

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. The brain plays a vital role in the hearing process yet many organisations that support people with hearing difficulties don't recognise or support APD. As APD is thought to be caused by damage to the brain it is therefore a medical condition, not a learning difficulty, although it causes them in a lot of children. In many people, APD meets the criteria of a disability, depending on its severity and the unique presenting profile of the sufferer. Children with APD will become adults with APD and depending on severity it 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.

APD is a condition which can occur in people with perfect hearing or hearing loss. APD affects everyone uniquely and with varying severity, and it rarely exists in isolation: there are usually any number of other unrelated co-morbid conditions with reciprocal impact, which will also need diagnosis and full, tailored support. 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. Recent US research has indicated that APD is thought to be present in 2-7% of children and over 20% of adults, and its prevalence increases steeply in children with learning difficulties with up to 40% of the children having Auditory Processing deficits. APD is thought to be one of the main causes of dyslexia by what is known 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.

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.

Accurate early diagnosis of APD is essential. Only a specialist audiologist is qualified and experienced enough to carry out such testing, and 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 UK 2018" pdf document on my website and on my Facebook pages. 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 may not provide reliable full testing, merely assessments or screening tools which 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 a disability for life: a child with APD will become an adult with APD. The 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 has been diagnosed in the UK since 2004; it 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) - under the section ICD 9, as ICD-9 388.45 and ICD-9 388.40 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.

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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/>