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REPORTS

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SOME OBSERVATIONS BY FRANK MUSIEK

Dear Editor:

In a recent SSW Reports I noticed a very interesting and worthwhile reminder from Patti Johnstone regarding a patient with multiple sclerosis showing a severe left ear deficit on the SSW competing condition. A couple things are brought to my mind regarding this case. Since multiple sclerosis is a disease of white matter and most of the white matter in the brain is in the subcortical region, which is primarily occupied by the corpus callosum, the chance of having plaques in the trigone area above the lateral ventricals is very high. The incidence of MS plaques in this region is probably higher than any other place in the brain. This would also cause SSW findings that mimic disconnection syndrome which is well known to most people. There could also be a right hemisphere deficit or there could even be a left sided low brainstem or right sided high brainstem deficit to cause the findings that were reported. However, don't exclude the possibility that the corpus callosum has a high likelihood of being involved, causing a "disconnection syndrome". The case is very important because this is an example of an alert audiologist using central tests in a very important way. There are a high proportion of adults who have both diagnosable and undiagnosable central auditory processing deficits that walk in and out of audiologists' offices without anyone providing any insight to the patient as to what might be the problem. This is a poor commentary on the under utilization of central tests with the adult population. Patti Johnstone should be applauded for her alertness and appropriate use of central tests.

Sincerely,
Frank E. Musiek, Professor
Otolaryngology and Neurology
Dartmouth Medical School

Reference

Musiek, F., Gollegly, K., Kibbe, K., and Reeves, A.: Electrophysiologic and behavioral auditory findings in multiple sclerosis. American Journal of Otology, 10:343, 1989.

FRUSTRATED AND DELERIOUS RESPONDS

Dear Ackie:

When I wrote to you about my frustrations with educational personnel who do not appreciate the implications of auditory processing, I was expecting a pile of responses from those who have solved the problem in their own communities. I am surprised that only "A Vociferous Left Hemispherian" responded. But, of course, I must remember that the wheels of progress grind slowly. Other comments would be most welcome, regardless of the point of view. I found AVLH's comments very interesting.

I would like to respond to some of AVLH's comments. First, Mr. B (the speech pathology administrator) is *definetely against* any and all auditory processing testing done by any audiologist anywhere, anyplace, anytime. He adamantly feels that they are of no value whatsoever. I would also like to clarify that the parents *are never told* that the "school people do not know what they are doing".

It is my opinion that students who have auditory processing deficits are often misunderstood by teachers and parents. I know this because of comments I get such as "oh, that explains why he is having trouble and here I thought he was just being lazy". Parents bring children to the ENT physician because the child does not pay attention in class. They are sure he has a hearing loss. The audiologist working with the ENT physician may be the first person to recognize that the child has an auditory processing disorder. If he does not discuss this with the parents and perhaps do an auditory processing evaluation, he is doing the child, parents and teacher a great disservice.

The children I see are those who the school system has not requested an M-Team evaluation. (Yes AVLH, I know what an M-Team evaluation is). Some of my speech pathology friends in the public school system have informed me that they feel that most parents are not aware of the M-Team process and indeed some teachers are not aware of it or it never crosses their mind to refer a child who is having difficulty. They just assume he could do better if he would try harder.

The reports I write are always sent to the child's teachers, counselor, the school speech pathologist, as well as to the parents. Along with this report, are included some general classroom recommendations that are known to help these kids. In the report, the test results are stated and how an auditory processing deficit can impair the child's ability to function in the classroom. Usually, after the school personnel have received my report and discussed it with the parents, some type of remediation is undertaken. AVLH made a valid point when he suggested that I should have more personal contact with the school personnel in addition to the report.

AVLH is also correct when he stated that the auditory processing tests often provide vague results. That is, we do not always know how a particular test relates to a certain educational problem. The SSW is much more specific than most of the tests we use. Because of the many levels of processing and the overlapping of these levels, we can not rely on just one test. However vague, the auditory processing tests are, they do indicate that there is a problem within the processing system. This can help to explain to the teachers and parents why the student is having difficulties when no other reason is apparent. Even though a student may not qualify for special services, an informed and understanding teacher can do some simple things in the classroom that will be of significant help to the child. Another benefit is that once the parents understand the problem, the pressure is off at home.

I disagree with ALVH that we do not have remediation techniques to help these students. It is true that it is very difficult, if not impossible, to remediate short-term memory, distractibility, and attention problems. However, the student can be taught compensatory skills. The student needs to have the understanding of the parents and teachers to accomplish this task. One of the most important concerns is to improve the child's listening environment. Things like preferential seating, an FM system (this is especially good when preferential seating is not quite enough), not being afraid to ask questions, careling, using tape recorders, ear muffs, and ear plugs, and others can be a big help to the child in the classroom. However, before these strategies will be considered, the child must first be identified as having the problem and that he is not just "fooling around or lazy". If there is not something on paper (i.e., results from an auditory processing test) to indicate this, it is very easy for the teacher and parents to assume that the child is not trying. I have heard this so often from parents in an interview prior to an auditory processing evaluation. After it has been demonstrated to them that their child's system is not functioning normally, their attitude changes completely. When this occurs, I definitely feel the CAP test results, no matter how vague, have served an important purpose.

The major problem, as I see it, is that the CAP problems are not identified early enough. When a child has had 4-5 years of failure and frustration and ridicule from uninformed teachers and parents, is it any wonder that he dislikes school and has a poor self image. Once this attitude has been established, it is very difficult to change. It is always better to prevent a problem than try to remediate it after it has occurred. There is no longer any question that many of the educational difficulties that are seen in school are directly related to a history of chronic middle ear problems in early infancy. If we can get the physicians to pay more attention to these problems in early childhood, I am sure that many of the educational difficulties could be prevented or at least lessened. Chronic middle ears may not be the sole factor for the educational difficulties, but we can certainly prevent it from contributing to any other cause. If we cannot cure a problem, we must try to prevent it. If we cannot prevent it, we have to identify it at the earliest possible time.

Dear Ackie, I don't believe we have scratched the surface in understanding our processing systems or the things that can go wrong with them. We need much more research from folks like you. However, I think we know enough to help many children. A CAP evaluation by an audiologist may be the first step in having the child acquire the help he needs in school.

Sincerely, A Little Less Frustrated

ALICE IN WONDERMENT

To A Vociferous Left Hemispherian:

I read your letter in a recent SSW REPORTS in wonder and dispair. While you professionals debate the proper methods and procedures that should be followed to get needed services, the parents of children who should be served are standing by watching their children's potential fading. Let me tell you about my experience with school administrators as well as some of the teachers that they oversee.

Each of my three children is classified as "learning disabled". After years of struggle to get proper services that will help my children, I have come to the sad conclusion that many of the school administrators simply don't care about the individual children that they are paid to serve.

Let me tell you about Daniel. At age 3, because his speech patterns were poor, we enrolled him in a Montessori preschool that had a well respected program for language impaired children. He showed good progress during the year. Next Danny attended kindergarten at the local public school. Shortly after beginning school we were informed that our child would have to repeat kindergarten and that they anticipated a bleak future for him.

Daniel's second year in kindergarten was even more disasterous than the first. We therefore sought information from a speech-language evaluation outside of the school setting. The clinician confirmed that Dan had a severe problem and she felt that he would not be able to learn written language by the traditional teaching methods. She recommended preferrential seating and some specific teaching techniques, but none of the recommendations were ever followed by the school. Not even the preferrential seating (which is harmless enough).

It is interesting to me that the teachers were furious that we dared take our child to a professional outside the school district. One day when I stopped by the school, I found Daniel sitting alone _in the back of the class_. When I asked why the seating recommendation was not being followed, she let me know that the recommendations were "ridiculous and you surely don't expect me to follow them!" She said, "we're going to prove that your son will learn (or not) regardless of where he sits." Oh, if that were only true.

We brought our concern to the principal who let us know that Dan's teacher "really knows her stuff" and anyway, how could we go wrong with "Mrs. Wright" (I'll tell you how). Based on Mrs. Wright's questions I realized that she did not know anything about his problem. She explained that she does not read the file as it could prejudge her (even when the child is doing so poorly in her class?). Thus, she did not benefit from the information about Daniel and the methods that were found to be most successful. To show how sensitive she was to our son's problem, she pointed out that she stuck up for him when the children were so mean to Dan. She told them to stop making fun of him "because there is something wrong with his brain". I felt tears blur my eyes as my husband squeezed my hand. Later he explained that he was afraid that I would rip her eyes out.

We explained our extreme frustration with the school's minimal effort and Daniel's minimal progress. The administrator indicated that he understood our frustration, but "it costs money to put a child in Special Education. Dan is only 7 years old, let's give him a chance, because we don't like to deal with Special Education until a student is in the 5th grade".

A reading specialist told me confidentially that the Committee on Special Education (of which the parents are not active participants) had agreed that Dan has a severe disabilities and were in favor of classifying him as LD. When it came to a vote, the one person who said "no" was the budget director, who explained that he was afraid that this child would cost the district a lot of money. After much discussion the committee decided "tell the parents that Daniel is okay and they'll leave us alone".

We persisted to get an appropriate education for our child. Therefore, the administrators got together and reviewed the recommendations. Their decision was passed along to us by Mrs. Wright. "Your son will be labeled retarded and bussed to a special class."

Until that time I had clung to the idea that the professionals knew best and that somewhere in there was a caring heart. At that moment I knew that the administrators and the others with whom we had dealt, did not care and their major concern was how much it might cost. I'm sure that if it was their child, these same individuals would have come to a very different conclusion.

We were referred by Dan's doctor to the medical director of Buffalo Children's Hospital, where Dan was given an extensive evaluation.

We found that our son was not mentally retarded (as we well knew), but rather had above average intelligence. The diagnosis was "dyslexia". We were advised to move from our school district, that had a poor reputation for providing special services, to the district with the best reputation.

After we moved to the new area we were disappointed again. At least the district was honest enough to tell us that they would have preferred that we did not move to their district because they could not accomodate our child. They said that while they did not have a program that was specifically geared to Daniel's learning style, they would accomodate him as best they could.

It is now 6 years later, Mr. Vocal Left Hemispherian. We have heard many words that were empty, plenty of apologies to be sure, as well as a good deal of dishonesty over this period of time. The sum total of my child's educational experience is sad. I am now involved in legal advocacy in a final attempt to provide Daniel with an opportunity to reach his full potential. But, I must admit that we are weary. Our family has gone through the entire gambit of denial, anger, doubt and helplessness. The school administrators and their lackeys have generally defeated us, frustrated us, humiliated us and intimidated us. If we had enough money we would have sought private education for our children and avoided the problems that we have faced and the minimal gains we have achieved.

We feel that if the school administrators would permit their teachers the opportunity to try new techniques, that many of the children in Special Education would a fighting chance at success. It is sad to say that the school has helped Dan to accomplish so little. Despite this, the recommendations that were made by outside professionals in 1979, 1981, 1984, 1985 and 1989 were never followed.

Dan is now 12 years old and his reading level is 0.0. Why is it that a bright child like my son has not been helped? I know very well that given the proper training that is suitable for dyslexics, that he would be doing so much better, but the district in all its wisdom, continues to ignore the situation as if it (or Daniel) will simply go away. Why don't they encourage (or at least permit) their teachers to try new approaches when their standard ones are obviously not working?

I wonder what would happen if the school administrators walked a few miles in the shoes of the parents of these children. How much better the system would be! And if this is not possible, if they would only imagine the heartbreak of having a bright mind wasted and a life that could be so much richer to be reduced in almost every dimension.

Clearly, the educational rights of many children under Public Law 94-142, which is to "be served by [the schools] providing him with the appropriate education", are being violated. The words are fine but they do not mirror reality. Those who oversee federal, state and school budgets, all too often, refuse to accept their responsibilities for addressing the necessary educational needs of the children. Obviously, not all children are being served.

While the system is becoming more responsive to the valid needs of children, we need all the help we can get from professionals to help us get the proper services. I think that both Frustrated and Delerious and A Vocal Left Hemispherian will agree that not all the children who are in need are being served. Will you work together to help?

Sincerely, Alice Rossi

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