

No.	SLIDE TITLE	TALK CONTENT
1	Title	<ul style="list-style-type: none"> • This is just an overview of the issues surrounding Auditory Processing Disorder (known as APD), but more detail is available in my books and on my website. • I've put some of the little-known key facts in the presentation in blue boxes to highlight their importance.
2	Prevalence	<ul style="list-style-type: none"> • APD “being rare” is one of the myths that surround this condition. It is normally said to parents when seeking referral, accompanied by, • “So, your child can’t possibly have it,” and then they are sent away. • This sort of misinformation is one reason that parents find it so hard for their child to access accurate testing, get a valid diagnosis, or access support.
3	Medical facts about APD	<ul style="list-style-type: none"> • APD can be hereditary, develop in the womb, during birth, just after birth due to complications, or at any age from a variety of cases. It affects the way in which the brain processes sound and speech. • But the cause doesn’t matter with regard to supporting it, just the effects.

4	APD and hearing etc.	<ul style="list-style-type: none"> • APD can exist in the absence of hearing loss or alongside it, but its presence makes APD harder to cope with. • In someone with APD, sound and speech reach the brain perfectly well. • Without the brain doing its job efficiently in making sense of it all, it would just be unintelligible noise, to all of us. • Hearing is not complete until sounds are converted by the brain into something we can understand that is, an accurate interpretation of sound, such as music or intelligible speech that we recognise and understand. • Therefore, the brain is an essential part of hearing and in APD, that very important part of the hearing process is damaged, so the information received is corrupted and processing cannot be completed efficiently. APD affects both receptive and expressive communication. • APD is also a neurodivergent condition because it involves the brain working in a different way.
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5	APD affects everyone uniquely	<ul style="list-style-type: none"> • APD is unlike conditions that are clear-cut, and have set symptoms - which everyone affected will have, and which are easily recognised. • In APD you might have any number of difficulties from a list, in any combination. That makes APD difficult to identify it and because it can resemble other conditions. • But luckily, unlike Autism and Attention Deficit Disorder which must rely on observations, a checklist of symptoms and a multi-discipline team of professionals, APD has reliable medical tests to rule it out definitively. • This is why parents must be signposted properly for their child to receive testing by the appropriate professional.
6	APD testing	<ul style="list-style-type: none"> • Another APD myth is that there is either no UK testing, or no agreed professional protocol or “gold star battery”, and so on. But reliable APD testing has been available in the UK since 2004. However, the problem is how few NHS testing centres there still are today. • The more APD is publicised and the more aware parents and professionals become of its existence, the longer the waiting lists will be, and the longer each child and adult will wait for diagnosis, validation and essential support. • The “Promoting APD” page of the website offers letter templates to request that, and more.

7	Getting it right	<ul style="list-style-type: none"> • If a child is referred incorrectly to a professional that knows nothing about APD, that child might be either misdiagnosed with what they <u>do</u> know due to an overlap of symptoms, or sent away and forgotten. By the way, that <u>has</u> happened to many children with APD. • Ideally, all medical and education professionals should learn how to recognise APD then refer parents to the appropriate professional. • APD is a medical condition. I'm sure you would advise the parents of a child with diabetes or asthma or other medical condition to take the child to the GP and have them referred to the appropriate medical specialist in that field. • We need to spread the word that APD is no different. APD diagnosis is <u>not</u> accessed via an education pathway because it is a medical condition.
8	Who can diagnose APD?	<ul style="list-style-type: none"> • So, who <u>can</u> diagnose APD? Well, in the UK, ONLY a consultant in audiovestibular medicine, or an audiologist with specialism in APD is qualified to diagnose it. • Another major problem is that local hospitals reluctant to refer on out of area. They, and a lot of private testing centres, claim to diagnose and won't use the full testing battery, and might also be untrained in this specialist area. So, they just use basic screening tests as a way to give a "diagnosis." • Worryingly, other types of professionals do this too, and parents are often left out of pocket without a valid diagnosis and have to start again, wasting valuable time for their child.

9	APD referral pathway	<ul style="list-style-type: none"> • To help with accurate signposting for APD testing, I have recently put together a new document for the Education page of website explaining the correct pathway for education professionals, schools, and local authorities, showing how to advise parents and signpost them appropriately. https://apdsupportuk.wixsite.com/apd-support-uk/education • After today, you should be in a better place to help parents to identify APD too. Please share this among your colleagues. • There is also a similar document on the “Diagnosis” page of the website for medical professionals. • If you are confident about the correct process, it will help the parents to be confident too. Advocating for their child on the APD journey will be hard, and they will be glad of any accurate information and support that you and other professionals can give them. • If APD is suspected at all, only specialist medical testing can rule it out. Please signpost parents to seek referral and access to support from APD Support UK.
10	Types of APD difficulties	<ul style="list-style-type: none"> • Any child with APD could have any combination of these difficulties. That’s what makes it complex to identify and support. Each difficulty will need tailored support as well as any other disabilities, conditions and difficulties that the child may also have.

11	The diagnosis	<ul style="list-style-type: none"> • This is another widely-held myth that has prevented parents from getting a referral. You just need 2 APD difficulties of a qualifying severity. • Spatial Processing Disorder can have a stand-alone diagnosis or it can be one of the 2 required. Any difficulties of lesser severity merit a diagnosis of auditory processing difficulties. Even one can be debilitating, and will need support. • Spatial Processing Disorder can also lead to safety concerns e.g., if a child cannot process the direction of a speeding car when crossing the road. Visual strategies must be taught to help them to compensate for this – looking both ways.
12	Not just about noise	<ul style="list-style-type: none"> • Assistive technology is not all a child with APD will need by way of support because a problem with understanding speech when it is noisy is not all that might affect them. That is another myth. <p>But for those that have that problem, or have difficulties with the direction of speech, an FM system or similar can be a godsend. It is also a legal obligation for schools to fund them.</p> <p>REMEMBER: Someone with APD can struggle to process a one-to-one conversation in a soundproof room. Background noise just makes it harder.</p>

13	Not just about listening	<ul style="list-style-type: none"> This is another misconception. APD is not just about poor listening skills or not paying attention. <p>REMEMBER: even when they are listening and can hear clearly what is said, their brain might still not allow them to understand what they hear, or remember it, or use that information properly.</p>
14	Will APD improve?	<ul style="list-style-type: none"> Sadly, APD won't improve much, especially after the age of 12/13 if you were born with it. If you acquire it, there is a chance it might improve after whatever caused the APD has healed. But that can't be relied upon. APD is usually incurable and lifelong. DLA and PIP can be claimed for APD in certain cases, depending on its effects and severity.
15	APD and unrelated conditions	<ul style="list-style-type: none"> APD normally never exists alone. It can co-exist alongside any number and variety of unrelated conditions and some that are related. If you come across anyone with just an APD diagnosis, it normally means that the other co-existing conditions, disabilities, or difficulties haven't been identified or diagnosed yet.

16	APD and other conditions	<ul style="list-style-type: none"> The PAX6 gene has been linked to APD and Aniridia, a condition affecting the iris of the eye.
17	APD and dyslexia	<ul style="list-style-type: none"> Having worked with children with severe dyslexia is what led me to discover the existence of APD over 20 years ago and reinforce the link between APD and dyslexia. It came about because my son had many of the same auditory-based symptoms as the learners I worked with, but no problem with literacy. Dyslexia had to have a similar cause. There was nothing about APD in the UK at the time. But my investigation led me to US research papers on APD
18	More about dyslexia	<p>Similarly, my son also has Irlen's Syndrome and four other types of VPD, and no literacy issues, reinforcing the evidence for dyslexia being caused by other things. Further evidence is available. The second issue of our newsletter, "The Listener," includes an article by Bridgitte Harley based on such research.</p> <p>REMEMBER: The cause of dyslexia needs to be identified, to provide the child with the most appropriate support.</p>

19	APD and learning	<ul style="list-style-type: none"> This section contains two of the most confusing aspects of APD and the hardest for people to understand, yet they are two of the most important. <p>1. That the effects of APD are intermittent and variable.</p> <p>2. Asking a child with APD if they have understood will not help and neither will repeating it “parrot fashion.” But sometimes they might.</p> <ul style="list-style-type: none"> Because of this, children with APD will need visual reinforcement of all verbal information and instructions, so they can check back and ensure that they DO understand (also prompting independent learning and reducing the need to ask).
20	Physical and emotional implications	<ul style="list-style-type: none"> Trying to process what they hear all day takes <u>so</u> much energy. Ambient noise makes it harder. This can add to stress and it leads to a lack of resources within the body to devote to coping strategies. Add sensory overload, headaches, migraines etc. on top and it all falls apart. Sensory overload can make the brain effectively shut down and no more information can be

		<p>processed, understood or remembered, and the rest of the lesson, even that morning or afternoon, might be wasted.</p> <ul style="list-style-type: none"> • Regular breaks in a quiet place are vital to prevent this happening and to aid recovery if it does. • Repeated failure is devastating to a child and is often required before a child receives any support. Children with APD can be told off and ridiculed by teachers every day for not understanding or getting something wrong or asking for help. If help is refused, they stop asking. Other children will copy this behaviour. This is called bullying. • Confidence and self-esteem are chipped away and any joy they ever had in learning is destroyed. They become stressed, anxious and frustrated and behaviour issues can follow, then school avoidance, and even school phobia. • This scenario describes the school life of many children with APD when left without appropriate support and understanding.
21	Self-awareness and acceptance	<ul style="list-style-type: none"> • A child with APD often knows they are falling behind their peers. Failure compounds this and self-blame increases. • They need to understand how APD affects them in order to build coping strategies and learn self-advocacy, as early on as possible after diagnosis. • They must learn to accept the APD, learn ways around it, and accept help from others. • This all becomes harder if they are diagnosed when they get older. But above all, they need to be told that it isn't their fault.

22	APD and relationships	<ul style="list-style-type: none"> • APD can adversely affect all types of relationships, at any age. Teaching social skills can help, but friendships cannot be forced. • Some children prefer their own company to regular misunderstandings and arguments, and others find out early that the quality of their friends is more important than the number.
23	Daily effects of APD	<ul style="list-style-type: none"> • REMEMBER: APD is very complex and far-reaching in its effects. Each child with APD will struggle with at least some of these issues, if not all. • They are ALL common issues that I have seen raised by parents in my online group again and again, year after year. • They are all listed in the handout in more detail for you to read later. • Safety issues can occur at school, or at home, e.g. failure to process fire alarms or alarm clocks leading to punctuality issues.
24	APD and school support	<ul style="list-style-type: none"> • REMEMBER: Each child with APD will need various types of support. These are tried and tested areas of support for the issues that you may come across and they are also detailed in the handout. • As well as being ways to support learning in a child with APD, they are examples of good teaching practice and classroom management, which can help learners with HI and other additional needs too. • Swimming and sports safety instructions need to be provided visually: written or via diagrams. • Instructions on school outings and trips away need to be provided visually too.

25	The plus side of APD	<ul style="list-style-type: none"> • Children with APD have many compensatory skills and attributes and can use them to help choose a career. • They need to play to their strengths, and use their preferred learning style wherever possible. • Children with APD are not limited by their APD so much as by an ongoing lack of appropriate support and understanding about their condition.
26	Summary: the 3 Rs of APD support	<ul style="list-style-type: none"> • Research: In summary: the best way to support a child with APD or any other condition is to research that condition and how it affects that learner. • Referral: Then see that the parents are informed, and signposted for referral to the appropriate professional. • Reasonable adjustments and equipment recommended on the child's diagnosis report must be provided, and supplemented to address all the child's other additional needs.
27	APD in Wales	<ul style="list-style-type: none"> • The results were concerning. • Please visit the website Professionals page for full details of the APD provision survey and the results (for both England and Wales).
28	Books	<ul style="list-style-type: none"> • Further information and APD handouts can be found on the APD Support UK website, along with links to my Facebook support groups and our newsletters, and in my books.

29	Thank you, and questions	<ul style="list-style-type: none"> • Finally, I would just like to thank Powys County Council Sensory Team for creating this event today to help spread greater understanding and accurate information about APD, and CVI. • Today will hopefully mark the first step in improving support for learners with these conditions and setting a precedent across Wales as an example for the rest of the UK. • Thank you all for listening, I hope you found at least some of my comments useful. • I would be happy to answer any questions you might have. • Or if you prefer, you can contact me via email: apd.support.uk@aol.co.uk
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FOR FURTHER INFORMATION: <https://apdsupportuk.wixsite.com/apd-support-uk/education>