

False and Exaggerated Hearing Loss

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I. Introduction

False Hearing Loss: What is it, What to Call it, Why should I care What to do about it?

- * FEHL is possible sign of a psychosocial disorder
- * FEHL is underdetected, underappreciated, undermanaged

II. Goals

Rethink several aspects of FEHL

- * terms used in false loss
- * review lit on psychosocial disorders
- * interviewing-counseling: examples of techniques and role playing

III. Terms used in regard to false loss

A. What is it?

B. What to call it?

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* pseudohypacusis

* FEHL

C. Austen-Lynch model: intentionality and locus of need

intentionality locus of need

malingering:

factitious:

conversion disorder:

IV. Literature

A. Demographic: children/adults _____; gender _____

B. Causes of childhood FEHL(?)

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C. Common reported characteristics

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D. Psychological problems of children and youth

* ____ some psychiatric problem some time; ____ major depressive disorder

* depression rises sharply in _____

* depression rises faster in girls becoming _____

* suicide tripled among adolescents (1950-1980, decreased since 1990 but not to 1950 level

* ____ leading cause of death in adolescence and early adulthood

* most suicides during depressive episode

E. FEHL sign of risk for psychosocial disorder

Children with FEHL not emotionally healthy but cunning deceivers

V. Screening-Interviewing-Counseling-Referring for Psychosocial Problems

A. Audiologist's frame of reference

* key role in identifying person at risk

* "It's not my job"

* false loss a body language, cry for help

B. Counseling – Explaining to Parents or Other

* "giving a hard time" or "having a hard time"

Not being bad, naughty, nasty, etc. (no punishment)

People do not do better by making them feel bad

Conversely

People do better or their best when feel good and made to feel good

C. Re-interviewing (etting stage for counseling and referral)

* Client/parent centered; nondirective vs. usual directive

* Open ended; "how are things going?"

* Explain concern, then "what do you make of that?"

* Give typical scenario; "might that apply?"

* When anything pertinent; "tell me about that"

* "Third Ear" (listen between the lines)

- * Ask about family, friends, job/duties/school
- * Questions as statement in disguise
- * Repeat/reword to prompt more
- * *“Go on. Uh huh. Really?”*
- * Implying normal reduces embarrassment
- * Reduce threat by showing not alone: *“I see kids every year...”*
- * Question with symptom exaggeration. *“Some kids cut school all the time. What about you?”*
- * Reflect: *“sounds like you have your hands full.” “ That must have been tough.”*
- * Tactful language: *“preoccupied, most of us hit a bump, how about talking to an expert in that?”*
- * Build a case: *“based on hearing testing, your reports of ..., and ..., I’m concerned about your child.” (“How about you?”)*

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