How the Foundation Was Laid

By Dale Bonnycastle

How It All Began

After completing my Master's degree in Human Communication Disorders from McGill University (specializing in audiology), I got my first position at the Queen Elizabeth Hospital in the Notre Dame de Grace neighborhood of Montreal in the fall of 1977. I was working there alone and was sometimes nervous and unsure of myself, but determined to do my best and be a good Audiologist for my clients, (except back then they were called patients). At that time, in hospital audiology clinics, most of the work involved testing people: one client an hour, five days a week. I liked the work and really enjoyed interacting with my patients. Some clients had normal hearing or very mild losses, or were candidates for surgery, but others had very significant permanent hearing loss.

After a few short months of working, I realized there was something important missing in this audiology service - and that was time to help clients with significant hearing loss and communication difficulties. After the testing, when we had a few minutes to talk, clients expressed their

frustration, upset, and distress about their hearing loss and its impact on their lives. Often, clients would say, "I feel so bad in a group because I miss so much. I never hear the punchline of jokes and just stand there while everyone else is laughing. I cannot cope with noisy social situations, and talking on the phone is a nightmare. I love my grandkids but cannot understand what they are saying half the time."

There was no time in the one-hour appointment slots to deal with these concerns, and I was becoming very frustrated with this situation. I wanted to go further and see how some of these difficulties could be helped, but the question was, how? Also, there was really nowhere to send these clients for help. I knew there was some speechreading instruction in the city, but that was about it. Learning to speechread alone, while important, was only part of the solution. Of course, adults were fitted with hearing aids - but then they were sent off to sink or swim, with only very basic information.

constructive communication strategies, blending a dose of realism, optimism and compassion. The group would provide a nonjudgmental environment where everyone was in the same boat and could be listened to and understood. In other words, the group would be supportive, understanding, client-driven and solution-focused - not audiology-driven, and not with a fixed agenda.

So I began. I started going through my files at night, pulling out those individuals who had significant hearing loss and also starting to talk about this group to new clients I met – people like Lily Bernstein, Alvin Goldman and Ed Plover. Their enthusiasm and support for this project encouraged me and bolstered my confidence. Letters were sent out offering patients an eight-week group course called Speech Reading and Communication Strategies, but all participants understood that there was a strong component of self-help in there. To bolster my self-confidence, I even took some short courses at McGill on group management.

It was apparent to me that something needed to be done to remedy this and fill the gap in services. The challenge for me was how to go about it with limited time and resources. Hospital audiology departments are busy places with long waiting lists. Doctors need hearing test results to see who is a candidate for surgery and to make their diagnosis. Time was short for rehabilitation.

I realized an Aural Rehabilitation Group needed to be organized, but with a unique approach, in that it recognized the psychological and social impact of hearing loss and would incorporate a strong self-help component. The focus would be on working together, sharing difficulties and information, and finding constructive solutions. The emphasis would be on client participation and discussion of difficulties, feelings, knowledge and

I received a good number of replies and a room was booked in the Family Medicine Department of the Queen Elizabeth Hospital. There were enough responses to have a group during the day and one in the evening to accommodate people who worked.

The group participants were motivated and felt strongly that they should not stop after the eight-week session ended. They felt that an organization should be established to address the needs of hard-of-hearing adults. Natural leaders emerged. And the rest, as we say, is history . . .

Read more about these early days in the Fall, 2019 issue of ***HEARHEAR Magazine***.

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