

## **Teaching a learner with APD - tips for schools and colleges**

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1. Auditory Processing Disorder (APD) is a neurological condition affecting the way that the brain processes sound including speech. It does not affect hearing or the ability to listen. APD is a lifelong disability and requires continued support from family, peers, friends, educators and employers. Everyone is affected uniquely by APD with varying degrees of severity and will usually have any number of other co-existing yet unrelated conditions and difficulties. There is no cure for APD. Living with APD can be difficult at any age, and especially during the teenage years when children become more self-aware and hormones can pose additional problems.
2. APD-related difficulties can include problems processing the gaps between sounds, having processing problems with background noise, poor auditory memory, poor auditory sequencing skills, word recall problems, problems following conversations, following multiple verbal instructions etc
3. APD is known to affect both receptive and expressive language. It can also affect acquisition of speech and lead to pronunciation problems in some people, due to the inability to process and discriminate between the sounds in speech. This adds to communication difficulties and can also lead to problems with reading and spelling, causing what we know as auditory-based dyslexia. It also causes word retrieval problems in both spoken and written language, and poor auditory memory can lead to problems with working memory and long-term memory. There are various other difficulties too, and each learner has a different APD profile. This is why diagnosis is vital.
4. Only a specialist audiologist is qualified to diagnose APD; if an education professional suspects APD, inform the parent - only they can seek referral for testing because APD is a medical condition, a neurological disability. APD is not a learning difficulty; it causes them, as well as having many other debilitating and wide-ranging lifelong effects. Parents need support in gaining diagnosis for any and all other co-morbid conditions that exist; that is where schools can help (and colleges, for children whose difficulties might have been missed). Referral for assessments by Speech and Language Therapists/SALTs and Educational Psychologists whenever APD is suspected, and suspicions must be noted in reports in order for parents to access diagnosis via medical professionals. The sooner they are diagnosed, the sooner they can start to learn effectively.
5. There are many causes of APD, the most common being inherited /congenital APD and damage caused by repeated ear infections/glue ear. APD can be noticed from an early age and it is diagnosed from the age of 7. Diagnosis should be made as early as possible to give the child the best chance of academic success, for validation and to allow

them to understand how APD affects them so that they can begin to find ways to work around it. It does not just affect education - it affects all aspects of a person's life.

6. Always ensure that you attract the attention of the learner with APD before speaking and ensure that they are looking at you when you speak to them - this allows them to lip-read more easily and read facial cues and expressions.
7. Speak clearly and ensure that the learner with APD has understood what you have said, not just by repeating it back to you, which can be done without comprehension. Allow them to ask for repetition or rewording, as many times as they need. If this does not help, write it down or use sketches/diagrams. An FM system is often recommended by an audiologist for learners who would find it beneficial in such situations, improving the clarity and volume of your voice, directing it to their ear. This will not aid processing, but clear speech without background noise can help those with a speech in noise (auditory figure- ground) difficulty and those who struggle to locate the speaker (a problem with spatial processing).
8. Pre-teaching is essential. Each learner with APD needs individually tailored accommodations and support. But they will ALL need pre-teaching - new vocabulary and all class notes given to them at least a day before so that they can familiarise themselves with it. A learner with APD should never be copying, taking dictation or making their own notes. I cannot stress that enough; if the notes that the learner with APD makes are incorrect or incomplete, which is often the case because of the nature of APD and intermittent processing, that is often all they are left to work from at home, to revise from for tests and exams. Many subjects build on prior knowledge - knowledge with gaps is unreliable and affects new learning. It is setting them up to fail. Failure to make sure that they have accurate notes will put a learner with APD all at a distinct ongoing disadvantage throughout education.
9. Try to explain the purpose of the task that 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.
10. Ensure that the learner has a typed or written copy of any explanations not included in the lesson notes, and any verbal instructions for the learner to refer back 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. It will also aid the learner with poor auditory memory.
11. Always use the same vocabulary for specific tasks. 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”. Use plain language and as few words as possible – the learner with APD might miss the start, middle or end of long phrases and sentences. They can also process a list of verbal instructions in the wrong order (a problem with auditory sequencing).

12. 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. Put it all in writing. 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 (poor auditory memory has an effect here too).
13. A learner with APD might be unaware they have misunderstood you or missed out part of what you said. Even if they processed it properly, they might not have remembered it correctly (poor auditory memory). They might argue that what was asked of them was one thing when you asked them to do something else. This is not wilful or defiant behaviour – it is simply someone trying to rely on what their brain tells them when it is incorrect. Put yourself in their position; how would you feel if you couldn't rely on what your brain tells you? They will be confused, frustrated and even angry. Be patient. Put everything in writing/pictorial form, so there can be no confusion.
14. A learner with APD might not have understood any of what you said and appear as if they have not heard any of it, or may not remember 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).
15. A learner with APD might appear to be daydreaming or not listening when in fact they are processing/making sense of what they heard. There is often a processing delay. Apparent daydreaming also happens when a learner with APD is in sensory overload, tired or stressed, and they cannot take in any more information. Employ an agreed system whereby they can subtly ask for a break in a quiet place till they feel better (maybe showing an APD alert card).
16. Learners with APD 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 and have to start again from the beginning, which can be very distressing.

17. 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" or put it in writing. Problems with word retrieval can be worse if the learner is put on the spot. Allowing time for a reply will give the learner some extra time to process the question; and to formulate and process an answer and find the words they need - or replacements.
18. Ensure that 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. Competing background noise is a major problem for most people with APD and greatly affects the processing and understanding of speech. Without suitable measures to address it, noise can reverberate on walls and floors making the problem worse. Open plan classrooms are notoriously difficult for those with poor auditory processing, due to competing noise from a wider area. An FM system is often recommended by an audiologist for learners who would find it beneficial in such situations.
19. 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.
20. 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. - up to a maximum of four - and tell the group to speak one at a time. An FM system can help here too, with settings for group use.
21. 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.
22. 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 and extra time should

always be provided to allow for this, as well as word retrieval issues and processing delay.

23. Learners with APD are very vulnerable in a social setting because of their difficulty in processing conversation, and in word retrieval. Communication difficulties can make them more vulnerable to bullying and steps should be taken to prevent this and/or deal with it swiftly. Social anxiety and isolation is common. Enforced friendships and pressure to socialise should be avoided. Social skills classes might help and could be discreetly offered, but should not be mandatory – obvious intervention might further alienate the learner from their peers. Any negativity shown to them by a teacher can spread to their peers, and this should not be tolerated in anyone.
24. Encouraging self-advocacy to their peers is essential, but only if/when they are ready. 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 to people in real terms would help with this. If the learner with APD is confident enough they can present it themselves; if not or the teacher, SENCO or parent should do so. Public speaking should not be enforced due to processing issues, word retrieval problems, and associated social anxiety.
25. Learners with APD may have some problems with reading and/or spelling. If a problem with phonics is identified, they should be tested for dyslexia – poor phonics knowledge caused by APD is a major cause of dyslexia and can cause speech problems. Remediation should be avoided. For these learners, use multi sensory and whole word methods to teach reading/spelling. Use a more visual approach to presentation, such as picture associations, coloured text, and different formatting of text to make information stand out.
26. 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. Provide a home/college - school book where applicable so that you can send home information on what the learner is studying, any future events, deadlines and projects, 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.

27. Homework should be minimal, set only when essential, appropriate to the ability of the learner and differentiated. The learner with APD needs time to rest and recuperate in a quiet environment after school; the effort that they put into getting through every day leaves them exhausted. Their brains can become over-saturated and no more will sink in. They also need time for delayed processing what has been learned in the day, allowing them to be rested enough to start afresh in the morning. Tiredness, illness and stress all make coping with APD much more difficult.
28. 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. Routine and structure bring comfort to learners with APD for whom so much is beyond their control, and is confusing, frustrating and maybe even frightening.
29. APD is variable and intermittent during the day. and the ability to process and understand speech can change even within the space of an hour. The learner with APD can be more able to process when not tired, and as mentioned, illness, tiredness and stress makes processing less efficient. Also any co-morbid conditions and difficulties can impact on the APD at all times, and vice versa. APD does not usually exist in isolation.
30. Hands-on and visual presentation is usually much better than auditory-based teaching, especially where Maths is concerned and multiplication tables sometimes present problems for learners with APD. Auditory-sequential rote learning might not be possible. 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.

The perception that a learner with APD has a hearing problem, is not trying, is lazy or has lower intelligence are untrue. Learn from your learner; find out how they prefer to learn, what unique strategies help them. Help them obtain the tailored support that they need and allow them access to an appropriate education. They will not be the last learner with APD that you come across; it affects up to 5% of people worldwide.