

UNDERSTANDING APD: THE MYTHS AND MISCONCEPTIONS

By: Alyson Mountjoy, Author, Chair APD Support UK/Author



Key points

- APD affects everyone uniquely.
- APD does not improve with age, cannot be cured, or outgrown; it is usually incurable and lifelong.
- ONLY a consultant in audiovestibular medicine or an audiologist with specialism in APD is qualified to diagnose it. If APD is suspected, the child's parents should be informed and signposted appropriately to seek testing. (*See the APD Support UK website "Diagnosis" page for full details).
- APD testing has been available in the UK since the first bespoke battery of tests was introduced on the NHS at Great Ormond Street Hospital in 2004 providing accurate testing. Since then, few hospitals have followed their lead. Today there are just 3 NHS APD testing centres in England and just one for the whole of Wales at the Hearing Institute in Cardiff. There is no NHS testing in Scotland or Northern Ireland at this time.
- For a diagnosis of Auditory Processing Disorder, you don't need all of the difficulties they test for, just two of a qualifying severity - but even one mild difficulty can have a severe effect on learning and life and will still need support
- Spatial Processing Disorder is the only auditory processing difficulty which can have stand-alone diagnosis - it affects locating the direction of sound or the person speaking.

APD causes a variety of difficulties, not just a problem understanding speech when it's noisy. ALDs cannot help with all of them but are essential for those who need one; no further in-house testing is needed to see whether it will help if recommended on a diagnosis report, only a trial can do this. (*See the APD Support UK website "About APD" page for full details).
- Individuals with APD can struggle to process a one-to-one conversation in a silent room. Noise just makes it harder for them due to lack of clarity of speech.
- ALDs cannot help with every APD difficulty (and additional support is needed), but are essential for those who need one.
- APD normally exists alongside any number and variety of unrelated conditions. It is believed to be present in everyone with Autism and thought to cause over 60% of cases of dyslexia (auditory dyslexia) where the child has phonics issues/auditory discrimination problems. Phonics remediation should be avoided for these children in favour of whole words with images/other multisensory methods.
- Another example of a related condition is Aniridia, a condition causing visual impairment. It is estimated that up to 50% of Aniridia sufferers will also have APD due to mutations of the same gene, PAX6,
- All medical and education professionals need to recognise the signs of APD to avoid misdiagnosis/missing APD.
- Early diagnosis gives children with APD a chance at the best outcome via provision of essential support, at school in work, for life.
- Access to the correct referral pathway is therefore paramount and schools and education authorities can play a vital role in this by signposting parents using

our “APD referral pathway” document on the “Diagnosis” page of the *APD Support UK website.

- APD is not itself a learning disability but it can have serious adverse effects on learning at any age. Being in an unsuitable learning environment can itself have disabling effects on someone with APD.
- One of the hardest things to understand about APD, and one of the most important, is that the effects are intermittent and variable and their performance will vary too – this is not due to lack of effort, or “not listening.”
- Often a child with additional needs is left to struggle and fail to evidence a need for support. This will take its toll on the child.
- APD is exhausting and sensory overload must be avoided by regular sensory breaks in a quiet place.
- Anxiety, stress and other mental health issues must be taken seriously, even in a young child.
- APD does not affect intelligence and a child with APD will struggle but don't know why; they may realise they are capable of more and can blame themselves for not achieving. They need to be told about their diagnosis as early as possible, learn how they are affected, find ways around it, and learn how to self-advocate.
- APD is for life, affecting learning but also friendships, family life and work. APD can cause misunderstandings due to misprocessing: this can ruin relationships. leading to loneliness and social isolation. Due to social skills issues, they can appear immature and have problems making friends, and they can be vulnerable to bullies, but some children will choose selective social isolation as a coping strategy.
- To avoid the pressure of conversation and social awkwardness they chose not to socialise verbally, only online or via their devices. But enforcing peer friendships at school or at home should be avoided.
- People with APD have to listen well to have any chance to understand what is said, especially when it is noisy. APD is not just about poor listening skills or not paying attention. Some may benefit from improving listening skills, especially if they also have attention deficit issues. But their brain does not transfer what they hear properly.
- They may not understand what was said, remember what was said in the right order, know who they should be listening to in a classroom full of voices, or remember what was said until much later (hours or even days) due to poor post-processing. They may not remember it all. They may remember it incorrectly if misprocessed, it might even be processed as a string of unintelligible noises with no gaps between them or parts of a sentence might be garbled nonsense or missing the start, middle or end. Listening intently will not help with that. Living with APD can lead to many other difficulties. (See the APD Support UK website “About APD” page for full details).
- The biggest negative effect on a child or adult with APD is a lack of understanding by medical and education professionals, employers and others and a lack of emotional and practical support.
- Individuals with APD will have many compensatory skills and gifts, they are adaptable, able to find ways around things, resilient and capable in many ways and will have other transferable skills. They might be artistic, musical, creative, sporty, caring and empathic, or good with animals or plants. These attributes

should be encouraged when seeking a career path. Apprenticeships and hands-on training can be extremely beneficial, but there are individuals with APD who have degrees and can flourish academically in all areas, but with the right support.

- People with APD are not limited by their APD so much as by an unsuitable environment and lack of appropriate support and understanding about their condition.

SUGGESTED CLASSROOM STRATEGIES

Some of these strategies may already be in place for HI children or other additional needs, but will be needed to help children with APD.

- It is essential to implement recommended reasonable adjustments and equipment in the diagnosis report for APD and all other difficulties and conditions, to limit their impact on the APD and vice versa. This is a legal requirement for all schools
- No further tests are needed by LA sensory teams when ALDs are recommended - they have already been tested by an APD specialist and found to need one. But a trial of ALD is essential. However, if it does not help a particular child, don't try to force them to use it – it will only add distress/stress making processing harder and adversely affecting their overall wellbeing.
- Preferential seating is not necessarily at the front of the class if the teacher likes to wander around the class, and not if noisy or disruptive children are placed at the front for the teacher to keep an eye on them – away from doors windows and other distraction but where they can clearly see the teacher to read lips and see the whiteboard- ask the child
- Some children with APD will need smaller classes and these may be recommended
- Access arrangements are vital for all tests and exams, started as early after diagnosis as possible so they become their normal way of working (depending on their APD difficulties and severity these may be 25% extra time for delayed processing and word retrieval, regular sensory breaks, a quiet exam room, also a reader/scribe and use of a laptop if their additional needs require it)
- Provide preprinted notes and subject specific words for accessible visual reinforcement – why are these not provided for HI learners as standard?
- Phonics should be avoided for children with APD and auditory discrimination issues/auditory dyslexia – whole word/images, multisensory methods
- Use of Makaton and even sign language should be encouraged if the child finds it useful, depending on the nature of the APD difficulties, their severity, and other additional needs
- Unfinished work (due to not understanding what to do, word retrieval issues, poor post-processing, unfamiliar vocabulary – they need preprinted notes as pre-teaching and subject-specific vocabulary lists with explanations) should not be sent home to add to their workload and stress; to avoid this, work for a child with APD should be differentiated of the child needs it.
- Homework is an issue for the same reasons as above, and added sensory overload and exhaustion by the end of the day mean they will not be able to do it; if essential, it must be differentiated

- If languages or music are very difficult and more visual methods of teaching don't help, the child should be disapplied from these subjects as their neurological deficit in this area is too much of a barrier and they will only cause distress/stress which can have an ongoing effect on other subjects and their overall wellbeing and make processing harder
- Look out for anxiety, stress, poor confidence and low self-esteem; inform parents and address them as soon as you can, can be present even in very young children and will only get worse
- Children with APD (and other addition needs) often find change difficult and routine comforting - avoid sudden change without preparation and explanation
- Transition to secondary school can be very stressful – more work, harder work, more people, noise, more voice patterns to get used to, Preparation and additional support will be needed
- Teenage years bring additional issues- puberty and hormone changes can adversely affect APD and the coping strategies that they rely on can fail
- Adjustments for children with APD need not be expensive or difficult to implement, they are, after all, just good teaching practice and they can be beneficial to children with HI and a variety of additional needs too
- Hyperacusis (or hyperacute hearing/sound sensitivity) is one unrelated condition that commonly exists alongside APD that can make the effects of APD far worse because it is harder to discern speech when other sounds are perceived as louder. It can even cause ear pain. Allow er defenders/earplugs if needed/agreed by the child
- Background noise – good classroom acoustics are vital, use of ALDs
- Illness, tiredness, and stress can cause coping strategies to fail while attention and energy are devoted to dealing with these issues
- Allow frequent sensory breaks
Poor self-confidence and low self-esteem can have a lifelong adverse impact, adding to stress etc.- help them with this
- Hormonal changes during puberty (and menopause) can affect coping strategies – be aware that their grades might regress and give added support
- Screening can miss children with even severe APD, so it is vital that each child suspected of having APD has full testing at one of the recommended centres by a specialist with the training and experience to interpret the tests correctly

See “APD and education” and “APD in tests and exams” on the “Education” page of the *APD Support UK website for further details. Also “APD, hearing, and learning,” “APD assistive listening devices” and “APD, phones, video conferencing, and virtual learning” on the same page.

*FURTHER INFORMATION

Please visit the APD Support UK website for further information and support, and to access all documents referenced here, and more.

<https://apdsupportuk.wixsite.com/apd-support-uk>