

APDUK

Auditory Processing Disorder in the United Kingdom

Newsletter

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School behaviour problems and listening problems
By Damien Howard

No Cure!

APDUK have received disturbing recent correspondence about professionals refusing to refer people for APD testing because "nothing will be done" or "there is no cure".

My reply to them is that APD may not be cured, but like asthma, diabetes, epilepsy etc, it CAN be managed.

Those with APD:

NEED to know they have APD
NEED validation
NEED support
NEED valuable accommodations at school/home/work
NEED therapy where applicable
NEED assistive technology, where applicable
NEED to learn to live with APD

That is their RIGHT and nobody can take that away.

www.apduk.org

BREAKING NEWS • BREAKING NEWS • BREAKING NEWS

GP referrals for APD testing at GOSH Hospital

We have been informed that the APD testing Centre at Great Ormond Street Hospital now takes GP referrals for APD testing. This is a wonderful breakthrough, as many audiologists are still unfamiliar with APD and some have refused to refer parents.

Here are the criteria for GP referral to Great Ormond Street Hospital for APD testing.

1. Your child should have normal hearing as shown by normal thresholds on pure tone audiometry
2. Your child should have had a speech and language assessment if there are issues about the child's speech and/or language
3. Your child should have had a cognitive assessment if there are concerns about cognitive abilities
4. Your child should have had assessment to look at phonological abilities and short-term memory
5. Your child should have had appropriate assessments if there are signs of dyslexia,

learning difficulties, attention deficit or autism

- 6 Your child should have the linguistic abilities of a 6 year old
7. Your child should have a minimum age (developmental age) of 6 years.

Take copies of any relevant medical notes/ letters especially copies of the above assessments. (Take everything and they will select what they want)

If you have any queries on testing, for children or adults, please contact Dr Sally Hinde, Chair of the APD Steering Committee, sally@ihr.mrc.ac.uk

If you have any queries on support for children or parents with APD, please contact me olanys@aol.com or Graeme Wadlow dolfrog@apduk.org or use the helpline numbers. (Please note, I am now available to take calls after 6pm and Graeme before 6pm)

Aly, Chair Auditory Processing Disorder in the UK/APDUK

www.lacewingmultimedia.com/APD.htm
www.apduk.org

APDUK Mission Statement

We aim to raise awareness and recognition of Auditory Processing Disorder as a disability, through educating both professionals and the public.

We aim to support research into APD, which will enable good diagnosis and treatment to be developed. We also support individual sufferers and parents/carers of individual sufferers, through self-help networks and internet forums.

Hearing Therapists - looking for APD rehab update

Hearing Therapists are a group of professionals who receive adult referrals from Ear, Nose and Throat departments primarily for tinnitus management, balance rehabilitation and communication problems related to acquired hearing loss. They also receive adult referrals for APD, although many departments still use the older terms OAD (Obscure Auditory Dysfunction) or KKS (King-Kopetzky Syndrome).

In the past some departments offered the OAD test package. Some may still be using it. The OAD tests indicated whether the problems might be related to an ear-based problem, a language based problem or a problem related to confidence and under-estimation of hearing ability. Regardless of which area showed up a problem the person would still have OAD. The results were not particularly helpful in indicating the path the rehab would take.

Rehab for OAD was and still is varied, but can include: Communication strategies, lipreading tuition, assertiveness training, relaxation and in some cases auditory training. All of which I'd assume would still be appropriate for patients referred with APD. With APD the test results may be more helpful in indicating what type of rehab would be most appropriate in each case.

Current definition of APD:

"APD is a hearing disorder resulting from impaired brain function and characterised by poor recognition, discrimination, separation, grouping, localisation or ordering of NON-SPEECH SOUNDS."

For Hearing Therapists this raises the question of whether someone previously diagnosed with OAD (using the OAD test package) would necessarily fit the newer APD definition. If not what happens to them?

In keeping with the above definition of APD, the new test package includes tests with non-speech sounds - detection of gaps in noise, discrimination of intensity, frequency, and duration etc. Does it then follow that Auditory Training exercises would not all

be language based; that many could be made up of non-speech sounds? Unless the non-speech tests are included purely to assist with diagnosis?

My main hope for the new APD test package is that the results will have more bearing on the direction the rehab will take.

Nicci Campbell's (Audiological Scientist, University of Southampton) talk at the APD update course at Great Ormond Street in November 2006 indicated that there will be a definite link between test results and auditory training interventions. Although it would seem that the majority of exercises used at present are language based.

It is unclear how directly the test results and rehab will marry up. For example, would someone with a particularly poor dichotic listening test result then be given dichotic auditory training exercises as part of rehab? Would someone with poor detection of gaps in noise on the test be asked to practise with similar material? Are these likely to improve with practise?

The new APD test package is undoubtedly a very good thing, but its creation and its implications for rehab have not been communicated to Hearing Therapists. At a recent meeting of Hearing Therapists in Leeds many were unaware of the new APD test package and none knew how the results of the new tests would affect their rehabilitation with teenagers and adults.

It was agreed that APD would be one of the topics covered at the next Hearing Therapy meeting, scheduled provisionally for September 2007 in Manchester. Any professionals who can provide information or tell us of experiences particularly with APD rehab but also with APD testing are encouraged to make contact. (Email Alan.Kenyon@bfwhospitals.nhs.uk) Even if you cannot attend personally but can provide relevant information please do get in touch.

This is a great opportunity to educate and motivate a skilled rehabilitative workforce for the benefit of current and future teenagers and adults with APD.

**Alan Kenyon ©, Hearing Therapist,
Blackpool, Fylde and Wyre Hospitals NHS
Trust**

All People Deserve Understanding and Knowledge
www.apduk.org

MORE THAN JUST WORDS

WELCOME TO ISSUE NO.7

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APDUK Newsletter Downloads

If you would like to see previous editions of our newsletters they are available here together with all our latest information:

www.lacewingmultimedia.com/APD.htm
and
<http://www.infosheets.apduk.org/newsletter.htm>



You can't help respecting anybody who can spell TUESDAY, even if he doesn't spell it right; but spelling isn't everything. There are days when spelling Tuesday simply doesn't count.

A. A. Milne

The House at Pooh Corner

We need YOU...

If you have any time to spare, please join up to APDUK and contact me to volunteer. You may not think you have the necessary skills to work on the committee of a voluntary organisation but everyone has vital talents that can help.

Whatever your background, work or life experiences, all you need is a genuine interest in supporting those with APD and a willingness to help.

Come along to a chat and meet us (you will just need to contact me to register first)... or just email, phone or write to us with any comments or queries. Thank you!

Aly olanys@aol.com

APDUK is a non-profit voluntary organisation run by unpaid volunteer parents. Our only monetary support for running costs comes from membership subscriptions and kind donations. We are currently seeking charity status and in order to do this we need to raise more funds and membership support. This will enable us to continue and extend our work in helping those with Auditory Processing Disorder in the UK.

Please donate what you can www.lacewingmultimedia.com/APD.htm buy books, CDs, DVDs, games or other gifts from Amazon via our books pages (at no extra cost)
<http://www.books.apduk.org/>
or join us
<http://www.members.apduk.org/>
to make APDUK even more successful in helping those with Auditory Processing Disorder in the United Kingdom.

Thank you for your continued support.

UK Diagnosis

APDUK now has a new UK Diagnosis web page at <http://apd.apduk.org/adpdiagnosisuk.htm> which includes an email form direct to the UK Medical Research Council for those seeking information regarding local APD diagnosis in the UK.



Contact information

Website: www.apduk.org, www.apduk.org/info.htm
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My daughter's journey with APD

By Gai © from Brisbane, Australia - member of the OldAPDs forum.

My daughter suffered constant otitis media (ear infections which caused fluid to build up) She was about 9 months when first diagnosed and was 6 months when diagnosed with asthma.

Her ear infections would make her scream and cry non-stop. After 6 straight ear infections she was referred to the major hospital in the city but I never heard from them.

After a while I was then referred privately but the specialist wanted over a \$1000 to do the operation. I was a single mum with a few children. I tried many bank loans but they knocked me back.

So I struggled on and it seemed every second week another ear infection occurred as well as the runny noses. I'm sure I own shares in the pharmaceutical companies with the amount that I have spent.

her - it was as if a light had come on.

From there she moved forward or so it seemed. We were always talking or singing the children and I so communication was a big thing. However then my daughter jumped out the lounge window and hit her head and the grommet soon had to be reinserted in her left ear. Despite all of this she didn't seem to understand what was being said and when she spoke it was in a language all of her own. Years later I found it on the NCAPD.org simulation under decoding problems. It explained my daughter exactly during that period.

Now she was in childcare, as was my older daughter, and I started querying things only to be told that I was comparing my two girls. I could not understand that as their learning styles were completely different.

But what was really bothering me, was kids 6 months younger were coming up and babbling on about Christmas and different things and they were speaking clearly. Even my best friend who knew her

letters in words- eg - was dat (what's that)

- Appears to be modulate but wording is unintelligible. can count to ten but pronunciation is unclear.

Comprehension comments were:

- Answering questions on stories and explains functions of familiar objects - attempts to do this but is not easily understood.
- On naming body parts - points to them but did not vocalise
- Does not express ideas clearly - she participates in group activities but becomes frustrated and withdraws when she cannot be understood.

The written report said she continually babbled at play, occasionally a clear word could be heard thus making it possible for the observer to understand what she was talking about. She speaks extremely fast, running words together which makes it more difficult to understand her, whilst participating in music time she appeared to be rolling her tongue thus making her speech unclear. She seems to enjoy music and language and listens attentively during these sessions.

She appears to be able to hear normally in one on one situations however, it is a lot more difficult to get her attention in the group situation thus making it necessary to repeat requests several times before she responds.

The report was taken to the ENT who referred her to speech therapy.

Well it was at least six months before we could get speech therapy as we were on the waiting list. I wondered what to do next.

I then looked at my early world of learning books and pulled out the word book. I sat her down and made her look at my mouth - I pointed at the picture and I said the word and made her repeat the word back to me. Sometimes she told me what her word was, which was way out compared to ours. Sometimes I needed to break the words up such as cyl - in - der. Her siblings also took part, they made her try and say drink or biscuit or whatever she wanted. She had to try and say the word first. We talked to her about everything.

“Despite all of this she didn't seem to understand what was being said and when she spoke it was in a language all of her own.”

Then one day I was speaking to another lady and telling her about it and she told me to go to her ENT in an outer suburb and he would look at her and through the public hospital system. So off we went on the hours train journey but every time she was in the ENT's for a visit she was in the “well” stages, although she was on the waiting list.

Shortly after, she got an extremely high temp and the ambulance took me to the city hospital and she was sent home as her temp was lowering. When I got home my sister was there with my other kids and she said ring the specialist - I said it won't do so she offered to drive me there.

So I walked in to the specialist's office and asked is he in to the receptionist and she said yes and I said I want to see him and sat down. When I saw the specialist, I asked him how much more we would have to take. He rang up the hospital and said the first available appointment coming up was to be my daughters.

Two days later the call came for pre-op and she underwent her first grommet operation a bi-lateral. After I brought her home she had a look of wonder on her face as she looked at us when we spoke to

best would listen as my little girl tried telling her something and she would look at me and say “What is she saying?” and the look of frustration on my little girls face was quite clear. She knew she was talking but her message wasn't getting through.

Eventually childcare agreed to test her and the report said:

- Listens to others - seems more responsive in one on one situations
- Follows directions - requests often have to be repeated several times,
- Repeat nursery rhymes - in own way with occasional clear word
- Asks questions - usually single word such as what or why?
- Answers questions, concentrates while story is read, likes to listen to stories.

For speech the answers were:

- Speaks clearly
- Substitutes d for g and th. example div me dat, v for b such as vlue, drops

“Well it was at least six months before we could get speech therapy as we were on the waiting list. I wondered what to do next.”

“She also couldn't always hear in background noise and was having problems with similar sounding words such blue or glue.”

Then the day of assessment for speech therapy came and we found that she did not need it at all.

Ear infections happened again and another bilateral grommet operation happened. Over time I noticed she was sensitive to sounds like fireworks, alarms in shops etc. She also couldn't always hear in background noise and was having problems with similar sounding words such blue or glue.

While waiting to see the audiologist after the bi-lateral operation she said “Get me out of here. I don't want to be here. I want to go home, they hurt me last time”. I also noticed paperwork on APD. I read it and the puzzle seemed to fit together. Her audiologist wrote the paper on APD.

I took her in and she played up - she didn't want to be there. I asked about APD and was told she was too young, she needed to be seven and then he wrote his report and stated she could act like a APD child even though she may not have it because of her constant otitis media. He also said she needed to see a Paediatrician because of her behaviour.

When I saw the doctors after I asked for that statement to be removed and explained why.

A few months later her right ear started bleeding. I took her back to the ENT and he said it was bleeding around the grommet and to let it go. He would monitor it.

The bleeding continued until it blocked the grommet. She went back under and they cleaned out the ear and reinserted the grommet. After that she only had one more ear infection, and life moved on.

However she seemed to not be responding in certain situations - noise levels etc and when spoken to she kept saying "huh". I again was told I was imagining things. She went to preschool 2 and a half days a week and childcare 2 days.

I realised one day speaking softly to my friend whilst she was watching our mouths that she was lip reading. She was using these skills at pre-school and childcare. She had learnt to turn and look at the person's mouth and she continued to do so.

After preschool finished one day on the same time that school finished we were walking a metre past her friend's car and the background noise was kids calling

out cars going by and her friend was calling her attention as she was saying goodbye but my daughter kept walking. She hadn't heard a word.

Not long after that we were in the school grounds with similar background noise cars, kids calling out and a teacher's car alarm going off. My eldest daughter and I kept walking but turned our heads to the noise but my younger daughter kept walking. I called her and asked can you hear it and she said no.

The next day I was in the Principal's office explaining things and as there was a road in the school that year ones crossed to go to the playground, it was added concern.

The principal said she could be tested and I argued and said no not until she's 7 and he rang and they said they can test her at 5. So an appointment was made for her to be tested.

At the age of 5 she was taken to get tested and she underwent the normal hearing test and later she was given an APD test. The SCAN C result said she was placed significantly below the mean for her age and at risk of a notable Auditory Processing Disorder.

The filtered word test on words, competing words test and auditory figureground test were well below for her age group - she would have significant difficulties in a class room setting.

Recommendations included seeing a paediatrician for global development and

“The therapy was not aimed to fix the problems but to equip her with strategies to improve auditory comprehension and retention of information.”

get speech/language training.

When she started year 1, the next year she was placed in an ESL (English as second language) class as they got extra teacher aide time.

She was then referred to the Paediatrician from the doctor which showed she was fine globally but recommended her being retested for APD at 7 or over.

At age 8 she underwent another APD test.

The results showed that she presented with normal hearing sensitivity but her case history and her test results suggest some weakness in her auditory processing skills.

Her performance on the short-term auditory test suggests that she may have difficulties remembering numbers and sentences for a short period of time.

The performance on the dichotic digits test suggests that she may have trouble separating out speech signals arriving at the same time to both ears and attending to them independently. This can result in trouble hearing speech in the presence of background noise, listening in a group of children (where there may be more than one person talking) or listening when there is a lot of extraneous noise such as fans, computers or traffic etc.

Her performance on the frequency pattern test, suggests that she may have trouble integrating rhythm and timing with speech and language (for example she may have trouble identifying the rising intonation of a question versus the falling intonation of a statement). She may also have trouble combining information presented in different ways (e.g. auditory and visual)

A list of clinics offered APD Therapy so we rang through where she was tested and put our names down on the list.

Well, we got the call and the following holidays, over a ten day period, she attended therapy. Therapy was with both parents and children and then two children with one therapist but working on one child per time.

The therapy was not aimed to fix the problems but to equip her with strategies to improve auditory comprehension and retention of information

At school she was tested for reading and comprehension and the letter said: *She just completed the Neale's Analysis of Reading Ability. Her reading was fluent and phrased. She was able to*

comprehend in the early texts and explained the meaning of the stories. As the text became more difficult, she still read with almost 100% accuracy but she was not able to fully comprehend specific details.

Despite this her results on the standardized test show her to be in the average range for comprehension and above average for accuracy. She was also tested on a PM Benchmark text. She read level 28 with almost 100% accuracy. This is comparable to those in her class. Once again Comprehension was a little lower than accuracy.

While visiting the behavioural optometrist she was tested for vision and

“Too often parents are not always listened to when it comes to their children and are disregarded in what they do know.”

the report stated the following but verbally I was told it fell under the dyslexia banner:

- *Ocular health is normal*
- *Accommodation, which is the ability of both eyes to change focus, is adequate.*
- *Convergence skills, which is the measurement of the eyes turning ability, is borderline.*

• *Refractive Status: Mildly long sighted.*
 Perceptual testing revealed the following: *She was adequate on Auditory Integration (TAAS), Verbal recall, Verbal manipulation and Visual copying tasks. She was inadequate on Spatial skills, Visual Memory, Visual Analysis, Eye Movement skills and Visual Attention span.*

These tests address the following:

Visual Analysis skills relates to the ability to notice fine differences between words and solving maths problems. The child may confuse words with similar beginnings or words with minor differences. There may also be difficulty in following instructions, producing untidy paperwork and difficulty with the

approach to reading.

Visual Spatial Skills are the ability to recognise one's internal space, followed by the development of concepts of external space - which are judgements about location of objects in relation to one's self and to other objects. Problems that may be exhibited are reversal of letters or words, having difficulty setting out a page when writing and difficulty finding the place on a blackboard or whiteboard.

Visual Auditory integration is the ability to derive meaning from sounds and the ability to recognise, analyse and visually encode sounds. A child with difficulty in this area may have difficulty with learning new words and spelling difficulty with phonics.

Visual Attention Span (VAS) is the ability to recognise a number of letters together and process it quickly. A child with problems in this area indicates that the word decoding is still restricted to phonics along with secondary cues. If the child has problems with phonetic decoding then he/she will have problems with learning to read and spell.

Adequate Eye Movement skills are

required for reading along a line of print, to rapidly and accurately move to the beginning of the next line, and to efficiently move fixation from one distance to another (copying tasks).

Visual copying tasks involve the ability to copy from the board or from items next to the page. This can be implicated in Spatial Awareness problems and Eye hand coordination.

RECOMMENDATIONS

1. Regular review for borderline convergence. She may require spectacles at a later stage.
2. Visual exercises/training to work on Visual Attention span, Eye Movement skills, Spatial Awareness and Visual Memory.

This can be done at our practice.

She is currently undergoing the Piggyback II program for vision. My main advice to other parents is, if in doubt, seek a second opinion. Too often parents are not always listened to when it comes to their children and are disregarded in what they do know. I would also like to acknowledge that not all cases of APD are the same and not all are caused by otitis media.

I have a son who was diagnosed at 14 to having APD, yet he never suffered an ear infection. It was picked up by speech/language pathology but was not tested until older.

How long does it take?

THERE ARE MEDICAL reasons why people with auditory processing difficulties find listening to and processing verbal and written information but why do adults without these difficulties find it such a challenge to take on board explanations and suggestions which, if used, will assist people who have auditory processing difficulties?

A young adult moved in with other people who have learning disabilities and the staff were given information about APD prior to him moving in. His parent regularly discusses with them the difficulty he has with processing information, sometimes giving examples of incorrect conclusions they've drawn during conversations they've had with him and makes suggestions to

try and ensure there is good understanding between them.

Recently the young man told his parent about a meeting with some staff and said he hadn't understood why he was told he couldn't use some equipment that day. His parent spoke to a staff member who said 'I'm sure he understood, we all thought he understood, the senior manager explained it very carefully, she asked him if he understood and he said yes!!!'

UNDERSTOOD

Sometimes he thinks he has understood what he's been told but it's not necessarily the intended meaning. That particular day he hadn't understood but didn't want to seem 'stupid' by saying no. Also

the staff seemed to think a clear explanation had been given which he would understand and he gave the answer which fulfilled their expectation. If he'd said no it would've prolonged the conversation and the possibility of the same explanation being repeated to him.

DISAPPOINTING

It's extremely disappointing that the practice of some staff working with people with learning disabilities, whether or not they have auditory processing difficulties, is to ask them if they understand what they have been told, instead of themselves asking questions that establish what the understanding is.

ANONYMOUS

APDUK questionnaires

The following are questionnaires that APDUK sent out to parents, adults and children who volunteered to complete them.

The ones printed below are the first received in this ongoing APDUK initiative into the opinions of those with APD, both in the UK and worldwide, in order to show the variety of ways individuals are affected and cope, their wishes, views and needs.

If you would like to complete one of the questionnaires they are available to download from the files section of our new forum here:

<http://health.groups.yahoo.com/group/apd4uk/>

The can also be obtained directly from Aly olanys@aol.com.

Please return completed questionnaires to Aly olanys@aol.com for inclusion in the next newsletter. All replies are printed anonymously.

One for spouses/partners/supporters/family members and one for professionals will soon be added.

Thank you for your support.

Aly © Chair APDUK

APD IN CHILDREN QUESTIONNAIRE

How old are you?

Eight

12

12

How are you affected by auditory processing problems?

I don't like loud noises or noisy places. When I'm somewhere noisy it hurts my ears and my brain. In a noisy classroom or when someone is making a noise near me I can't concentrate on what I am doing. I found it hard to hear my teacher sometimes.

It doesn't really, I've learned to adapt to it thanks to my mother.

(Parent: He has speech in noise difficulty, sound localisation problems, delayed processing, auditory sequencing, short term auditory memory- all of which he copes with by developing his own strategies and visual-spatial education at home).

I get distracted easily by other noises when I'm trying to hear the teacher and I can't hear properly when there are lots of children talking. I've also got a very bad memory.

How does this make you feel?

I feel annoyed because I don't want to have APD. I also feel embarrassed because I have to hold my ears sometimes.

Happy to know that my mother is trying to help me to the best of her abilities.

I don't like being different to the other children and I'm always getting told off for forgetting things.

What sort of things have you learned to do that can help?

I look at peoples' faces when they are

talking, I sat at the front of the classroom, I ask my family to shut the door if they are watching TV and I am doing something in the next room. I ask people to repeat what they are saying a lot. I sometimes ask people to try to explain things a different way.

All sorts of things, so many I can't even think up one, it's kind of automatic... *(Parent: he lipreads well and reads body language).*

I try to write things down to help me remember but sometimes there isn't enough time. I sit close to the teacher and she really helps me if I don't understand.

Did you need help to develop coping strategies?

(Parent: D said no here, but we did a lot of things to help him at school, things like a communication book between home and school, I took ownership of his belongings at home so he wouldn't forget things and get into trouble, we suggested to the teachers they sit him at the front and be mindful that he may be having trouble hearing...things like that).

Not really, I'm good at thinking up strategies in all situations.

No, I don't think so, my mother says I lip read but I thought that was normal.

Who helped you to do this?

Parents and myself

My mother *(Parent- minimal help is necessary when he is educated in the way he naturally learns).*

I did that myself.

Do you have any other difficulties apart from auditory processing?

Yes, I have trouble talking to other kids because no one seems to like me

very much, I don't know why. I used to worry a lot when we lived in Australia.

Not really. *(Parent: he also has visual processing difficulties and hyperacusis/sound sensitivity)*

I find it hard to read but I'm good at maths.

How do these difficulties affect you?

I'm always embarrassed, sometimes I have to ask people to repeat themselves again and again and they won't. They call me 'poo' and 'silly'.

Not really.

I don't like reading things out in class because I'm so slow and sometimes although I know the words they don't come out right.

Do these difficulties make auditory processing worse?

No, but I couldn't ask for help at school because I was too embarrassed. If sound affects me I block it out.

No.

Do you tell other people you have these difficulties? If you don't, please can you say why not.

No I can't tell people, that would be even more embarrassing.

I have got no friends, and the people I do tell don't know what APD is!

Yes, I don't mind telling people.

Does telling people help? If it doesn't do can you say why?

Not kids, it wouldn't have helped because they already weren't very nice.

It does because it's like I've been relieved of a burden.

I think they can understand why I'm like I am.

APD in Children Questionnaire - continued

Do you go to school or are you taught at home?

At home now, for two weeks.
 Taught at home, which I find is the best way to learn how to cope with my difficulties.
 I go to school.

If you go to school, how is school affected by the auditory processing problems and any other difficulties?

When I was at school all the kids were nasty to me, they didn't understand why I didn't hear them properly.
 At school the other children are bullied because they are different and the bullies just can't comprehend our difficulties.
 I have a teacher who sits by me for

some of the time and helps a lot.

Are friendships and relationships with your family affected? Please say how this affects you.

I find it hard to make friends at school but I have no problems with my family, except my older brother - he's annoying!

Not really, since practically the whole family has APD.

I used to have a lot of friends but now I like being on my own now. I have a brother who is a bit nasty sometimes because he teases me and I don't think he understands.

If you are home taught, has this helped?

Yes, I get to learn a lot as I'm not missing stuff and the class was always getting into trouble so I don't have to hear Mrs X telling us all off all of the time. I'm not embarrassed and I can always ask for help.

Immensely!
 N/A

What do you think would make life easier for all children with auditory processing difficulties?

Quiet classrooms and nice people.
 People who understand and accept our difficulties.
 People being nice and not teasing or rushing you.

Compiled by Alyson Mountjoy © APDUK 2007

PARENTS OF CHILDREN WITH APD QUESTIONNAIRE

How old is your child?

10 years
 11 years
 14

How is your child affected by auditory processing problems?

Educationally, he is about 1-2 grades behind his peers. Socially, it is difficult to play with new friends. Difficult to get play dates with potential new friends.
 Short term Memory, Time compressed and reverberant speech - (left ear), Dichotic Digits - (right ear), Frequency pattern test below average both ears, auditory number forward, auditory word memory.
 Significant problems at school in understanding instructions and content.

How do these difficulties make them feel?

Doesn't understand why new friends can't come over.
 When it is someone new or someone you address such as a coach who talks with their back to them even after the parent has addressed this issue, it makes her not even try to listen.
 Very frustrated. Sometimes dumb.
 Hates school.

How does this make you feel?

Crushed.
 It makes me upset if I have addressed the issue and as a parent you and your child have been ignored.

Sad for him. Frustrated with teachers. Sometimes helpless. Don't know where to turn.

How do their difficulties affect life at home?

Very understanding siblings (2 older sisters 16 & 17). Difficulty with homework.
 At home we have a set way of doing things and if there are changes to routine we discuss them. She feels she can ask for clarification and we are aware that she mishears so we try and make life easier for her so there are no difficulties.

Relationship is great except when I have to be homework cop. Much conflict over that. School dominates our life.

How do their difficulties affect friendships and relationships with others?

Hard to make and keep new friends. She has no difficulties most of the time as she has her own strategies but occasionally gets upset.
 Makes it tough. Like many APD's (Newsletter 1) he tries to control his life and other people don't like it. Now that I understand that control is a coping mechanism, I will help him understand on a more conscious level what is going on.

What sort of things have you learned to do that can help your child?
 Support everything he does. We

emphasize all the things he excels at. After school Wilson tutoring and Speech have helped. We have 2 very good tutors.

Listen to what she says including feelings and discuss the situation. Reassure her that she's fine. Break down words that she sometimes has difficulty with. Tell her what has been said so that she knows it accurately.

So much. Mostly how to advocate at school and an understanding/ acceptance of why he behaves like he does.

What sort of things does your child do that help/what coping strategies have they developed?

Taking a deep breath helps when things get out of control. We are currently trying to work on new techniques.

With her friends at school she has her own support group of friends and if she doesn't understand she tells them. Most of her friends will explain it if she says I don't understand although a couple with other difficulties - one yells at her and the other says get over it which I think is said to her at home. She is known as the friendly one and talks to each person on the same level. (No one is more important than someone else)

Learns on computer for own enjoyment. Does lots of kinaesthetic things.

Parents of children with APD Questionnaire - continued

Did your child need help to develop coping strategies?

Yes

No she has done it herself.

Oh, yes.

Who helped them to do this?

He goes to a special LD School. He works with the teachers, MSW, and therapists.

Yes visual which the behavioural optometrist says falls under the umbrella of dyslexia. She has difficulty with Spatial skills, visual memory, visual analysis, eye movement skills and visual attention span.

I don't feel we are there yet. He needs more help with this.

Does your child have any other difficulties apart from auditory processing?

Language processing.

I am not sure.

Reading comprehension. Change.

Do these difficulties make their auditory processing worse?

It makes it appear worse in his ability to verbalize what he is feeling.

I am not sure.

Yes.

Does your child go to school or are they taught at home?

Goes to school.

She goes to school - year 6

School and then home to find out what happened in school.

How is school affected by the auditory processing problems and any other difficulties?

Very small teacher to student ratio has helped. The school has the audiologist's test results and recommendations that they try to do.

Her teacher has allowed her to go into the smaller maths and reading groups and the aide helping realises she sometimes suffers overload so she is allowed to get up for a short walk. The teachers have gone back to basics with maths and they re-go over the formulas and they are finding she is picking up better in that area. Comprehension in reading is her greatest difficulty. She has said one of the aides in the library has told her she didn't read the book because she couldn't remember it and that upsets her.

School is either ok or awful. This year was awful. Teachers don't get it.

Do you talk openly with your child about their difficulties?

This is difficult for him to understand still.

Yes, it has been open to talk over if she needs to.

Yes. He needs to know. He's 14.

Do you encourage them to talk to others about their difficulties/to self advocate? If not, please say why not.

He does this at school with the MSW Yes and when she had therapy they were also taught to help themselves at 8. The aim is for her to have strategies in place before she goes to

high school in 2009.

Yes.

What do you think would make life easier for all children with auditory processing difficulties?

A better understanding of CAPD for teachers. More concrete guidelines as to what modalities to use for the type of CAPD the child has.

Unsure of this.

Public awareness and much more training for teachers.

What do you think would make life easier for parents of children with auditory processing difficulties?

I would love to hear from parents of kids that are now grown. What did they do, how are their kids coping now as adults.

The recognition in Australia that some children as young as 4-5 are in danger of developing APD and referrals to appropriate help. The State of Brisbane, Australia for example - once they are in Prep - they are under the school umbrella and as they don't have a recognised disability they don't get help. (I however am lucky that individual teachers from grade 1 -6 have bent over backwards to help her). So it isn't always a school thing but an Education thing.

Information. An opportunity to share tips. One-page handouts for teachers. Credibility. A chance for our kids to meet others like themselves.

Compiled by Alyson Mountjoy © APDUK 2007

APD IN ADULTS QUESTIONNAIRE

How are you affected by auditory processing problems?

I cannot readily distinguish individual sounds when many are present simultaneously. For example, I am newly enrolled in an evening course (second class was tonight) where there is an appreciable amount of background "white" noise. I strain to hear what the instructor is saying and what the other students sometimes add. In social settings, even if I can follow what someone else is saying, if there is another semi-audible conversation going on, I can be VERY distracted by it.

My APD affects every area of my life and every interaction that I have on a

daily basis. My APD makes every conversation a challenge.

How does this make you feel?

This makes me very frustrated, of course. Especially when it seems that all of the others can hear and understand everything (and three of them do not even have English as a first language!). After all of these years (I am 53), I still find it hard to comprehend how others seem to effortlessly sort all the sounds. They seem superhuman to me!

I feel isolated and misunderstood. I often feel foolish and inferior when I misunderstand conversation. For me, having APD makes every conversation

confusing and exhausting. When I avoid situations that aggravate my APD and Hyperacusis symptoms, I often feel as if my co-workers and friends think I am overreacting and just being a Prima-Donna.

What sort of things have you learned to do that can help?

I sit at the front of the class; I lipread. Sometimes I ask for repetitions. I replay the nonsensical sounds in my head until the actual phrase sort of "pops into view" and the sounds/words sort themselves into proper English (or whatever language). In other situations: if I am watching a DVD that has captions

APD in adults Questionnaire - continued

available, I will always turn them on. (Thank heavens for this new technology!) Over the years I "trained" various friends to repeat missed phrases for me. In a meeting or other large gathering, I'd speak the last few words I could understand, and this was a cue for the buddy to repeat the remainder of the speaker's sentence, word for word. This worked REALLY well but of course it is not always a viable option! Ultimately, I have learned to tolerate not understanding as much as others do, to accept that I will sometimes miss punchlines, to work with whatever percentage does get through. **The best thing for me to do is to allow myself quiet time before and after intense listening tasks, such as meetings, grocery store small talk, phone calls, etc. I also try to stay hydrated. If I must go into a restaurant or other crowded building, I try to sit with my back to the wall. Eliminating sounds coming from behind me helps me to cope with the noise a little better.**

Did you need help to develop coping strategies?
It would have been nice to have had help, but the problem was undiagnosed for the first half of my life. While the audiologist suggested I might have CAPD (and subsequent research seems to bear that out), she never offered further assistance. As my case seems mild when compared to what others have gone through, I suppose it's alright that I did not have assistance. Simply to have known much sooner what was going on would have been a relief and I am sure that it would have helped me assert myself a bit sooner. **I developed coping strategies as a way to survive. I had no help. As I get older, many of my coping mechanisms are failing me.**

Who helped you to do this?
I struggled along on my own, mystified that others understood what I could not and finally decided that I had a hearing problem. I had my hearing tested several times over the early years until FINALLY a savvy audiologist suggested that I might have CAPD. (That was in my late 20s, I believe.)
N/A

Do you have any other difficulties apart from auditory processing?
I have a mild hearing loss in one ear. I seem also to have a little problem using correct words. Occasionally when speaking or writing, a similar-sounding word (to the one I meant to use) comes out instead. This happens even in foreign languages that I know and use. **I have severe Hyperacusis and I have recently been diagnosed with Raynaud's disease.**

How do these difficulties affect you?
Embarrassing sometimes, but if I listen carefully to myself as I speak or assiduously proofread what I have written, I usually get the right words out. **I have no social life. I cannot even go to church because the music is too loud and the dear people are so friendly and always want to chat before and after the service. This results in sensory overload and I become ill.**

Do these difficulties make auditory processing worse?
I don't think the expressive language problem makes the receptive problem worse. It's all rather separate-the sometimes-garbled incoming auditory stream seems a thing apart from the missteps in expression. The latter did not even begin happening until I was in my early 20s. As to the mild hearing loss, I am sure that it contributes to my understanding problem, but I can still hear a pin drop (on a hard surface) in a quiet setting if my right ear is toward the pin! And I have been able to learn foreign languages with very close to native accents (especially once I've first picked up the language's structure through books and other visual aids.) This tells me that my hearing is not really the problem.
Yes.

Do your difficulties affect you socially? Please say how.
Yes. I do not like socializing in groups. I know that I sometimes "hog" conversations because it's easier that way. I avoid some situations where (with too many competing sounds) I know the conversation is going to be lost on me anyway. I do not like using the telephone but generally do okay if

I know the person's voice or they are clear-spoken (and there is no background noise!). I dislike making calls to people whom I do not know. I definitely prefer one-on-one interactions or maybe conversing with two other people. **Cannot go to church. Cannot go to enclosed shopping malls. I am very limited to where I can go out to eat. I cannot attend many social functions. Friends, family, and co-workers think I am being unfriendly and difficult.**

Do your difficulties affect you at work? Please say how.
Currently I do not apply for certain jobs that involve "too much" telephoning. (Am unemployed at the moment.) For example, I have worked in I.T. and will not apply for positions where helping clients with their computers is done entirely or mostly via the telephone. **I cannot attend social events at work; this reflects on my performance review. I cannot attend all staff meetings without becoming ill; this affects my performance review. My access to employee HR and Benefits information is limited because all employees are expected to use a telephone system that I am unable to navigate. Because I am unable to selectively screen sound, the white noise machine in the office causes me auditory overload. I have an intense startle response, which is very embarrassing. One of my coping devices is to hyper-focus while working in the noisy environment. Unfortunately, to be abruptly thrust out of the "internal" thinking task into the "external" listening task is for me like being suddenly shoved from behind. I have been known to scream, fall out of my chair, and wet my pants. This is not a rare occurrence.**

If you take part in adult education, how is this affected by the auditory processing problems and any other difficulties?
As I mentioned above, I have to be certain to sit where I know that I'll hear/see a good percentage of the action. **I was a re-entry student. I had to sit**

APD in adults Questionnaire - continued

front and center in the classroom, and I learned to NOT to take notes, except from the board. I am incapable of auditory processing and writing at the same time, so my own note taking resulted in gibberish that made no sense to me at all.

What do you think might help with adult education?

Eliminate background noise and vet instructors for their clarity of speech and presentation. For people with stronger APD issues than mine, I would say that some sort of introductory session might be a good idea-to familiarize the learners with the concepts and vocabulary before launching into the topic itself. I find that receiving course outlines ahead of time is helpful. The courses that I am signed up for are heavily based on visual presentations. This is also very helpful.

Handouts on all lectures, interactive material, and especially study groups.

Do you tell others about you

difficulties? If not please say why not.

It varies. If I know the person or I am in a situation where self-disclosure to a stranger seems socially "safe", I might say that I "have a hearing problem" to explain why I sometimes have a vacant look on my face whilst I play back the sounds repeatedly until they arrange themselves into what the speaker probably actually said!

I only share my disorder with people when it is absolutely necessary; otherwise, I risk censure and prejudice. Moreover, it makes people uncomfortable.

Does telling people help? If not please say why not.

Sometimes it helps to tell people, but as it's not a visible disability, many (most) tend to forget within moments. If I feel comfortable with the person or persons, I may remind them once or twice that I need clarity. After that I give up.

It usually does not help. Most people either suggest I get a hearing aid (as if I never thought of that before!!!) or

they invalidate the reality of my disorder by sharing an anecdote about someone that I do not know who had a hearing problem blah, blah, blah, blah. It is exhausting to track that kind of conversation even under the best of circumstances.

What things do you think would make life easier for all adults with auditory processing difficulties?

Gosh, no one has ever asked me this before! I suppose the usual: public recognition of the problem, public education about it, education of health/social professionals, and then of course early screening and intervention.

Validation that we are not crazy, lazy, or stupid.

Education about APD and other invisible disabilities for employers. Regulations to reduce extraneous noise in public places.

Acceptance from friends, family, and co-workers.

Compiled by Alyson Mountjoy © APDUK 2007

APDUK Forums and Updates

All those with an interest in APD are welcome...

All members have to be pre-approved but you will need to join the Open Forum first to be eligible to join these.

APDUK Message Board Forum
<http://apduk.org/OpenForum>

The following are by invitation only:

APD Parents Forum

For Parents seeking help and support, both for their children and for themselves, as they care for young and may be older APDs

Primary School Review

To contribute to the APDUK submission to the Review Commission

APD Success Stories

This forum is for anyone who has APD and has an APD related success story to share with others.... THE GOOD NEWS BOARD

UK Adult APD Support Group

For Adult APDs to share their experiences and support others.

APDUK & OldAPD Research Forum

To enable a wider debate for those who participate in the Research Chats and Programs

Young Adults Forum

A forum for Young Adults and Teenagers. You must be over 13 to join.

UK County Threads

This forum is for members to start a thread for their own

County so that they can exchange local support information with other members, and may be form their own local APD Support Group

Private Forum

The Private Forum is for those members who do not post on any of the APDUK Forums but still wish to retain their APDUK Open Forum Registration and membership of various APDUK forum usergroups.

APDUK Professional Forum

A private forum where professionals can discuss APD.

Professional Multi-Discipline

A place for Professionals from various disciplines to meet and discuss APD related issues.

Also we have email forums:

This is the new APDUK forum which will be replacing the MSN forum when it closes very soon - please transfer over to the new one as soon as you can.

<http://health.groups.yahoo.com/group/apd4uk>

The OldAPD email one is here... this is international and has mainly adults with APD, but many are also parents and some professionals. <http://groups.yahoo.com/group/OldAPDs/>

There is also a new invitation-only APDUK members' forum, which all paid up APDUK members will be invited to on joining. Please join us!

Aly, Chair APDUK

Auditory Processing Disorder and Co-Morbidity

CO-Morbidity

"The only way to discover the limits of the possible is to go beyond them into the impossible."

Arthur C. Clarke

Co-morbidity means that Auditory Processing Disorder APD, like any other condition, difficulty or disability, can co-exist with any other condition, difficulty or disability and often does. It can also exist alone but it is always wise to make sure if you have any doubt. All avenues should be investigated in order to get your child the help they need, for all the difficulties they experience - in other words, don't just accept one diagnosis as being the end of the story, if not everything your child struggles with has been diagnosed and managed. Trust your instinct.

Even if APD is thought to exist alone when diagnosed, other conditions may come to light once it is realised that APD is present, when those difficulties caused by APD are isolated and accounted for. Some difficulties can be hidden by APD, some attributed to APD, some make the APD worse and some are initially masked by APD. If your child has a diagnosis of APD and auditory processing deficits don't cover all the difficulties, then I would look further. Similarly if you have a child with other diagnoses which don't quite deal with all their problems and their auditory processing seems lacking in some way, then I would look into APD. Just because you have a diagnosis of one thing, APD could still be present if auditory processing appears weak.

People who receive a diagnosis of "Dyslexia" often accept that as the final

answer to their child's problems. To my mind, after several years of research including some time working with children with severe "Dyslexia", this view is a mistake. "Dyslexia" in its original essential form of "dys-lexia", a problem with reading, often thought to also affect spelling. It has grown over the years to cover a vast array of difficulties often also known as "Specific Learning Difficulties/SpLD" - both terms have often been interchangeable, used to mean the same thing. This umbrella term has grown to include a wide variety of difficulties totally unrelated to reading, which are caused by separate individual conditions, the only common link being that they happen to occur in children with reading difficulties- which has until now seemed to justify them all being lumped together as "Dyslexia" or "SpLD". A dangerous assumption and one which does many children a grave injustice.

"Dyslexia", as it has come to be known today, is thought to have been caused by..."Dyslexia". I find this very hard to believe. Let's break this down a little. In order to be able to read a person has to be able to understand and recognise the individual sounds in speech, known as phonemes, and be able to relate them to the individual ways these are written, graphemes. It is the correlation of sounds and written representation that allows a child to make sense of what is written down in relation to the sounds they hear. If a child has problems processing sounds (APD) they often have a problem processing speech. If they cannot process speech sounds accurately, they will have problems learning to link the sounds accurately with the correct written format. This can have an auditory or visual processing cause, assuming no sight or

hearing problems are present. Some children have problems breaking down words into phonemes, some have problems blending them, this is also due to poor speech/sound/language processing. Estimates have been made that about 60% of those unable to read, 60% of those termed as "dyslexic", will have some level of APD and research is ongoing as to the direct affect of APD on acquisition of reading. I look forward to the results.

Not all children with APD will have reading problems and not all children with "Dyslexia" will have APD. Some will have visual processing deficits which prevent them from reading accurately and some will have this AND APD. The same two causes can affect spelling.

If a diagnosis of "Dyslexia" is given without looking into the cause of the reading/spelling problem, as is often the case, APD and visual processing deficits are therefore being missed and the only thing addressed is the reading. When you consider that reading is only one of the many things that can be affected by APD, those children will have other undiagnosed and therefore unmanaged difficulties which affect them for life. These can be things like poor short term auditory memory, auditory sequencing (on the list of things thought to be caused by "Dyslexia" but actually due to auditory processing deficits) and problems with auditory discrimination/speech in noise, often dismissed as inattentiveness; sound localisation, delayed processing and speech problems are other APD based difficulties, all of which can have a major impact on a child's education, social development and life in general. Not all children with APD will have all of them but they may have any combination, to varying degrees and with varying effects. The same applies to the array of visual processing problems being missed. Neither is caused by "Dyslexia".

If your child has a "Dyslexia" diagnosis, please don't settle for just that - look further, ask WHY your child has problems with reading and/or spelling. It is a common practice to put all "dyslexic" children together and teach them the same, often with a group Individual Education Plan /IEP. Another mistake. Schools might tell you that knowing the cause will make no difference to how the children are remediated, but it should, as no 2 children are the same and an IEP should be just that - individual to each

APD can be hidden by other conditions

"Do not believe in anything simply because you have heard it. Do not believe in anything simply because it is spoken and rumoured by many. Do not believe in anything simply because it is found written in your religious books. Do not believe in anything merely on the authority of your teachers and elders. Do not believe in traditions because they have been handed down for many generations. But after observation and analysis, when you find that anything agrees with reason and is conducive to the good and benefit of one and all, then accept it and live up to it."

The Buddha

child. APD varies from child to child as do visual processing deficits. Finding out what causes the "Dyslexia" should determine how it is addressed, and will help your child in more than just reading.

"Dyslexia" is simply a symptom of something far deeper. Researchers have cited the brain scans of "dyslexics" as being different from others as proof of the existence of "Dyslexia" as a condition in its own right, simply because they use other parts of their brain than is normally used to read- but scans of right-brained visual-spatial learners show the same thing, they do this naturally or have learned to do so as a compensatory skill, due to the fact that many visual-spatial learners are thought to have APD. I think there will come a time (and soon) when the term "Dyslexia" -already controversial in some circles - will have to be revisited as being "unfit for purpose."

We need to get to the real causes of children's literacy and other difficulties and woolly terms like "Dyslexia" and "SpLD" only cloud the issue. These children have real difficulties and real needs which, in my view and that of a growing number of parents and professionals, are not being fully addressed by a spurious and increasingly meaningless "Dyslexia" label. In addition, thousands of people tested for "Dyslexia" are not even given a diagnosis at all because they don't conform to the manufactured "Dyslexia" criteria for whatever reason, often because they aren't yet 2, 3 or more years behind their classmates. Some children won't even be tested till they reach that stage. Children who are struggling are left without diagnosis and without help. Parents are supposed to be pleased that their child hasn't been diagnosed as "dyslexic", parents are pacified and told not to worry because there is nothing wrong with their child who struggles daily with still undiagnosed difficulties. That, to me, is negligence. Am I alone in this belief or does it make you feel uncomfortable too?

Try to describe your child's difficulties without using the terms "Dyslexia" or "SpLD" - look at all the difficulties individually, if they are not all being addressed, seek further testing. It's time for the "Dyslexia- one label fits all" diagnosis to stop. "Dyslexia" is a buzzword, a familiar term and has come to be a scarily acceptable catch-all. Parents and children have a right to know the cause of a child's difficulties. Why are many "dyslexic experts" reluctant to find true answers? What is to be gained by ignorance and maintaining the status quo? I have my own views on the reasons for perpetuating "Dyslexia", none of which put the "Dyslexics" first. I will leave it to you to draw your own conclusions.

The APDUK website has many articles on APD and dyslexia/reading etc.

http://www.infolinks.apduk.org/audiovisual_dyslexia.htm

And remember - just because a school has a "dyslexia friendly" sign does not mean it is necessarily "APD friendly".

Some Common Co-Morbid Conditions

"Become a student of change. It is the only thing that will remain constant."

Anthony J. D'Angelo

APD can be made worse by other conditions such as tinnitus which can distort sound and hyperacusis which causes a child to hear sounds more loudly than normal and which can make distinguishing speech from background noise even harder.

I know of a lot of children with APD who also have visual processing problems such as Irlen Syndrome/scotopic (light) sensitivity and other visual perceptual difficulties, which can make things more difficult as well as adding to their problems, especially if they rely on vision to compensate for poor auditory processing, and vice versa. I have also come across many children with APD who have sensory integration difficulties. Dyspraxia is also present in some children with APD, also Dyscalculia and Dysgraphia. All of these conditions account for some of the other symptoms that fall under the "Dyslexia" or "SpLD" umbrella but are quite separate conditions from each other and are not caused by "Dyslexia", having different very distinct causes and effects, which can occur alone or in any combination and are not always associated with reading difficulties.

APD can co-exist with ADD/ADHD or Autistic Spectrum Disorders or can be misdiagnosed as them. There are many characteristics which appear the same but with different causes. In the case of APD these can include inattentiveness due to failure to process what is said or blocking out sound in an attempt to concentrate; overactive behaviours/forgetting due to the need for kinaesthetic input when processing; social withdrawal when concentrating; dislike of communication or inability to communicate due to processing difficulty or APD related inability to acquire speech; dislike of being touched suddenly if cannot process where sound is coming from (e.g. when someone approaches from behind this can be startling/scary - for small children especially) or not understanding social cues through failure to accurately process language; inability to follow directions,

due to poor processing not defiance, poor eye contact due to the need to look at a person's mouth when they speak in order to lip-read etc. Current research is underway into APD and its true relationship to ASD - even as a possible cause. Care needs to be taken in these diagnoses- which I find eternally worrying as they are readily given by means of checklists and observations, when APD can so easily be ruled out by concrete scientific testing; although some professionals are reluctant to refer a child for APD testing they will readily diagnose ASD or ADHD and happily prescribe Ritalin.

In addition, if your child appears bright despite having learning difficulties or appears to be struggling despite being bright, they may be what is known as Dual Exceptionalities, bright/gifted WITH learning difficulties. These children need twice the support. They may be orally very talented but poor on written (or timed tests especially, if APD is present). They may have wide discrepancies between individual scores on formal assessments - very good in some areas and very poor in others. Don't be fooled by a mediocre overall score - these children are far from average. If your child's school tells you he/she is doing well, are "not very bright" maybe but "could work harder, "need more effort", "could apply him/herself more" or if the school says they have no problems with them, or they never ask for help, but your child tells you they constantly struggle, believe your child and request a statutory assessment. If they refuse to assess, they must give a valid reason, contact IPSEA for advice. If testing shows up very little, seek APD testing, if auditory processing appears poor/weak, or testing by a behavioural optometrist if visual processing appears poor.

Conclusion

"You can't stay in your corner of the Forest waiting for others to come to you. You have to go to them sometimes."

A. A. Milne

If your child has a diagnosis that doesn't "cover all the bases" and leaves unanswered questions, decide for yourselves- are you prepared to settle for this? Don't just accept it. Pursue it until your child has ALL the help they need to allow them access to an appropriate education. Your child deserves no less.

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www.lacewingmultimedia.com/APD.htm
www.gifted.lacewingmultimedia.com/

Auditory Processing Disorder (APD) in adults

By Doris-Eva Bamiou ©

What is meant by the term “auditory processing”?

Hearing starts in the ear. The sounds will be broken down in small bits here first, and then transmitted by the hearing nerve to the bottom part of the brain, which is the brain stem. From that point on, the sound information will be further analysed, processed and organised. Sound will then be transmitted further up the brain, until it reaches the top layer, the cortex, where the sound will be recognised and meaningfully interpreted. “Auditory processing” refers to what happens to the sound after it enters the brain.

What is an auditory processing disorder (APD)?

An auditory processing disorder is a hearing disorder which results from poor brain function. An APD may affect the listener's ability to recognize sounds, localise a sound, tell which sound comes first, tell two sounds apart, distinguish a sound of interest from other sounds etc.

APD is not due to a deficit in attention, language or other cognitive processes. However, APD may lead to or be associated with difficulties in language, learning, and communication functions.

What causes APD in adults?

Adults may have an APD because they had a head injury, a stroke (which happens when a clot blocks an artery that carries blood to the brain, or when there is a bleed in the brain) or other damage to the brain. Sometimes adults may have an APD since childhood, and in some of these cases APD may co-exist with other developmental disorders, such as dyslexia and attention deficit disorders. In the older adult, APD may be the result of age-related changes in the brain.

What are the symptoms of APD in adults?

Adults with APD may not be able to recognise subtle differences of sounds in words, and as a result they may have difficulties understanding speech if there is background noise, or if more than one person speak at a time. They may also

have difficulties with rapid speech or speech that is degraded, e.g. speech from a mobile phone, speech from a loudspeaker or in an “echoey” room. They may also have difficulties understanding, remembering and following oral, multiple step instructions. They may not be able to appreciate music, or derive the same pleasure from music as in the past. Because of the APD related communication difficulties, adults with APD may also experience psychological and social difficulties.

How is APD diagnosed?

There are several symptoms that may raise the suspicion of APD in an individual, however, these same symptoms may also be seen in a multitude of other conditions which are not primarily auditory. In addition, the individual with APD may also suffer from other problems, e.g., a language disorder, emotional difficulties etc. For all these reasons, diagnosis of APD requires both a multidisciplinary assessment, from different specialists, and a battery of hearing tests. The hearing tests will assess different parts of the hearing pathway, from the ear and the hearing nerve to the brain. The assessment should start with an audiogram, to assess what is the softest sound that one can hear. The test battery will include other behavioural tests. In these tests, the patient is given a sound and he/she is expected to make a response regarding the sound, e.g. to judge if two sounds are same or different, or to repeat words that are presented in a background of many people talking. The test battery will also include electrophysiological tests, in which the sound is presented via headphones or an eartip, and the ear or brain makes a response which is recorded either by tips placed in the ear or by electrodes (wires) glued with a special glue to the head. Patients may also be referred for a psychological, cognitive or speech and language and other assessments, as needed in each individual case.

How is APD managed?

The management should start explanation of the test results and a full explanation and what is causing the patient's

symptoms. The professional who makes the diagnosis should provide written information about APD and helpful strategies, which may help alleviate some of the related symptoms. In general, management should be tailored to the needs of each individual. In some cases, making a diagnosis and explaining the symptoms may be sufficient. After that, management of an APD may include any or all three of the following main categories:

- a. Environmental modifications and signal enhancement strategies. These are changes to the environment or to the sound signal, which aim to improve the quality of the sound signal when it reaches the ear of the listener. Environmental modifications may include carpeting a room, as soft surfaces absorb sound and minimise noise. Assistive listening devices, such as personal or soundfield FM systems may be considered. These are wireless devices that receive distant auditory input, amplify and transmit the signal to the ear of the listener. In addition, a speaker may be advised to use clear and slow speech, i.e., pace, emphasise and segment speech (a good example of clear and slow speech is Queen Elizabeth's speech).
- b. Auditory training. This consists of special exercises, which aim to train the brain to analyse sound better. At present, there is no study proving that such training is helpful in adults with APD. However, several studies have shown that training improves auditory performance in normal adult listeners. Auditory training can be formal, and may be conducted via a CD or logging on to a website, or informal, and may consist of exercises that one may conduct even with limited resources.
- c. Other compensatory strategies, which make use of other resources and strategies of the brain. These strategies may include “active” listening, auditory memory strategies, language strategies or cognitive strategies (e.g., note-taking, repetition, guessing meaning from context, or using mnemonic devices).

Auditory Processing Disorder/APD in Adults-Continued

I have been diagnosed with APD. What can I do to help my auditory perception?

Your medical professional may advise you on specialised auditory training that you need to do. In addition, it is very important to learn to understand your hearing difficulties in order to take some simple measures to help your hearing in different situations of your everyday life.

Explain and educate

Communication is a two-way process, so you may want to discuss your hearing difficulties with your friends and family and other people you come across. This will help them to communicate better with you. You should tell them that it would be best to make sure that they get your attention first before they start talking to you, and that they should speak clearly and just a little bit slowly. It would be helpful if they emphasize their speech in order to highlight the key points of the message. They may also repeat or rephrase the message, and use additional visual or other cues. It may be useful to give to your partner, family and friends to read the APD handouts that your medical professional has given you. It may also be useful to see a hearing therapist together with your partner/family.

Be aware of room acoustics and how they affect your hearing perception

In rooms with hard surfaces such as

hard tiles on the floor or metal surfaces, the sound is reflected on the surfaces and "echoes". It will be more difficult for you to hear in these rooms, because they have poor acoustics. Rooms with carpets, soft furniture and cushions, heavy curtains, acoustic ceiling tiles, on the other hand, absorb sound, and minimise noise. These rooms are best for your hearing. Choose a room with good acoustics, if you have an important meeting and you can choose where the meeting is taking place. When you go out with a group of friends, try to choose restaurants and pubs that have a lot of soft furnishings, or that are relatively quieter.

Position

Position yourself directly in front of the person speaking to you, and more away to any source of noise than the person you are talking to. For example, a noise source can include a projector, a window overlooking a busy street, a computer. At a restaurant, try to sit with your back to the wall, so there will not be any extra noise from your back. Don't be embarrassed to ask to change place with someone, or to request an appropriate table when booking a place at a restaurant.

Minimise background noise

If you need to conduct a meaningful conversation, try and minimise all

noise, for example switch off the radio or the television. Move away from a window overlooking a busy road or from a fan, air conditioner or any other device emitting noise.

Localise

When you are in a crowded room with many people talking and someone speaks to you, try to immediately localise as quickly as possible the speaker. This way, you can orient your hearing system as well as your visual system to pick up on cues that are important to communication.

Ask

Ask individuals not to cover their mouths when they are speaking to you, and to repeat or speak up or speak slower if you don't understand what they are saying. Do this as soon as you realise you are not following the conversation. Ask individuals to write down important information such as directions to a destination, telephone numbers, schedules, etc.

Concentrate and watch very carefully

Devote all your attention to the individual who is talking to you. Try not to be distracted by any visual or other sound stimuli that may be around you. Concentrate on key words in a conversation. Watch closely all gestures and facial movements of the speaker.

Some useful websites

<http://www.thebsa.org.uk/apd/APDPamphletOct04.pdf>

<http://www.apduk.org/>

<http://www.nidcd.nih.gov/health/voice/auditory.asp>

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If the person you are talking to doesn't appear to be listening, be patient. It may simply be that he has a small piece of fluff in his ear

A. A. Milne

Pooh's Little Instruction Book, inspired by A. A. Milne

School behaviour problems and listening problems

By Damien Howard ©
www.eartroubles.com

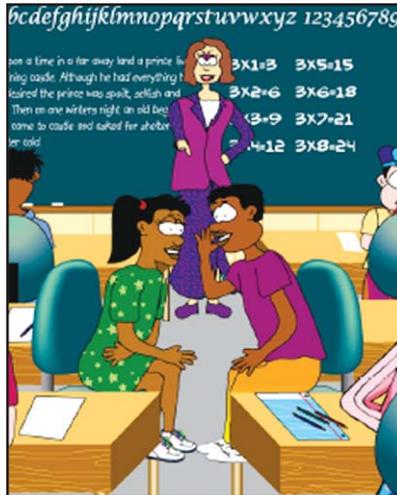
Listening problems are often a significant but unrecognized contributing factor to children's school behaviour problems. Listening problems come from conductive hearing loss that is a result of middle ear disease (otitis media), and/or auditory processing problems.

Conductive hearing loss is particularly widespread among students that come from disadvantaged backgrounds where children who live in crowded housing experience poor nutrition and inadequate health care are predisposed to repeated often severe episodes of middle ear disease.

The link between behaviour problems and listening difficulties is largely invisible, in part because teachers tend to focus on personality, parenting or cultural stereotype explanations of any behavioural or learning problems evident among students. However, research in Australia has shown that it is Indigenous students with Conductive Hearing Loss who are most disruptive in class (Howard, 2004).

Background noise can significantly increase the communication difficulties for children with hearing loss. Although children with listening problems may cope listening in a quiet environment, they experience more difficulties as the background noise level increases. This means that behaviour problems that are evident at school do not happen to the same extent at home because children cope better with the listening demands at home.

This highlights aspects of the school environment being involved in 'creating' the problem. Conversely, some children with listening problems 'act out' after they arrive home because they are so stressed from dealing with the



frustration and intensity of concentration needed to 'cope' at school.

The school behavioral profile of students with listening problems in noisy school environment includes the following. They often:

- have low self confidence and feel they are 'dumb';
- are disruptive when unable to cope with verbal communication;
- can have volatile responses that are related to frustration or confusion, especially if experiencing listening overload or when dealing with unfamiliar situations or people;
- may seek to dominate conversations, often 'call out' in class and 'tell on others';
- may develop a 'teasing' social style that makes them unpopular with peers and;
- are sensitive to anything that makes them feel shamed or socially excluded and;
- are often the students teachers find it most difficult to relate to.

Strategies for teachers to deal with behaviour problems that are related to listening problems include the following

Identify who may have a hearing loss in your class by using informal hearing tests such as Blind Man's Simon (see articles page on www.eartroubles.com)

Use visually rich teaching strategies in your classroom

Use sound field amplification in your classroom (see articles page on www.eartroubles.com). Individual FM amplification is also good but children are often reluctant to use it because it identifies them as being 'different'.

Create the best acoustics possible in your classroom - check the web for resources

Create predictability in the classroom to help students know what to expect. Behaviour problems are often most evident when students face unfamiliar people and processes

Actively manage noise levels and listening demands in your classroom to minimize the anxiety and frustration experienced of students with listening problems.

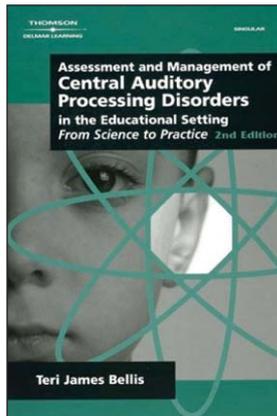
Dr Damien Howard is a psychologist and educator interested in the social outcomes of listening problems.

There is also an online teacher training program on this issue.- for information or feedback on this article contact Damien@phoenixconsulting.com.

There is a presentation on conductive hearing loss and schooling at the following address <http://www.eartroubles.com/attachments/Adelaide%20conference%20%20presentation.pdf>

Recommended books

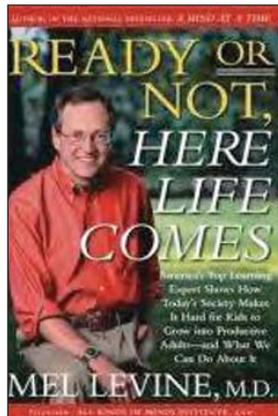
This is a collection of books recommended by APDUK and OldAPDs members and a selection from the APDUK website books section.
 Order your Christmas books, CDs DVDs etc. via Amazon (UK or US) through the APDUK website and APDUK will receive a small donation towards our funds and it will cost you no more.
<http://www.books.apduk.org/>



Assessment and Management of Central Auditory Processing Disorders in the Educational Setting: From Science to Practice (Paperback)
 by Terri James-Bellis (Author)

- PRODUCT DETAILS:**
- Paperback: 364 pages
 - Publisher: Singular Press (1 April 1996)
 - Language: English
 - ISBN-13: 978-1565936287

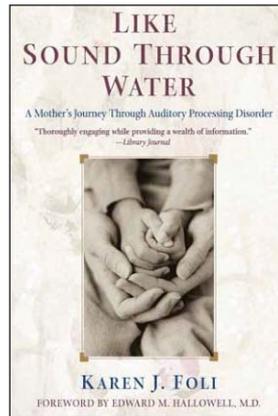
SYNOPSIS
 Audiologist Bellis provides education professionals with the background information necessary to recognize when a student is having trouble processing sound, and to apply the scientific knowledge to specific situations and allow the child to continue, or resume, learning. She explains how central auditory processing is supposed to work, assessment.



Ready or Not, Here Life Comes (Hardcover)
 by Mel Levine (Author)

- PRODUCT DETAILS:**
- Hardcover: 304 pages
 - Publisher: Simon & Schuster Australia (Jan 2005)
 - Language: English
 - ISBN-10: 0743262247
 - ISBN-13: 978-0743262248

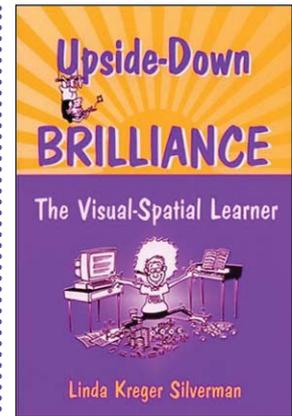
SYNOPSIS
 A guide for parents and educators offers advice on how to help adolescents make the transition into adulthood successfully, identifying signs that may be displayed by teens who are not ready for the realities of the adult world.



Like Sound Through Water: A Mother's Journey Through Auditory Processing Disorder (Paperback)
 by Karen J. Foli (Author), Edward M. Hallowell (Author)

- PRODUCT DETAILS:**
- Paperback: 304 pages
 - Publisher: Atria Books; Reprint edition (Jul 2003)
 - Language English
 - ISBN-10: 074342199X
 - ISBN-13: 978-0743421997

SYNOPSIS
 The author recounts her personal experiences dealing with a child suffering from auditory processing disorder, describing the misdiagnoses and lack of understanding of the ailment that hampered her struggle to help her son learn to communicate."



Upside-Down Brilliance: The Visual Spatial Learner (Paperback)
 by Linda Kreger Silverman (Author)

- PRODUCT DETAILS:**
- Paperback: 436 pages
 - Publisher: DeLeon Publishing, Inc. (September 2002)
 - Language English
 - ISBN-10: 193218600X
 - ISBN-13: 978-1932186000

SYNOPSIS
 Do you know things without being able to explain how or why? Do you solve problems in unusual ways? Do you think in pictures rather than in words? If so, you are not alone. One-third of the population thinks in images. You may be one or you may live with one. If you teach, it is absolutely certain that some of your students-probably the ones you aren't reaching-are visual-spatial learners. Dr. Linda Silverman coined the term "visual-spatial learner" in 1981 to describe the unique gifts of people who think in images. They get the big picture because they see the world through artists' eyes. They remember what they see, but forget what they hear...

The perfect APD gift

Grab yourself the ideal gift at our online shop:
www.spreadshirt.net/shop.php?sid=121954
 A fantastic collection of APDUK merchandise is available and with each purchase APDUK receive a small commission for our funds.

Thank you for your support!

Log onto www.books.apduk.org for more books on APD issues and related invisible disabilities

APDUK Membership Application Form

Auditory Processing Disorder in the United Kingdom

I AM/WE ARE APPLYING FOR (please tick)

Name

Address

.....

.....

Postcode

Tel. No(preferably not a mobile No)

Email

Please tick your preferred options regarding how we can contact you.

- Post E-mail Telephone

I am interested in APD for one or more of the following reasons

(Please tick the relevant box(es) which apply to you)

- I think I may have APD
- A young member(s) of my family may have APD
- An adult member(s) of my family may have APD
- I have a professional interest regarding APD
- I am interested in issues relating to APD and the Education System
- I am interested in issues relating to APD and Employment
- I am interested in Support for Families coping with APD

Please tick the nature of your interest

- Audiologist Speech & Language
- Paediatrician SENCo
- Educational Psychologist Parent Partnership
- Special Educational Needs Occupational Therapist
- Other

- Individual Membership **£5.00**
- Family Membership **£7.50**
- Concessionary Membership **£2.00**
- Professional Membership **£10.00**

TYPES OF APDUK MEMBERSHIP

Individual Membership

Annual Membership for anyone with an interest in Auditory Processing Disorder. Parents, relatives, friends, of sufferers or even the individual sufferers themselves.

Family Membership

Annual membership for families who have an interest in Auditory Processing Disorder. This is a Single Annual payment for all the named members of a family unit.

Concessionary Membership

Annual Concessionary Membership is for someone interested in Auditory Processing Disorder and is in full time education, unwaged / low waged or over 60.

Professional Membership

Annual Membership for the many professionals groups whose work will involve them with those who suffer from APD and the related disabilities.

Please send the completed form together with a cheque made payable to APDUK to:
Mr. Mark Mitchell,
Membership Secretary APDUK
c/o Dacorum CVS,
48, High Street,
Hemel Hempstead,
Herts HP1 3AF