

1. INTRODUCTION

The SSW test was conceived of in 1960 and first studied in 1961-2 (Katz, 1962). Since then it has been extensively researched and widely used clinically (Emanuel et al., 2011). This complex auditory task enables us to study many important auditory processing (AP) functions at the same time. Using multidimensional scoring it enables us to get a lot of return for our investment. However, it requires an in depth understanding of the SSW to know how to give, score and interpret it.

We defined auditory processing as, “What we do with what we hear” (Lasky and Katz, 1982). The original aim was for site-of-lesion testing, and currently, it is most used to study a person’s central auditory functions for processing deficits. Central auditory processing (CAP) employs a complex and extensive neurological system, which relies on the peripheral auditory system (below the level of the brainstem). Higher levels of the central nervous system are used to manipulate and apply this information. The complex challenge created by the SSW, for the listener, enables us to assess characteristics of the person’s auditory difficulties.

SSW Workshops

In 1966 some audiologists in St. Louis requested a workshop to learn more about the SSW. That was just a half-day program because that’s how much we knew. Soon they grew to 1, 2 and 3-day programs because the information and the test expanded. As CAP evaluations became more common and most universities taught the basics of the SSW, the SSW workshops were more condensed. Therefore, the workshops currently include the use of all 3 basic Buffalo Model, CAP tests.

Our SSW workshop is a one-day program because students now learn about CAPD and the basics of the SSW test in graduate school. The SSW is often used in the university clinics and practicum sites. This enables us speed up the process, but not ignore the fundamentals. Often, audiologists who have more/much more experience, come for yet another workshop to refresh what they knew and to catch up with what is new. As the cover shows an SSW Workshop can be fun as well.

The SSW Test

The SSW is a dichotic procedure (different words are presented to opposite ears), but that is just the start. Spondaic words (containing 2 one-syllable words, with equal stress on each, that form a familiar combination) that are presented to each ear in a staggered fashion. The first item starts in the right ear (called Right-Ear-First or REF items) e.g. ‘up stairs (spoken separately)’ and ‘down town’ for the left ear. The listener hears ‘up’ and then both ‘stairs’ and ‘down’ in opposite ears, and finally ‘town’. The next item is Left-Ear-First (LEF) and ends in the right. Table 1-1 shows the first 2 items.

Right-Ear First Item				Left-Ear First Item			
Ear	1	2	3	Ear	1	2	3
<i>Right</i>	up	stairs		<i>Left</i>	out	side	
<i>Left</i>		down	town	<i>Right</i>		in	law

Table 1-1. The first 2 items of the SSW test. The 1, 2 and 3 represent the three time units for each item.

The spondees provide some help, to those who are hearing impaired and those who have memory difficulty, to enable a clearer dichotic listening assessment. Because the next item begins in the opposite ear, and each item is introduced with, ‘Are you ready (AYR)?’, which directs attention to the appropriate ear, these add minor challenges to the listener. The person is to repeat the words that come after the AYR, but not the AYR. In addition, the first and fourth words of each item can produce another spondee, to reduce the chances of guessing correctly. That is, if a person misses a competing word, they can make a third spondee that will be incorrect. The SSW has 40 items, as well as, 4 initial practice items to gradually orient the person. The first practice item is only in the right ear and the second practice item goes to the left ear. The third practice item starts in the right ear and ends in the left ear after a pause (not overlapped). The last practice item starts in the left ear and the right ear follows after a brief pause. Test item 1 is the first dichotic item.

The norm was based on 316 people age 5 to 69 years. They were normal-controls submitted by audiologists who attended at least one SSW workshop. The locations were across the U.S. and from English-speaking Canadian provinces.

Despite the large number of important indicators provided by the SSW test, an assessment requires additional central tests that challenge the central auditory nervous system (CANS) in different ways. In the other 2 Buffalo-Model tests, one is a phonemic blending procedure and the third test assesses speech-in-noise skills for each ear. Thus, the person is challenged in very different ways, so when there is good agreement among the test results, regarding the affected categories, we have even more confidence in the results. In the Buffalo Model we go an extra step to be very confident of our results by comparing our test findings with the results of the Buffalo Model Questionnaire –Revised (BMQ-R, Katz and Zalewski, 2011, 2013), that is filled out by a family member and/or a teacher/therapist. Also, after therapy we look for confirmation from both retest differences and independent reassessment of the person’s status of the initial concerns.

Before Administering the SSW Test

SSW Workshops contain so many details and background information, that a newcomer might overlook some scoring aspects, when under initial clinical or research pressures. Thus, before using the SSW, for the intended purpose, it would be well to try it out on a few relatives or friends. If they are doing so well that you are not getting scoring experience, consider reducing the intensity by 25-30dB (from 50dB SL). If that doesn’t do it, try 15dB. This will be explained later. Early on, it is wise to review this manual to refresh the details and concepts before testing someone. Communicating with an experienced colleague who has used the test successfully for a number of years will facilitate the learning experience.

References

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