

WHAT IS AUDITORY PROCESSING DISORDER/APD?

Auditory Processing Disorder (APD) is an incurable, lifelong condition that affects the way that the brain processes sound including speech. APD is thought to be caused by damage to the brain and it is therefore a medical (neurological) condition, therefore not one that can be diagnosed by education professionals. APD does not affect the hearing mechanism (ears etc) and it can also exist in people with perfect hearing as well as co-existing in those with additional hearing loss. In someone with normal hearing, speech is heard effectively. However, the brain plays a vital role in the hearing process. Without it, what we hear is just unintelligible noise - it has to be processed effectively by the brain in order to make sense. To put it simply, for someone with APD, speech does not always make sense (but it has a variety of other effects too) . Yet many organisations that support people with hearing difficulties (and some audiologists and other professionals) still don't recognise or support APD, even though it greatly affects the final stage of the hearing process. Whether a child or adult is born with it or acquires it, APD is not their fault and they are not alone.

Recent international research has indicated that APD is thought to be present in 2-7% of children (some sources say up to 10%) and over 20% of adults, and its prevalence increases steeply in children who have learning difficulties, with up to 40% of those children also having Auditory Processing deficits. By comparison, Autism/ASD is thought to affect only 1.1% of children.

It is important to remember too that in APD there is a unique presenting profile in each sufferer: everyone is affected differently. It isn't just a question of having it or not. This is why accurate, early diagnosis is vital. APD has been diagnosed in the UK since 2004 using specifically developed tests which must be interpreted by a trained specialist in audiology/audio-vestibular medicine and they need a consultant to

interpret and diagnose. No other professional is qualified to diagnose APD. Some places now offer "screening" which is not the same thing at all. There are only a few specialist testing centres in the UK for children with APD. These have been reliably recommended to me and are listed in the "APD Testing Centres 2019" document (which can be found further down this page and in the files of my APD Facebook groups, also listed below.) Test batteries may differ among them, but they have the appropriate tests to cover all possible difficulties; others do not. Also, just a couple of those listed are qualified to diagnose adults. Parents are free to go wherever they choose, but I have been advised that full, reliable testing is not currently found elsewhere, especially among private providers. (*Other testing centres providing assessments or screening tools should not be relied upon as the basis for a valid or complete diagnosis, so patients who choose to go elsewhere do so at their own risk).

APD testing is usually currently undertaken from age 7, but ages can differ although below 6 is not recommended. A handful of centres of excellence for the whole UK is not enough. We need accessible, standardised testing UK wide; and early, expert diagnosis is just the start. APD cannot be cured, so you need to learn to live with it and get around it using coping strategies, utilising your own unique gifts and skills, learning style and strengths. Self-advocacy skills are also vital for someone with APD: the knowledge of how their unique pattern of APD affects them as an individual and how to ask for the unique accommodations that they need and are legally entitled to receive (and what to ask for). These accommodations are essential for a child with APD to be able to access an appropriate education. Any support and development of coping strategies have a better chance of success the earlier they are implemented, before the auditory processing system of the brain is fully developed at around the age of 12-13.

APD is for life: each child with APD will become an adult with APD. It is not a learning disability in itself and does not affect intelligence. However, children with APD can and do succeed with the appropriate adequate tailored support for APD and all other conditions.

APD can have a great impact on learning via its effects on communication preventing children accessing an appropriate education. It can cause difficulties with both receptive and expressive language. It usually co-exists with any number and variety of other unrelated co-existing conditions which will also need diagnosis and full, tailored support. APD rarely, if ever, exists in isolation. These conditions will have reciprocal effects, making them all harder to deal with.

APD is also believed to be one of the main causes of dyslexia, known by some as auditory dyslexia affecting acquisition of phonics discrimination. In some cases, this can also affect speech, and it is caused by APD via the inability to accurately process, remember and differentiate speech sounds/phonemes.

APD can have enormous negative impact on all aspects of life, particularly education, communication, socialisation and relationships, and seeking and maintaining employment. Even those mildly affected will struggle. The level of difficulty experienced will depend on the severity of the individual APD difficulties of the sufferer plus other co-existing conditions. APD even has some characteristics in common with other conditions, which makes it harder to spot and rightly called an invisible disability; misdiagnosis is common, or it is missed by being masked by these other difficulties. Its effects are variable and intermittent, also making it harder to identify and understand.

So, APD affects everyone uniquely and with varying severity. It can affect people randomly and intermittently, with fluctuating effects even during one day or one hour.

APD is often inherited and there are many other acquired causes, such as frequent ear infections leading to glue ear, or head injury, brain damage from epilepsy, drug or alcohol abuse, damage in utero, effects from other conditions such as ME and Down's Syndrome etc. plus many other possible causes still unverified. It can be acquired at any age and there are many adults with late onset APD due to illness or injury.

For a lot of people, APD meets the criteria for a disability under the Equality Act 2010, defined as "a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities." Although its effects can vary in severity, are unique to the individual, and are random and intermittent, APD is permanent and incurable. Both children and adults have been awarded DLA/PIP/Carers' Allowance for APD depending in its severity and impact on everyday life, plus their other conditions.

Each sufferer will need to learn to live with APD, to get around it, but they will still need lifelong support depending on its severity. To meet each individual's particular needs, uniquely tailored accommodations are a lifeline, at school and at work.

Because APD also rarely exists alone, further testing is needed to identify every other condition that affects each child and impacts on the APD. With a network of adequate and appropriate support and by using their strengths and compensatory gifts, a child with APD can access education and have a chance at a full, successful life. Also essential is acceptance and support by family and friends, knowing that they are not alone and it isn't their fault that they struggle. APD does not affect intellect, they are not stupid, lazy or broken, and they need to be told that. Self-esteem, confidence issues, anxiety and even depression are common when a child with APD is not fully supported and accommodations put in place. Illness, exhaustion

and stress all make symptoms of APD much harder to cope with and coping strategies will fail while the body deals with these other factors. They need frequent sensory breaks at school and at home; time to relax in a quiet place, to reboot the over-saturated brain in peace, and delay-process what has been learned.

APD is acknowledged as a recognised medical condition by the World Health Organisation and has a classification of the International Classification of Diseases (ICD) (which lists conditions too) [2018 ICD-10-CM Diagnosis Code H93.299](#) and the Medical Subject Headings as [MeSH D001308](#).

Sufferers of all ages need lifelong support at home, and accommodations in school/college/university, in seeking benefits, finding work and in the workplace. Some APD sufferers (both adults and children) are eligible to apply for ESA, PIP/DLA and Carer's Allowance where the effect on their lives is present most of the time and is substantial, and for some people it can pose risks to safety in certain situations; the CAB can advise on applications. Yet APD is still not fully recognised and supported in the UK. In short, APD can be devastating to a child's education, communication, socialisation and future career prospects. It continues to affect adults throughout their life and affects all aspects of a person's life. It needs to be recognised as the often-devastating disability that it truly is, and adequate help and support must be provided, as is the legal right of every child and adult in the UK. Not to do so is disability discrimination, and where there is failure to support at school, cases of educational negligence have been fought, and won. Please do your part in supporting those with APD: as a parent, education or medical professional. Each child and adult with APD needs your help. With the right support, they can succeed.

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For further information, support groups, diagnosis details, articles, research and tips on school support, workplace accommodations and other aspects of living with APD, please visit <https://apdsupportuk.yolasite.com/>