*Processing. Language Processing. Auditory Processing.* These words and phrases seem to dominate what we hear and read, from parent magazines to professional catalog offerings to child-study team discussions. The speech-language pathologist often plays a critical role in gathering relevant information and evaluating it to present a clear, accurate picture of a student with central auditory processing deficits (CAPD). The professional gathers information from across the environments of home and school and then carefully analyzes the information to prepare a prescriptive response. The following list specifies what the speech-language pathologist needs to consider and accomplish in conducting such an evaluation:

Understand and describe the student's behaviors, both at home and at school.

Understand relevant speech, language, and listening skill areas and how they affect academic performance and everyday interactions.

Know which formal tests to use to delineate areas of weakness within speech and language functioning.

Understand the tests used in audiological testing and their implications in preparing the prescriptive response.

Understand the role of the medical doctor in attempting to rule out attention deficit hyperactivity or hypoactivity disorders.

Understand the role of the learning disability specialist and the tests used in attempting to rule out a learning disability.

Examine language arts-related performances within the student's classroom or classrooms, including observations of behaviors, grades on report cards and projects, test scores for formalized tests such as *Cogats* and *ITBS*, and patterns of errors.

Certain behaviors are often associated with children presenting with CAPD. These behaviors are listed in the box on page 6. Please note that these behaviors can also be found in children with learning disabilities and/or attention deficit hyperactivity disorder. As with most disorders, not every child with CAPD exhibits all of these behaviors, and the intensity of a given child's behaviors may vary across time and situations.

The auditory skill areas most commonly addressed in intervention for children with CAPD are listed and described on pages 7-8. The corresponding units of the three books in this program provide specific training exercises to improve each of these skill areas.

## Characteristics of Children with CAPD

| Res<br>Diff<br>Eas<br>Unu<br>App<br>Poo          | performance for auditory functioning is poor<br>sponds inconsistently to auditory stimuli<br>ficulty localizing sound sources<br>sily distracted; short attention span<br>usually bothered by loud or sudden noises or noisy environments<br>bears to perform better in quieter settings<br>or auditory memory skills for numbers and words<br>or sequencing skills and sense of rhythm   |
|--|---|
| Mis<br>Rec<br>Find<br>Diff<br>Hes<br>We<br>Diff  | ases in receptive and expressive language<br>sunderstands what is said; confuses similar-sounding words<br>quires information to be repeated several times; often asks <i>Huh</i> ? or <i>What</i> ?<br>ds abstract information difficult to understand when presented orally<br>ficulty following simple and complex oral directions<br>Confuses or forgets directions when several are given at one time<br>Has difficulty with delayed directions<br>sitant speech; responds to questions and instructions slowly or with delay<br>ak vocabulary<br>ficulty singing in tune<br>ficulty with spelling, reading, and writing<br>Difficulty with phonics and speech sound discrimination<br>Confusion with, or reversal of, letters<br>Poor reading comprehension |
| Fidy<br>Ofte<br>Unu<br>Mix<br>Lov<br>Ofte<br>Not | <b>Sewed as a behavior problem</b><br>gety behaviors; hyperactivity; often irritable<br>en disorganized and forgetful; tendency to procrastinate<br>usually tired at the end of the day<br>ted dominance; confusion between left and right<br>v self-esteem; tendency to be depressed and feel overburdened<br>en viewed as immature; easily frustrated<br>t motivated, or negative, about school<br>agmatically inappropriate due to difficulty following conversations  |

**Auditory memory** involves immediate and delayed recall of numbers, words, sentences, and directions. Just because a person can repeat well does not mean that he can remember well! Effective auditory memory involves interpretation. Weaknesses in this area may translate into academic difficulties as follows:

Difficulty recalling letters, words, and numbers

Inconsistent recall for addresses and phone numbers

Forgetfulness with sound-symbol relationships

Difficulty following all parts of oral directions

**Auditory discrimination** involves differentiating isolated sounds in words and words in sentences. At a very basic level, auditory discrimination may involve discrimination of nonlinguistic material such as environmental, animal, and musical sounds. Weaknesses in this area may translate into academic difficulties as follows:

Difficulty understanding oral directions

Difficulty learning letter sounds and letter names

Poor spelling, reading, and writing skills

Tendency to repeat words, numbers, and directions incorrectly

**Auditory closure** involves the ability to supply information that was not heard completely. The ability to predict this information is based upon a student's ability to use the context of information effectively. Weaknesses in this area may translate into academic difficulties as follows:

Difficulty understanding speech in noise

Poor vocabulary

Poor syntax

Difficulty with sound recognition and sound blending in phonics tasks

**Auditory synthesis** involves the abilities to form a word from individual sounds and to identify individual sounds in words as they occur within words or sentences. Weaknesses in this area may translate into academic difficulties as follows:

Difficulty with phonics

Difficulty with grammar

Difficulty interpreting word stress

**Auditory figure-ground** involves listening in the presence of background noise from sources such as air conditioning units, noisy classrooms, radios, TVs, cafeterias, and playgrounds. Weaknesses in this area may translate into the following academic difficulties (listed on page 8):

| Distractibility              | Easily frustrated              |  |
|------------------------------|--------------------------------|--|
| Inattention                  | Negative feelings about school |  |
| Fidgety behavior             | Procrastination                |  |
| Intolerance and irritability |                                |  |

**Auditory cohesion** involves higher-level linguistic processing skills, such as the ability to follow complicated conversations, understand jokes and riddles, make inferences, and draw conclusions. Weaknesses in this area may translate into academic difficulties as follows:

Poor note-taking skills

Poor reading comprehension, particularly compared to reading decoding strategies

Pragmatically inappropriate behaviors

Difficulty with written expression

**Auditory binaural integration** (interhemispheric functioning) involves the ability to make transfers between verbal and motor activities. Weaknesses in this area may translate into academic difficulties as follows:

Difficulty functioning in classroom centers

Difficulty learning within a whole-language environment

Difficulty taking notes and writing to dictation

Difficulty with music-related skills

### Assessment and Diagnosis of CAPD . .

Speech-language pathologists often use the following instruments, arranged by publisher, to assess CAPD:

American Guidance Systems

Goldman-Fristoe Woodcock Test of Auditory Discrimination

*Kaufman Test of Educational Achievement (KTEA)*—particularly the Reading Decoding and Reading Comprehension subtests

*Oral and Written Language Scales (OWLS)*—particularly the Listening Comprehension Scale

LinguiSystems, Inc.

Language Processing Test-Revised (LPT-R)

The Listening Test

The Phonological Awareness Test

The Test of Problem Solving, Elementary-Revised (TOPS-R)

Western Psychological Services

Wepman's Auditory Discrimination Test (ADT)

Wepman's Auditory Memory Battery

**Precision Acoustics** 

Auditory Continuous Performance Test (ACPT)

The Psychological Corporation

*Clinical Evaluation of Language Fundamentals-3 (CELF-3)*—particularly the Concepts and Directions, Recalling Sentences, and Word Classes subtests

*Wechsler Individual Achievement Tests (WIAT)*—particularly the Reading Decoding and Reading Comprehension, Oral Expression, Written Expression, and Listening Comprehension subtests

PRO-ED

*Detroit Tests of Learning Aptitude-4 (DTLA-4)*—particularly the Sentence Imitation, Reverse Letters, Word Sequences, and Story Sequences subtests

Lindamood Auditory Conceptualization Test (LAC)

*Test of Language Development-Primary (TOLD-P:3)*—particularly the Sentence Imitation, Word Discrimination, and Phonemic Analysis subtests

Token Test for Children and Revised Token Test (RTT)

Test of Auditory Perceptual Skills-Revised (TAPS-R)

The following audiological diagnostic instruments are often used for CAPD testing:

A Screening Test for Auditory Processing Disorders (SCAN)—This screening instrument consists of three subtests as follows:

- 1. Filtered Words—assesses auditory closure; may reflect difficulties in comprehending words within the acoustic environment and filling in auditory information that is lost to background noise
- 2. Auditory Figure-Ground—assesses word discrimination abilities in the presence of background noise; may reflect difficulties in focusing on auditory information within the typical noisy environment

3. Competing Words—assesses binaural integration via a dichotic speech task; may reflect difficulties with the ability to store and recall speech information

A Screening Test for Auditory Processing Disorders in Adolescents and Adults (SCAN-A)—This screening instrument differs from the SCAN in that there are a greater number of words, less delay in presentation, and an additional subtest for competing sentences; this subtest may reflect difficulties with binaural separation.

*Phonemic Synthesis Test*—assesses sound blending, discrimination skills, articulation, processing time, and sequencing; may reflect difficulties with auditory closure and decoding activities

Staggered Spondaic Word Test (SSW)—assesses binaural integration within a linguistically-loaded format; may reflect difficulties with decoding or receptive language weaknesses

*Dichotic Digits Test (DDT)*—assesses binaural integration within a nonlinguistically-loaded format; may reflect difficulties with binaural separation in noise

*Pitch Pattern Sequence Test (PPS)*—assesses temporal patterning; may reflect difficulties with understanding inflectional patterns and recognizing and using prosodic speech features

*Duration Pattern Sequence Test (DPS)*—assesses temporal patterning; may reflect difficulties with the prosodic speech features

The sample case study below illustrates a typical report from an assessment of a child referred for suspected auditory deficits.

# Sample Case Study . . . . . . . . . . . . . . . .

This ten-year-old, fifth grade student was seen to rule out a central auditory processing weakness. Relevant medical history includes frequent middle ear infections in early childhood. Behaviors observed by the mother reflect that the student often needs messages repeated; has difficulty spelling dictated words; has problems following oral directions that require remembering a sequence of commands; shows confusion with the order of syllables; shows difficulty with the phonetic spelling approach; exhibits extreme distractibility in a noisy situation; has poor retention of verbal information after a short period of time; and misinterprets words, phrases, and sentences.

### Audiological Evaluation

Pure-tone testing revealed normal hearing sensitivity with a slight asymmetry in the low frequencies, the left ear being the poorer ear.

Speech recognition ability (stimuli presented dichotically at +5 s/n) was 84% for the right ear and 96% for the left ear at 45 dBHL. This is within normal limits.

Tympanometry revealed normal Type "A" tracings bilaterally. A visual inspection of the ears was normal.

*Distortion Product Otoacoustic Emission (OAE)* testing revealed slightly reduced emissions for the left ear at 1000 and 1500 Hz. Emissions were present in the normal range for all frequencies in the right ear.

#### Central Tests

A Screening for Auditory Processing Disorders (SCAN) test was given.

The Filtered Words subtest is a low-pass filtered speech test that assesses auditory closure, the ability to "fill in" the missing parts of speech. The student's score was very poor for this skill (1st percentile).

The Auditory Figure Ground (AFG) subtest assesses word discrimination abilities in the presence of competing background noise. The student's score was fair for this skill (9th percentile).

The Competing Sentences subtest is a dichotic speech task that reflects the development and maturation of the auditory system. The student's score was poor for this skill (2nd percentile). The pattern of errors in the left ear only suggests a possible delay in the maturation of the auditory system. Left ear performance usually does improve over time.

The Competing Words subtest is a dichotic test in which different speech stimuli are presented to the two ears simultaneously. The student's score was fair for this skill (2nd percentile). A depressed score may suggest that a child's auditory system is functioning similar to that of a younger child.

The *Staggered Spondaic Word (SSW)* test assesses binaural integration and requires the subject to respond to spondee words presented to both ears. The second syllable of the first word and the first syllable of the second word are presented simultaneously. The patient is asked to repeat all four words. Scores were in the normal range for all four test conditions. The student did have a significant number of reversals. He could not remember the four words in sequence, so he would often repeat the second compound word first, followed by the initial compound word. This compensatory strategy is often displayed when a child has poor auditory memory or sequencing skills.

The *Phonemic Synthesis Test* involves blending sounds into words. It tests discrimination skills, articulation, blending, processing time, and sequencing. The test was given under earphones at 50 dBHL bilaterally. The student's score placed him at the early first grade level. The student had significant difficulty with voiceless blends. He seemed to show difficulty discriminating the phoneme sounds /s/ from /sh/ or /st/ and also /sh/ from /ch/.

#### Summary

The student's test results are consistent with an auditory decoding deficit, characterized by poor performance on tests of monaural, low-redundancy speech and speech-in-noise. These children often exhibit difficulty in reading, particularly when an auditory phonics approach to reading is applied. Likewise, speech-to-print skills, vocabulary, syntax, and semantic skills may be weak. These students usually do well in math because phone-mic decoding is not required. Since this deficit reduces a child's phonemic representation ability, sound blending, discrimination, and retention of phonemes is poor. The deficit manifests itself in the inability to achieve auditory closure due to breakdown in the intrinsic redundancy of the central auditory nervous system when portions of the auditory signal are distorted or missing. Although the student showed no significant weakness with auditory memory skills, auditory sequencing problems were evident throughout testing.

#### Recommendations

Repetition may help children with closure deficits, but only if the repetition is acoustically clearer than the original presentation of the message. The child's ability to comprehend the message will be good as long as the child is able to decode the message. Improving the acoustic clarity of the signal may be achieved by preferential seating away from noise sources in the classroom and using an assistive listening device during therapy sessions to improve the signal-to-noise ratio. Implement activities to develop and strengthen auditory sequencing skills.

The student may benefit most from phoneme training at the syllable level, specific training of speech-to-print skills, auditory closure activities designed to teach the use of contextual clues, and auditory sequencing of speech sounds and patterns of loudness and rhythm. These activities should be conducted by a speech pathologist.

An analysis of this report indicates therapy direction as follows:

Auditory closure activities

Activities involving word discrimination in the presence of background noise

Auditory memory activities

Auditory sequencing activities

Sound blending activities