Evaluation of (Central) Auditory Processing Disorder ((C)APD) FAQs

1. What is the definition of (C)APD?

It refers to the efficiency and effectiveness by which the central nervous system utilizes auditory information. It is strictly an auditory deficit that is not the result of any other disorders.

2. What are the symptoms of (C)APD?

Children with auditory processing difficulties typically have normal hearing and intelligence. It is crucial to note that these symptoms overlap with symptoms of many other disorders and do not confirm or deny a diagnosis of (C)APD without further evaluation. Common signs include, but are not limited to, the following:

- Have trouble paying attention to and remembering information presented orally
- Have problems carrying out multistep directions
- Have poor listening skills
- Need more time to process information
- Have low academic performance (usually in reading and spelling)
- Have behavior problems
- Have language difficulty (e.g., they confuse syllable sequences and have problems developing vocabulary and understanding language)
- Have difficulty with reading, comprehension, spelling, and vocabulary
- May behave as if hearing loss is present, especially in noise
- Say “what” and “huh” frequently
- Have poor music/singing skills

3. What other diagnoses mimic the symptoms of (C)APD?

Other diagnoses include the following: learning disorder (LD), language impairment, ADHD, and Asperger’s syndrome; therefore, these behavioral characteristics are not specifically diagnostic of (C)APD.

Due to co-existence of (C)APD and ADHD, it is suggested that the attention component be evaluated first as it can impact the auditory processing testing. If your child has been diagnosed with ADHD hyperactive or inattentive type and is on
medication, we request that your child come to the evaluation medicated to ensure that we are evaluating the patient’s true auditory processing skill.

4. **Can (C)APD co-exist with another diagnosis?**

Yes. It is common for these children to have language and reading difficulties. Memory and attention issues also seem to coincide in some instances as well. In addition to the language and academic difficulties often associated with (C)APD, some individuals have a higher likelihood of behavioral, emotional, and social difficulties due to the negative impact on self-esteem because of the various difficulties they have.

5. **What age does my child have to be to be evaluated for (C)APD?**

Due to the normative data of the tests and the length of attention that is required to complete testing, we evaluate children starting at 7 years of age. We also evaluate patients through adulthood.

6. **What does the evaluation of (C)APD include?**

A multidisciplinary approach yields the best information regarding the child and his strengths and weaknesses in the area of auditory processing. The audiologist provides the diagnosis of (C)APD if appropriate. The speech-language pathologist will determine if the language processing deficits are impacting the patient’s auditory processing abilities.

The first day, the patient will participate in a full audiological evaluation to determine peripheral hearing functioning with the audiologist. They will then participate in a thorough language evaluation with the speech-language pathologist.

On the second day, the patient will be evaluated by the audiologist and participate in auditory processing testing wearing headphones in the sound booth. A parent conference is then held to discuss results and recommendations. It is recommended that you bring homework, games, books, etc. for your child during this time as the child is usually not included in the conference portion.

7. **What would make my child not a candidate for an evaluation in the area of (C)APD?**

If your child is not able to sustain attention for a significant amount of time, struggles to repeat numbers, words, or sentences, or has a neurologically based disorder such as mental retardation or Autism Spectrum Disorder, an evaluation is not appropriate.