

TELEPHONE ALTERNATIVES AND ACCESSORIES

It is useful to explain to your patients that there are alternative means of communication to the telephone; also that there are a range of accessories to assist them in telephone communication. Such devices include:

- Fax
- Pager
- Text messaging
- E-mail
- Relay telephone services (e.g. Type-talk, TDD, Textphone)
- Telephone adapter (providing direct auditory input from the telephone to the speech processor)
- Amplified telephones
- Speaker phone
- Mobile phone
- Videophone
- Extension ringer
- Flashing light indicator
- Incoming speech amplifier
- Telephone headset

USEFUL REFERENCES

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TELEPHONE TRAINING TIPS



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“Not being able to use the telephone was the biggest and most traumatic part to becoming deaf...it took away my independence, feeling of safety in emergency situations and was very isolating”

CI User

The telephone is an integral part of our lives. We use the telephone for communication at home, for work and socially. Inability to use the telephone can affect our functioning in daily life activities. Social contacts may be reduced as we are unable to contact friends or family. Ability to perform in the workplace may be affected. It is for this reason that many potential cochlear implant users state that they hope to gain telephone use with a cochlear implant.

MED-EL recently conducted a survey into telephone use by MED-EL cochlear implant users (Anderson et al, 2006). 186 cochlear implant users from around the world responded to the survey. Results show that 70% used a landline phone (up from 8% pre-operatively); while 60% of participants were able to use a mobile phone to some degree. Talking to familiar speakers about familiar topics was the easiest listening situation, making a call to an unfamiliar person was the most difficult. All subjects were confident they could make an emergency call using a landline, and nearly 65% felt confident enough to make an emergency call using a mobile phone. This brochure outlines some ideas for telephone training and lists a number of references for more detailed information.

AIMS OF TELEPHONE TRAINING

- Establish goals and realistic expectations, screen abilities and evaluate potential to use a telephone
- Practice simulated conversations, judge success and practice component skills
- Participate in conversations in practical, real-life situations. By doing this we can:
 - Provide a positive experience on the telephone in a controlled environment
 - Build the user's confidence in their auditory modality through frequent success
 - Build a repertoire of conversational repair strategies
 - Increase assertiveness and conversational partner management techniques
- Include parents and partners in the therapeutic process: use them as a telephone “buddy”

ASSESSMENT OF TELEPHONE USE (Giles, 2005)

- Identify problems that may arise
- Determine the patient's goals e.g. by using the COSI (Dillon et al, 1997)
- Establish their entry level for training by using:
 - Auditory-only discrimination scores
 - Paediatric Telephone Profile (Tait et al, 2001)
 - Telephone scales (Spitzer et al, 1993)

KNOWING “TELEPHONE ETIQUETTE” (Erber, 1985)

Sometimes, patients need a few pointers about using the telephone, and need to realise that telephone conversations have a certain structure:

- Telephone conversation is more formal than one-on-one conversations
- Telephone conversation has a beginning, middle and end
- Predictable events occur:
 - Greet and identify caller
 - Establish purpose of conversation
 - Ask relevant questions
 - Conclude conversation
 - Estimate mood and willingness to talk
 - Establish time available for conversation
 - Exchange information

BE PREPARED....

Some forward planning will help your patient make successful telephone calls:

- Before calling, write down information to be obtained and questions to ask
- Consider likely topics => anticipate vocabulary and questions
- Use a notepad and pen to write down information
- Use a telephone “buddy” to practice with

THERAPY GUIDELINES (Giles, 2005)

Therapy should be structured in a hierarchical manner, working from the easiest listening situations to the most difficult. Choose a therapy level based on your patients assessment outcomes and his goals. These techniques can be used, with modifications of the task, for therapy with children.

- Practice positioning the telephone receiver
- Discriminate between different telephone tones
- Practice hellos and good-byes, gender identification and caller identification
- Practice using a telephone “code” to answer simple questions:
 - This is useful if your patient cannot use the phone well, but wishes to convey a message
 - The partner answers simple questions such as “Did you see her?”
 - Use 2 different temporal patterns to respond to questions e.g. “Yes, OK” and “No” or “Yes, yes” and “No”
- Practice simple conversational techniques:
 - Prepared conversations with written text
 - One item questions e.g. “Did you go by train?”
 - Either or questions e.g. “Did you go by bus or car?”
 - Closed-set questions e.g. “Which day do you want to go?”
 - Open-set questions with a clue e.g. “Where shall we meet?”
- Train using topics/contextual clues:
 - Use topic related sentences
 - Complete an instruction-following task
 - Closed set questions
- Train using repair strategies as suggested by Erber (1985):
 - Repetition
 - Spelling strategies
 - Clarification
 - Clarify / modify speech
- Practice receiving calls using the same techniques
- Progress from simple to more complex conversations
 - One speaker with prepared sentences to more open conversation
 - Range of sentences
 - Range of speakers
 - Degree of preparedness for the conversation
 - Different types of telephones
 - Different listening environments
 - Speech tracking
- Interactive exercises such as making an appointment
- Open set questions e.g. “What is your favourite TV programme”
- Practise the different levels in background noise

