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Letter: CAPD and the Need for Early Intervention in Children Younger than Age 7

Published on January 25, 2017

Dear Editor:

I write this letter on behalf of my colleagues and fellow audiologists who conduct auditory processing evaluations on children. It has become a matter of great importance to those of us who feel strongly and are committed to evaluating young children for CAPD. We are aware that children demonstrate auditory processing deficits as young as ages 3-6 or below. Further, we know that these problems in children can be remediated. We often see the child who struggles with learning sound-letter associations, hearing words clearly, asking "what?," is unable to listen to speech in noise or follow a conversation because it goes too fast, recognize sounds in words, or decode a word by its component sounds.



These children are at risk. If we wait until age 7 or 8, as some educators advise clinicians and parents to do, we are denying those children the benefits of early intervention, remediation, treatment, and the right to a free appropriate public education (FAPE). Such intervention at an early age, which should include the use of an FM system, would help alleviate or reduce the symptoms that will plague these youngsters as they develop. Early intervention will enable students to achieve academic success.

Research in early intervention and the benefit of FM usage in stimulating neural plasticity¹ provide evidence that treatment, management, and acoustic support stimulate brain development and ensure that the brain receives "clear speech." These researchers assessed the utility of FM units in use for one year on auditory neurophysiology and reading skills in children with dyslexia. They found that FM systems use reduced the variability of sub-cortical responses to sound. Such improvement was aligned with concomitant increases in reading and phonological awareness.

Early intervention will ensure that students do better in the first, second, and third grades—the early critical reading and learning years. To neglect those youngsters is to deprive them of neural plasticity for brain development. If we do nothing and wait, those children will fall further behind, jeopardizing their reading skills and academic learning in general.

It is foolish to think that, because the auditory system is still developing, it is not appropriate to test children. Do we wait until children reach later ages to test their hearing, articulation or their language given what we know about development? Years ago, we didn't test children's speech articulation until the second grade. That is no longer the practice. We know that if a child receives therapy early, his/her symptoms can be ameliorated, thereby reducing the amount of therapy needed later on. We now know auditory developmental markers and what to expect of young children's auditory skills because of newer tests and measures. If a youngster at the age of 4 or 5 is not meeting those age-appropriate norms, then why not reach out and provide intervention, in order to prevent further delays and wider wedges between their development of reading and language skills? It makes sense and good practice.

To my knowledge, there are no published research articles that determine the age, nor has any evidence been produced to indicate the age at which one can begin to test, or to set age-appropriate levels. There are available tests with criterion reference levels that can provide guidance before 7 or 8. We need to adopt current practices for the benefit of these children. We urge our fellow audiologists to rethink the age at which auditory processing disorders can be evaluated.

— Donna Geffner, PhD, Geffner & Assoc

Reference

1. Hornickel J, Zecker S, Bradlow A, Kraus, N. Assistive listening devices drive neuroplasticity in children with dyslexia. *PNAS*. 2012; 109(41)[Oct 9]:16731-16736.

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I am an audiologist and I strongly agree with above recommendation. If we don't start early intervention for CAPD, many of neurological capacity of brain will be lost.

Saeed • January 25, 2017 8:21 am • [Reply](#)

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