

Five-Year Olds and CAPD

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A few years ago I heard a prominent speech-language pathologist state at a conference, “It is ludicrous for a 5-year old to receive the SSW test, due to the immaturity of the brain... for accurate assessment of CAPD.” This statement was inserted when the speaker was discussing the best approach to provide services to a child who may have autism, but is too young for a “sure” diagnosis. It was the speaker’s thought that those labeled with autism at a young age, before age 5, should receive the necessary services in order to assist with the developmental delays associated with autism. Therefore, when the child is older, he or she may be found to exhibit a less severe range of autism, due to the delivery of services received at a young age.

I intently listened to this analogy and pondered as to why the autism early diagnosis philosophy could not be applied to CAPD? It gets more interesting when we consider that there is a well known CAPD screener since 1986 that can be administered to children between the ages of 3–11 years, with the most current version, SCAN 3, for ages 5–12 years.¹ However, many position statements indicate that the minimal age for testing for CAPD should be at 7 years of age. The following case study shows how we can reliably evaluate a young child with the Staggered Spondaic Word (SSW) test that has norms as young as age 5 and how effective the differential diagnosis is when the professionals work together.^{2,3}

CASE STUDY

Andrea was referred by her mother (a teacher by profession) to the audiologist as Andrea showed difficulty in understanding the auditory message, hyperactivity, history of otitis media and consistently misunderstood the information. CAPD testing indicated Tolerance-Fading Memory (TFM) and Decoding types of CAPD as she failed the SSW test by five SDs and the Picture Phonemic Recognition test. She received 17 individual CAPD therapy sessions, and a referral to the psychologist after the 9th therapy session due to her excessive hyperactive manner.

Neuropsychological assessment showed memory tasks falling at the 2nd percentile, weak performance on the Auditory Continuous Performance Test4 and the 7th percentile on the screener for CAPD. She was not provided with a diagnosis of attention deficit due to her young age, but rather showed improved reading skills, in which the psychologist indicated Andrea’s reading skills were at a higher level probably due to the processing therapy she had received. There was still a suspicion of a nonverbal learning disorder (NVLD). In time, Andrea was found to manifest NVLD and her CAPD improved through CAPD therapy, and support at her school and home environments. Her young age was not a deterrent to establish the CAPD diagnosis.

Average Ages Referred for CAPD

How many children do we actually test who are five to six years of age? What are the average

ages? A review of ages referred for CAPD in a large population ($N= 648$) to my private practice was undertaken several years ago finding that 423 children were diagnosed with CAPD and 225 without CAPD. Only 35 children at age 5 were referred for CAPD, in which 28 were found with CAPD and seven were found without CAPD. Decoding was found to be the usual type of CAPD in the younger ages. The mean ages of the large group with CAPD were 9 years and 10.6 years for those without CAPD.

This study shows that some clinicians are referring older aged children. However, there are some who are referred at a younger age than what most position statements indicate is appropriate. When a parent refers their 5-year-old child for CAPD diagnosis, I explain that while we have few tests that may indicate CAPD, some children do pass the tests and some will show some form of CAPD at age 5; however when the complete SSW test can be administered at age 6 then we may have more information. What harm is there in order to find out as much information as possible when the child is showing behaviors and struggles common to CAPD? After all, that prominent speaker spoke to the fact to try to get a diagnosis or label at a young age in order to receive services. Based on the above data, the mean age was 9 years to be found with CAPD. This means that if these children were tested at age 5 or 6 then they would have been diagnosed at that younger age with CAPD. It also means that some of the 5- to 6-year-old children will be found without CAPD offering this information so the parents can pursue other diagnoses.

References

1. Keith RW. SCAN-3C: for children: Tests for auditory processing disorders. San Antonio: The Psychological Corporation; 2009
2. Keller W and Tillery K. reliable differential diagnosis and effective management of auditory processing and attention deficit hyperactivity disorders. *Semin Hear* 2002;23(4):337–48.
3. Keller W and Tillery K. Intervention for individuals with (C)APD and ADHD: A psychological perspective. In G Chermak and F. Musiek (Eds), *Handbook of (central) auditory processing disorder: Comprehensive intervention*, Vol. II, 2nd Edition. San Diego, CA: Plural Publishing; 2014
4. Keith RW Auditory Continuous Performance Test (ACPT). San Antonio: The Psychological Corporation; 2004