



# UPDATE

The Newsletter of the  
Council for Accreditation in Occupational Hearing Conservation

VOLUME 6 • ISSUE 3 • DECEMBER 1995

## Communication Considerations in the Work Place

by Jeffrey C. Morrill, M.S.

Companies that fall under federal noise and hearing conservation regulations have a perplexing situation: they must enforce the utilization of hearing protection devices (HPDs) in high noise areas. This can potentially "induce" or aggravate a hearing handicap for their workers.

With the advent of the Americans with Disabilities Act (ADA), most companies have conducted some level of documentation of job duties. This may include written job descriptions and work site analyses to describe "essential job functions." However, there is one specific area of work site analysis that is often overlooked which can dramatically impact a company's bottom line—Communication. Of the estimated 43 million Americans covered by the ADA, approximately 50 percent, or 22 million, are communicatively impaired.

### Assessing Communication Needs

If hearing verbal communication, warning sounds, or machine process noise is necessary to perform the job safely and productively, a careful Work Site Communication Analysis (WSCA) should be conducted.

The WSCA is very similar to a physical demand analysis which is typically used to achieve ergonomic modification. To conduct an effective WSCA, the total communication situation must be considered, including:

1. the employee's hearing ability
2. the type and amount of noise in the work area

3. the need to hear verbal instructions or critical sounds to ensure safety and efficiency
4. the effects of any personal HPDs

### Hearing through Hearing Protection

Based upon this information, an effective communication system can be implemented which will also address a company's HPD requirements. *It is clearly possible to improve hearing in the presence of noise* with a variety of special hearing protection applications. The applications may be "traditional" HPDs which are "tuned" to the situation, custom fitted HPDs with frequency-selective filters, electronic active noise canceling devices or communication devices, visual cue devices such as flashing lights, or innovative bone-conduction transceivers.

### Common Complaints

If employees complain that they cannot distinguish other workers speaking, or that they cannot hear warning signals or machines when wearing HPDs, it is possible that potential safety and production problems exist. One common "symptom" of this is the employee removing the HPD in noise in an attempt to improve the ability to hear in the noise. Other indications include complaints of HPDs causing the ears to "ring" or being "uncomfortable" to wear. These employee complaints should trigger action on the part of the employer.

### A Commitment to Communication

I urge companies to add the WSCA to their job documentation process and to

implement a program of special communication strategies, where appropriate. These considerations in the workplace will enhance the safety and health programs already in place, strengthen regulatory compliance and add efficiency to the production process. Ultimately, this proactive approach to communication needs will have a very positive effect on the bottom line.

*NOTE: Based on an article by Jeff Morrill, originally appearing in Impact on Health, Vol. 8, No. 1, Impact Health Services, Inc., February 1995.*

### Mark Your Calendars

CAOHC will be an affiliate of the National Hearing Conservation Association Conference in February 1996 at the Grand Hyatt on Union Square in San Francisco, California.

A Course Director Workshop and a Wine & Cheese Reception will be held in conjunction with NHCA's meeting on February 20, 1996. Call the CAOHC office for more information.

### What's Inside?

Content	Page
Chair's Message	2
Employment Section	3
OHC Tips	3
Hearing Protectiveness Task Force	4
Council News	5
Upcoming Courses	7
Coping with Tinnitus	6
Council Members	8

## Chairperson's Message

by Jeffrey C. Morrill, MS ~ Chair

The role of the OHC has expanded pretty dramatically since the initial concept of "audiometric technicians" was formulated by the Intersociety Committee in the late 1960s. I recall being contacted by the local section of the (then) American Industrial Nurses Association in 1969 to conduct an Audiometric Technician training program according to the guidelines established by the new intersociety.

As a young audiologist, I was somewhat taken back by the notion that there was such a movement outside of my profession to establish guidelines for uniformity in

testing. Who in the world could possibly know anything about hearing testing other than the audiology professional?

Needless to say, I learned a great deal about a different set of problems faced by the industrial audiometric technician during my first certification program. The myriad of problems facing these folks seemed unsurmountable:

- Pre-test exposures presenting temporary threshold shift problems
- Lack of adequate hearing protection devices
- Scheduling barriers created by unsympathetic supervisors, driven by production issues
- Lack of awareness and concern on everyone's part (especially the employee)
- Noisy testing locations
- Archaic testing instrumentation (often never having been calibrated)
- Prevalence of hearing loss, exacerbated by years of unprotected exposures
- Absence of any formal training on audiometric technique
- No real reason to dedicate adequate budget to a formal program (OSHA

and waves of worker's compensation claims did not exist at the time) Sound familiar? While we have addressed many of these issues very effectively across the years, some of the same problems are coming back to haunt us again. It is not uncommon for the candidates for OHC recertification to expound on similar conditions even in today's environment. Some of the factors reported to us are extreme competitiveness and economic conditions, downsizing of the workforce, faster machines, longer workshifts, budget restraints, and less concern over OSHA involvement.

Fortunately, technological developments in instrumentation, computer software, hearing protection and training programs have created a much more efficient and effective environment. Certainly the CAOHC approved training program has also advanced to provide the OHC with much better tools to be effective in their role. Of course, the OHC must have adequate time to perform all of the essential tasks, sufficient budget to support the effort and a sincere commitment from management and supervisors for enforcement.  
(Cont. on pg. 5: "Last Line of Defense")



## UPDATE


Published by the Council for Accreditation in Occupational Hearing Conservation, a not-for-profit organization dedicated to the establishment and maintenance of training standards for those who safeguard hearing in the workplace.

The *Update* is published three times a year in February, July, and November. Articles should be submitted, with a black and white photograph of the author, by the first day of December, May, and September. The *Update* is available to individuals not certified by CAOHC at an annual subscription rate of \$15. Payment must accompany request:

611 E. Wells Street  
Milwaukee, WI 53202  
(414) 276-5338 FAX (414) 276-3349

- Chairperson -  
Jeffrey C. Morrill, M.S.
- Contributing Editor -  
William H. Monk, MA, CCC-A
- Executive Director -  
Janet L. Haynes

Opinions expressed in the *Update* are those of the authors, and do not necessarily reflect official CAOHC policy.  
© CAOHC 1995



21st Annual  
**NHCA**  
HEARING CONSERVATION  
CONFERENCE

February 22-24, 1996  
Grand Hyatt  
on Union Square

**SAN FRANCISCO, CALIFORNIA**

**The National Hearing  
Conservation Association**  
*presents*  
**The 21st Annual  
Hearing Conservation Conference**  
**February 22-24, 1996**  
**San Francisco, California**

Featuring presentations on:

- *Motivational and Educational Strategies*
- *The Exchange Rate Controversy*
- *Special Problems and Populations*
- *Cutting Edge Developments in Hearing Conservation*
- *Forensic Audiology & Community Noise*

Contact NHCA at 414/276-6045 (V) or 414/276-3349 (F) for a complete program and registration materials.

National Hearing Conservation Association  
611 East Wells Street • Milwaukee, WI 53202

## Seeking Employment

The *Update* publishes job opportunities in the field of hearing conservation, from both employers and employees. If you are an employer and would like to advertise an available position, please send your classified ad in writing, with a \$15 payment (check or money order) to CAOHC at 611 E. Wells Street, Milwaukee, WI 53202.

If you are an OHC looking for employment, please send a cover letter and your most recent resume. There is no charge to certified CAOHC OHCs for this service.

The *Update* received the following resumes from OHCs who are currently seeking employment. If you would like additional information on any applicant, please contact the CAOHC office at 414/276-5338.

**1) Wesley K. Bossard** is looking for a position as an Occupational Health Manager or Human Resource Manager/Recruiter with a progressive organization where experience and educational skills can be applied to a mutual advantage.

Mr. Bossard may be contacted at 16225 E. 82nd Street North, Owasso,

Oklahoma 74055. Voicemail: 918/497-7330.

**2) Wallace H. Barron** is seeking a position in the area of business management and health care that will allow full utilization of his training in needs assessment and problem solving. He has a solid record in training, motivating, and counselling employees and is able to assess organizational and personal needs.

Mr. Barron may be contacted at 1950 U.C. Blvd., Universal City, TX 78148. Phone: 210/ 659-5974.

**3) Jason Krueger** organized and maintained a hearing conservation program for over 200 military personnel. His goal is to work part-time in south suburban Chicago while going to school. He can be reached at 9014 W. Lori Lane, Orland Park, IL 60462. Phone: 708/ 349-2634.

**4) Diana L. Heagy** is a physical therapy aide trying to secure a position with a reputable medical center in the Baltimore, Maryland area. Ms. Heagy can be reached at 5613 Gunpowder Road, White Marsh, MD 21162. Phone: 410/256-7352.

## OHC Tips

The fact of audiometric testing does nothing to save hearing unless it is followed with an effective intervention. OHCs should be thoroughly familiar with the requirements for follow-up found in the noise standard. These requirements are paraphrased below:

1. If there is an STS, the employee should be informed of this fact *in writing* within 21 days of the time the STS is determined.

2. When an STS occurs the employer must take certain steps *unless* a physician determines that the STS is not work-related or aggravated by occupational noise. These steps are:

a. Employees who are not using hearing protectors must be fitted with them, required to use them, and trained in their use and care.

b. Employees already using hearing protectors must be refitted and retrained. Also, they must be provided with protectors that afford greater attenuation if necessary.

c. If additional testing is necessary or if the employer suspects that a medical problem is caused or aggravated by the use of hearing protectors, the employee must be referred to an audiologist or otolaryngologist as appropriate.

d. If there is a medical problem of the ear that is not related to the wearing of hearing protectors, the employee must be informed of the need for an otological examination.

3. If after an employee has been retested there is no longer an STS and if the employee's TWA is less than 90 dB(A), the employee may discontinue wearing hearing protectors. In this case the employee must be informed of the new audiometric interpretation.

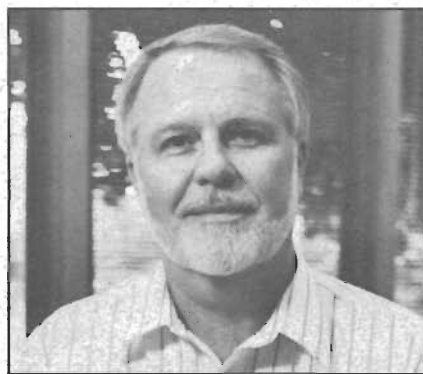
*Reprinted with permission from the Hearing Conservation Manual, 3rd Ed. by Alice Suter, Ph.D., 1993*

## New Council Member appointed to CAOHC

Larry Higdon, MS, CCC-A has been appointed to represent the American Speech-Language-Hearing Association on CAOHC's Council, replacing Rena Glaser. Ms. Glaser leaves the Council after ten years of service—two of which included serving as Chair.

Mr. Higdon is currently the Vice President for Professional Practices in Audiology with Audiolabs/Sound Advice Co. in Austin, Texas. He has been involved with the provision of services related to communication disorders in hospitals, clinics, rehabilitation centers, nursing homes, schools and private physician offices.

He has also provided hearing conservation services to health and safety departments of industry with high noise exposure for employees.



Larry Higdon, MS, CCC-A

Mr. Higdon is currently the president of the Texas Speech-Language-Hearing Foundation and has served as the Executive Director of the South Texas Speech, Hearing and Language Center in Corpus Christi, Texas.



# CAOHC Calls for Modification of Hearing Protection Device Labeling

CAOHC's Council has reviewed and supports the recommendations from the National Hearing Conservation Association's (NHCA) Task Force on Hearing Protectiveness. CAOHC has sent the enclosed letter to the Environmental Protection Agency as a formal recommendation endorsed by the Council:

The Honorable Carol M. Browner  
Administrator, U.S. EPA  
Washington, DC 20460

Dear Administrator Browner:

The Council for Accreditation in Occupational Hearing Conservation (CAOHC) strongly supports the National Hearing Conservation Association's (NHCA) recent request to review and revise the hearing protection device labeling regulations, 40 C.F.R. Part 211.

CAOHC is a certifying body that was created to fill the OSHA need for guidelines and standards in the occupational hearing field. In the 1970s, the National Institute for Occupational Safety and Health (NIOSH) contacted CAOHC for input when the noise proposal was being promulgated.

CAOHC's Council recently voted to adopt the recommendation of the NHCA Task Force regarding the HPD labeling. CAOHC concurs with the recommendation that the primary label would have a new single number rating, Noise Reduction Rating (Subject Fit)

that would replace the present Noise Reduction Rating (NRR).

In addition, CAOHC also agrees that a secondary label be required. This secondary label would contain instructions for use that would be specific to each product. This secondary label would also include information that explains how to use the Noise Reduction Rating (Subject Fit), the applicability of noise-reduction estimates, how to estimate noise reduction for individual users and impulse noise. In addition, this secondary label would inform users how to obtain additional information from NIOSH and or the EPA.

The other recommendations of the NHCA Task Force required that testing of hearing protector attenuation be conducted only in laboratories accredited by the Department of Commerce's National Voluntary Laboratory Accreditation Program and that mandatory product retesting occur at least every ten years but not more often than every five years. CAOHC concurs with these recommendations as well.

In our collective professional opinion, current labeling requirements have the following deficiencies:

- The test method called for in the current regulation results in fitting HPDs in ways that seldom, if ever, occur in the workplace.

- In addition to the inability to predict absolute levels of protection for the labeled values as detailed in the preceding item, summary data from numerous studies indicate that the labeled values

are also poor predictors of the relative performance of one HPD vs. another.

- The information on the combined primary and secondary labels can be misleading because it focuses too much attention on the noise reduction of the products, to the exclusion of numerous other factors that must be considered when selecting or assigning HPDs.

- There is no provision in the current regulation for retesting of HPDs on a recurring basis.

- The lack of requirement for some type of quality assessment or accreditation of the test laboratories that provide the data.

CAOHC is dedicated to providing guidance to industry and those serving the industry regarding methods of assuring occupational hearing conservation. With that dedication in mind, we urge you to review the recommendations of the NHCA Hearing Protector Effectiveness Task Force and to propose updated HPD labeling regulations in a timely manner.

Sincerely,  
Jeffrey C. Morrill, MS  
CAOHC Chair

If you, the reader, would like additional information on the above OR if you'd like to review NHCA's task force recommendations, please contact the CAOHC office at 414/276-5338.

## Haynes Named Executive Director of CAOHC

Janet L. Haynes has been named Executive Director of the Council for Accreditation in Occupational Hearing Conservation (CAOHC).

As Executive Director, Haynes will be responsible for CAOHC's workshop planning and management, public relations, and long-range strategy.

Prior to her appointment, Haynes served as the Director of Administration



Janet Haynes, Executive Director

for the American College of Legal Medicine (ACLM) and received the 1995 ACLM President's Award for distinguished service.

Ms. Haynes has also worked in radio and cable advertising. The appointment as Executive Director is effective immediately. Please know that Ms. Haynes is available to discuss any of your concerns about CAOHC.

## The last line of defense

*(Chair's Msg: continued from page 2)*

The hearing conservation program is the *last line of defense* for the employee (and the employer) in preventing hearing loss. The OHC must find ways to communicate the benefits of a prevention program to management in such a way that its value is evident:

- Improved productivity through better communication
- Reduced employee stress and fatigue
- A safer work environment
- Reduced risk of worker's compensation claims and OSHA citations

If this is done effectively, management will appreciate your efforts and probably view the appeal from a pure business standpoint. Success will follow.

After more than 25 years of experience in the field of hearing conservation, I

have a profound appreciation for the problems faced by the OHC and their management in achieving an effective hearing conservation program. However, given the devastating economic effects and human suffering that hearing loss causes, we all must strive to find creative ways to maintain enthusiasm and commitment to manage this pervasive problem. At CAOHC, we know that you are the *last line of defense* and the Council is working hard to develop innovative tools to help the OHC. Your suggestions will be greatly appreciated.

*Jeff Morrill serves as Chair of CAOHC representing the American Industrial Hygiene Association. He is currently CEO and Chairman of IMPACT Health Services, Inc. in Kansas City, Missouri.*

### New Service Now Available to OHCs

*CAOHC has a new home page on the World Wide Web. Among other things, OHCs will now have access to dates for upcoming occupational hearing courses in their area. OHCs will also have access to "Ten Good Reasons to Become CAOHC Certified." The address:*

<http://execpc.com/~edi/caohc.html>

## New Executive Committee Named to CAOHC

CAOHC's Council introduced its new executive committee at the October 24 Council Meeting at the Crown Sterling Suites in Bloomington, Minnesota. Jeffrey C. Morrill, MS will serve as Chair from 1996 through 1998. Mr. Morrill is a representative of the American Industrial Hygiene Association. Susan Cooper Megerson, MA, CCC-A, representative of the American Speech-Language-Hearing Association, will serve as Vice Chair and Richard W. Danielson, Ph.D., representative of the Military Audiology Association, will serve as Secretary/Treasurer.

The Council also recognized outgoing Council Member Rena Glaser, MA, CCC-A with a commemorative plaque for her dedicated service to the Council. Ms. Glaser retires from the Council after ten years of service.

The Council met in Bloomington for the Fall Course Director Workshop and Council Meeting. This year the Council also met for a two-day long-range strategic planning session with facilitator Kermit Eide from Tecker Consultants, Inc.

CAOHC's Executive Committee met again in late November to discuss the



*Outgoing Chair Barbara Panhorst (right) passes the gavel to incoming Chair Jeffrey C. Morrill at the October Council Meeting in Bloomington, Minnesota.*

most effective way to implement ideas that surfaced from the planning session.

The Course Director Workshop was held on October 23 and attracted new and recertifying course directors from around the country.

The Council concluded its meeting with the agreement that CAOHC will be an affiliate of the National Hearing Conservation Association Conference in

February 1996 at the Grand Hyatt on Union Square in San Francisco, California.

A Course Director Workshop and a Wine & Cheese Reception will be held in conjunction with NHCA's meeting on February 20, 1996. Call the CAOHC office for more information or to receive a Course Director application for the February workshop.

# Helping Patients Cope with Tinnitus

By Robert Trace

For most of the approximately 50 million persons in the United States with tinnitus, the disorder is a mild, periodic distraction.

For a small minority who have severe tinnitus, however, an inability to cope with the ongoing ringing sensation or other unwanted types of noise or sound in their ears may lead to severe stress, depression, anxiety, and occasionally, thoughts of suicide.

To help these patients cope with their tinnitus, mental health professionals and audiologists should collaborate to assess potential psychological problems early on and provide important disability counseling, said Maurice H. Miller, Ph.D., CCC-A, professor of audiology at New York University in New York City.

Approximately 5 percent to 10 percent of all persons with tinnitus—which is caused by an impairment anywhere along the auditory pathway—have such severe symptoms that their ability to perform daily life activities is significantly hindered, noted Dr. Miller, who is chief audiological consultant and chairman of the Committee on Communicative Disorders with the New York City Department of Health.

Consequently, a psychologist, psychiatrist, or social worker trained in helping patients cope with their disability should be an integral member of the interdisciplinary treatment team.

"These professionals have access to a whole battery of tests that can help us identify patients experiencing depression, severe stress, anxiety and other emotional problems," Dr. Miller said. "They can quickly determine if a patient is struggling to cope with his or her tinnitus and suggest the next step in the comprehensive process."

The Tinnitus Questionnaire, Subjective Tinnitus Severity Scale, Tinnitus Reaction Questionnaire, Tinnitus Handicap Questionnaire, and Tinnitus Severity Scale were designed by various mental health professionals to measure the stress, depression and anxiety associated with tinnitus.

"We audiologists need to understand how these indexes work and use them with the psychologist to identify and treat coping problems in patients," he said.

In addition, these indexes or similar tinnitus questionnaires should be available to health professionals who often see the patient first, including the family practitioner, internists and/or neurologists, who can immediately refer the patient for counseling if indicated, Dr. Miller observed.

Patients with severe tinnitus present a wide range of emotional responses to the disorder. Some individuals experience

---

*"Approximately 5 to 10 percent of all persons with tinnitus—which is caused by an impairment anywhere along the auditory pathway—have such severe symptoms that their ability to perform daily life activities is significantly hindered."*

---

mild, periodic bouts of depression, explained Dr. Miller, while others may exhibit actual schizoid features and character disturbances.

Audiologists can observe various behaviors in patients struggling with the stress of their tinnitus, reported Richard Nodar, Ph.D., CCC-A, senior staff audiologist in the Department of Otolaryngology and Communicative Disorders at the Cleveland Clinic in Cleveland, Ohio.

Patients who approach an audiologist claiming they cannot perform their duties at work or school the way they used to or who have trouble sleeping at night because of their tinnitus are experiencing considerable stress, he said.

Once in the audiologist's office, many patients with disabling tinnitus will wring

their hands nervously, cry and/or constantly look over their shoulder.

"Their tinnitus is so bad that they keep thinking they hear a sound from somewhere in the room," said Dr. Nodar, who will coordinate a new tinnitus treatment center at the Cleveland Clinic when the center opens later this year.

He has encountered patients so severely impaired by their tinnitus that they considered taking their own life.

For example, one young woman came to his office feeling very depressed, and said she was contemplating suicide. Her tinnitus was so severe that she was unable to concentrate, sleep or socialize. As a result, her family evicted her from the house, she lost her job, and her fiance broke off their engagement.

"In this case the young woman and I both agreed after some discussion that she didn't really want to commit suicide because she came looking for help," he said. "Nevertheless, we need to take the intentions of these patients seriously because they are at their wit's end."

The woman turned to biofeedback and chemical therapy to relieve her tinnitus, but these approaches resulted in little or no relief. Eventually a friend referred her to an acupuncturist. After undergoing the procedure, the young woman returned to Dr. Nodar and announced she was cured of her tinnitus.

"I was suspicious about her claim and asked her what happened," he recalled. "She told me that the acupuncture was so painful that it made her tinnitus seem not so bad!"

In all cases, however, audiologists should take to heart patients' complaints about their inability to cope with their tinnitus.

"They can be very depressed, vulnerable and willing to try just about anything, including surgery," he said. "Audiologists and other healthcare professionals should be very careful in referring patients with tinnitus to specialists who believe and claim they can 'cure' tinnitus. There is no real cure-all, but we can and should guide them to

(Continued on page 7)



## Upcoming OHC Certification and Recertification Courses\*

Approved December 1, 1995

Date	City	Course Director	Phone Number	Date	City	Course Director	Phone Number
<b>January 1996</b>				<b>February 1996 (continued)</b>			
1/3	Jonesboro, AR	Jane Boyd Prince	501/972-1166	2/26	Baltimore, MD	Rebecca Moreland	410/467-1040
1/5	Knoxville, TN	Charles Ferrell	615/974-5453	2/28	Euclid, OH	Carol Snyderwine	216/692-7466
1/10	Charleston, WV	Gary Harris	304/766-6555	<b>March 1996</b>			
1/10	Brookfield, WI	Edward Korabic	414/547-2227	3/4	Walnut Creek, CA	Chas. Fankhauser	707/746-6334
1/12	Poughkeepsie, NY	Jerrold Galleher	914/431-8296	3/11	Lexington, KY	William Green	606/323-5840
1/15	Westmont, IL	Natalie Stukas	708/530-2546	3/11	Westmont, IL	Natalie Stukas	708/530-2546
1/17	Toledo, OH	Herbert Greenberg	419/885-3848	3/12	Kansas City, MO	Brian Hill	816/471-3900
1/17	Baton Rouge, LA	Jane Prince	713/869-6664	3/13	Cleveland, OH	William Wolfe	770/475-2055
1/24	Towson, MD	Rebecca Moorland	410/467-1040	3/20	Toledo, OH	Herbert Greenberg	419/885-3848
1/24	Dallas, TX	Dean Harris	303/586-0702	3/20	Dallas, TX	Dean Harris	303/586-0702
<b>February 1996</b>				3/21	Pittsburgh, PA	Roger Angelelli	412/831-0430
2/2	Beaufort, SC	Carol F. Gischia	803/525-2528	3/27	Shelton, CT	Phyllis Sochrin	203/735-4327
2/6	St. Louis, MO	Linda Goldstein	314/968-4710	<b>April 1996</b>			
2/6	Indianapolis, IN	Allan Gross	317/841-1065	4/3	Brookfield, WI	Meredy Hase	414/547-2227
2/13	Dallas, TX	Brian Hill	816/471-3900	4/9	Lancaster, PA	Brian Hill	816/471-3900
2/14	Atlanta, GA	William Wolfe	770/475-2055	4/16	Indianapolis, IN	Allan Gross	317/841-1065
2/14	Moraine, OH	Chris Pavlakos	410/467-1040	4/17	Toledo, OH	Herbert Greenberg	419/885-3848
2/21	Toledo, OH	Herbert Greenberg	419/885-3848	* The listed dates indicate day one of the scheduled classes; certification courses are 20 hours in length; recertification classes are 8 hours.			
2/21	Omaha, NE	Thomas Norris	402/391-3982				
2/26	Portland, OR	Rodney Atack	503/228-6479				

## How to Cope with Tinnitus

*(Continued from page 6)*

the most effective and non-invasive intervention for them."

Many patients experience relief just by being fitted with a hearing aid, stated psychologist Jack Vernon, Ph.D., director of the Oregon Hearing Research Center at Oregon Health Science University in Portland.

According to Dr. Vernon, nearly 90 percent of all patients with tinnitus have a correlating hearing loss.

"The aid offers a type of masking effect in that it improves their ability to hear, which tends to block out the ringing sound and psychologically gets their mind off the tinnitus," he explained. "Tinnitus maskers are also very effective, non-invasive ways to eliminate the tinnitus."

Psychological problems arise from not being able to control the tinnitus, Dr. Vernon said. "Once we can control the tinnitus better, the stress and anxiety usually go away."

However, some patients experience no relief from available interventions.

Without proper counseling, they may begin harboring suicidal thoughts, noted Dr. Miller.

One former patient, a 39-year-old machinist, had severe bilateral tinnitus for several years and was unable to obtain significant benefits from hearing aids and tinnitus maskers. He refused psychological counseling to help him cope with the stress in his life.

"Here was an instance where the patient needed to be persuaded about the benefits of counseling intervention and how reducing the stress and anxiety could at least lessen the tinnitus," he said.

While these cases are very rare, Dr. Nodar said, "woe be to the professional who misses one. I would rather err on the side of safety by referring someone for counseling who may not need it than ignore a patient who does."

"Seventy percent of tinnitus patients don't need intensive psychological intervention," Dr. Vernon said, "but having a trained (mental health) professional available for counseling can be one of the most important factors influencing how patients with severe tinnitus respond to treatment."

He is aware of six suicide cases involving patients with chronic, severe tinnitus who were not able to cope with the stress of the disorder.

"Suicide is not a way out. It is a long-term solution to a short-term problem," he said. "Unfortunately, most of these patients just couldn't see that with the appropriate combination of treatment, counseling and support, they could find at least a bit more relief."

He often tells patients who are troubled by their tinnitus, "Wouldn't you feel like a fool if you seriously thought about suicide and the next week a cure was found?"

**For more information:**

**Maurice Miller, Ph.D.,** New York University Audiology, 239 Greene Street, #637 E, New York, NY 10003; (212) 998-5260.

**Richard Nolar, Ph.D.,** Cleveland Clinic, 9500 Euclid Ave, Cleveland, OH 44195; (216) 444-6693.

**Jack Vernon, Ph.D.,** Oregon Health Sciences University, 3515 Veterans Hospital Rd., Portland, OR 97201; (503) 494-8032.

*Reprinted with permission from ADVANCE for Speech-Language Pathologists & Audiologists; July 31, 1995.*

## Council Members & Their Represented Organizations

### Chair

#### *American Industrial Hygiene Association*

Jeffrey C. Morrill, MS (1997)  
IMPACT Health Services, Inc.  
920 Main Street, Suite 700  
Kansas City, MO 64105-2008  
Office: (816) 471-3900

### Vice Chair

#### *American Speech-Language-Hearing Association*

Susan Cooper Megerson, MA, CCC-A (1996)  
IMPACT Health Services, Inc.  
920 Main Street, Suite 700  
Kansas City, MO 64105-2008  
Office: (816) 471-3900

### Secretary-Treasurer

#### *Military Audiology Association*

Richard W. Danielson, Ph.D. (1998)  
Walter Reed Army Medical Center  
HSHL-5ES  
Washington, D.C. 20307-5001  
(202) 576-2413

### Immediate Past Chair (Ex Officio)

#### *American Association of Occupational Health Nurses*

Barbara Panhorst, EdD, RN, COHN (1998)  
220 Whittlin Way  
Taylors, S.C. 29687

#### *American Speech-Language-Hearing Association*

Larry Higdon, MS, CCC-A  
Audiolabs/Sound Advice Co.  
P.O. Box 161073  
Austin, TX 78718  
Office: (512) 266-7477

#### *American Academy of Otolaryngology - Head & Neck Surgery*

Robert A. Dobie, MD (1999)  
University of Texas Health Science Center  
Department of Otolaryngology  
- Head & Neck Surgery  
7703 Floyd Curl Drive  
San Antonio, TX 78284-7777  
Office: (210) 567-5655

#### *American Academy of Otolaryngology - Head & Neck Surgery*

J. David Osguthorpe, M.D. (1998)  
Medical University of South Carolina  
Department of Otolaryngology  
171 Ashley Avenue  
Charleston, S.C. 29425-0001  
(803) 792-3531

#### *American Association of Occupational Health Nurses*

Nancy A. Craft, RN, COHN (1996)  
Navy Environmental Health Center  
2510 Walmer Avenue  
Norfolk, VA 23517-2617  
(804) 444-7575 x242

#### *American College of Occupational & Environmental Medicine*

Michael G. Houthouser, MD, MPH (1997)  
G.E. Plastics, Medical Department  
One Plastics Avenue  
Pittsfield, MA 01201-3697  
(413) 448-4929

#### *American College of Occupational & Environmental Medicine*

Alex F. Sanchez, Jr., M.D. (1998)  
Director of Occupational Medicine  
Nalle Clinic  
1918 Randolph Road  
Charlotte, N.C. 28207  
Office: (704) 342-8231

#### *American Industrial Hygiene Association*

Dennis Driscoll, MS, PE (1997)  
Associates in Acoustics, Inc.  
718 Aspen Place  
Evergreen, CO 80439  
Office: (303) 670-9270

#### *Military Audiology Association*

William H. Monk, MA, CCC-A (1997)  
Bio-Acoustics Division HSHB-MO-F  
OHMIS Management Office #570  
Aberdeen Proving Ground, MD 21010  
Office: (410) 671-2926

#### *National Safety Council*

Eva Barnard, RN, BA, COHN (1996)  
Morovic & Associates  
1401 W. 76th Street, Suite 400  
Richfield, MN 55423  
Office: (612) 861-3608

#### *National Safety Council*

Jill Niland, CIH, CSP (1998)  
National Safety Council  
1121 Spring Lake Drive  
Itasca, IL 60143-3201  
(708) 775-2226



Council for Accreditation in Occupational Hearing Conservation  
511 East Wells Street, Milwaukee, WI 53102  
Ph. 414/226-9338 Fax: 414/276-3349

BULK RATE  
U.S. POSTAGE  
PAID  
MILWAUKEE, WI  
PERMIT NO. 5438