

SSW REPORTS

Final Issue

February 22, 2016

Dear Friends and Colleagues,

This is a special issue of SSW Reports, unlike any before. It recaps 37 years of the SSW Newsletter and SSW Reports. It also provides a view of what we have planned for the future.

This early attempt to keep audiologists in the loop began in 1978. Both CAP and the SSW were youngsters then. We have tried to keep our eye on the ball and move forward in fulfilling our responsibility to those we serve. From what we see now there is a calming of the senseless animosity regarding auditory processing. In addition, even the unnecessary friction among CAP professionals seems to be smoother as well. This makes the horizon before us much brighter and even more satisfying.

In a more democratic and freer environment, that seems to be ahead of us, it calls on all of us to take part in aspects of the process that we can. Already I see so many of you pitching in to organize the International Guild of Auditory Processing Specialists, planning the up coming conference and the educational presentations to share your knowledge with your colleagues, as well as attending this open professional experience in Kansas City (April 29 and 30, 2016). Those interested in attending can contact Kavita Kaul kkaul@hotmail.com; Sarah Zlomke " sking@saint-lukes.org or Christa Reeves christa@littlelistenersclinic.com.

Thank you for your interest in SSW Reports and we hope to offer more in the future.

A belated best wishes for 2016,

jack

SSW Reports

Yes, Final Issue of SSW Reports

Vol. 38 No. 1

February 2016

T'was November 1978, the world was different then. The SSW was a teenager and growing in popularity. However, unlike other audiometric tests, you needed more knowledge to use the SSW (especially to use it correctly and most effectively). So it occurred to me that a newsletter would enable audiologists to use it to their best advantage and then they could keep up with the changes as we went along. I got that idea from Bruce Porch's newsletter, for his PICA aphasia test, which like the SSW uses multidimensional scoring.

The first issue of the *SSW Newsletter* came out that month. It was distributed to perhaps 10 audiologists at an SSW Study Group meeting, in Nancy Stecker's hotel room, who were in Chicago for an ASHA convention. In 1983 the name was changed to *SSW Reports* because it contained mostly clinical and research information with occasional news releases. *SSW Reports* has come out every four months for 37 years (and now starting its 38th year) plus a few special issues. They were mailed out to those who subscribed (\$5/yr) until 2013 when we changed over to email delivery so there was no charge. Graduate students at UB helped out by mailing the issues. On the next page you will see page-1 of the first issue. It was before we had personal computers. I hired a typist and as you will immediately notice the figures were hand drawn. Over the years; 5 editors have helped me greatly with *SSW Reports* by lining up contributors, editing, writing articles etc.. They are Kim Tillery, Susan Brandner, Barb Kurpita, Nancy Stecker and Tom Zalewski. Kim also handled the books and sent out previous issues. While visual beauty was never achieved; I think the contents were useful and timely.

All Good Things Must Come to an End

In the modern world we depend so much more on electronic communications and express ourselves in 140 characters or less, instead of in words and sentences. We follow so many people on Facebook and other sites, and have long lists of emails to contend with each day (most of them garbage or wanting you to invest in the Brooklyn Bridge - well that's not a bad investment). Everything is labor and time saving and yet we have less time to spare than before. So *SSW Reports* might have been revolutionary 38 years ago but now it's as though it was from the 20th Century. We need something prettier or at least faster that enables the reader to quickly see if she/he is interested in one or more of the articles. The reader could get a brief summary of the material and then perhaps a more in-depth understanding.

At the present time we are working on such a vehicle for communicating on a variety of CAP topics in each issue. While most of us are audiologists; we recognize the growing numbers of professionals in

SSW NEWSLETTER

Vol. 1 No. 1 Are You Ready? November 1978

A BEGINNING ??

This is the SSW Newsletter - Are you ready? It is a (sample) vehicle for communicating SSW and related information. The Staggered Spondaic Word Test is now 18 years old. It is surprising that this strange little test has come this far with so little direction and communication. This issue is a first attempt at improving the situation.

You might wonder why the SSW test needs a newsletter? After all, there is no Pure-Tone Threshold Newsletter - press the button; SRT Newsletter nor Masking Newsletter. You probably have not read the Rush Hughes Newsletter, the SSI Newsletter nor the Filtered Speech Newsletter (a pity).

There are some good reasons for an SSW newsletter: 1) The test is sufficiently complex in scoring and interpretation; 2) it is used with many populations; 3) it challenges diverse auditory functions so that it reveals information about many parts of the CNS; 4) there is a wealth of clinical and research data available. A newsletter can be a useful means of reinforcing earlier learning, encouraging standardization, bringing new findings to test users and stimulating a deeper understanding of the strengths and weaknesses of the SSW test.

In order for this newsletter to be successful it must be a group effort. Lots of people need to be willing to contribute a little and it has to be of sufficient interest for others to spend the few minutes to read it. I hope you will be willing to share in this give and take.

NEWS

Have you tried writing to Auditec of St. Louis and got your letter back and then found out that there is no phone listed for Auditec? If so, cheer up. Auditec has a new address, has bought a telephone and is under half-new management. Try the following:

Auditec of St. Louis
402 Pasadena Avenue
St. Louis, MO 63119
(314) 9.62-5890

If you have a CES tape without the taped instructions please write to: Jack Katz, 4226 Ridge Lea Road, Buffalo, N.Y. 14226, along with a stamped, self-addressed envelope and he will send you a copy (for reel-to-reel).

FORGIVE MILKMAN

1. Most audiologists don't remember the SSW items too well. Of course you know that "upstairs downtown" is the first one and perhaps you recall that "greenhouse stringbean" is the last. How many full items do you know?

2. My bet is that the next most familiar item is "forgive milkman". It sort of stands out by itself and is the only one containing a verb.

3. One way to distinguish the person experienced in the SSW from the neophyte is to ask what is the peculiar response that you sometimes get to "forgive milkman"?

4. At an ASHA convention, the New Orleans contingent wanted to limit their party guests to present and former residents. Each person was asked 3 questions in order to gain admittance: What is a praline? What is a piro? What is jambalya? We would need only one sponsee to be admitted to an SSW party. The bouncer says "Forgive..." and the audiologist nonchalantly replies "Milkman" of course.

IF YOU SEE SOMEONE WITHOUT
A SMILE
GIVE THEM ONE OF YOURS

Figure 1. Page-one of the first issue of SSW Newsletter/SSW Reports. The present issue is Vol. 38 No. 1.

other fields who would like to contribute their skills to aid those with CAPD. You will be the first to know when the first issue is ready.

Thumbing Through 240 pages of SSW Reports

For the first few years of *SSW Reports* the contents were solely on the SSW test. Starting in 1984 the topics started to branch out to how the SSW helps us plan management and the use of other central tests in addition to the SSW. In 1988 Phonemic Synthesis therapy results appeared in *SSW Reports* (not by me). In fact, so many of those issues were completely or primarily contributed by others. When *Reports* was 10 years old I wondered how many more years it would go on. It turns out 28 more years. Two of the frequent topics in the early days, and beyond, were 'The Use-Misuse of the SSW' and 'Dear Ackie'. We have never learned who Ackie was, but we know that she was a negative, caustic, conceited audiologist who was quite helpful in answering questions (both real and planted).

I would like to interject a personal note. It is perhaps not so surprising that the therapy articles appeared later on. At Syracuse U. my major professor was Louis M. DiCarlo (SLP & Aud.). He drummed into us that when we uncovered a person's problem it was our job to figure out how to improve it. So naturally in 1957 when I tried out my original Phonemic Synthesis test and found so many of the children had great challenges, my job was to help them. There were no concepts such as CAP or Decoding, so I just turned the task around to improve that skill. The results were dramatic, as this was before phonics and I was the first speech & hearing person in that school. But when CAP came on the scene and I saw some of these same problems I tried PS therapy. Later on with some basic skills learned from Harris Winitz (SLP), I developed the Phonemic Training Program (PTP).

Soon after that I had a rather famous audiologist visitor and proudly showed him/her the therapy program in action. Afterwards I asked what the person thought. The response was, "Frankly, I think it's unethical." Gulp. There's more. At an SSW Study Group meeting another audiologist known for her/his CAP work spoke up when we were discussing therapy. The person said that therapy doesn't work. How did they know that? The person had developed a therapy program of some sort and found that it did not work. I suggested that they try some other therapy.

What I Found Most Interesting in the SSW Reports

Let's look at some old issues you've never seen before (unless you're really old or subscribed as a child):

Aug-'79: a very interesting issue. It starts off with the initial results of the SSW National Sample for Children. It looks very much like the final version of the Sample. The data were contributed by audiologists from all over the U.S. and parts of Canada. Another article by Rita Wieczorek was about school-aged malingerers. These 10 children were found to mangle on the puretone tests. Eventually they gave appropriate responses. The children were then given the SSW and 3 other central tests. Nine of them had a Type-A on the SSW. The 10th child had reversals (that we have seen in the same population). What was most impressive to me was the statement by the author.

It is obvious that it is not enough to badger the malingerer into "owning up" to having normal thresholds. LD children frequently develop malingering behaviors toward school, probably out of sheer frustration and

hurt ego. Why pick hearing tests? Any malingerer in his right mind would have backaches or headaches as those can't be diagnosed easily. The hearing test malingerer seems to be smart enough to know where his problem lies.

The next article in the same issue was by Liz Protti and Maxine Young. An 8-yr-old was in a class for those who were emotionally disturbed and very aggressive toward others. He was hyperactive, did not speak unless it was necessary. Ritalin and other meds no longer controlled his behavior. He had a normal EEG, a verbal IQ of 89 and performance 104. Neurological diagnosis: mild neurologic problem and outbursts resulting from his communication problem. Audiometric results showed a conductive loss bilaterally (15dB). Tymps RE: A, LE: C; ART raised in RE, absent LE. This was before Buffalo Model. They found SSW Type-A LC, 13 reversals, 9 perseverations. Interpretation: poor L-temporal anterior and posterior and severe auditory sequencing. They noted that the pattern was typical of CAPD and secretory otitis media as well as consistent with poor verbal IQ.

The next issue had articles dealing with drugs and alcohol. The first article dealt with marijuana and alcohol. My name was on it to protect the authors. 8 subjects were tested with no alcohol and then with 2, 4, and 6 oz of gin. By far LC was poorest in each condition for each alcohol level with 6 oz showing the poorest performance. The total errors reported were 0 oz= 0, 2= 6, 4= 11, 6= 15. There was a combined Ear Effect L/H. One other subject took both alcohol and marijuana (3 deep puffs before each condition). Again LC had the most errors with 6 oz and with a total of 9 puffs the subject had 22% error and an Ear Effect L/H. They concluded that the effect was most for the competing condition of the non-dominant ear for both studies and anterior functions seemed to be most affected (which is no surprise). They concluded; if you drink don't smoke marijuana.

Aug-'80: Challenged the reader. See if you can take the Blooper challenge without peaking.

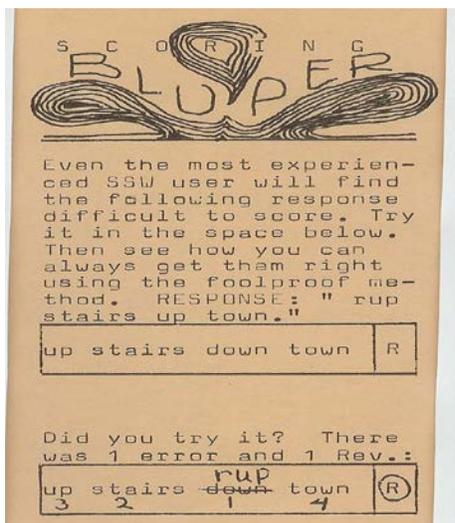


Figure 2: The Rule to Follow for Always Scoring it Right!

1. Consider each of the 4 words as correct/not (e.g., did the person say 'up' yes, 'stairs' yes, 'down' no, 'town' yes).
2. If No then immediately draw a line thru it.
3. If Yes do nothing.
4. Next, if there is an error then put the remaining word above the dashed line.
5. Can the response be read from L to R in the order it was said?
6. If not; renumber the words below.
7. Enter the # wrong and circle R if reversed.

Nov-'80: Dorothy Air, an SLP did her doctoral dissertation using the SSW and CES tests with 10 normals and 10 aphasic patients (a tightly controlled study). Because she was working with a brain lesion population she used the Original Analysis (C-SSW, reported in Percent Error)

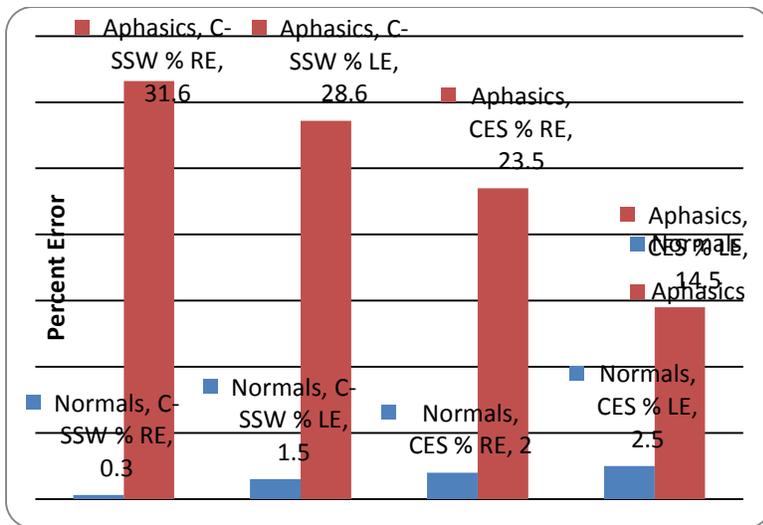


Figure 3: Normals vs. Aphasics – D. Air, 1980

All normals within normal limits on C-SSW and CES tests for both ears. The aphasic patients: 1 had all 4 scores NL & 1 had 2 scores NL (2 not on C-SSW). All the others had 3 or all 4 scores abnormal. 5 of the 10 had moderate/severe scores in the RE and the other 5 for the LE. 2 aphasics had scores and patterns associated primarily with R-hemisphere disorder (or CC?).

There were 2 more case studies of aphasic patients and 2 more brief articles in that issue. One was most interesting by 2 authors who wrote an excellent discussion about how to choose aphasic patients who could be tested with SSW/CES and how to modify the procedures to accommodate the different types of aphasia. Richard Peach at Northwestern U. and Glen Baquet at U of Alabama co-authored the article on their study of localizing lesions in aphasics using the SSW and Boston aphasia tests. As in the other studies they found that the SSW and Boston tests were able to localize the lesions in 8 of the 10 subjects. They also indicated that for those whose PICA aphasia test scores were 30% or below; such testing would not be recommended.

May-'81: This issue was called 'Pure Lucker' because Jay wrote the 3 articles. The first one was how to interpret the SSW for kids with LD. This article discusses response bias prior to the Buffalo Model. Jay's observation about reversals led to the Organization (ORG) category of the Buffalo Model when we found strong support for his findings. His second article dealt with the CES test. Interestingly, he found more sensitive results when the person said the response instead of pointing. That makes very good sense. The third article had data for 3 cases which the reader was asked to interpret.

Nov-'81: A number of previous issues had more information and results for the National Sample for Children on the SSW test. There were a total of 40 contributors with 131 cases from 18 states and provinces. This sample agreed with previous normative studies except Dean Myrick's (1965) study. This was the first normative study, that I know of, for a central test. At that time we were unaware of LD/CAPD so we thought that all children in the school represented normals (as they did not have neurological disorders). Of course, the major difference in that study and the National Sample was in the LC condition. This issue was the last of the *SSW Newsletters* followed by *SSW Reports*.

Feb-'82: I have forgotten an amazing study by Floyd Rudmin, an amazing student and professional. Here is an overview of his article, but I will provide it *en toto* along with my recommendations for someone who would like to make a 21st century SSW Test. He analyzed the numerous features of the SSW test based on errors by normals, those with auditory reception, with non-auditory reception lesions, learning disabled, the elderly, intellectually challenged and those with various types of hearing

loss. He looked at factors such as more familiar spondees, intra-spondee pause, various aspects of overlap and other features of the competing words (e.g., nasal onset, liquid offset, un-overlapped onset). He showed 49 statistically significant characteristics in the various groups. He cautioned that some of the correlations were likely chance results but that most of them appeared to be solid differences for that group.

Nov-'82: Bob Lucas contributed this issue. In one article he compared 153 children that he tested who had Learning Disabilities (not necessarily CAPD) between 5-15 years of age. He studied scores that could be compared with the National Sample. There were 10 subjects who had in (Buffalo Model terms) Decoding signs (Ear H/L, Order L/H) and 36 with TFM (Ear L/H, Order H/L). This is not surprising as we have noted the tendency for anterior Ear and Order in many studies. When both regions are involved they either cancel each other or it is likely to show up as anterior. Bob also reported on 12 adult patients with Spina Bifida Hydrocephalous. There was anterior bias which was consistent with his finding that the average TEC was mild (non-auditory reception). Also 75% of them had significant reversals with a mean of 13. So those findings suggest that anterior/mid region of the brain.

Feb-'83: Bob Windham and Wanda Michener wrote an excellent issue of *SSW Reports*. It was a study carried out by Gallaudet College and Howard University in the DC area. It included 49 children who were seen for learning disabilities (not necessarily CAPD). They used the Willeford CAP battery and the SSW test. The SSW results are reported. They found 71% of the children failed one or more tests (which is very similar to a study that we did in the late '60s using the SSW and Phonemic Synthesis tests with 77%). They compared their results with Jay Lucker's data, using the same measures and found very similar results. What was so impressive is that this was the first study showing their sample of black children and the studies of white (or unspecified) had equivalent results. Previous studies of African American subjects from primarily black communities generally performed more poorly. Somewhere in the past I predicated that as more radio, T.V. and other General American speech opportunities were afforded to African Americans (and better schools) that their performance on the SSW would improve.

Conclusion and the New CAP Publication

I believe that over the years *SSW Reports* has served a useful purpose in providing information about CAP and especially the SSW test. Now, 95% of audiologists who do CAP work use the SSW (Emanuel et al., 2011) and it is taught in graduate classes and employed in university clinics. Hundreds of people have attended SSW or SSW & CAP workshops. Now it's time to move forward.

In the next few months we'll come out with a new, online publication that we think will meet the current needs of those interested in CAP. We will have a variety of topics that can be read superficially or in depth by audiologists and other professionals who are interested in this important work.

As this issue makes clear, such publications are much more informative when we all contribute to them. When you share your ideas, your work and your questions with all of us it is more interesting, more fun and more informative. Finally, thanks to each of you for your interest in *SSW Reports* and for your dedication and effort in helping those who have central auditory processing disorders!