Navigating the Complexity of Listening
Difficulties
with the
CCHMC Auditory Neurodevelopmental Clinic
Questionnaire (ANCQ)

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Cincinnati Children's Hospital Medical Center

3/13/2024

What I do

- Clinical Program Manager
 - Access to care
 - Outreach
 - Community Health
- · Craniofacial Team
- Auditory Processing Team (Auditory Neurodevelopmental Team)





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About me

- Ohio University
- CFY @ Holzer Clinic
- Pediatric Audiologist @ CCHMC
- AuD in 2009 from A.T. Still



Perks of a large medical center

- So many specialists!
- Electronic Medical Record
- Opportunities & support for development



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Development of a multi-disciplinary team at CCHMC

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How Do We Listen???

- "Listening is the learned process of receiving, interpreting, recalling, evaluating, and responding to verbal and nonverbal messages."
- "Listening can be thought of as applying meaning to sound, allowing the brain to organize, establish vocabulary, develop receptive and expressive language, learn and internalize – indeed, listening is where hearing meets the brain" -Doug Beck



The Players
Who are the specialists?

Core Team
Internal Practitioners
External Resources

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CCHMC Auditory Neurodevelopmental Team

- Audiology
- · Speech Pathology
- Developmental & Behavioral Pediatrics
- · Reading & Literacy Discovery Center
- Center for Professional Excellence Research & EBP
- Occupational Therapy
- · Center for ADHD

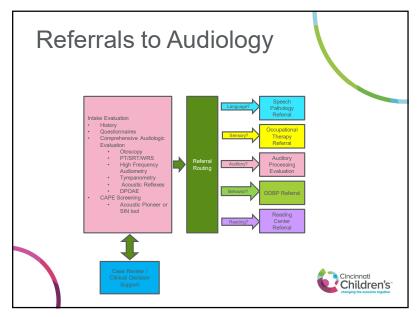


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Aim

- Determine root cause of listening difficulty
- Ensure that children receive evaluations that they need without spending time and resources on those that they do not.
- Provide exceptional care using innovative solutions and evidence-based practice.



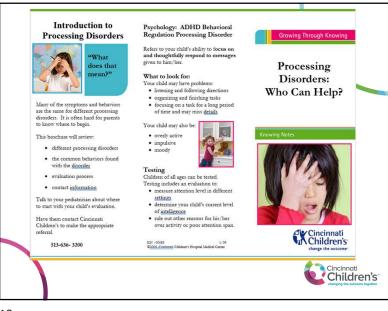


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Development of ANC Questionnaire

Processing Disorders handout





Development of ANC Questionnaire

- Processing Disorders handout
- Behaviors rated by parent/caregiver
- Easy to interpret

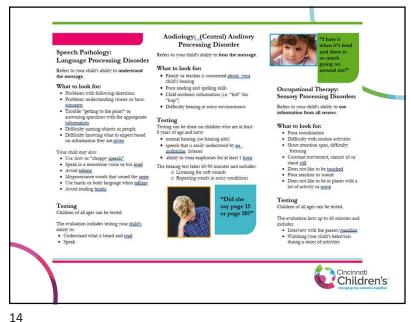
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- Provide guidance for evaluations
- · Counseling tool for parents/caregivers



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Questionnaire Instructions The purpose of this questionnaire is to identify areas of concern that may be contributing to a child's listening difficulty. Often, children appear to have difficulty hearing or understanding what is said to them because of factors other than hearing loss. These factors include, but are not limited to, auditory processing, cognitive delays, developmental/behavioral issues such as ADHD, anxiety or autism, sensory integration disorder and language processing problems. Our goal in developing this questionnaire is to guide children to evaluations that can provide an answer to their concerns in the most efficient manner. Peripheral hearing loss should always be ruled out prior to investigating these other areas. Children's

Date: ______ Always Sometimes (80-100%) (51-79%) Rarely (0-20%) 1. Have difficulty hearing in noisy environments 2. Not respond from a distance (other room) 3. Mishear words ("hot" for "hop") 4. Become confused about where to look when there is a sudden sound 5. Teacher/parent expresses concern that child cannot hear

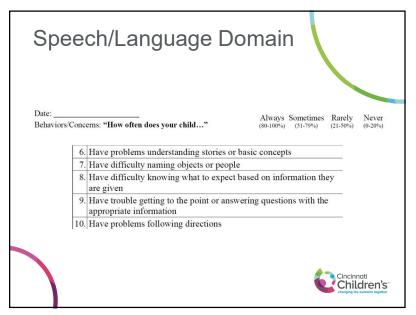
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Date: _____ Behaviors/Concerns: "How often does your child..."

Always Sometimes (80-100%) (\$1-79%) (\$21-50%) (0-20%)

11. Have difficulty organizing and finishing tasks, miss details
12. Have difficulty focusing on a task for a long period of time (outside area of interest)
13. Act overly active/impulsive
14. Develop skills later than their peers
15. Appear not to hear when involved in another activity

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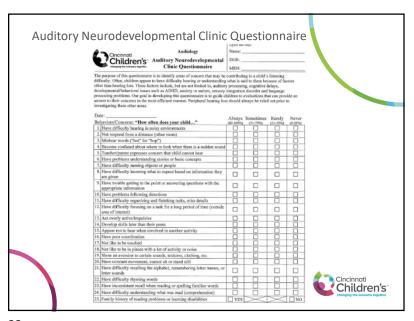
	arning & Literacy main	
Date:	Always Sometimes Rarely Never	
Behavior	s/Concerns: "How often does your child" (80-100%) (51-79%) (21-50%) (0-20%)	
	21. Have difficulty recalling the alphabet, remembering letter names, or letter sounds	
	22. Have difficulty rhyming words	
	23. Have inconsistent recall when reading or spelling familiar words	
	24. Have difficulty understanding what was read (comprehension)	
	25. Family history of reading problems or learning disabilities	
	Cincinnati Children's: changing the actions tagether	

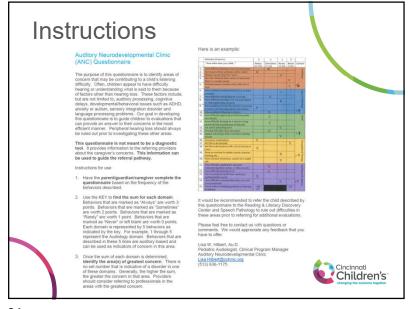
Auditory Neurodevelopmental Clinic Questionnaire

| Selection | Se

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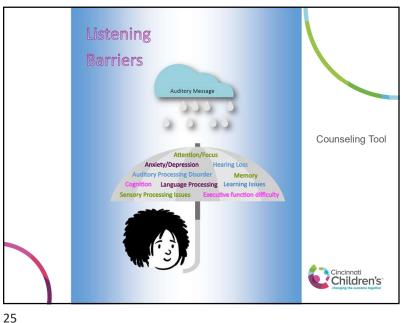
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Audiologic Evaluation+

- · Incoming complaint of listening difficulties
- Peripheral hearing = normal



Audiologic Evaluations

- Audiologic Evaluation+
- Auditory Processing Evaluation



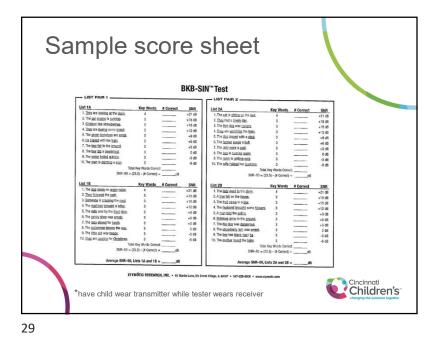
Audiologic Evaluation+

- Questionnaire
- Extended HF pure tones
- Word recognition in quiet
- · Acoustic reflex testing
- DPOAEs

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• BKB-SIN screening





BKB-SIN Pass Criteria

- Use list pairs 1 − 8
- Complete both list A & B
- Average A & B scores (do not age correct) to obtain SNR-50

PASS CRITERIA (Pass Score ≤) 5-6 years ≤ +7.5 dB 7-10 years ≤ +3.9 dB 11-14 years ≤ +2.2 dB 15 years and older ≤ -0.9 dB



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BKB-SIN (APD Screening)

- Use the raw score to compare to the Pass/Fail Criteria based upon age
- · No need to age correct the score or determine Degree of SNR Loss
- Recent study (Magimairaj et al., 2018) revealed that working memory and language skills do not impact performance





Audiologic Evaluation+

- Questionnaire
- Standard & extended pure tones
- Speech audiometry
- · Acoustic reflex testing
- DPOAEs
- BKB-SIN
- Acoustic Pioneer screen



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Children's

Audiologic Evaluation+

- Acoustic Pioneer: Feather Squadron
 - Screening tool
 - Visual
 - iPad format/special equipment
 - Examiner removed
 - Provides dichotic, decoding and SIN information
 - · Program for remediation



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Acoustic Pioneer

- · Ages 5 and up
- 5 minute screening
- Speech in noise, dichotic listening, pitch pattern
- Pass or Refer
- https://www.youtube.com/watch?v=GMd25 ZMa6zM



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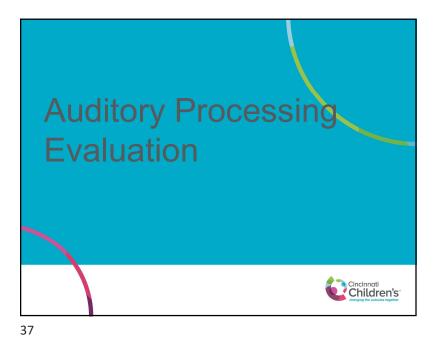
Audiologic Evaluation+

- Questionnaire
- Standard & extended pure tones
- Speech audiometry
- · Acoustic reflex testing
- DPOAEs
- BKB-SIN (older kids)
- Acoustic Pioneer screen (younger kids)
- Referrals based on results



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a



Pre-test Materials APD Definition/Auditory Concerns Professional/Discipline for Auditory Concern Sensitivity to specific sounds or Avoids noisy environments. Occupational Therapist Overstimulation from sound specializing in Sensory covers ears during fireworks or processing difficulties Hearing loss Inconsistent responses to Audiologist for a standard Tinnitus/Hyperacusis Ringing or buzzing sensation in one or both ears. Abnormal Audiologist specializing in Tinnitus & Hyperacusis sensation of loudness. Specific sounds trigger Cognitive Behavioral Therapy Misophonia irritation, anger, or aggression with a therapist who specializes in this area may be helpful Children's

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Scheduling

- Information Folder (pre-test materials)
- Dedicated Schedulers (Audiology Aides)
- · Required Paperwork
 - ANC-Q
 - History form
 - IEP/ETR/Neuropsych/Speech if completed
- · Appointment time
- Appointment instructions
- Audiologist Review



Pre-test Materials - FAQ

 My child used to have ear infections. They seem to have a hard time understanding. Could they have an auditory processing disorder?

Scheduling a hearing test is the best place to start. Repeat ear infections or ear fluid can lead to hearing loss. Children that have times of hearing loss are more likely to develop an auditory processing disorder. They may also have speech or language delays. Our team will talk with you about your child's history and communication concerns. This will help us figure out the correct tests.

 My child is scared of loud sounds and alarms. Do they have an auditory processing disorder?

Being sensitive to loud sounds can be caused by sensory processing problems. If your child has other sensory processing problems, it would be a good idea to talk with their doctor. Other sensory processing problems may be a dislike of certain toods, trouble wearing certain types of clothes or not liking bright lights. Their doctor may refer them for an occupational therapy evaluation.



Pre-test Materials - FAQ

 My child seems fine at home, but their teacher says they don't follow directions in class. The school says they have an auditory processing disorder. Do I need to have them tested?

An audiologist diagnoses auditory processing disorders. Many different disorders can cause the same behaviors. For example, children with a speech/language disorder will look like they have a tough time "hearing" direction because they do not understand the meaning of the words. Attention problems can also look like listening problems because the child's focus is on something else, and they may miss hearing directions or conversation. An auditory processing assessment will include a hearing test and several different auditory processing tests. It may consist of two appointments scheduled on different days. Testing will be conducted by an audiologist. You can talk about your listening concerns. We will ask you to fill out a form and give us any outside testing results. During this visit, the audiologist will help you figure out the next step.

· What happens if my child is diagnosed with an auditory processing disorder?

The audiologist testing your child will share results with you after testing is completed. They will also talk about any recommendations they have. You will be given a written report to share with the child's school and other health professionals.



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Pre-test Materials Candidacy

- Child must be 7 years of age or older for formal Auditory Processing Testing.
 There are very few tests with normative data for children under age 7.
- Child must have normal hearing sensitivity. If your child has any form of peripheral hearing loss, our audiology team can and will work with you on improving access to sound. We cannot process what we do not perceive.
- Child must be able to tolerate wearing headphones or insert phones and attend/sit for at least one hour.
- If a child takes ADHD medication; they must take medication the day of APD testing.



Pre-test Materials Candidacy

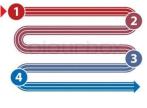
- Child's primary language must be English.
- APD testing is not valid for children with a moderate or greater language impairment (determined by a speech-language pathologist)
- APD testing is not valid for children with a known mild or greater cognitive deficit (IQ score of 70 or below).
- Child's speech must be intelligible to an unfamiliar listener. Children with verbal apraxia, selective mutism or moderate articulation substitutions are not candidates for formal testing due to the accurate verbal responses required for comprehensive testing.



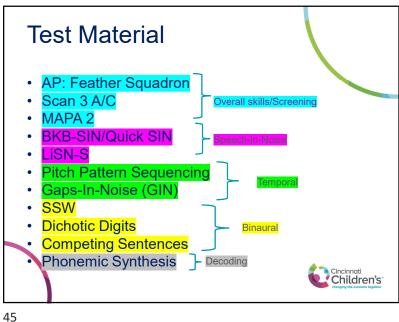
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Selection of Tests

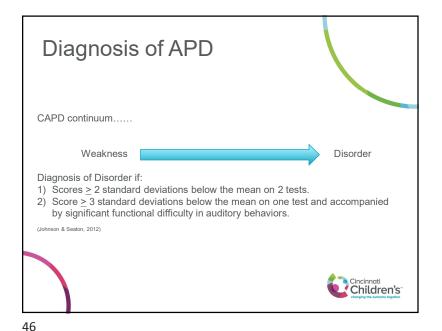
- · Where do we start?
- What will answer the question in the shortest amount of time with the greatest sensitivity?





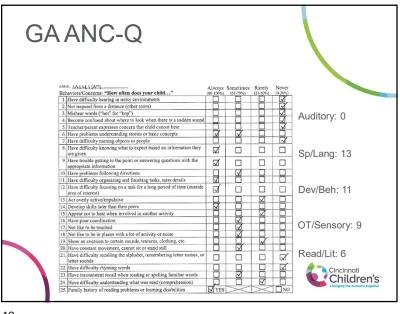






GA History 12 yr. 6 mo. · Ear infections and 1 set of PE tubes · ADHD inattentive subtype diagnosis No longer taking medication • 6th grade – Grades mostly C's • 504 for preferential seating, understanding checks, small group · Reading at grade level. Does not read for pleasure. • "Seems to have trouble processing information that is given to • "Works on homework 3 – 4 hours each night. The concepts are explained to her multiple times and she cannot grasp the concepts. She cannot recall what was taught at school the same day and seems to struggle with auditory processing" Cincinnati Children's

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GA Test Battery

Subtest	Raw Score	Scaled Score	Percentile Rank	Auditory Figure	39	12	Scaled score: 12, rank: 75
Filtered Words	36	13	Standard score: 13, rank: 84				
Competing	46	11	Scaled score: 11, rank: 83				
Competing	67	12	Scaled score: 12, rank: 75				
Composite Test	48	115	84				
Score (Scan	3C)	Scaled score: 12, rank: 75					
Composite Test	48	115	84				
Subtest	Raw Score	Scaled Score	Percentile Rank				
Time Compressed	58	11	83				
Subtest	Raw Score	Scaled Score	Percentile Rank				
Subtest	Raw Score	Scaled Score	Percentile Rank				
Subtest	Raw Score	Scaled Score	Percentile Rank				
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Subtest	Raw Score	Percen					

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GA Test Battery

Peripheral Hearing Test

- · Normal speech and tonal results
- Excellent word recognition in quiet
- Normal tympanograms
- Acoustic Reflexes present from 1K 4000 Hz ipsi and contra
- Present DPOAEs in both ears from 2000-8000 Hz



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50 52

GA Recommendations

- Review results with school to determine need for educational testing
- Consider language processing evaluation
- Discuss ADHD treatment with PCP



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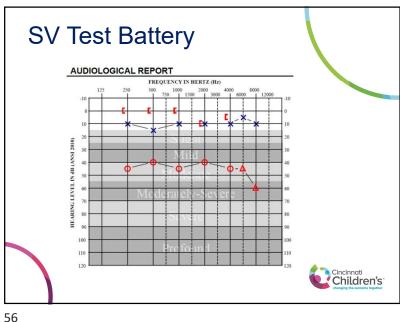
SV History 7 yr. 3 mo.

- 1st grade
- · Ear infections and 1 set of PE tubes and T&A
- · "Hard time following instruction even when paying attention"
- Phonological disorder & mixed expressive receptive language disorder – private and school therapy
- Poor fine motor/handwriting OT private and school therapy
- Had 504, now on IEP for extended time and intervention/reading specialist support
- "Has always had trouble with comprehension. She really tries hard and pays attention but still seems to not know what is going on in classroom, during sports, and when asked questions about her birthdate, etc."



SV ANC-Q Behaviors/Concerns: "How often does your child..." . Have difficulty hearing in noisy environments 2. Not respond from a distance (other room) Auditory: 8 3. Mishear words ("hot" for "hop") 4. Become confused about where to look when there is a sudden so 5. Teacher/parent expresses concern that child cannot hear Sp/Lang: 12 Have trouble getting to the point or answering quest appropriate information
 Have problems following directions Have difficulty organizing and finishing tasks, miss details Li Have difficulty focusing on a task for a long period of time (out Dev/Beh: 11 g area of interest) . OT/Sensory: 8 Act overly active/impulsive . Develop skills later than their peen Appear not to hear when involved in another activity Have poor coordination Not like to be touched Not like to be in places with a lot of activity or noise D. Show an aversion to certain sounds, textures, clothing, etc 0. Have constant movement, cannot sit or stand still 1. Have difficulty recalling the alphabet, remembering letter names, o Read/Lit: 15 . Have difficulty rhyming words . Have difficulty understanding what was read (comprehension) Cincinnati Children's

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SV Recommendations

Parent emailed ETR after appointment

· Full scale IQ of 73

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- She had a significant strength in Verbal Comprehension (SS 84).
- Fluid Reasoning & Working Memory were in the very low range (SS 79). It
 was noted that her levels of engagement and performance were varied
 during testing
- Results on the DAS-II were in the 12th percentile for Verbal Ability, the 4th percentile for Nonverbal Reasoning and the 13th percentile for Spatial Ability.
- Higher scores in Verbal Ability and Spatial Ability with a lower score in Nonverbal Reasoning is not a typical pattern associated with auditory processing disorder
- · Referral to Reading & Literacy Discovery Center



SV Recommendations

- Follow-up with ENT regarding conductive hearing loss
- Retest hearing when ears are clear
- Preferential Seating in the classroom at least until middle ear fluid has resolved.
- Language processing, cognitive, and attention deficits can appear similar to
 an auditory processing disorder in a child's academic performance. In-depth
 evaluation of her reading and literacy concerns would be recommended
 prior to auditory processing testing. Issues of inattentiveness should be
 investigated as well. Auditory processing testing may identify areas of
 weakness to help direct therapies/treatment but would not likely lead to a
 primary diagnosis in light of her ETR testing results.

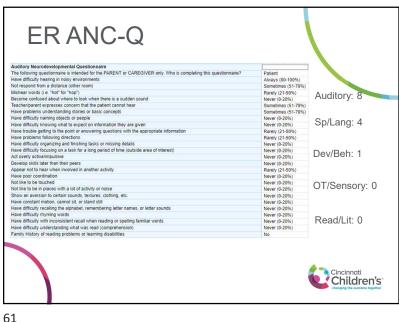


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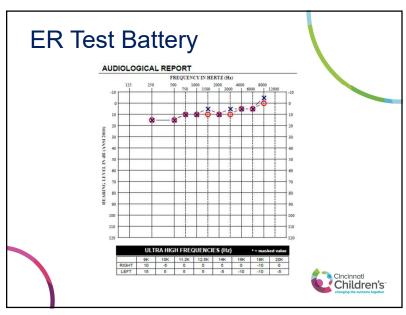
ER History 17 yr. 4 mo.

- Honor student
- Over past year new onset of difficulty hearing in background noise
- · Difficulty hearing at school, during sports and social situations
- Unable to hear cell phone unless on speaker
- Ear infections and 1 set of PE tubes with T&A
- · Peripheral hearing test was normal
- · Acoustic reflex testing suggested a retrocochlear pathology
 - Referred to ENT MRI ordered (normal)
- At 10 yrs old, had an orbital fracture and concussion with loss of consciousness
- No new medical issues in past year other than start of menses





ER Test Battery 20 .25 0.5 8 .25 0.5 Children's



ER Test Battery

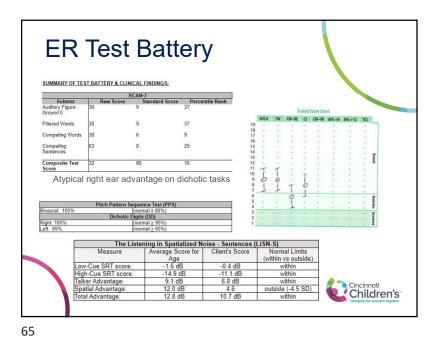
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ER was a pleasure to work with today. She was able to separate from her mother with no anxiety or concern. She was able to demonstrate excellent motivation and attention for testing. Today's evaluation was thought to be an accurate representation of her auditory processing

ER exhibited significant listening fatigue and her performance would decline with too many presentations in a row. Frequent breaks were taken between subtests. During the LISN-S test, she was given breaks during testing when her ability to participate was declining. For example, when she could not respond with an answer in far better listening environments than she had previously completed. Once she was able to take a listening break, her performance would improve to the previous



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ER Recommendations

- Typically, assistive listening technology (FM/HAT System) in the classroom setting is recommended for individuals diagnosed with an Auditory Processing Disorder or a listening weakness in background noise. The purpose of this technology is to significantly improve access and clarity of information and instruction through the auditory channel. ER reported listening difficulty in the classroom as well as outside the classroom environment in situations such as social settings or extracurricular activities. It was recommended that ER consider being fit with a low gain open fit hearing aid that could be coupled to a remote microphone system. She would also be able to stream from her phone, which is a difficult listening situation for her.
- This option would provide ER more flexibility than an FM/HAT System in the classroom. If there are no contraindications for fitting and the medical clearance form is signed, ER should be scheduled for a loaner hearing aid fitting to trial this technology and assess its functional benefit. She can proceed with a personal hearing aid fitting after an appropriate trial if the technology improves her access to speech audibility.



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Vanderbilt Fatigue Scale

VANDERBILT FATIGUE SCALE-CHILDREN (VFS-C) This seals is congred to assess intering-related forgot in children aged 6.7 years. Remotioner. Sometimes project for fat from instancing and stylengt conducted, the would like to believe the construction. The confidence of the confidence and stylengt conducted, the would like to believe the confidence of the confidence of the confidence and confidence and the Stillard response that at discribes how often you feel of act that way is a taylor MITE. One not plus preparations.

	MIVER	RARECY	SOMETIMES	OFTEN	ALMOST
I want to "zone out" in very noisy places.	0	0	O	0	0
It is hard for me to concentrate when lots of people are talking.	0	0	0	0	0
My brain gets tired after listening all day.	0	0	0	0	Ø
I get worn out from listening at school.	0	0	0	0	0
Trying to listen at school stresses me out.	0	0	0	Ø	0
I use a lot of energy trying to listen in class.	0	0	0	0	0
I want to go to sleep after a long day of listening.	0	0	0	0	Ó
give up trying to listen when I get tired.	0	0	0	0	Ó
get so tired from listening that I don't want to do anything else.	0	0	0	0	0
I feel worn out when I have to listen carefully.	0	0	0	0	0

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VANDERBILT FATIGUE SCALE-PARENT (VFS-P) is scale is designed to assess listening-related fistigue in children aged 6-17 years via parent p iones: Sometimes communications, or just tricke to listen and understand can be absoluted.

MENTAL FATIGUE	NEVER	RARELY	SOMETIMES	OFTEN	ALMO	
My child gets frustrated when it is difficult to hear.	0	0	Ø	0	0	
My child prefers to be alone after listening for a long time.	0	0	0	Ø	0	
My child shuts down after listening for a long time.	0	0	0	0	0	
Listening takes a lot of effort for my child.	0	0	0	0	0	
My child gets tired of listening by the end of the day.	0	0	0	0	0	
My child shuts down if he/she becomes frustrated from listening.	0	0	Ø	0	0	
My child "gives up" in difficult listening situations.	0	0 0		0	0	
PHYSICAL FATIGUE	MEVER	RARELY	SOMETIMES	OFTEN	ALMOS	
My child needs time to relax after school.	0	0	0	0	ALWAY	
My child is so tired that he/she lays down to rest.	0	0	0	0	Ø	
My child seems drained at the end of the day.	0	0	0	0	0	
My child is more tired during the week than on weekends.	0	0	0	0	0	
My child needs to relax after a tiring day of listening.	0	0	0	0	Ø	

Cincinnati Children's changing the outcome together

ER Recommendations

- · Online auditory training Zoo Caper SkyScraper
- · Interhemispheric activities at home
 - 1. Exercises that require verbal identification of similarly shaped objects which are held in the left hand and recognized through tactile sensation in the absence of visual cues.
 - 2. Exercises that require the child to find a particular object or shape with the left hand in the absence of visual cues.
 - 3. Exercises that require the child describe an object that he has in his left hand and to label it verbally in terms of shape, texture, identification etc.
 - 4. Describing a picture while drawing it.
 - 5. Singing to music.
 - 6. Responding motorically with the left side of the body to a targeted verbal command. (Bellis, T. (1996) Chermak, G. & Musiek, F. (1997).



ER follow-up

- Fit binaurally with loaner Oticon Real1 RITEs with Connect Clip
- · Only likes to wear Right device
- 9 10 hours wear-time each day
- "Extremely satisfied"
- Decide to purchase personal device right only
- · Positive feedback from friends



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KH History 15 yr. 6 mo.

- Previous APD evaluation = an auditory integration deficit
- Difficulty with processing speed. Misunderstands what is said to her. Historically, she has not learned well through auditory instruction.
- Speech/Language therapy from 2 years of age through 3rd grade. Some issues persist ("yogrit" for "yogurt")
- Ambidextrous. Previously wrote with her right hand, but switched to left in 2020 after a bone fracture.
- Concerns with hearing in right ear. Sounds can be muffled. Experiences ringing and popping.
- History of chronic ear infections and strep. 1 set of PE tubes
- PT for issues in knees, ankles, hands, etc (later Dx of EDS)
- Anxiety
- Asthma
- Color vision deficiency



Have difficulty hearing in noisy environments	7				7
2. Not respond from a distance (other room)	H	7	H	H	1
3. Mishear words ("hot" for "hop")	П	7		Н	Auditor 11
4. Become confused about where to look when there is a sudden sound		7		ī	- Auditory: 11
5. Teacher/parent expresses concern that child cannot hear		V			
6. Have problems understanding stories or basic concepts		7			1
7. Have difficulty naming objects or people		V			
Have difficulty knowing what to expect based on information they are given	V				Sp/Lang: 11
Have trouble getting to the point or answering questions with the appropriate information	V				
10. Have problems following directions			7		
11. Have difficulty organizing and finishing tasks, miss details			V		1
12. Have difficulty focusing on a task for a long period of time (outside area of interest)			7		Dev/Beh: 2
13. Act overly active/impulsive				V	
14. Develop skills later than their peers				V	
15. Appear not to hear when involved in another activity				V	1
16. Have poor coordination	V				
17. Not like to be touched			V		OT/0
18. Not like to be in places with a lot of activity or noise		✓			OT/Sensory: 10
19. Show an aversion to certain sounds, textures, clothing, etc.	V				
20. Have constant movement, cannot sit or stand still			V		
21. Have difficulty recalling the alphabet, remembering letter names, or letter sounds			V		
22. Have difficulty rhyming words			V		Read/Lit: 9
23. Have inconsistent recall when reading or spelling familiar words		V			Reau/Lit. 9
24 11 1207 1 1 1 1 1 1 1		[7]			1

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KH Test Battery

Peripheral Hearing Test

- Normal speech and tonal results
- · Excellent word recognition in quiet
- Normal tympanograms
- Acoustic Reflexes present from 1K 4000 Hz ipsi and contra
- Present DPOAEs in both ears from 2000-8000 Hz



Children's

KH Test Battery Filtered Words 64 50 Competing Phonemic Synthesis Test (normal ≥ 23) Acoustic Pioneer - Feather Squadron Non-linguistic areas Lateralization Tonal-Pattern Temporal Processing Significant weakness (-2.9 SD) Moderate weakness (-1.5 SD) Rapid Tones Dichotic double-sounds Linguistic areas Word Memory Significant weakness (-2.0 SD) Mild weakness (-1.3 SD) Rapid Speech Dichotic Double Words Speech in Noise (without localization cues) Significant weakness (-4.0 SD) Normal Speech in Noise (with localization cues) Children's

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KH Recommendations

- KH may benefit from Insane Airplane, an auditory training activity available at www.acousticpioneer.com. This online game provides activities designed to improve a variety of tonal listening and processing skills, including pitched tones, frequency sweeps, memory and lateralization.
- Additional training using the Elephant Memory app may be considered after completion of Insane Airplane.



Post-therapy (4 months) Non-Linguistic Area Lateralization Tonal-Pattern Temporal Processing significant -2.9 SD weakness Tonal-Pattern Memory significant -2 9 SD weakness Rapid Tones Mild weakness (-1.0 noderate weakness -1.5 SD SD) Dichotic Double-Sounds Normal Linguistic Area Word Memory significant -2 0 SD weakness -1.3 SD Rapid Speech Norma mild weakness Dichotic Double-Words Speech-in-Noise (without significant localization cues) weakness Speech-in-Noise (with localization Acoustic Pioneer Feather Squadron Children's

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