APDUK MISSION STATEMENT - APDUK Constitution 2002

We aim to raise awareness and recognition of Auditory Processing Disorder as a disability, through educating both professionals and the public.

We aim to support research into APD, which will enable good diagnosis and treatment to be developed. We also support individual sufferers and parents/carers of individual sufferers, through self-help networks and internet forums.

APDUK needs new members and increased funds if we are to achieve charity status. To this end we have a new membership form. It can be found on the last page of this newsletter and on our membership page www.apduk.org.uk/membership.htm. You can fill it in as a Word document and email it to our membership secretary and pay via PayPal, or post it to the address on the form, along with a crossed cheque. We are also very happy to receive donations to apduk.donate@aol.co.uk via PayPal or by cheque, as detailed on the form.

Mostly we need YOU! If you live in the UK, are 18 or over, are a parent, adult or teenager or young adult with APD, have a relative/friend/partner with APD or are an interested professional, please join today - so that we can show that enough people in the UK care and want APD to be officially recognised nationwide, with compulsory support and accommodations provided at school, at work and in adult education and appropriate benefits support for those that cannot work. The more members we have, the more weight we will have to make this a reality. Help us to make a difference!

APDUK will also need more committee members as we continue into the next phase. Please email apduk.news@aol.com if you can help us at all.
I am pleased to announce that APDUK has appointed a new Executive Committee. We are all willing and ready to move on to the next phase of APDUK - wider publicity, attracting more members, more fundraising efforts and gaining charity status. These are our priorities for the next year, as well as starting our new regional groups. Our membership fees will remain at the same reasonable rate as before. We also hope to have merchandise to sell soon, including low-cost wristbands and stickers to raise awareness of APD in the UK, also to promote APDUK and the support and information that we provide – we hope you will help us in this aim by buying some. We also have some new helpline volunteers, so there will be wider access to the helpline. Each member will be available at different hours of the day, for your convenience. Please contact me if you have some experience in this area and want to help, by emailing apduknews@aol.com

APDUK Chat rooms/Message board forums/ Special Edition Newsletter - APDUK has recently set up a set of new chat rooms. We have new message board type forums. One will focus on our ongoing international adults with APD research with Dr Damien Howard (Darwin) into the socio-economic effects of APD on adults. http://apduk.org.uk/smf/index.php The forum provides a place where adults can contribute their responses to the research questions if they cannot attend the chat or wish to add more comments, both before and after the quarterly chats themselves. These chats and comments result in articles for the newsletters and will contribute to wider research for the project. Also we hope to encourage other new discussion, hopefully involving both UK and international professionals, parents and adults and accompanied by new UK quarterly parents’ chats, international parents’ chats and professionals chats which will be listed here and on our ongoing Yahoo and Facebook groups, which are ongoing, (please see page 4). Our last chat gave us so much excellent information that we will be producing a special edition of the newsletter in August, devoted to the support of adults with APD, particularly in the areas of employment and dealing with stress.

We also have new message board type forums for members, parents and adults with APD, potential volunteers, committee members and professionals, as a place to have APD related discussions, for all, on topics of your choice. It is called the APDUK members forum but there are boards there which are open to non-members too. http://apduk.org.uk/fud/

APDUK Members’ Network - We are also pleased to announce the launch of our new online interactive area for APDUK members, the APDUK Members’ Network. This is available to paid members of APDUK only and provides a private area (hidden from public view, a ‘thank you’ to our members) where members can read and post documents such as additional research papers, an APDUK PowerPoint presentation on APD, which is available for members to use (none of which is available on our website). There are also areas to set up focus groups – for parents, adults, teenagers etc. regional and local groups and notices about AGMs, committee meetings, forthcoming chats for parents and adults and professionals, and the adults with APD research chats. Access details are sent to members after joining (along with access details for our APDUK chat rooms).

The future – This year we celebrate the 12th anniversary of APDUK and the 10th anniversary if the availability of new reliable testing for APD in the UK. One thing we have learned along the way is that if you want something done, you have to do it yourself! It has been a long, hard journey so far, but we hope that 2014-15 marks the start of an even greater era of APD awareness. PLEASE join APDUK, publicise our website and forums, tell everyone you come across about APD and APDUK. Share this newsletter! Show that parents, teenagers and adults in the UK care about everyone with APD, and their families. The World Health Organisation recognises APD - it is about time that the UK recognised APD too. APDUK is ready to move forward, are you ready to help? © Alyson, Chair APDUK

“Inaction breeds doubt and fear. Action breeds confidence and courage. If you want to conquer fear, do not sit home and think about it. Go out and get busy.” ~ Dale Carnegie
Page numbers are at the top right of each newsletter page

PAGES FOR ALL

Page 1 – APDUK Mission Statement, how to join APDUK
Page 3 – Contents Page.
Page 4 – ‘APD Testing in the UK’ by Alyson Mountjoy
Page 5 – 6 ‘APD’s UK and International Support Groups Information’  And How to join APDUK Message Board and Research Forums And ‘Living With APDUK’ by Alyson Mountjoy

KIDS’ PAGES

Pages 7-8 – Puzzles and drawings

PARENTS’ PAGES

Page 9 – ‘Coping with APD and Idioms’ by Renée Ramey
Page 10 – ‘Useful links and Apps for Teenagers and Adults’ And ‘Three Top Tips’

SUGGESTED BOOKS

Page 11 - Book Reviews and books for Parents and Professionals And Information about the APDUK Book Page

ADULTS PAGES

Page 12 – 13 ‘Why I Sometimes Just Don’t Seem To Fit In A Conversation / Auditory Processing Disorder (AKA APD)’ - a blog post by Alex Dowling And ‘I’m in the glass bubble’ by Yvonne Lewis And Other APD-related blogs
Pages 14 – 15 - ‘Please Do Not Tax my RAM!’ by Nina And ‘APD Signs’ by Nina Robertson
Pages 16 – 17 - ‘Top Tips from Adults with APD’ And APDUK’s UK Teenagers and Young Adults support group and web page And ‘Medical Research Council Research Project; how to join

NEXT - COLOUR INFORMATION SECTION

APDUK Alert Cards with new designs and APDUK Poster And ‘About APD’ and Information sheets for parents, schools/colleges, kids, teenagers and adults And APDUK Poster and new Membership form (Please visit our website for non-colour versions).

If you have a contribution for the next newsletter, or any feedback, or if you wish to volunteer with APDUK, or rent some advertising space in our newsletter, please email us at: apduknews@aol.com

12th ANNIVERSARY OF APDUK

On 26th May 2002, APDUK was founded. It is the only organisation in the UK providing information and support for people with APD and their families. APD is a condition that affects the way sound, including speech, is processed by the brain. It is a neurological condition with a variety of causes and can be inherited or acquired. People with APD can have perfect hearing- it is not a problem with the ears. It is estimated to affect up to 10% of all children worldwide – plus an unknown number of adults.

APDUK provides all the information on the APDUK website and in our newsletters free of charge. It is there for you to copy and distribute and to use - to help people to understand APD and get appropriate testing and help for APD for you and your family. We only ask that in return you support us by including ‘©APDUK ‘when printing copies and spread the word about APD and the work of APDUK! http://www.apduk.org.uk/

APDUK is a non-profit voluntary organisation and volunteers provide services in their own free time, including running the APDUK helpline. If you wish to donate to APDUK – no matter how little – this can be done via PayPal here: https://www.paypal.com/uk/webapps/mpp/home Please donate to: apduk.donate@aol.co.uk . Your support matters! THANK YOU!
ONLY testing centres using the new UK tests are reliable and accurate. Only go to one of the specialised audiology departments listed below. Please check first that they use the new UK tests. They have been available since 2004, so don’t let anyone tell you there is no testing for APD in the UK! They do NOT use wires or probes, just headphones and ear plugs. It is not invasive or frightening for children.

NHS Testing for Children
These tests must only be delivered by a specialist audiologist trained to administer and interpret them - schools, SENCOs, LEAs, OTs Educational Psychologists, GPs, paediatricians, neuro-psychologists etc. are NOT qualified to diagnose APD. If a school or any other professional listed says or suggests your child has APD, that is NOT a diagnosis - it means you need to get them tested properly. The best place for APD testing in the UK is the APD Testing Centre at Great Ormond Street Hospital, London (GOSH). Their FULL testing criteria and process are available in newsletter 8 page 4.

http://www.tempapd.apduk.org.uk/newsletter.htm and on their website here:
http://www.gosh.nhs.uk/medical-conditions/search-for-medical-conditions/auditory-processing-disorder/auditory-processing-disorder-information/ GOSH only test children from 6-16. Your child will need to have had a recent hearing test to rule out hearing loss – GOSH state that they will not test unless there is normal hearing. They no longer have multi discipline assessments due to a reduction in funding, which is why they ask for you to take along any reports on your child - hearing test report, evidence of APD being suspected, school / Educational Psychology report etc.

There is multi discipline assessment available at the Royal Ear Nose and Throat Hospital London, very similar APD test battery to GOSH but we have no idea of their referral criteria or waiting times, so you would need to contact them. You can contact them here. https://www.uclh.nhs.uk/OurServices/ServiceA-Z/ENTS/AUDMED/Pages/Home.aspx.

There are also APD research centres listed here that have trialled the new tests, but not all of them may currently test, although it is worth asking them, if they are more local to you. Only testing centres using the new UK tests are reliable and accurate. Please check that they use them. Some offer APD testing but still DON’T use them http://www.ihr.mrc.ac.uk/research/apd/IMAP_field_test_sites

Private testing for children - The University of Southampton only offer PRIVATE APD testing using the new UK developed APD tests, which you will have to pay for.

http://www.southampton.ac.uk/engine.../about/staff/ngc2.page. There is a private option at GOSH if you contact Dr Sirimanna direct. Another private option is Dr Diliys Treharne in Sheffield http://www.aplls.org.uk/. She also tests adults. All of those mentioned which use the new tests give a valid APD diagnosis. The only difference between a private and NHS diagnosis will be the waiting time. All of the audiologists mentioned will ONLY give you a diagnosis of the type and severity of APD difficulties, not treatment, support or accommodation suggestions, apart from maybe suggesting an FM system. For all support and advice, they refer patients to APDUK, the ONLY support organisation for APD in the UK. The NHS Direct helpline also now refers all APD calls to APDUK.

Testing for Adults - For NHS testing ask your GP/audiologist for a referral to Dr Doris Bamiou http://www.uclh.nhs.uk/ourservices/consultants/pages/drdoris-evabamiou.aspx or the University Hospital Wales Cardiff. A private option is Dr Diliys Treharne in Sheffield http://www.aplls.org.uk/. In either case, you will need to have had a recent hearing test to first rule out hearing loss.

PLEASE visit our membership page to join APDUK and help us get UK APD recognition


Or you can make a donation to apduk.donate@aol.co.uk via PayPal. THANK YOU! © APDUK
APDUK now has several online groups, providing support and advice, both in the UK and worldwide, for various age groups. Please feel free to pass these on to APD sufferers and their families. Some are UK/age specific and some are international and open to all.

The ‘Auditory Processing Disorder in the UK/APDUK’ group has members who are mainly parents seeking information, diagnosis and support, but we also have some UK adults and teens there too. It focuses on UK based issues and we also have some professional members. https://www.facebook.com/groups/587199541354983/

We have Facebook group for ‘UK Teens / Young Adults with Auditory Processing Disorder’ https://www.facebook.com/groups/309381575878508/
This group is also primarily for UK residents and just for teenagers aged13 plus and young adults - whether in school college, further education, home educated, or maybe out of work / seeking work /deciding on their options. Either way, it is a safe, closed group where only members can see their posts. Parents are free to pop in occasionally if they want advice and support for their children teens/young adults, but we try to keep this mainly a young people’s area!

We also have an international Facebook group specifically for ‘Adults with APD’ https://www.facebook.com/groups/APDAdults/ Our ‘OldAPDs’ Yahoo adults with APD group is still going strong after many years - https://groups.yahoo.com/neo/groups/OldAPDs/info

We also manage/moderate an international Facebook group ‘Auditory Processing Disorder (APD)’ with mostly parent members and some supportive professionals. https://www.facebook.com/groups/122185968465/

The groups are a valuable source of support worldwide, as are our website http://www.apduk.org.uk/ and the articles in our newsletters http://www.tempapd.apduk.org.uk/newsletter.htm - please share them! The information is all free but we would appreciate a link back to the website if you pass it on, and please leave any copyright symbols in place to protect the intellectual property of the all authors. This also includes use of our website graphics. © APDUK

continued on next page…

If you would like to join APDUK’s Adults with APD research message board forum, please email Graeme at dolfrog@dolfrog.com http://apduk.org.uk/smf/index.php

If you would like to join APDUK’s other APD message board forums here, http://apduk.org.uk/fud/ please email Graeme at dolfrog@dolfrog.com
The boards are not all for members of APDUK…

If you are interested in taking part in APDUK’s Adults with APD research chats, professional or parent chats, please email Graeme to register. dolfrog@dolfrog.com

NEXT:
Fun for Kids
Articles for Parents
Then Books…
APDUK believes in being realistic. We know that APD cannot be cured. Our mission statement clearly states that we aim to support people with APD. To us, this means helping people to learn to cope with it and get around it. Our founder members each have over 15 years of experience including that of our families (containing adults and children with APD and daily contact with thousands of sufferers worldwide). We live with APD every day. We have found that some people may find limited and/or temporary benefit from some therapies etc. but there is no current valid research worldwide that proves that any of them have any great or lasting benefit, and certainly not the one-size-fits-all cure that some of them are promoted - because the truth is that everyone with APD is affected differently. Our APDUK online groups and the new message board forums are therefore intended to provide places to share support and advice, and to promote discussion on living with APD - including development of coping strategies, approaches to social and communication issues and how to get appropriate accommodations for APD (for children at school, for young adults and for older at adults in higher education and at work) – including what to ask for. Everyone needs an individual approach - using their strengths and supporting their weaknesses.

APDUK support groups are NOT there for the promotion of therapies of any sort, whether they are diets, supplements or any dreams of miracle cures. Notices are regularly posted to that effect and such posts will be deleted without warning, and repetition will result in a member ban. There are other groups available online that are happy to discuss that sort of thing, and gladly sell you all manner of false hope - we are not one of them. Often therapy providers are just parents out to make a living at it, with minimal training and little knowledge of APD – luckily there are not many in the UK – and in some countries there are even unscrupulous professionals that recommend the same expensive program to every client irrespective of their type of APD difficulties. Just because a therapy/program works for one child does not mean that it will work for YOUR child because EVERY child with APD is affected differently, and that is why they will all need a uniquely-tailored approach. APD cannot be cured and any therapies should only be undertaken under the guidance of a trained audiologist specialising in APD, and in they will do so if they think that your child will benefit from it. Adults find very little benefit because their coping strategies are well embedded and it is difficult – even debilitating to adults - to try to undo them.

If they don’t work it is because they will not work. Or the gains are temporary, because the brain ‘reboots to its default settings’, especially in people who have the inherited form of APD. Yet parents are told that they will work if you use them again and again, but repeating what does not work, or using one after another, is just a blatant waste of your money (and your child’s precious time when they should be relaxing and being children and learning how to cope). You are of course free to try any or all of them as you wish, but APD is for life.

These providers’ only interest in you and your child is in maximising their own financial gain. They, and even other parents on some groups who have already tried everything and found that none of them make much difference, will often try to make you feel guilty because you have not tried every therapy available, as if you are somehow denying your child help. Do not listen to them! Excellent marketing does not mean an excellent product and if even one of them worked as well as their claims, they would not have needed to try any others! Don’t be taken in. Be wary too of UK hospitals and organisations that recommend programs to people with APD that were intended only for people who are hearing impaired – thus showing their lack of knowledge of APD in recommending something totally unsuitable for APD in someone without hearing loss.

Your time is best spent in learning as much about YOUR child’s APD as you can and teaching your child about how their APD affects them. Help them to find their strengths as compensation for their areas of weakness, improve their self-esteem by finding and encouraging something they are good at. Let them be children, relax and play. Counselling can help with anxiety issues, which should not be ignored. Advocate for them as having APD and do not hide it by e.g. describing them to strangers as hard of hearing because it is easier for you - that is publicly denying their identity and if they see you lying what does that tell them? Teach them to self-advocate and encourage them to do so. Teach them who they are and that they are valued for who they are. There is so much more to any child or adult than their disability. Don’t let it define them. Teach them how to LIVE with their APD by getting around it. That is the biggest gift you can give them, and it is FREE!
Thank you to Bruna, aged 7, who sent us the picture! below!
© Bruna

Thank you to Katelynn age 10 who sent us her drawing!
© Katelynn
Print this page, and use the picture clues to complete the crossword!

Print this page, join the dots then colour in the picture!
In the book, *The Sound of Hope: Recognizing, Coping with, and Treating Your Child’s Auditory Processing Disorder* by Lois Kam Heymann and Rosie O’Donnell, the authors give examples of what is hard for preschool kids with APD.

One of them is: ‘Complex language such as metaphors (“You little piggies will need to clean up this mess before snack time,” “Aren’t you a busy bee?”) and figurative verbal examples, (“We have enough food here to feed an army!” “Why, you’re covered with dirt from head to toe!”) are simply baffling to a child with APD.’

Two examples from our house from Jake age 6 and 7. She says "simply baffling", but I would have to call them "enraging" for the most part. My poor kid has always been quick to anger, I think because he is so frustrated so much of the time.

- One day, Jake exclaimed that he had beaten two levels on his video game. I celebrated with him by saying, "Wow! You are on a roll!" He shouted back, "No, I’m not!"

- After a time when his little sister was pestering him over and over and he was losing patience with her, I told him, "She's just pushing your buttons. Don't react and she'll stop." He said, with anger, "What buttons?! Where?!" as he searched all over himself.

- If the readers have little kids (age 4 or so) that they suspect might have APD, I would be willing to share with them a document that I put together for Jake's preschool teacher explaining APD and how it likely is affecting Jake's behavior. I don't know if it helped the teacher, but it helped me to know that I had done my best to communicate with the teacher why my child was likely to withdraw, refuse to participate, or blow up at another child. These are the kinds of things that might get him in trouble for misbehaving, when instead are actually evidence that he isn't coping and needs help.

**Please email apduknews@aol.com if you would like a copy of Renee's document.**
Useful Links and Apps for Teenagers and adults

APD-RELATED APPS

Suggested by people with APD, parents and interested professionals

NOTE - This list is provided for information only – APDUK has not tried them and does not endorse them. We provide no guarantee of their effectiveness - everyone is affected by APD differently and will respond differently to any therapies/programs/interventions used.

www.HearBuilder.com
http://www.hearbuilder.com/. With 4 different software programs: auditory memory, phonological awareness etc. Also available on the iPad.

Auditory Processing Studio includes 2450 stimuli in the following activities: - Auditory Discrimination- 16 levels of difficulty. Each level contains 50 trials; making a total of 800 stimuli. - Auditory Closure - 17 levels of difficulty. Each level contains 50 trials; making a total of 850 stimuli. - Phonological Awareness- 16 levels of difficulty. Each level contains 50 trials; making a total of 800 stimuli. - Figure-Ground - The above activities can be practiced in the presence of competing noise.

Auditory Workout – by Virtual Speech Center Inc.
Available on iTunes, created by a certified speech and language pathologist for students ages 4–10 who exhibit auditory processing disorders or other related disorders (e.g., receptive language disorder or autism).

A variety of apps which can be found at http://www.speechbooks.com

OTHER USEFUL APPS

Dragon NaturallySpeaking:
A speech-recognition program that can be used to, among other things, dictate everything from answers to schoolwork, to a five-paragraph essay. You can even dictate emails, surf the web with voice commands or dictate on your smartphone. There is also a PC version.

Livescribe Smartpen:
An amazing device, this is a pen that records what you hear and write while linking your audio recordings to your notes. Great for recording lectures – but please get permission first! Later, play back the recording or tap your notes with

THREE TOP TIPS

1. Learn how APD affects you – what your difficulties are in everyday life and how APD affects your communication.
2. Learn how to explain it to others – face you when speaking, speak clearly, repeat or rephrase when you don’t understand etc.
3. Learn what accommodations you need - ways in which you think people can help make things easier for you in school/college/at work.

For more tips see our adult and teenagers guides towards the end of the newsletter.

WANT TO JOIN APDUK?
http://www.apduk.org.uk/membership.htm

Please visit our website to join and pay via Paypal, or use the form at the end of this newsletter and send it with a cheque.

WANT TO MAKE A DONATION?
You can donate via PayPal to apduk.donate@aol.com

If you fell down yesterday, stand up today.

~ H. G. Wells

@apduknews@aol.com

Do you have any APD or disability related links, Apps or article ideas for our next newsletter? If so please email them to the Editor at: apduknews@aol.com
**SUGGESTED BOOKS**

**BOOK REVIEW**

- **‘How to Talk to Anyone, Anytime, Anywhere: Secrets of Good Communication’**  
  © Larry King from ‘Larry King Live.’  
  Here is another book that has really helped me. It is for people who struggle at all with talking to people or simply with public speaking. I must have read it at least three times. From a background of over six years of speech therapy for articulation, I can say that reading this book is confidence-building because it explains communication into a state of simplicity.  
  © Hannah Crossett

- **‘The Mislabeled Child: Looking Beyond Behavior to Find the True Sources and Solutions for Children’s Learning Challenges’**  
  © Brock Eide & Fernette Eide  
  For parents, teachers, and other professionals seeking practical guidance about ways to help children with learning problems, this book provides a comprehensive look at learning differences ranging from dyslexia to dysgraphia, to attention problems, to giftedness. In *The Mislabeled Child*, the authors describe how a proper understanding of a child’s unique brain-based strengths can be used to overcome many different obstacles to learning. They show how children are often mislabeled with diagnoses that are too broad (ADHD, for instance) or are simply inaccurate. They also explain why medications are often not the best ways to help children who are struggling to learn. The authors guide readers through the morass of commonly used labels and treatments, offering specific suggestions that can be used to help children at school and at home. This book offers extremely empowering information for parents and professionals alike. *The Mislabeled Child* examines a full spectrum of learning disorders, from dyslexia to giftedness, clarifying the diagnoses and providing resources to help. The Eides explain how a learning disability encompasses more than a behavioral problem; it is also a brain dysfunction that should be treated differently.

SEE ALSO: **‘The Mislabeled Child: How Understanding Your Child’s Unique Learning Style Can Open The Door To Success’**  
© Brock Eide & Fernette Eide  
‘It provides an answer to the parents of the millions of children with significant learning and behavioural problems; to the teachers who are responsible for their education; to home schooling families who have been unable to find the requisite help within the system; and to the many therapists and other health professionals whose mission is to care for them.’  
This book is available to order via our APDUK Books Page. We also have many other excellent APD and other invisible disability related titles available to choose from [http://www.tempbooks.apduk.org.uk/](http://www.tempbooks.apduk.org.uk/) - If you buy from Amazon via our book page costs you no more, but Amazon pay APDUK a small percentage donation. Please help our funds in this small way that costs you nothing! We rely on this and our membership fees to keep APDUK running, as we are a non-profit organisation. Thank you!  
*Alyson, Chair APDUK*

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**APD AND OTHER INVISIBLE DISABILITIES**

- **‘Auditory Event-Related Potentials to Words: Implications for Audiologists’**  
  © James Jerger, Jeffrey Martin, Katharine Fitzharris  
  ISBN: 1495402401  
  ‘In this book we ask how auditory event-related potentials (AERPs) to words can help us to reach a better understanding of the interplay among the many ongoing serial and parallel processes involved when individuals actively listen to words. We present many illustrations based on studies carried out at the University of Texas at Dallas (UTD), comment on them, and ask readers to reflect on how word-recognition testing might be more deeply mined by audiologists. In particular, we suggest that AERPs may prove helpful in exploring the concept of listening effort in both normally hearing and hearing-impaired persons.’

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**PARENT’S APD BOOK**

- **E-book - ‘Kids Speech Matters - A Mother’s Journey Living With Her Son Who Has A Severe Language and Auditory Processing Disorder. From Birth to 10 Years’** (Learning Disabilities Network)  
  © Sandra Ahlquist, Founder and Owner  
  Language Delay Network  

**SUGGEST A BOOK:**  
apduknews@aol.com
Why I Sometimes Just Don’t Seem To Fit In A Conversation /

Auditory Processing Disorder (AKA APD)

© Alex Dowling http://aldo4343.wordpress.com/

Ladies and Gentlemen

Over the past few years I have explored why teacher after teacher used to tell me there was ‘something different about me,’ but that any Learning Difficulty Testing said I was ‘too high functioning to warrant a declaration I had a learning difficulty.’

Having explored the various paradigms of dyslexia, dyspraxia, ADD etc., an inclusive part of all those disorders/difficulties kept popping up and initially I discounted it as too ‘in depth’ for me to possibly be affected without being less ‘high functioning.’

However, having read material on it and spoken to other people who are diagnosed, I will be seeking an APD specialist to be tested.’

The inclusive part to all of those disorders above is Auditory Processing Disorder. It means unequivocally, and in line with hearing tests through the years, that I am not deaf. It means that the information that comes in through hearing is not properly or sufficiently processed. If I am in a quiet environment I can probably hear as well as anyone else.

Psychology students / teachers / psychologists will be familiar with Colin Cherry’s Cocktail Party Problem. This problem occurs to all of us and is responsible for that tunnel vision you get at a party. You are so intently focussed on a conversation, having to avoid background noise, that your ability to focus on the world around you is diminished.

Well put all the problems you’d associate with that situation in a blender.

People with APD get all these problems when they’re out and about and not necessarily even concentrating so sensory overload shouldn’t be a problem. This means that often they can hear you said something, heard it at full volume but didn’t process it, or even have heard everything you said but didn’t process the semantic meaning of the sentence. This in turn means either, they ask you to repeat it, or, they may have to repeat the information to themselves or think about it before being able to respond.

You may also find, or recall, that formation of speech is impaired because hearing their own voice and calibrating it to others is impaired as the full pattern of speech (frequency by frequency) is not processed fully.

For allegations of ‘selective hearing,’ yes, there are some people in society who occasionally only respond to things they are interested in. Those people don’t help the cause of people who have APD. However, we ALL have key words we respond to because they are pre-processed words we only need to recognise. This is a bit like mathematicians who are at a level at which they automatically think of Pi as a number, rather than normal people who hear ‘Pie,’ snigger a bit and then try to remember what the number is.

Truly selective hearing is ignorant and rude and you will notice people with APD generally try to not do it because it doesn’t help them or anyone else. In fact for people with APD it is very frustrating.

What is equally frustrating is other people who mumble or speak too quickly, tut when asked to repeat and then mumble it again as they walk off. In these cases I’d say the ignoramus is anything but the person with APD.
Why I Sometimes Just Don’t Seem To Fit In A Conversation / Auditory Processing Disorder (AKA APD) – continued

Next time you think ‘This person never listens,’ try and think whether they appear to be trying but still stumbling. Generally, if someone actually asks you to repeat something, they want to know what you said.

From my experience, lists help if you want them to remember what you said and having verbal communication so the person can either lip-read or hear the words at a normal spoken speed help hugely.

Mumbling, shouting, using only vowels in your speech (construction trades have a huge problem with this) do not help at all.

I harp on about phenomenology and empathy a lot but before you judge someone, try to understand what the world is like for them; how they experience it from their perspective, even how they experience you and why they experience that.

APD is not “just another disorder where loads of money gets thrown at thick kids,” it is part of those disorders and changing one little part of your own habits of communication can probably help a significant number of them grasp the world, their job and their educations quicker.

Think ‘out of the box’ about the world around you, then responsively look inward before you even think about judging the people around you.

© Alex Dowling

In the Glass Bubble © Yvonne Lewis

I’m in the glass bubble
I can see out
They can see in
Nobody can see the bubble
So everything’s fine, right?
I want to reach out
And connect with life
Build friendship
Build love
I want it so much that I forget the bubble's even there...

Ow! That hurts!
Misread what they said!
Fell behind with the conversation!
Unable to say what I meant!
Feeling misunderstood!

Bruised, I withdraw.
The thickness of the glass increases.
The distance between us grows further.
What can I do to reach you?
I don't know...

OTHER APD-RELATED BLOGS


‘My last blog includes APD. I have CADASIL/ APD/ Hyperacusis  etc. APD which actually began with a car accident head injury in 1995. Even mild head traumas can start the condition of APD, and that it can even take up to a year for all head injury symptoms to manifest.’

© ANON - aboutauditoryprocessingdisorder.wordpress.com

If you have an APD related blog, please email it to apduknews@aol.com for inclusion in the next newsletter. We also need any APD websites/web pages.
Please Don’t Tax My RAM!
© Nina Robertson

In the technical world RAM is a term meaning Random Access Memory. I am using the term RAM as a metaphor. I see many parallels between a computer and a human brain.

When a computer is running software applications it uses RAM. Running too many applications at the same time taxes the RAM and slows down all of the processes, often resulting with the PC freezing up and/or getting stuck in a loop or crashing. Most of us have experienced this frustrating situation with our PC on at least one occasion. For individuals who have an auditory processing disorder, this type of thing happens frequently and not only with their computer, but also with their brain.

Often times too much information comes in through the auditory system at the same time, slowing down the processing. All of that sensory data must be decoded by the brain and either discarded as ambient noise, or retained and processed in order to formulate and articulate an appropriate response. This taxes RAM and can cause sensory overload. The brain freezes up and the individual can no longer process the incoming data. Rebooting a PC is much easier than trying to reboot the brain. The brain requires rest, quiet, and time in order to reboot.

People with APD often have defective auditory filters, therefore listening to anecdotes and responding to small talk are manual processes, rather than automatic.

So, when I say “Don’t Tax My Ram!” Please don’t be insulted. I am just asking that you not wear out my brain’s processes with unnecessary verbal interactions if I am trying to do another task or if it is noisy. I want to hear your story, but I cannot listen effectively under certain circumstances. This does not mean I do not care about you or your life. This does not mean that I am stupid or that I think you are stupid. This does not mean that I think that I am better than you or that I am insulting you. I am simply trying to reserve my mental energy, or my RAM.

For many of us, the consequences of compromising our mental energy, is more than a brief moment of discomfort. For me it means that for the rest of the day, I am mentally exhausted and all of my processes are compromised. For the rest of the day, I cannot get my mail, because a neighbor might try to talk to me and I am likely to appear unfriendly when I do not respond to their hello. For the rest of the day I cannot do my errands because I am not able to engage in a conversation at the cash register and also keep track of my credit card and receipt etc., besides the store music makes it impossible to think clearly enough to find and make my purchases. For the rest of the day, I cannot use the phone because I will not be able to understand and respond to whoever is calling. For the rest of the day, I cannot be around friends or family, because trying to make nice is exhausting and they will not understand. For the rest of the day, I cannot even take a walk in the neighborhood because the traffic noise causes vertigo, which makes me prone to tripping and falling. Protecting and conserving my RAM has to be my number one priority every day. So please don’t tax my RAM!
I’ve made a few signs to share with my APD friends.
I began carrying these signs on 3x5 cards. I suppose I should just give an explanation, but I find the more I explain, the more questions I’m asked and . . . well, you can see the problem.
© Nina Robertson

This one is for people who cannot read.

This is the one I wish I could wear on a sandwich board at the grocery store!

Follow the path of the unsafe, independent thinker. Expose your ideas to the dangers of controversy. Speak your mind and fear less the label of ‘crackpot’ than the stigma of conformity. And on issues that seem important to you, stand up and be counted at any cost. ~ Chauncey Depew

‘Every day do something that will inch you closer to a better tomorrow.’ ~ Doug Firebaugh

COMING UP:
NEXT - Top Tips From Adults With APD
THEN - Medical Research Council Research Project
TOP TIPS FROM ADULTS WITH APD – Part 1

Adults with APD were asked for tips that they wish they could give to their younger self

Thank you to all the adults with APD who contributed. This is what they said:

- You’re not crazy, just take your time and look at the person talking.
- Realize that I wasn't dumb and I would have not allowed the teachers to treat me as a "stupid" kid. Perhaps if I truly understood what it meant to have APD and what I was experiencing was "normal" I would have perhaps felt better about myself.
- You’re not a bad person. You’re not worthless. If you’re trying your best, that’s all you can do.
- It's hard to say what I would do differently as a kid since I wasn't diagnosed until I was 41. Also, I think it's much easier now than in the 70's and 80's. My mom didn't have the resources to help me like parents do today. We didn't have the internet or IEP or any of the other resources that they have today.
- You are artistic and creative. Be yourself. Don't try to be your older sisters! Don't forget to sing and to dance. And don't feel bad if you don't understand everything that you hear. You are still smart. It is OK to ask for help.
- Fight for yourself.
- Never give up.
- Consider acoustics in your work environment!
- Don't give up on yourself even when others give up on you!
- You need to find your superpower - the thing(s) that your APD makes possible for you that you can use to make your life better. For me, this is being able to ignore all sounds around me so I can study or read in almost any environment. For others it might be compassion and understanding for other people who are different or the ability to make friends with the wallflowers (because that's the only place we can stand to be at many events). It might even be learning to handle the teachers who pick on the people in the front rows (again, where we can understand) so other students don't have to.

©APDUK

Comments by the ‘Adults with APD’ Facebook group at https://www.facebook.com/groups/APDadults/

Continued on the next page...

APDUK WEBSITE - TEENAGERS’ PAGE

We have a teenagers’ page on the APDUK with an article by a teenager living with APD, and an information sheet for schools and colleges.

http://www.tempresources.apduk.org.uk/teenageapd.htm

“Never be bullied into silence. Never allow yourself to be made a victim. Accept no one's definition of your life, but define yourself.”
~ Harvey Fierstein

APD SUPPORT – UK TEENAGERS’ GROUP

We have a teenagers’ UK group on Facebook here: https://www.facebook.com/groups/309381575878508/
More tips that adults with APD wish that they could give to their younger self...

- Be yourself...keep getting out of bed and improving yourself one step at a time. You will be stronger from trials - continue to have faith, be true to yourself. You are an important person and the little things that you do for others will not go unnoticed. Smile, you’re not alone, in so many ways the light you have inside will shine through. Keep going forward.

- You aren't weird, broken or stupid, you’re gifted in a way most will never understand.

- If I could go back in time and give myself advice, I would tell my younger self that being different is not a negative thing and that just because I don’t fit in, doesn’t mean that I am flawed. I would tell myself to be kinder to myself and to others who have challenges. I would tell myself that it isn’t my fault that I struggle and that those who are hurting me are also hurting. I would not only tell myself those things, but I would give my younger self a hug and remind her that God is with us, even when we cannot see past our own pain.

- I would tell me that I have every right to hear what people say, and I shouldn’t be embarrassed or ashamed to ask for a repeat. That if people are talking in a way that makes it difficult or impossible to understand them, they aren’t doing it on purpose to exclude me.

- Don't be scared to be yourself - the people who love you for you are the only ones who matter.

- Oh and agree with everything that the mean people say. If they say that you’re stupid or ugly or any other unpleasant name, say, “You are right” in a very bland way and then walk away. In other words, consider the source and disregard the comments. If the mean people get no reaction, they won’t know what to do.

- I would say to all youngsters affected by APD to self-advocate for services. Self-advocate and challenge the system if needed.

- It’s okay to ask someone to repeat themselves or say I didn’t understand - rather than pretend to hear, people will appreciate when the effort is made to really listen.

Our groups for adults with APD can be found here: OldAPDs at Yahoo Groups: https://groups.yahoo.com/neo/groups/OldAPDs/info and the Adults with APD Facebook page: https://www.facebook.com/groups/APDadults/ - Please join us!

“It is a lonely existence to be a child with a disability which no-one can see or understand, you exasperate your teachers, you disappoint your parents, and worst of all you know that you are not just stupid.” ~ Susan Hampshire

MEDICAL RESEARCH COUNCIL RESEARCH PROJECT - ARE YOU INTERESTED?
A research project, led by the MRC Institute of Hearing Research and Nottingham University Hospitals NHS Trust, is focused on trying to build a better understanding of APD. There is still a lot that is not well understood about APD, and APD in adults is even less studied in a research context. To this end, we are seeking adult volunteers with suspected APD who would be interested in participating in a research project. In these sessions, we investigate different skills thought to be important to listening and processing. We carry out the testing at Queens Medical Centre in Nottingham. The study is split into two sessions (lasting about an hour and 15 each) and volunteers are given £20 for taking part in both sessions. Support for travel is also offered, and testing times are flexible, including evenings and weekends. We hope to build a better picture of the difficulties involved to improve our understanding of APD. If you are interested in taking part or have any questions please email apd@ihr.mrc.ac.uk OR Dr. Hettie Roebuck Post Doctoral Research Scientist, MRC Institute of Hearing Research, Nottingham Clinical Section. Email: hettie@ihr.mrc.ac.uk See www.sites.google.com/site/hettieroebuck
APDUK© ALERT CARDS – SHEET 1 - You can print these cards on vertical business cards – these are the fronts of the cards. Print these first.

**APD ALERT CARD**
I have Auditory Processing Disorder (APD). My hearing is fine, but sometimes I can’t understand everything I hear. It isn’t my fault.

Auditory Processing Disorder in the United Kingdom © (APDUK)

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I have Auditory Processing Disorder (APD). My hearing is fine, but sometimes I can’t understand everything I hear. It isn’t my fault.

Auditory Processing Disorder in the United Kingdom © (APDUK)
Get my attention before you talk and face me when you speak.
Talk to me somewhere quiet.
Speak clearly.
Please repeat things if I don’t understand, or say them in another way.
Please give me time to answer; be patient.
Please don’t interrupt me when I speak or I might forget what I want to say.
Write all instructions down.

THANK YOU!

Get my attention before you talk and face me when you speak.
Talk to me somewhere quiet.
Speak clearly.
Please repeat things if I don’t understand, or say them in another way.
Please give me time to answer; be patient.
Please don’t interrupt me when I speak or I might forget what I want to say.
Write all instructions down.

THANK YOU!
Have you heard about
Auditory Processing Disorder/APD?

Do you or does any family member have problems with any of these:
(They might not all be present)

- Understanding what you hear, even if tests show that your hearing is OK
- Understanding speech in background noise – crowds may make it worse
- People think you don’t listen to them or you appear not to hear them
- Problems following spoken instructions
- Problems with the direction of sound
- Reading/spelling difficulty - problems with phonics

If so, you might have Auditory Processing Disorder/APD.

WHAT IS APD?
Auditory Processing Disorder (APD) is not a problem with hearing, but with the way sound, including speech, is processed by the brain. This can be diagnosed by trained specialists, but it will not show up on normal hearing tests. Those with APD can appear unable to hear but may have perfect hearing, although it can also co-exist with hearing loss. APD can exist alone or with any other learning difficulties or disabilities. It is one major cause of dyslexia. APD is for life but coping strategies can help, as can support at school, at home and at work. Get tested now!

CONTACT US - for testing details, advice and support

We are Auditory Processing Disorder in the United Kingdom/APDUK

Website: [http://www.apduk.org.uk/](http://www.apduk.org.uk/) Chair: Alyson Mountjoy apduknews@aol.com

Helpline: 07815 995491 – more numbers will be added soon, check the website!

Membership form - [http://www.apduk.org.uk/membership.htm](http://www.apduk.org.uk/membership.htm)

Help us to help others - Join APDUK today!

© APDUK
Auditory Processing Disorder (APD) is a neurological disability affecting the way the brain processes sound, including speech. APD is a lifelong disability and requires lifelong support from family, peers, friends, and interim support from teachers and employers, etc. APD can include multiple issues, all of which can have varying degrees of severity, and no two individuals who have APD are the same. There is no cure for APD. Living with APD can be difficult at any age.

Auditory Processing Disorder is a disability causing problems processing all sounds that the ears hear. Issues can include problems processing the gaps between sounds, having processing problems with low levels of background noise, poor auditory memory, poor sequencing skills and abilities, working memory issues especially stress related, word recall problems, problems following conversations, following multiple verbal instructions, problems repeating unfamiliar words / names, problems with reading aloud.

Living with APD can be very isolating especially for children who have APD, they need to know that they are not only one who has APD, understand it, learn coping strategies and learn to self-advocate. According to the Medical Research Council 10% of the worldwide child population has some degree of APD. Each individual who has APD needs to understand the limitations APD imposes on them and develop the alternative compensating skills and abilities they are able to develop and use to work around their problems; and the specific compensating skills and abilities individuals develop will depend on their neurological and genetic strengths and weaknesses.

Understanding the alternative compensating abilities and skills each individual who has APD is able to use is probably the most important part of living with APD. As both the individual who has APD and all those who live and work around them need to understand and be prepared to use the preferred alternative types of communication and information presentation, to enable effective integration and cooperation. Providing the wrong type of support can be as detrimental as having no support at all. This creates the perception that the specific APD related problems are not being understood, and that all of the offers of support and remediation are a waste of time and effort, because the support offered and provided does not match the individual’s actual support needs.

Most people who have APD develop good lip reading skills, sometimes unknowingly, and learn to read the body language of others to help fill in the auditory communication gaps caused by the bit we miss or fail to process. It also has to be remembered that although there might be commonalities between people with APD, each sufferer is affected differently and with varying severity, has unique strengths and coping strategies and might also have additional co-morbid difficulties that impact negatively on them, making their APD difficulties harder to manage.

APD can also affect acquisition of speech in some people, for the same reason. ALL of these difficulties are worse when a sufferer is ill, tired or stressed, while the brain is focused on remedying these situations and their natural coping strategies can fail at these times making all symptoms of APD present as worsened.

APD can also be inconsistent and variable in its effects from day to day and even within a day. Stress, tiredness or illness can also make it far harder for them to process and their difficulties will be much harder to cope with at those times. Frustration is common, but this is not a behaviour problem, rather it should be seen as a cry for help.

APD is a complex and far-reaching disability which affects all aspects of a person’s life, not only in education, but also communication and socialisation - from school to workplace problems, with difficulties in communicating with family and friends, choice of suitable careers, enjoyment of hobbies and leisure time – in fact, everywhere and with everyone. Each person with APD will therefore need individually tailored support and accommodations, throughout their life.
1. **Tell your child that they have APD and that they are not alone.** Your child needs to know that they have APD and that there are many children and adults with APD. If you have problems with processing sound and speech, following verbal instructions 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. (If you were born with APD too, it is not your fault if your child has it as well – you can’t help what you were born with. It is also not your fault if your child has acquired it).

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. **Your child needs their help too.**

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. APD is a neurological condition and it does not just affect education – it affects socialisation and communication and will also affect them in work. Children with APD become adults with APOD. APD is for life and cannot be cured.

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. **Many children with APD need 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. They need structure to their day, so they don’t feel so out of control. Some people with APD are also very disorganised, especially outside the normal daily routine, (as in school holidays), so help in this area is essential.
10. **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.

11. **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. There is also more to life than school at home they need to relax after a busy day.

12. **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. Ask the school to keep homework to a minimum – by the time they get home their senses may be too overloaded to process efficiently or to take any more in.

13. **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.

14. **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.

15. **JOIN APDUK!** If you live in the UK, PLEASE join us, so that we can get APD officially recognised nationwide and accommodations provided automatically for all children and adults.

   Our membership form can be found here – [http://www.apduk.org.uk/membership.htm](http://www.apduk.org.uk/membership.htm)

   Our fees are minimal. Any donations are also always welcome, we are a non-profit organisation!
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 be 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.
Top Tips for kids

If you have APD:

- 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!
Auditory Processing Disorder (APD) in Teenagers

Auditory Processing Disorder (APD) is a neurological listening disability. APD is a lifelong disability and requires lifelong support from family, peers, friends, and interim support from teachers and employers, etc. APD can include multiple issues, all of which can have varying degrees of severity, and no two individuals who have APD are the same. There is no cure for APD. Living with APD can be difficult at any age, and especially during the teenage years when children become more self-aware and hormones can pose additional problems.

Auditory Processing Disorder is a disability causing problems processing all sounds that the ears hear. Issues can include problems processing the gaps between sounds, having processing problems with low levels of background noise, poor auditory memory, poor sequencing skills and abilities, working memory issues especially stress related, word recall problems, problems following conversations, following multiple verbal instructions, problems repeating unfamiliar words / names, problems with reading aloud.

Living with APD can be very isolating especially for children who have APD, they need to know that they are not only one who has APD, understand it, learn coping strategies and learn to self-advocate. According to the Medical Research Council 10% of the child population has some degree of APD. Each individual who has APD needs to understand the limitations APD imposes on them and develop the alternative compensating skills and abilities they are able to develop and use to work around their problems; and the specific compensating skills and abilities individuals develop will depend on their neurological and genetic strengths and weaknesses.

Understanding the alternative compensating abilities and skills each individual who has APD is able to use is probably the most important part of living with APD. As both the individual who has APD and all those who live and work around them need to understand and be prepared to use the preferred alternative types of communication and information presentation, to enable effective integration and cooperation. Providing the wrong type of support can be as detrimental as having no support at all. This creates the perception that the specific APD related problems are not being understood, and that all of the offers of support and remediation are a waste of time and effort, because the support offered and provided does not match the individual’s actual support needs.

Most people who have APD develop good lip reading skills, sometimes unknowingly, and learn to read the body language of others to help fill in the auditory communication gaps caused by the bit we miss or fail to process. It also has to be remembered that although there might be commonalities between people with APD, each sufferer is affected differently and with varying severity, has unique strengths and coping strategies and might also have additional co-morbid difficulties that impact negatively on them, making their APD difficulties harder to manage.

APD can also affect acquisition of speech in some people, for the same reason. ALL of these difficulties are worse when a sufferer is ill, tired or stressed, while the brain is focused on remedying these situations and their natural coping strategies can fail at these times making all symptoms of APD present as worsened.

APD can also be inconsistent and variable in its effects from day to day and even within a day. Stress, tiredness or illness can also make it far harder for them to process and their difficulties will be much harder to cope with at those times. Frustration is common, but this is not a behaviour problem, rather it should be seen as a cry for help.

APD is a complex and far-reaching disability which affects all aspects of a person’s life, not only in education, but also communication and socialisation - from school to workplace problems, with difficulties in communicating with family and friends, choice of suitable careers, enjoyment of hobbies and leisure time – in fact, everywhere and with everyone. Each person with APD will therefore need individually tailored support and accommodations, throughout their life.

If adequate and appropriate support is not already in place by the time the sufferer reaches their teenage years, which are a particularly difficult time for them, problems like disaffection, depression, substance abuse can arise, in an attempt by the sufferer to regain control of their life. This can be avoided if vital, individually tailored support is in place. We must ensure that we ‘get it right’ - first time, every time. Additional Information can be found here:

Adults with Auditory Processing Disorder/ APD - and how to help

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 support 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 that adults with APD may have to deal with. Not all of them will have all of the problems, but these are just the most common ones—there may be more – everyone with APD is affected differently. In each case:

A. Describes what the problems are.
B. Gives an explanation of how the problems affect adults with APD, in everyday terms.
C. Offers possible solutions, ways in which those without APD (such as friends, family, partners, tutors, colleagues, employers etc.) can help them to cope with their APD.

Some of the problems experienced by adults with APD every day are:

A. Problems with understanding speech in background noise.
B. 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.
C. 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.

A. Appearing not to hear at all when you speak or having a delayed response or reply.
B. 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).
C. 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.
A. Adults with APD might speak louder or quieter than normal, unaware of the volume.
B. Caused by an inability to register the volume of their own speech and inability to self-regulate the volume.
C. 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. A gentle reminder will help.

A. Problems with telephones and people with strong accents or rapid speech.
B. 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.
C. If this is a problem, use other forms of communication with the adult with APD, such as email, texting or other written means wherever possible or speak clearly and slowly, allowing the listener extra time to process what you say. Using the phone should ideally be avoided, but when it is essential, calls taken in a quiet environment if at all possible, especially at work.

A. Inability to follow multi-step instructions.
B. This is because of auditory sequencing difficulties.
C. Give instructions on paper or one at a time, ensuring understanding of each point as you go along.

A. Avoidance of noisy crowded places and social gatherings.
B. 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.
C. Don’t take this personally; choose quieter settings for social gatherings. Crowded shops and those that play music (also loud restaurants and bars with music) should also be avoided.

A. Misinterpretation of meaning of words; word retrieval problems (not finding the right words to say); missing inferences, may not understand sarcasm or humour.
B. These can all be causes of miscommunication which can be very frustrating and also embarrassing for the person with APD. Some people with APD also stutter or stammer - when trying to find the right words to express themselves, or when stressed.
C. Be patient and explain discretely what has been misunderstood; allow the person time to process what you say and find the words that they need to respond to you.

A. APD can make people appear lazy or stupid or anti-social.
B. 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.
C. Understanding, patience and acceptance can help so much with all of this. Also vital is to 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. APD can put a strain on personal and professional relationships, but with the right support, these relationship and communication problems can be overcome.
A. In some people APD can cause problems with reading and/or spelling.
B. APD is thought to be one of the major causes of dyslexia, due to the inability to process the sounds that make up words, which can prevent sufferers from relating these to the written form of language. Speech can also be affected.
C. Use of spellcheckers and assistive reading technology can help here.

A. People 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. Many people do this naturally, from childhood, whether or not they have been diagnosed with APD.
B. They need such coping strategies as routines because 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 to help them to maintain this sameness and security.
C. Go along with them as much as possible; if you find their routines restrictive talk about this calmly to them and come to a compromise.

REMEMBER: APD is for life.

It cannot be cured and by the time the sufferer reaches adulthood, there is normally no way to improve it. They may have poor self-esteem, anxiety and/or depression. They will need your help to get over these things.

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 this condition can bring with it – and with the right support, you can help them to be all that they can be.

N.B. This information sheet is provided by APDUK as part of an ongoing APDUK initiative in the development of informational hand-outs 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/

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**APDUK Membership Application/Renewal Form**

PLEASE complete ALL SECTIONS of this form that apply. You can download and type on this form.

Either then return this form by email to the APDUK Membership Secretary at apduk.donate@aol.co.uk and pay the appropriate fee to apduk.donate@aol.co.uk via PayPal here https://www.paypal.com/uk/webapps/mpp/home

Or complete, print and post this form with a crossed cheque, made payable to APDUK, for the appropriate fee, to the address below. Any additional donation is most welcome!

APDUK Membership Secretary
26 Cosford Garth, Bransholme,
Hull, HU7 4LD

(Please include names of all family members to be included, if choosing family membership)

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