Attention Deficit and Auditory Processing Disorders

Kim Tillery, Ph.D., CCC-A Fredonia State University of New York IGAP Kansas City 2016

Attention Deficit Hyperactivity Disorder (ADHD) Looks Like

Central Auditory Processing Disorders

- Oppositional Defiant/Conduct Disorders
- Learning Disorders

Situational Factors Affecting Symptomatology

- One-to-one situation vs. group setting
- Fathers vs. mothers presence (cultural)
- Novelty vs. familiarity with tasks/settings/people
- Frequent vs. infrequent feedback for performance
- Supervised vs. unsupervised work performance

Co-Morbidity of (C)APD/ADHD

• 50-80% exhibit both ADHD and (C)APD

 Most manifest the Tolerance-Fading Memory (TFM) and Organization types of (C)APD

Behavioral Overlap with ADHD/(C)APD

- Does not understand directions
- Requires repetition of directions
- Inconsistent academic performance
- Inattentive
- Hypo-hyperactive

Behavioral Overlap with ADHD/(C)APD

- Easily distracted
- Improved performance in structured environment
- Language disorders
- Weak-short term memory
- Difficulty listening selectively in background noise
- Exhibits reversals

ADHD Core Symptoms

- Poor sustained Attention/Vigilance
- Poor Delay of Gratification
- Distractibility
- Hyperactivity (75-85%)
- Poorly regulated activity
- Variability (VD Disorder)
- Impulsivity

Developmental Features

- Early onset < 6 years
- Chronic over time > 6 months
- Pervasive Across Situations
- Identified often at onset of school
- Predominantly inattentive type may be present at adolescence
- Symptoms must be deviant from mental age

ADHD Epidemiology

- Approximately 5-9% of pediatric population, 50% if you ask parents
- Sex ratio Males: Females, 2:1 in children
- 30-40% of referrals to outpatient mental health services
- Cross cultural and socioeconomic classes

Academic Performance

- Academic underachievement (90%)
- Variability of performance
- Specific Learning Disorders (40-60%)
- Disorganization
- Difficulty Following Directions
- Motor restlessness
- Excessive Talking

Social Skills

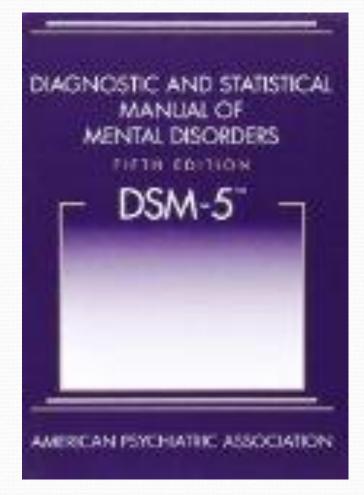
- Self-Centered
- Peer rejection
- Inability to benefit from social consequences
- Noncompliance with commands (70% noncompliant)
- Weak social problem solving skills

DSM IV Diagnostic Statistical Manual of Mental Disorders 4th Edition (APA) 2004

- ADHD I (Inattention)
- ADHD-HI
- ADHD C
- No ADHD

- (Hyperactive-Impulsive)
- (Combined)

Specific amount of symptoms required



DSM V

- Diagnostic Statistical Manual of Mental Disorders 5th Edition (APA) 2013
- Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level.

Can we diagnose

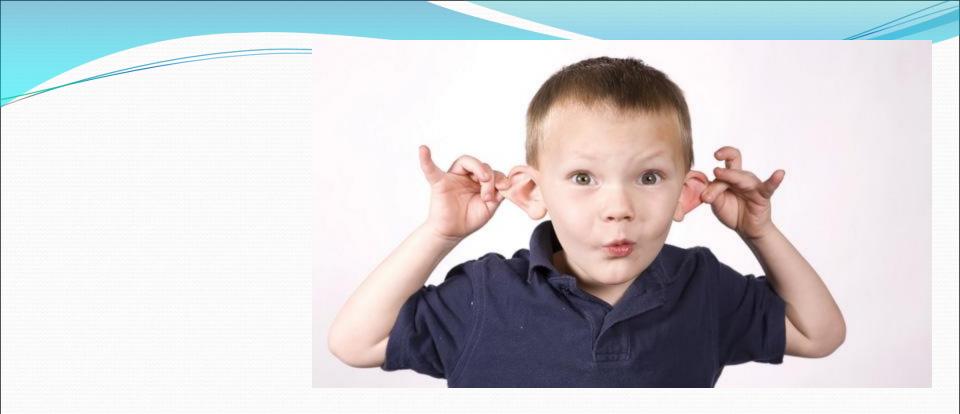
- ADHD vs CAPD?
- Yes if you have a reliable psychological evaluation and a reliable audiological evaluation
- This clinician treats everyone as if there is an attentive issue.... an anxiety issue.... (PPS with adult)

SSW TEST RESULTS

- RNC RC LC LNC
- 2 18 3 Decoding

20202020Organic Issue

6 7 20 5 TFM/INT





Reliable (C)APD testing with the Population of ADHD

- Evaluate in the morning to control for fatigue and attention
- Provide breaks and consistent reinforcement
- Replay test tapes when the client interrupts stimuli

Continued

• Evaluate while receiving prescribed medication for attention deficit

ADHD Treatments

- Cognitive Therapy
- Tutorial
- Counseling
- Medication



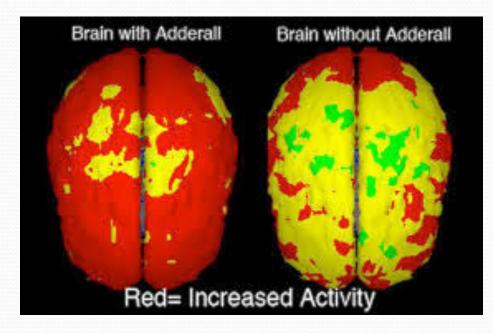


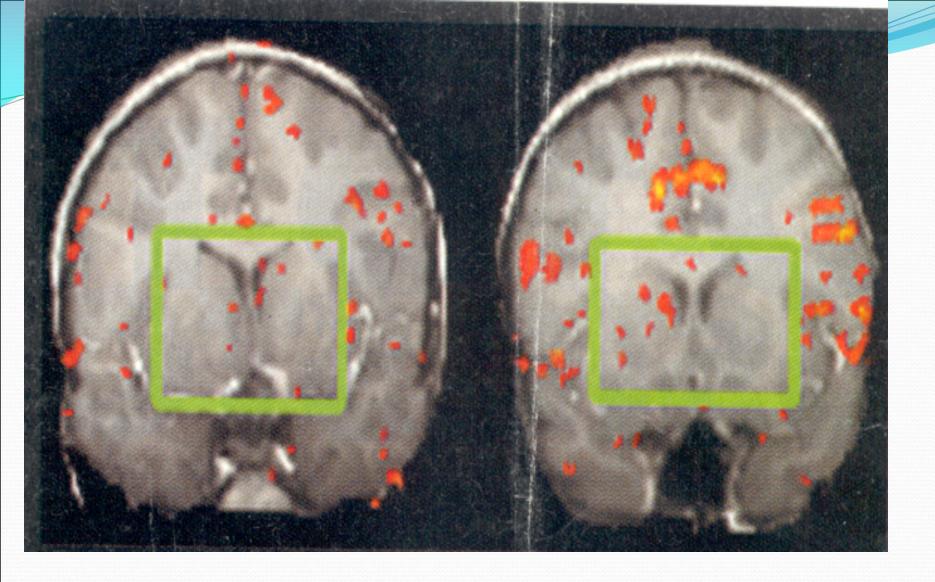


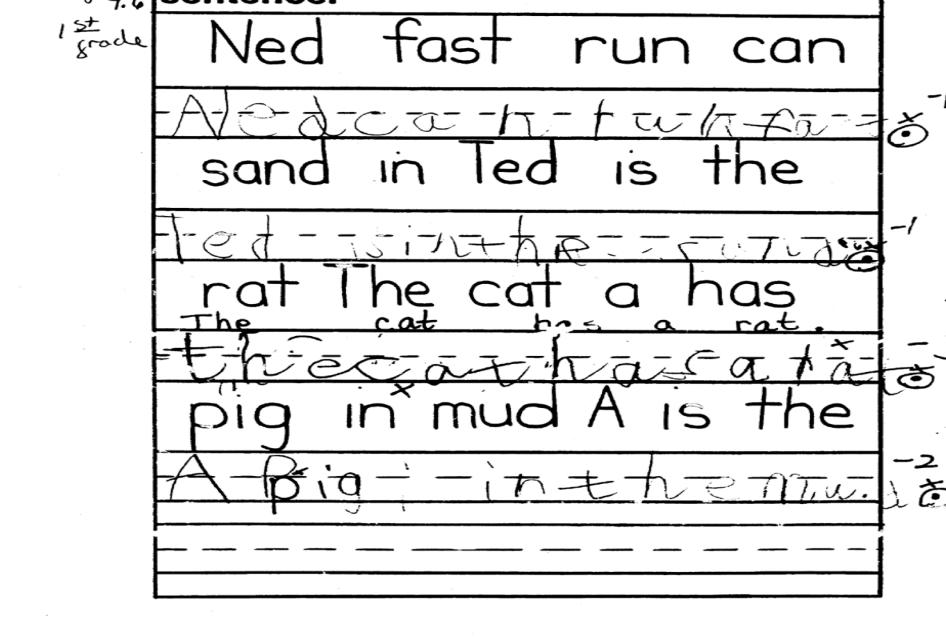
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Did you know

- There were over 2000 studies in the 1970s to 1980s showing the significant effect of Ritalin medication – hyperactivity and impulsivity?
- In the 1990s there were no placebos manufactured from the pharmacy companies!







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Reliable (C)APD testing with the Population of ADHD

- Control for hyperactive behaviors
 - (i.e., medication (Tillery, Katz, Keller, 2000), positive reinforcement, novel situation)

Does CNS stimulant medication enhance CAPD? ADHD?

1986-1992

- Research studies investigated CAPD and medication affect – without:
- 1) True ADHD diagnosis
- 2) Placebo controls
- 3) Controlling for learning affects

AND

 Psychologists referred to audiologists to use APD tests to evaluate attention

ASHA Consensus Meeting 1994

- A panel member stressed that CAPD and ADHD are the same disorder.
- Why should we evaluate while on a CNS medication?

Tillery, Katz, Keller (2000)

Journal of Speech, Language and Hearing Research

Children diagnosed (N=36) with ADHD and CAPD medicated from 6 months – 7 years ages 7-14 years Received two test sessions 16 medicated for 1st test session 16 placebo for 1st test session Double-blind, placebo controlled • All participants received:

Three CAP tests and the ACPT

Auditory Continuous Performance Test (Keith, 1994) (ACPT)

Compares the 1st set of stimuli to the 6th set of stimuli

Each set of stimuli: 90 words (one syllable words) x 6 sets = 540 words (a 20 minute test)

The target word is 'dog'

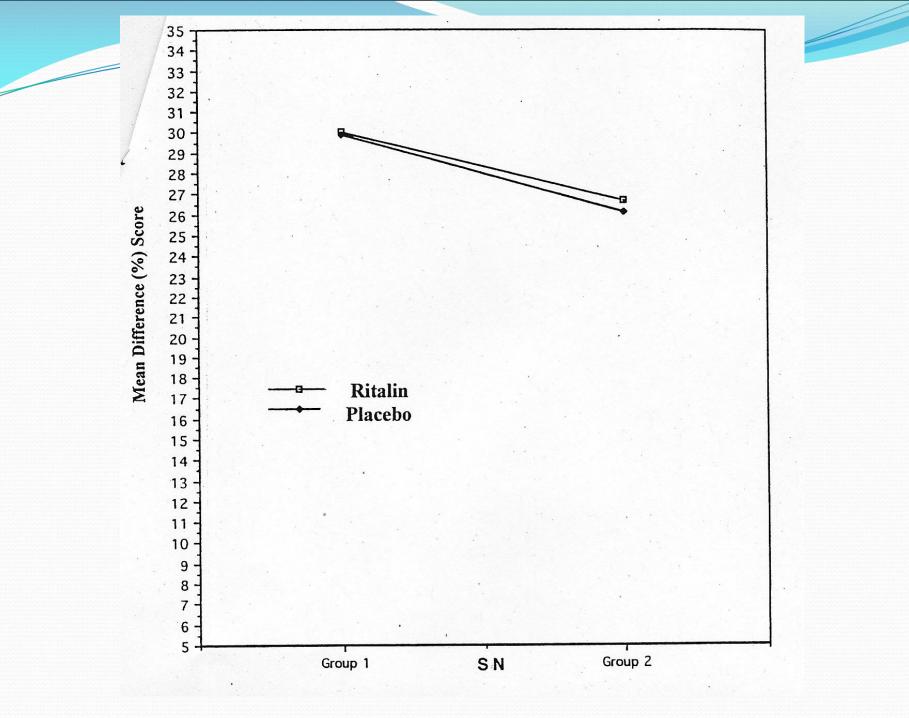
ACPT

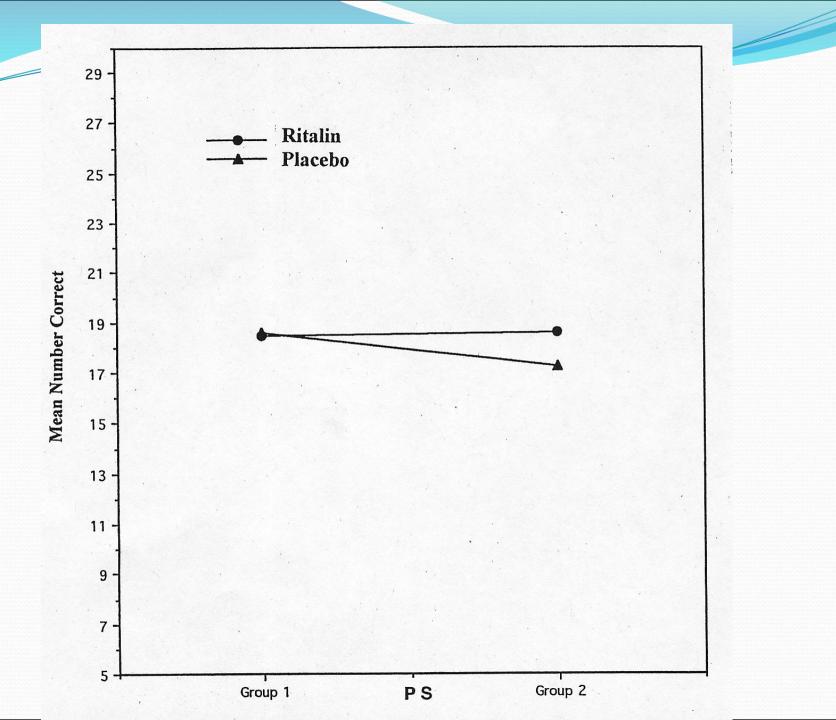
- Raise your thumb to the target word
 - Should we change the response mode?
 - Should we enlarge the evaluation form for recoding accuracy?
- Measures auditory attention vs auditory impulsivity
- Can this test be included in the APD test battery?

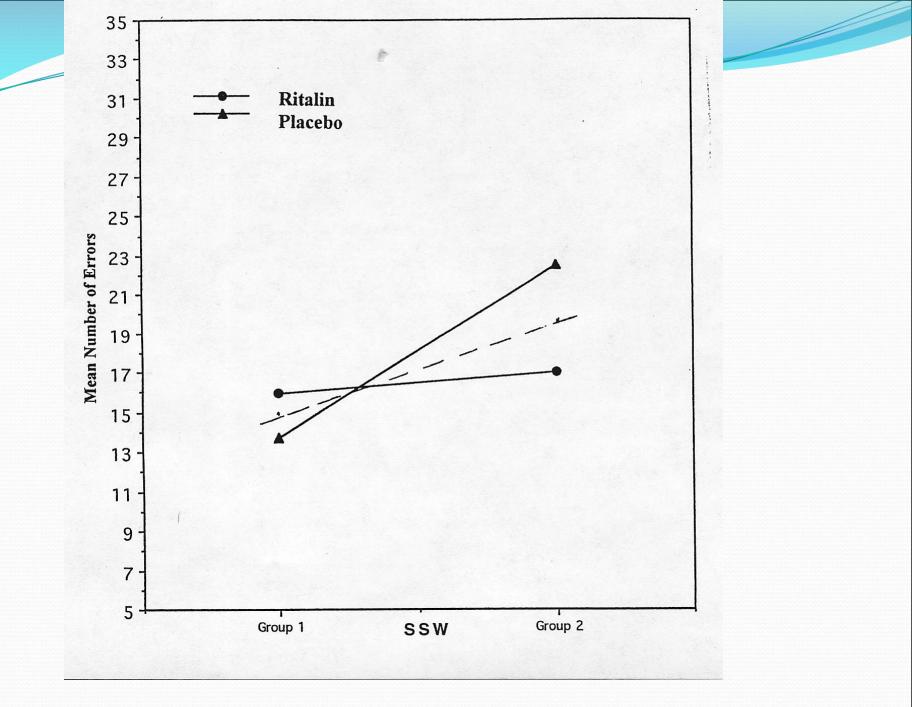
HYPOTHESES

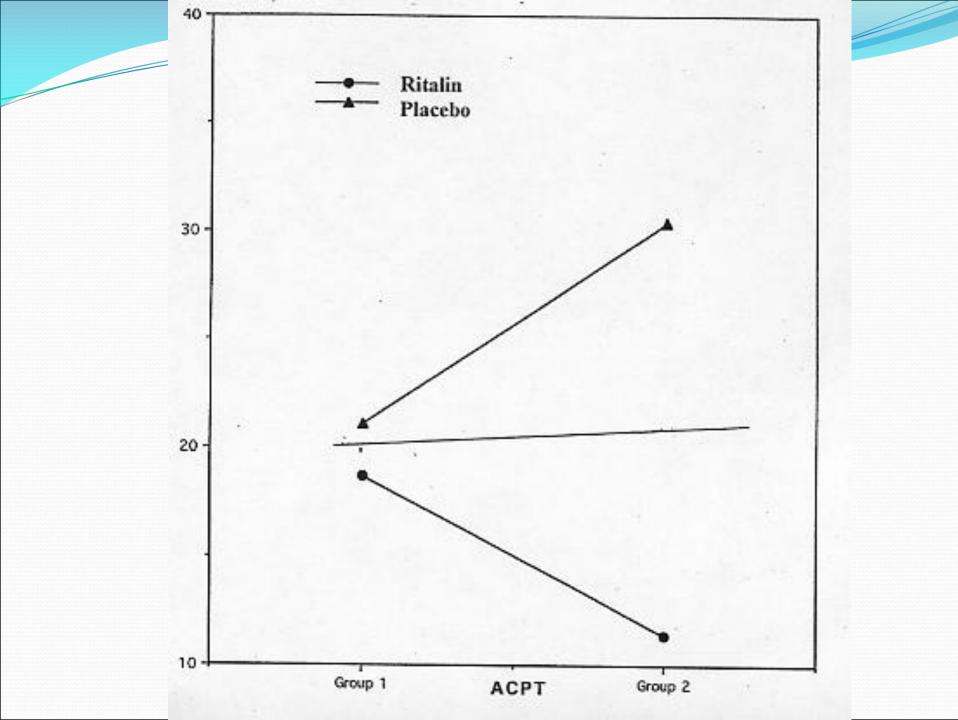
 If Ritalin improves the test performance on all administered tests, then ADHD and CAPD are one entity.

• If Ritalin improves only ACPT performance, then CAPD and ADHD are two separate entities.









Tillery, Katz, Keller (2000)

• A significant treatment difference was found between groups

(*p* <.0004); signifying that the ACPT performance significantly improved when the participants were under the influence of Ritalin medication. Tillery et al.,2000 Conclusions

- ADHD and CAPD are two separate disorders
- Individuals with ADHD should receive their Ritalin medication when receiving a CAP test battery
- Note: As of 2014 this study has not been replicated per literature search.

ADHD and (C)APD Management Keller and Tillery (2002)

- There are no efficacy reports for (C)APD management when the child has both (C)APD and ADHD.
- We need research in this area.
- Chart showing strategies commonly used for those with CAPD, ADHD or both.

Contrasting Management Strategies For ADHD, ADHD/APD, and APD

Strategy	ADHD	ADHD/APD	APD
Medication	Х	X	NO
Novelty	Х	?	?
Immediate Feedback	Х	?	?
Highly Salient Rewards and Punishments	Х	?	?
Parent Training	Х	?	?
Low Level Background Stimulation	Х	?	?
Psychotherapy	Х	?	?
Daily Report Cards	Х	?	?
Social Skills Training	Х	?	?
Decreased Work Load	Х	X	X
Self-Advocacy	Х	X	Х
Educate Parents / Families	Х	X	Х
Flexibility in Teaching Style	Х	X	Х
Pre-tutoring	Х	X	Х
Preferential Seating	Х	X	Х
Repetition of Directions	Х	X	Х
Environmental Modifications	Х	X	Х
Organization Skills	Х	X	Х
Auditory Processing Therapy	NA	?	Х
Metacognitive Approaches	?	?	Х
Auditory Trainer	?	?	Х
Redundancy	?	?	X
Highly Structured Teachers	?	?	Х
Counseling	?	?	Х

NA = Not Applicable, ? = Unknown

Keller, W.D. and Tillery, K.L. (2002) Reliable Differential Diagnosis and Effective Management of Auditory Processing and Attention Deficit Hyperactivity Disorders. Seminars in Hearing, 23:4, 337-347

Changes in Trends

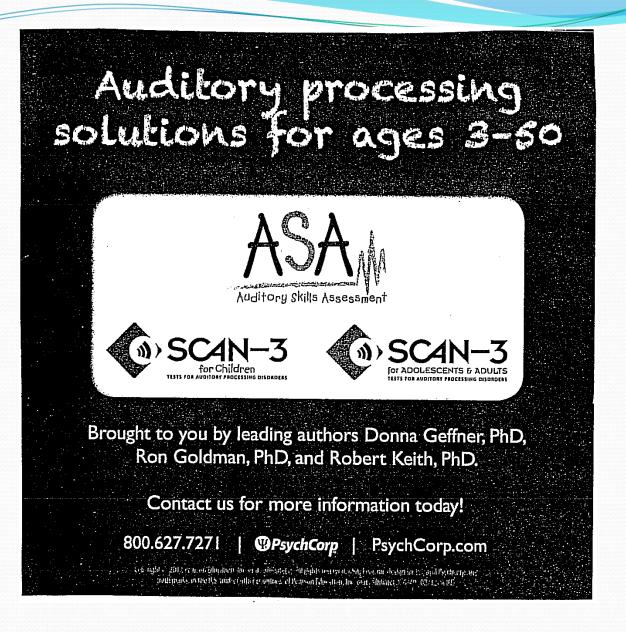
School districts and Psychologists

• Administer Screening Measures for CAPD and Attention

SCAN (Keith, 2009)

Auditory Continuous Performance Test (ACPT) (Keith, 2004)

• Screening Tools for ages 3 to 59



Psychologists in WNY

- Administer ACPT after taking pill A for two weeks and again after taking pill B for two weeks.
- Include the SCAN in their evaluation.
- Some administer SCAN twice: once on Pill A and once on Pill B.

Sharing a Case

- John, 8 years of age, is in a private school setting.
- Verbal IQ 134
- His teacher is about to retire and she is a coworker with John's parents.
- Psychologist: Mild ADHD and refer for CAPD evaluation.
- CAPD: Mild TFM
- How important is it to know this information?

- Are you asked that question by professionals?
- John is juggling three balls!
- Our clients' success in life depends on us knowing what we are doing and in working together!

Look how far we've come... in understanding diagnosis and management of CAPD

LANGUAGE CAPD Η **NVLD** and related disorders