

Hearing^{THE} Journal

THE MOST RESPECTED PUBLICATION IN HEARING HEALTH CARE

HJ PODCAST SEPTEMBER 2021: Dr. Rebecca Huzzy

MAIN SHOW

00:06 Dr. D' Anne Rudden: Before the Education for All Handicapped Children Act (EHA) was enacted in 1975, U.S. public schools educated only 1 out of 5 children with disabilities.

Approximately 200,000 children with disabilities lived in state institutions that provided limited or no educational or rehabilitation services, and more than one million children were excluded from school.

Another 3.5 million children with disabilities attended school but did not receive the educational services they needed.

Many of these children were segregated in special buildings or programs that neither allowed them to interact with non-disabled students nor provided them with even basic academic skills.

What this meant was children with hearing loss might board their school buses sometimes many miles from their local schools and they were brought to a "home school" where they were mainstreamed into regular classrooms for specific periods of time based on their education needs. The point of "mainstreaming" was to give kids with special needs the same access to education opportunities and social situations in a regular classroom.

In 1975, I was a kindergartener at Robious Elementary School in Midlothian, Virginia, just outside of Richmond. And it just so happened that MY first day of school was also the first day of school for all the students who were deaf or hard of hearing in Chesterfield County...Some of which stepped off the bus and into my kindergarten classroom as some of the first generation of kids with hearing loss to be mainstreamed.

These kids came with body aids, auditory trainers, and speech patterns I would learn later in life were very characteristic of kids with significant hearing loss. I obviously didn't know it at the time, but that day would change my life. Kids with hearing loss became my best friends and accompanied me throughout my elementary school experience, where I learned about the importance of communicating effectively and the life-changing impact of educational access for students who are deaf or hard of hearing.

Fast forward to 2021 and the ritual of the first day of school will again play out over and over across the country, but that access to educational services is accelerating the potential of kids with hearing loss in the world.

On the podcast this month, it's time to go "Back to School"! I am so excited to have educational audiologist Dr. Rebecca Huzzy from Clarke Schools for Hearing and Speech in Philadelphia with us to share the story of her professional life and the evolution of what it means to provide educational services to kids with hearing loss in today's world.

Dr. Huzzy, welcome to *The Hearing Journal* Podcast!! So excited to talk about all things "Ed AuD"!!

03:21 Dr. Rebecca Huzzy: Thank you so much D'Anne for inviting me to talk on a topic that is important now of all times. Some students haven't been back to a school building in 18 months.

03:36 Dr. D'Anne Rudden: I didn't think that far that they haven't been in a regular classroom for all these time. Thank you for bringing it to our attention, as well.

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First of all, will you please tell us about your journey as an educational audiologist? How did you start getting interested in becoming an educational audiologist? What does it mean to you, and how did you get to the Clarke Schools for Hearing and Speech?

04:11 Dr. Rebecca Huzzy: It is a little bit different for me. I graduated with my AuD from Bloomsburg University in 2007...Go Huskies! I knew as soon as I got into grad school I didn't want to be a typical audiologist who goes and works with adults. I gravitated towards working with children. I knew I wanted to work with kids, so I talked to my professors, and coordinators to get me in.

Bloomsburg is a small city school in Northeast Pennsylvania, and it is highly populated with more private practice audiologist and ENT offices rather than pediatric locations. I requested and begged my professors to put me in with anyone who worked with kids. So, I work with an audiologist who was in private practice, and I learned so much from him. He had a role in everything, and he is one of my biggest mentors—Dr. James Ziegler. He was in private practice and an educational audiologist for the intermediate units in Pennsylvania. He would go out to the intermediate unit which had a sound booth, and he would test and screen the kids in their classrooms. So, I focus on kids, mainly.

I put all my fillers for my 4th year to pediatric locations and hospitals. I got a 4th-year position at Nemours Children's Hospital in Delaware. It was a good fit for me with an amazing facility, so I stayed and I have been working for 15 years now.

In 2013, I had a friend who was working at Clarke taking her time off, so we decided to find coverage for a couple weeks. In the summer, I helped her out and met the director, and I was interviewed, and I said, "This is great! I could definitely learn a lot here, hopefully to make an impact and help the school as well."

The "push comes to shove" when down the line he goes to another position and it was just an easy transition for me to stay at Clarke. As a clinical audiologist, I love what I do and the families I worked with, but it is a different role because, in the beginning, I only see the kids 2 times, 4 times, or maybe 6 times in a year. The bond that I have with them takes years to develop. Working at Clarke, the bond I have with kids that I am seeing from early intervention to preschool, and sometimes following them to the mainstream, is different. It deepens my knowledge in audiology because when I first started, Phonak came out with Roger—I became very familiar with Phonak's phone number. It deepens my knowledge and understanding of audiology as it plays out on a daily basis, and it also changed my life personally.

As a clinical audiologist, I have different interactions with families. I have performed best practice, I have verified hearing aids, I have collaborated with the parents, and I gave out recommendations they need. But as an educational audiologist, the first couple of weeks I was there learning from my wonderful Clarke team...there's this little girl not having a good time during a couple of weeks. She wasn't listening, she wasn't behaving, and I didn't know how to handle it. I am not trained in behavior management, so I watched her interaction between my director, Judy Sexton. Instead of being an authoritative figure, she just went up to this little girl who was not behaving and listening very well, and she just said, "Do you need a hug?" The little girl just broke down crying into Judy's arm. I realized then and there how different my knowledge and bond with these students can be as an educational audiologist.

09:34 Dr. D'Anne Rudden: The level of trust the little girl had to have had with Judy at that point was the holy grail that audiologists dream of: to have the person you are working with see you as a trusted person in their life. They trust you to their emotional state and not just their clinical state.

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09:58 Dr. D'Anne Rudden: Absolutely. It was one of the purest moments that I witnessed. It changed my way of thinking both on a clinical and career level.

10:13 Dr. D'Anne Rudden: Let's talk a little bit about Clarke Schools for Hearing and Speech. I lived in Colorado, and you are mostly on the East coast, so I was unfamiliar with the amazing number of facilities you have and the depth of what you offer to families with children that have hearing loss. I read that Clarke is the first and largest LSL organization of its kind in the nation. What does it mean?

10:55 Dr. Rebecca Huzzy: LSL is Listening and Spoken Language. It means that we teach children who are deaf or hard-of-hearing to listen and speak. The goal is for our children to develop or communicate in a developmentally and appropriate pattern. We put hearing first. Everything links back to auditory access.

We have an amazing team such as teachers of the deaf, speech-language pathologist, and administrators to mentor and guide us to make sure that the teachers are looking at the audiograms. The team makes sure the equipment is working when I am not around, and they [students] have access to the sound to be able to learn how to listen and speak. So, that is LSL in a very basic nutshell.

11:52 Dr. D'Anne Rudden: When I see kids, I see them for such a brief amount of time. The educational audiologists are covering the day-to-day needs and their connection with the other educational people in the team. How can I better support the educational audiologist?

12:31 Dr. Rebecca Huzzy: That is a wonderful question. It all boils down to communication. One of the things an educational audiologist does is to make sure that the children, students, and patients are up-to-date on their current audiograms. We make sure their hearing loss hasn't changed and their equipment is appropriate.

Even as a clinical audiologist like myself, I know our schedules could get bogged down or conflict, sometimes we have off, sometimes we don't, and the other person could not connect. I think the first and foremost thing that we need to remember is to make sure that the current audiogram is sent to the school. In the best world, we would like to communicate via email or phone conversation, but in the real world, there is not enough time to be able to do this for every single patient or student. It all boils down to making sure the current audiogram is on file at this point.

13:50 Dr. D'Anne Rudden: It doesn't take a lot. We don't have to work hard to make sure educational audiologists have what they need to give their best to the students they serve.

14:04 Dr. Rebecca Huzzy: Absolutely. We are all professionals trained in the same field. We need to respect, and leverage people's reality. My role as a clinical audiologist versus my role as an educational audiologist, versus your role as a private practice owner and a clinical audiologist—we all have busy schedules. We all want to find the time to do what is best for our patients and our students. The most necessary part of our interaction with these children is to make sure their needs are being met. The audiogram is obviously for kids who are in need, like holding a hand or to remember to respond to educational audiology teams or the teaching teams. To respond to educational teams when there is a student who needs more help, but for the most part, sending the current audiogram is very important.

15:20 Dr. D'Anne Rudden: I feel like I can do that. Before we wrap up the first section, can you speak to your own brethren of educational audiologists about what are the top 3-5 ways educational audiologists, in your opinion, can best support students who are deaf and hard of hearing, who communicate using LSL, as they go back to school?

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15:52 Dr. Rebecca Huzzy: First and foremost, we must remember that some of the students haven't been to a school building since March 2020. We, as audiologists, need to ensure that the students have properly functioning equipment. I'm sure you know some people despite our consistent instruction to wear their hearing aids all the time—they don't. They wear hearing aids only when necessary. Some of the kids who only wear their hearing aids at school may have not been wearing them consistently since March 2020. It is going to be very important to make sure the equipment is functioning, not only their personal equipment but also the school-owned equipment as well. If they get new technologies, make sure to check if it's connected to the school's technology. Those are the first and foremost things we need to be aware of.

17:00 Dr. D'Anne Rudden: Dr. Huzzy thank you so much for your time, your expertise, for your willingness to come on and talk about educational audiology. It is a conversation I don't get to have near enough. I really appreciate your time.

17:16 Dr. Rebecca Huzzy: It is my pleasure, certainly. Thank you so much for the invitation.

AFTERSHOW

17:26 Dr. D'Anne Rudden: We are back on *The Hearing Journal* Podcast Aftershow with Dr. Rebecca Huzzy from Clarke School for Hearing and Speech. Did I say that right?

17:38 Dr. Rebecca Huzzy: Clarke Schools with an S.

17:40 Dr. D'Anne Rudden: Schools? There is more than one school?

17:44 Dr. Rebecca Huzzy: Yes. We have different locations. We have 5 locations along the east coast.

17:50 Dr. D'Anne Rudden: Several in Pennsylvania, there are some down in Florida, can you describe where the locations are?

18:00 Dr. Rebecca Huzzy: Our main original campus is in Northampton, Massachusetts, and on in Canton, Massachusetts or in the Boston area. We have one in New York City, in Manhattan. We have one in Philadelphia, Pennsylvania, where I'm at, and one in Jackson, Florida.

18:20 Dr. D'Anne Rudden: Got it. We touched on the last part of the podcast, in the first section...talk a little bit about "Back to School." This is the back-to-school edition of the podcast, so let us dive a little deeper. Tell me more about what it means to both students and audiologists?

18:46 Dr. Rebecca Huzzy: Yes. I talked about making sure the integrity of the students and the school's equipment is functioning and it's up to date. One of the biggest things we, as educational audiologists, have to do is to educate and collaborate with the student's teachers. Some teachers who don't have much experience with hearing loss, technology, or anything around how hearing loss presents itself don't always recognize the behaviors associated with hearing loss. They didn't realize it's an "all or nothing" kind—It is not. It is really important for us to make sure the teachers they are working with on a daily basis...they might see us once or thrice a week to make sure the equipment's working, and the teachers for the deaf who are holding them out as well. They'll see us not as much as they see their classroom teachers. We want to make sure the classroom teachers are educated on hearing loss and technology. Just because the student can't raise their hand during roll call, may still have difficulty with hearing the lesson or following instruction. If they have to go to their buddy and ask for the page on what to

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read for homework, it's not not following instructions or listening. It is actually something they need to complete the lesson. So, educating and collaborating with the teachers is really important.

20:23 Dr. D'Anne Rudden: Helping them understand for some kids without hearing loss with normal behaviors might be different for kids with hearing loss.

20:37 Dr. Rebecca Huzzy: Absolutely. There are some behaviors that you can just turn your back to than observed. These are not to be disciplined by talking from your neighbor or asking a question. Sometimes students are late from the class because they have to get their remote microphone back from the previous teacher can impact the way the kids are accepting the technology as well. We have to accommodate the students by educating their teachers. Lastly, it goes to education and collaboration, it's also critical for us to be our students' advocates—not only for their hearing and listening needs, but also their social and emotional needs because hearing loss affects the child globally. It is important for us to collaborate with other professionals if we see kids who are a little bit more affected especially in these challenging times that we are facing with in this "back to school" season.

21:46 Dr. D'Anne Rudden: The nice thing about the role you are in and the type of environment you are in, is that you work with an interdisciplinary team. That is what I crave as a private practice audiologist is to have a profession complementary to audiology to be able to work with people to support patients that we serve.

Tell me more about what it means and what it looks like to work on an interdisciplinary team? Ideally, who is on the team and how does it benefit kids with hearing loss?

22:33 Dr. Rebecca Huzzy: The role of an educational audiologist is to be a member of a multidisciplinary team. It is to make sure the teachers are aware of what hearing loss is. Even teachers of the Deaf need more help, just because they are trained specifically for helping kids with hearing loss, it doesn't mean they are experts on diagnosing hearing loss, or hearing aids, and technology—that is my role. Although they overlap very well, it is important to let us collaborate and make sure we are working together. Me, as the audiologist, the teachers of the Deaf, the mainstreamed teachers, the speech-language pathologist, the administrators who act as mentors—they are part of my team. My educational team at Clarke in the mainstreamed classroom, the educational audiologist, the speech language pathologist, the teachers of the Deaf, the school psychologist, the school social worker, the case manager, all of the student's teachers including mainstreamed teachers can definitely play a role on this team. It depends on what environment you are in to define the role of the team.

24:03 Dr. D'Anne Rudden: Is that consistent not just in Clarke Schools but also in, let's say, regular public education situation? Is it similar? Is that unique to Clarke Schools or is it something that the educational audiologist, regardless of settings, will have an interdisciplinary team—will they get all that opportunity?

24:18 Dr. Rebecca Huzzy: Yes. Ideally, the educational audiologist should be a part of a multi-disciplinary education team. We can't be on our own island. I can be an expert at the things I am trained to do and I know a little bit about the other things of our schools, but I like to stay in my lane and make sure I keep my scope of practice in my focus and let the experts on my team guide me as well. So, for different school settings, ideally, the educational audiologist should be a part of a team, and most of the time they are.

25:39 Dr. D'Anne Rudden: We've talked about the beauty of being an educational audiologist and all the amazing things they do, but it's not always the day-to-day because there are challenges, too. You have things that could come up—just like me. What is the most challenging part of your job?

26:04 Dr. Rebecca Huzzy: Yes. We have a couple of challenges. One of the obstacles is the mainstream teacher who

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has no idea about what and how hearing loss presents. How it can affect the child globally even a mild hearing loss can affect the child. The hearing aids don't cure hearing loss.

I had a family member come into my clinic, and the school nurse said, "The hearing aids aren't working because we tried doing a screening on their headphones with the hearing aids on, and he still wasn't passing the screening. So, they're not working."

One of the biggest obstacles is the people who aren't familiar with hearing loss and technology. We have the ability to educate them about hearing loss and technology. Hearing aids shouldn't be something a teacher is afraid of. How many times did we get notes from a parent saying, "Oh, well, it was broken so the daycare put it in the pack and didn't change the battery out." Or the kindergarten teacher sent little Johnny to the nurse because she couldn't put the hearing aid in the right way. The time and how to properly educate the teachers are also one of the obstacles for us. The classroom observation and education are a big part of our role because, in our absence, we want them to be an advocate for their student's hearing loss.

28:01 Dr. D'Anne Rudden: How about parents—are they a challenge sometimes? Are they one of the areas where an educational audiologist struggles?

28:19 Dr. Rebecca Huzzy: From my experience, the parents I have worked with are the child's best advocates. One of their obstacles, which is not their fault or anything is they don't realize they can request accommodations. That is why Clarke is such a great place because we can get to work with the parents very closely to make sure the hearing loss of their children is important. Even though their hearing aids or cochlear implants are giving them access to sound, it doesn't mean they have typical hearing. So when they are ready to go into the mainstream, they are armed with the tools they need. I haven't had the experience of parents being an obstacle, but I put them as one of the biggest team players.

29:20 Dr. D'Anne Rudden: I love the way you frame it because, for some parents, part of the challenge is, they don't understand what the child needs but also what they are eligible for. Part of your role is to help them transition better into the mainstream classroom and to educate them to know what they don't know.

29:48 Dr. Rebecca Huzzy: Absolutely. My team at Clarke make sure it is the first and foremost in our parent's minds.

30:01 Dr. D'Anne Rudden: Let's switch gears a little bit. I am going to take you back to the first section when you were describing your journey and some of the challenges you had on your road to becoming a pediatric educational audiologist. Talk to students who might be starting their AuD programs or someone thinking of an AuD program who might have a passion for working with kids like educational audiology. How do they break in and get on the path?

30:46 Dr. Rebecca Huzzy: The director of my program at Bloomsburg said, "Persistent is the key." You need to advocate for yourself. You need to tell people what you want. If you don't tell them, then no one else is going to. It goes back to me saying, "Please, put me in any pediatric facility that I could come across in an hour-and-a-half radius." You make sure people know what you want as far as your goals in audiology. It goes for anything, not just educational audiologists. If you want to be a vestibular audiologist, then make sure people know that you want to become a vestibular audiologist. Don't assume. Take a back seat, but don't be rude about it, but say that you want to be a pediatric audiologist and make sure you have a very good education around it, so you get the best experience to be able to follow my path and become a happy audiologist.

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I also think it is important to get involved in our Educational Audiology Association (EAA). I have a student membership which I think is also very important. They can network with other educational audiologists. They can try to observe the others even if it's in their home town and not around their school. It all boils down to making sure you put it out there and use the resources of the community as well.

32:34 Dr. D'Anne Rudden: We have come a really long way since 1975. If you take a look into your crystal ball, what does audiology, from an educational perspective, look like in the future—in 5 years? In 10 years? In 25 years? How do our students with hearing loss get the services they need?

33:10 Dr. Rebecca Huzzy: After the year we've had, I am taking it one day at a time. Audiology is very technologically based. We have been changing since the day you stepped off the school bus. We have been changing because we are so heavily based on technology. It changes day by day just like with every article that comes out. The state of the marketplace just in the past 20 years, going from analog to digital hearing aids, from people who want custom products to receiver-in-the ear products, and now with over-the-counter hearing aids that are definitely changing the world by storm--it is really hard to know where we are going in the future, not to mention the biotech companies who are doing some really good research on gene therapy in hearing loss.]

00:05 Dr. D'Anne Rudden: I'm going circle back to conclude our conversation because we had a little mishap with my computer. I would start with thank you for your time and glimpse into the future, and for taking us back to school. It sounds like audiology has a bright future, and especially educational audiology as well. Would you agree?

00:44 Dr. Rebecca Huzzy: Absolutely. I think the new educational audiologists coming out into the profession right now are armed with the best knowledge they can possibly have. A lot of the stigma behind wearing hearing aids is going away now because of the new over-the-counter hearing aids coming out from the big players in the world. Not to mention the fact that earbuds and other personal listening systems are definitely taking away the stigma of wearing something in your ears. We have all the stars aligned to make the future of educational audiology and audiology as a whole really bright.

01:42 Dr. D'Anne Rudden: Dr. Rebecca Huzzy, you are phenomenal! I am very pleased to have gotten to know you a little bit better. I really appreciate your time and your expertise to share with us today.

01:54 Dr. Rebecca Huzzy: The feelings are mutual. Thank you, D'Anne, for having me on this podcast. It is wonderful.

02:00 END