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# REPORTS

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## DON'T FORGET ADULTS

Patti Johnstone

[Editor's note. When central testing arrived on the scene, the application was for purposes of site-of-lesion/dysfunction evaluations. Now days we find most audiologists using central tests for central auditory processing assessments. In fact, I have heard people say, what do the physicians need our tests for site-of-lesion when they have CT scans and such? Central tests are still effective, cost efficient techniques to identify problems "north of the border". The following case is a good example of how an alert audiologist can make a difference.]

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A 47 year old man referred himself for a hearing evaluation. Mr. Z complained of increasing difficulty understanding speech in a noisy background. Recently he took a part-time job at McDonald's, but had difficulty because frequently he was unable to hear or understand the orders that were called to him at the grill. He suspected that he had a hearing impairment.

Mr. Z is a college graduate. Over the past year he noticed increasing difficulty recalling common facts (e.g., his age). He also complained that his speech "gets all tangled" and he "can't get the words out right". His wife was concerned about a spongy lump on the right side of his head, which was reportedly getting larger. She felt that her husband had had some subtle personality changes over the last year. She pointed out during the

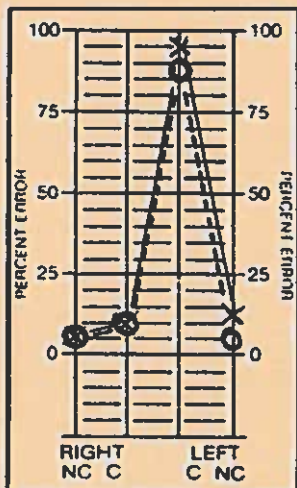
interview, "Well everything has been different since he fell".

Mr. Z fell while at work, injuring his back and hitting his head. The accident took place about one year ago and unfortunately the employer did not carry Worker's Compensation insurance. Mr. Z didn't carry health insurance either. Because of this the neurologist to whom he was referred would not see him. He did not pursue the matter further until the visit to my office.

## EVALUATION

Puretone thresholds revealed normal hearing across the audiometric frequencies, except at 4000 and 6000 Hz in the left ear. The speech averages for the two ears were 13 and 12 dB. The SRTs were consistent with the puretone results. Speech discrimination ability was excellent in the right ear (100%) and good in the left ear (92%).

On the SSW test, Mr. Z had the following CNs: 1 1 19 3 2 19 3 1 and 5 reversals. See Figure 1. No Ear/Order Effect was significant. The C-SSW Condition scores were 5 10 87 4 with 8 and 36 for the two ears. The Total C-SSW score was 22% error. The first consideration was for site-of-lesion. The I was MO (between 16-35), E was MO (21-40) and C was S (46-100). This yielded a Combined TEC of MO, which is suggestive of a possible AR problem (in this case the left ear peak points to the right hemisphere). The 5 reversals are compatible with temporal lobe involvement, just anterior to Heschl's gyrus. In addition,



the poorer WDS in the LE, that is found in R-AR cases, was also noted. Together these suggest a site-of-dysfunction, but do not rule out a commissural pathway problem or a high brainstem disorder on the left.

We can also take another approach to studying the auditory processing capabilities of Mr. Z. The +2 SD points for the four C-SSW Condition norms are 3 4 9 3. Although the SSW-Gram doesn't look too bad except for the LC peak, all four Conditions were significant. Thus, it is not at all surprising that the patient is having considerable difficulty in noise (which is the most common problem associated with abnormal SSW performance).

#### IMPRESSIONS

1. Normal (peripheral) hearing sensitivity except for a mild loss for the high frequencies in the left ear.
2. Severe auditory processing disorder as evidenced by the 87% deficit in the LC Condition, even after correction for discrimination loss.
3. Because of the MD TEC result and the poorer WDS in the left ear, it calls into question the status of the right hemisphere in the AR region as well as other sites. The AR site is compatible with the 5 reversals, as this is usually an anterior temporal sign.

#### RECOMMENDATIONS

Based on the above, Mr. Z was referred for both a physical examination and for a complete neurological. Subsequently, the patient reported that he was diagnosed as having multiple sclerosis. If this is so, we still do not know if they believe it is a brainstem disorder or is MS involving the brain.

In this case my major concern was for the patient's health, and indeed, he did visit a physician and the problem was diagnosed (and hopefully steps were taken to slow the progress of the disease). Consideration should also be given to rehabilitation or management of the auditory difficulties. Environmental controls, auditory training and an augmentative listening device were discussed with the patient to aid him with his listening problem.

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DEAR ACKIE

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Dear Readers:

In the last issue an audiologist wrote in about a young child who was not getting services despite slow progress in school. The central tests seemed to help explain the various problems that Sally was having in school and suggested that CAP difficulties could have an important impact. He was frustrated and delirious when the administrator rejected his report out of hand. The administrator, Mr. Bozo, said that CAP tests are not reliable and they don't tell you anything. Ackie gave F&D some ideas of how she might go about making a friend of an enemy. Ackie recommended that the audiologist use Sally's case to educate the guy.

While the phone calls and comments I received from readers echoed F&D's frustration, 1 letter posed an alternative interpretation. Read on.

Dear Ackie:

I am writing in response to Frustrated & Delirious. I have no sympathy for F&D since he handled the situation so poorly. Also, F&D's chances of "making up" to Mr. Bozo, are about as good as .... It may be that Mr. B is not so much against central auditory testing and the SSW as he is opposed to the methods used to relay the information. If private practitioners wish to make recommendations to schools, they should be very familiar with Federal and State rules and regulations regarding special services.

As an educational audiologist, I am occasionally presented with results and recommendations from "experts" in private practice. The ones who get my attention and receive action are from the Audiologists who took the time to consult me personally by phone or in writing before telling the parent that "school people don't know what they are doing."

At this time the SSW and other tests of CAP function, used by the Audiologist, are not accepted in our State as instruments for determining eligibility for special services. A student referred to me for testing may or may not be eligible for services. However, since I work with the school professionals on a regular basis, I take the information straight to the teachers, speech therapists, and psychologists for planning intervention strategies to help the student succeed regardless of eligibility status.

F&D gave information to the parent to relay back to the school. Parents should not be expected to deliver such an important message to the administration. A lot of hostility may have been avoided if R&D had talked to the school personnel FIRST to find out what is currently being done and what could be considered feasible for the future.

Professionals in the schools work in teams (ever hear of MDT?) and R&F

should have considered talking to the various professionals who determine eligibility. Presenting the explanation of the testing and the recommendations with the support of a school professional would have improved the chances of being accepted by the administration.

Also Ackie, ten lashes with a wet noodle for implying that school districts withhold services to save money!!

One final point. While most of us believe that CAP disorders exist, we are frustrated by the vagueness of the test results (i.e., what's the criterion for speech-in-noise failure?) and the lack of good clear remediation techniques which can be used in the regular classrooms since many of these children do not qualify for special services.

So Dear Ackie, you see there is always another perspective on every issue. Since I am a coward, please sign me,

A vociferous left hemispherian \*\*\*\*

Dear Voci:

I do not consider you a coward at all. You have a perspective and had the courage to write. Thank you for your insights. However, you went too far when you suggested the old wet noodle punishment for Ackie.

1) Ackie abhors violence of any sort, and therefore the only wet noodles that she will deal with are in hot chicken soup.

2) You say that Ackie should be noodled for "...implying that school districts withhold services to save money!!" I'm confused:

a) Do you feel that I should not have implied it, but rather should have come right out and said, "School districts withhold services to save money"?

b) Or, do you feel that their motives in withholding services are due to some other reason. That is, not to cut costs, but rather to build character in the child through adversity?

c) Or, is it possible that you don't believe that systems withhold services to save the almighty buck??

Well, of course they do! Every institution has a budget and when there are pressures someone(s) prioritizes and decides where the money will go (another speech position or give all the children a break and have two outings per year for everyone?).

You do point out that oftentimes children who need services don't qualify for them. Is that because you and your team are not competent to judge? Or, is it that the State regs are purposely restrictive, so that the decision is not left up to their own competent personnel??

In the good old days, when your own Ackie worked in the schools, they took her word for it that a child deserved help. Of course in those days, the caseload for a speech-language person was 85. When they were forced to admit that 85 was too many, they had to decide whether to double the number of specialists or simply to restrict the kinds of cases they could see. Ackie will not mention which option they chose.

Finally, Ackie spoke to a school psychologist who told her, sheepishly, that he had never made a referral to an audiologist in all of his years of experience. When asked why, he said that the school will not permit him to do so. If he indicates that there might be a hearing or CAP problem, then it is possible that the parents will insist that the school pay for the eval. To avoid this potential expense he does not do his job properly. VocI doesn't believe this, so I know one thing for sure, she doesn't live in my state. In yours? \*\*\*

THE USE-MISUSE OF THE SSW TEST  
J. Katz

If asked what is the most common scoring error made by experienced SSW'ers, I would say reversals. Recently, I had a chance to see the following item. What do you think of it?

CORRECT/NOT CORRECT?

17.	snow	foot	foot	ball	(R)
	'	<del>white</del>	2	4	
		3			

Figure 1. Scoring of an SSW item.

Is the item out of sequence? Is there a reversal? The question of sequence becomes more complex when the listener employs the "available word". The AVAILABLE WORD, you say. Yes.

Recall that there was an article titled, "Attractive and Available" in SSW Reports (May, 1984). When a person cannot identify one of the two competing words, but knows that a word was said, they are likely to guess. Fortunately, quite often they will reuse a word that is available to them in the SSW item rather than hitting upon the true word by chance or probability. Let me explain, if this is not a familiar concept.

There are actually three spondees in each SSW item. For example:

1	2		
book	worm		
	bench	mark	
	3	4	

There is of course, book worm and bench mark. But if you have a touch of dyslexia, you can also see book mark. The latter are the available words for the item. A person who misses worm for any reason, but knows that a word was said, might come up with book mark bench mark.

You can see that this was simply a substitution of mark for worm and not an inappropriate sequence. Similarly, if the listener had difficulty with understanding the third word, bench, then he might have responded: book worm book mark. Again, there was no change in the sequence, only a substitution using the available word.

When there is a substitution using the available word, then there is a repetition of that word. This sometimes creates a problem because no one knows which of the two was the real (correct) word and which is the substitution. For example, in Figure 1, which of the two did the listener actually hear?

The SSW test has guidelines to help you avoid problems and encourage consistency. For this purpose we have fool-proof rules that should be followed. Don't renumber unless you have to. If you have the newest SSW Workshop Manual (1987), please note page D-2.

B. After the errors are scored, consideration should be given to the sequence of the response.

C. If the words on the SSW form are the same, when read left to right, as the individual's response, then no further notations should be made. The following responses to item #1 are not out of sequence:

1. out side in law
2. out side - law
3. out side out law\*
4. out law in law\*
5. - - in law

\* substitutions of out for in and law for side.

D. If a word(s) is out of sequence, numbers 1, 2 etc. should be shown below the words to indicate the sequence.

When we read the response as given by the listener in Figure 1, it is the same as shown below in Figure 2, we see that no numbers are needed. The person said snow ball foot ball, and this is read properly from left to right and not reversed.

		foot			
17.	snow	<del>white</del>	foot	ball	R

Figure 2. Proper scoring of the item.

Because of the potential scoring problem when the available word is used, it is well to be especially careful on these items. The chances are that there is NO REVERSAL.

\* \* \* \* \*

AUGUST 1960 - AUGUST 1990

Jack Katz

It is amazing that another 5 years of the SSW has passed. The test was devised 30 (thirty) years ago. Are there any subscribers to the SSW Reports who are under 30 years of age? If so, please send in your name, address and true birth-date and I will send you a gift. No joke.

You may remember, the idea of the SSW came to me in a flash (sitting on a broken-down couch outside the Audiology suite in the old, old Mercy Hospital of Pittsburgh).

Dr. Joe Cipicic, the ENT with whom I was talking about central testing, has long since left teflon injections of the palate. Rather he decided that it would be more profitable, or a greater contribution to society to perform teflon breast implants. Perhaps this is why, when I asked him if he was interested in pursuing the idea of a central auditory test, he declined. \*\*\*\*\*



## SOFTWARE

**SSW C\*I'R.** By Jack Katz, Eddy Yeung, and Larry Medwetsky. JIMM Company, 113 Kaymar Drive, Amherst, NY 14228. Hardware: IBM PC compatible or one of the Apple II series, 256K RAM. Cost: \$225. Reviewed by Daniel El Sellers, associate professor of audiology. University of South Alabama, Mobile.

### Description

The SSW C\*I'R program provides for "Calculations," "Interpretations," and "Recommendations" from SSW (Staggered Spondaic Word) test results. The program calculates the R-SSW and C-SSW Condition scores, Ear Effects, Order Effect, Type A and Type B patterns, and reversals. It provides the appropriate age norms for the client and notes the aspects of the test that are out of normal range and that are significant. Specific recommendations for management of the specific problem is available and may be printed out for a hard copy to be used in report writing or for providing information for parents or teachers.

The program consists of a manual, one floppy disk, an overview and data entry sheet, and a user response sheet. The manual states the assumptions for the SSW test results in order for the program to be considered valid.

### Critique

This is an excellent program for users of the SSW. Although the calculation of the test results feature is somewhat time saving, the real value of the program is in the information and recommendations sections. The reviewer used the program extensively for clients seen for central auditory processing tests and reviewed previous files. The program proved to be complete in the information and recommendations.

For clinicians just beginning to use the SSW, this program would be particularly helpful. However, it is *not* recommended by this reviewer as a replacement for training in the use of the SSW. Academic course work or a workshop in the SSW and central auditory processing disorders should be a prerequisite for using the program. Seasoned users of the SSW will find the program valuable because of the availability of the information. The only negative aspect of the program is its copy protection and the provision of only one disk. The authors state that no collect phone calls will be accepted but no phone number is given for advice. Technical help for the program is available only by writing to JIMM Co.

### Summary of Ratings

**Program Description:** Good. The information and recommendations provide extensive help in interpreting the SSW.

**Program Effectiveness:** Excellent. Information concerning the program's use and application are well documented in the manual.

**User Friendliness:** Good. The program is easy to run and except for the initial data entry screen, errors are easily managed.

**Support/Documentation:** Poor. The documentation is good but the lack of a phone number for program help along with the copy protection and lack of a backup disk are poor. The authors request that help be obtained by writing the company.

**Overall Rating:** Good to Excellent. This program would be very valuable for the clinician involved in extensive use of the SSW.

**Editor's Note:** The publisher's current policy is to provide a backup copy for \$35. Also, phone support is now available at (716) 636-3400.