

Listening Difficulties: Development and implementation of an evidence-based position statement



Karin Neijenhuis, PhD ¹

Ellen de Wit, M Sc ^{2,3,4}

Margreet Luinge, PhD ^{2,4}

- (1) *Rotterdam University of Applied Sciences, Research Centre Innovations in Care, Rotterdam, The Netherlands*
- (2) *Hanze University of Applied Sciences, Research Group Healthy Aging, Allied Health Care and Nursing, Groningen, The Netherlands*
- (3) *University of Groningen, Graduate School of Medical Sciences, Research school of Behavioral and Cognitive Neurosciences, Groningen*
- (4) *University Medical Center, Groningen, Dept. of ORL, The Netherlands*

c.a.m.neijenhuis@hr.nl, RotterdamUAS.com/DutchPositionStatement



**Hanzehogeschool
Groningen**
University of Applied Sciences



FENAC

Dutch situation: Audiological Centres

Multidisciplinary teams for diagnosis, rehabilitation, and counselling of **hearing problems** in children and adults, and diagnosing children with **speech and language difficulties**.

2014: Status 'APD'

- Different care pathways
- Wide variation in procedures
- No consensus document at national level.



Easily distracted

Weak reader

Speaks in short simple sentences

Worries about hearing

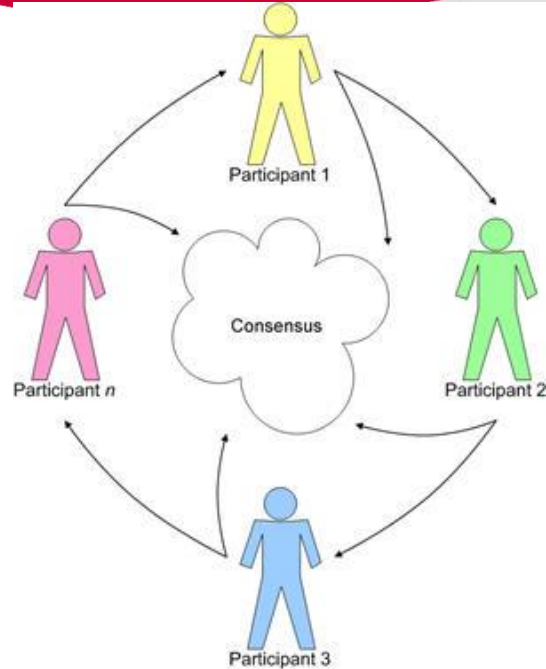
No hearing loss



Development of position statement



1) Two systematic reviews



2) Delphi study



3) Focus group study



4) Survey



Feedback round Dutch ACs on draft version Position Statement

Definition

Referral

Diagnosis

Treatment

consensus

Multidisciplinary approach

Broad developmental view

Auditory processing disorders?
Unexplained Listening difficulties?
Listening difficulties?

Dis-sensus

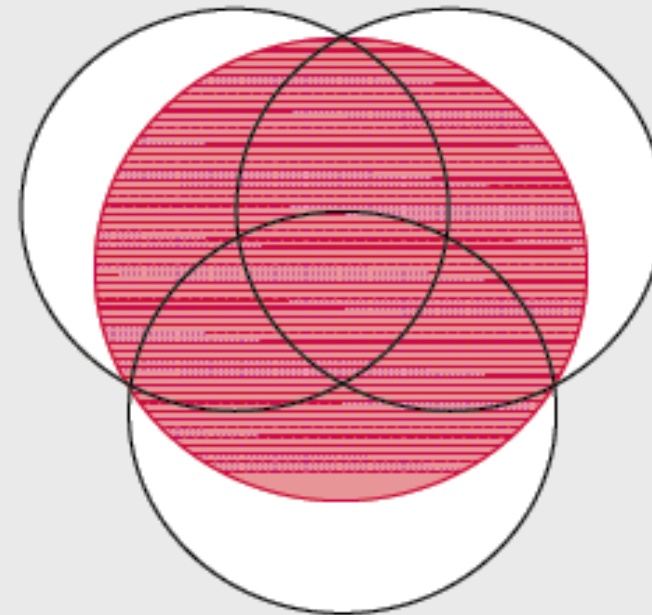
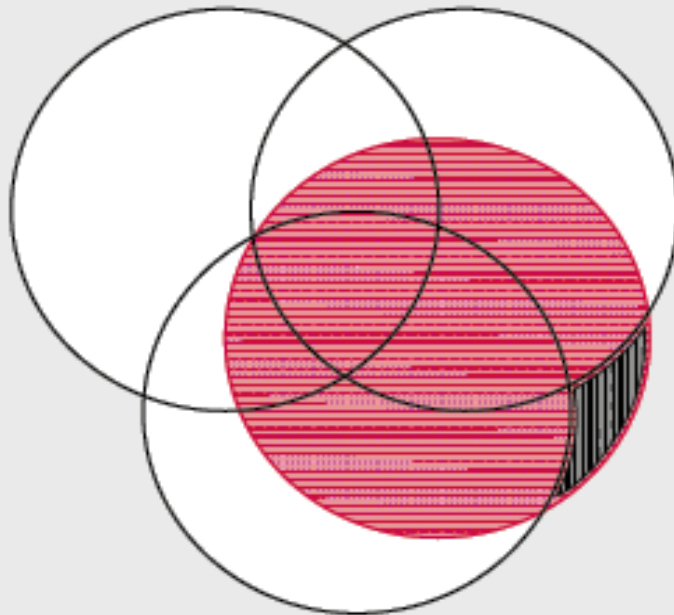
Results focus group analysis: definition

APD versus Listening problems

"(Pure) APD does exist " (but is scarce)



" APD does not exist"



 APD


 Listening problems

Fig. 1



Definition

Referral

Diagnosis

Treatment

1. The target group 'Children with listening difficulties' (LD) is not a unique and demonstrable clinical entity
2. The problems of children with LD are multimodal
3. The symptoms of children with LD may also occur in children with other developmental disorders (ADHD, DLD, dyslexia, learning disorders)



4. After detection of LD, children can be referred to a multidisciplinary centre



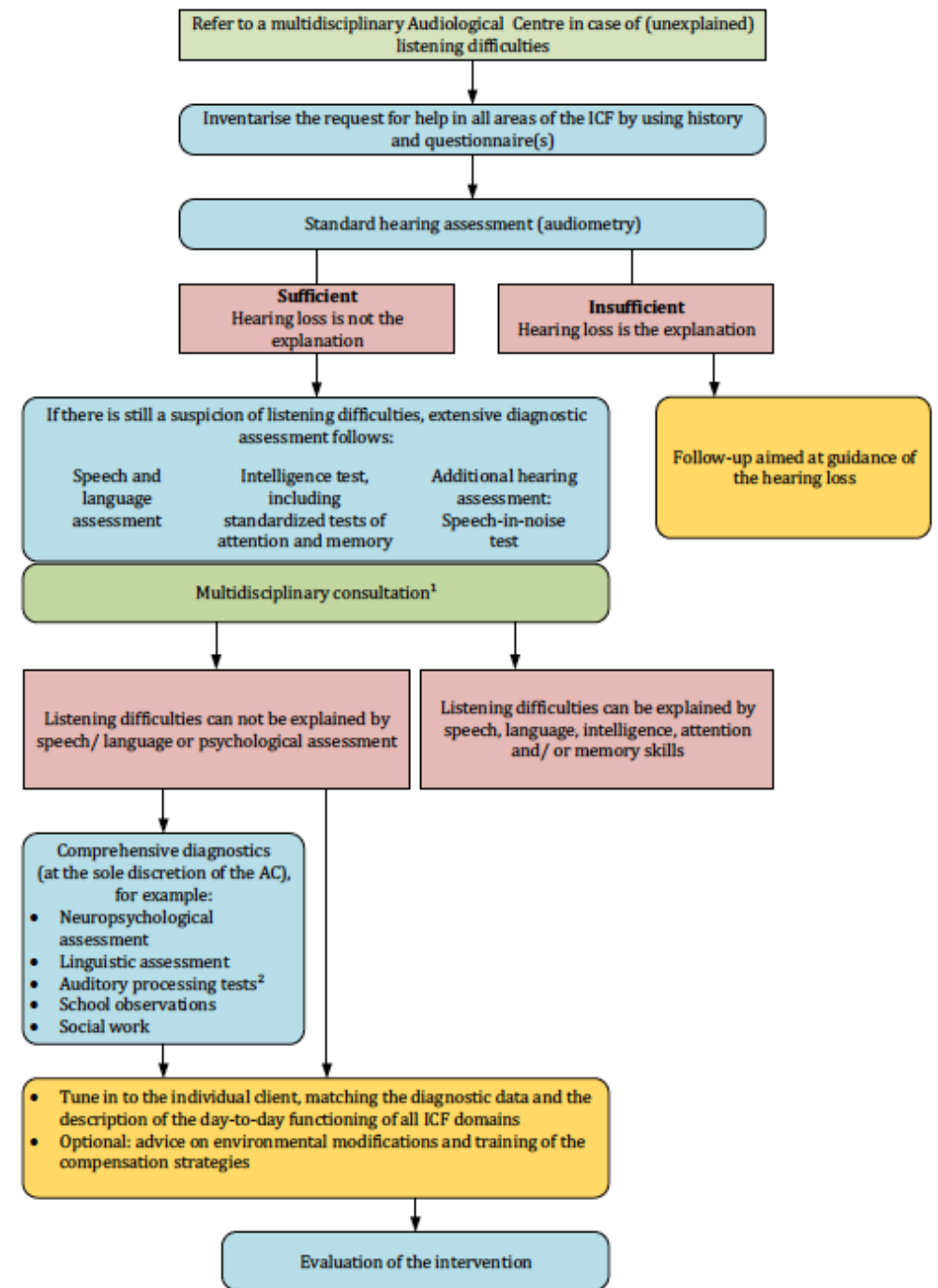
Definition

Referral

Diagnosis

Treatment

5. When diagnosing a child with LD, an audiologist, an SLT and a behavioral scientist must be involved.
6. LD are initially mapped using patient history (client-centered) and, if available, a validated questionnaire.
7. In the case of children with LD, a speech-in-noise test is always carried out in addition to the pure tone and speech audiometry.
8. The diagnostic procedure for LD starts from a broad perspective on development.



Figuur 4. Diagnostic flowchart for children with listening difficulties.



9. For children with LD, intervention is focused on the client's needs and focuses on action-oriented practice.

Conclusion and discussion

- ▶ Position Statement helps in daily decision making process
- ▶ Still dissensus at some points (label, tests)
- ▶ New developments lead to modifications in future
- ▶ Involvement of all stakeholders during developmental process stimulates implementation
- ▶ Ongoing research: implementation of DPS
- ▶ International consensus?

References

de Wit, E., Neijenhuis, K., & Luinge, M.R. (2017). Dutch Position Statement Kinderen met Luisterproblemen. Utrecht: Federatie van Nederlandse Audiologische Centra.

Dutch version:

https://www.fenac.nl/site/assets/files/2277/position_statement_kinderen_met_luisterproblemen_-_de_wit-luinge_neijenhuis_-_juli_2017.pdf

Translated version: <https://www.rotterdamuas.com/research/projects-and-publications/pub/dutch-position-statement-children-with-listen/6162d66e-46ce-496c-9ff9-23bc82673007/>