



What Is the Difference Between CAPD and ADHD?

Central Auditory Processing Disorder (CAPD)

by Keri Spielvogle, M.C.D., CCC-SLP

(See Handout #43)



There have been a lot of questions regarding the difference between two commonly diagnosed childhood disorders, CAPD (Central Auditory Processing Disorder) and ADHD (Attention Deficit Hyperactivity Disorder). When should the child receive speech/language therapy? How can I help this child? What exactly are the symptoms of each? Am I doing the right thing?

You might find yourself asking these questions, plus many more. It's true the symptoms of ADHD and CAPD are similar. The intention of the next two handouts is to provide parents, educators, and therapists with a general overview of the causes, symptoms, diagnosis methods, and treatments for each, starting with Central Auditory Processing Disorder (CAPD). It, in no way, intends to diagnose, identify, and/or provide treatment goals for children suspected to have CAPD. This diagnosis can only be provided by a health care professional—an audiologist—trained in the signs and symptoms of this disorder.

Central Auditory Processing Disorder (CAPD) I can HEAR what you say, but I DON'T understand!

Overview: A very basic description of CAPD involves a child with normal hearing who has difficulty understanding (processing) auditory stimuli. In other words, there is a breakdown between the hearing mechanism and the part of the brain that processes this information. This difficulty may have a negative impact on many areas of a child's life.

Cause: The cause of CAPD is unknown at this point.

Symptoms: Children with CAPD may exhibit any number of the following symptoms:

- 1) Academic and/or behavior problems.
- 2) Easily and frequently distracted from tasks, especially in a noisy environment.
- 3) Requires increased time and/or multiple cueing to answer questions.
- 4) Difficulty recognizing and/or discriminating between sounds, especially sounds that are acoustically similar (s/z and f/v).

5) Difficulty with auditory directions and/or commands, especially when following more than one step.

6) May ask for frequent repetition and/or clarification of questions/statements.

Diagnosis: An audiologist will test the child's hearing using a battery of tests. These tests help rule out a hearing loss and diagnose an auditory processing disorder.

A multi-disciplinary team, including a psychologist, educator, pediatrician, and speech-language pathologist, can help determine specific strengths and weaknesses for a child with CAPD.

Treatment: These treatments are to serve as a general guideline only. The speech-language pathologist working with your child may incorporate goals targeting your child's strengths and weaknesses. Incorporate these goals as much as possible into the school, social, therapy, and home settings. Some general treatment guidelines are as follows:

- * Provide the child with a quiet environment, especially when listening to important information and completing homework tasks.
- * Have the child keep a visual day planner, writing in important information as soon as it is presented. He/she should review this planner often for increasing reinforcement.
- * Ask the child to repeat commands and directions. If possible, have the child retell you the information in his/her own words.
- * Decrease your rate of speech when talking to the child and allow more time for the child to answer questions.
- * Set up a routine for the child and attempt to stick to it. If there are changes to the routine, remind the child frequently of time and event. Try to provide a visual, such as a note or picture to remind the child of the change in schedule.
- * Follow any goals and/or recommendations set up by the child's speech-language pathologist.
- * Drug treatment is generally not introduced.

Hopefully, this handout will provide much needed information about Central Auditory Processing Disorder (CAPD).

Information adapted from: www.kidshealth.org • www.discoveryhealth.com