

Letter to the Editor

A VIGOROUS PROTEST

To The Editor:

I am very disappointed that you published “Central Auditory Processing Disorders and Reduced Motivation: Three Case Studies” (*J Am Acad Audiol* 11:57–63). I agree that we need to be vigilant in our pursuit of excellence in testing but that vigilance should also extend to our published articles.

This study contained major flaws. First, the authors stated that the children are representative of the population as a whole. The fact that the parents were seeking a second opinion means that the initial diagnosis had been called into question. This fact alone is not statistically representative of the population. In my experience, parents of children who have been diagnosed with central auditory processing disorder have always known that there was something wrong.

Second, because of time constraints, only one subtest was used for the second opinion. Willeford, Katz, and Jerger have all stressed the importance of using a test battery. Obtaining different results on one subtest cannot invalidate an entire battery. It merely puts forward additional questions. Using the test data provided by the authors in Case 1, it was noted that the W-22s are reduced. This alone would indicate the need for additional testing. If there are time constraints, make another appointment. Do not limit the quality of care.

Last, contradicting another professional’s diagnosis must be done with the utmost caution. Testing is a dynamic process. Each day a new piece of the puzzle can be added. Continued reassessment is necessary regardless of time constraints.

Lisa Wildmo
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The Authors Respond

Ms. Wildmo’s anger and frustration with the publication of our article in the *Journal of the American Academy of Audiology* will be dis-

heartening to those individuals who strive to refine the interpretation, sensitivity, and reliability of central auditory testing. Her anger and frustration will greatly please those individuals who believe that many clinicians who evaluate central auditory processing skills in children with learning problems are zealots who are unwilling to allow central auditory tests to be subjected to the rigors of scientific investigation.

Ms. Wildmo was entirely incorrect in stating that we claimed “that the children are representative of the population as a whole.” On the contrary, we stated that “further studies are needed to evaluate the role of motivating in attending to speech-recognition tests under adverse listening conditions...”

Ms. Wildmo raises the issue that, in our cases, the parents were seeking second opinions. We stated straightforwardly that this was indeed the case. For that reason, we felt that it was important to mention this fact in the article. We believe that the issue of motivation needs to be investigated further with children of parents not seeking second opinions as well as with children of parents seeking second opinions.

Ms. Wildmo states that our findings are questionable because we used a single test rather than a battery. We believe that her rationale is fallacious. Our initial central auditory test results, in all three cases, revealed below normal performance. With motivation, the scores improved to within normal limits. In two of our three cases, we demonstrated our point on the central auditory test on which worst performance had been obtained on the initial test. In one of the cases, we demonstrated our point on the central auditory test with the largest interaural asymmetry at the initial test. What is the meaning of poor performance on additional central auditory tests if motivation was found to be a factor on the first central auditory test? Would you interpret the poor performance on additional central auditory tests as a central auditory processing disorder if the performance on the first test reflected motivational problems?

We agree, in principle, with Ms. Wildmo’s statement regarding “the need to be vigilant in

the pursuit of excellence.” We believe that we vigilantly observed improvement in our three cases, associated with motivation.

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The Editor Responds

Ordinarily, your obedient servant does not respond to letters to the editor, but in this case Ms. Wildmo has called into question the quality of our editorial review process (“vigilance should also extend to our published articles”). Like authors Silman, Silverman, and Emmer, I think that Wildmo has missed the point of the paper. It is not about representative samples, it is not about how you diagnose central auditory processing disorder, and it is not about contradicting the diagnosis of another professional. It

is about the effect of performance motivators on behavioral tests that purport to assess auditory-specific perceptual disorders.

Put very simply, if a child’s performance on a test of “central auditory processing” can be moved from abnormal to normal by rewarding correct responses with roasted marshmallows, then we are faced with a potentially serious problem of false-positive results, and consequently mistaken diagnoses, when such motivators are not used.

One of the persistent problems with the use of tests requiring behavioral responses, especially in children, is that poor performance may result from poor cooperation, poor motivation, or poor attention rather than from defective central auditory processing. The paper by Silman, Silverman, and Emmer reminds us of this basic fact of life.

James Jerger
Editor-in-Chief