

CAPD & ADD

"PAM", a ten-year-old girl diagnosed with Central Auditory Processing Disorder (CAPD) and Attention Deficit Disorder (ADD) struggled at home and in the classroom. Her parents noticed that she threw temper tantrums when she shifted from one task to another as well as when she was given a challenging task. In the classroom and in her homework, she showed language related difficulties in reading and math tasks. Pam had received Wilson Reading Instruction with the reading specialist at her school during the previous year. Decoding and comprehension skills were noted as her primary deficit areas.

Her parents brought her for Interactive Metronome (IM) treatment during her summer break. Initially, Pam was uncommunicative during her IM sessions and was unconvinced of the value of yet another remedial program interfering with her summer.

First, Pam was given the Gray Oral Reading Inventory-4 (GORT-4), to assess her reading rate, accuracy, fluency, and comprehension. The test showed she fell below average in all areas.

An IM pretest assessment was also administered revealing that Pam had significant motor planning and sequencing difficulties. This confirmed the other test results as well as the therapist's observations.

Pam proved inattentive even during the short task durations required in the assessment, and her vigilance appeared weak. Although she appeared to understand the task directions and reported as such, she often ceased following them during the tasks. This was especially evident in the IM Attend-Over-Time Test.

A treatment plan was developed to meet Pam's individual needs based on the observations of her behaviors during the IM assessment, notes of conversations with her parents, and her test results. To allow Pam to feel more in control of her treatment plan, sessions were scheduled with her interests in mind. The mid-morning, three times per week appointments allowed her to sleep-in and to still be available to play with her friends.

Trying to motivate her to participate in a treatment that took time away from her summer vacation days was the first challenge presented. A simple reward system was devised where Pam earned a small token prize from a treasure box at the end of each session if she reached her goal. The goal changed depending upon the activities planned for the session. Pam's highly competitive nature made her eager to beat her own scores and performance levels. She entered the second session confident that it would be easy to better her previous scores but still moved haphazardly near the end of a long IM exercise. When she checked the results, she was surprised not to have improved as much as she expected, and then became determined to put forth more effort. Her efforts in IM improved as the weeks progressed, with Pam entering each session in a positive frame of mind by the last five sessions.

After meeting the objectives set forth at the beginning of her IM treatment program, Pam completed the IM posttest assessment. Her performance on the posttest demonstrated a 72% improvement over the pretest. She also showed an 87% improvement in her ability to attend to a task.

Pam's family reported a decline in temper tantrums as she progressed



through IM treatment with no occurrences in the last week of treatment. She became more pleasant in her social interactions both in the clinic and with peers at the community pool. Pam also asked to receive tutoring in math and wished to continue IM through the fall season. This was a significant change in character for Pam since she previously viewed her remedial sessions as a chore. Additionally, her scores on the posttest GORT-4 were dramatically improved in comparison to her pretest results: reading rate – 75th percentile (16th at pretest), accuracy – 84th percentile (50th at pretest), fluency - 84th percentile (37th at pretest), and comprehension – 91st percentile (25th at pretest).

The effects of Interactive Metronome treatment on reading fluency and comprehension are demonstrated by Pam's gains. The positive outcomes noted in her attention, behavior, and in the reading related areas can be attributed to Interactive Metronome since no other interventions were conducted concurrently for the duration of the IM treatment.

**For more information visit
www.interactivemetronome.com**

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