild or severe hearing loss, or even if we have no hearing loss, we all need to be better communicators, and be more cognizant about how we are speaking clearly, and be active in listening. Those simple things to us are our second nature because we are in this field, but to most of the public they never thought about those simple things. Fewer people need to be plugged-in to more computerized auditory training programs. More people need to be plugged-in to the community... the community part is big and I think of it as a huge benefit for group classes, but if you are not equipped (or like with COVID) where none of us are equipped for group classes, then at least giving them options of where they can plugged-in to a community like those blogs, like Share Ebert’s blog, and Phonak’s HearingLikeMe.com.

There is this wonderful comedian and author, her name is Gael Hannan. I don't know if you heard of her but I have her as one of my resources in my program. I got to hear her speak at an aural rehab conference once, and it was eye-opening to me because she talked about things with an audiologist who doesn’t have hearing loss, who maybe don't know about or maybe not comfortable talking to our patients about. Like when they take their hearing aids out at night to go to bed and they want to be intimate with their partners. I wouldn't talk to patients about these things. I wouldn't even know how you whisper sweet nothings when you can't hear whispers. She makes these real situations funny because she has lived them herself. Being able to plug people into resources where they can go and learn from people who are living it themselves is super important.

What I am trying to do with these online programs is to plug people into these extra resources because there are so many awesome resources available, while in the clinic time - there is not just enough time to tell them about it all. If a sheet of paper gets lost, if every week they get equipped with a short email that gives them a button, where they can look at other resources, then it's just dripping little pieces at a time. Maybe, in one week they are not in the mood to click the button to learn more or play games, then the next week they are feeling motivated, or frustrated, they do it. It gives them fifty-three weeks of options to do that.

15:32 Dr. D’Anne Rudden: I love it. I am going to need you to come by in my office with a Starbucks and sit down and talk to me about that more specifically. I think that's your next chapter.

15:45 Dr. D’Anne Rudden: We are about out of time, but I want people to get a little glimpse into Dusty the incredible human and woman that you are. You are a part of a non-profit project called Hearing the Call Colorado that I am also a part of, which I am always in your heart when I get to watch you in those types of situations. The other thing that people may not know about you, is that you foster a homeless puppy. How did you start doing that? What drives you to take in homeless puppies?

16:33 Dr. Dusty Jessen: I have to shout out to Hearing the Call also, it is such a wonderful thing, and I feel the same way watching you with patients that were helping. It is very heart-warming.

With the puppies, I've always been a dog lover. I absolutely love dogs. I usually often say, "I love dogs more than my own children” because they don’t fight back. When my kids were little, we wanted to do some kind of service. It seems like fostering is a good service that we didn't have to go somewhere to do, but we could provide a service at our own home. We got addicted to it. I definitely love it more than the rest of the family, but they tolerate it with me. We like taking litters because we find it easier because they keep each other's company. We all take 2 or 3 dogs that have been in the same kennel for a while, so they don't have that separation anxiety. We have taken dogs straight off the airplane from the Bahamas when they had their hurricane. Various situations we deal with like ticks, fleas and worms, and all the gross stuff, but the more you are exposed, the less disgusting. Once we get them cleaned-up they are so loving, you will feel their energy, they are so grateful to be rescued. We find homes for them, and because we took the time to love them and showed them that not all humans are awful (like the ones where they came from), they are more adjusted to go into their new home and be
wonderful pets. It has truly been a blessing for us, it’s been challenging. We’ve had probably close to 70 dogs now over the last few years. It is something that has had a big impact on my family's life, and it is super fun.

18:45 Dr. D'Anne Rudden: Your heart knows no bounds. You are a brilliant woman who I admire more than I can even say in words for how you are helping to pull the profession forward. You make us more well-rounded.

Say again for all the people that are listening—how can they tap into the things you have to offer? I want to make sure that we say your website again.

19:12 Dr. Dusty Jessen: I feel the same way about you too. Thank you so much for having me. My website is very simple, it's www.5keys.org.

19:27 Dr. D'Anne Rudden: Awesome. Thank you Dr. Jessen.

19:29 Dr. Dusty Jessen: Thank you.

19:31 END