This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). It was approved by the Audiology/Hearing Science Assembly of the ASHA Legislative Council in April, 2005. The ASHA Scope of Practice states that the practice of audiology includes providing services for (central) auditory processing disorders [(C)APD]. The Preferred Practice Patterns are statements that define universally applicable characteristics of practice. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in Audiology and abide by the ASHA Code of Ethics, including Principle of Ethics II, Rule B, which states “Individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and experience.” This position statement was developed by the ASHA Working Group on (Central) Auditory Processing Disorders. Members of the Working Group (2002–2004) were Teri James Bellis (chair), Gail D. Chermak, Jeanane M. Ferre, Frank E. Musiek, Gail G. Rosenberg, and Evelyn J. Williams (ex officio). Members of the Working Group (2002–2003) included Jillian A. Armour, Jodell Newman Ryan, and Michael K. Wynne. Susan J Brannen, member 2004 and vice president for professional practices in audiology (2001–2003), and Roberta B. Aungst, vice president for professional practices in audiology (2004–2006) served as monitoring vice presidents.

Dedication
In loving memory of our dear friend and colleague Michael K. Wynne (1954–2003), whose vitality, intellect, and diligence helped make this work possible.

Index terms: auditory processing disorders, assessment, intervention
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Position Statement

It is the position of the American Speech-Language-Hearing Association (ASHA) that the quality and quantity of scientific evidence is sufficient to support the existence of (central) auditory processing disorder [(C)APD] as a diagnostic entity, to guide diagnosis and assessment of the disorder, and to inform the development of more customized, deficit-focused treatment and management plans. (C)APD is an auditory deficit; therefore, it continues to be the position of ASHA that the audiologist is the professional who diagnoses (C)APD. Consistent with the ASHA Scope of Practice in Speech-Language Pathology, speech-language pathologists (and other professionals) collaborate with the audiologist in the overall screening and assessment process, differential diagnosis, and development and implementation of intervention plans where there is evidence of speech-language and/or cognitive-communicative disorders. Specifically, speech-language pathologists are uniquely qualified to delineate the cognitive-communicative and/or language factors that may be associated with (C)APD. Full understanding of the ramifications of (C)APD for the individual requires a multidisciplinary assessment to determine the functional impact of the disorder and to guide treatment and management of the condition and associated deficits. Finally, it is the position of ASHA that the knowledge base required for understanding, diagnosing, and treating/managing individuals with (C)APD is extensive and may require additional training and education beyond that obtained in a typical professional preparation program.

Definition and Nature of APD
(Central) auditory processing disorder [(C)APD] refers to difficulties in the processing of auditory information in the central nervous system (CNS) as demonstrated by poor performance in one or more of the following skills: sound localization and later alization; auditory discrimination; auditory pattern recognition; temporal aspects of audition, including...
temporal integration, temporal discrimination (e.g.,
temporal gap detection), temporal ordering, and tem-
poral masking; auditory performance in competing
acoustic signals (including dichotic listening); and
auditory performance with degraded acoustic sig-
nals.

Non-modality-specific cognitive processing and
language problems may manifest themselves in au-
ditory tasks (i.e., as listening problems); however,
diagnosis of (C)APD requires demonstration of a
deficit in the neural processing of auditory stimuli
that is not due to higher order language, cognitive, or
related factors. This working group concluded after
a comprehensive review of the literature that any
definition of (C)APD that would require complete
modality-specificity as a diagnostic criterion is neu-
rophysiologically untenable; however, one should
expect the sensory processing perceptual deficit in
(C)APD to be more pronounced, in at least some in-
dividuals, when processing acoustic information.
(C)APD is best viewed as a deficit in neural process-
ing of auditory stimuli that may coexist with, but is
not the result of, dysfunction in other modalities.
(C)APD can also lead to or be associated with diffi-
culties in learning (e.g., spelling, reading), speech,
language, attention, social, and related functions.
Because of the complexity and heterogeneity of
(C)APD, combined with the heterogeneity of learn-
ing and related disorders, it is to be expected that a
simple, one-to-one correspondence between deficits
in fundamental, discrete auditory processes and lan-
guage, learning, and related sequelae may be difficult
to demonstrate across large groups of diverse sub-
jects. This underscores the need for comprehensive
assessment and diagnostic procedures that fully ex-
plain the nature of the presenting difficulties of each
individual suspected of having (C)APD.

Intervention

Intervention for (C)APD typically requires an
interdisciplinary approach involving the audiologist,