Alberta College of Speech-Language Pathologists and Audiologists
Hear. Speak. Connect.

Auditory Processing Disorder (APD) Assessment Services in Alberta

Many ACSLPA members, both speech-language pathologists and audiologists may be aware that Alberta Health Services (AHS) had chosen to discontinue assessment for the identification of auditory processing disorders (APD) in 2014. This move has caused some confusion and requests for clarification about what to do with clients who are thought to possess APD. While ACSLPA does not have a position statement on APD, the Canadian Interorganizational Steering Group (CISG) for Speech-Language Pathology and Audiology released a guideline and literature review on APD in 2012, available on the **ACSLPA website**.

FAQs
For your convenience, here are some answers to FAQs received from members and the public regarding clients suspected of having APD:

What has changed in the field of APD?
The origins of APD have been described by the British Society of Audiology (2011) as developmental, traumatic or disease-based or as a result of transient or permanent hearing loss. Clients with suspected APD may possess characteristics (i.e., inattention, poor comprehension of verbal communication in background noise, poor auditory memory, etc.) that are also seen with other conditions or disorders. However, as outlined in CISG's 2012 document, there are inconsistencies on how to define APD.

Further, current research evidence reveals that clinical best practices for the audiological assessment and management of APD are not known; there is much academic, scientific, and clinical controversy on how best to identify, assess, and manage this population. The validity, standardization and norms of existing APD test materials have also been called into question as of late.

There is, however, agreement among researchers and clinicians that APD must be evaluated and considered by a multi-disciplinary team, and that there is a need to collaborate across health and education services. The nature and functional impact of APD requires the integration and coordination of a variety of perspectives, knowledge and skills.

Why is a multidisciplinary assessment recommended in the assessment and diagnosis of APD?
The multidisciplinary assessment is complex and multidimensional usually involving pediatricians, psychologists, occupational therapists, in addition to SLPs and audiologists. It is necessary in order to identify other factors that interfere with one's ability to fully attend, process, store and retrieve auditory stimuli. There are times when APD-like behaviour is present but is secondary to other conditions (i.e., cognitive delay, language delay, Attention Deficit Disorder, mood disorders, etc.) that may confound any results obtained in an attempt to diagnose a true APD. Other times APD can co-exist with other conditions. According to the CISG document authors, "behavioural assessment of auditory processing skills requires that children are able to understand the task requirements, have receptive and expressive language skills that enable them to understand, and respond to, speech stimuli, and have sufficient attention and memory to complete the tasks. If the presence of intellectual disability has been confirmed through psycho-educational assessment, auditory processing assessment should not be performed" (CISG 2012).

A teacher/healthcare provider requested an APD assessment, but AHS has discontinued services. What can I recommend to the client/family?
It is recommended that the client receive consultation with an audiologist if they are demonstrating auditory processing difficulties, in order to rule out hearing loss and discuss effective communication strategies and classroom options, even in the presence of normal hearing acuity.

Can we refer to private practice audiology offices for APD assessments (for a fee)?
We understand that some audiologists in private practice continue to provide APD assessments, but the overall process of identifying and managing APD is not standardized across sites. Again, there is disagreement about what is considered best practice, but it is suggested that the assessment of clients demonstrating characteristics associated with APD should be evaluated in a multidisciplinary context.

Can SLPs use the Test of Auditory Processing Skills (TAPS – 3) or SCAN C: Test for Auditory Processing Disorders to diagnose APD?
While there are "tests" that are available commercially that claim to assess auditory processing abilities, they, too, vary in what they assess. They are similar to the tools in the audiologist's toolbox in that the sensitivity and specificity of these tests is also questionable.

Can I recommend an assistive listening device for a client suspected of having APD?
Not every child demonstrating behaviours that appear to be consistent with APD will benefit from an assistive listening device (personal FM or CADS). Certainly, if a pediatric client's classroom already has an existing device, it is recommended that the teacher use the device consistently and that an educational audiologist (i.e., Regional Collaborative Service Delivery or RCSD) be consulted to assess the child's needs and functional benefit from the device. In addition, a personal device purchased by a family to be brought into a classroom may not be compatible with existing devices in the school or interfere with another classroom's frequency transmission, and will require the expertise of an educational audiologist. Like any personal amplification, FM devices are not guaranteed to improve one's auditory comprehension in noise and may not provide effective management of APD and therefore should be offered on a trial basis.

REMINDER: ACSLPA Code of Ethics (2009): Accountability
In regards to the provision of all services for clients with or without APD, we are accountable for practicing in accordance with the values and principles stated in the ACSLPA **Code of Ethics**. As regulated members of ACSLPA, we are accountable to our clients, the public and our profession. In providing services, we will provide necessary services/products only where benefit or continued benefit can be reasonably expected AND provide a reasonable statement of prognosis rather than any guarantee of outcome.

Holly Gusnowsky, M.S., R.Aud
Director of Professional Practice – Audiology