



8.24 Central Auditory Processing Disorder (CAPD) Policy

Draft 1

Date of Last Change:
Authorized By:

1. **Background and Purpose**

- 1.1. Central Auditory Processing Disorder (CAPD) evaluations require responses that draw on an individual's cognition, speech, language, attention, peripheral hearing, vision, etc.
- 1.2. If an individual was diagnosed with another condition, lower scores on CAPD testing may be attributed to the effects of that condition.
- 1.3. If an individual cannot fully participate in CAPD testing due to another condition, CAPD testing and diagnosis should be deferred until the individual's condition is treated or managed to the point that it would not confound the results of a CAPD evaluation.
- 1.4. CAPD evaluations must follow recommendations supported by research and evidence.
- 1.5. For the purposes of USDB school placement, a CAPD diagnosis will not be considered valid if the evaluation was conducted in isolation without consideration of comorbid neurodivergent conditions (diagnosed or undiagnosed).
- 1.6. A CAPD evaluation may be conducted prior to other evaluations; however, the interpretation of the results must be amended to include results from other evaluations completed after the CAPD evaluation.
- 1.7. Most children with CAPD have a comorbid neurodivergence, and therefore, further evaluations are necessary after receiving a diagnosis of CAPD.
- 1.8. If best practices are not followed, children may be inappropriately diagnosed with CAPD. The resulting treatment (or school placement) may prove ineffective.

2. Definitions

- 2.1. The American Speech-Language-Hearing Association defines Central Auditory Processing (CAPD) as the perceptual processing of auditory information in the central auditory nervous system (CANS) and the neurobiological activity that underlies that processing and gives rise to electrophysiologic auditory potentials.
- 2.2. Central Auditory Processing Disorder (CAPD) occurs due to deficits in the neural processing of auditory information in the CANS, not due to higher-order language or cognitive factors, demonstrated by poor performance in one or more of the following skills:
 - 2.2.1. sound localization and lateralization
 - 2.2.2. auditory discrimination
 - 2.2.3. auditory pattern recognition
 - 2.2.4. temporal aspects of audition
 - 2.2.5. auditory performance in competing acoustic signals
 - 2.2.6. auditory performance with degraded acoustic signals
- 2.3. In short, for the purpose of this policy, CAPD is an auditory deficit that is not the result of problems within the inner or outer ear, mental illness, neurological disorders, or related conditions.

3. Assessments

- 3.1. Recommended areas of assessments to be given prior to consideration of placement at USDB include, but are not limited to:
 - 3.1.1. Cognition (IQ)
 - 3.1.2. Language (receptive and expressive)
 - 3.1.3. Speech (articulation)
 - 3.1.4. Psychological disorders
 - 3.1.5. Autism
 - 3.1.6. Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
 - 3.1.7. Mental health (depression/anxiety)
 - 3.1.8. Vision loss

4. Procedure for Considering USDB Services of a Student with a Diagnosis of CAPD:

- 4.1. Review the CAPD evaluation to ensure it was conducted in accordance with best clinical practice recommendations. Clinical Practice Guideline: Auditory Processing Disorder in Children and

Adults: Assessment and Intervention

- 4.1.1. Special attention should be given to assessments of functional abilities and difficulties.
- 4.1.2. Obtain documentation ruling out all other neurodivergent conditions.
- 4.1.3. Collaboration of a multidisciplinary team that includes USDB Specialists is required:
 - 4.1.3.1. A USDB Audiologist, USDB Speech Language Pathologist, and USDB ASL Specialist should analyze all student information and assessments prior to placement.
 - 4.1.3.2. A USDB Audiologist and Director should participate in any IEP/504 meeting where the primary consideration for placement at USDB is because of CAPD.
- 4.2. Intervention efforts within the home district have been unsuccessful.
 - 4.2.1. Interventions should include, but are not limited to
 - 4.2.1.1. Improving the auditory environment (reducing background noise, using assistive hearing technology, etc.), social factors (model communication repair strategies, educate caregivers/teachers, etc.), and personal factors (teach coping strategies, etc.).
 - 4.2.1.2. Treatments Recommended in Clinical Practice Guideline: Auditory Processing Disorder in Children and Adults: Assessment and Intervention
- 4.3. Loaner equipment, including Assistive Listening Devices and amplification equipment, may be provided to the home school district by USDB with the following guidelines:
 - 4.3.1. The district is covered by USDB services or is contracted with USDB in accordance with R277-801.
 - 4.3.2. The USDB Audiologist reviews CAPD documentation and agrees with the recommendation(s) for the use of auditory equipment.
 - 4.3.3. The loaner equipment agreement is signed by the home school district, which accepts responsibility if the equipment is lost or damaged.
- 4.4. Loaner equipment is provided for 3 months. If a student shows improvement after 3 months with the use of an Assistive Listening Device and/or amplification devices, it is the responsibility of the

home school district and the family to obtain their own devices.

5. Factors for the Multidisciplinary Team to Consider

- 5.1. Comorbid conditions and the best interventions for those conditions.
- 5.2. Information from an Ear, Nose, and Throat Specialist or Neurologist that includes all applicable test results indicating that the child has a disorder that may present as CAPD.
- 5.3. A USDB Audiologist, Speech Language Pathologist, ASL Specialist, and Director have reviewed the student's information and interacted with the student and agree that USDB is the best placement for the child to learn and access language.
- 5.4. The student's academic performance with the appropriate interventions.
- 5.5. Family expectations and their understanding of being in a learning environment that is primarily in American Sign Language (ASL).

6. Acceptance to USDB

- 6.1. A student will not be accepted to USDB if any of the following statements are true:
 - 6.1.1. Not enough data is collected to rule out all other neurodivergent or physiological conditions completely.
 - 6.1.2. A student has any other higher-order cognitive, language, or related disorders where CAPD is not the main diagnosis or concern.
 - 6.1.3. A student is already in a mainstream setting and has not attempted the recommended interventions (personal HAT system, speech/language services, amplification).
 - 6.1.4. Records have not been evaluated by a USDB audiologist, SLP, ASL Specialist, or Educational Director.
 - 6.1.5. CAPD is not the primary diagnosis.
- 6.2. A student will only be accepted to USDB if all of the following are present:
 - 6.2.1. All other neurodivergent conditions (ADHD, anxiety, vision loss, autism, etc.) have been excluded through examination by qualified professionals who work regularly with the pediatric population.
 - 6.2.2. The student has a non-verbal intelligence quotient greater than 70 (2 standard deviations below the norm);

- 6.2.3. The student's home district cannot provide language services that are equal to or greater than those provided by USDB.
- 6.2.4. The student has a CAPD diagnosis that presents in a way similar to ANSD, Deafness, or significant hearing loss; and
- 6.2.5. CAPD is the primary diagnosis.