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## SSW AND STAGGERED DIGIT TEST RESULTS IN LEARNING DISABLED CHILDREN

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When the SSW was described by Katz, (1962, 1968), its use as a diagnostic tool in site-of-lesion testing was just beginning. Presently, the clinical data is supportive of the use of the test for this purpose.

One attribute of the test is that the staggered format provides the examiner with the ability to operationally describe a subject's auditory behavior. The different ways in which the subject responds to non-competing and competing items can be documented and communicated to other professionals. This has special significance when testing learning disabled children where the attempt is to describe the various processing abilities for the auditory stimuli. Therefore, in addition to comparing the scores to established age related norms, statements can be made concerning how these children process auditory information.

Although a number of investigators (Ayres, 1977; Koomar and Cermak, 1981) have looked at dichotic listening performance in LD children using competing CVs and digits, the attempt was to establish hemispheric specialization and lateralization. Furthermore, results across dichotic listening studies with LD children have been inconsistent using various stimuli.

Some studies show left ear advantages (Sommers and Taylor, 1972), others, right ear advantages and/or no ear advantage (Satz et al., 1975). Again, it seems that a fruitful approach is to analyze patterns of processing auditory stimuli for individual LD children as well as to categorize the quantitative results (Lucker, 1981).

For the past few years, I have been administering a staggered dichotic digit test along with SSW as part of a larger battery in order to evaluate patterns of performance on the two tasks. Because the comparison of non-competing and competing items appears helpful in describing auditory behavior, I constructed the digit test by substituting the four monosyllables (comprising the the two spondees of the SSW) with four numbers chosen from one to ten excluding seven. Other than using numbers, the test format is the same as the SSW in other respects. The numbers, however, were digitized by computer and edited so that each number was of equal duration (480 milliseconds). Also, the onsets of the overlapping pairs were simultaneous, ±1 millisecond, based on the first non-zero deviation of the waveforms. Table 1 shows the SSW results obtained on 45 normal right-handed children (15 in each age group--11, 9, and 7). Table 2 shows the performance of the same children on the staggered dichotic digit test (SDD).

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ure you that those foreign
ures were certainly over-
Ha, that little shack, a
Never.

et me try to answer an SSW
on, just try me Just. Ah,
nt to know if the 2 sample
on page 5 should be eval-
by the new, proposed adult
ndards (see last issue) or
968 categories. Just give
moment to think, Just. Okay,
Carlson do not tell us if
is brain damaged, but even
e is, the question is not--
is the lesion? Rather, 1)
ere an AP problem, 2) what
ations are involved and can
pply this information to
st remedial approaches?

Is D.O. abnormal? Here are her Condition scores, followed by (the '83 norms [Katz]) from the last issue: 18 (4), 42 (5), 45 (9) and 5 (3). Obviously, these are abnormal scores by any standard (although LNC would have been normal by the '68 categories. The LC Condition is 11 SDs above the normal mean and RC is even more extreme.

Is the other case A.N. normal? Yes, by any standard, whether by the '68 categories, or the +2 SD/ +1 SD statistical norm of '83.

Now that Ackie's back in town, let's have your questions.

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