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The Hearing Journal Podcast- Feb 2021

Interview with Angela Alexander, AuD

MAIN SHOW

On the morning of the hottest day of the year – July 17, 1865 – two trains packed with mostly children collided in Whitmarsh Township, Pennsylvania, killing around 60 and injuring over 100.

The cause of the crash, as stated on Wikipedia, was “human error”.

The trains were pulling far more carriages than they could handle, meaning the drivers had to stop periodically to regain the engine pressure they needed to continue.

With this erratic behavior, the train wasn't on schedule and didn't communicate that to the surrounding stations.

The driver thought he could make up for the lost time and stay on schedule, so he gunned the engine, taking an alternative track and thinking that he'd be clear of another train that was pulling out of the station around the same time.

On a blind bend, the boilers of the two trains impacted and caused an explosion heard up to 5 miles away. The three carriages closest to the boilers were blown to splinters, and the rest caught fire and derailed.

In response to this disaster, North Pennsylvania Railroad adjusted their processes.

They ruled that no two trains traveling in two directions will share the same track, and telegram communication with nearby stations was made mandatory.

Nowadays, in most situations, we usually don't wait for catastrophic failure to strike before we give thought to how a particular task or job should be completed.

But what if is that “job or task” is, just simply, processing auditory information?

Most of us encounter the world around us with ease and enthusiasm. We are able to take in and process unexpected conversations and tune out the sounds of busy life and enjoy a wide variety of sights and sounds simultaneously.

But what if the senses you rely on so heavily for these experiences fail or mislead you?

And what if your brain scrambled the information into an auditory train wreck and your only response option was succumb to “human error” over and over and over again?

On the podcast today, I want to introduce you to a woman on a mission to take all of us, as audiologists and hearing healthcare professionals, to the root of miscommunication and make treating auditory processing disorders as commonplace as peripheral hearing tests in our daily schedules.

Dr. Angela Alexander is a survivor, an adventurer and a changemaker who knows how to rumble with adversity and isn't afraid to try to shift your perspective on how you practice Audiology. She completed her studies at the University of Kansas in 2010 and then, as she puts it, she “sat at the elbow” of world-renowned APD expert, Dr. Jack Katz for 7 years before heading down under to open her own private practice, which she recently sold,

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specializing in APD in New Zealand.

She started the Auditory Processing Institute where she began training her peers in the skills needed to provide effective APD diagnostic and therapeutic options. It's no secret that Dr. Alexander is aiming to double the number of speech-language pathology and audiology professionals providing effective auditory processing services through online APD Master Courses by 2022. If that wasn't ambitious enough, she decided to relocate to Australia in the middle of a global pandemic, so you can see...she's probably isn't going to be deterred from her vision for all of us.

Dr. Alexander, thank you so much for being our podcast guest this month! I am a huge fan and I appreciate getting to spend a little time "at your elbow".

04:34 Dr. Angela Alexander: Thank you for the brilliant introduction. It is a pleasure being in your show.

04:52 Dr. D' Anne Rudden: I am thrilled to get the chance to talk to you one on one. For people who don't know you, or who don't know much about APD, I want to give them the lay of the land. What is APD? How did you get interested in it?

05:15 Dr. Angela Alexander: Auditory Processing is, "What the brain does with what the ears hear". Jack Katz came up with that wonderful quote. When we talk about Auditory Processing, it is what's working well. If a person is not dealing with what they hear effectively, then their brain isn't figuring out what they are hearing. It is called Auditory Processing Disorder (APD). Some people call it CAPD or CAP, but a rose by any other name would still smell as sweet.

For me, Auditory Processing Disorder is a way in which auditory skills affect a person's well-being. I want to see how a person's life is or if it isn't moving forward because they are having difficulties understanding what they hear. Auditory Processing Disorder is the potential ability to improve your auditory skills and your life. How did I get interested in it? This is a little bit of an embarrassing story, but I was an undergraduate back in 2004. I had a bowling class because I was taking a high-level education at that point. My last semester was also the end of my bachelor's degree, and I had my speech perception class right afterward. I was bawling my last game and took a little bit longer than I should have. I showed up to class, and I was the last person who walked into the classroom, and there was only one seat available - it was at the front and the center of the room. I sat down and realized that we had a guest speaker who was talking about auditory processing disorder. In the end, it blew my mind. It was almost like the feeling of falling in love. I finally knew that this is what I am doing for the rest of my life. I need to see how the test works. I need to see how to treat it. I walked up and I asked him if I could come see him in his office, and he said, "Sure. Email me.". I asked him for his email address. He said, "mynameoflo.edu." I asked him his name, and he said, "Jack Katz." And there I was holding his clinical handbook of audiology—yes, I knew who this man is, and somehow I had missed the train. Again, I am a train wreck sometimes. So, I went to his office and I didn't stop going.

08:13 Dr. D' Anne Rudden: It is the missing link of what we do. To have that "Aha!" moment so early in your education and your movement towards your career. What a blessing!

08:33 Dr. Angela Alexander: It was. It resonated deeply within me, but I didn't know why it resonated so deeply. It took me years to realize why I had that kind of down-to-yourself kind of change in me. It was the day that changed my DNA. Jack said this beautiful quote, "A single sentence can change your life, so keep listening".

09:03 Dr. D' Anne Rudden: I love that. When you think about people and how they come to audiology they say things like, "I want to help people hear better." But, it doesn't take too long to realize that that was the easy part—It's the start of it. It is all the stuff that comes afterward and the challenges that arise from integrating and

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increasing audibility that changes people's lives.

09:45 Dr. Angela Alexander: I completely agree. We want to help people communicate on a deeper level. But, if we look at things as far as Erber's model is concerned, there are four levels of Auditory Skill Development, and it starts with *Awareness*. We increase awareness in hearing aids, and we do it with cochlear implants too. If the person has hearing loss and problems with awareness, we can make them aware of the sound. The level above awareness is *Discrimination*. Can you tell that a person struggles to understand hearing one sound versus another sound? Can they hear the difference between "mmm" and "nnn"? The next level is *Identification*, that mmm is M, and "nnn" is N. You need all three levels—Awareness, Discrimination, Identification—to get up to the last level which is *Comprehension*. The issues with auditory processing disorder worked at such a fundamental level. Many audiologists will have a client coming to the clinic, do a case history, and the person sounds like they have a hearing loss - it's tripping off bells. You might be able to guess that person has a moderate hearing loss before they get on the booth, and then low and behold, the audiogram is normal. And now, what are you going to say to this person because they have no problem? Their problem isn't awareness. You don't need a hearing aid to overcome it, you need auditory training. You need to improve their ability to discriminate sound.. to identify sound in order to comprehend it.

11:28 Dr. D' Anne Rudden: I think it is where people often get off the bus because they think, "I don't know what to do next. This is going to be very time-consuming, and I probably will not get reimbursed well." My understanding of knowing you is that it's all myth. There are a lot of myths in the story we either told ourselves from the beginning of time. It is something we can do and can be trained to do. It could be efficient, helpful, and a revenue generator for your practice. Am I right?

12:15 Dr. Angela Alexander: You are right. In fact, the big myth I want to work on is just because the person has a hearing loss doesn't mean that they don't have an auditory processing issue, too. These are the people who get hearing aids but still not have a major improvement. I will give you a tool on what you can use in your clinics starting tomorrow in order to ensure you are moving forward. It is free to use. I'll definitely talk about that, but also—why is it we are not working with kids as young as possible? Nina Kraus is coming up with methods on how to diagnose people from birth. Of course, that doesn't help if it's acquired from middle ear issues or traumatic brain injury, but we should be working with these kids as young as possible. There's no reason we should ever wait for something to be fully mature to help people along the way. The other thing is, I honestly do not believe that an auditory processing test should take longer than two hours. I never go beyond one hour at a time. Some people will be testing for hours hours on end—and you are not testing auditory processing at that point anymore.

13:44 Dr. D' Anne Rudden: That has always been my concern because it's fundamental in who we are as audiologists is wanting to help people hear better. I can think of half a dozen people that you fit with hearing aids, and they are dissatisfied because it goes beyond that. Then, we start saying that they can do these online, which is great, but I think some people need a lot more than that—and we are willing to do it with cochlear implants and some other things. So why not mainstream hearing loss?

14:36 Dr. Angela Alexander: I completely agree. It is the next level of care. For audiologists who are in private practice who want to set themselves apart from dispensers or even the big brands, this is a brilliant way to be a whole-brain audiologist. You were asking about the reimbursement rates. I have a colleague in our group called the International Guild of Auditory Processing Specialists, with Jack Katz at the top of the group, who started to bundle APD services. Isn't it interesting? As we are evolving with hearing aids we are saying, "Okay, what is unbundling? Let's strip this down." With auditory processing, we are looking at, what if we offer the client lots of packages? They can take the packages that work for them. It is an evolving idea and construct but it's a brilliant way to diversify your own clinic. Physician marketing with these are amazing. Physicians do not care about hearing

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aids, but when you talk about auditory processing disorders... It is wonderful.

16:03 Dr. D' Anne Rudden: And this is something that is potentially a telehealth type of service as well. You've opened up another avenue of reaching patients, am I right?

16:20Dr. Angela Alexander: Yes. I have been doing tele-practice since 2012 when I moved to New Zealand from Kansas to finish out some of my clients. I did a talk on it in 2017, and I made a joke about how tele-practice is great because there are less germs. I'd go and say that auditory training is one of the highest value tele-practice appointments we can have with our clients. I can do and assess auditory skills over zoom. It takes a little bit of clever technology, but it is possible for me to identify how a person performs compared to other people their age on these tasks online? I can also do therapy online, and help them start to move forward.

17:21Dr. D' Anne Rudden: I'm sitting in my office, I'm listening to this, and I am thinking to myself that I am sold! I want to get started. In our last minute of the first session of our podcast, tell these people where to start their journey to learning how to do this and how to integrate it? Where do they go?

17:49 Dr. Angela Alexander: The first step is, have a conversation with me. I have an online booking calendar where we can meet up and have a cup of tea. We need to make sure that we are in the right fit first to see if I can help you move forward. Go to auditoryprocessinginstitute.com and click on Contact us. Sign up for an appointment to meet with me and let's have a cup of tea. Let me get to know you and let me see if I can help you move forward in what you want to do. The tool that I suggested to you is an HHIA form or a Hearing Handicap Inventory for Adults. We are also developing an HHIC a Hearing Handicap Inventory for Children. I hate the word handicap, so I just say hearing inventory. When you see a client, ask them those 25 questions, and they'll say, "Yes", or sometimes a "No" or you just add up all of their responses. If they say, "Yes", they get 4 points or sometimes 2 points, a "No" is zero points. If their score is a hundred for example, with a question, "Does a hearing problem cause you a difficulty when listening to family or friends?" If they say, "Yes" to a question like that, and they have a high degree of difficulty then I go ahead and call it their well-being score. If their well-being score is too high and you want to help decrease it - try hearing aids, try different things and use the score to track how you are going. If a person starts in the 80s and you moved them down to the 50s, then you are moving in the right direction but you haven't done enough. Don't just look at the hearing aid settings because there is a brain that is even more important.

19:42 Dr. D' Anne Rudden: My brain is exploding right now with all those nuggets of goodness you just laid on us. Don't go away because we are going to dive in even deeper. This was the training wheel version for people who are coming back to the Aftershow, and you are going to give them even more. Thank you so much for being here.

20:07 Dr. Angela Alexander: You're welcome. My pleasure.

AFTERSHOW

20:12 Dr. D' Anne Rudden: We are back on the Hearing Journal Podcast Aftershow with Dr. Angela Alexander, all the way from Brisbane, Australia. I was feeling like I was surfing the space-time continuum when I had a conversation with you down in the southern hemisphere. One of the things that I appreciate about you is telling your story and your journey on how you know you wanted to work in the APD space? Why were you drawn to that? I know from hearing you speak in the past that this is a much deeper journey than running late from the

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class and happen to sit on the front seat. I am sure Jack Katz is a magical guy but I think it is probably something that goes even further back. You have said it out loud before. Those who listen and don't know your personal story, will you talk a little bit about your own personal story, and how the journey took you from childhood trauma to—what I would call—international audiology superstar?

21:36 Dr. Angela Alexander: Just a little trigger warning for anybody who does feel triggered by child abuse or neglect. I believe people mistreat those they think are not listening. It comes from a personal story of mine where my dad and my stepmom sensed that I was having difficulty with listening, following instructions, etc, so they essentially kept me locked up in our basement from the age 13 to 17. I would get in trouble for things I never remembered hearing to begin with which was a really strange feeling. There's a little bit of craziness in here too, because it wouldn't just be that, but how many times have you heard someone say, "Oh, but they weren't listening?.. Of course, I spank them for not listening." I think there is an element of child abuse needed to be addressed with listening problems.

I wasn't talked to, I wasn't touched, I wasn't told I was loved. Basically, I got treated like an animal—an animal that wasn't really liked. I had siblings that lived upstairs in the house. It is an interesting story. It is one of those situations where I wouldn't go through it again for a million dollars, but the experience and the perspective that it gave me—There was a person who really tried to break me and tried to make it so that I am incapacitated to a point where I wasn't going to achieve much in life, but instead, I want that to be my rocket fuel to push me to work harder and more for these other people with listening problems.

23:44 Dr. D' Anne Rudden: I applaud your brave, bold way of being because you are never shy from bringing up something that I think most of us would not want to talk about at all or share much less in a professional setting. To say you had these issues or this trauma that essentially made you who you are. I want to say that out loud to you. I've heard your story before and it never ceases to give me pause to admire you.

24:30 Dr. Angela Alexander: Thank you.

24:35 Dr. D' Anne Rudden: Let's shift gears for a little bit. You then ended up running late for class, meeting Jack Katz. What was it like? I have the Katz book. I've read his stuff but I can't even imagine what it is like to get to sit with this person who is essentially the Guru. Talk about that?

25:15 Dr. Angela Alexander: I would consider Jack's still a family. He is in his 80s. He lives in Kansas City. He just moved to a retirement facility, but he still runs his auditory processing practice. He is amazing. He has always treated me like a family, too. There are just things he taught me about APD that are not well-known or understood in the profession. Number one, APD doesn't have to do with your ego. We are not supposed to make ourselves sound smart, but to help people who have real problems. There are ways in which Jack's testing helps to identify the issues, and therapy that helps to address the problem. There's not enough people who understand that auditory processing disorder is treatable. Once we treat it, a person could have a completely different life.

26:15 Dr. D' Anne Rudden: Do you think people fear or shy away from moving into this space because they have some kind of weird flashback to their undergrad? They will say, "This feels a little too speech pathology like. That is not my jam. I moved away from that." Do you think that is the stumbling block?

26:39 Dr. Angela Alexander: It is interesting as audiologists we feel like we need to know everything all the time. Sometimes there is this weird defense mechanism built into our brain that if we feel like we don't know everything that is going on, we are not going to go there. There are students and colleagues in my course right now who will say, "Oh, I feel like I need to know more," then we keep diving deeper. We are moving together as a

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community down this pathway of knowledge. I want to give them a perspective about the clients they want to hone in on. A colleague, an audiologist who is going well may have already discharged them from their services completely. While it is easy for us to think that we need to know more, it is very easy to get a black and white mindset as an audiologist, and not be comfortable with the grey area, for me, the absolute and number one thing about being a good diagnostician in auditory processing disorder is not to know exactly where the brain is or exactly why it happens but do you know how to fix it?

27:55 Dr. D' Anne Rudden: I think about my own clinical practice. We are very comfortable with this peripheral hearing loss, doing these hearing aids but as what we have said in the first part of the show—that's the beginning. We are so willing to just be like, "Okay, bye now," and be done with it. I have done my part, and sent them out, and said, "Good luck. I hope it goes well for you."

28:36Dr. Angela Alexander: Yes. It is interesting because we have gotten somebody to increase their awareness, yet we jump passed *discrimination*, and *Identification* gets stripped, *comprehension*—they are cured. Another thing that is interesting to me is when I see people posting on pages saying, "I dispensed a person with auditory processing... I sensed that an adult client had an auditory processing disorder, so I dispensed hearing aids to them and it changed their lives. It was the most amazing and rewarding situation." We are more than a one-trick pony. We need to remember that if we want to be more than dispensers, we need to do more than just dispense.

29:22 Dr. D' Anne Rudden: You hit it right. We are at a point in time especially here in the US. Where we are staring down the nose of over the counter, there's a lot of fear that we are going to be made irrelevant, those people are not going to need us. I remember you said when I heard you speak that you have a job for life, that you are not worried, and you are not threatened. Wow! What a cool place to be to feel you are up on the game with your skillset, to where people are going to need you more rather than looking at what's happening outside of you that you probably can't control anyway. As being, what's going to be the "death" of me.

30:18 Dr. Angela Alexander: Yes. You need to be a visionary, not a reactionary, right? Back in 2008, I created an online map to find different professionals who are doing this work where I can refer people to because we had an article picked up by the associated press. I heard from people all over the US trying to find this help. I created an online searchable map and it had 250 clinicians doing the work. In 2018, I did a major update of the map adding people who had added their practice, taking people off who had passed away or retired. There were only 250 people on the map, and if the conservative estimates of the rate, up to 300 million people in the world have an auditory processing difficulty. I am only talking about English speakers. The impact where there's 300 million of us who could use our help, and 250 people who are doing the work so well, double the number to 500. We are at 360 so far. We are on track to meet the goal which is very exciting. The idea of auditory processing disorder is overdiagnosed is the most freaking hilarious thing I have ever heard in life.

32:00 Dr. D' Anne Rudden: Is there anyone who said that it is overdiagnosed?

32:05 Dr. Angela Alexander: I heard one colleague say that we should only diagnose about 60 percent of the people who come into our clinic. Can you imagine if we say the same thing about hearing loss? No. We need to go by science. We need to go by what our standard deviations are telling us and what our normative data is telling us. A majority of people who come to the clinic saying they have a hearing problem actually have a hearing problem. Maybe that is hearing loss? Maybe that is APD? Either way, we need to help them move forward.

32:38Dr. D' Anne Rudden: They can have both. I can't even tell you how many people—we take care of potentially have hearing problems, but there's always this perpetual return of.. We chalk it up to expectations a lot of times—that they have an unrealistic expectation. Yes, it is potentially part of the equation depending on how you are

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framing hearing aids in their treatment and care plan. How brilliant would it be to be like, "What I am hearing you say is that the hearing aids are not enough, and we need to take the next step with you and this is the pathway forward." Instead of being like, "Oh, well we could tweak the settings."

33:42 Dr. Angela Alexander: Counseling to unrealistic expectations is the lamest excuse I have ever heard for an audiologist not upping their game. Professors have taught us to say that. There is 60 percent of AuD programs in auditory processing class, 40 percent are not even talking about this, and five percent of the population may have these difficulties versus hearing loss. Even in children who have five percent compared to what we say one out of 1,000 or two out of 1,000, the numbers are huge means we are not doing our job. One of the things I have been doing in talks recently is I asked people because I show them videos of actual plans of auditory processing showing their difficulties. In the end, I asked them what they think they feel to have an auditory processing disorder. I put up questions like; feels lost, confusing, frustrating, depressing, isolating. I will ask them, "What do you think it feels like to go to an audiologist who tells you that you don't have a problem?"

35:03 Dr. D' Anne Rudden: It is devastating.

35:07 Dr. Angela Alexander: Who do you expect they go to?

35:11 Dr. D' Anne Rudden: Yes. Where would they go from there?

35:12 Dr. Angela Alexander: Honestly, sending them to an SLP is not necessarily going to help either unless the SLP is trained in auditory skills.

35:23 Dr. D' Anne Rudden: Are many of them trained in auditory skills? Is this their niche, and we are just trying to own the space? Or no one is owning the space, so who is the logical choice? We are.

35:38 Dr. Angela Alexander: We need to. If we do not own the space, someone else will try. Psychologists, OTs—there are lots of people who do want to take ownership of the space. We have said that an audiologist is the only one who can diagnose, but if there are only 250 or 350 of us doing it, then we are going to lose it because we are not meeting the needs of the population.

36:02 Dr. D' Anne Rudden: Let me ask you this. What do we do with tinnitus issues? I have seen tinnitus patients in my practice, and we have referred this to external people as members of my team—we have a cognitive behavioral therapist, a TMJ person—that helps the whole person. Could we not have that with APD, as well? Sometimes, there is a psychology portion, an SLP portion, that could be on your whole team, which is a very collaborative thing.

36:44 Dr. Angela Alexander: Absolutely. Everybody is claiming to be multi-disciplinary teams. Let's get everybody on board. One of the dangers of that is auditory processing disorder already has too many barriers to entry for people who are in poverty. I honestly believe that APD contributes to poverty because it is preventing people from achieving academically. If we have a multi-disciplinary team, it makes services more expensive. I have heard one person say, "Why do I need other professionals to tell me their own opinion whatever is going on with the child?" It is up to the audiologist, but we are only audiologists. We can only speak from an auditory perspective. I can say how this child is performing on this test based on an auditory perspective, is an auditory skill I see lacking. I have a controversial idea. How do we do a hearing test before a person gets diagnosed with autism because we don't want to miss a hearing test? I think before a person gets diagnosed with ADHD, the patient has an auditory processing test because I want to work with the things that are treatable. We can treat it without medications. We can do auditory skills to improve their abilities because an ADHD often looks like where everyone goes when it is

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actually a listening problem. Not every time you hear hoofbeats do you always think of a zebra. APD is less commonly thought about but it's highly treatable. So, shouldn't be working with those? There are not enough professionals to do that but I would love to see it.

38:44 Dr. D' Anne Rudden: I was going to ask you the crystal ball question, but you just answered it right there. Where do you see us in five years? 10 years? 25 years from now? Let me read your mind for a moment. I think what I hear you say is we are all doing this.

39:04 Dr. Angela Alexander: All of us are doing pretty good. If we are dispensing, then we should be doing this. I understand people's concerns with specializing in many things, but this is absolutely in the wheelhouse of a dispensing audiologist. We should all be doing it. We should all be watching for it because none of us want to have a client leaving our doors feeling disappointed in our level of education, preparation, and compassion.

39:39 Dr. D' Anne Rudden: You laid it all on the table. You have given us the cold arms, and you are incredible. We should circle back in a year and see how many people you have added to your map. I have a feeling after they hear this they are going to be as inspired as I am. Thank you so much for your time. Thank you for giving us your expertise. Thank you for sitting at the elbow of the masters so you could bring it to the masses.

40:19 Dr. Angela Alexander: You got it D'Anne. Thank you so much for your time.

40:22 END