

DIVISION OF MENTAL HEALTH SERVICES
Administrative Bulletin Transmittal Memorandum

March 13, 1997

Subject: Administrative Bulletin 5:08
Audiological Screening - Policy and Procedure

This Administrative Bulletin is being forwarded for your review, action if necessary, distribution to staff as appropriate, and retention in your Administrative Bulletin manual. Please be advised that each recipient of this Bulletin is responsible for being familiar with its content and ensuring that all affected Department personnel adhere to it.


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Director

AGK:bf/m:ab

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 5:08

Effective Date: 8/23/82
Revised: 4/9/97

SUBJECT: Audiological Screening - Policy and Procedure

I. Purpose

To provide the administrative and clinical procedures to assure that each client receives appropriate audiological screening and remediation, as required, to assure reasonable communication between the mental health client and the service provider.

II. Policy

It is the policy of the Division of Mental Health Services to assure all clients equal access to all appropriate mental health services that their level of mental illness requires. Further, that audiological screening be provided to assure that a client's hearing impairment would not unreasonably negate the client from receiving the mental health treatment services they require.

III. Authority

N.J.S.A. 30:4-24.1

This policy is not intended to supersede N.J.S.A. 18A:4-15, 18A:40-4, the Audiometric Screening required by the New Jersey Administrative Code, Title 6, Education. If this statute is in effect, it is to be followed in place of the present one.

IV. Scope

This policy applies in all instances to clients being admitted to and residing at State psychiatric hospitals as specified in N.J.S.A. 30:4-160.

State Psychiatric Hospitals

1. Greystone Park Psychiatric Hospital
2. Trenton Psychiatric Hospital
3. Marlboro Psychiatric Hospital
4. Ancora Psychiatric Hospital
5. The Forensic Psychiatric Hospital
6. The Senator Garrett W. Hagedorn Gero-Psychiatric Hospital
7. Arthur Brisbane Child Treatment Center

V. Definitions

Hard of Hearing - Hearing impaired persons who are able to utilize their residual hearing through amplification to such a degree that they are able to carry on normal oral communication with a minimum of difficulty.

Hearing Impairment (Hearing Impaired) - These terms are meant to include every person who has a hearing problem, whether deaf or hard of hearing.

Deafness (Deaf) - A condition in which the residual hearing, if any, is not usable; perceivable sounds have no meaning to the individual.

Otologist - A medical specialist in the science of the ear and its diseases.

Audiologist - A specialist trained in the science of hearing that includes the treatment and rehabilitation of persons with impaired hearing.

Regional Resource Center (RRC) - State funded community agencies responsible to provide accommodated services for mental health clients who are deaf and consultation and education on treatment of mental health clients who are deaf to provider agencies.

VI. Procedures

The service delivery system of the Division of Mental Health Services is based upon the philosophies and concepts of Normalization, Advocacy, Client Levels of Functioning, and Unified Services. Thus each individual is viewed from a holistic perspective which encompasses a person's physical, emotional, and sociological behaviors, differences and assets. The quality and effectiveness of the services are in large part dependent upon the communication between the mental health clients and the service providers. The Division recognizes that this communication is essential at each point of the mental health delivery continuum. The initial contact phase in the mental health service system is particularly crucial in order that the optimum possible evaluation, treatment and service processes be available for the client and also clear to the providers. The ability to obtain and to communicate relevant information via the most appropriate and objective methods within a humanistic context promotes a therapeutically sound approach to treatment.

The Division of Mental Health Services offers mental health services to citizens of the State of New Jersey. This commitment includes persons who are hearing impaired, meaning both deaf and hard of hearing persons.

The Division recognizes the importance of obtaining accurate information regarding an individual's communication mode as soon

as possible. One of the most significant deterrents to communication between clients and services providers can be one of linguistics. This may be due to difficulties in hearing and/or understanding spoken or written language as a result of a hearing impairment. Therefore, it is essential that a client's hearing impairment be detected and evaluated before mental health services beyond immediate emergency interventions, are planned for the client. In addition, psychiatric diagnosis shall be limited to urgent and/or emergency interventions until a suspected hearing loss is properly evaluated and reasonably accommodated. The following are the Procedures for Hearing Screening and Evaluation for each person seeking mental health services.

Hearing Screening and Evaluation occurs in a three-step process: Assessment to Determine the Need for Hearing Screening; Hearing Screening; and Referral to Otologist.

The Assessment to Determine the Need for Hearing Screening shall be conducted with all clients as part of both the screening and admission processes.

When positive indication of a potential hearing loss are uncovered in the assessment process, the client shall be scheduled for a Hearing Screening.

The clients who fail the Hearing Screening shall be referred via the treating physician to an Otologist.

A. Step I - Assessment to Determine the Need for Hearing Screening

Staff responsible for screening, admission and intake at the State Psychiatric Hospital shall determine whether a client has a need for hearing screening.

In order to make this determination, staff will:

- a) Review information obtained from or about the client which suggests the possibility of a hearing loss. This information may include but is not limited to the following:
 - Inspecting driver's license card, with client's consent, for a "04" restriction code which indicates "hard of hearing";
 - The client is observed to wear, or have in his/her possession a hearing aid, deafness identification card or medal;
 - The client is observed to have a cleft lip or visible defect of the outer ear;

- The client reports that he/she has a hearing problem;
 - Others report that the client has worn a hearing aid, has a hearing problem, or that a hearing loss is suspected;
 - The client attended a School for the Deaf or a class for the Hearing Impaired.
- b) Observes client behaviors which suggest the possibility of a hearing loss. The behaviors may include but are not limited to the following:
- 1) RECEPTIVE: problems in reception of spoken language.
 - The client does not understand what is being said when the speaker's mouth is not easily observed by the client.
 - The client focuses on the mouth when attending to the speaker.
 - The client leans forward to hear or may turn his/her head to either side to hear.
 - The client frequently asks or indicates a need for a repetition of what has just been said.
 - The client cups hands over ears or turns his/her head to one side when listening.
 - The client agrees with all statements which are made. This is often accompanied by smiling and affirmative nodding of the head.
 - 2) EXPRESSIVE: features of client's communication efforts.
 - The client uses signs or fingerspelling.
 - The client writes to express ideas or makes it clear that he/she prefers to communicate through writing.
 - The client speaks in an abnormally loud or abnormally soft voice.
 - The client's vocal quality is unusual, for example, the voice is monotonous and lacks inflection.

- The client has a tendency to use a particular ear while talking or listening to electronic devices, e.g. telephone, walkman radio, etc.
- When using spoken language, the client's pronunciation is poor; specific sounds or groups of sounds are omitted or mispronounced, for example, "s" or "t" sounds.

If any of the background information or behavioral characteristics listed in the above or other indications of a hearing problem are found which interfere with reasonable communication between the staff and the client, or if the client is determined to be deaf, the following shall be done:

State Psychiatric Hospital:

If the hearing assessment findings indicate a possible hearing problem, then the client shall be referred for a Step II, Hearing Screening. Such a referral is not necessary if the client has been evaluated by an Otologist or Audiologist within the prior 6 month period. A written report of such evaluation is to be obtained and incorporated into the client's clinical records.

A summary of the above assessment shall be documented as part of the intake/admission process. The referral for Step II, Hearing Screenings must also be documented.

B. Step II - Hearing Screening

A client who has been identified as a result of hearing assessment to be in need of a Hearing Screening shall be scheduled for such screening within three working days of the referral and the screening shall be completed within five working days.

The screening shall be conducted by a person who has completed the course of Hearing Screening offered by the New Jersey Speech - Language - Hearing Association and received a certificate so stating, or has other documented evidence of training in Hearing Screening.

The room in which the hearing screening is conducted should be selected for its quietness. The test environment should

be such that a person with known normal hearing is able to hear 1,000, 2,000, and 3,000 Hz at the screening level of 25 dB.

An audiometer which meets current national standards (ANSI) is to be used for the screening. A screening audiometer is acceptable for this purpose. The vendor for this equipment shall be determined by the Division of Mental Health Services. The audiometer used for screening must be calibrated electronically at least once a year. Such calibration is to be done by the equipment supplier (vendor named by the Division of Mental Health Services) or other company approved by the Division of Mental Health Services. A record of the calibration is to be kept at the office of the company which performs the calibration and a copy is to be retained by the Business Office of the facility in which the audiometer is located.

Each client shall be screened individually at 25dB at the following frequencies: 1,000 Hz, 2,000 Hz and 3,000 Hz. Clients age 65 and older shall be screened individually at 30dB at the same frequencies. Failure at any frequency in either ear constitutes a failure and the client shall be referred to Otological Consultation (Step III).

If the person being screened is not in an emotional state cooperative enough for completion of the Hearing Screening, a note should be made on the Progress Note sheet to explain the reason for the inability to proceed with the Hearing Screening and the anticipated timeframe for its completion. The screening must be completed in a timely fashion in order to be available for incorporation into the Comprehensive Treatment Plan.

Step II shall be documented in the client's record.

C. Step III - Otological Consultation

Persons who fail the Hearing Screening (Step II) must be referred to a Consulting Otologist via the attending physician. If the Otologist determines that no medical/surgical treatment is indicated, the client shall be referred to a Certified Audiologist via the attending physician for a full audiological evaluation with a written report including recommendations for aural rehabilitation. These recommendations shall be utilized in the diagnosis of a client's condition and the development of an appropriate Treatment Plan. If complete data on hearing status is not available at the time that the initial Treatment Plan and/or the Comprehensive Treatment Plan is formulated, the Treatment Plan should be reviewed promptly upon receipt of audiological evaluation.

D. Services for Clients who are Identified to be Deaf or Hard of Hearing

A client who is identified as being deaf or hard of hearing should receive services as specified in DMHS Administrative Bulletin 5:07 - Deaf and Hard of Hearing Clients.

All deaf clients meeting the commitment standard for involuntary hospitalization to a state psychiatric hospital shall be referred to the specialized state-wide inpatient program for the deaf at Greystone Park Psychiatric Hospital. During the process of commitment determination, the community resource center for the deaf, identified by DMHS, shall be contacted and informed of the impending admission.

E. Hospital Operational Procedure

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. The hospital operational procedure shall be approved by the Assistant Division Director responsible for hospital operations and a copy forwarded to the Assistant Director for Quality Improvement and Specialty Services.

3/13/97

Date


Alan G. Kaufman, Director