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Adults and CAPD

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Often I am asked if I evaluate adults with CAPD. The next question is what can be done to assist the adult and why was an evaluation for CAPD provided?

In my practice, psychologists refer adults for a CAPD evaluation for differential diagnosis, especially when the comprehensive psychological evaluation indicates the presence of weak auditory memory or when attention deficit hyperactivity disorder (ADHD) is suspected. A common statement from the adult who is diagnosed with CAPD is, “What a relief that I now know why I struggle with complex auditory information!”

The adult clientele we would most likely encounter are those:

1. with a history of CAPD with intervention as a younger person.
2. who experience auditory deficits due to neurological or degenerative diagnoses that compromises the central auditory nervous system (CANS) such as traumatic brain injuries, cardio vascular accidents, Alzheimer’s, and multiple sclerosis.
3. who experience CANS degenerative processes related to normal aging.
4. who are evaluated for CAPD for the first time even though they have experienced, for many years, difficulty in accurately perceiving the auditory message.[1]

While CAPD remediation may or may not include auditory training (AT), there are additional facets involved in developing a successful management plan for the adult with CAPD. The adult is involved with more daily living situations than the child’s school and home environments. The adult may perform community service, have work commitments, attend civic and religious events, or have family responsibilities that all may be affected by the CAPD.

Common behaviours seen in adults have been noted for many years. The adult may experience a lack of appreciation of music, has difficulty in understanding the message during telephone conversations, and may struggle in learning specific technical or vocational language. Most adults will complain that rapid speech and lengthy directions are difficult to comprehend.

A client who worked as a secretary indicated that she required the person on the telephone to speak to her in a slow manner as if she were in grade six. This was a learned strategy to be successful in her job performance due to her weak auditory memory skills.

Another client, age 60, was taught at a support group for adults with CAPD to use his laminated bookmark-size listing of salad dressings (that he keeps in his shirt pocket) when he is at a restaurant. The waitress is asked to point at only two available salad dressings. Such a tactic reduces fatigue and tension in trying to remember such information in a social setting.

Auditory training should not be dismissed from the intervention program of the adult client. For example, a 52-year-old woman with a severe level of a decoding type of CAPD responds to her son

“poetry” rather than “poultry” when he inquires of the evening dinner menu. She experienced humiliation from her coworkers as she could not pronounce a coworker’s name and would say “Prunence” instead of “Prudence.” This woman became more discouraged when her teenage children would laugh at her when she could not differentiate words in songs. This client worked hard during her AT sessions, with some gains, and was receiving counseling sessions from a psychologist to learn coping strategies.

Some levels of plasticity of the adult brain do occur; however, focus may be less on these formal and informal AT methods (with the exception of the above example) in order to enhance the signal quality and the client’s ability to improve linguistic and metacognitive skills.

A 22-year-old woman with traumatic brain injury (TBI), weak auditory memory skill, and significant noise intolerance issues could not function during a conversation due to her intolerance to room light and any type of soft or loud noise. Her posture of slumped shoulders, the presence of sunglasses and a hat to assist with the offensive room light, and her pronounced body jerks to all noise levels – were testament of her struggle in daily life. After four months of noise desensitization and auditory memory therapy, she was able to accurately respond to unrehearsed questions at a mock interview when intermittent noise was produced via a computer in the room. She sat erect and confidently responded to the questions, without body jerks to the intermittent noise. And yes, she did this without the sunglasses and hat!

The reader is referred to the below sources of detailed management and therapeutic strategies that are used with adults with CAPD.

Suggested Reading

Chermak G and Musiek F (Eds) Handbook of central auditory processing disorder, Volume II Comprehensive intervention, 2nd Edition. Plural Publishing: San Diego: CA; 2013. http://pluralpublishing.com/publication_hcapdv22e.htm

Geffner D and Ross-Swain D (Eds.) Auditory processing disorders: assessment, management, and treatment, 2nd edition. Plural Publishing: San Diego, CA; 2013. http://pluralpublishing.com/publication_apd2e.htm.

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Reference

1. Baran J. Intervention approaches for adolescents and adults with central auditory processing disorder. In: Chermak G and Musiek F (Eds). Handbook of central auditory processing disorder comprehensive intervention, 2nd Edition. Plural Publishing: San Diego: CA; 2013.