

Auditory Processing Disorder and Co-Morbidity

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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.

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](#)

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 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.

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/fidgeting 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.