

SSW REPORTS ...

Training Parents, Teachers and Training Children

Vol. 22, No. 2

May 2000

Presentations on Central Auditory Processing Disorder

In a publicly funded facility located in the Niagara Region of Ontario, we evaluate approximately 600 children per year for Central Auditory Processing Disorder (CAPD). With this high number of children seen (and a waiting list that is several months long of other children waiting to be seen), our constant challenge is to provide information to the parents, schools and referring physicians in a manner that is individualized for each child.

Over the past few years, several things have occurred which add to our challenge. First, there has been increased criticism from the medical community about CAP evaluations. Some physicians have stated (and not totally incorrectly) that all of the CAP reports sounded the same with the same recommendations used for each child. In fact, one audiologist from a nearby community had a 'Central Auditory Processing Recommendations' sheet that was photocopied and attached to every report, no matter what difficulties were found through the testing. Additionally, non-audiologists have jumped on the CAP bandwagon and have begun 'testing' for CAPD. These reports were also quite generic in their nature and had very standard academic recommendations.

Another interesting phenomenon we had noted was that parent support groups were being organized throughout our region.

These groups were started partly in response to the increased difficulty in obtaining a medical referral for a CAPD evaluation. They were also started because of a frustration amongst parents that not enough was happening to help their children - both in and out of school. These groups met to discuss strategies to use to help children who had been diagnosed with CAPD and to gather information to share with anyone who worked with their children.

In response to these events, a number of colleagues recognized an opportunity to provide information through presentations to various sectors of the community. As we became more involved, we noted that there are numerous, well-written books and articles including recommendations for children their school activities. But we also realized that it was important to provide information and recommendations for the non-school activities of children with CAPD. We focused our presentations on three groups: 1) teachers, school personnel and other professionals who work with these children; 2) parents; and, 3) adults who volunteer to work with children, such as coaches and scout leaders. Audiologists involved with CAPD are probably most comfortable in addressing the needs and presenting to school personnel and other professionals. The following outlines and handouts are provided as guidelines for the presentations for parents and adult volunteers. These presentations are continually changing and evolving based on feedback from our participants and colleagues.

Presentation for Parents

The audience of parents usually is quite diverse, ranging from the enthusiastic, energetic parents who firmly believe that they can 'cure' their child's CAPD, to other parents who also firmly believe that their child could do better if he would just try a little more. We have found that providing the information in a variety of ways and with different speakers helps to address the myriad of needs of this group and gives assistance to each of the speakers as we deal with the many and varied questions. Our presenters have included an audiologist, a speech-language pathologist and a psychometrist.

The topics covered during a parent presentation will vary according to the time allotted. Generally, however, this is the outline of items that are covered in a typical presentation:

- A definition of CAPD, including 'real-life' examples they may have experienced. Our explanation includes the different kinds of auditory processing problems, since this seems to be an area of confusion.
- Normal skills needed for auditory processing
- Factors that put children at risk for CAPD
- Ear infections and the importance of their proper treatment
- Difficulties a child with CAPD may experience
- When is it appropriate to test a child for CAPD
- The importance of testing for CAPD
- The qualifications to look for in an audiologist who will be administering the test battery

- What is involved in a CAPD evaluation
- The impact of CAPD on a child's speech, language and learning skills
- Recommendations that would be appropriate for school and for home. We emphasize the responsibility of parents to do their part, such as ensuring that their child is well rested and has completed all homework assignments.
- How to advocate for the child. We encourage parents to obtain and share information with all adults who work with their child. We also remind the parents that they and their children have an important role and their own responsibilities.

Included in our presentation is a simulation, where the parents are asked to answer a series of questions, such as "What did you have for lunch yesterday?" and "Who was your teacher in Grade Three?" The presenter walks around the room while asking the questions in a rapid fashion. A tape player/radio is playing moderately loud in the background, and the other presenters also walk around the room jingling keys or softly humming. As soon as the last question is asked, the parents are asked to share how they feel. And they are asked what could have been done to make the task easier for them. This simulation provides invaluable insight for many of the parents into how their child feels and why he may act in a certain way.

If time allows, we also show a video that deals with some aspect of CAPD. There are several available that have helped to exemplify and demonstrate things we discuss in our presentation.

Words of advice:

Our presentations for coaches have reviewed the points that are on the handout on the following page. They have included some interactive activity (such as throwing a ball back and forth but making them use their less-dominant hand). We have also purposely kept these presentations short, in recognition of the fact that most of these individuals are volunteers. If they start to use a few of these suggestions, it will be helpful to many of the children in their group.

Phonemic Synthesis Therapy Program – Parent and Teacher Observations

After the CAPD evaluation at our facility, children who scored below grade level on the *Phonemic Synthesis Test* have the opportunity to attend a nine-week program to work through the taped lessons from the *Phonemic Synthesis Therapy Program*. The program is operated under the direction of an audiologist and uses university level students who have an interest in speech or audiology, and who have been trained by the audiologist. The university student is responsible for adhering to the instructions of the taped lessons and for coming up with activities for the child to work on between lessons.

Earlier research has shown that following completion of the *Phonemic Synthesis Therapy Program*, children will show an improvement not only in the ability to sound blend words but also in decoding skills, articulation and reading ability. We were interested in surveying parents and teachers to determine what improvements they noted in the children who attended our program.

A total of 41 questionnaires were distributed to parents and 51 questionnaires were distributed to classroom teachers for children who attended one of the programs

- We usually ask parents to ask general questions about CAPD during the presentation and not to ask specific questions regarding their child. This helps to protect confidentiality and prevents one parent from monopolizing the time. Any questions about a specific child will be answered during a break or at the end of the presentation.
- We remind parents that they need to find one or two recommendations that really work for child and have adults use them. This is especially important when giving information to adult volunteers who work with their child.
- We are always asked questions related to Learning Disabilities, Attention Deficit Disorder, Ritalin and Dyslexia. You may want to be prepared to answer such questions.

Presentation for 'The Coach' and Other Adult Volunteers

Very often, audiologists will include a recommendation in the CAP report about getting the child involved in some non-academic activity, such as baseball, hockey or gymnastics. Our idea is that if the child is able to succeed in an area such as sports, then his self-confidence and self-esteem will improve. This in itself is beneficial, but it will hopefully also lead to improvements in the academic areas.

However, it is important to ensure that our recommendations help the child to succeed and don't further his frustrations. Very often, baseball fields, hockey rinks and gymnasiums are places with horrific acoustics. And sometimes the information is provided to these young athletes in a language using terminology that they do not understand. So we must add additional recommendations or information to be shared with a coach or other adult volunteer.

operated through our facility. 68% (n=28) of the parents' and 78% (n=32) of the teachers' questionnaires were returned.

From the parents' questionnaires, all felt that the program was helpful to their child and all noticed an improvement in the child's confidence. 96% of the parents reported an improvement in the child's reading, spelling or understanding. Parents had been encouraged to observe the sessions with their child. All who observed indicated that they felt that the program was effective and that the level of the taped lessons was appropriate for their child.

A general comment made by many parents was that their children enjoyed the taped lessons and had fun working through the program. Another common remark was that as the children progressed through the program, many of them started to read books 'for fun'. This was especially encouraging to the parents who previously would often need to force their children to read for their schoolwork.

Information from the teachers' questionnaires was limited since up to 50% of the time, teachers would indicate 'unknown' when asked to make a comparison to the child's previous work. Most of the time this was because the child was in a different school than he had been previously. This table shows some of the results from the teachers' questionnaires.

Teachers also commented that the children were willing to take more risks at answering questions and in reading out loud in class. Some children were found to be more willing to ask for help and to ask more questions in class. Most teachers commented on an increased ability to

Overall, for both parents and teachers, significant improvements were noted in the children who attended the *Phonemic Synthesis Training Program*. Because of this success, many schools have purchased the program and used it with their students with reading difficulties.

Teachers' Questionnaire	Yes	No	Unknown
1. Has there been any significant improvement in this child's academic performance since last year?	31% (N=10)	19% (N=6)	50% (N=16)
2. Has there been any improvement in this child's ability to sound out words?	50% (N=16)	6% (N=2)	38% (N=12)
3. Has there been any improvement in this child's confidence or self esteem?	38% (N=12)	16% (N=5)	41% (N=13)

References

Katz, J, Harmon, C: *Phonemic Synthesis*. Allen, Tex, Developmental Learning Materials, 1982.
 Katz, J: *Handbook of Clinical Audiology - Fourth Edition*. Williams and Wilkins, 1984; pp. 498 - 499.
 Lasky, E and Katz, J: *Central Auditory Processing Disorders*. University Park Press, 1983 pp. 282 - 292

How to Work With Children Who Have Listening or Language Difficulties
 Danielle Reynolds, M.A., Speech-Language Pathologist,
 Daniel Street, M.Sc.Ed., Psychometrist, Barbara Kurpita, M.A., Audiologist

I. Time to Listen

- a. Get the individual child's attention - call their name or gently touch their shoulder
- b. Have the child sit at the front of the group
- c. Have a non-verbal signal when it's time to listen (e.g., whistle, hand signal)
- d. Be at their eye-level - crouch down or sit. Do not have your back to the sun if you are outside
- e. Remove physical and visual distractions (e.g., place balls to the side out of reach)
- f. Remember that young children have short attention spans. Try to limit periods of listening

II. Keep it Simple

- a. Keep directions short. Present them just before the activity and give them only 2 or 3 steps at a time
- b. Use simple, age appropriate words
- c. Pause frequently - allow the child time to understand what you have said
- d. Be straightforward; say exactly what you mean. Avoid sarcasm (e.g., Do not say, "I'm waiting". Say "Michael, listen").
- e. Encourage the child to tell you or signal if he does not understand what is said
- f. Some children have difficulty making quick decisions, especially under game pressure. Give a limited number of choices (e.g., "When you get the ball, kick it to John or kick it out.")

III. Demonstrate

- a. Use demonstration whenever possible. Say it and show it.
- b. Never place children with listening or language problems first in a drill. Allow them to watch 2 or 3 other children perform the drill before them.
- c. Provide for many different opportunities to practice a skill

IV. Be Positive

- a. Never make critical remarks of the child
- b. Show general acceptance and interest by engaging players in conversations about themselves and their interests
- c. Use positive comments frequently during the game
- d. Discuss poor performance by pointing out "areas to be worked on"

V. Be Realistic

- a. Set realistic goals for individual players and your team
- b. Focus your efforts on your teaching skills and on the players learning new skills
- c. Lessen the emphasis of winning and losing
- d. Be accepting of individual differences in ability and skill level

* * * * *

Evaluations of these groups have consistently been positive from both the parents and the children. Parents note improvement in the children's confidence and ability to talk about their feelings. The children report learning about how to make friends and how to work out problems in a constructive manner. For some of them, it was one of the few positive experiences they had in being able to relate to other children. For the parents, having the chance to talk with other parents appeared to be extremely helpful. They also reported that they felt more knowledgeable about their children, and they felt more confident in being able to ask questions of school personnel and other professionals who worked with their child.

This group is also organized by a social worker who receives assistance from guest speakers. Topics covered with the parents include: Understanding CAPD and Learning Disabilities; Community Resources; Problem Solving at Home; Anger Management; Effective Communication; and, Balancing the Needs of All Family Members. Parents have the opportunity to observe (through a mirrored window) the group sessions their child is in. They can then see how their child is relating in the group and can discuss strategies to use at home.

In conjunction with the children's program, there is also a parent group session. Although it was initially started as an alternative to parents sitting in the waiting room while their children attended the Social Skills session, the benefits from this group quickly became apparent. Parents who attended reported a higher incidence of maintained behaviour changes in their children. This fact was supported in literature that we read, so it is now mandatory that at least one parent attend the group while their child attends the Social Skills group.

Each session was divided into times for discussion amongst the children and for an interactive activity designed to teach them about the week's lesson. At the end of each session, the children were given 'homework' to do. This usually related to identifying some good things that happened during the week that they could share with the others the following week. The children had a 'Wall of Pride' on which they posted their achievements. The children also kept a diary of their activities and feelings. They were encouraged to use the diary to record their accomplishments to share with the group.

The eight-week program includes these topics: Week 1: Group introductions, purpose of the group and group rules. Week 2: Self-esteem and self-awareness activities. Week 3: Problem solving skills. Week 4: Application of problem solving skills. Week 5: Dealing with feelings of frustration and anger. Week 6: Skills needed to make and keep friends. Week 7: Recognizing our feelings and the feelings of others. Week 8: Saying good-bye and evaluating the group.

Another program that is offered at our facility is a Social Skills Program. The program was initially started for children with CAPD and who had accompanying problems of low self-esteem, a poor self-concept, and frustrations from academic or various social situations. It was developed in response to suggestions from parents after their children attended the *Phonemic Synthesis Program*. Our program is organized by a social worker who works with the children in a small group setting and who brings in other professionals as needed.

Social Skills Program for Children
Barbara Kumpita