Auditory Processing Disorder (APD) in Teenage Years
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Auditory Processing Disorder (APD) is a neurological condition affecting the way that the brain processes sound including speech. It does not affect hearing or the ability to listen. APD is a lifelong disability and requires continued support from family, peers, friends, educators and employers. Everyone is affected uniquely by APD with varying degrees of severity and will usually have any number of other co-existing yet unrelated conditions and difficulties. There is no cure for APD. Living with APD can be difficult at any age, and especially during the teenage years when children become more self-aware and hormones can pose additional problems.

APD-related difficulties can include problems processing the gaps between sounds, having processing problems with background noise, poor auditory memory, poor auditory sequencing skills, word recall problems, problems following conversations, following multiple verbal instructions.

APD is known to affect both receptive and expressive language. It can also affect acquisition of speech and lead to pronunciation problems in some people, due to the inability to process and discriminate between the sounds in speech. This adds to communication difficulties and can also lead to problems with reading and spelling, causing what we know as auditory-based dyslexia. It also causes word retrieval problems in both spoken and written language, and poor auditory memory can lead to problems with working memory and long-term memory. There are various other difficulties too, and each learner has a different APD profile. This is why diagnosis is vital. Only a specialist audiologist is qualified to diagnose APD; if an education processional suspects APD, inform the parent - only they can seek referral for testing because APD is a medical condition, a neurological disability.

APD is not a learning difficulty; it causes them, as well as having many other debilitating and wide-ranging lifelong effects. Parents need support in gaining diagnosis for any and all other co-morbid conditions that exist; that is where schools can help (and colleges, for children whose difficulties might have been missed). Referral for assessments by Speech and Language Therapists/SALTs and Educational Psychologists whenever APD is suspected, and suspicions must be noted in reports in order for parents to access diagnosis via medical professionals. The sooner they are diagnosed, the sooner they can start to learn effectively.

There are many causes of APD, the most common being inherited /congenital APD and damage caused by repeated ear infections/glue ear. APD can be noticed from an early age and it is diagnosed from the age of 7. Diagnosis should be made as early as possible to give the child the best chance of academic success, for validation and to allow them to understand how APD affects them so that they can begin to find ways to work around it. It does not just affect education - it affects all aspects of a person's life.

Living with APD can be difficult for children and young people who have APD. They need to know that they are not only one who has APD. They have to understand how it affects them, learn and develop their own coping strategies and learn to self-advocate. According to recent US research, up to 5% of the child population worldwide has some degree of APD. Each individual who has APD needs to understand the limitations caused by APD and how to cope with them and work around them. The unique skills and coping strategies that sufferers develop will depend on their natural strengths and in-built and acquired weaknesses, the severity and individual deficits caused by the APD, their compensatory gifts and attributes, and their preferred learning style. They will also need to allow for any co-
morbid conditions which impact on the APD and vice versa, and the amount of support they receive is also a factor in their success. Self-advocacy skills, self-confidence and self-esteem are also major contributing factors to the ability of a person with APD to cope in the real world, and as the hardest to achieve they are the areas with which they need the most support. Educators can help with continued praise and encouragement and avoidance of direct criticism. However this is a skill developed with age, and the young learner with APD can often be unable to advocate for themselves, so to avoid putting them under added pressure, educators should learn about their learners with APD and how to help them, so that they don't have to explain.

An FM system is often recommended by an audiologist for learners who would find it beneficial in certain situations. The teacher/lecturer wears a microphone directly liked to the headset worn by the learner, improving the clarity and volume of speech, and circumventing speech in noise difficulty by directing speech to the learner's ear. The support of teachers/lecturers in its use is paramount, as is discreetly reminding the learner to use it. They might be self-conscious about it, so drawing undue attention to them is not advised. It will not aid processing, but clear speech without background noise can help those with a speech in noise (auditory figure-ground) difficulty and those who struggle to locate the speaker (a problem with spatial processing), enabling them to hear and process what they are supposed to be listening as opposed to extraneous voices/sounds.

Understanding the coping strategies, ability and weaknesses of each individual with APD is the most important part of living and working with them – as well as teaching and supporting them. Both the individual who has APD and all those who live and work around them need to understand and be prepared to use the preferred alternative types of communication that they need, and to present information in a way that they can best understand. This is never more vital than in teenage years when formal exams are looming. Providing the wrong type of support can be as detrimental as having no support at all. This creates the perception to the sufferer that the specific APD-related problems are not being understood, adding to their distress. Support provided must not be generic – it must be tailored to the individual’s unique support needs. Schools and colleges need to get it right for each learner. There can be a tendency to blame the learner for not achieving, for not working hard enough, when all they need is the right sort of support for them. Failure to do so can be destructive to a child’s education, to their self-esteem and their future.

If adequate and appropriate support is not already in place by the time the learner reaches their teenage years, which are a particularly difficult time for them, then problems like disaffection, depression and substance abuse can arise, in an attempt by the sufferer to regain control of their life – which is often so much outside their control. This also means that they will often relish routine and structure and feel lost without it, especially those who have poor co-morbid organisational skills. There can be exacerbation of anxiety, commonly present from early childhood and caused by lack of understanding, validation and appropriate support. Hormones can play havoc with processing and teenagers need a lot of rest, both to recuperate from stress and sensory overload and allow for delayed processing. Illness, tiredness and stress can make coping with APD a lot worse because the brain is focused on remediying these situations, so natural coping strategies can fail at these times, making all symptoms of APD harder to deal with.

People with APD will have good days and bad days, and because they have good days it can lead to people mistakenly thinking that they are making it up, putting it on on the bad days. This is untrue and discriminatory. APD can also be inconsistent and
variable in its effects from day to day, and even within a day or an hour, making it hard to spot and harder to manage. At times they will process more efficiently, but at other times language may mean nothing and sound like gibberish – imagine how that would feel.

Teenage years are fraught enough with stressors and peer pressure, without having to deal with a disability, especially one that a lot of people don't take seriously. APD does not affect intellect, so in a lot of cases people with APD are only too aware of how they struggle academically and socially - and how others perceive them. Frustration is common, but this is not a behaviour problem; rather it should be seen as a cry for help. Emotional difficulties and mental health concerns should always be taken seriously, and appropriate help obtained. Adults find it difficult enough to cope with the pressures of living with APD - imagine how it feels to a young child, or a teenager eager to fit in. Young people with APD, as with all disabilities, can be vulnerable, and as such they can be targets for bullies - this should be monitored and stamped out as soon as it arises.

APD often leads to miscommunication and can lead to the loss of friends, in turn resulting in self-imposed social isolation or to the the sufferer being deliberately ostracised, or just overlooked. Many people with APD cannot express themselves fully or fluently even without speech problems. They need patience, and other children and teenagers with APD might not make the effort needed to understand the sufferer's difficulties or make allowances for their very real individual needs. Any of their potential relationships can be fraught with arguments and misunderstandings. For example, a person with APD might argue that what they thought they heard was correct and the other person knows they are wrong. In an education situation this can lead to mistakenly assuming that the learner is being wilful, defiant or rude to a teacher or tutor, when this is no the case. We instinctively believe what our brain is telling us, but their brains let them down, causing repeated instances of discord and distress, in all situations.

People with APD can be seen as introverted, shy and quiet, when in fact they might be the opposite. A lot of APD sufferers of all ages might avoid crowds and social events, where there might be a lot of competing noise that impacts on speech discrimination and causes exhaustion and sensory overload. But this may not because they don't want to engage with people, socialise, or go out and have fun. It is actually a method of self-preservation. Avoiding potentially stressful situations becomes second nature and is in itself a vital coping mechanism, one which other people often don't understand. This self-preservation will manifest from an early age, making even family gatherings fraught with anxiety and tears. Family and extended family may not understand, and treat it as defiant behaviour. The child might ask not to go to such gatherings. Parents might see it as the child playing up, or feel guilty for not taking them, or take it as an insult to the hosts and make them go anyway. This can lead to the very distress which they sought to avoid and the added disapproval of their family should frustration follow. It is a vicious circle.

Such social avoidance will continue as they get older; it has to. This is not wilful behaviour - it is a necessary coping strategy. As they grow up, eventually friends will stop including them and so the social isolation begins. Schools should play their part in accepting that children and teenagers with APD have very good reasons for seeking peace and quiet, often preferring their own company or one or two supportive friends, and not try to enforce peer relationships or push them into situations they are actively trying to avoid, for good reason – even if they can't express why they need to do so.

Some people with APD are more adept socially. Most people who have APD
automatically develop good lip-reading skills, sometimes unknowingly, and learn to read the facial expressions or body language of others to help fill in the gaps in speech caused by what they miss or fail to process. In some cases people with APD are very intuitive and empathic; sensitive to nuances in behaviour that others might miss. Yet other people with APD are particularly blind to any such indications, cannot read lips or other cues. Everyone has their own techniques to cope socially, and some never do - and will need more support. With a person with APD, nothing must be assumed.

As previously discussed, each learner with APD needs individually tailored accommodations and support. But they will ALL need pre-teaching of new vocabulary and any and all notes dictated or displayed for copying. It must be given to them at least a day before the lesson/lecture is due to be delivered, so that they can familiarise themselves with it. Then they relax and glean as much as they are able to process during each lesson, lecture or tutorial - without the added pressure worrying about making notes, they will be free to learn. Pre-teaching is essential from an early age and should already be part of their support, but secondary schools and institutions of further education still have an opportunity to get it right.

A learner with APD should never be copying, taking dictation or making their own notes. I cannot stress that enough; if the notes that the learner with APD makes are incorrect or incomplete, which is often the case because of the nature of APD and intermittent processing, that is often all they are left to work from at home, to revise from for tests and exams. Many subjects build on prior knowledge - knowledge with gaps is unreliable and affects new learning. It is setting them up to fail. Failure to make sure that they have accurate notes will put a learner with APD all at a distinct ongoing disadvantage at every stage of their education. Their future depends on you making sure that the material they learn from is correct.

APD is a complex and far-reaching disability which affects all aspects of a person’s life, not only in education, but also communication and socialisation, from school to adult education, causing workplace problems, difficulties in communicating with family and friends, choice of suitable careers, enjoyment of hobbies and leisure time; in fact, everywhere and with everyone. Each person with APD will therefore need individually tailored support and accommodations throughout their life. They also need your continued support through the unpredictable and troubling minefield of their teenage years. Do what you can to help them to cope.

More information on APD is available here. http://apdsupportuk.yolasite.com/
“Teaching learners with APD – tips for schools and colleges” has more practical suggestions for coping with APD in the classroom, at any age. We owe it to every learner with APD to ‘get it right’ - first time, every time.