Following the Annual General Meeting of APDUK held online on July 14th 2005, Graeme Wadlow stood down as Chair of APDUK for the time being, due to personal reasons. I was elected to step into the position for the next year, but Graeme has agreed to remain on the Executive Committee in the role of Vice Chair. We also have the additional support of Mel Bastier as Assistant Vice Chair, already known to all as Graphics Editor of this newsletter and, most recently, also for her work on our promotional literature. Mark and Angela Mitchell remain in their respective roles of Treasurer and Secretary.

At the AGM we also elected five members to our ordinary committee - APDUK members who have volunteered their help for the next year - with the option to add more to the committee as others come forward. A work plan was proposed to pursue the continuance of our aims. A meeting will soon be arranged to discuss this in detail with the members of the committee and any further developments will be posted in the January Newsletter.

I would like to thank the Executive Committee for their continued support and hard work; also those ordinary committee members - both past and present - and the other members who have worked away behind the scenes over the last few years. We have already achieved so much since we started in 2002. Some things have changed and some things stay the same, but for APDUK our work continues.

The way forward...

While we all eagerly await the new UK sound-based tests for APD, training began in June 2005 for the first set of professionals who will be delivering the tests. This training will cover how to use the tests and, more importantly, how to interpret the results in order to provide the most accurate assessment of the nature and extent of difficulties present and report suggestions for a multi-disciplinary approach to provision of the best help possible for those with APD in the UK. We will be happy to let you know when these tests are available, so please keep checking the APDUK website and forums.

In the meantime, there is much we can all do to pave the way for those who will soon have an APD diagnosis, by spreading awareness to all LEAs, GPs, hospitals, other professional bodies and employers, so that once diagnosed there will be help available in schools, colleges and places of work. Until now there have been individuals, authorities and institutions reluctant to accept the existence of APD, but once testing and accurate diagnosis are established, they will no longer be able to avoid the fact that APD does exist, in the UK like everywhere else. Contrary to belief in some SEN circles, APD isn’t just another buzzword but a genuinely debilitating set of difficulties as individual as the person that lives with it. Children who have obvious listening difficulties, or even those suspected of having them, need our help NOW- with or without diagnosis- and our handouts can help to ensure they get this help. A child who is suspected of dyslexia or dyspraxia etc. does not have to wait for a diagnosis before they get help in school and those children with APD deserve the same consideration.

APD is a fact of life for many people, most as yet undiagnosed in the UK, who live with it.
We are a non-profit organisation run by unpaid volunteers - please help if you can by donating to our funds, no matter how small, your contribution will be vital to us.

APD if you do not wish to print it all). We also have APDUK contacts, available for those who wish to speak to someone in person. Please also pass this information on to those professionals who may come across someone with APD and need to understand it and what it means, in real terms to real people, in order to make provision for them.

One of our main aims for the next year is to ensure that everyone has access to the help they need. We aim to further our methods of spreading awareness, by way of informational booklets available in public places, an APDUK helpline, delivery of presentations by APDUK, a presence wherever possible at conferences etc. and the formation of localised support groups throughout the UK where people can get together and help each other. But in order to do this we need funds. We are a non-profit organisation run by unpaid volunteers - please help if you can by donating to our funds, no matter how small, your contribution will be vital to us. You could also help us by joining APDUK for just a nominal membership fee and assist us in gaining charity status, another primary goal for the next year, by displaying acquisition of funds but even more vital is that we show we have members’ support and show that there is a great need for an organisation like APDUK. If you feel there is, please join us using the membership form on the last page of the newsletter or by visiting the website. Thank you to everyone who has contributed to this newsletter and those who take the time to read it.

Aly, Chair APDUK www.apduk.org

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**APDUK**

**The year ends...**

*Continued from page 1*

daily and deal with it in everyday terms, not just as a person seeking academic definition or a child to be labelled or an adult statistic. Children need practical help to cope within an auditory-based education system, help to form relationships where they are accepted and miscommunication and misunderstanding will not lead to them being ridiculed or excluded by their peers; teenagers and adults need real help to find suitable work in APD-friendly environments where their gifts and talents can be used to their best, where they can regain their self-esteem and make a place in the world. Also necessary is help for those who seek retraining or further education where they are understood and encouraged to succeed. Anything less is disability discrimination. Those with APD all have a right to be supported throughout their lives and in every aspect of their lives - just like those who have any other disability - and APDUK will continue to assist them in exercising this right.

We at APDUK are aware that many people do not have the internet and may not be able to access APD information online. There are many who may be struggling with these difficulties with no idea why. To this end, we would be grateful if anyone who has a copy of this newsletter would please print off copies and pass them on to those you know or suspect might have need of help for APD related difficulties or have a relative in that situation (particularly the sections on what can be done by parents, schools and colleges and information for adults with APD if you do not wish to print it all). We also have APDUK contacts, available for those who wish to speak to someone in person. Please also pass this information on to those professionals who may come across someone with APD and need to understand it and what it means, in real terms to real people, in order to make provision for them.

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Aly, Chair APDUK www.apduk.org

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**APD Cymru/Wales**

On June 11th Aly Mountjoy and Mel Bastier attended the Welsh Dyslexia Project (WDP) Conference at Stradey Park, Llanelli, on behalf of APDUK. Presentations included those by Dr Kate Jackson (also featured in this newsletter), Dr Jackie Stordy, Dr Ian Smythe of the WDP, a representative of the department of neuro-psychological genetics at the University Hospital of Wales in Cardiff and various ICT and software companies. Thank you very much to Michael Davies and the WDP for a warm welcome and to the speakers also for such an informative and enjoyable day.

See their website here:

http://www.welshdyslexia.info/

Dioch yn fawr iawn ar ran APDUK i Michael Davies a Phrosiect Dyslecsia Cymru am groeso mawr a diwrnod ardderchog ar 11fed Mehefin ym Mharc y Strade. Dioch hefyd i’r siaradwyr gwybodus uchaf am eu cyflwyniadau diddorol lawn.
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

Fighting the cause

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 http://www.apduk.org/donations.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.

Contact information

Website: www.apduk.org, www.apduk.org/info.htm
Further Information: www.lacewingmultimedia.com/apd.htm

Aly Mountjoy, Executive Chair APDUK
olanys@aol.com Tel: 01656 766651 (2.30 – 6 pm)

Graeme Wadlow, Executive Vice Chair APDUK
dolfrog@apduk.org Tel: 01442 214555 (6 – 10 pm)

Mr. Mark Mitchell, APDUK, c/o Dacorum CVS, 48, High Street, Hemel Hempstead, Herts HP1 3AF
"I'm rubbish at this," stated 12-year-old John, when I gave him a blank 12 by 12 Times Table Square to complete on a Monday morning in August. It was the first day of a week-long summer school.

I gasped. "Never ever say negative things like that about yourself," I told him and the 7 other children in the class. I explained to them that in this class there are never things that they can't do. There are only things that they already know, and things that they are learning and that I will help them with. I explained that I was going to teach them how to use the ways of learning that work best for them and make it easier for them to learn. I assured them that they would see good progress in their learning over the week. They completed the Times Table Square, putting in the answers to all the 1 – 12 x-tables, with guidance and help from me as I went round wherever it was needed.

On each child's sheet we recorded how long it had taken them to complete the square. This was their 'baseline' score. Their goal was to get faster and faster each day, beating their previous speed (they are not competing with each other – only with themselves) and/or becoming more accurate.

Many of the children on the course were Dyslexic, with some Dyspraxic, and some with other learning difficulties. The course is designed to provide Basic Skills support for these children, aged 5-12 years, and currently runs in Bath and Swindon. It is in the seventh successful year, and we have children who even fly in from abroad to attend! Each day they have sessions on literacy, mathematics and creative skills. The settings are glorious, and the ethos positive and supportive!

For many of these children, learning x-tables at school has been a nightmare for them. Trying to learn such facts by rote and auditory memory alone has not been effective: some bits stick, while others don't. Sometimes they know the 'tune' of the tables 'chant', but not the words. They are on shaky ground, and it undermines their confidence. Often there has been a mismatch between the way tables have been taught in school and the ways of learning that would work best for them as individuals.

Speed of processing and working can also be a problem. Some children take longer to retrieve this information from memory than others, and for them practising speed of retrieval is just as important, and time-consuming, as teaching the material in the first place. Sometimes not enough time and attention is given in schools to this element of building speed of access.

We discuss alternative ways of learning. I explain that some people learn best by using pictures, colour, seeing patterns, picturing their surroundings, understanding, stories, humour, touch, movement, 'doing', rhymes or rhythm. 'Video memory' can also be a strength. This is where the teacher 'acts out' something in front of the child and the child makes a kind of 'video' in their mind of what they have just seen. The child is encouraged to make sure that their 'video' has colour, movement and sound. When the teacher has finished, they ask the child to close their eyes and play back their video. This can be a very powerful memory tool for many of the children we work with. Unfortunately, not many classroom teachers are aware of this potential learning strength, or how to teach to it.

Here is an example of using 'video' memory to teach a tables fact. The teacher has two plastic plates on the desk, each with a knife and fork. The children are told to watch carefully and make a ‘video’ in their minds of everything the teacher is going to say and do. The teacher pretends to eat from each plate in turn, saying "I ate, I ate, I was sick on the floor..." (demonstrated by acting this out) "...eight eights are 64". The children are asked to close their eyes and play back their ‘video’, so that they see the actions and say out loud the words. The children then write this memory anchor on a small piece of paper (business card size), adding a drawing, colour and 8x8=64 (again in colour). These are laminated and put onto a key ring with the child's name, so that they can carry them around in a pencil case or pocket at school, to use for quick reference and memory reinforcement. The x-facts chosen are those that the individual child struggled with most on that first table's square trial.

Pictures are often helpful memory anchors for these children. Here are some of the picture memory anchors for the 6x6=36, 6x8=48, times tables facts. (These are taken from "How Dyslexics Learn", by Saunders & White, details below).
This memory anchor uses a picture, colour and rhyme. However, it could also be acted out by the teacher or child if wished (e.g. the child kicks a ball with 36 chalked onto it, while wearing a no. 6 on their shirt). This form of presentation would enable the teacher to also bring in ‘video memory’ or active/′doing’ memory strengths.

6x8=48

In this example, the memory anchor is “6 ate 48, 6 eights are 48!”, using some element of rhythm and rhyme. The child has made bold use of colour and some use of humour to emphasize the big mouth that ‘ate’ the 8.

Note that it is important to build in at least 3 learning strengths (e.g. combining pictures, colour and rhythm, or using video memory, rhyme and humour) for each memory anchor. This strengthens memory and aids retrieval. It is important that the individual children become aware of those learning strengths that work best for them, so that after a while they are able to automatically build these in whenever they are in a learning situation. Experience has shown that children certainly are able to achieve this level of self-awareness and effective use of learning strengths, once they have become used to working in this way.

The 9x Table finger pattern is also helpful and quite quick to teach. The children put out their hands in front of them, palms up. If they want 3x9, they count from the left hand side 3 fingers (digits) along. They fold down this finger. They then count up the number of fingers to the left of the folded one. This is the number of tens in the answer (2). Then they count up the number of fingers to the right of the folded one. This is the number of units in the answer (7). So, the full answer is 27. This is illustrated below:

3x9=27 2 7

This finger pattern will work for up to 10x9=90.

Some children enjoy noting the patterns in the answers to the 9x table. The number in the units column generally goes down one each time, and the number in the tens column goes up one each time (up to 10x9=90), such that the answers are 9, 18, 27, 36, 45, 54, 63, 72, 81, 90. Furthermore, if the two numbers in any one answer are added together (i.e. the number in the tens column and the number in the units column), it always comes to 9 (up to 10x9). For example, where the answer is 9, 0+9=9; where the answer is 18, 1+8=9; where the answer is 27, 2+7=9; where the answer is 36, 3+6=9; etc...

Another useful observation is that for any 9x table fact up to 10x9, the answer in the tens column is always one less than the number you are multiplying by. For example, the answer to 3x9 will start with a 2 in the tens column, the answer to 6x9 will start with a 5 in the tens column. Since we know that the number in the tens column plus the number in the units column will add up to 9, we can then work out that 3x9=27 (as 2 is one less than the 3 we are multiplying by, and 2 plus 7 makes 9). Similarly, we can work out that 6x9=54 (as 5 is one less than the 6 we are multiplying by, and 5 plus 4 makes 9).

The children are often fairly comfortable with the 2, 5 and 10 times tables, because of the repeated patterns within them, which make these easier to learn. Similarly, they are often comfortable with the 11x table, up to 11x9=99. They are often comforted to realize that if they know the 2x table, they already know some of the 4x table. The answers are of course the same as the 2x table, but starting with 4 and then leaving out every other one.

Appreciation of patterns can, therefore, be a helpful learning strength for tackling a 12 by 12 tables square. The children are taught that if they can fill in the rows for the 1, 2, 4, 5, 10 and 11 x-tables, they can also fill in the columns for those tables. This leaves surprisingly few boxes unfilled. The children then learn and use their memory anchors for the remaining tables’ facts. (The children are encouraged to make up their own memory anchors where possible. For example: Rugby players tackle, football players score, twelve twelves are 144. These are then entered onto a memory card, with pictures and colour, and put onto their key-rings.).

There are some other helpful patterns hidden in times table facts. For example:
Reinforcement of learning and work on speed of access take place each day over the course of the week. The children are encouraged to continue to revise their memory cards and work on blank x-tables squares once a week after the course, to keep the skills up.

On the final day of the course, the children completed their final 12 by 12 tables square. All of them had made significant progress over the week (the fastest were able to complete the square in under 5 minutes). There were dramatic improvements not only in their speed and tables skills, but also in their level of self-awareness of their learning strengths and their confidence in themselves as effective learners. The challenge for us as teachers is this: “If some children cannot learn the way we teach, can we teach the way they learn?” (Harry Chasty, retired Chief Psychologist, Dyslexia Institute). The evidence is that this is possible, if enough teachers get the right information and training about these different learning strengths and how to teach to them.

On that first Monday morning, John had taken 37 minutes 33 seconds to complete his blank 12 by 12 tables square. On the last session, at the end of the week, John completed his square in 10 minutes 31 seconds. He was so pleased with himself that he spontaneously shouted “Yes!” out loud and punched the air in victory. It was wonderful to see a child who started the week believing himself to be a poor learner now experiencing success and feeling, “I did great at this!”

Dr. Kate Saunders provides one-day conferences for teachers/parents and in-school INSET courses, at home and abroad. For further details of these, the summer schools, dyslexia assessments, or an appointment to organize an individualized work programme for your child, please contact: 07702 079283 or e-mail: saunders@drkate.freeserve.co.uk

Dr. Saunders is co-author of “How Dyslexics Learn”, by Saunders & White, available from the Professional Association of Teachers of Students with Specific Learning Difficulties, Tel: 01386 712650, Fax: 01386 712716 e-mail: patoss@evesham.ac.uk, £19.95 plus £2.65pp(UK). This book also contains teaching ideas for working with alternative learning strengths when teaching reading, spelling, writing and study skills.

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For Information: Tel: 07702 079 283 or E-mail: saunders@drkate.freeserve.co.uk

“An excellent workshop – provided real insight into the way dyslexics learn.”
Mary Lindley, SEN Consultant, Calderdale LEA.

For: Teachers, Parents, Adult Dyslexics, SENCOs, Headteachers, Spld Advisors
My daughter who has unusual and complex difficulties was assessed as having sensory integration dysfunction with auditory processing difficulties, during her early teen years. The path I have taken, in trying to find the best way of helping her, started with me learning about food and chemical allergies, candida overgrowth and language processing difficulties for one of her older brothers when he was young. My children benefited from elimination of certain chemicals and foods and for treatment for overgrowth of candida. Three of them were a little late starting to talk and are affected in different ways by auditory processing difficulties. Two of them were very fearful of noise from an early age, were very active and both had ear infections, the other one was extremely quiet and placid and had glue ear which was resolved with a change of diet. With the difficulties that one of my sons had in processing language I learnt how to rephrase the way I spoke to him. This experience helped when I realised early on that my daughter also had language processing difficulties. Although she was a little late starting to talk, once started she never stopped. She was very inquisitive and was always asking questions and often repeating the questions. She could repeat back to me what had been said to her - but could not always process what she heard. She was an early reader - but struggled to process what she read.

A paediatric physiotherapist assessed my daughter for auditory processing difficulties and did a full assessment for sensory integration dysfunction. She provided me with plenty of information and support and I learnt much from reading books, articles and papers. Learning about the cause and effects of this had slotted pieces of the puzzle of her difficulties into place for me. I am in contact with parents of other of children with similar difficulties, mainly through e-groups, which has all been of enormous help in understanding why she has struggled so much.

My daughter seems unable to properly filter out unnecessary stimuli and frequently becomes sensory overloaded. This is described as a ‘traffic jam’ in the brain by Carol Stock Kranowitz in her excellent book ‘The Out of Synch Child, Recognising and Coping with Sensory Integration Dysfunction’.

When she is sensory overloaded and frightened it’s like an exaggerated version of how many of us are when tired and stressed, e.g. thoughts going around in our heads which won’t stop and which prevent us sleeping. She verbalises this. She appears to be holding on to something physically and verbally to try to keep herself together and calm herself. She may hold a particular video case, magazine or newspaper and will talk repetitively. When overloaded she wears layers of clothing to help her feel where her body is. A lack of understanding and support for her needs caused immense problems for her during her secondary school years and the belief held by some professionals that one to one support should not be used as ‘they become dependent on it’ exacerbated the situation. Frequently being in fright/fight/flight mode during those years was very stressful for her. A great deal of support and understanding is needed for her to regain the confidence she once had and to establish a different way of learning suited to her needs.

What has helped?
- Paediatric osteopathy treatment for her fragile central nervous system.
- A therapeutic programme based on sensory integrative principles.
- Modified CD’s for listening therapy.
- Dietary changes and nutritional supplements for food sensitivities and candida overgrowth.
- St Johns Wort for depressive periods following sensory overload.

Sensory Integration Dysfunction (SID): is the inability to deal properly with the various stimuli (and combinations of stimuli) that are received through the senses. There is an inability to process the intake, organisation and output of the sensory information. Sometimes too much information is taken in, causing an overload and consequent avoidance of sensual stimuli. Sometimes too little information is absorbed so that the brain seeks more sensory input. For someone with SID life can often be bewildering, confusing and frightening.

My daughter is often unable to manage sensory information properly. This means that she sometimes cannot respond to it appropriately and is unable to plan and organise what she needs to do in a given situation. She may react instead with the primitive instincts of fright, flight and fight - thereby behaving in a way that can seem extreme and inappropriate.

Auditory Processing: is the ability to receive, identify, discriminate and communicate sounds as one hears and perceives them while interacting in the environment. SID affects her ability to absorb and process information through the sense of hearing. She is less able to retain a sequence of sounds, words or sentences in the memory long enough to make sense of them.

An APDUK Member
Auditory processing - a speech and language perspective

By Clare North ©

I am pleased but rather anxious about being asked to contribute to the APDUK newsletter. I cannot possibly know as much about auditory processing disorders as those of you who permanently live with them. However, as Teacher in charge of a Speech and Language Unit for over 15 years, I have had some experience of working with children whose difficulties were primarily due to poor auditory processing.

Until recently, I have remained on the fringes of the various debates and disagreements about the best method of teaching reading. I have never believed that there is one approach which suits all learners and during the course of my teaching career, have developed my own style which draws on a range of approaches. I am in awe of the knowledge of some contributors to the various debates and although I have sometimes felt uneasy about the rationale for their argument, I have rarely felt confident enough to challenge them. I have assumed, I suppose, that they must be working with very different children to those that I work with.

Inclusion

I have become much more argumentative recently – prompted mainly by the fact that I was made redundant and my class of 5-7 year olds are now joining mainstream classes for a large part of their school day.

I am not against ‘Inclusion’ but I am against children being expected to cope in distressingly noisy environments with a high level of background noise. It is assumed that children always benefit from being with other similarly-aged ‘normal’ children and yet adults have friends of all ages so why is it so essential for children with difficulties to be assigned to their own age group losing experienced teaching support and the group identity that they once had?

I am concerned that the next generation of language unit children will not feel as happy about their school days as they struggle to cope with listening and understanding in the much more hectic mainstream environment. There will be too much ‘talking’ and not enough visual support for them. They will miss out on the peer support that they had in their specialist class and the parents will no longer be an identified group who can support each other and swap their worries and experiences over a cup of coffee after the termly class assembly.

Listening and Auditory Processing Skills

Most of children that I have taught have had poor auditory processing skills, poor working memory, poor organisation, and low self-esteem. There is limited awareness generally that auditory processing difficulties exist independently of hearing and concentration and this is, I believe, an increasingly significant issue in schools.

Adults often assume that all children can listen if they want to but listening in school is very different to listening at home and not all children necessarily find it easy. In school the routines are less familiar and there are new rules and instructions to follow. Background noise can be intrusive and there may be limited visual cues to support the listener. We can all, for example, probably recall trying to hold conversations at noisy parties. We don’t always actually hear the words being spoken but pick up on the meaning by visual cues such as a bottle being waved at us and a querying look! How many times have we asked children questions in school and got a weird response because the child didn’t process the question correctly? The oddest ‘mainstream’ example I recall was a six-year old, who had suffered meningitis as a baby, and who was asked to get his book-bag. Having ambled off in the right direction, he eventually returned wearing a pair of swimming goggles! He sat down beside his teacher, minus his requested reading book, as though everything was quite normal!

At home, conversations generally relate to shared experiences and if confusion arises, we instantly interrupt and query the information. In school, pupils are discouraged from interrupting so any breakdown in comprehension is not repaired until it is too late. The teacher dominates the ‘conversation’ for some considerable time and only when she finishes are the pupils allowed to ask questions. Then there are rules: put your hand up; don’t call out; wait until I say your name etc. By this time, it is too late for the child who lost the thread right at the beginning and this is when he or she gets accused of ‘not listening’.

These difficulties sometimes remain hidden in the infant school and the child may be thought of as bright but a bit naughty and that if only he/she would pay attention, it would be fine. The difficulties become more of an issue from Key Stage 2 onwards when there is more whole-class teaching and visual support is less readily available.

APD and Phonic Approaches to Reading

I have reservations about the current promotion of various phonic approaches as fool-proof methods of teaching reading. I sense that some people are anticipating the arrival of ‘synthetic phonics’ as an easy answer to the problem of what to do about all those children who just don’t seem to ‘get’ reading. My experience is that children who are on the continuum, from autism to dyslexia, cannot quickly learn to read through phonic approaches.

I worked mainly with children who were non-readers. It is more difficult to unpick difficulties in children whose literacy skills are perhaps only slightly below the expected level for their age. Parents and teachers notice and worry about visual aspects – such as bid confusion and do not always consider possible auditory processing difficulties and yet, in my experience, they are always there.

I am worried that all these children are about to be subjected to hours of phonic teaching which takes no account of their difficulties with perceiving the sounds that the written letter represents. Even if they learn the sounds associated with some letters, they are generally unable to make use of their knowledge because early auditory processing difficulties have led to sounds and words being perceived in a generally shadowy form – demonstrated sometimes by poor speech, sound substitution (e.g. ‘tat’ instead of ‘cat’), swapping sounds (e.g. ‘par-cark’ in stead of car-park) and difficulties saying long words (e.g. one
ex-pupil dreaded getting a girlfriend called Emily as he could only say 'Elimy' however hard he tried.

Co-existing memory difficulties make it difficult to retain auditory information for long enough to process it. We used the 'Mastering Memory' program by CALSC for improving working memory. The full version includes sequences aimed at adults (such as road signs and washing symbols) so it can be used with all ages.

Some children with severe auditory processing difficulties cannot even identify environmental sounds (animal noises, different machinery etc) but in mainstream this is rare. However difficulty discriminating between speech sounds is almost par for the course for children with speech and language disorders, those diagnosed as ‘dyslexic’ as well as strugglers in mainstream classes. For example, a sound like /p/ which is unvoiced can be indistinguishable from /b/ which is voiced. Similarly s/z, t/d, c/g and f/v are often articulated in a similar way but is voiced. Similarly /s/ sometimes! However usually reading employs top-down (semantic and grammatical) as well as bottom-up (phonic) skills. If, for example, you read this sentence ‘Though smelly and very old, the sewer made beautiful clothes’ you would probably have gone back and revised your interpretation of the word ‘sewer’ using your semantic knowledge – i.e. your knowledge of the world and your knowledge of words.

I do not believe that any purely phonic approach will help all struggling readers become literate. My experience is that for some of the very youngest children, phonics is meaningless while for the older ones they are depressingly difficult. Many of these older pupils who become literate will retain residual signs of their difficulties either in their spelling or in their speech or comprehension. Auditory processing difficulties do not go away but to a greater or lesser extent can be compensated for if the right support is provided.

I see phonics as an essential but sometimes very difficult tool. There are other methods that can support literacy acquisition but there is an unfortunate tendency in schools to assume that if you can’t do something then you need to practise more! This approach doesn’t seem to apply to physically disabled individuals – I have MS and all the practice in the world won’t improve my increasingly untidy handwriting. We don’t expect very dyspraxic youngsters to walk along a narrow beam so why do we expect individuals who find listening, concentrating and interpreting spoken language to keep practising their phonics? I believe that we should try and address the underlying difficulties and use individual strengths to support the weaknesses. Having to use your weaknesses to learn rather than your strengths is an appallingly depressing prospect!

Reading Comprehension

Difficulties in comprehension of the written word are often a reflection of difficulties in processing the spoken word. It is actually possible to read without registering the meaning as those of us who have read a favourite bedtime story to our children for the nth time will know! Even intact auditory processing systems can be switched off sometimes!

However usually reading employs top-down (semantic and grammatical) as well as bottom-up (phonic) skills. If, for example, you read this sentence ‘Though smelly and very old, the sewer made beautiful clothes’ you would probably have gone back and revised your interpretation of the word ‘sewer’ using your semantic knowledge – i.e. your knowledge of the world and your knowledge of words.

However, even this can be impaired by auditory processing difficulties which make it very difficult to acquire new vocabulary and make links between words. Complex sentences may be forgotten before they are fully processed and have to be read and re-read several times before the full meaning is extracted. For some pupils, whose speed and accuracy of auditory processing is impaired, the

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Parents of children with special needs often need to seek advice regarding their child’s education. This varies from school attendance issues, bullying and exclusion as well as how to go about getting extra help in school or a placement in a specialist independent school. As a parent of a young man with special needs, I well remember our early days of rushing round like headless chickens trying to discover what we had the right to ask for in terms of additional support for our child whom we knew was having a nightmare time at school, where his diagnosis and resulting difficulties were not understood. This too was before the days of the internet, email support groups etc. In the end desperation, and endless searching, led me to a training course where I trained and qualified as a volunteer Advice Line worker for a national charity. I then decided to take on the challenge of becoming a Parent Representative to assist parents appealing to the new Special Educational Needs and Disability Tribunal. Both rely, in the main, on volunteers to provide a free service – and both services get very oversubscribed.

There are also solicitors and barristers who specialise in education law. There is limited Legal Aid available to parents who have low incomes but there is no Legal Aid available for representation at the hearing of an appeal. A good place to start is to contact ELAS (Education Law Association). Telephone number: 011 8966 9866

It is always advisable to obtain an estimate of the costs involved in engaging a solicitor to prepare an appeal – these vary depending on the complexity of the type of appeal but many specialist education solicitors are now charging in the region of £200 + VAT per hour. Charges will be made for reading the paperwork, letters, telephone discussions as well as preparation and representation of the appeal.

There are some new charities which have started to meet the needs of those parents who are not entitled to Legal Aid, who cannot afford to employ a solicitor but who still need help in preparing their appeal. ASSET (Advocacy Services and Special Education Training) works on the principle that parents are prepared to pay modest fees for advice and support from Tribunal Advisers who are properly trained and experienced in assisting parents in preparing their appeals. It is always a good idea to seek help with your appeal – LEAs have had ten years of practice at opposing appeals and there are a number of important High Court cases which affect the way SENDIST interprets the law. While SENDIST is supposed to be accessible to parents we find that most parents benefit from having representation, provided the representative has undergone full training and is highly experienced at representing parents in
different types of appeal.

There are, technically, nine different types of appeal including appeals against Refusal to undertake a Statutory Assessment, Refusal to issue a Statement, or against the Contents of the Statement. We have been asked to help with all kinds of appeals including where parents are seeking a placement in an independent specialist school. These are the most complex, and usually the most time-consuming – and many LEAs are trying to resist ‘out of county’ placements as they are often very expensive.

I, together with my colleagues, work in partnership with the parents, with the parents always making the final decisions. There are three different stages for an appeal:

1. The Notice of Appeal (which must be lodged with SENDIST within two months of receiving the decision from the LEA against which you wish to appeal)

2. The Case Statement. After your appeal is registered, copies of your Notice of Appeal is sent to the LEA and both the parent and the LEA are asked to submit a ‘Case Statement’ by the same date (unless of course the LEA decides not to oppose the appeal)

3. The hearing. If the LEA continues to oppose the appeal then the hearing usually takes place about 3 to 4 months from the time the appeal was originally lodged.

Tribunal decisions are made on the basis of the evidence, both the written evidence submitted in the paperwork prior to the hearing and the verbal evidence given at the hearing of your appeal. While in some cases you may find the SENCO or Headteacher willing to attend as your witness, in many cases it may be necessary to seek a second opinion from an independent expert. ASSET has developed a list of independent expert witnesses including educational psychologists, speech and language therapists, occupational therapists etc. The list has been developed either from personal experience or from recommendations from parents. Engaging independent experts can be expensive – and it is always important to ensure that any independent professional who is undertaking an assessment of your child is willing, where necessary, to attend the Tribunal hearing to support your case. The above is just a brief summary of a very complex process. I find that each case teaches me something new – and the day it doesn't is the day I should probably retire!

ASSET is a relatively new charity – but has already obtained registered charity status. In the next year we hope to raise the funds to develop a website, engage more Tribunal Advisers and run some training courses for parents.

Good luck!  
Claire Franklin – ASSET

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**IPSEA Independent Panel For Special Educational Needs**

IPSEA can provide help and support for parents of children with special educational needs in the following ways:
- providing free independent advice;
- providing free advice on appealing to the Special Educational Needs Tribunal, including representation when needed;
- providing free second professional opinions.
- a Home Visit Scheme to provide support for parents who find it difficult accessing information via the telephone and to give help at meetings with school and LEA staff. IPSEA may be able to help if you feel your child’s needs are not being met, for example:
  - if you are not happy with the way the school is meeting your child’s special educational needs;
  - if you want the LEA to assess your child, but they refuse;
  - if the LEA refuse to issue a Statement after assessing your child;
  - if you want to appeal against a Statement when it is first made or when it is amended;
  - if the LEA will not put the school you prefer on the Statement;
  - if you are unhappy with the amount of help your child is being given. IPSEA’s aims are:
    - to help ensure that children with special educational needs receive the special educational provision to which they are legally entitled;
    - to help ensure that the views of parents/carers and children are taken fully into account when children’s needs are assessed and decisions are made about special education provision and school placement;
    - to target information about our services to low income families so that we support parents/carers who may be less confident and/or less able to fight for their children’s legal entitlement to special educational provision.

Most of IPSEA’s services are provided by volunteers who are themselves parents of children with special education needs. If you would be interested in training as an IPSEA volunteer, ring 01394 380518.

Contact IPSEA in the following ways:

**England and Wales**

(freephone): 0800 0184016

Mon to Thu 10–4 and 7–9; Fri 10–1 and 7–9

During school holidays times are reduced. Please ring for availability.

6 Carlow Mews, Woodbridge Suffolk IP12 1EA, United Kingdom

Advice line: 0800 0184016

Tribunal appeals only: 01394 384711

General enquiries: 01394 380518

Email (for information only, not advice): ipsea.info@intamail.com

Brendan King
IPSEA tribunal representative and formerly their Complaints and Campaigns Officer. Brendan is a retired specialist teacher of severe learning difficulty children.
School behaviour problems can be related to children's listening problems, either conductive hearing loss due to middle ear disease or auditory processing problems. Middle ear disease is one of the most common illnesses in childhood and around 30% of children in early childhood classes have a conductive hearing loss at any point in time. It is surprising that the contribution of hearing loss to school behaviour problems has received so little attention, despite there being evidence of a strong association between the two. Moore and Best (1988) found that in five Melbourne schools 90% of children in early childhood classes identified by teachers as having behaviour problems had either a current hearing loss or abnormal middle ear function. This writer’s work (Howard 1991) in the Northern Territory found a significant association between current hearing loss and children's disruptive behaviour at school. Auditory processing problems may be derived from earlier conductive hearing loss or other factors. Like conductive hearing loss it contributes to difficulties listening, especially in noisy environments.

If people do consider the contribution of listening problems to behaviour problems, the common sense assumption is because children don’t hear the teacher’s instructions, fail to follow them and get into trouble. However, research I have carried out over a number of years indicates that the way listening difficulties contributes to behaviour problems is more complex than this.

This research found that children with listening difficulties (conductive hearing loss or auditory processing problems) responded in ways that often antagonized peers and were seen by teachers as disruptive. These responses were often children's dysfunctional attempts to avoid the social exclusion created by hearing loss in the often noisy school environment.

For example, children had difficulty listening when it there was high background noise due to many children talking at the same time. So when it was noisy many children with listening difficulties talked less than other students. While some remained silent and isolated when it was noisy, most attempted to socially engage though other means. This was often though pushing and poking others or taking things that belonged to others.

However, this type of teasing was often resented by other children and seen as disruptive by teachers. While most children in the study with listening problems lost talked less than other children, they often got into trouble when they did talk. This was because they attempted to talk when they were expected to be quiet. It was when most other students were quiet that they tried to make use of what was, for them, the best opportunity to listen. The research also found that children with listening problems used visual observation strategies in order to cope with classroom expectations. However, again these responses could be seen as behaviour problems. Looking around in order to know what to do was often seen by teachers as being inattentive. Walking around to observe what others were doing could be seen as hyperactivity. In fact many social responses that are related to hearing loss are similar to the diagnostic criteria for ADHD. Table 1 outlines describes responses of children with conductive hearing loss that ‘fit’ the diagnostic criteria for ADHD.

<table>
<thead>
<tr>
<th>Diagnostic criteria for ADHD - How responses may be related to conductive hearing loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inattention</td>
</tr>
<tr>
<td>• Often has difficulty sustaining attention in play activities</td>
</tr>
<tr>
<td>• Problems hearing make sustained attention difficult</td>
</tr>
<tr>
<td>• Often does not seem to listen when spoken to directly</td>
</tr>
<tr>
<td>• Has difficulty hearing, especially when noisy</td>
</tr>
<tr>
<td>• Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace</td>
</tr>
<tr>
<td>• Fails to hear instructions</td>
</tr>
<tr>
<td>• Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework)</td>
</tr>
<tr>
<td>• Avoids and dislikes tasks that require sustained listening</td>
</tr>
<tr>
<td>• Is often easily distracted by extraneous stimuli</td>
</tr>
<tr>
<td>• Looking around used as a visual coping strategy</td>
</tr>
<tr>
<td>• Hyperactivity</td>
</tr>
<tr>
<td>• Often leaves seat in classroom or in other situations in which remaining seated is expected</td>
</tr>
<tr>
<td>• Wanders around to observe what others are doing and or because can't cope with listening demands</td>
</tr>
<tr>
<td>• Often has difficulty sustaining attention in tasks or play activities</td>
</tr>
<tr>
<td>• Difficulties sustaining attention if have to listen</td>
</tr>
<tr>
<td>• Often does not seem to listen when spoken to directly</td>
</tr>
<tr>
<td>• Has difficulty hearing, especially when noisy</td>
</tr>
<tr>
<td>• Often interrupts or intrudes on others (such as butting into conversations or games)</td>
</tr>
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</table>
A child whose responses are related only to listening problems can easily ‘fit’ the diagnostic criteria for ADHD. It is likely that some children with chronic conductive hearing problems are misdiagnosed as having ADHD. The following points can assist in avoiding such misdiagnosis:

- Determine if the child has a history of middle ear problem and ensure that children’s hearing is tested before a diagnosis is made.
- Indigenous children (Australian Aborigines, Maori, American Indian and Inuit) often have a higher prevalence of conductive hearing loss so be especially aware of the possibility of hearing loss contributing to behaviour problems.
- Determine if diagnostic behaviours are more common when background noise levels are high, children are unsure what to do and/or are being expected to listen.

Being aware of these points can help to avoid misdiagnosis of ADHD. Understanding how behaviour problems can be related to listening problems can also provide a range of strategies to effectively prevent and/or better manage behaviour problems. Traditional school behaviour management strategies often fail when behaviour problems are related to hearing problems. In fact some management strategies may exacerbate behaviour problems. Strategies which seek to limit behaviours without providing alternative opportunities for social inclusion may prompt an escalating cycle of classroom confrontation. This can contribute to students developing negative self concept and teachers experiencing increased stress levels.

Understanding the relationship between listening problems and behaviour problems provides a different framework to understand and respond to children’s behaviour problems. There is evidence of positive classroom outcomes from training teachers in a program that focuses on ways of preventing classroom behaviour problems related to conductive hearing loss (www.eartroubles.com). After being trained teachers reported classroom behaviour problems more than halved, student time on task doubled and teacher stress levels halved.

Damien Howard is a psychologist in private practise in Darwin Australia. He has been researching the social effects of conductive hearing loss for more than twelve years and has developed programs in this area that are described at www.eartroubles.com


Teaching with APD

Let me introduce myself; my name is Bridget Kingdon and I am a 28 yr old Music Teacher in the UK. As I am sure you can appreciate living with APD can really affect your life but I am putting myself forward to you as someone who has APD, lives with it, copes with and maintains a highly stressful and noisy job.

I have been teaching for 5 years but it hasn't been until the last year that I have really felt happy in my job. As APD is an invisible disability, I have faced every sort of discrimination going. All my life I have faced criticism for being loud, in-attentive, rude, aggressive, arrogant... You basically name it I had it thrown at me.

Now to some of you with hearing deficiencies, being a music teacher with 28 students playing simultaneously for 7 hours a day might sound like hell on earth, but I have found my APD to be a real bonus.

All the way through my own education, the one thing I found to be beneficial was music, listening to music has helped me to make sense of the world and I have used it as a tool to counteract tinnitus.

In my previous schools I found the management to be extremely unsympathetic and unhelpful. The main difference with my current school over the other one is that from the moment of my interview I have been totally upfront about my hearing. But I have sold it as a bonus.

I have my room arranged where I have all the students facing me so I can see their faces, I make eye contact with each and every one of them in turn during the lesson. This is a really helpful control technique but it means that when each student speaks to me they get individual attention and they really respond to that.

I have also been honest with the students I teach; I explained that some of them find reading difficult and that I have the same issues with listening, but that doesn't mean I can't understand but that sometimes they have to repeat things to me. I have also told them that on occasions they might have to wave at me or tap me on the arm to get my attention, but this doesn’t happen very often at all.

The worst time for me to cope, being honest, is in the staff room at breaks; there is a lot of bustling and talking and shouting over each other. My staff members understand that they need to get my physical attention, and often wave at me or tap on the arm. If it is really important they often suggest I go to another room.

In staff meetings they allow me to choose where I want to sit so I can lip-read properly and they always produce notes to go with the meeting so I can take them home to digest.

It has been really great to work in this supportive environment and I cannot wait to go back to school next week. APD can be hard to live with and it takes time to develop the strategies that work for you.

My advice to anyone is you can do whatever you want to do, just be upfront and honest. If they don’t support you then it is the place that is wrong for you, NOT you wrong for the place. Keep looking for the right place; it takes time but trust me when you find it life is superb.

Go for it with APD- sell it, it has advantages (really!!!!).
The Research Director of EyeScience writing in a newsletter targeted at people with an ‘Auditory Processing deficit….Why?"

Our work is to assist people who experience ‘difficulties with reading’. As an organisation we have now helped about 9000 dyslexic undergraduates to successfully complete their degrees. How do we do this?

We make reading easier for them, mainly by making it possible for them to set up their computer so that their eyes can read the words more easily. Read on…..

From the beginning, as a teacher of the sciences, it became very clear that many of my students were having difficulties when they were reading. These were difficulties, which did not make sense to me, my colleagues or indeed to the students themselves.

For many the problems seemed to be associated with difficulties of concentration when trying to listen in class. Despite their avowed intent to concentrate they simply could not. As they got older many developed low self-esteem and became quite disruptive…. not intentionally, it just sort of happened! Their ability to concentrate seemed dependent on the type of lesson they were in, how the lesson was managed, whether there was a lot of reading, writing or listening involved.

We now know that many of these young people had specific visual difficulties when processing text, or ‘auditory processing’ problems when listening to the spoken word.

When they were very young and learning to read many with auditory processing problems had difficulties with linking the ‘phonics’ to the letters and words, delaying their development, lowering their self-esteem and often giving rise to behavioural difficulties.

The ‘killer’ is that even when people can read ‘well’, as they read, people are listening to their ‘inner voice’, many are actually vocalising or sub vocalising the text. The two processes are intimately related. Some people have to close their eyes to ‘listen’. Some people cannot read if there is any other sound around them. Some need ‘wall paper’ music to read. We have met students who need to put their glasses on to listen clearly.

* The only way of explaining this is to compare the human brain to a computer. You have a set amount of RAM (referred to as ‘working memory’ by educational psychologists). This working memory is needed for processing the data collected by both your eyes and your auditory system. If the quality of the data being processed by either system is poor, then it could interfere with your processing of data from the other system. This interference will occur whenever the demand made by the two systems is greater than that available. It would make understanding new ideas more difficult, make it more difficult to compare ideas and fit new ones into old ones.

Comparing the person to a computer again…. the ‘Red Light’ would keep coming on as you try to keep going to your hard disc for more memory! The read, write, listen job would be more difficult and take longer. It is not a good idea playing modern high speed and graphically complicated computer games on a computer with a small RAM (working memory)!

So how can we help? Our work appears to minimise the working memory needed to deal with the visual aspects of reading. This leaves more working memory to deal with the auditory processing while reading. As a consequence the difficulties with reading that many people with an Auditory Processing deficit experience can be reduced. Reading, studying becomes faster, more fun, more effective. A side issue which is relevant to many people is the tendency to be ‘visually distracted’ when trying to read. This becomes less of a problem when the ‘eyes’ are finding it easier to read.

To help you understand the possibilities, one of the paragraphs above has been printed with the letters spaced slightly further apart… The one with the asterisk (*) at the beginning… If you found that easier to read, it is because by this simple adjustment we have reduced the working memory needed for you to read it. This is similar to, but not anything like as good as, if you had been referred to us and we had set up the colour background on your computer to the one, which we calculate as the best for you.

You would have been using more working memory to ‘process’ the letters than a person with no difficulties.

As you are no doubt aware, it is very difficult to explain APD to most people. However it is possible to reduce the difficulties with text, which are often associated with it.

Peter Irons
Research Director, EyeScience 0845 1305552
www.eyescience.net
The average consultation time with a medical specialist in 1998 was 18.3 to 21.5 minutes. In 2003, the average consultation time based on changes in medical reimbursements is as little as nine or 10 minutes. Gerard Anderson, a Johns Hopkins professor who compares countries' health systems says:

“A doctor can learn all sorts of things, secondary problems, aches and pains” - by spending 5-10 minutes longer during the visit.

The teen or adult with APD going to a routine medical appointment has huge challenges. The doctor is rushed and doesn’t have the time to listen to you stumble over words, ask him to repeat information, and you often leave as frustrated as ever, feeling misunderstood, not heard, and perhaps not medically treated correctly.

After 30 years of struggling to deal with my own chronic illnesses and not feeling that my doctors could understand how I was really feeling, misunderstanding my unreasonable anxiety and fear so I “didn’t properly present with the right disease” or the way the doctor responded because I couldn’t communicate my symptoms properly. They saw only anxiety. I believe that I was not even properly diagnosed with Multiple Sclerosis for more than 15 years causing needless permanent residual disability because of my long-standing communication disabilities.

Many other APD teens and adults struggle with their doctors in the same way that I have. Planning can make these 50 yard dash visits at the doctors a success. Below are some ideas on how to make this happen.

**Ideas for working with your doctor when you have APD**

By Julie Knight ©

Tell the receptionist when making the appointment that you need additional time because you have a hearing problem.

Make a list organized by your current meds and allergies, your symptoms, and a prioritized list of questions that you want to ask the doctor. (I often hand a copy to the nurse or the doctor directly)

Bring a tape recorder or listening device and ask to tape the appointment in advance. Explain that you have a hearing problem.

Bring a close friend or relative to accompany you and communicate your information to the doctor, translate as needed, or otherwise be a comfort or calming factor for you during the appointment.

Sit down in advance of the appointment and role play with a close friend or relative what you want to accomplish in the doctor’s visit.

Ask for a copy of your doctor’s dictation of the visit (usually available within a week). I have caught errors in what she heard that I said and I have caught errors in what I thought I heard.

Keep a record of symptoms, pain, need to take certain as needed medications, changes in stress, diet, temperature that you can show your doctor or refer to during the visit.

**Taking steps in advance of your appointment will ensure a more successful outcome. Good luck!**

**About me:**

I am a former business executive who recently was forced to retire at age 43 due to the progressive course of my Multiple Sclerosis. I have had APD probably since very early in life, perhaps due to numerous high fevers, serious viruses including German Measles, and asthma. I adapted to my APD, was mostly home schooled, and attended primarily online or independent study programs to receive 2 Masters degrees in my field.

My APD problem worsened dramatically after I began suffering from what was finally recently diagnosed as Multiple Sclerosis. This was not before I had developed lesions and axonal loss due to MS and trigeminal neuralgia, and severe Eustachian tube dysfunction which affected the cranial nerves dramatically worsening my hearing, vestibular movement, and balance.

Julie Knight, M.S., MBA
I

in the UK there are very few people officially diagnosed with APD at this time and hardly any are adults. APDUK is undertaking a research project which include adults in the UK and other countries where APD is already recognised, to put together a picture of how it affects them and what has helped them.

An international group of adults, with both diagnosed and suspected APD, were asked to describe what advice they would give in order to help young people coping with APD.

When asked what they would advise a child who has just been diagnosed with APD based on their personal experiences, people felt that it is vital to reassure the young person that it is not their fault.

"I would tell the child that there is absolutely nothing wrong with them. They just happen to be a part of the human population who processes differently than the majority."

"You CAN Succeed! You are not stupid! You are Smart! You are not defective! You have undiscovered gifts to share with the world. I have an MA in English. I never thought I could succeed at anything, especially school! I finally learned to stop trying so hard to be someone that I am not. I learned to focus my efforts on what I CAN do."

They wanted to tell that child to appreciate themselves for how they learn, because this is something they had come to appreciate and value in themselves.

"They have a special way of understanding the world and many inventors and artists who are like that because they are sensitive and have skills that other people don't have."

"Take advantage to understand how you listen best, think best, learn best and take advantage of skills training that wasn't available to me when I had auditory processing problems as a child and no one understood."

Most had known nothing about APD and its effects when they were young, because APD was not recognised then. This did not, however, stop them feeling that something was wrong, that they were somehow different and not knowing why made this worse.

Not understanding what was happening was bad enough, but this was then compounded by others' failure to understand, then judging and blaming. These misconceptions and lack of understanding and support were really damaging to their self image.

"Lack of understanding by my peers and by adults and teachers in my life who were not able to get information across effectively to me (with) whom I felt frustrated because I had my own troubles communicating."

"I only knew that I was different and could not fit in, no matter how hard I tried. I was labelled lazy and uncooperative."

"I knew I was really smart. I was supposedly a genius everyone said. I wondered why, when I couldn't understand what was being said in lectures, when I had to read everything myself before knowing what to do."

Knowing they were smart didn't help, in fact it made matters worse because of other people’s elevated expectations that they could not then fulfil, because of the difficulties that they lived with and fought against daily - the problems that nobody else suspected.

"Being teased that I couldn't hear... carry on conversation if more than a few people in the room...I pronounced words wrong after hearing them wrong, not making friends because didn't know how to listen, talk , normal social skills, having to use other gifted skills to make up for deficiencies."

Some people experienced frustration created by others but still blamed themselves.

"I had two voices, still do have them, one says 'you're not good enough' and the other says 'I can't put up with a lot of the junk these people go on with'"

Self-esteem is so vital in a child that struggles and feels isolated. It is also essential that that they should learn what suits them best, to be able to develop their own coping strategies and learn to self-advocate, in order to explain to others how best to help them. Some of today's young people are in a better position because APD is at least recognised to a certain extent, but most face the same type of blaming and judgements from others and themselves. The earliest possible diagnosis is vital in order to pre-empt the feelings of failure and help moderate the reactions of others.

Some of the adults with APD were helped when young by having friends to confide in, by being able to escape into books when things became too much, or by finding somewhere to quietly observe the world until the sensory overload subsided.

"Books! I learned to read when I was very young. Reading was my escape from the hostile world."

"I used to spend hours sitting in a tree reading when everyone became too much!"

"I did not realize that it was a coping device until I became an adult ... watching people a lot".

For others, this was not enough, but they still used their gifts to help them to cope.
“Nothing (helped), I was a scared, singular child, didn’t read much but constructed things so I guess I developed the artistic side.”

This information highlights some of the problems that these adults have faced throughout their lives, what has helped and what they still need help with. The aim of this research is to help the children and young people who are now being diagnosed, by sharing the experiences of others growing up with APD. It helps for those with APD to know others face the same problems they are experiencing. This information can also be helpful in informing friends and family who, as is clear from the above comments, can be very important in coping.

It is interesting to note that what they all ultimately wished for were things that can only be given by others. What most people with APD strive for, and often fail to attain, is the acceptance and support of their family, friends, teachers, employers and the public in general. These are things that CAN be changed, for our children and future generations. Information is a key to this. So by circulating the information in this article, other articles in this and in past newsletters, you can help to spread greater understanding, which in turn contributes to more support and less distress for those with APD.

Aly, Chair APDUK  www.apduk.org
See http://health.groups.yahoo.com/group/OldAPDs/ for support for adults.

This article forms part of the research project into Adults with APD, and was written in consultation with Damien Howard www.eartroubles.com

Thank you very much to everyone who has contributed to this research.

Spreading the word

APDUK will soon be producing T-shirts promoting our campaign for recognition of Auditory Processing Disorder and advertising that APDUK is available to all. There will be designs for adults with APD, parents, children and supporters.

This and other promotional merchandise will be available to purchase via the APDUK website in the first instance (at a reduced rate to APDUK members). Please support us in raising funds to ensure we can continue our work.
APD testing update...

APDUK recently contacted the Medical Research Council Institute of Hearing Research to enquire about the progress of the research into APD and testing development. Here is their reply:

1. Is there now a recognised definition of Auditory Processing Disorder/APD for the United Kingdom?
   
   Yes: “Hearing disorder resulting from impaired brain function and characterised by poor recognition, discrimination, separation, grouping, localisation or ordering of NON-SPEECH sounds.”

2. When will the new UK sound-based tests for APD be ready?
   
   It is not yet possible to give a date

3. What will this testing involve?
   
   The listening tests are introduced to children as ‘computer games’. They involve watching and listening as cartoon characters make specific noises. In some tests the children are invited to identify which character makes a ‘different’ noise i.e. is the ‘odd-one-out’, in others they may need to identify which 2 out of 3 characters make the ‘same’ noise. From the piloting and initial data collection work, it is evident that children enjoy doing these tasks even when they find them difficult to perform. These tests are designed to check the children’s ability to identify or discriminate between specific sounds that are associated with speech processing.

   Other tests being developed by IHR are designed to check children’s ability to recognise and repeat speech (may be words or sentences or nonsense words) presented to them with noise in the background.

4. Where will testing be available around the UK?
   
   Once fully developed, the tests will be available for national use. Use of them will be dependent on local decision by appropriate services.

5. Who should parents contact in order to have their child referred for testing—both now and when the tests are ready?
   
   Child’s GP initially.

6. How should schools, LEAs etc. refer children for testing?
   
   Beyond the remit of IHR at this stage but we would like to be actively involved with the implementation of policy as it develops

7. How should adults seek referral if they suspect they have APD?
   
   GP initially.

8. After testing, what sort of help can those with an APD diagnosis expect, such as recommendations for appropriate remedial programs and how to get help in school, work etc. and will this be a multi-disciplinary approach?

   As at point 6.

9. Will APD then be a recognised disability on the UK, which schools and employers are legally bound to recognise?

   As at point 6.

10. Will children who were given an APD diagnosis prior to the new tests need to be tested again, using these new tests, in order to qualify for help in school?

    As at point 6.

11. How will the Medical Research Institute of Hearing Research be publicising to medical professionals, schools LEAs and the public that APD exists, what it is and how people can seek referral for testing?

    IHR has already produced the Parent Information Leaflet on APD. The results of our studies will be verbally presented at professional forums for appropriate disciplines, and papers will be submitted to peer reviewed journals. Reports will be submitted to some widely read magazines (professional and public). At this stage, IHR has no remit to publicise referral pathways.

   12. Would it be possible to arrange that anyone who is diagnosed or even seeking diagnosis of APD is referred to APDUK for support?

   IHR would have no problems with recommending this but again, this is beyond our remit but we would like to be actively involved with the implementation of policy as it develops.

   Thank you to the Institute of Hearing Research for advising us of these developments.

   Aly

   Alyson Mountjoy Chair APDUK
   (Auditory Processing Disorder in the UK) www.apduk.org

   See an online version of the IHR pamphlet produced in consultation with APDUK here:
   http://www.apd.apduk.org/mrcihrapd.htm
Recommended books

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

Asperger Syndrome in the Adolescent Years
Luke Jackson (Foreword), Liane Holliday Willey (Editor)

PRODUCT DETAILS:
• Publisher: Jessica Kingsley Publishers
• ISBN: 1843107422

SYNOPSIS
A survival guide for teenagers with Asperger Syndrome.

With contributions from professionals such as Tony Attwood, as well as from parents and those with Asperger Syndrome, this volume tackles issues that are pertinent to all teenagers, such as sexuality, depression and friendship.

It also discusses topics like disclosure and therapeutic alternatives that are more specific to those with Aspergers.

Aquamarine Blue 5: Personal Stories of College Students with Autism
Dawn Prince-Hughes

Edited by Dawn Prince-Hughes

PRODUCT DETAILS:
• Publisher: Ohio University Press
• ISBN: 0804010536

SYNOPSIS
This is the first book to be written by autistic college students about the challenges they face. Aquamarine Blue 5 details the struggles of these highly sensitive students and shows that there are gifts specific to autistic students that enrich the university system, scholarship, and the world as a whole.

How Children Learn (Penguin Education)
John Holt

PRODUCT DETAILS:
• Publisher: Penguin Books Ltd
• ISBN: 0140136002

SYNOPSIS
The author sets out to demonstrate to parents and teachers that learning is as natural as breathing. They ways we learn to talk, to read, to count and to reason, even before we start school, should make the adult trust the child’s innate ability. This book also features a critique of methods of learning “about” children, and a chapter of “learning and love”.

The Myth of the A.D.D. Child: 50 Ways to Improve Your Child’s Behavior and Attention Span Without Drugs, Labels, or Coercion
Thomas Armstrong

PRODUCT DETAILS:
• Publisher: E P Dutton
• ISBN: 0525938419

FROM THE AUTHOR
Book does NOT say there are no hyper kids
I would like the readers to know that my book does NOT say that there are no distractible, hyperactive, or impulsive kids out there. Rather, it argues that the ADD/ADHD concept is not helpful in understanding these behaviors, and gets in the way of our appreciating the wholeness of each child. I also am not against medication of kids in certain situations, but believe that parents have a right to know the full range of non-drug options that are available for helping their “attention-different” kids achieve success in life.

Smart Kids with School Problems: Things to Know and Ways to Help
Priscilla L. Vail

PRODUCT DETAILS:
• Publisher: Plume Books
• ISBN: 0452262429

SYNOPSIS
This book aims to help with the challenges of a child who is both gifted and learning disabled. The author speaks from personal experience as such a child, and later as an adult, parent, teacher, and counsellor.

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)

☐ Individual Membership £5.00
☐ Family Membership £7.50
☐ Concessionary Membership £2.00
☐ Professional Membership £10.00

NAME ...........................................................................................

ADDRESS ................................................................................

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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

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

All APDUK chats are held here.
http://client.sigmachat.com/sc.pl?id=46104
Participants need to register to access our private chat rooms, please contact olanys@aol.com as you will have to be registered in advance.

Transcripts are available but only to those that attend the chats in order to maintain confidentiality.

CHAT DIARY:
First Saturday of the month- Parents and Supporters Chat
For parents and supporters of those with APD and interested professionals.

Third Saturday of the month- Adults with APD Chat
For adults with APD and our associated Adults’ Research Project chats.

Last Sunday of the month- APDUK members-only chat
For paid members only of the voluntary organisation APDUK.

In addition, committee meetings are held as and when necessary.
Aly{olanys@aol.com} Executive Chair APDUK: http://www.apduk.org
How Parents Can Help

1. **Tell your child that they are not alone.** Your child needs to know that there are many children and adults with APD. If you have problems with listening etc. tell them that and explain how you cope.

2. **Tell your child that it isn’t their fault.** It will help your child to know they are not lazy or stupid, just that they may need to learn things in a different way and need more time to process information.

3. **Explain to your friends and family.** It is vital that they know that your child has a problem in processing what they hear and encourage them to make allowances and adjustments to help your child.

4. **Help your child to learn about APD.** Find out as much as you can about APD to help your child understand what it means, that it is for life but with their own coping strategies and understanding and support from friends, family and school they will be able to cope. Also pass on information to your child’s school so they can help too.

5. **Ask your child what they find helpful.** Even a young child will have developed some natural coping strategies and it will help you to know what they are so you can better help them.

6. **Make sure your child is looking at you.** They need to be facing you when you speak to ensure they can lip-read if they need to.

7. **Find out how your child prefers information to be repeated.** If they cannot understand the first time, some prefer a straight repetition using the same words, others prefer it reworded differently. Speaking louder will not help but speaking clearer might.

8. **Try not to interrupt or hurry your child.** If they are telling you something; they may take time to think of the right words and if interrupted may forget what they were saying altogether, which can be very distressing.

9. **Some children prefer routines.** Familiarity and order can sometimes help them cope with the world around them, help them to keep to these for some sort of security. Some people with APD are very disorganised so help in this area is essential.
How Parents Can Help

9. **Help your child to self-advocate.** Encourage your child to tell their friends and other family members that they need time to process what is said, that people need to look at them when they speak etc. or whatever measures they have found that they need to cope. People can’t help if they don’t know about it.

10. **Encourage their gifts, talents and interests.** All children need to know that they are good at something. For the child with APD this is particularly important. Everyone is good at something, no matter how trivial it might seem to someone else. They need to feel special and good about themselves because low self-esteem and poor self-confidence are very common in children with APD.

11. **Help your child with homework.** Your child may need to have information presented differently for them to process it. If they are having problems understanding what they have to do, try writing instructions out in a different way for them. Try to present information in a way that you know they will understand. Draw pictures, it need not be anything too artistic, just stick men or doodles to get the point across, or find pictures on the internet or in magazines. Use incidents and familiar experiences, items from around the house as examples. Multi-sensory online games (many are free) or interactive CD-roms can help a lot here, especially with maths.

12. **Help your child with social skills.** Encourage your child to pay attention to body language and facial expression as social cues to aid processing. Also role play at home can help ease embarrassment in social situations. Encourage them to make mental reminders that if one approach fails, or something doesn’t come out right, they can reword it and try again, or if they don’t understand they can practise asking people if they could please repeat things or reword what they have said etc. As they get older it might help to rehearse conversations beforehand.

13. **Self-image.** Encourage your child to be happy with who they are. Acceptance of APD by themselves and others is the biggest thing to overcome. It may bring problems but it will also bring compensations in other areas and you should help your child to discover what these might be. A positive self-image is the best gift a child with APD can have and the one thing that many need most.
Top Tips for kids...

If you have APD or problems understanding when people speak to you:

- You are not the only one; there are many other kids in the world just like you, who have problems with listening and understanding people, but there may not be many in your area and people might not know about it unless you tell them.

- Find out as much as you can about APD from your parents and school, so you can learn what might help you best.

- Try to look at people when they speak to you; some people find that reading lips helps them to understand what is said.

- Explain to people that you have trouble understanding them and that there are ways that they can help; a good friend will understand and help you.

- If you can, try to talk to people where it’s quiet or in small groups and ask them not to all talk at once - then there will be less background noise to stop you understanding them

- Work out what makes things easier for you to understand - maybe you prefer it if people repeat things the same way if you haven’t understood, or it might suit you better if they say things in a different way.

- If you find you have a problem remembering things after being interrupted, ask people politely not to interrupt you till you get to the end of what you want to say.

- You may find it easier to have things explained to you using pictures rather than words so tell people if this helps you.

- If you have trouble following lists of spoken instructions or remembering things in the right order, you could ask people to write them down for you.

And ALWAYS REMEMBER- it isn’t your fault

APD doesn’t mean you are stupid!

And everyone is good at something... you just need to find what that is for you!
Tips for Adults with APD

Problems, explanations, solutions

Adults with APD need people to understand what APD is and what it means to cope with APD in everyday terms throughout a person’s life, at home at work and in adult education.

They cannot help having APD and need your support and acceptance for who they are.

They need this from families, partners and friends - so that they do not feel isolated.

They need this from employers and colleagues in the workplace - so that they can earn a living and pursue a career.

They need this in adult education- to help them gain the qualifications they missed out on before they realised APD existed and no help was available, or to help them re-train to gain employment in more vocational or APD friendly occupations.

Listed below are:

problems faced by adults with APD
explanations of how these affect them in everyday terms
and possible solutions, ways in which those without APD can help them to cope.

1. Problems with understanding speech in background noise- the competing noise makes it hard to distinguish what they should be listening to and to derive meaning from it, especially when processing is random. Look at the person with APD when you speak to them (many lip-read) and hold conversations somewhere quiet whenever possible. For meetings provide written material beforehand and take notes for the person with APD.

2. Appearing not to hear at all when you speak or having a delayed response or reply. Inattention, inability to listen ; thought of as a daydreamer or selective listener, may often appear in a world of their own - this indicates that a person has not understood all or part of what you said. It is because of the distraction of background noise affecting their already diminished ability to process what they hear. Visual distractions make this worse too. Due to the isolation of trying to cope with sound those with APD may sometimes seem to switch off or tune out (epilepsy should also be investigated if this is the case as symptoms can be similar). –Again, understanding is vital, this is not meant as bad manners or avoidance. Ask the person with APD if they prefer repetition of what is said or rewording it, or maybe if they cannot process well at that time, neither will help so write it down. Keep workplaces free from distractions.

3. Speaking louder or quieter than normal, unaware of the volume – caused by an inability to register the volume of speech. Please be understanding; this is not meant deliberately to indicate either aggression or shyness; the person simply cannot help it and probably won’t know they are doing it.

4. Problems with telephones and those with accents or rapid speech – caused by poor telephone sound quality, sound distortion, unfamiliar voices etc. Unfamiliar accents and those who speak too quickly make it harder for everyone to understand what is said, but this is worse for those who have problems processing speech anyway. If this is a problem use other forms of communication such as email, texting or other written means wherever possible or speak loudly, clearly and slowly, allowing the listener extra time to process. Calls should be taken in a quiet environment if at all possible, especially at work.

(page 1 of 2)
5. Inability to follow multi-step instructions – this is because if auditory sequencing difficulties. Give instructions on paper or one at a time, ensuring understanding.

6. Avoidance of noisy crowded places and social gatherings - this is not due to attempts to be anti-social but a necessary side-effect for those who cannot process speech in background noise, which can become very unpleasant, exhausting and overwhelming. Those with APD can be as outgoing as anyone else, but are socially isolated by their processing difficulty. Don’t take this personally; choose quieter settings for social gatherings. Crowded shops and those that play music should also be avoided.

7. Misinterpretation of meaning of words; word retrieval problems (not finding the right words to say); missing inferences, may not understand sarcasm or humour - these can all be causes of miscommunication which can be very frustrating and embarrassing. Be patient and explain discretely what has been misunderstood; allow the person time to find the words they need.

8. In some it can cause problems with reading and/or spelling- APD has been found to be one of the major causes of dyslexia due to the inability to process the sounds that make up words which can prevent them relating these to the written form of language. Use of spellcheckers and assistive reading technology can help here.

9. APD does not mean people are lazy or stupid- APD has nothing to do with intelligence, attitude or effort; those with APD have to try twice as hard just to survive and need help not criticism. Processing can be worse when tired, stressed or unwell. Understanding and acceptance can help so much with this and avoid putting added pressure on the person with APD to be what they are not, as this can add more stress and make their processing worse.

10. Those with APD need to develop their own personal coping strategies such as lip-reading and establishing familiar routines and their own way of doing things, just so that they can cope every day. This is so that when facing so much in life they cannot understand or control, they try as much as possible to control what they are able to. It is essential for those close to them to understand this need for predictability in, what is for them, an unpredictable world, and for them to help them to maintain this sameness.

APD is for life...if you care about the person with APD, don’t expect them to behave as if they didn’t have it or try to change them; accept that they will always be as they are with all the added sensitivities and unique gifts that it can bring and help them to be all that they can be.

N.B. These tips are part of an ongoing initiative in the development of informational handouts for adults with APD, covering the difficulties faced in the areas of employment, inter-personal relationships and post-16 and adult education.

This initiative is part of the Adults with APD Research Project in conjunction with Damien Howard, http://www.eartroubles.com/.
APDUK Tips for schools and colleges (page 1 of 3)

1. Always ensure that the learner with APD is looking at you when you speak to them as this allows them to lip-read more easily.

2. Speak clearly and ensure they have understood what you have said, not just by repeating it back to you, which can be done without comprehension.

3. Ensure that the learner has a clear view of any board used to provide written information, provide written information on the board when speaking and written additional instructions on paper for the learner to refer to when they are attempting a piece of work. This will ensure that the learner has visual reinforcement of the oral instructions and that the learner is given a sense of security in an area that has previously been a situation of failure.

4. Try to explain the purpose of the task you want the learner to perform, as many with APD are visual spatial learners who respond better to the whole concept, rather than asking them to perform an abstract exercise.

5. Always use the same vocabulary for specific task requests, and be very precise with your instructions, allowing the learner to complete each stage before going on to the next e.g. Ask the learner to “put his pencils in the pot” and then “put his book on the pile”, instead of asking him to “tidy up”. There is a need to build up a process of associations so that general requests can eventually be used.

6. Always present instructions in small easy steps to avoid confusion, allowing sufficient time to complete one section before going on to the next. Ensure the learner understands what they are expected to do and encourage them to ask for help. It takes extra time for them to process information, so check with them in case they have not understood and do not have the confidence to say so. Those with APD are not immediately aware that they have not understood something that has just been explained to them; it may appear to make sense until they try to use the information and they find they have missed something or they may be unaware they have misunderstood. They may not have understood any of it and appear as if they have not heard any of it. (Many can train themselves to just listen to a speaker, and try to record the message in their long-term memories and then replay it later to try and make sense of what was said. When doing this they will not try to ask questions as it stops the recording flow, and cannot answer questions asked of them).

7. Allow extra time to complete tasks to allow for delays in processing and transference of information. It may help to ask the learner with APD a question, and prefix by saying I will ask you this question and come back to you in a moment for your answer. This will give the learner some extra time to process the question; and to formulate and process an answer.

8. Ensure all ambient noise is suppressed wherever possible by use of carpet in classrooms, displays on walls and even tennis balls or other padding on the bottom of chair and table legs.
9. Ensure the learner with APD has a quiet working environment, as many can be easily distracted by background noise and conversation by other pupils. Also try to limit visual distractions. Try to ensure that other pupils understand that they should not be disturbed when working. Use of FM and soundfield systems aids some with APD and should be investigated.

10. Learners with APD find it difficult to process more than one source of auditory input. So group conversations and debates are difficult, if not impossible, to process as they happen. To help with this, place a learner with APD in as small a group as possible as they cope better in one to one or small group settings.

11. Learners with APD will most certainly be lacking self-esteem and confidence in both educational and social settings. They are often called lazy or slow, or told that the difficulties they are experiencing is a direct result of a bad attitude. This is damaging and a positive learning environment is essential. Every effort should be made to promote a sense of self-worth.

12. The lack of confidence and self-esteem in learners with APD means that in many circumstances they may leave things to the last minute. This is caused by confusion in ascertaining what is expected. This sometimes means learners find starting a task difficult and this can be misconstrued as laziness or negative behaviour. They may need a great deal of help in planning a piece of work.

13. Learners with APD are very vulnerable in a social setting because of their difficulty in processing conversation, and in word retrieval, which makes them more susceptible to bullying. Any negativity in this respect shown to them by a teacher can spread to their peers, and this should not be tolerated in anyone.

14. Encouraging self-advocacy to their peers is essential. They need to understand and make others aware that they will always be like this, and they will need to be able to explain that they have a disability to friends, teachers, lecturers and other adults. A class, group or whole-school presentation by staff on what APD means in real terms would help with this.

15. Learners with APD may have some problems absorbing information from text. Allow time for delayed processing. Use a more visual approach to presentation, such as picture associations, coloured text, and different formatting of text to make information stand out.

16. Provide a printed timetable, preferably pictorial, to help with organisational skills. Also a homework/assignments timetable and a copy for parents, so that they can help the learner understand what they have to do, and explain it in terms that they can more easily understand. Parents cannot help if they do not know what the learner is expected to do.
17. Provide a home/college - school book where applicable so that you can send home information on what the learner is studying, any difficulties etc. and the parents can then provide feedback. This can provide a means of communication between the parents and educators, enabling the parents to explain what the learner has found easy or difficult, and which coping strategies they use to complete the task. This will help the educator to build up a better picture of the way the learner learns and increasing the educator’s own ability to accommodate their preferred learning style, which is essential.

18. Help the learner to build coping routines, daily and weekly. Coping routines are built on life experiences and at a young age this is difficult as the learner does not have too many to fall back on, but small routines can grow. Older students may well have developed these already. Also the learner with APD needs to continually review these routines both new and old, as some new routines may bypass existing routines. A task that they can do one day using a coping routine might be impossible the next day. Ask the learner how they cope with a new task. Both learner and educator should be involved in this development process.

19. Learners with APD may have to work out the basic concept of what any theory means from basics each time they want to use it. Any interruption or break from their thought patterns during this process may require them to restart their understanding from the beginning all over again. This is particularly relevant to the learning of Mathematics. This is why some prefer to start a project and see it through to its conclusion, regardless of any time factors; partly because it has taken them so long to plan and start the task that they may forget what to do if it is left unfinished. Hands-on and visual presentation is usually much better than auditory-based teaching, especially where Maths is concerned.

20. Multiplication tables sometimes present problems for learners with APD. If the learner understands the basic theory for the existence of tables (a practical use, as a visual guide) then they can begin to build a list of associations, which give meaning to tables and can create some coping strategies. If learning tables is an ongoing problem, provide the learner with a ready-printed multiplication square to use, as many learners may never learn them.

21. APD learners may have a problem in retrieving words from their long-term memory which can be a problem in conversation, oral work or presentations. If they are telling you something; they may take time to think of the right words and if interrupted may forget what they were saying altogether, which can be very distressing. Word retrieval is also a major problem in producing written work, so extra time should be allowed for this as well as their overall slow processing difficulties.

22. Learn from your learner, what suits them, how they prefer to learn etc. and then you will find the best way to teach them.